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Special Feature Article

Changes in Psychiatric Inpatient Care from a Statistical Perspective

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Abstract

The purpose of this study was to review the changes occurring in psychiatric inpatient care in Japan based on long-term data from a nationwide survey of mental health and welfare (630 Survey) and future estimates of the number of inpatients.

Based on the 630 Survey, we examined the number of inpatients nationwide by length of stay, age group, and diagnosis. We also examined the proportion of newly admitted patients by age group and diagnosis in June 2004, 2010, and 2015. In addition, we examined the changes occurring in psychiatric inpatient care by adding the number of F0 and F2 inpatients by prefecture based on the findings of the 630 Survey, and the estimated future number of patients based on patient surveys, 630 Survey, and the Database of Receipt Information and Specific Health Examination Information.

There was almost no change in the number of patients in the "less than 1 year" category by length of hospital stay, whereas there was a gradual decrease in the "1 to 5 years"

category and a large decrease in the "5 years or more" category. By age group, the number of patients in the "20 to 40" and "40 to 65" categories decreased significantly, whereas the number of patients in the "75 and older" category increased. The proportion of new inpatients "75 and older" also increased. These changes can be attributed to the changing mental healthcare needs of the region against the backdrop of a declining and aging population, advances in psychiatric care, and changes in public awareness. These findings suggest the content of psychiatric care needed in urban areas and the availability of psychiatric care in rural areas.

The decrease in the number of inpatients in psychiatric beds may have a significant impact on the state of inpatient psychiatric care and the community mental health care in the region. It is necessary to work on securing mental health care that is suited to each region.

Keywords: nationwide survey of mental health and welfare (630 Survey), patient survey, NDB, number of inpatients, future estimates

Introduction

The number of inpatients in psychiatric beds is decreasing. This is due to factors such as population decline, population aging, and changes in the course of mental disorders. This also has the potential to significantly impact psychiatric inpatient care and regional psychiatric healthcare systems. The symposium: "Psychiatric Inpatient Care at a Crossroads: Macro Conditions and Psychiatric Clinical Practice," at the 118th Annual Meeting of the Japanese Society of Psychiatry and Neurology reported on changes in psychiatric inpatient care from the perspectives of macro conditions and the psychiatric clinical setting, and discussed future

directions with participants. The present study aimed to provide an overview of changes in Japan's psychiatric inpatient care using long-term data from the Mental Health and Welfare Survey (630 Survey) and future projections of inpatient numbers.

I. Methods

The Vision for Reforming Mental Health Care and Welfare, based on the fundamental policy of "shifting from inpatient care to community-based living," aimed to promote public awareness across all sectors of society and reorganize and strengthen the delayed mental health care and welfare system over the next 10 years. For the

18-year period from 2004, the first year of this vision, to 2021, long-term data (hereinafter referred to as “630 Survey Long-term Data”) were created based on published data from the nationwide survey of mental health and welfare (630 Survey). These data were used to examine trends in the numbers of: inpatients nationwide, inpatients by length of stay, inpatients by age group, and inpatients by diagnosis at four time-points: June 2004, June 2010, June 2015, and June 2021. Additionally, for new inpatients during the month of June in 630 Survey, the proportions by age group and diagnosis were examined at three points in time: June 2004, June 2010, and June 2015. Furthermore, using the research results of the: “Study on Ensuring Sustainable, High-Quality, and Appropriate Psychiatric Care and Monitoring Systems” (Principal Investigator: Tadashi Takeshima) (hereinafter referred to as “Mental Healthcare and Monitoring Research Group”), we examined the trends in the number of inpatients with F0 and F2 diagnoses by prefecture, the projected future number of inpatients derived from Patient Survey, 630 Survey, and Claims Information/Specific Health Checkup Information Database (NDB), and whether any discrepancies exist among them. Based on the results, we discussed changes in psychiatric

inpatient care and issues that require consideration.

Note that Patient Survey represents the estimated number of patients receiving treatment on the survey date, while 630 Survey indicates the number of inpatients as of June 30. Both represent patient numbers at a single point in time. Furthermore, NDB reflects the average daily number of inpatients, which can also be treated as representing patient numbers at a single time-point.

All data used in this study were based on publicly available materials and did not contain personal information.

II. Results

1. Trends in patient numbers based on long-term 630 Survey data

Using Mental Health, Medical Care, and Welfare Data as a basis³⁾ and long-term 630 Survey data, Table 1 summarizes trends in the: total number of inpatients nationwide, number of inpatients by length of stay, number of inpatients by age group, and number of inpatients by diagnosis. The total number of inpatients decreased from 326,125 in 2004 to 263,007 in 2021, with the 2021 figure being 0.81 times higher than the 2004 level.

Patient numbers by length of stay, except for stays under one year, showed a declining trend. The longer the stay, the steeper the rate of decrease. For the

“10 years or more but less than 20 years” category, the 2004 patient count was 42,227, the 2021 count was 25,943, and the 2021/2004 ratio was 0.61. For the “20 years or more” category, the 2004 count was 46,463, the 2021 count was 20,051, and the ratio was 0.43.

There were significant differences in the number of inpatients by age group: “under 20” was 2,093, 2,630, and 1.26, respectively; “65 to 74” was 70,961, 67,330, and 0.95, respectively, showing only increases or slight decreases. In contrast, the “75 years or older” group increased markedly: 61,726, 97,182, and 1.57, respectively. The “20–39 years” group decreased markedly to 33,545, 15,117, and 0.45, respectively, and the “40–64 years” group decreased to 157,800, 80,744, and 0.51, respectively.

The number of inpatients by diagnosis showed increases for “F0 (Organic mental disorders, including symptomatic)” at 59,092 and 72,714 (1.23), respectively, and “F8 (Disorders of psychological development)” at 406 and 2,241 (5.52), respectively. “F3 (Mood Disorders)” showed little change at 24,041, 24,741, and 1.03, respectively. “F2 (Schizophrenia, Schizotypal, and Delusional Disorders)” decreased significantly to 197,753, 134,626, and 0.68, respectively. Most other diagnoses also decreased.

2. Changes in new hospital admissions

Based on the nationwide survey of mental health and welfare (630 Survey),³⁾ Table 2 summarizes the number of newly admitted patients by age group and diagnosis for a one-month period (June) at three points in time (2004, 2010, and 2015) from 630 Survey. By age group across the three time-points, the proportions were 26.8, 22.8, and 18.4%, respectively, for those aged 20–39 years; 39.6, 38.1, and 37.8%, respectively, for those aged 40–64 years; 14.0, 14.8, and 16.6% for those aged 65–74 years; and 16.7, 21.4, and 24.4%, respectively, for those aged 75 years or older, indicating a decrease in the younger age groups and an increase in the proportion of older age groups. By diagnosis, “F0 (organic mental disorders, including symptomatic)” increased to 16.5, 19.1, and 20.9%, respectively, while “F2 (schizophrenia, schizotypal, and delusional disorders)” decreased to 38.3, 37.7, and 35.5%, respectively.

3. Trends in inpatient numbers for F0 and F2 by prefecture⁷⁾

Long-term changes in the number of inpatients per 100,000 population by prefecture for “F0 (Organic Mental Disorders, Including Symptomatic)” and “F2 (Schizophrenia, Schizophrenia-Type Disorders, and Delusional Disorders),” both categories with high numbers of inpatients, are shown in Figures 1 and 2. Trends varied

significantly by prefecture. Particularly in the Tohoku and Kyushu regions, many prefectures showed a more marked manifestation of the national trend of increasing F0 and decreasing F2.

4. Future patient number estimates based on three sources: Patient surveys, 630 Survey, and NDB data

1) Estimates using patient surveys⁸⁾

The estimates, based on the findings of the Mental Health Care and Monitoring Research Group, were reported to the Ministry of Health, Labour and Welfare's "Study Group for Realizing a Mental Health Care and Welfare System Enabling Secure Living in Local Communities." They were calculated as the sums of future projections, estimating age-group-specific growth/decline rates based on numbers of inpatients classified into four categories: acute (less than 3 months), recovery (3 to less than 12 months), chronic (1 year or more), with the chronic category further divided into dementia and non-dementia. The resulting future estimates for the number of inpatients were 263,000 in 2023, 251,000 in 2026, and 239,000 in 2029.

2) Estimates using 630 Survey²⁾

Using the aggregated reports from 630 Survey, we estimated the number of inpatients in psychiatric beds for fiscal

year 2029 using two approaches. One approach was based on the cohort theory, using the number of inpatients by length of stay obtained from 630 Survey for fiscal years 1998 to 2020. The other approach, based on hospitalization rates from patient surveys, used the number of inpatients by age group from 2004 to 2020. According to the cohort approach, the total number of inpatients is estimated to decrease by 35,650 (13.2%) from 269,476 in fiscal year 2020 to 233,826 in fiscal year 2029. Using the hospitalization rate approach, the total number of inpatients is projected to decrease by 58,008 (21.5%) from 269,473 in fiscal year 2020 to 211,465 in fiscal year 2029. Thus, the number of inpatients in psychiatric beds is projected to decrease by 30,000 to 60,000 between fiscal years 2020 and 2029, with a particularly significant reduction expected among long-term inpatients and patients in late adulthood.

3) Estimates using NDB⁶⁾

Using NDB, the average daily number of inpatients in psychiatric beds for fiscal year 2029 was estimated. The calculations used hospitalization rates from fiscal years 2013 to 2019 based on NDB data, the estimated population every five years from fiscal year 2015 through 2045, and population estimates from fiscal years 2013 to 2019. The average daily inpatient count is

projected to decrease from 234,060 in fiscal year 2019 to 202,138 in fiscal year 2029. The number of patients aged 0–64 is projected to decrease from 83,507 to 53,415, respectively. Conversely, the number of patients aged 75 or over is projected to increase from 92,025 to 104,715, respectively. When adjusting for welfare recipients not included in NDB, the number is estimated to decrease from 274,834 to 237,374 between fiscal years 2019 and 2029. The average daily number of psychiatric inpatients is projected to decrease by approximately 30,000 to 40,000 between fiscal years 2019 and 2029.

III. Discussion

The decline in psychiatric hospital admissions continues. National trends from 2004 to 2021 based on 630 Survey show that while the number of inpatients with a length of hospital stay of “less than 1 year” remained largely unchanged, those hospitalized for “1 year or more but less than 5 years” showed a gradual decrease, and those hospitalized for “5 years or more” showed a significant decrease. By age group, numbers of inpatients aged “20 or older but under 40” and “40 or older but under 65” decreased significantly, while the number of inpatients aged “75 or older” increased. The proportion of new inpatients aged “75 or over” also increased. Furthermore, the number of

inpatients is projected to decrease from 263,000 in 2021 to approximately 240,000 by 2029, and this decline is likely to continue. These changes are considered to stem from shifts in regional mental health care needs, driven by population decline and aging, changes in the nature of mental disorders, advances in psychiatric treatment, and shifts in public awareness. In urban areas, this is expected to affect the types of mental health care services required; it is likely to impact the availability of mental health care itself.

Recognizing that Japan will face significant population decline and aging, the Ministry of Internal Affairs and Communications (MIC) convened the “Local Government Strategy 2040 Concept Study Group,” chaired by the Minister of Internal Affairs and Communications. The group compiled its report in 2018,¹⁾ emphasizing that to protect residents' livelihoods and regional economies amid this demographic shift, local governments must accurately address administrative challenges and provide high-quality administrative services in a sustainable manner. This study group aimed to enhance resilience (robustness against changes in social structure) through diverse local government approaches. It identified administrative challenges local governments will face around 2040,

when the elderly population (aged 65 or over) peaks. Using backcasting, it envisioned the future of local government administration and examined urgent countermeasures. The report divides the domestic crises facing Japan around 2040 into three points: (i) the Tokyo metropolitan area is aging while absorbing young people versus regional areas losing their support base; (ii) dysfunction in employment and education due to the disappearance of standard life plans; (iii) cities becoming sponges while infrastructure decays. It states that regional area management requires individual municipalities to move away from the full-set approach to administration and make the two-tier system of prefectures and municipalities more flexible. Furthermore, it asserts that the three major metropolitan areas each require optimal management methods, cooperation with neighboring municipalities, and a transition to smart municipalities. According to the National Institute of Population and Social Security Research's future population estimates (medium fertility and mortality projections),⁴⁾ the total population is estimated to decrease from 127.09 million in the 2015 National Census to 88.08 million in 2065. The proportion of the elderly population (aging rate) is estimated to rise from 26.6% in 2015 to 38.4% in 2065.

Considering the impact of these demographic shifts on psychiatric care, urban areas, including the three major metropolitan regions, are projected to experience a halt in population growth and advancing aging of the population. This means that a decrease in young newly admitted patients and an aging of the inpatient population are anticipated. Consequently, the required number of beds is expected to decrease, while the need to address physical comorbidities is expected to increase. The situation is more severe in rural areas, particularly mountainous and semi-mountainous regions. These areas have few psychiatric clinics, and in many regions, psychiatric hospitals likely operate not only as local psychiatric care providers but also with cooperation from regional health, welfare, and nursing care services. However, population decline may make maintaining these medical institutions themselves difficult. Matsushita,⁵⁾ in "The Future of Psychiatric Hospitals in Kagoshima Prefecture: Considerations from the Regional Medical Care Plan," states: "The closure of a psychiatric hospital in a given district, leaving the area without one, would likely have an immeasurable impact on its residents. (...) If options like group homes incorporating medical care through ward conversion were available, it might be possible to preserve

psychiatric care in that district.” “Psychiatric Inpatient Care at a Crossroads” represents a crisis in the continuous provision of community psychiatric care, which is fundamentally the same as a crisis for residents' livelihoods and the local economy. SDG Goal 3 is: “Ensure healthy lives and promote well-being for everyone at all ages.” Psychiatric care underpins the well-being of residents and communities, necessitating exploration of its continuation and development based on local needs. To achieve this, it is essential to understand the actual conditions and challenges of mental health, medical, and welfare services at the prefectural level and beyond. This requires research and studies to develop and enhance necessary policies, improve the quality of support, and collect and organize the necessary statistics and materials. Furthermore, promoting the “visualization” of mental health, medical, and welfare resources through tools like the Regional Mental Health, Medical, and Welfare Resources Analysis Database (ReMHRAD) is also desirable.

Conclusion

Based on long-term data from the nationwide survey of mental health and welfare (630 Survey) and future projections of inpatient numbers, we

have reviewed and examined the changes occurring in Japan's psychiatric inpatient care. The decline in psychiatric hospital admissions may significantly impact the nature of psychiatric inpatient care and regional psychiatric care systems. Therefore, efforts to secure psychiatric care tailored to regional characteristics are necessary.

Editor's Note: This special feature article is based on the symposium held at the 118th Annual Meeting of the Japanese Society of Psychiatry and Neurology, with Tadashi Takeshima (Kawasaki City Inclusive Rehabilitation Center/Taisho University) as the representative.

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There are no conflicts of interest to disclose related to this paper.

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表1 630調査による全国の在院患者総数、在院期間別患者数、年齢階級別患者数、診断別患者数の推移

		2004	2010	2015	2021	2004年に対する 2021年の比
在院患者総数	在院患者総数	326,125	308,615	284,806	263,007	0.81
在院期間別患者数	1ヵ月未満	24,554	26,911	26,581	25,124	1.02
	1ヵ月以上3ヵ月未満	28,356	29,890	31,411	28,553	1.01
	3ヵ月以上6ヵ月未満	21,537	21,889	21,072	19,794	0.92
	6ヵ月以上12ヵ月未満	25,765	26,100	25,020	25,281	0.98
	1年以上5年未満	90,728	88,492	83,156	83,410	0.92
	5年以上10年未満	46,495	42,795	38,893	34,792	0.75
	10年以上20年未満	42,227	35,954	30,586	25,943	0.61
	20年以上	46,463	36,584	28,087	20,051	0.43
年齢階級別患者数	20歳未満	2,093	1,946	2,149	2,630	1.26
	20歳以上40歳未満	33,545	26,070	20,428	15,117	0.45
	40歳以上65歳未満	157,800	127,647	103,553	80,744	0.51
	65歳以上75歳未満	70,961	72,046	72,273	67,330	0.95
	75歳以上	61,726	80,906	86,403	97,182	1.57
診断別患者数	F0 (症状性を含む器質性精神障害)	59,092	66,893	66,031	72,714	1.23
	F1 (精神作用物質による精神および行動の障害)	16,845	14,235	12,569	10,414	0.62
	F2 (統合失調症, 統合失調症型障害および妄想性障害)	197,753	180,236	159,320	134,626	0.68
	F3 (気分(感情)障害)	24,041	25,775	26,508	24,741	1.03
	F4 (神経症性障害, ストレス関連障害および身体表現性障害)	6,296	4,938	5,131	4,863	0.77
	F5 (生理的障害および身体的要因に関連した行動症候群)	801	923	783	709	0.89
	F6 (成人のパーソナリティおよび行動の障害)	2,110	1,423	1,123	869	0.41
	F7 (精神遅滞 [知的障害])	8,751	6,814	5,906	5,650	0.65
	F8 (心理的発達の障害)	406	752	1,433	2,241	5.52
	F9 (小児期および青年期に通常発症する行動および情緒の障害 特定不能の精神障害)	936	579	664	676	0.72
	てんかん (F0に属さないもの)	5,413	3,314	2,577	1,912	0.35
その他 (上記以外)	3,681	2,733	2,761	3,547	0.96	

※施設から矛盾ある数値が提出された場合、合計が一致しないことがある。

Table 1: Trends in total number of inpatients by length of stay, age group, and diagnosis, based on 630 Survey

2004/2010/2015/2021/Ratio of 2021 to 2004

Total number of inpatients

Total number of inpatients 326,125/308,615/284,806/263,007/0.81

Number of inpatients by length of stay

Less than 1 month 24,554/26,911/26,581/25,124/1.02

1 month or more, less than 3 months 28,356/29,890/31,411/28,553/1.01

3 months or more, less than 6 months 21,537/21,889/21,072/19,794/0.92

6 months or more, less than 12 months 25,765/26,100/25,020/25,281/0.98

1 year or more but less than 5 years 90,728/88,492/83,156/83,410/0.92

5 years or more but less than 10 years 46,495/42,795/38,893/34,792/0.75
 10 years or more but less than 20 years 42,227/35,954/30,586/25,943/0.61
 20 years or more 46,463/36,584/28,087/20,051/0.43

Number of inpatients by age group

Under 20 2,093/1,946/2,149/2,630/1.26
 20 to 39 33,545/26,070/20,428/15,117/0.45
 40 to 64 157,800/127,647/103,553/80,744/0.51
 65 to 74 70,961/72,046/72,273/67,330/0.95
 75 or over 61,726/80,906/86,403/97,182/1.57

Number of inpatients by diagnosis

F0 (Organic mental disorders, including symptomatic)

59,092/66,893/66,031/72,714/1.23

F1 (Mental and behavioral disorders due to psychoactive substance use)

16,845/14,235/12,569/10,414/0.62

F2 (Schizophrenia, schizophrenia-like disorders, and delusional disorders)

197,753/180,236/159,320/134,626/0.68

F3 (Mood [affective] disorders)

24,041/25,775/26,508/24,741/1.03

F4 (Neurotic, stress-related, and somatoform disorders)

6,296/4,938/5,131/4,863/0.77

F5 (Behavioral and psychological changes associated with physiological disorders and physical factors)

801/923/783/709/0.89

F6 (Personality and behavioral disorders in adults)

2,110/1,423/1,123/869/0.41

F7 (Mental retardation [intellectual disability])

8,751/6,814/5,906/5,650/0.65

F8 (Psychological development disorders)

406/752/1,433/2,241/5.52

F9 (Behavioral and emotional disorders usually beginning in childhood and adolescence; mental disorders not otherwise specified)

936/579/664/676/0.72

Epilepsy (not belonging to F0)

5,413/3,314/2,577/1,912/0.35

Other (not included above)

3,681/2,733/2,761/3,547/0.96

*When facilities submit conflicting figures, totals may not match.

表2 630 調査による 2004 年, 2010 年, 2015 年の 3 時点の 6 月 1 ヶ月間の新入院患者の年齢階級別患者数と診断別患者数

		2004年6月入院		2010年6月入院		2015年6月入院	
		患者数	割合	患者数	割合	患者数	割合
患者総数	6月の新入院患者数	31,501		33,561		34,530	
年齢階級別患者数	20歳未満	927	2.9%	947	2.8%	974	2.8%
	20歳以上40歳未満	8,444	26.8%	7,655	22.8%	6,365	18.4%
	40歳以上65歳未満	12,468	39.6%	12,787	38.1%	13,059	37.8%
	65歳以上75歳未満	4,405	14.0%	4,981	14.8%	5,718	16.6%
	75歳以上	5,257	16.7%	7,191	21.4%	8,414	24.4%
診断別患者数	F0 (症状性を含む器質性精神障害)	5,209	16.5%	6,409	19.1%	7,209	20.9%
	F1 (精神作用物質による精神および行動の障害)	3,463	11.0%	2,989	8.9%	2,751	8.0%
	F2 (統合失調症, 統合失調症型障害および妄想性障害)	12,080	38.3%	12,662	37.7%	12,265	35.5%
	F3 (気分 (感情) 障害)	6,364	20.2%	7,373	22.0%	7,644	22.1%
	F4 (神経症性障害, ストレス関連障害および身体表現性障害)	1,879	6.0%	1,714	5.1%	1,864	5.4%
	F5 (生理的障害および身体的要因に関連した行動症候群)	293	0.9%	309	0.9%	310	0.9%
	F6 (成人のパーソナリティおよび行動の障害)	636	2.0%	470	1.4%	357	1.0%
	F7 (精神遅滞 [知的障害])	423	1.3%	497	1.5%	596	1.7%
	F8 (心理的発達の障害)	92	0.3%	237	0.7%	462	1.3%
	F9 (小児期および青年期に通常発症する行動および情緒の障害 特定不能の精神障害)	101	0.3%	84	0.3%	190	0.6%
	てんかん (F0 に属さないもの)	376	1.2%	273	0.8%	274	0.8%
	その他 (上記以外)	585	1.9%	544	1.6%	608	1.8%

Table 2: Number of new inpatients by age group and diagnosis in June 2004, 2010, and 2015 based on 630 Survey

Admissions in June 2004/Admissions in June 2010/Admissions in June 2015
Number of inpatients/Percentage/Number of inpatients/Percentage/Number of inpatients/Percentage

Total number of inpatients

New inpatients in June 31,501/33,561/34,530

Inpatients by age group

Under 20 927/2.9%/947/2.8%/974/2.8%

20 to 39 8,444/26.8%/7,655/22.8%/6,365/18.4%

40 to 64 12,468/39.6%/12,787/38.1%/13,059/37.8%

65 to 74 4,405/14.0%/4,981/14.8%/5,718/16.6%

75 or over 5,257/16.7%/7,191/21.4%/8,414/24.4%

Inpatients by diagnosis

F0 (Organic mental disorders, including symptomatic)	5,209/16.5%/6,409/19.1%/7,209/20.9%
F1 (Mental and behavioral disorders due to psychoactive substance use)	3,463/11.0%/2,989/8.9%/2,751/8.0%
F2 (Schizophrenia, schizotypal, and delusional disorders)	12,080/38.3%/12,662/37.7%/12,265/35.5%
F3 (Mood (affective) disorders)	6,364/20.2%/7,373/22.0%/7,644/22.1%
F4 (Neurotic, stress-related, and somatic symptom disorders)	1,879/6.0%/1,714/5.1%/1,864/5.4%
F5 (Behavioral and psychological symptoms associated with medical conditions and physical factors)	293/0.9%/309/0.9%/310/0.9%
F6 (Personality and behavioral disorders in adults)	636/2.0%/470/1.4%/357/1.0%
F7 (Mental retardation [intellectual disability])	423/1.3%/497/1.5%/596/1.7%
F8 (Psychological developmental disorders)	92/0.3%/237/0.7%/462/1.3%
F9 (Disorders of conduct and emotional state, specified; mental disorders not otherwise specified)	101/0.3%/84/0.3%/190/0.6%
Epilepsy (not included in F0)	376/1.2%/273/0.8%/274/0.8%
Other (not included above)	585/1.9%/544/1.6%/608/1.8%

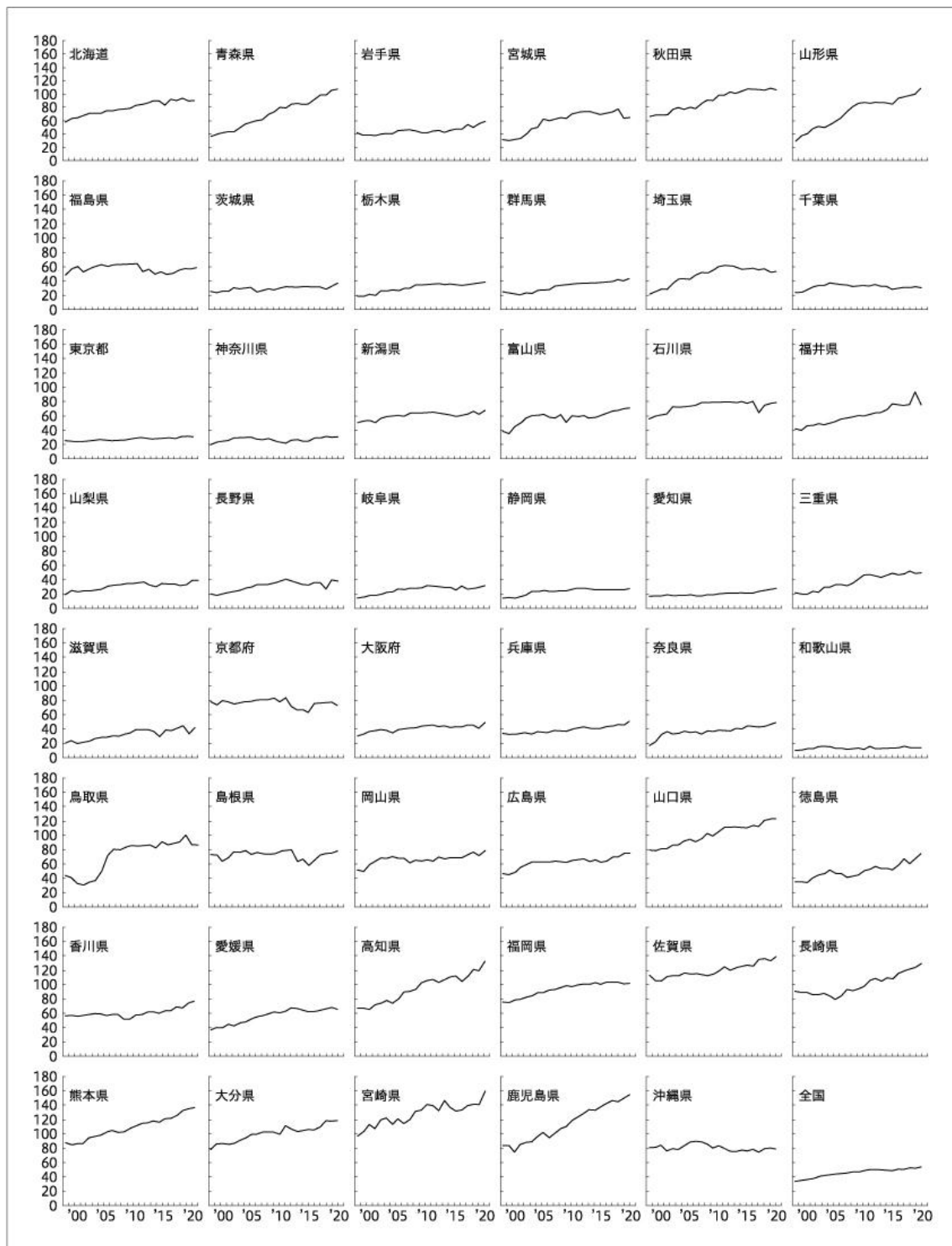


図1 都道府県別の認知症等 (F0) による人口10万対在院患者数の推移 (文献7より引用)

Figure 1: Trends in the number of inpatients per 100,000 population with dementia, etc. (F0) by prefecture (Source: Reference 7)

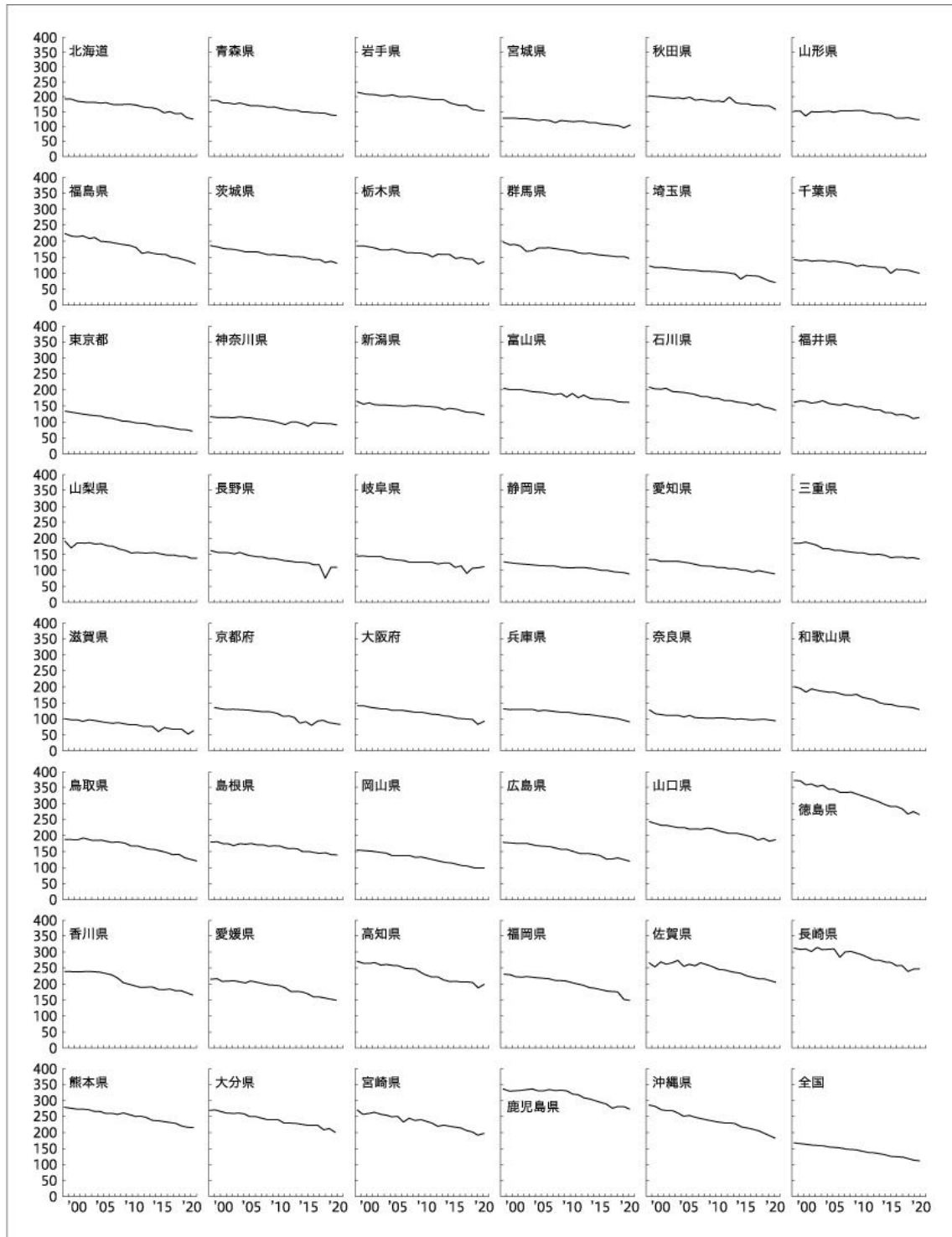


図2 都道府県別の統合失調症等 (F2) による人口10万対在院患者数 (文献7より引用)

Figure 2: Number of inpatients per 100,000 population with schizophrenia, etc. (F2) by prefecture (Source: Reference 7)