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## Statistical Compilation

### A Survey on Nationwide Psychiatric Medical Facilities' Names and Clinical Departments

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#### Abstract

[Purpose] This survey aimed to clarify two aspects related to psychiatric clinics and hospitals: 1) the frequently used words in the names of their institution, and 2) the names of the clinical departments.

[Methods] The names and departments of participating facilities were collected, and a database was created. The terms appearing in the names and the departments at each institution were examined. In addition, comparison was made to otorhinolaryngology clinics.

[Results and Discussion] A high percentage (77.7%) of otorhinolaryngology clinics listed "otorhinolaryngology (ENT)" in the name of their clinic; however, the percentage of psychiatry clinics that listed "psychiatry" in the name of their clinic was extremely low at 0.2%. "Mental" (17.0%) and "mind" (10.3%), likely functioning as alternatives to "psychiatry," were more prevalent. In terms of psychiatric hospitals, only 0.6% had "psychiatry" in their name, and even "mental" (0.7%) and "mind" (3.2%) were not prevalent; thus, psychiatric hospitals may be indistinguishable from general hospitals just by looking at the name. The top three department names were psychiatry, psychosomatic medicine, and internal medicine.

[Summary] We found that few institutions had the term "psychiatry" in their name. As many institutions had "psychosomatic medicine" as a clinical department, this suggests

that the perception of the general public, including patients was considered in the naming of the institution, and that there is a stigma associated with "psychiatry". Further studies are needed to investigate ways to reduce the stigma of "psychiatry" such as through educational activities.

**Keywords:** psychiatry, medical advertising, clinical specialties, stigma

## Introduction

The primary objective of this study was to clarify the nationwide characteristics of the names used by psychiatric clinics and psychiatric hospitals (hereinafter referred to as psychiatric medical facilities). Generally, one frequently encounters clinics whose names directly incorporate the name of the medical specialty they practice, such as: "Dentistry," "Ophthalmology," "Otolaryngology," "Orthopedics," "Internal medicine," "Surgery," or "Dermatology." In contrast, few psychiatric medical facilities include "Psychiatry" in their names. However, psychiatric clinics using names like "Mental clinic" or "Mind clinic" are occasionally noted. Is this trend nationwide? Sato's study<sup>12)</sup> mentions names of psychiatric medical facilities. Sato discusses the renaming of psychiatric hospitals from a psychiatrist's perspective, focusing on branding. However, to the best of our knowledge, no study has comprehensively addressed the naming

of psychiatric medical facilities. Therefore, this survey aimed to examine nationwide trends in the words used in the names of psychiatric medical facilities across Japan.

Furthermore, a secondary objective of this study was to clarify nationwide trends regarding the subjects of medical treatment that psychiatric medical facilities advertise alongside "Psychiatry." To the best of the authors' knowledge, no prior research exists on this topic.

## I. Methods—Subjects and Survey Methods—

This survey examined the following: whether psychiatric medical facilities nationwide include "Psychiatry" in their names, and if they include terms other than "Psychiatry," which terms are the most common. It also aimed to clarify which subjects of medical treatment are most frequently listed nationwide. Note that psychiatric departments within general hospitals were excluded from this study. Reasons for this exclusion

were that general hospitals have little need to include “Psychiatry” in their names, and their range of subjects of medical treatment differs markedly from that of dedicated psychiatric hospitals. For facility names, otolaryngology clinics were used as a comparative reference. This is because otolaryngology, like psychiatry, is often perceived by patients as a “relatively specialized medical field,” and the number of otolaryngology and psychiatric clinics is relatively similar (5,783 otolaryngology clinics; 7,223 psychiatric clinics<sup>7)</sup>). Furthermore, while “ENT” carries no stigma, psychiatry does, making this comparison effective for examining facility-name characteristics. A limitation to note is the small number of single-specialty ENT hospitals.

The survey method involved manually collecting information on all psychiatric medical facilities registered in the “Medical information network NAVII”<sup>5)</sup> mandated by the Ministry of Health, Labour and Welfare for each prefecture. Their names and subjects of medical treatment were then compiled into a database, and a simple count was performed for the relevant items. Due to the limited accessibility of “Medical information network NAVII,” creating the database required significant effort. Therefore, medical facilities for the relevant departments listed on the

private medical institution search site “Find a Doctor”<sup>2)</sup> were initially compiled into a database. Subsequently, this database was cross-referenced with “Medical information network NAVII,” and facilities not covered in the latter were supplemented from “Medical information network NAVII.” Kyoto Prefecture was not listed in “Medical information network NAVII,” and so its data were unavailable for viewing. Therefore, Kyoto Prefecture's data were solely from “Find a Doctor” and could not be supplemented from “Medical information network NAVII.” Note that this survey created a database of medical facilities listed on both sites. However, a small number of facilities may have already ceased operations, a tendency expected to be particularly strong among clinics. This represents a weakness in the data collection design of this survey. Excel (2013 version) was used to create the database. To count the words in each medical facility's name and determine their subjects of medical treatment, KH Coder<sup>1)</sup> was used in addition to Excel.

Along with the above, supplementary investigation and consideration were conducted based on the following two points. To examine the relationship with psychosomatic medicine, a field closely related to psychiatry, a comparison was made of the primary and secondary specialties of physicians using

“Overview of the 2020 Statistics on Physicians, Dentists, and Pharmacists”<sup>8)</sup> to compare the primary and secondary specialties of physicians. Furthermore, to qualitatively clarify the social recognition of “Psychiatry” as a clinic name or specialty, we investigated manuals for clinic management including psychiatry,<sup>49)</sup> descriptions on the websites of actual clinics<sup>11)</sup> were examined, and the results were cited.

## II. Results—Medical Facility Names and Specialties—

### 1. Explanation of survey data and definition of terms

Table 1 shows the “Number of Medical Facilities for Which Data were Collected (B)” as a percentage of the “Total Number of Medical Facilities Nationwide (A).” The “Total Number of Medical Facilities Nationwide (A)” is the official figure from the Medical Facility Survey<sup>7)</sup> conducted by the Ministry of Health, Labour and Welfare. Although the “number of medical facility data collected (B)” in this survey was lower than this figure, it covers high rates of psychiatric clinics (88.4%), psychiatric hospitals (99.2%), and ENT clinics (99.7%), suggesting its reliability.

For terminology definitions in this survey, “internal medicine,” “pediatrics,” “psychiatry,” “neurology,” “psychosomatic medicine,” “neurology (neurological medicine),” and “ENT”

were referred to as “clinical specialties.” Such “clinical specialties” were divided into adjacent and non-adjacent fields within psychiatry and ENT, respectively. The terms “adjacent field” and “non-adjacent field” used herein were for convenience. Similarly, “psychosomatic” “mental,” “mind,” and “ear, nose, throat” were referred to as “quasi-subjects of medical treatment,” analogous to clinical specialties. These “quasi-subjects of medical treatment” were further divided into groups analogous to clinical specialties and other groups.

### 2. Terms used in facility names

The results obtained from the database are shown in Table 2. The total for each facility type in the “Percentage total (%)” column exceeded 100.0% due to overlapping entries. Taking psychiatric clinics as an example, facility names included: “XX Psychosomatic Medicine and Neurology Clinic” or “XX Internal Medicine and Cardiology Mental Clinic.” Examples of facilities that “did not list either medical specialty or quasi-medical specialty” included “XX Clinic” or “XX Hospital.” Note that “XX” was used to indicate a place name or proper noun.

The number of “こころ” entries in psychiatric clinics totaled 657, comprising “COCORO” (1), “KOKORO” (1), “こころ” (481), “ココロ” (4), and “心” (170). All these were combined and

presented as the hiragana form “こころ” (657).

Similarly, the number of “こころ” cases in psychiatric hospitals was shown as the combined hiragana form “こころ” (34 cases), combining “こころ” (28 cases) and “心” (6 cases).

The breakdown of “みみ・はな・のど” cases in ENT clinics was as follows: “みみ・はな・のど” (51 cases), “みみはなのど” (24 cases), “耳・鼻・のど” (5 cases), “みみはな” (29 cases), “はな・みみ” (1 case), and “みみ はな のど” (2 cases). These were all combined and shown as “みみ・はな・のど” (112 cases).

### 3. Subjects of medical treatment listed by psychiatric facilities

Table 3 shows that psychiatric clinics list: Psychiatry (100.0%), Psychosomatic Medicine (66.1%), and Internal Medicine (45.1%), as their specialties. Psychiatric hospitals list: Psychiatry (100.0%), Internal Medicine (53.0%), and Psychosomatic Medicine (45.5%). The prevalence of Psychosomatic Medicine and Internal Medicine is reversed between the two types of facilities. The reason for this trend is unclear based on available evidence. The phenomenon of Internal Medicine being listed relatively frequently is also difficult to infer from the data. It is possible that psychiatric hospitals may aim to smoothly address internal medical conditions in

hospitalized patients, but this too remains speculative.

### 4. Number of physicians in psychiatry and psychosomatic medicine

Similar to the findings of Uebayashi et al.,<sup>3)</sup> the upper section of Table 4 shows the number of physicians nationwide who listed Psychiatry or Psychosomatic Medicine as their primary clinical specialties.

In contrast, the lower section shows the number of physicians who selected multiple subjects of medical treatment they actually practice, including those not listed as their primary clinical specialties. While 885 physicians listed Psychosomatic Medicine as their primary clinical specialties, 4,989 physicians (5,874 - 885) listed Psychosomatic Medicine among their multiple subjects of medical treatment (i.e., physicians not listing it as primary). This represents slightly more than five times the number of physicians primarily practicing Psychosomatic Medicine as their clinical specialties (885).

### 5. Descriptions found in manuals for clinic management including psychiatry and on websites of actual clinics

The following two excerpts are from manuals on clinic management including psychiatry.

Kimura,<sup>4)</sup> *How to Create Clinic Signs that Attract Patients*

(Excerpt) It is necessary to create signs that appeal not only to patients but also their families. Since psychiatry is a clinical specialties that people find difficult to pursue due to social scrutiny, it is particularly important to create a clinic name and environment that families can enter without hesitation. ... First, it is necessary to devise a creative clinic name. Let us consider a stylish name that evokes no resistance. ... It is also better to avoid listing “psychiatry” as a clinical specialties. (Underline added by the author)

Sanada et al.,<sup>9)</sup> *Practical Management of Mental Clinics*

(Excerpt) Visiting a psychiatric clinic seems to cause more anxiety and concern about social appearance than we might imagine. To ease patients’ hesitation, we sometimes intentionally list psychosomatic medicine as our clinical specialties, but patients still report feeling resistance toward entering a psychiatry clinic. In this respect, since a medical building houses multiple clinics of other specialties, even if someone sees the patient entering the building, it will not be apparent that they are visiting a psychiatry clinic, which lowers the psychological barrier for patients. (Underline added by the author)

Satake (Designated Psychiatrist, Board-Certified Psychiatrist, Psychiatric Training Supervisor)<sup>10)</sup> explains on the website of his own clinic<sup>11)</sup> why he lists psychosomatic medicine instead of “psychiatry” as the clinical specialties:

(Excerpt) Although “psychosomatic medicine” and “psychiatry” are quite different in origin, the scope of psychiatric medical treatment has expanded, and the two have come to overlap considerably in terms of areas covered. However, when it comes to the clinical specialties listed for a clinic, the perspective changes. The reason is that the old image of “psychiatry” still persists. This tendency is particularly strong among older individuals, and many people avoid visiting when “psychiatry” is displayed on the clinic sign, as it raises the psychological barrier to consultation.

For this reason, our clinic intentionally does not display “psychiatry.” so that even patients with mild symptoms can feel comfortable visiting us at an early stage. (Underline added by the author)

### III. Discussion—Terminology and Subjects of Medical Treatment Used in Psychiatric Medical Facilities—

#### 1. Findings from this survey

Summarizing the results of this survey:

Regarding facility names, psychiatric clinics tended to display quasi-subjects of medical treatment rather than “Psychiatry.” Psychiatric hospitals also showed a tendency to avoid displaying “Psychiatry.” ENT clinics tended to display “Ear, Nose, and Throat.”

Regarding subjects of medical treatment, a significant proportion of psychiatric medical facilities displayed “Psychosomatic Medicine” alongside “Psychiatry” in their names. Notable characteristics appear to be the tendency for psychiatric medical facilities to avoid displaying “Psychiatry” in their facility names and the tendency to display “Psychosomatic Medicine” among their subjects of medical treatment. At the same time, the rate of facilities listing neither subjects nor quasi-subjects of medical treatment was high in psychiatric medical facilities and low in ENT clinics. Regarding the number of physicians in psychiatry and psychosomatic medicine, Table 4 suggests that the majority of physicians who list psychosomatic medicine without making it their primary clinical specialties are psychiatrists. This suggests that many physicians who list psychosomatic medicine as a clinical specialties are psychiatrists. Among these, some physicians whose primary clinical specialties is psychiatry may

also list psychosomatic medicine as a secondary clinical specialties.

Two guidebooks on clinic management, including psychiatry,<sup>4)9)</sup> describe “Psychiatry” as a clinical specialties that is difficult to access due to social stigma. As underlined, they indicate that it is better to avoid listing psychiatry as a clinical specialties or list psychosomatic medicine instead. Furthermore, the psychiatrist Satake<sup>10)</sup> states that psychosomatic medicine is listed rather than psychiatry to avoid raising the barrier to seeking care.

## 2. Examination of individual items

### 1) Regarding terms used in psychiatric facility names

Table 2 suggests the following points:

Regarding psychiatric clinic names, “neither primary nor secondary subjects of medical treatment listed” accounted for 63.4%, a majority. While “related fields of psychiatry” (5.0%) directly indicate a medical role related to “psychiatry,” within this category, “Psychiatry” appears in only 10 cases (0.2%), a small number, whereas “Psychosomatic Medicine” appears in 196 cases (3.1%), approximately 20 times more than “Psychiatry,” representing a relatively large proportion. Furthermore, “quasi-subjects of medical treatment” (34.4%) indirectly indicate psychiatric medical roles, suggesting an intention among

psychiatric clinics to specify their medical role without explicitly stating “Psychiatry.” Particularly noticeable were terms like “Mental” (17.0%) and “Mind” (10.3%).

Regarding psychiatric hospital names, “neither primary nor secondary specialties listed” was high at 92.5%. Only “specialties closely related to psychiatry” (1.5%) directly indicated a medical role related to “psychiatry,” and this rate was low. Only “quasi-subjects of medical treatment” (6.0%) indirectly indicated a medical role related to “psychiatry,” and this rate was also low. Due to these circumstances, psychiatric hospitals tend to be difficult to distinguish from general hospitals based on their facility names alone.

The difference between psychiatric clinics and psychiatric hospitals lies in the fact that psychiatric clinics tend to explicitly state their medical role through “quasi-subjects of medical treatment.” While this difference remains speculative, it may stem from the disparity in the establishment periods of psychiatric clinics and psychiatric hospitals. That is, psychiatric clinics have shown an increasing trend in recent years, with a larger proportion of new establishments compared with psychiatric hospitals. Since psychiatric clinics, which see more new establishments than psychiatric hospitals, are more likely to

list quasi-subjects of medical treatment, it is inferred that listing quasi-subjects of medical treatment like “Mental” or “Mind” has become a recent trend.

## 2) Comparison with names of ENT medical facilities

Table 2 shows that for ENT clinics, “neither subjects of medical treatment nor quasi-subjects of medical treatment listed” accounted for 21.5%, less than half, indicating a low rate. “Related fields of otorhinolaryngology” (80.3%) directly indicate a medical role related to “ENT,” representing a large proportion. Within this category, “Otolaryngology” itself accounts for a high rate at 77.7%. Only “Quasi-subjects of medical treatment” (3.4%) indirectly indicate a medical role related to “ENT” in the facility name, representing a small proportion.

Thus, compared with ENT, psychiatric medical facilities involve a higher rate that do not explicitly state their medical role (Table 2). While both psychiatry and ENT are “relatively specialized medical fields,” the reason for this difference is thought to be that psychiatry carries stigma, leading to a larger proportion not explicitly stating “Psychiatry.” Conversely, ENT carries no stigma, leading to a higher rate openly stating “ENT (otorhinolaryngology).”

3) Regarding subjects of medical treatment of psychiatric facilities

Table 3 suggests the following possibilities:

For internal medicine associated with psychiatry, the following scenarios are conceivable: a separate internist provides care, the psychiatrist also practices as an internist, or an internist practices as a psychiatrist. It is difficult to discern from the data which of these scenarios applies.

Facilities advertising “Psychosomatic Medicine” alongside psychiatry as a clinical specialties comprise a significant proportion: 4,221 out of 6,385 psychiatric clinics (66.1%), and 478 out of 1,051 psychiatric hospitals (45.5%). Psychiatric medical facilities frequently advertise “Psychosomatic Medicine” as a clinical specialties. Table 4 indicates that a significant proportion of physicians listing psychosomatic medicine as a secondary clinical specialties are psychiatrists. This finding is consistent with the results in Table 3.

The above is also considered consistent with descriptions in practice management guidelines<sup>4)9)</sup> that include psychiatry, as well as Satake's<sup>11)</sup> “Reasons for not listing psychiatry.” That is, as indicated by the underlined text, psychiatric practice operators may sometimes aim to create psychiatric medical facilities chosen by patients by

listing “Psychosomatic Medicine” as a clinical specialties.

4) Regarding “psychosomatic medicine” in psychiatric clinics

For psychiatric clinics, “Psychosomatic Medicine” is considered an easier name/clinical specialties to list than “Psychiatry.” However, if facilities list “Psychosomatic Medicine” in their names or as a clinical specialties to reduce stigma, despite it being a different specialty from psychiatry, this indicates a need for improvement.

#### IV. Proposals for Reducing Stigma in Psychiatry—Considering Users’ Perspective—

Survey results suggest that “Psychiatry” is a difficult name and clinical specialties to explicitly state. This is considered a challenge faced by “Psychiatry.” It is noteworthy that, as shown in Table 2, more psychiatric clinics displayed “Psychosomatic Medicine” than “Psychiatry.” Considering Table 2 alongside the literature, “Psychosomatic Medicine” appears to carry less stigma than “Psychiatry.”

Therefore, one potential improvement strategy for this issue could be to adopt a new, stigma-free clinical specialties, making it easier to explicitly state. For example, one proposal is the department name “Brain Medicine.”

This does not fall under the Ministry of Health, Labour and Welfare's<sup>6)</sup> “unreasonable combinations of terms” and could be an admissible clinical specialties. However, “Brain Medicine” is similar in name to “Neurology,” potentially causing confusion. Efforts to promote it as a distinct specialty are therefore necessary. For precedent, “Dentistry” and “Oral and Maxillofacial Surgery” also have similar names but exist as separate subjects of medical treatment. Therefore, the argument that a new clinical specialties cannot be adopted solely because it resembles an existing one is not valid. Beyond “Brain Medicine,” the creation of a new clinical specialties to replace “Psychiatry” is worth considering as one means to make the clinical specialties more explicit. (For example, in recent years, psychiatric medical facilities displaying the clinical specialties as “Mental Health Department” have also become visible)

However, it is important to note that simply changing the clinical specialties alone is unlikely to completely eradicate the stigma associated with “Psychiatry.” Stigma is a complex social phenomenon influenced by various factors, including cultural attitudes, media portrayals, and personal experiences. Therefore, to fundamentally reduce the stigma surrounding “Psychiatry,” ongoing

education and awareness campaigns are likely necessary.

## V. Significance, Limitations, and Future Challenges of This Survey

This survey provided a nationwide overview of the names of psychiatric medical facilities and their subjects of medical treatment, areas previously under-examined. Its academic significance lies in demonstrating, with evidence, that facilities explicitly naming themselves “Psychiatric” are extremely rare and that “Psychiatry” is also difficult to list as a medical specialty. Furthermore, it has social significance by revealing facts that people perceived but were not yet backed up with data.

A limitation of this survey was that it did not examine regional differences. Additionally, while qualitative aspects were supplemented by references from practice manuals for clinics, including psychiatric ones,<sup>4)9)</sup> the coverage was not sufficiently comprehensive. Therefore, there remains scope for detailed qualitative research into the considerations that psychiatric facilities take into account when deciding their names. Furthermore, as this survey was restricted to Japan, there is room for comparison with other countries.

This study revealed that psychiatric clinics tend to explicitly state their medical role through quasi-subjects of

medical treatment. However, the merits of this practice warrant further investigation and consideration. One point of concern is that terms frequently used as quasi-subjects of medical treatment, such as “Mental” or “Mind,” may lead to misunderstandings. These terms could imply that users expect therapeutic approaches similar to those offered by psychologists, potentially creating a gap with treatments provided by psychiatrists.

### Conclusion

This study clarified how psychiatric clinics and psychiatric hospitals present their facility names and subjects of medical treatment individually. A notable characteristic of both was that neither explicitly states “Psychiatry” in its facility name. For psychiatric clinics, a significant feature was the prevalence of facilities that, while avoiding explicit mention of “Psychiatry,” explicitly indicate their medical role through quasi-subjects of medical treatment. Furthermore, psychiatric medical facilities were found to have a higher proportion of facilities that do not explicitly state their medical role compared with otolaryngology clinics.

Regarding subjects of medical treatment, a notable feature was the large proportion of psychiatric medical facilities that also offer “Psychosomatic Medicine” or “Internal Medicine.” The

stigma associated with “Psychiatry” likely had a significant impact on these survey results. Through awareness campaigns and other efforts, a future reduction in not only the stigma attached to department names but also that attached to “Psychiatry” itself is desirable.

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表1 収集できた医療施設のデータ数が、全国におけるすべての医療施設の数に占める割合 (%)

医療施設種	全国におけるすべての医療施設の数 (A)	収集できた医療施設のデータ数 (B)	B が A に占める割合 (%)
精神科診療所	7,223	6,385	88.4
精神科病院	1,059	1,051	99.2
耳鼻咽喉科診療所	5,783	5,763	99.7

※「全国におけるすべての医療施設の数 (A)」は、医療施設調査<sup>7)</sup>の数値 (2020 年)

※「収集できた医療施設のデータ数 (B)」は、医療情報ネット<sup>5)</sup>およびお医者さんガイド<sup>2)</sup>の数値 (2022 年)

Table 1: Percentage of collected medical facility data relative to the total number of national medical facilities (%)

Medical Facility Type/Total National Facilities (A)/Collected Facility Data (B)/

B as % of A (%)

Psychiatric Clinics	7,223	6,385	88.4
Psychiatric Hospitals	1,059	1,051	99.2
Ear, Nose, and Throat clinics	5,783	5,763	99.7

\*“Total number of medical facilities nationwide (A)” based on figures from the 2020 Medical Facility Survey<sup>7)</sup>

\*“Number of medical facilities for which data could be collected (B)” based on figures from the 2022 Medical Information Network NAVII<sup>5)</sup> and Doctor Guide<sup>2)</sup>

表 2 医療施設が施設名に掲げている言葉

施設種 (総数)	言葉の種類	施設名を構成する言葉	件数	割合 (%)	割合計 (%)			
精神科 診療所 (6,385 件)	診療科目	精神科の非近接領域	内科	136	2.1	3.4	/	
			小児科	27	0.4			
			整形外科	12	0.2			
			脳神経外科	9	0.1			
			外科	7	0.1			
			胃腸科	4	0.1			
			歯科	4	0.1			
			耳鼻咽喉科	4	0.1			
			産婦人科, 婦人科	3	0.0			
			皮膚科	3	0.0			
			眼科	2	0.0			
			その他 (1)	7	0.1			
			精神科の近接領域	心療内科	196			3.1
	神経科	72		1.1				
	脳神経内科 (神経内科)	41		0.6				
	精神科	10		0.2				
	診療科目に準ずる	心療	129	2.0	3.9			
		神経	80	1.3				
		精神	35	0.5				
		脳神経	7	0.1				
		メンタル	1,086	17.0				
	準診療科目	その他	こころ	657	10.3	30.4	39.4	
			ストレス	47	0.7			
発達			46	0.7				
ハート			43	0.7				
睡眠, 眠り, スリープ			26	0.4				
メモリー, もの忘れ			14	0.2				
カウンセリング			7	0.1				
ブレイン			7	0.1				
認知症			5	0.1				
心理			3	0.0				
痛み			2	0.0				
診療科目, 準診療科目どちらも掲げていない			4,051	63.4	63.4			
精神科 病院 (1,051 件)			診療科目	精神科の非近接領域	内科			2
	精神科の近接領域	神経科		10	1.0			
		精神科		6	0.6			
	準診療科目	診療科目に準ずる	心療内科	0	0.0	2.1	6.0	
			精神	12	1.1			
			神経	5	0.5			
		心療	5	0.5				
		こころ	34	3.2				
	その他	メンタル	7	0.7	3.9			
	診療科目, 準診療科目どちらも掲げていない	972	92.5	92.5				
耳鼻咽喉科 診療所 (5,763 件)	診療科目	耳鼻咽喉科の非近接領域	内科	54	0.9	3.0	108.1	
			小児科	27	0.5			
			眼科	21	0.4			
			皮膚科 (皮ふ科)	21	0.4			
			整形外科	12	0.2			
			外科	10	0.2			
			歯科	10	0.2			
			その他 (2)	17	0.3			
	耳鼻咽喉科の近接領域	耳鼻咽喉科 (耳鼻科)	4,476	77.7	80.3			
		アレルギー科	112	1.9				
		気道食道科	37	0.6				
		口腔外科	1	0.0				
		呼吸器内科	1	0.0				
	診療科目に準ずる	耳鼻咽喉 (耳鼻)	14	0.2	0.5	83.7		
		アレルギー	7	0.1				
		呼吸	6	0.1				
		気管食道	1	0.0				
みみ・はな・のど		112	1.9					
めまい		20	0.3					
睡眠		14	0.2					
準診療科目	その他	その他 (3)	20	0.3	2.9	3.4		
		診療科目, 準診療科目どちらも掲げていない	1237	21.5			21.5	

※その他 (1) の内訳は次の通り。

アレルギー科 (1 件), 形成外科 (1 件), 循環器内科 (1 件), 消化器内科 (1 件), 脳外科 (1 件), 麻酔科 (1 件), 肛門外科 (1 件)。

※その他 (2) の内訳は下記の通り。

形成外科 (6 件), 脳神経外科 (3 件), 胃腸科 (2 件), 麻酔科 (2 件), 心療内科 (1 件), 糖尿病内科 (1 件), 泌尿器科 (1 件), 美容外科 (1 件)。

※その他 (3) の内訳は下記の通り。

いびき (4 件), きこえ (3 件), 甲状腺 (3 件), 聴覚 (2 件), 難聴 (2 件), 嚥下 (1 件), 補聴 (1 件), 鼻・副鼻腔 (1 件), VOICE (1 件), EAR (1 件), Sleep (1 件)。

Table 2: Words displayed in the names of medical facilities

Type of facility (total)/Type of term/Words in facility name/Number of Facilities/Percentage (%)/Percentage of total (%)

Psychiatric clinics (6,385 cases)

Clinical specialties

Non-related fields of psychiatry

Internal Medicine	136	2.1	3.4	106.2
Pediatrics	27	0.4		
Orthopedics	12	0.2		
Neurosurgery	9	0.1		
Surgery	7	0.1		
Gastroenterology	4	0.1		
Dentistry	4	0.1		
Ear, Nose, and Throat	4	0.1		
Obstetrics and Gynecology	3	0.0		
Dermatology	3	0.0		
Ophthalmology	2	0.0		
Other (1)	7	0.1		

Psychiatry-related Fields

Psychosomatic Medicine		196	3.1	5.0	39.4
Neurology		72	1.1		
Neurology (Neurological Medicine)		41	0.6		
Psychiatry		10	0.2		

Quasi-clinical specialties

Equivalent to Clinical specialties

Psychosomatic Medicine	129	2.0	3.9	34.4
Neurology	80	1.3		
Psychiatry	35	0.5		
Brain Neurology	7	0.1		

Other

Mental	1,086	17.0	30.4	
Mind	657	10.3		
Stress	47	0.7		
Development	46	0.7		
Heart	43	0.7		

Sleep	26	0.4		
Memory, Forgetfulness	14	0.2		
Counseling	7	0.1		
Brain	7	0.1		
Dementia	5	0.1		
Psychology	3	0.0		
Pain	2	0.0		
Neither Subject nor Quasi-subject Indicated			4,051	63.4 63.4
Psychiatric Hospitals (1,051 cases)				
Clinical specialties				
Non-related Fields of Psychiatry				
Internal Medicine	2	0.2	0.2	100.2
Related Fields of Psychiatry				
Neurology	10	1.0	1.5	7.5
Psychiatry	6	0.6		
Psychosomatic Medicine	0	0.0		
Quasi-clinical specialties				
Equivalent to Clinical specialties				
Psychiatry	12	1.1	2.1	6.0
Neurology	5	0.5		
Psychosomatic	5	0.5		
Others				
Mind	34	3.2	3.9	
Mental health	7	0.7		
Neither Subject nor Quasi-subject Indicated			972	92.5 92.5
Otorhinolaryngology (ENT) Clinic (5,763 cases)				
Clinical specialties				
Non-related Fields of ENT				
Internal Medicine	54	0.9	3.0	108.1
Pediatrics	27	0.5		
Ophthalmology	21	0.4		
Dermatology	21	0.4		
Orthopedics	12	0.2		
Surgery	10	0.2		
Dentistry	10	0.2		

Other (2)	17	0.3		
Related Fields of Otorhinolaryngology				
Otolaryngology (ENT)	4,476	77.7	80.3	83.7
Allergy	112	1.9		
Airway and Esophagus	37	0.6		
Oral Surgery	1	0.0		
Respiratory Medicine	1	0.0		
Quasi-clinical specialties				
Equivalent to Clinical specialties				
Otorhinolaryngology (ENT)	14	0.2	0.5	3.4
Allergy	7	0.1		
Respiratory	6	0.1		
Trachea and Esophagus 1	0.0			
Others				
Ear, Nose, and Throat	112	1.9	2.9	
Vertigo	20	0.3		
Sleep	14	0.2		
Other (3)	20	0.3		
Neither Subject nor Quasi-subject Indicated			1237	21.5 21.5

\*The breakdown of Other (1) is as follows:

Allergy (1), Plastic Surgery (1), Cardiology (1), Gastroenterology (1), Neurosurgery (1), Anesthesiology (1), Proctology (1).

\*The breakdown of Other (2) is as follows:

Plastic Surgery (6), Neurosurgery (3), Gastroenterology (2 cases), Anesthesiology (2 cases), Psychosomatic Medicine (1 case), Endocrinology (1 case), Urology (1 case), Cosmetic Surgery (1 case).

\*The breakdown of "Other (3)" is as follows:

Snoring (4 cases), Hearing (3 cases), Thyroid (3 cases), Audiology (2 cases), Hearing Loss (2 cases), Swallowing (1 case), Hearing Aids (1 case), Nose/Sinus (1 case), VOICE (1 case), EAR (1 case), Sleep (1 case).

表3 各医療施設が標榜している診療科目とその割合

医療施設種 (総数)	施設が標榜する 診療科目名	施設が標榜 している 件数	割合 (%)
精神科 診療所 (6,385 件)	精神科	6,385	100.0
	心療内科	4,221	66.1
	内科	2,881	45.1
	神経科	717	11.2
	小児科	523	8.2
	皮膚科	449	7.0
	整形外科	354	5.5
	脳神経内科	352	5.5
	外科	322	5.0
	循環器内科	218	3.4
精神科 病院 (1,051 件)	精神科	1,051	100.0
	内科	557	53.0
	心療内科	478	45.5
	神経科	308	29.3
	歯科	135	12.8
	脳神経内科	87	8.3
	リハビリ科	38	3.6
	皮膚科	21	2.0
	放射線科	19	1.8
	消化器内科	16	1.5

Table 3: Subjects of medical treatment advertised by each type of medical facility and their proportions

Type of facility (total)/Name of subject advertised by facility/Number of facilities advertising the subject/Proportion (%)

Psychiatric Clinics (6,385)

Psychiatry	6,385	100.0
Psychosomatic Medicine	4,221	66.1
Internal Medicine	2,881	45.1
Neurology	717	11.2

Pediatrics	523	8.2
Dermatology	449	7.0
Orthopedics	354	5.5
Neurology	352	5.5
Surgery	322	5.0
Cardiology	218	3.4
Psychiatric Hospitals (1,051 cases)		
Psychiatry	1,051	100.0
Internal Medicine	557	53.0
Psychosomatic Medicine	478	45.5
Neurology	308	29.3
Dentistry	135	12.8
Neurology	87	8.3
Rehabilitation Medicine	38	3.6
Dermatology	21	2.0
Radiology	19	1.8
Gastroenterology	16	1.5

**表 4 精神科・心療内科それぞれの医師数（人）**

	精神科医	心療内科医
医師数（主たる診療科別）	16,490	885
医師数（主・副を含めた診療科別）	18,037	5,874

（文献 3 を参照し，文献 8 より数値を最新のものに置き換えて作成）

Table 4: Number of psychiatrists and psychosomatic physicians

Psychiatrists/Psychosomatic physicians

Number of physicians (by primary clinical specialties)

16,490            885

Number of physicians (by clinical specialties, including both primary and secondary)

18,037            5,874

(Created by referring to Reference 3, replacing the numerical values with the latest data from Reference 8)