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Review Article

The Role of Psychiatry in the Inclusive Society

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Abstract

The concept of the Inclusive Society is to create a community where people are connected to each other and society, beyond the boundaries of systems and conventional relationships, where each person has a purpose in life and a role to play, and where people can help each other. In Japan today, as the population ages and declines, it is said that the foundations for mutual support in communities, homes, and workplaces are becoming weak. For this reason, there is an urgent need to build the Inclusive Society as a national policy. To realize the Inclusive Society, the Social Welfare Act was revised and enforced in April 2021. Concurrently, in mental health and medical welfare, the construction of "the Community-based integrated Care System focusing on Mental Health Care" is being promoted. The target of support for this system is the entire local population, regardless of whether or not they have a mental disorder. It is important to promote this system from the perspective of residents' lives and community development; this philosophy is encompassed in the inclusive society. One of the important measures for building the Inclusive Society is "consultation support that does not refuse." In the consultation support services provided by municipalities, there are many cases where the problems are complex, and the needs are unclear. Such clients often have mental health issues to a greater or lesser extent, and we often encounter situations where psychiatric assessment and intervention are required. Mental health

issues are common to all "problems," and the contribution of psychiatry to local communities will be a major force in building the Inclusive Society.

Keywords: inclusive society, community-based integrated care system, community mental health, psychiatry

Introduction

In the past, various life settings such as families, communities, and workplaces in Japan had functions of mutual assistance and support. However, in recent years, due to the rapid aging of society, population decline, and increase in single-person households,⁴⁾ people's connections have become more fragile, and community functions based on blood relations, local ties, and social connections have weakened. These changes have led to a weakening of the foundations for mutual support. Furthermore, changes in the composition of society, such as the increase in foreign workers, diversification of gender identity, diversification of work styles, and changes in values, are also progressing. In this context, the increasing complexity and diversity of the "difficulties" and "problems" faced by individuals and households have been pointed out.⁹⁾ Many of those facing such issues are likely dealing with some form of mental health distress. Therefore, a mental health-informed perspective is

crucial for addressing the challenges of today's society.

I. Japan's Social Security System and Inclusive Society

In Japan's social welfare policies, public support aimed at addressing typical risks and challenges in life stages such as childbirth, child-rearing, disabilities, caregiving, and poverty has been expanded, and systems for living security and safety nets have been developed. This has led to the growth of systems based on specific attributes and issues, as well as improvements in the specialization of support. However, in recent years, issues across various fields have become increasingly interrelated and complex, with a growing number of cases in which individuals and households face multiple challenges, thereby making multifaceted support increasingly necessary. Examples of these include the so-called 8050 problem, hikikomori (social withdrawal), social isolation, child abuse, elderly care, young carers, and child poverty. Such issues are difficult to address with

traditional attribute- or issue-based support, known as the "fragmented systems of public support," and may result in individuals falling through the gaps in the system, leaving them without adequate support.⁵⁾

In response to this situation, Japan has adopted the realization of an inclusive society as a core policy direction for the future. An inclusive society is one where local residents support one another and work together to build communities that foster each individual's sense of purpose and quality of life. It aims to move beyond fragmented systems divided by administrative domains and the traditional dichotomy of "supporters" and "those being supported," enabling people to live true to themselves, even while facing various life challenges, in the communities they are familiar with.⁷⁾ Thus, rather than addressing issues within separate sectors, this policy shift seeks to establish a community-based approach in which public support, healthcare, welfare, education, and even industry collaborate across sectors to comprehensively and holistically support the challenges faced by individuals and households. In April 2021, the Act to Amend the Social Welfare Act for the Realization of an Inclusive Society (Revised Social Welfare Act) came into effect, initiating

efforts to build an integrated support system at the municipal level.

Support aimed at realizing an inclusive society requires both an approach focused on solving specific issues and one that nurtures continuous connections.⁵⁾ The approach aimed at solving specific issues is targeted at addressing particular challenges faced by individuals, and it is effective when the challenges or interventions are clear. Therefore, the approach that aims to maintain continuous connections involves the support provider and individual maintaining ongoing engagement, expanding the individual's relationships with others, and offering support that aligns with their entire life and life stage. This approach is particularly effective when the background of difficulties or problems is unclear, when challenges become more complex due to factors such as the 8050 problem, or when flexible support is needed in response to changes in life stages. To appropriately respond to the difficulties and problems faced by residents, it is important that these two approaches work in tandem to provide support tailored to the individual's intentions and situation.

II. The Importance of a Mental Health Perspective in Addressing Social Issues

In April 2021, a new initiative aimed at building an inclusive society began:

the "Layered Support System Development Project," which targets local residents regardless of their attributes. The innovative aspect of this project is that the subsidies previously allocated by the government to different sectors are now provided as a single subsidy based on the revised Social Welfare Act. As a result, the administrative procedures for combining subsidies granted by different sectors have been simplified, reducing the workload associated with paperwork. This has made it possible to allocate more resources to direct support, and has also enabled more flexible support that transcends attributes and sectors. Within the framework of the project, the integrated provision of the following three types of support is required: "no-refusal consultation support," "participation support," and "support for community-building." "No-refusal consultation support" involves receiving a variety of consultations regardless of the individual's or household's attributes and providing direct support when necessary, or connecting them with relevant agencies. It also requires the role of coordinating all the support entities surrounding the household. "Participation support" aims to help individuals and households restore connections with society by providing employment support, housing support,

and other services using local resources. "Community-building support" aims to promote community revitalization by creating intergenerational interactions, diverse activity opportunities, and roles within the community. Through these forms of support, a comprehensive support system to address the increasingly complex needs of local residents is being developed.⁵⁾

As previously mentioned, this support system is "widely targeted at local residents regardless of their attributes," it inevitably includes residents who require mental health-related consultation support. In communities, there are individuals with unmet needs, such as those who require support but do not know where to seek help, those facing complex and multiple issues, and those for whom initiating treatment is difficult. Public support from local governments is needed to address these situations (Figure 1). Addressing these individuals' needs often requires more than the existing institutional support, and interventions from a mental health perspective are frequently necessary.¹³⁾ Therefore, when implementing "no-refusal consultation support," a mental health perspective, that is, psychiatric support, is indispensable. However, the link with mental health has not been explicitly stated in the Layered Support System Development Project.⁵⁾⁸⁾ This is related to the fact that mental health-

related consultation support is not implemented under the framework of the revised Social Welfare Act but under the "Act on Mental Health and Welfare for the Mentally Disabled." Despite the initiative aiming to eliminate silos in building an inclusive society, mental health is treated separately, leading to a contradiction. Under the Act on Mental Health and Welfare for the Mentally Disabled, mental health consultation support is not an obligation for municipalities, but rather an "effort obligation," and the responsibility for mental health positioning is left to the discretion of each municipality.

Currently, many municipalities are experiencing chronic staff shortages and struggling to provide adequate mental health consultation support.¹³⁾ As a result, some have pointed out that it is difficult for municipalities to proactively address residents' mental health issues.¹⁹⁾ Nonetheless, given that municipalities are expected to play a central role in building an inclusive society, they are inevitably required to respond to residents' mental health issues. Particularly difficult cases for municipalities include those who refuse to visit medical institutions, such as untreated or treatment-disrupted cases, followed by cases of hikikomori (social withdrawal).²⁾ To improve this situation, securing a backup system from health centers and mental health welfare

centers, as well as support from psychiatric medical institutions, is strongly needed. In particular, the shortage of human resources at health centers and mental health welfare centers is as serious as in municipalities,¹³⁾ and appropriate staffing, including specialized professionals, and human resource development are urgent priorities.

III. The Involvement of Psychiatric Institutions in Addressing Social Issues

As part of support aimed at realizing an inclusive society, it has already been stated that consultation support which considers the entirety of an individual's life and life stage is crucial. The various "problems" that people face, namely social issues, do not arise suddenly; rather, they tend to become complex problems over time when appropriate support is not provided across different life stages, and often become apparent when triggered by some event. Therefore, in order to identify issues before they become more complex and connect individuals to appropriate support, it is essential not to view those with "problems" only at a single point in time, but rather to consider their entire life course. At the same time, collaboration should extend beyond the mental health field, involving stakeholders from other relevant sectors within the community as needed,

to enable comprehensive assessment and intervention.

A fact-finding survey conducted by the authors on consultation support services related to mental health in municipalities revealed that a large majority of municipalities responded that mental health issues are involved in all areas: suicide prevention, child abuse response, support for people in financial distress, maternal and child health, support in the fields of aging of the population and caregiving, domestic violence (DV) countermeasures, and adult health.¹³⁾ Naturally, it is neither possible nor necessary for psychiatric institutions to be involved in all mental health issues. However, it is considered that, as municipalities engage in public health or social welfare activities, there are numerous situations in which judgments by psychiatrists or other psychiatric professionals are required.

For example, although depression screening during the perinatal period has become widely implemented, a definitive diagnosis following screening requires a psychiatric consultation.¹⁵⁾ In dealing with child abuse, collaboration between child guidance centers or Regional Councils for Countermeasures for Children Requiring Aid and psychiatric institutions is indispensable, and an understanding of trauma-informed care is also essential.¹⁾¹⁸⁾ Even in so-called 'garbage house' cases, which

are frequently classified as difficult-to-handle cases in the community, differential diagnoses such as organic brain, obsessive-compulsive, or developmental disorders are often necessary.¹⁰⁾ Additionally, public health nurses in municipalities are increasingly providing a variety of consultations for the growing number of foreign residents, which also include issues such as mental illness, abuse, and domestic violence.¹¹⁾ In these cases as well, collaboration with psychiatric institutions is required. As demonstrated, there are indeed many situations in which collaboration with psychiatric institutions is desired when addressing social issues.

IV. Community-based Integrated Care System Focusing on Mental Health Care

As a policy related to the realization of an inclusive society, the development of a community-based integrated care system focusing on Mental Health Care (hereafter referred to as the integrated care system) has been presented as a guiding principle in the field of mental health, medical care, and welfare (Figure 2). This system aims to ensure that everyone can live safely and in their own way, by comprehensively securing access to healthcare, disability welfare and long-term care, housing, social participation (such as

employment), mutual support within the community, and public awareness and education initiatives.⁶⁾ Under the current legal framework, the welfare system is managed under the Act on Comprehensive Support for the Daily and Social Life of Persons with Disabilities, which integrates support for individuals with mental disorders into the general disability system. However, when it comes to mental health and psychiatry, these are not necessarily integrated into the various initiatives governed by laws such as the revised Social Welfare Act, Community Health Act, or Medical Care Act. In view of this situation, the system's Japanese name emphasizes the importance of ensuring that policies include people with mental disorders as well.

Development of the integrated care system is to be advanced by basic local governments such as municipalities, which are the most familiar administrative units for residents. It is expected to align with the previously described efforts by municipalities to build an inclusive society. The system targets the entire local population, regardless of the presence or severity of mental disorders, and must be promoted from the perspective of residents' lives and community development. Accordingly, in building the integrated care system, it is important to engage in primary

prevention efforts, such as providing mental health care for the entire population, raising public awareness, and offering comprehensive consultation and support services. This is followed by secondary prevention, including the early detection of mental illness and timely, appropriate psychiatric intervention, as well as tertiary prevention, which involves preventing the deterioration of illness or disability, supporting social reintegration, and minimizing the loss experienced by local communities due to mental disorders.

In all of these stages, primary, secondary, and tertiary prevention, the role of psychiatry is critical. In primary prevention, health activities conducted by local governments are expected to play a central role. However, as previously noted, a mental health-oriented perspective is indispensable in consultation support services provided by municipalities, and there are many cases where psychiatric assessment and support for introducing treatment are required. In secondary prevention, securing timely and appropriate access to psychiatry becomes vital, including the provision of care tailored to patients' needs and coordination with physical healthcare providers. Even at the stage of tertiary prevention, continued psychiatric care is often necessary; therefore, coordination with parties

outside the medical and welfare sectors, such as disability welfare services, companies, and schools, must also be considered. In the integrated care system, it is essential to build a structure in which psychiatry collaborates in a coordinated and functional manner with public health, welfare, and other related sectors to deliver medical services that meet evolving needs.

Particular emphasis is placed on strengthening responses to acute psychiatric symptoms and the sudden onset of mental illness, including the development of psychiatric emergency care systems, as well as early interventions before individuals fall into crisis situations.⁶⁾ Psychiatric institutions are expected to: (i) serve as "family psychiatrists," including case management functions; (ii) fulfill a role in community-based psychiatric treatment; (iii) participate in psychiatric emergency medical systems; (iv) act as base institutions that support the development of an integrated care system; and (v) actively cooperate in municipal mental health consultations and outreach visits, as well as participate in local coordination forums.

For a long time, Japan's community mental health and welfare policies have focused on the issue of how to support individuals with mental disorders who have experienced hospitalization,

through efforts such as reducing the number of long-term inpatients, shortening hospital stays, and minimizing readmissions. In this sense, policies have placed an emphasis on tertiary prevention. While community transition remains a major issue today, it must be acknowledged that measures for primary and secondary prevention, targeting a broader population, have been relatively underdeveloped. With the integrated care system now positioned as a central policy concept, greater emphasis is finally being placed on primary and secondary prevention as well, and discussions are underway on how mental health, medical, and welfare systems can contribute to an inclusive society.

V. One-stop Care and Public Health-center-based Outreach

In relation to primary and secondary prevention in psychiatry, how to appropriately advance early psychiatric intervention is critically important. Recently, the scope of early psychiatric intervention has shifted from focusing solely on mental disorders to also including the stage of non-specific mental health difficulties.¹⁶⁾ Internationally, one-stop care models that address a wide variety of problems faced by young people, regardless of the presence of a diagnosed mental illness, before they seek medical care have

shown success. Notable examples include headspace³⁾ in Australia and CHAT¹⁴⁾ in Singapore. In Japan as well, as part of health and labour science research, one-stop consultation centers have been established to serve young people aged roughly 15 to 35.¹⁶⁾¹⁷⁾ These centers provide assessments, early consultations, and case management by multidisciplinary teams at independent service access points outside of medical institutions, in response to help-seeking behavior among youths. This approach aligns with the principles of the integrated care system, and further development is expected. In such one-stop care settings, the importance of collaboration with psychiatry is beyond question.

At the same time, there are many individuals in the community who face difficulties in reaching out for consultation on their own. Among those who have not sought medical care but are suspected of having a mental disorder, and who may be dealing with issues within the home or neighborhood, struggling to maintain daily life, or involved in other difficulties, it is rare for them to initiate help-seeking. In such cases, it is desirable to determine the direction of support based on psychiatric assessment; if the person does not come in for consultation or treatment, professionals must visit their home or another setting to attempt

assessment and support. However, medical services of home visits or domiciliary medical care require a contractual relationship with the individual, and even if a psychiatrist visits, the person may not consent to the examination. Therefore, for such individuals, health center-based outreach¹²⁾ is used.

Health center-based outreach refers to home-visit support provided by local governments, based on Article 47, Paragraphs 1 and 4 of the Act on Mental Health and Welfare for the Mentally Disabled. Public health nurses, mental health welfare counsellors, or psychiatric social workers from local governments visit individuals in their homes, listen to family members, attempt to build rapport with the individual, conduct assessments, and provide necessary support. It is also anticipated that psychiatrists may engage in health center-based outreach in an official capacity at the request of local governments. Through psychiatrist involvement in health center-based outreach, it becomes possible to more accurately assess the need for and urgency of medical intervention, and, with the individual's consent, to consider introducing psychiatry through home visits as necessary. However, not all cases necessarily require psychiatry, and care must be taken to ensure that connecting

someone to medical care does not become the goal in itself.

A survey on municipal mental health consultation services found that the most frequently expressed expectation from municipalities regarding psychiatry was the enhancement of home visits and domiciliary care by psychiatrists (Figure 3).¹³⁾ To enable medical institutions to actively provide such visits, it may be necessary to consider revisions to medical fee structures. Nevertheless, considering that individuals in need of psychiatric care often refuse not only clinic but also home visits, one of the future challenges for strengthening municipal mental health consultation systems will be how to secure psychiatrists in public roles, such as contracted municipal doctors or those working at mental health and welfare centers, who are able to conduct outreach.

Conclusion

As discussed throughout this paper, psychiatry has numerous and diverse roles to play in building an inclusive society. However, this does not suggest that the difficulties individuals face in life should be solved solely through psychiatry. While it is expected that psychiatry can contribute to the realization of an inclusive society by establishing systems that meet the needs of local communities and

enhancing professional skills, it is equally important to be mindful of the potential adverse effects of excessive medicalization. Preventing over-medicalization and offering specialized psychiatric skills to provide appropriate support before medical intervention becomes necessary are also critical roles for psychiatrists and other psychiatric professionals.

Editor's Note

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References

1) 藤林武史: 児童相談所から精神科医へ. *精神科治療学*, 36 (7); 763-767, 2021

2) 藤井千代, 野口正行: 精神障害にも対応した地域包括ケアシステムと自治体の精神保健. 第3回精神障害にも対応した地域包括ケアシステムの構築に係る検討会資料2 (厚生労働省社会・援護局障害保健福祉部). 2020

(<https://www.mhlw.go.jp/content/12200000/000654238.pdf>) (参照 2022-01-07)

- 3) Hodges, C. A., O'Brien, M. S., McGorry, P. D.: Headspace: National Youth Mental Health Foundation: making headway with rural young people and their mental health. *Aust J Rural Health*, 15 (2); 77-80, 2007
- 4) 国立社会保障・人口問題研究所: 日本の世帯数の将来推計 (全国推計)—2015 (平成 27)~2040 (平成 52)年—. *人口問題研究資料*, 339; 8-15, 2018
- 5) 厚生労働省: 「地域共生社会に向けた包括的支援と多様な参加・協働の推進に関する検討会」(地域共生社会推進検討会)最終とりまとめ. 2019 (<https://www.mhlw.go.jp/content/12602000/000581294.pdf>) (参照 2022-01-07)
- 6) 厚生労働省: 「精神障害にも対応した地域包括ケアシステムの構築に係る検討会」報告書. 2021 (<https://www.mhlw.go.jp/content/12201000/000755200.pdf>) (参照 2022-01-07)
- 7) 厚生労働省編: 令和 3 年版厚生労働白書—新型コロナウイルス感染症と社会保障— p.183, 2021
- 8) 厚生労働省: 地域共生社会のポータルサイト. (<https://www.mhlw.go.jp/kyouseisyakaiportal/>) (参照 2022-01-07)
- 9) 久我弘典, 西 大輔, 藤井千代: 地域連携強化のための政策. *臨床精神医学*, 50 (9); 949-955, 2021
- 10) 中尾智博: ためこみ症と社会的孤立—ゴミ屋敷問題の処方箋—. *公衆衛生*, 85 (10); 668-673, 2021
- 11) 波川京子, 富田早苗, 石井陽子ほか: 在留外国人の相談内容と市町村保健師の対処. *日本渡航医学会誌*, 13 (2); 72-75, 2019
- 12) 日本医師会精神保健委員会 (プロジェクト): 精神保健委員会 (プロジェクト) 答申. 2016 (https://www.med.or.jp/dl-med/teireikaiken/20160608_5.pdf) (参照 2022-01-07)
- 13) 野口正行: 精神障害にも対応した地域包括ケアシステム構築に関する研究. 令和 2 年度厚生労働行政推進調査事業費補助金 (障害者政策総合研究事業)「地域精神保健医療福祉体制の機能強化を推進する政策研究」(研究代表者: 藤井千代) 令和 2 年度分担研究報告書. p.7-67, 2021
- 14) Poon, L. Y., Tay, E., Lee, Y. P., et al.: Making in-roads across the youth mental health landscape in Singapore: the Community Health Assessment Team (CHAT). *Early Interv Psychiatry*, 10 (2); 171-177, 2016

15) 清野仁美: 周産期メンタルヘルスの現状と早期発見のためのスクリーニングツール. 日本医事新報, 4924; 28-33, 2018

16) 内野 敬, 小辻有美, 飯田さとみほか: 若年者に向けたワンストップ相談センター SODA の試み—これまでの精神科早期介入から地域における早期相談・支援へ—. 精神経誌, 123 (3); 126-137, 2021

17) Uchino, T., Kotsuji, Y., Kitano, T., et al.: An integrated youth mental health service in a densely populated metropolitan area in Japan: clinical case management bridges the gap between mental health and illness

service. Early Interv Psychiatry, 16 (5); 568-575, 2022

18) 山下 浩: 虐待された子どもへの地域支援体制と精神科医療の役割. 精神科治療学, 36 (1); 35-40, 2021

19) 全国市長会: 精神保健（メンタルヘルス）に関する市町村の相談支援について. 第3回地域で安心して暮らせる精神保健医療福祉体制の実現に向けた検討会 資料 5. 2021

(<https://www.mhlw.go.jp/content/12200000/000873512.pdf>) (参照 2022-01-07)

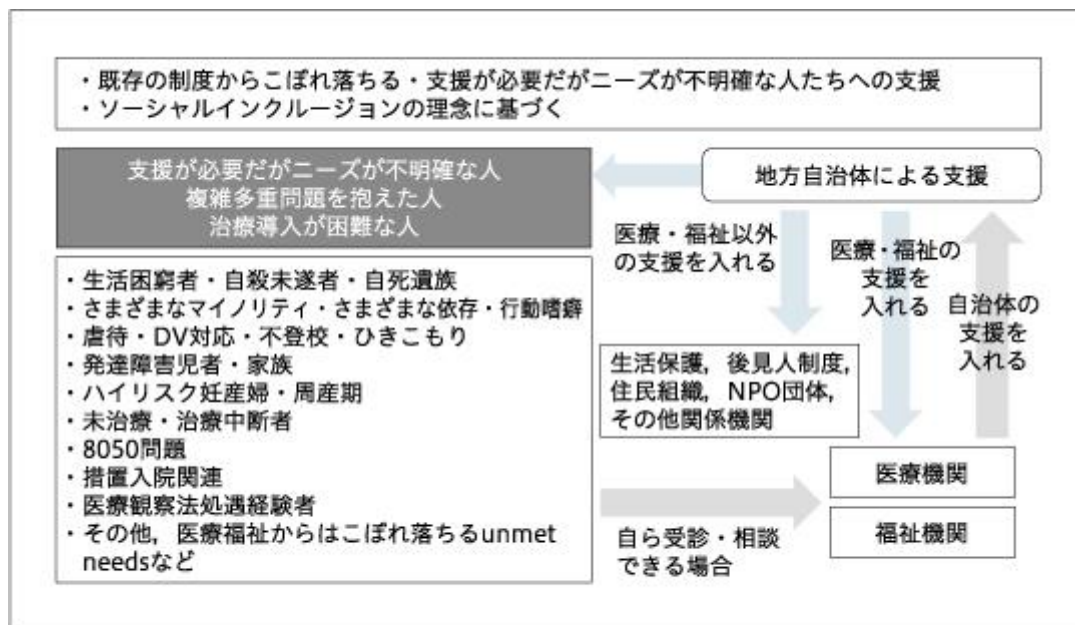


図1 相談支援における地方自治体の役割
(文献2より引用)

Figure 1: Role of Local Governments in Consultation Support
(Adapted from Reference 2)

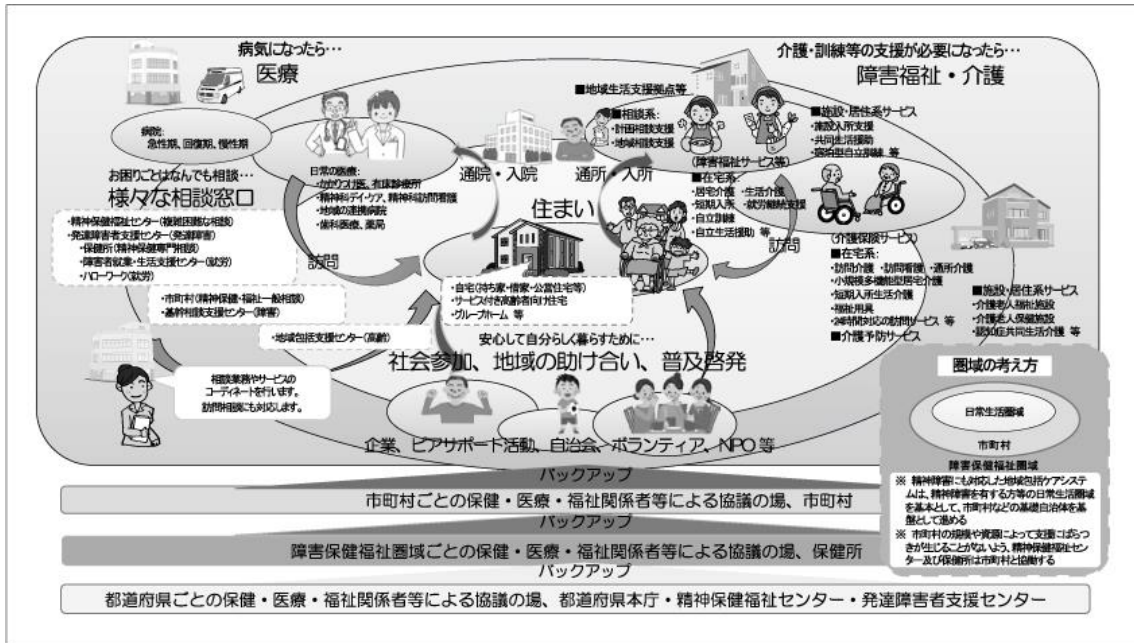


Figure 2: Conceptual Diagram of the Community-based Integrated Care System Focusing on Mental Health Care (Adapted from Reference 6)

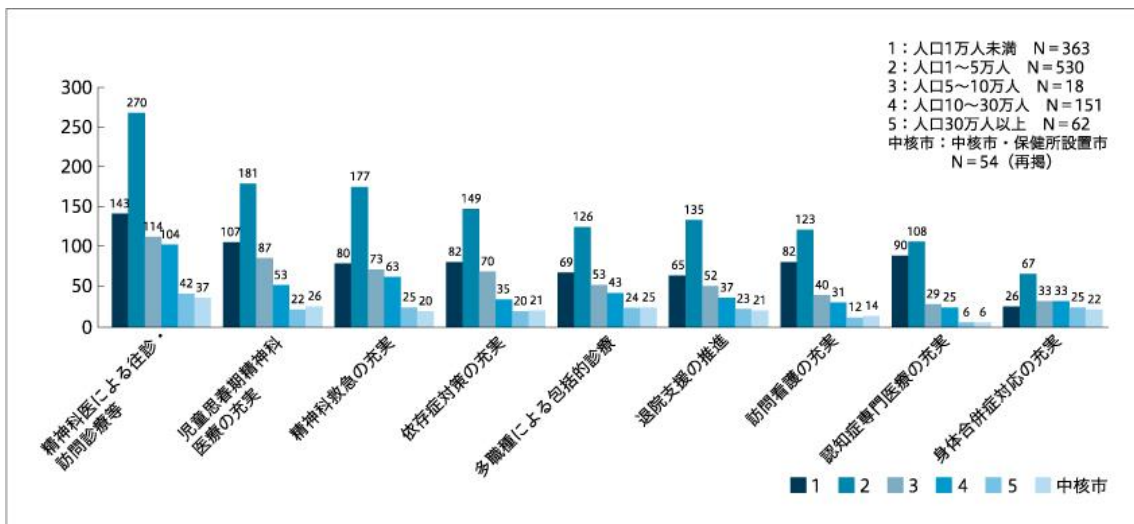


図 3 市町村が精神保健相談業務を実施するにあたり精神医療の充実が望まれる事項 (複数回答可)
(文献 13 より著者作成)

Figure 3: Items for which Municipalities Desire Enhanced Psychiatry in Implementing Mental Health Consultation Support Services (Multiple Responses Allowed)
(Prepared by the author based on Reference 13)