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## **Special Feature Article**

### **Tasks for Municipalities and Prefectures in Charge of Building Community-based Integrated Care Systems for People with Mental Health Problems**

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#### **Abstract**

The Ministry of Mental Health and Welfare confirmed in March 2021 that the municipalities would have a key role in building a “Community-based Integrated Care System for People with Mental Health Needs”. The Japanese health care system consists of medical, public health, and welfare sections, which are relatively independent from each other. The public health sector is comprised of municipal and prefectural organizations, including the public health center and mental health & welfare center. The public health sector supports people who are reluctant to receive psychiatric treatment in spite of the presence of mental health problems, including hikikomori patients and those with severe mental health problems disengaged from psychiatric treatment. In the “Community-based Integrated Care System for People with Mental Health Needs”, municipalities are supposed to accept consultations from people with mental health problems as a first contact point, and they are supposed to ask for support from the other public health sectors, including the public health center and mental health & welfare center. They are also supposed to refer them to psychiatric institutions, including psychiatric clinics and psychiatric hospitals. Given the shortage of human workforce in public health sectors, we should reinforce human resources for the public health sector for this system to operate effectively.

**Keywords:** Community-based Integrated Care System for People with Mental Health Needs, public mental health, municipality, public health center, mental health & welfare center

## Introduction

In 2020, the "Review Committee on the Establishment of the Community-based Integrated Care System for People with Mental Health Needs" was established, and diverse topics were discussed regarding the "Community-based Integrated Care System for People with Mental Health Needs" (hereinafter referred to as the "integrated care system"), including public mental health, psychiatric treatment, residential support, peer support, and human resource development. In this context, it was confirmed that: (i) municipalities should be at the center of the established "integrated care system," and (ii) prefectural mental health organizations, such as public health centers, mental health & welfare centers, should support municipalities through a multi-layered support system.<sup>5)</sup>

However, it may be difficult for many psychiatrists to imagine how public mental health determined by local governments relates to their clinical practice. In this paper, I would like to introduce discussions on the public mental health of local governments held

by the above-mentioned review committee, while also touching on the relationship with psychiatric clinical practice and writing regarding future directions and issues.

In conclusion: (i) there is a division between public mental health of local governments and psychiatric care due to the different personnel systems and budgets; (ii) public mental health issues occupy an important position in local government institutions; (iii) it is important to consider how to create a support system for difficult cases that have complex, multiple problems; (iv) to do this, it is important to create a multi-layered support system that connects municipal mental health with the public health center and mental health & welfare center, to form a comprehensive public mental health system of local government; (v) psychiatric institutions are also expected to respond to difficult cases in cooperation with public mental health institutions; and (vi) in order to make this system work, there are issues to be addressed, including the staffing systems of local governments, which are discussed below.

## **I. The "integrated care system" and reality of mental health consultation in local government**

### **1. Local government public mental health and psychiatric care**

There is a reason why it is difficult for many psychiatrists to understand what role municipalities, public health centers, and mental health & welfare centers play as public mental health institutions. In Japan, 80% of medical institutions are private,<sup>1)</sup> and the basis for their activities is governed by laws such as the Medical Care Act and Act on Mental Health and Welfare for Persons with Mental Disorders or Disabilities. Funding comes from medical fees. However, public mental health is basically the responsibility of local government agencies. These agencies carry out their work based on laws such as the Local Government Act, Community Health Act, and Act on Mental Health and Welfare for Persons with Mental Disorders or Disabilities. Funding is basically from the local government budget. Unless it is a local government hospital, there is almost no exchange of personnel between the local government and hospital, and there is little interaction between them in terms of career development. Because these organizations are highly independent of each other in terms of psychiatric care and public mental health, it is difficult for them to share information about

each other's actual situations. Because of this situation, it is considered that psychiatrists have difficulty forming an image of public mental health institutions. In addition, there is also the area of welfare in Japan, which involves activities based on the "Act on the Comprehensive Support for the Daily and Social Life of Persons with Disabilities" and plays an important role in supporting the lives of people with mental disabilities, but because it is a separate area from public mental health and psychiatric care, how to ensure a cooperative relationship between these areas is a major issue. The reason why the "integrated care system" is needed is that public mental health, psychiatric care, and welfare are currently provided separately.

### **2. The reality of consultation and support for public mental health in municipalities and public health centers**

Municipalities are responsible for a wide range of services, including maternal and child welfare, care for the elderly and disabled, and public assistance, while public health centers are also involved in a wide range of services, including maternal and child welfare, rare diseases, disaster response, and coordination of medical care. Public mental health is just one part of this work, but municipalities and public health centers receive a significant

number of mental health consultations and support requests.

To organize the actual situation and issues of mental health consultation in municipalities across Japan, the authors conducted a survey of municipalities nationwide in 2020 as part of a Health and Labour Sciences Research Grant.<sup>3)13)</sup> This survey revealed that mental health issues were related to many of the consultations dealt with by municipalities. In terms of dealing with these consultations, almost half of the municipalities responded that they were "having some difficulty and struggling to deal with it" or that they were "having difficulty dealing with it." As shown in Figure 1, the types of difficult consultations that were mentioned included: "refusal to see a doctor," "social withdrawal," "abuse," "loud voices/intimidation," "alcohol/drugs," and "developmental disorders." The necessary systems to enable effective responses to these difficult issues include "improving staffing," "backup from public health centers," "improving psychiatric care," "strengthening cooperation with psychiatric care," and "backup from mental health & welfare centers."

In another survey,<sup>11)</sup> when asked about work that will be important in the future, the public health centers responding that "counselling and home support for difficult cases" was "very

important" were the most numerous. Regarding this item, 94% of public health centers responded that it was "very important" or "important," suggesting that responding to difficult cases, i.e., those like the ones mentioned above, is the mental health issues with the highest priority for public health centers (Figure 2).

From the survey mentioned above, it can be considered that municipalities and public health centers (and the mental health & welfare centers that support them) are required to respond to people who need support but are reluctant to receive it, or to people with complex, multiple problems who are beyond the typical range of psychiatric treatment, etc. From the perspective of psychiatrists, these cases may be considered outside the scope of their professional expertise. However, from a community-based perspective, there are actually quite a few such cases. In Japan, research has been conducted on people who withdraw from society, and it has been reported that 1.63% of the population aged 15 to 39 and 1.45% of the population aged 40 to 64 are in a state of withdrawal from society, so-called *Hikikomori*.<sup>8)9)</sup> These figures caused shock, as the affected population was estimated to be over 1 million people nationwide in Japan. In addition, overseas research has reported that the number of severely mentally ill people

who drop out of treatment may be as high as 30%.<sup>7)14)</sup> Given the abovementioned findings, unmet mental health needs, i.e., those who have mental health needs but are not receiving any psychiatric treatment, are identified as a pressing problem for public mental health.

It is also clear from other reports that psychiatric care alone is not sufficient to meet mental health needs. For example, in the World Mental Health Survey, an international survey on mental health care, more than 65% of people in Japan with mental disorders such as mood disorders, anxiety disorders, and substance use disorders did not use psychiatric care.<sup>12)</sup> In an analysis of suicides in Canada, 39.8 and 21.0% of people had received out- or inpatient psychiatric treatment in the year prior to their suicide, respectively.<sup>15)</sup> As you can see, even when people have mental disorders or problems that could lead to suicide, many of them do not seek psychiatric treatment. Of course, the stigma associated with seeking such treatment is thought to be behind this situation, so it goes without saying that it is important to carry out activities to raise awareness and reduce prejudice. However, considering these realities, it is also important to improve the capacity of physical health care institutions to deal with mental health problems, and establish public mental

health care institutions including municipalities as contact points for people with mental health problems. Against this background, it has once again become a focus for public mental health institutions such as municipalities to play a role in providing consultation and support in the "integrated care system."

### 3. Basic structure of support in the "integrated care system"

The basic framework of the "integrated care system" was confirmed to be as shown in Figure 3 by the review committee.<sup>5)</sup> As in the community-based care system for the elderly, the municipality will play a central role in establishing the "integrated care system." There are significant advantages to having the municipality at the center of the "integrated care system" for mental health consultation service provision. Firstly, it is a familiar place for residents. Because it covers the whole of Japan, unlike psychiatric institutions, it does not have the problem of uneven regional distribution. Secondly, the municipality's duties include welfare for the disabled, long-term care insurance, welfare public assistance, health insurance, housing, education, etc., and they have departments in place to provide a wide range of support for people with mental disorders. This also means that there

are wide-ranging access points where people with mental health problems can seek help. Thirdly, there is a framework for supporting multiple generations, including mothers and children, school children, and the elderly, so that counseling can be considered with the whole family in mind. Because of this kind of infrastructure, there are marked benefits to municipalities providing mental health counseling as a contact point.

However, there are some cases where it is difficult for the municipality alone to provide support. For example, the municipality cannot provide psychiatric treatment. Thus, the cooperation of psychiatric institutions is necessary, but some municipalities do not have psychiatric institutions within their jurisdiction. In such municipalities, it is necessary for the public health center to play the role of connecting the municipality with psychiatric institutions in other areas. The second case is dealing with people who are suspected of having psychiatric disorders but who strongly refuse psychiatric treatment. It is often difficult to connect people who strongly refuse psychiatric treatment with psychiatric institutions. In such cases, it is necessary for public mental health institutions such as public health centers and mental health & welfare centers to work together and respond

continuously. Even if municipalities are the primary point of contact for counseling, it is important to create a back-up system for cases that are difficult for municipalities to handle alone in order to develop a system that allows each municipality to provide appropriate public mental health services.

To summarize the above, although municipalities are the point of contact for public mental health services, if a person has a serious mental disorder with complex, multiple problems, it is necessary to create a back-up system involving public health centers and mental health & welfare centers, as well as a back-up system involving psychiatric institutions. To add a note on the back-up system here, people with serious mental disorders have a variety of different life issues, such as managing finances, managing housing, disposing of garbage and keeping the area clean, interacting with neighbors, and paying utility bills. In such cases, it is important for the municipality, which has departments that deal with multiple issues in addition to disability welfare services, to also participate in the support. In this regard, it is important to have a back-up system where other institutions collaborate with municipalities to provide support together, rather than having municipalities simply pass the baton of

support to psychiatric institutions or public health centers. I would like to emphasize here that this "multi-layered support system" in which different institutions provide support in combination with each other will form the basic structure of support for the "integrated care system."<sup>5)</sup>

With such a multi-layered support system in place, municipalities will be able to provide support without the pressure of having to do it all themselves. If municipalities can accumulate successful experiences of providing support through a multi-layered system, there is a possibility that they will become more actively involved in mental health support. If this happens, it is also hoped that it will become easier to provide support for cases with complex, multiple needs. The goal of the "integrated care system" is to reduce the number of people who are excluded from support by expanding the system in this way.

#### 4. Involvement of psychiatric institutions

So, how will psychiatric institutions be involved in this? The term "primary care psychiatrist" was included in the review committee's report,<sup>5)</sup> but the actual contents were not fully considered. One thing expected to be developed in the future is the expansion of home healthcare. In the

aforementioned survey, the most common response (56.0%) to the question of what municipalities specifically wanted to see in terms of "improving psychiatric care" was a system for psychiatrists to visit patients at home.<sup>2)</sup> This is something that is needed to deal with people who are in crisis but are unable to visit psychiatric institutions themselves. Home healthcare is an important aspect of the community-based care system for the elderly, but is still rare in the field of psychiatric care. One of the things expected of psychiatric institutions in the future is to work with public mental health agencies and other community support organizations to create a system of home support for people with mental disorders.<sup>5)</sup> In such cases, the role expected of psychiatric institutions is to assess whether psychiatric treatment, such as pharmacotherapy, is necessary (and provide it if possible), to make urgent decisions including hospitalization, and provide support and backup for the entire support team. Incidentally, in a survey of public health centers, 98.8% responded that "cooperation from psychiatrists" was important for carrying out work.<sup>2)</sup> This included cooperation in dealing with difficult cases, as well as cooperation with compulsory admissions, consultations, and supervision. Irrespective of this, there are many

roles that psychiatrists can play, but I would like to leave that to the other authors of this special feature.

## II. Public mental health issues for local governments

What are the issues for local governments in creating a multilayered support system like the one described above? For this system to be effective, it is important for public mental health supporters to appropriately assess mental health needs, provide adequate support based on the assessment, and cooperate with support teams. To do this effectively, a certain level of staffing is necessary.

However, as part of administrative and financial reform, local government agencies have markedly reduced the number of facilities. As a result of the "Heisei Great Merger," the number of municipalities decreased from 3,232 in 1999 to 1,727 in 2010, and then to 1,724 in 2021. This is a 47% decrease in just over 20 years.<sup>16)</sup> If we look at public health centers, there were 845 in 1996, but from 1997 there was a sharp decrease, and in 2021 there were only 470, showing a 44% decrease in just over 20 years.<sup>17)</sup> As local government agencies have been markedly downsized, they have found it more difficult to perform finely tuned public health activities.<sup>10)</sup> In the survey of municipalities mentioned earlier, many

expressed the opinion that it is necessary to enhance personnel resources in order to provide effective public mental health services.<sup>2)3)13)</sup> The shortage of personnel has also been marked for public health centers. In a survey conducted by the Ministry of Health, Labour and Welfare, 88.9% of public health centers responded that it was important to increase the number of public health nurses for them to carry out their work.<sup>2)</sup> The spread of COVID-19 infection highlighted the vulnerability of the staffing structure of public health centers. Mental health & welfare centers should be established in every prefecture and government-designated city and staffed by psychiatrists. However, aside from the three in Tokyo, there is basically only one center in each prefecture and government-designated city. The average center has 13 full-time staff members, and many centers have only one psychiatrist.<sup>4)13)</sup> This figure includes the number of staff working in the secretariat of the Psychiatric Review Board and involved in procedures of issuing the Certificate of Mental Disorder, as well as the judgment of Medical Payment for Services and Support for Persons with Disabilities (ambient psychiatric services). Honestly speaking, the number of staff providing support for difficult cases of mental health in prefectural areas is thus quite

small. In fact, in a survey of mental health & welfare centers, "enhancement of personnel resources" was cited as the top priority in terms of measures needed to build the "integrated care system."<sup>4)13)</sup> Thus, the personnel system for public mental health, including the municipality, which is the point of contact for public mental health, and public health centers, and mental health & welfare centers, which support the municipality, is vulnerable. These staffing issues were also highlighted in the review committee's report,<sup>5)</sup> and they are important issues that need to be addressed in order to build the "integrated care system" of the future.

Concerning the staffing system, there is also the issue of the legal status of the "integrated care system." With regard to mental health consultation in municipalities, the Act on Mental Health and Welfare for Persons with Mental Disorders or Disabilities does not impose legal obligation to provide public health services for those with unmet mental health needs. Due to this lack of legal obligation, there is no personnel allocation or budgetary measure needed to develop a personnel system. To increase the number of mental health personnel in municipalities, it is also necessary to mandate municipalities to enhance their public mental health system. The same applies to the human resources of

public health centers and mental health & welfare centers. The prioritization of public mental health within local governments and budgetary measures are considered essential to strengthen the staffing structure of these institutions. Incidentally, the Ministry of Health, Labour and Welfare's "Review Committee on the Establishment of a Community Mental Health System that Secures People to Live in Their Local Communities" issued a report in June 2022, and the revision of the Act on Mental Health and Welfare for Persons with Mental Disorders or Disabilities was legislated in December of the same year, but the creation of an environment that would enable municipalities to actively take on public mental health services was left as a future issue.<sup>6)</sup> It will be necessary to keep a close eye on how this point develops.

### **Conclusion - Direction of the "Integrated Care System" in the Future**

It is still too early to say what form the "integrated care system" will take. However, how can we predict the form of such a multilayered support system?

If each institution prioritizes only its own interests and survival, the whole system of the region would become fragmented, with support not reaching those who most need it. As a result, it is possible that there will be an increase in

cases with complex, multiple needs, and that supporters will be overwhelmed with a huge amount of difficult situations, leading to a vicious cycle of more difficult cases piling up (Figure 4). As with the so-called 8050 problem where parents over 80 years support middle-aged offspring withdrawn with mental health problems, we come across many cases with unmet mental health needs. There is serious concern that such situations will become even more serious in the future.

The aim of the "integrated care system" is as follows. First, in a multilayered support system, municipalities serve as an access point for those with mental health needs as well as psychiatric ambulant services. If there are complex problems that are difficult to deal with, the relevant institutions cooperate to appropriately deal with them as soon as possible, and a flow is created to avoid leaving any unmet mental health needs. This will reduce the length of time that people with social withdrawal avoid social contact, and prevent involuntary hospitalizations due to exacerbation caused by treatment interruptions, frequent emergency visits, and prolonged hospitalizations. As a result, support resources are allocated as much as possible to preventive activities, including early intervention. This kind

of virtuous cycle is what the "integrated care system" aims to achieve (Figure 5).

Of course, it will be difficult to realize this kind of system immediately, and it is not even clear whether the amount of services provided by such an "integrated care system" will be able to adequately cover the overall mental health needs in Japan. However, when we consider the enormous burden of aging, population decline, and simultaneous weakening of family and community functions that Japan will face in the future, it is difficult to imagine a way forward without such a multilayered support system that the "integrated care system" aims to provide. In the future, it will be necessary for psychiatrists to share this sense of crisis and build cooperative relationships with various institutions, including local governments.

Note: This special feature article is based on the symposium held at the 117th Annual Meeting of the Japanese Society of Psychiatry and Neurology, with Masato Usuki (Accident and Emergency Department, National Disaster Medical Center) as the representative.

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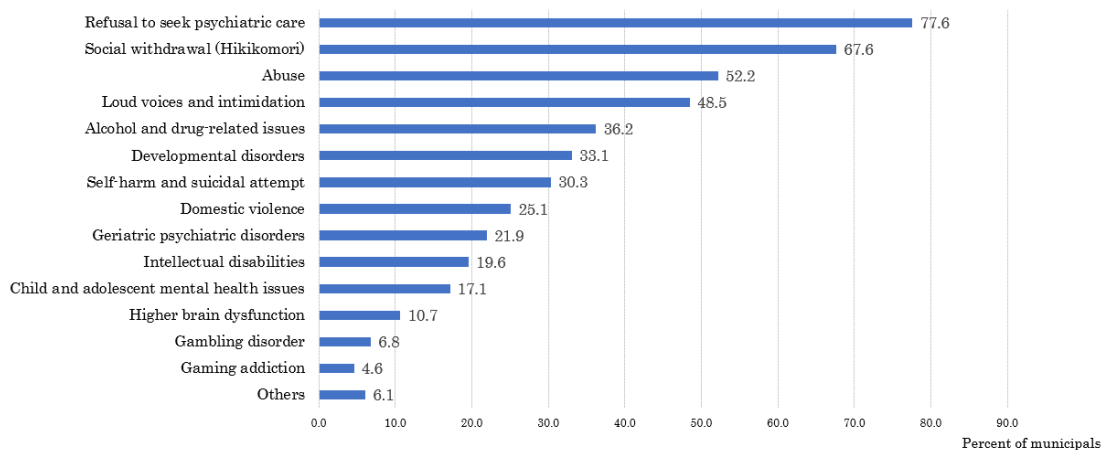


Figure 1: Details of individual counseling issues that are particularly difficult to address at the municipality level

Number of municipalities = 1,267. Multiple responses: Up to 5

\*All municipalities responded that they have difficulty dealing with cases of refusal to see a doctor (untreated/interruption of medical treatment), social withdrawal, and abuse. (Created from references 3 and 13)

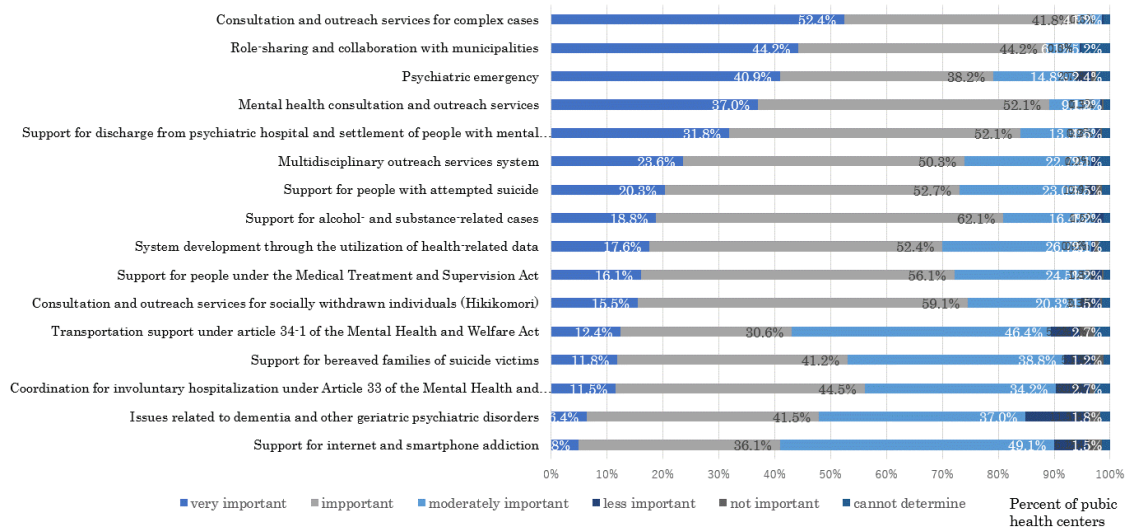


Figure 2: Important tasks in the future for public health centers  
 "Items are listed in descending order based on the percentage of public health centers that responded 'Very Important.'" (Adapted from Reference 11)

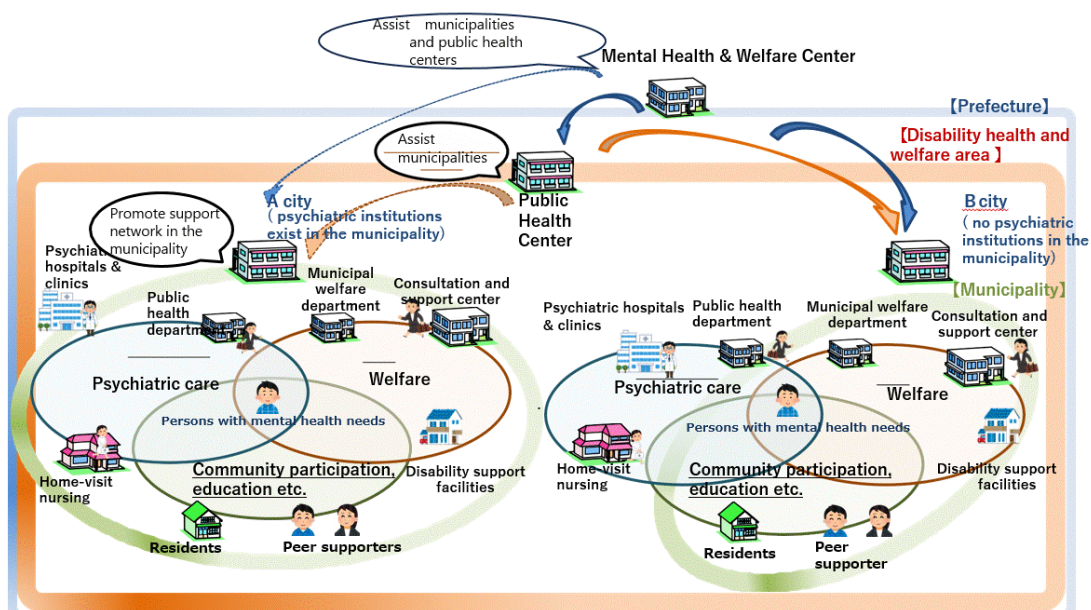


Figure 3: Roles of various institutions involved in establishing the Community-based Integrated Care System for People with Mental Health Needs

• The Community-based Integrated Care System for People with Mental Health Needs is essential for the realization of a “Community-based Society”, and it is appropriate to establish a support system based on multi-layered cooperation so that everyone can live comfortably and authentically, regardless of whether they

have a mental disorder or the severity of their condition.

- To create such a system, it is necessary to proceed on the basis of the daily lives of people with mental disorders and those with mental health problems, etc., and with basic local governments such as municipalities. In addition, it is important for public health centers and mental health & welfare centers to work with municipalities to understand the needs of people with mental disorders and other problems in the community, and create a support system based on multi-layered collaboration to promote public mental health, psychiatric care, and welfare, etc., in units such as the disability health and welfare area.

(Adapted from Reference 5)

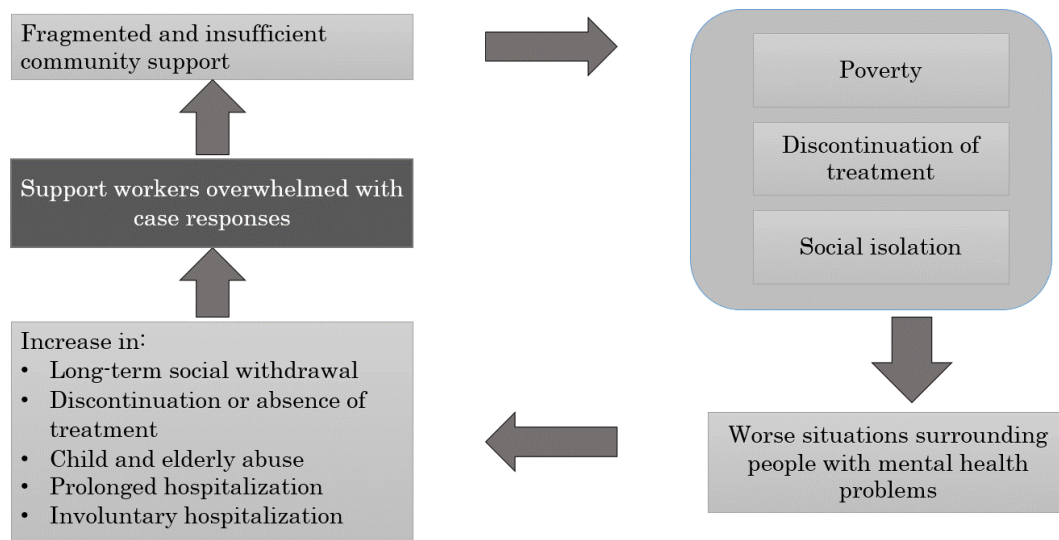


Figure 4: A vicious cycle scenario due to the stagnation of expected community support

Figure 4: A vicious cycle scenario due to the stagnation of expected community support

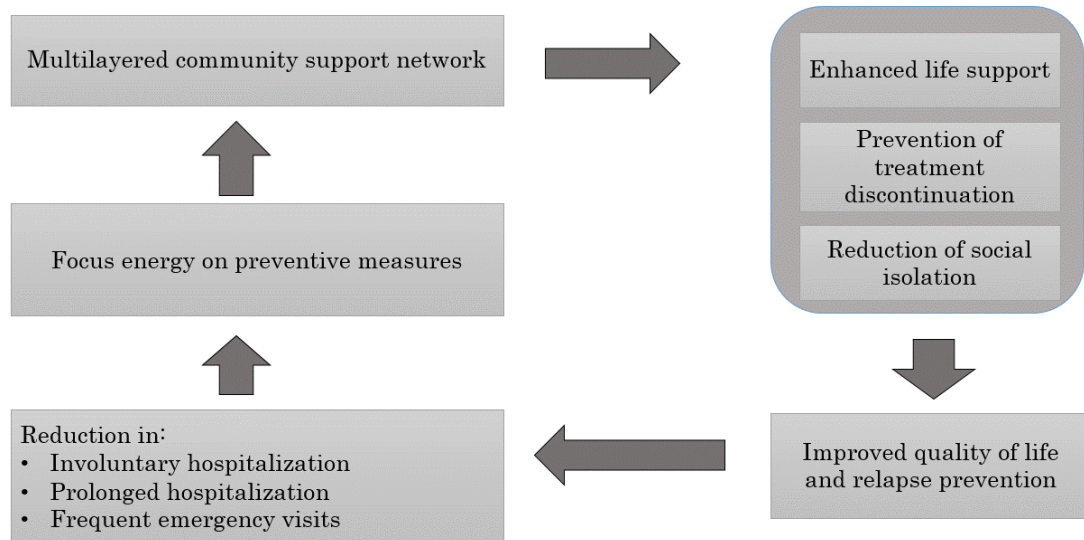


Figure 5: A virtuous cycle scenario through the community-based integrated care system for people with mental health problems

Figure 5: A virtuous cycle scenario achieved through a Community-based Integrated Care System for People with Mental Health Needs