**Questionnaire on** **the right of persons with disabilities to the highest attainable standard of health**

Japan National Group of Mentally Disabled People

The Japan National Group of Mentally Disabled People, the respondent of this questionnaire, is national organization of persons with psychosocial disabilities. It was established in 1974. All members of the organization are persons with psychosocial disabilities.

1. Please provide information on existing or planned legislation and policies to ensure the realization of the right to health of persons with disabilities, including current challenges and good practices.

There is no effective legislation to ensure the realization of the right to health of persons with psychosocial disabilities in Japan.

2. Please provide any information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the exercise of the right to health of persons with disabilities in general, as well as with particular focus in the following areas:

A.2.1 Self-pay burden of medical expenses

We have a health-insurance system that covers all of Japanese citizens.

User fee ratio in general is 30 percent.

User fee ratio for persons with psychosocial disabilities is 10 percent, when he or she goes to hospital as an outpatient, using the discount system for persons with disabilities.

Most of local governments have not provided the discount system for inpatients.

Persons who receive the social security can get all medical treatment free.

A.2.2 The number of beds in mental hospital is 251,631 on 1 October 2015.

The number of beds for mental health inpatients in general hospitals is 84,651 on 1 October 2015.

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The number of beds for mental health inpatients in general hospitals is 84,651 on 1 October 2015.

The total number of these is 336,282.

(Ministry of Health, Labour and Welfare: <http://www.mhlw.go.jp/toukei/saikin/hw/iryosd/15/dl/gaikyo.pdf>)

A.2.4 Days an inpatients spends at mental health facilities on 30 June 2012 are as follows;

From 6 months to 1 year: 36%,

From 1 year to 5 years: 30%,

From 5 years to 10 years: 14%,

From 10 years to 20 years: 12%,

Over 20 years: 8%.

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3. Please provide information on discrimination against persons with disabilities in the provision of healthcare, health insurance and/or life insurance by public or private service providers.

A.3.1 Case Kelly Savage

Kelly Savage, who was from New Zealand and worked as an English teacher in Japan, died after being found in cardiopulmonary arrest while he was in a psychiatric hospital in Kanagawa prefecture, May 2017.

The cardiopulmonary arrest was completely unexpected, and occurred after he had been hospitalized on the psychiatric ward for 10 days.

His family asked the psychiatric hospital to investigate the cause of his death and to review their policy on the use of physical restraints, but the hospital refused to do so.

He became depressed and entered a Japanese hospital in April. But less than two weeks later, he was discovered in cardiopulmonary arrest. It seems that he was tied to his bed with leg, waist and wrist restraints almost the entire time he was in the hospital.

Compared to other countries, Japanese psychiatric hospitals keep patients in restraints for a much longer time. According to a survey conducted on 689 patients in 11 psychiatric hospitals, the average time spent in physical restraint is 96 days. Meanwhile, the average time in foreign countries is at most several hours to tens of hours.

Although it is thought that there are not many people in Japanese psychiatric hospitals, in fact, the number of people who are physically restrained in Japanese psychiatric hospitals continues to increase. In 2014 more than 10,000 people were restrained-the highest ever recorded, and more than double the number a decade earlier.

It is well known that long-term restraints can cause grave physical, as well as psychological, harm to patients. It may cause deep vein thrombosis, also known as economy-class syndrome, which can be fatal. In order to give proper treatment for hospitalized patients, the use of physical restraints in psychiatric medical treatment must be reduced.

According to Professor Hasegawa, Professor of Health Faculty at Kyorin University, experiences similar to Kelly’s occur to many Japanese people as well.

A.3.2 There are only statistics on the number of physical restriction and isolation in mental hospitals on 30 June every year. The numbers of both increase year by year.

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**Years　　Isolation　 Physical restriction**

**2004　　　7,673　　　　5,242**

**2005　　　8,097　　　　5,623**

**2006　　　8,567　　　　6,008**

**2007　　　8,247　　　　6,786**

**2008　　　8,456　　　　8,057**

**2009　　　8,800　　　　8,193**

**2010　　　9,132　　　　8,930**

**2011　　　9,283　　　　9,254**

**2012　　　9,791　　　　9,695**

**2013　　　9,883　　　　10,229**

**(Ministry of Health, Labour and Welfare)**

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(Ministry of Health, Labour and Welfare: http://www.ncnp.go.jp/nimh/keikaku/630/)

involuntary admissions to mental health services or other social care facilities;

* involuntary hospitalization to prevent from harming themselves or others

In 2014: 6,861 cases

In 2013: 6,941 cases

In 2012: 6,685 cases

In 2011: 5,818 cases

In 2010: 5,706 cases

In 2009: 5,735 cases

In 2008: 5,524 cases

In 2007: 5,511 cases

* involuntary hospitalization by the reason of requirement of medical treatment (reported numder)

In 2015: 177,640 cases

In 2014: 169,799 cases

In 2013: 159,555 cases

In 2012: 155,797 cases

In 2011: 151,981 cases

In 2010: 148,684 cases

In 2009: 141,907 cases

In 2008: 137,775 cases

In 2007: 131,109 cases

- involuntary hospitalization in forensic mental health institution

(Ministry of Health, Labour and Welfare: http://www.mhlw.go.jp/toukei/saikin/hw/eisei\_houkoku/15/dl/gaikyo.pdf)

4. Please provide information on the observance of the right to free and informed consent of persons with disabilities regarding healthcare, including sexual and reproductive health and mental health services.

A.4 There are three types of involuntary hospitalization in mental hospital.

* involuntary hospitalization to prevent from harming themselves or others (article 29 of the Act on Mental Health and Welfare for the Mentally Disabled)
* involuntary hospitalization by the reason of requirement of medical treatment (article 33 of the Act on Mental Health and Welfare for the Mentally Disabled)
* involuntary hospitalization in forensic mental health institution (article 27 and 33 of the Act on Mental Health and Welfare for the Mentally Disabled, and the Act on Medical Care and Treatment for Persons Who Have Caused Serious Cases Under the Condition of Insanity)

5. Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of health policies, programmes and services.

* Governments have not made much progress on involvement of persons with psychosocial disabilities and their representative organizations. Also, they do not have the systems to evaluate the involvements.

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| Investigative system | Situation(number of persons with psychosocial disabilities) |
| Commission on Policy for Persons with Disabilities | Member: 0 |
|  |
| Section of Disability in the Social Security Council | Member: 1 (who is not representative from disability organization) |
| Witness: as the occasion demands |
| investigative commission on the ideal method of psychiatric health and welfare in future | Member: 2 (who are not representative from disability organizations) |
| Witness: 1 |
| investigative team for inspection and prevention of recurrence for the incident at the support institution for persons with disabilities in Sagamihara city | Member: 0 |
| Witness: 1 |
| Committee for promoting utilization of the adult guardianship | Member: 0 |
|  |
| Investigative committee on the Act on the Prevention of Abuse of Persons with Disabilities and Support for Caregivers | Member: 0 |
| Witness: ? |
| Investigative commission on medical plan | Member: 0 |
| Witness: 0 |

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