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Special Feature Article

Administrative Measures: Issues Related to Hospitalization and Expertise of Staff

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Abstract

The guidelines for administrative hospitalization indicate specific procedures for the operation of the system and post-discharge support, and support by each local government. When making decisions to enforce measures that may restrict human rights and subsequent discharge support, it is necessary to organize administrative issues, secure the expertise of administrative staff who play a central role in the operation of the measures hospitalization system, and establish a community support system after discharge. In this study, we aimed to examine these issues.

Keywords: administration, mental health welfare consultation, administrative involuntary hospitalization, expertise of administrative staff

Introduction

In the 2017 “Study Group on the Future Direction of Mental Health, Medical Care, and Welfare,” discussions were held aiming to realize “the construction of a community-based integrated care system that also addresses mental disabilities,” “the establishment of a medical collaboration system capable of responding to various mental disorders,” and “further functional differentiation

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of psychiatric beds." Along with review of the medical protective hospitalization system and designation system for psychiatrists under the Mental Health Act, the administrative involuntary hospitalization system was also examined.

In response, each local government started new support services, such as post-discharge support; however, challenges remain that warrant further consideration.

I. National Review Status Regarding the Administrative Involuntary Hospitalization System

1. Discussions at the Study Group[2)]

Regarding the administrative involuntary hospitalization system, the following were indicated as necessary: (i) clarifying considerations and procedures for determining the necessity of an enforced medical examination, and establishing a forum led by local governments with health centers for regular discussions among stakeholders to foster mutual understanding; (ii) creating guidelines on the content of medical care during administrative involuntary hospitalization; (iii) to ensure the continuity of support related to medical care and daily living after discharge, the prefecture that imposed the measure should prepare a post-discharge support plan during the administrative involuntary hospitalization period and hold coordination meetings regarding support content based on that plan, and specify concrete plans for consultation and service use; (iv) hospitals should appoint post-discharge living environment coordinators to communicate opinions to the prefecture, and after discharge, local governments with health centers should continue support according to the plan.

2. Guidelines on the Operation of Administrative Involuntary Hospitalization[3)]

Following the report from the Study Group on the Future Direction, multiple guidelines were issued by the national government.

Regarding the operation of administrative involuntary hospitalization, differences in system operation and rates of administrative involuntary hospitalization across local governments were identified as issues. Therefore, standards were introduced covering the process from preliminary investigation to the decision on enforced medical examination, highlighting the need for system development and investigations conducted by professionals. Furthermore, it was deemed desirable for prefectures to convene consultation forums with local governments, psychiatric medical institutions, welfare personnel,

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disability organizations, family associations, police, and fire departments. These forums are expected to deliberate on policies from notification to hospitalization, as well as approaches to handling difficult cases.[3)]

3. Guidelines on Post-discharge Support for Persons with Mental Disabilities by Local Public Bodies

Regarding post-discharge support, that based on Article 47 of the Mental Health and Welfare Act (hereafter, the Act) has been provided regionally; however, in practice, cases of repeated admissions and discharges due to interruptions in support do occur. Therefore, the guidelines outlined specific procedures for post-discharge support led by local governments. Specifically, local governments are to create support plans only when the person's consent is obtained, and plans can be prepared not only for administrative involuntary hospitalization patients but also for medical protective hospitalization patients and others. When preparing the plan, efforts should be made to encourage participation of the person, family members, and community support personnel in meetings to discuss support content. As a principle, plans should be created during hospitalization, but hospitalization should not be extended solely for the purpose of plan preparation. The support period is generally six months, among other requirements.[4)]

Regarding participants and methods for support meetings, police participation is generally not permitted, and the hospital where the patient is admitted is expected to cooperate with the local government. Additionally, the roles of the local government with a health center are all clearly stated: responsible for post-discharge support, revision of the plan, termination of support if the person's consent cannot be obtained, and transition to support based on Article 47 of the Act after plan completion.

Furthermore, there is a need to establish a system that allows persons with mental disabilities to receive comprehensive support such as medical care, welfare, nursing care, and employment support regardless of the region where they live.

II. Support Content and Challenges in Each Local Government (Figure 1)

1. Support by Local Governments Related to Administrative Involuntary Hospitalization

Currently, support activities have begun in each local government based on these guidelines, and administrative responsibilities can be broadly categorized into three areas.

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First is “mental health consultation,” which is typically conducted before administrative involuntary hospitalization. Next is the Article 23 response, in which, upon receiving a report from the police, the need for an enforced medical examination is assessed in accordance with Article 23 of the Act, followed by the patient’s transportation and examination itself. Finally, there is post-discharge support, in which the individual's wishes are confirmed during hospitalization, and a post-discharge support plan is created in cooperation with the family, relevant agencies, and medical institutions to ensure continued support.

The local government that received the initial report creates the support plan during hospitalization, and after discharge, the individual’s home municipality provides support based on that plan. In some cases, the local governments responsible before and after discharge differ, creating coordination challenges, including the exchange of personal information.[1)]

2. Challenges Regarding Article 23 Response Tasks (Figure 2)

The causes leading to administrative involuntary hospitalization reports have become increasingly diverse. Cases better suited for judicial handling, such as minor offenses, and those involving so-called gray-zone conditions, such as developmental disorders, intellectual disabilities, and personality disorders, have increased, making it more difficult for local governments to determine the necessity of an enforced medical examination. As a result, in many cases, it is necessary to consider not only whether such an examination is required, but also how to ensure continuity of support if the examination is not conducted.

Additionally, vague reports have increased, including cases where there is no clear risk of self-harm or harm to others, problems unrelated to psychiatric symptoms, and reports made solely to refer the individual to administrative consultation services. The police often receive consultations regarding domestic violence, elder abuse, child abuse, and abuse of persons with disabilities. In such situations, they may struggle to determine the need for psychiatric care and often lack information on how to engage available community-based consultation services. It is considered that, in some cases, police submit reports primarily to hand over responsibility to local government services.

However, local government is required to determine the necessity of an enforced medical examination within a short time. To make favorable decisions and appropriately transfer cases to other support agencies,

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experience and expertise in medical care and welfare are becoming increasingly necessary. The guidelines also indicate that a response by specialists, such as mental health welfare consultation staff, is desirable; however, currently, not all local governments have sufficient personnel.

Furthermore, although coordination meetings are held in each region, the focus tends to be on operational procedures. It is difficult to discuss cases that do not lead to enforced medical examinations, or consider coordination that spans from prevention to post-discharge support.

3. Challenges in Post-discharge Support (Figure 3)

The status of post-discharge support was shared at the Mental Health Welfare Consultation Staff Meeting for fiscal year 2020, revealing that the proportion of plans created for administrative involuntary hospitalization patients ranged from 9 to 69%, indicating disparities among local governments. This variation is considered to stem from differences in personnel resources and preparatory measures among local governments, and ongoing monitoring of this situation is necessary.

There are also cases where a person's consent cannot be obtained, and thus a post-discharge support plan is not created. While not all cases require post-discharge support, there are instances where medical and welfare agencies deem continued support to be necessary; however, consent is not obtained during hospitalization, making continuation of consultation based on Article 47 of the Act after discharge difficult, which ultimately leads to cases of re-hospitalization.

In such cases, continuous engagement is necessary, such as maintaining dialogue with the individual during hospitalization in collaboration with medical institutions, or continuing support for family members. However, community-based support systems remain insufficient.

Regarding collaboration with medical institutions, there are challenges including variation in explanations about post-discharge support content and timing given to the person and others, unclear division of roles between administration and hospitals in coordinating and managing support meetings, and differences in responsiveness among medical institutions. These challenges contribute to greater disparities among local governments in post-discharge support than in the operation of administrative involuntary hospitalization.

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4. Challenges in Mental Health Consultation (Figure 4)

In recent years, social issues related to mental disorders have diversified, and the number of support agencies involved has increased. In administrative settings, the importance of mental health has been increasingly recognized in addressing a wide range of issues, including those involving older adults, children, persons with disabilities, socially withdrawn individuals, and people experiencing economic hardship. The number of users of the Mental Disability Welfare Certificate and of those receiving independent medical care assistance (mental outpatient medical care) has also continued to increase.

Moreover, in support settings, there is ongoing trial-and-error on how to continue support for cases where the person does not perceive the need for such support; these are often regarded as so-called difficult-to-treat cases.

For such cases, health centers provide support and mental health welfare centers take on consultation roles; however, with the decline in the number of health centers, the number of administrative staff involved in mental health has also decreased. In practice, municipalities, being closer to residents, sometimes provide mental health support, but since this is a legal obligation of effort rather than mandate, disparities between regions have widened.

III. How to Address These Challenges (Figure 5)

1. Mental Health Welfare Consultation

Not limited to the mental health field, it is necessary to be aware of "mental health" and "mental disorders" in various consultation settings, such as poverty, aging, and mother-child issues, and respond early to prevent any deterioration of the condition.

For this reason, it is essential to improve the consultation system so that familiar municipalities serve as the "core of mental health support." At the same time, it is important for administrations to collaborate with multiple agencies to strengthen the support systems of health, medical, and welfare-related organizations. By doing so, early access to psychiatric medical care can be encouraged with the person's consent, and time-intensive, continuous support such as health-based outreach can be implemented, which is considered effective for both preventive and post-discharge support.

2. Article 23 Response

Since administrative involuntary hospitalization is a significant administrative decision that restricts the person's life, it is necessary to make appropriate judgments while

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considering human rights. Moreover, to resolve the reported issues, it is important to perform comprehensive care management within a limited time frame, involving not only deciding on the necessity of an enforced medical examination but also psychiatric emergencies and urgent welfare support. Therefore, accumulation of experience and securing expertise among staff involved in this task are indispensable.

Additionally, it is necessary to continue forums for discussion among relevant parties, including administration, medical institutions, and the police. Simultaneously, even without sharing personal information, it may be necessary for the police and administration to establish coordination starting from the mental health response phase to prevent progression to administrative involuntary hospitalization.

3. Post-discharge Support

Although the support system is still in its early stages, it is necessary to first strive for standardization based on regional circumstances. For cases where the person's consent cannot be obtained but support is considered necessary, a system is required that can continuously explain the necessity without becoming overly administrative, and a framework that allows hospitals and the community to collaborate from the period of administrative involuntary hospitalization and maintain ongoing dialogue with the person.

Moreover, while concrete discussions are progressing in each region toward building a community-based integrated care system that also addresses mental disabilities, it is essential to always keep post-discharge support in mind, deepen local collaboration, and for administrations to share regional issues through bodies such as self-support councils to increase numbers of providers who conduct community transition and integration support.

Furthermore, post-discharge support must advance not only support for the person but also the sharing of support methods for family members and others around them. Awareness of these factors is considered to lead to seamless support from prevention, through post-discharge support, to daily living assistance.

Conclusion

Administrative staff are tasked with appropriately operating systems that range from prevention of mental disorders to post-discharge support, including the administrative involuntary hospitalization system, which may involve restrictions on human rights. Therefore, a thorough understanding of the system and ability to consistently make balanced

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judgments from the person's perspective are always required of professionals.

In addition, knowledge necessary for support that also considers welfare, health, and medical systems beyond administrative involuntary hospitalization is required; thus, securing professionals and expanding their expertise is essential, and this is expected to serve as an opportunity to realize seamless support that includes related organizations.

Furthermore, when considering how to provide support that prevents progression to administrative involuntary hospitalization, it may be necessary to reconsider the role of municipalities by legally positioning mental health–aware support currently conducted in familiar municipalities.

Editorial Note

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There are no conflicts of interest to disclose in relation to this paper.

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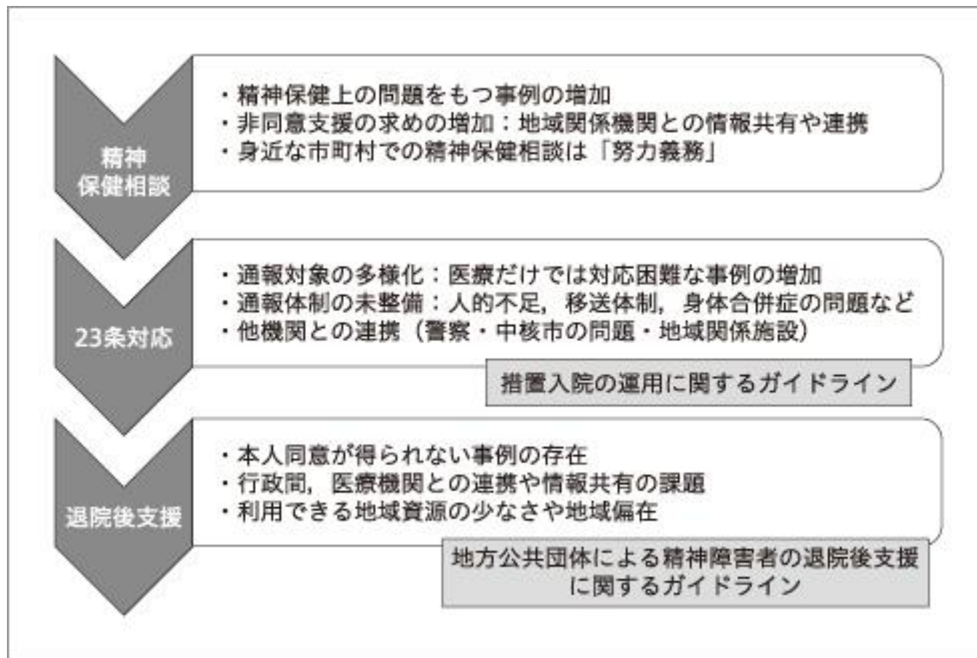

図 1　行政の措置入院業務の課題

Figure 1: Challenges in Tasks Related to Administrative Involuntary Hospitalization

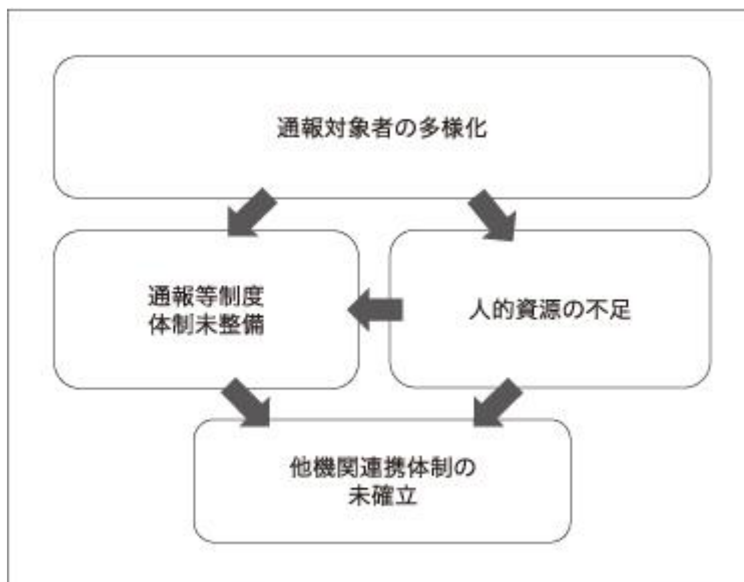

図 2 「23 条通報にかかわる対応上の困難」の関連図

Figure 2: Diagram of Difficulties Related to Responses to Article 23 Reports

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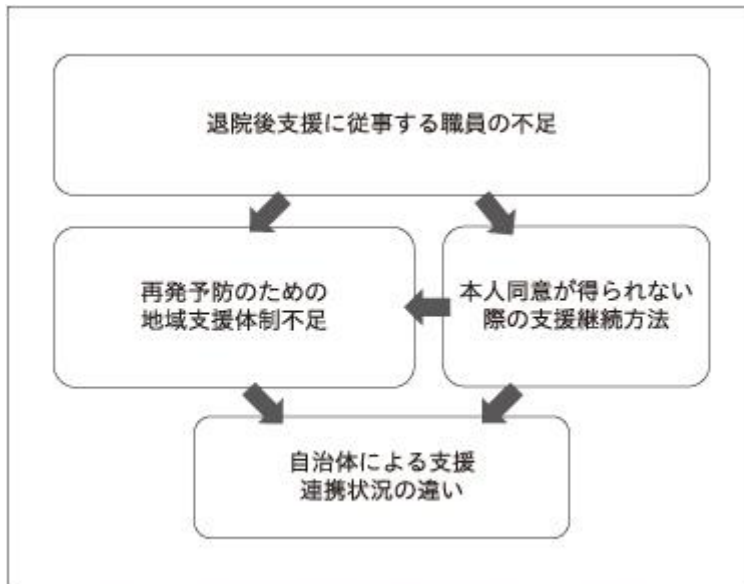

図 3 「措置入院退院後支援の困難」の関連図

Figure 3: Diagram of Difficulties in Post-discharge Support for Administrative Involuntary Hospitalization

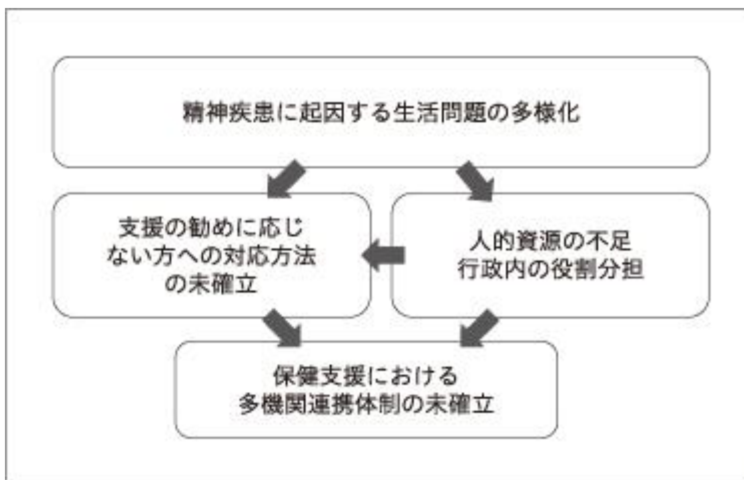

図 4 「精神保健相談上の困難」の関連図

Figure 4: Diagram of Difficulties in Mental Health Consultation

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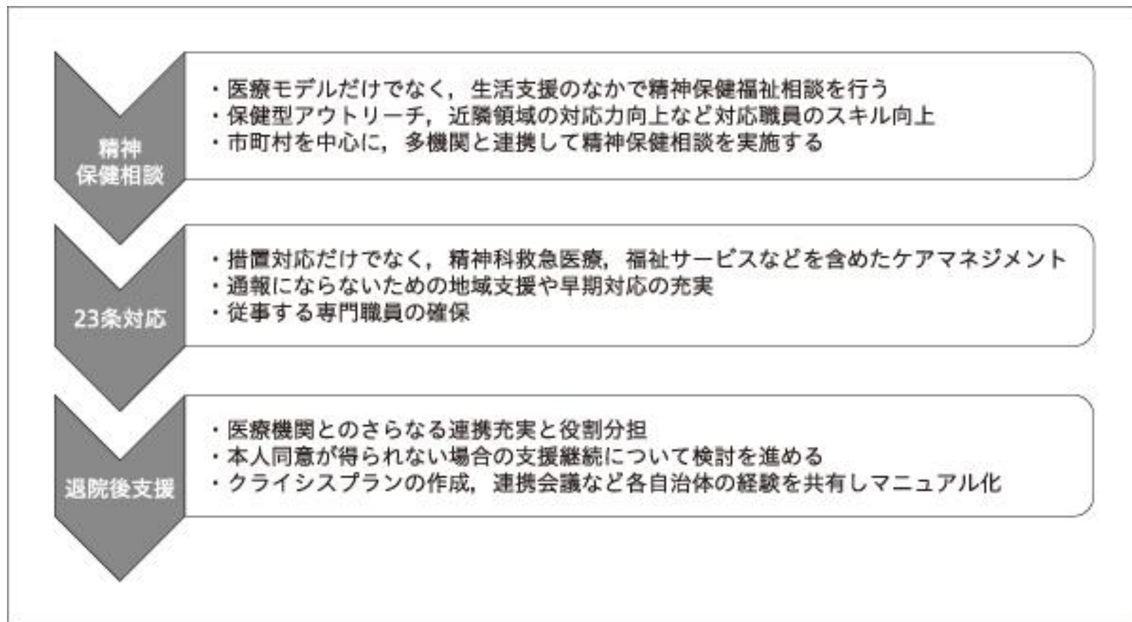

図 5　課題解決に向けた考察

Figure 5: Considerations for Addressing Challenges

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