

The Impact of COVID-19 in Japan on People with Psychosocial Disabilities

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First of all, I would like to introduce three topics of my presentation. Firstly, I will show the impact of COVID-19 on patients in mental hospitals in Japan, then, introduce actions by organizations of persons with psychosocial disabilities, and finally explain the impact on people in the community.

The table number 1 is situations of infections in mental hospitals until 8 July 2020. According to the news, 98 patients and 38 staffs and families tested positive for the coronavirus in total and unfortunately 4 of them were dead. These infections may be result of the mental health system in Japan.

Table 1. Infection in Mental Hospitals

Mental Hospital	Region (Prefecture)	Date of Occurrence (All in 2020)	Number of Positives		Deaths
			Patient	Staff etc.	
Jinkei	Hyogo	7 March	11	2 nurses 1 family	1 family
Okabe	Ishikawa	7 April	5	3 doctors	
Nagano	Hokkaido	13 April	2	1 nurse	
Soushu	Kanagawa	15 April	8	2 nurses	
Shichiyama	Osaka	17 April	3	1 nurse 1 staff	2 patients
Ichiyokai	Fukushima	22 April	1		
Maki	Ehime	12 May	19	15	1 patient
Musashino Central	Tokyo	21 May	49	12 staffs	

TOTAL	98	38	4
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(Ariga 2020: 2)

So, I would explain the structure of psychiatric wards. The structure of psychiatric wards prevents the separation of clean and unclean zones. Segregation rooms are used for patients who are infected or are suspected to be infected in mental hospitals. However, the virus can easily invade other areas of the ward. For example, Musashino Central Hospital battled nosocomial infections, infections within the hospital, in June 2020 after the emergency declaration was cancelled. The question now arises: Why were COVID-19 patients not transferred to other hospitals for treatment sooner?

The answer is related to the bed classification system. Japanese medical beds are classified into five categories as follows: beds for tuberculosis, beds for infectious diseases, beds for psychiatric care, beds for general care, and beds for long term care in the Medical Service Law. The categories have different standards for the number of medical staff, medical facilities, and so on. Therefore, patients cannot change beds freely across categories.

Next, I will explain psychiatric hospitalization system in Japan. Psychiatric care has three forms of admission as follows: Voluntary Hospitalization, Hospitalization for Medical Care and Protection, and Compulsory Hospitalization. Compulsory Hospitalization is an administrative measure taken by the prefectural governor. Compulsory Hospitalization patients can be admitted only to public or certificated private mental hospitals.

I would like to introduce one example of nosocomial infections related to the Compulsory Hospitalization. A female patient admitted under the Compulsory Hospitalization in Soshu mental hospital in Kanagawa prefecture tested positive for the coronavirus. However, it took six days to find a hospital to transfer her for treatment. Subsequently, eight psychiatric patients and two nurses at this mental hospital tested positive for the coronavirus.

The Ministry of Health, Labor and Welfare released a notification on 3 April 2020 that a patient with mental illness who has the coronavirus may be suitable for treatment in a psychiatric institution. This notification indicates that other medical departments should transfer psychiatric patients to mental hospitals (Ministry of Health, Labor and Welfare 2020). Some mental hospitals, however, say that it is too difficult to treat the coronavirus patients.

To solve the problem of difficulty of transference, Priority Medical Institutions have been introduced for both COVID-19 and mental illness in Tokyo, Kanagawa, and Ehime prefectures. So far I talked about situations in mental hospitals and reactions of administrative bodies.

Then, I would like to focus on demand of groups of persons with psychosocial disabilities. The Japan National Group of Mentally Disabled People is a national organization of persons with psychosocial disabilities in Japan. They called on the Ministry of Health, Labor and Welfare, to introduce consulting service counters to prevent involuntary admissions to mental hospitals, and to

introduce consulting service counters to help inpatients evacuate from mental hospitals (Japan National Group of Mentally Disabled People 2020).

International organizations of users and survivors of psychiatry and persons with psychosocial disabilities jointly call on national and local governments for several actions. One of them is to “drastically reduce the number of people in psychiatric units and institutions, and institute a moratorium on involuntary admissions, and ensure that no one is compelled to remain in such settings against their will, where they are at greater risk of infection, more severe illness, and death” (Pan African Network of Persons with Psychosocial Disabilities et al. 2020).

Lastly, I would like to talk about some measures to prevent infections and their impact on people in the community. “Social distancing” and “staying home” are considered to be effective ways to prevent infections. However, self-help group meetings are very important for persons with psychosocial disabilities and addiction. Preventing persons with psychosocial disabilities from such meetings tends to worsen their condition and increases the possibility of admission to mental hospitals.

For example, Alcoholics Anonymous meetings, which are self-help groups for alcoholic addiction, help individuals to prevent them from drinking. Meetings were usually held in public spaces, such as community centers, but it became difficult to rent public spaces because of COVID-19. Although it is possible to rent a pay space, charging participation fee in the meeting does not necessarily match the features of Alcoholics Anonymous, such as anonymity and freedom from hierarchy.

In addition, there have been quite a lot of violations of human rights in mental hospitals, and very sadly, many inpatients died because of the violations. It has been difficult for outsiders to enter mental hospitals and expose such awful situations. Patients visits are significant opportunities to reveal human rights violations in mental hospitals. However, most mental hospitals have stopped visitations in order to prevent COVID-19. So, currently, it has become difficult again to disclose situations of mental hospitals.

[References]

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*The link to the PPT, that was used, is <http://www.arsvi.com/2020/20200718ik.pdf>