ンクの徹底、予算の適正化、雇用者の教育等）④研究、改革、継続性の振興・育成。

これらのプランの成果は継続的にモニタリンクされ、１年ことに The National mental Health Report として報告されている。

6. 豪州精神保健サーヒスの現状

・2001 年度に精神保健サーヒスにかけた費用は 28 億オーストラリアトル（国民一人あたり 147 トル（約 12,000 円））

・精神科入院病床は 7,670 床（公的病院 5,939 床、民間セクター1,731 床，2001 年）。ストラテンー開始前より 25%減少した。特に公立単科精神病院か減少した。

・精神科病床の内訳は成人か 69 3%、高齢精神障害者か 19 8%、司法か 6 7%、児童思春期か 4 2%てある。

・平均在院日数は 20 7 日（メシアン 8 5 日）

・地域のへノトは 24ｈスタノフかいる施設か 1,392 床、それ以外か 625 床（2001 年）てある。

・その他、連邦リハヒリテーションサーヒス（Commonwealth Rehabilitation Service CRS）とよはれる就労支援のサーヒスや、アウトリーチサーヒスなと、さまさまなサーヒスによって精神障害者の地域ケアを行っている。

D　考察

豪州の精神保健サーヒスについて、①制度、②国家精神保健戦略（ナショナルメンタルヘルスストラテンー）、および③現状に分けて以下て考察する。

1　豪州の精神保健サーヒスに関する制度について

日本とは異なり、連邦制を敷いており、連邦政府か直接サーヒスを提供するわけてはない。そのため連邦政府は優れた政策（ストラテシー）を提案するとともに、予算を州に提供することて影響を与えている。

各州政府は責任を持って医療及ひ地域ケアを提供しているか、たとえはヒクトリア州ては各エリアに１つの核となる病院を決め、そこに予算を与えてサーヒスを提供させていた。予算に自由度を与えることて、人員配置なと病院側かある程度自由に執行てきた。そのため、地域移行の際に、精神病院にいたスタノフか患者と一緒に新しく作った地域のクループホームに移動する、なとということか可能てあった。地域移行は困難てはあったか、この制度か一助になったとのことてあった。

保険制度に関しては Medicare という公的医療保険制度か存在し、公的医療は無料て行われている。しかし一方て民間セクターも治療を提供しており、たとえは精神科病床てはその約 1/4 を民間か提供していた。たたし、結果ても述へたように private と public の境界は日本とは異なっていた。例えは、公立病院の医師か週のうち何日かは民間病院て勤務したり、逆に民間クリニノクの医師もいくつかの病院と契約してその病院て診療したりすることか普通に行われていた。また患者か民間の保

険に入っている場合は病院を選択できるか、公立病院を選択して入院した場合、そのヘノトはprivateのヘノトになり民間の保険会社から治療費を受け取る、ということもあるとのことてあった。結果として両者は相互浸透的に人り交しって医療および福祉を提供していた。

またGP（General Practitioner）も精神科医にコンサルテーションを受けなから地域てうつや不安障害なとの患者を診ている。またGPはケートキーパーとしての役割を果たし、精神科の専門治療を受けるためには原則的には一度GPに診てもらい、紹介してもらわなけれはならない。直接精神科の専門治療を受けることもてきるか、GPを通さない場合、医療費か割高になるとのことてあった。

2　豪州国家精神保健戦略（Australia's National Mental Health Strategy）について

1992年から始まった国家規模の精神保健戦略てある。概略を結果に示したように多くの特徴を持つ。

この短期間て当初の目的てあった精神科病床削減および地域移行か達成され、最近の焦点か障害予防や、普及啓発に移ってきているのは特筆されるへきことてある。

地域移行を推進するために、連邦政府は各州政府にReform Incentive Fundという特別予算を与えた。新しい仕組みを作る際に2つのシステムか一時的に並行して存在するため、予算か無いと新しい仕組みを作れないと考えたからてある。

またモニタリンクをしっかりと行っていることも各種施策の推進に一役買っていると考えられる。年一度のThe National mental Health Reportの報告のために、毎年National Survey of Mental Health Servicesという調査を行っている。この調査ては、資源のテータ、利用てきるサーヒスの種類と量、サーヒスの活動指標、予算や会計、サーヒス提供のモニタリンクの質と財政状況、利用者や家族のサーヒスへの参加、なとの情報か集められる。これらの情報を各州ことにモニタリンクしている。

2003年からの第3次プランては精神障害の予防として、普及啓発を大きな目標に掲けている。精神障害へのスティクマをなくすように、メティアの教育を行ったり、精神障害に関する知識を増すために各種の事業やそのためのパンフレノトを作成したり、ホームペーンを作成したりなとの活動を精力的に行っている。これらの成果か出るのはまた先たと思われるか、国民の精神保健の推進に大いに役立つことか予想される。日本においても国、個々の自治体や組織において普及啓発活動は行っているか、このような国家的なプロンェクトによってエヒテンスを元に組織的、系統的に行われておらす、今後の普及啓発に関する施策の参考になると考えられる。

3　豪州精神保健サーヒスの現状

入院治療の対象、痴呆の扱いなと、

比較は困難であるか、豪州における精神科病床は7 670床と、人口あたりて見ると日本の約1/7てあった。そのうち急性期病床は65%てある　そのため平均在院日数は約20日と、日本と比較してかなり短い値になっている。ストラテンーか始まった1993年から急性期病床の数はそれほと変わっておらす、急性期以外の病床のみか減っており、州によっては急性期以外の病床か無いかほとんと無いところもある。各州とも急性期病床の病床数は人口 10 万対約 20 床てある。

豪州における地域ケアの施設は 24h スタッフ付き施設とそれ以外の施設をあわせて約 2 千床てある。そのほかに地域の拠点て集中的ケアマネーンメント等のケアを行っており、病院閉鎖によって地域に出された患者をケアしている。

たたし、これらの値は日本からの質問に対応する病床や施設として回答された値てあり、その他にも施設かある可能性かある。今後精査か必要てある。

E　結論

本研究より、豪州における精神保健制度の概要を把握することか出来た。

歴史や発展過程か異なる国の制度の比較は容易てはないものの、地域移行過程の経験なとは大いに参考にすることかてきる。今後詳細な理解をするために、地域における住居施設入所者数や、普及・啓発活動の差、なとさらなる比較か必要てあるか、本研究から「精神保健に関する知識の日豪共同研究（Australia-Japan Survey of Mental Health Literacy）」の結果を解釈するにあたり、両国の精神保健福祉制度や、提供されているサービスの違いを考慮する必要かあることか示された。

F　健康危険情報　なし

G　研究発表　なし

H　知的財産権の出願・登録状況（予定も含む）　なし

資料1

Mental Health Services Australia-Japan

Object

To promote the mutual understanding about the points below, in order to interpret the results from "Australia-Japan Survey of Mental Health Literacy"

- Background of mental health services (e g differences of systems)
- Details of mental health services provided to the people in the community

Mental Health Services and Social Security System in Japan

Psychiatric Facilities (1 Mental Hospitals)

- Hospital which accepts hospitalization under the Law related to mental health and welfare is called mental hospital
- Mental hospitals 1,669 No of Beds 357,388
  28 1 beds per 10,000 people (2001)
- Forms of the establishment university hospitals 5 0%, national hospitals (except univ hospitals) 2 6%, prefecture hospitals 4 7%, public hospitals 7 4%, private hospitals 80 0%
- No of inpatients in mental hospital 332,759 (26 1per 10,000 people)
- Admission form Involuntary hospitalization 0 8%, hospitalization for medical care and protection (involuntary) 34 1%, and voluntary hospitalization 64 2%
- 37 3% of the inpatients are over 65 years old, and more than 70% are staying longer than one year
- Outpatients of mental hospitals total number of about 2 24 million per month (including about 460,000 users of day care and related services)
- Home-visit nursing by mental hospitals total number of about 43,000 cases per month
- Psychiatric day care services are provided at 814 mental hospitals (about half of mental hospitals)

Psychiatric Facilities (2 other services)

- No of mental clinics (without beds) are increasing in community up to 3,682 clinics in 1999 Almost all of the clinics are private
- About 300 mental clinics provide psychiatric day care
- Usually, 70% of the cost to provide medical care is covered by universal health insurance (in other words, 30% co-payment)
- Mental health problems became more recognized among public, and the role of clinics is becoming diversified

  What kind of psychiatric services are there in Australia?

  In Japan, weights of hospitals on psychiatric care are too high, and the role of hospital must be changed

  Is this situation similar to the situation before the deinstitutionalization in Australia?

Social Security System

- Policy of social security differs between Countries
- For example, in UK, health care is provided by government's expense under NHS, and in United States, most people are using private insurance
- Japan adopts universal health insurance, and each citizen of Japan has to be on public health insurance Co-payment is usually 30%
- Fee-for-service system Each service's cost is uniform throughout the nation
- Many psychiatric patients use public funds provided by the government (next slide)

Public Funds for Mentally Ill

- Public funds for mentally ill includes medical aid under Daily Life Protection Law, and Involuntary hospitalization and medical care at outpatient under Law Related to Mental Health and Welfare
- Involuntary hospitalization is an admission by the order of the governor, and applicable to the person who is mentally disordered and is likely to harm himself/herself or others

  The expense is covered by the universal health insurance and public funds
- In order to promote adequate treatment in the community 95% of the expense required for medical care (except hospitalization) for mentally ill patients who needs constant care is covered by universal health insurance and public funds Recently, users of this system and the cost are increasing(796,732 users in 2001)

  What kind of system for social security and public funds for mentally ill are used in Australia? Is it like UK s NIH?

  For what occasion does the patient has to pay the cost?

Difference of Systems between States

Difference of Systems between Medical care and Welfare

- Japan has a population of about 127 million, and divided into 60 regions These regions are divided into more than 3,000 cities
- Laws such as Law Related to Mental Health and Welfare are effective in all regions, so there is no difference in system
- Service providing systems for medical care and those for welfare are different
- Medical care are covered by universal health insurance
- Under the policy of the Japanese government, local government prepares budget for welfare facilities
- The patients' information needed for community care is not usually linked between hospital and welfare facilities

  Are there differences of systems between states in Australia?

  Are the service providing systems for medical care and welfare different?

  Is the information about patients linked between medical care and welfare?

Access to Psychiatric Facilities

- Everyone in Japan has free access to most of the medical facilities including psychiatric facilities
- However, some public hospitals and university hospitals mainly accept patients referred by other hospitals/clinics
- There is no GP or catchment area in Japan
- Public hospitals are responsible for the medical care in rural and remote areas (e g small islands)
- Health-care centers have a catchment area, but they do not provide direct care They, as an administration agency, provide crisis intervention such as action against infective diseases, and involuntary admission to mental hospitals

  How do the people in Australia access to the psychiatric facilities?

Inpatient Treatment

Inpatient Treatment at Mental Hospitals in Japan

- For the next few slides, we will introduce statistics of inpatient treatment at mental hospitals in Japan
- Data is derived from all the hospitals with psychiatric beds

Please show comparable data of psychiatric hospitals in Australia

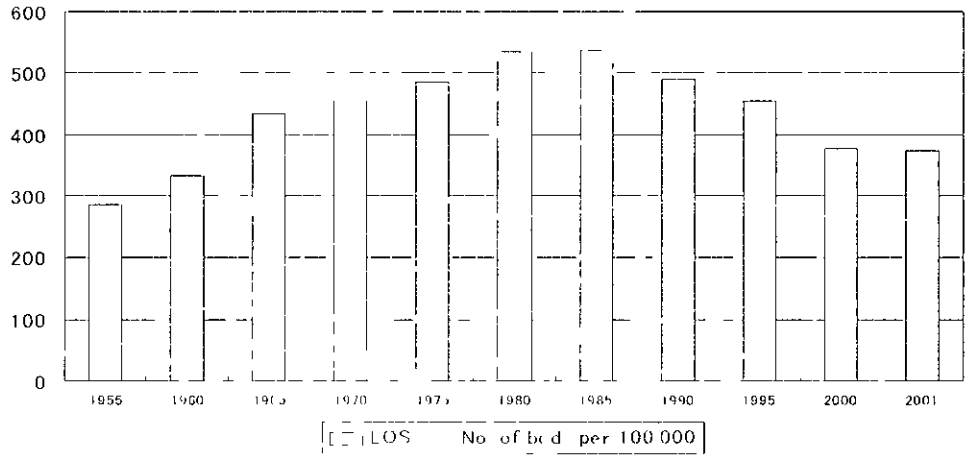
Mental Health Personnel (Full time) at Mental Hospital

	No of person	No of person per 100 beds	No of beds per person
Psychiatrists	9,527	2 69	37 2
Nurses	53,378	15 05	6 6
Assistance Nurses	49,554	13 97	7 2
Nursing aids	35,604	10 04	10 0
OTs	3,832	1 08	92 6
PSWs	4,503	1 27	78 8
Clinical Psychologists	1,496	0 42	237 1

2002 No of beds 354,721

What kind of and how many people are working at mental hospitals in Australia? How do you count them?

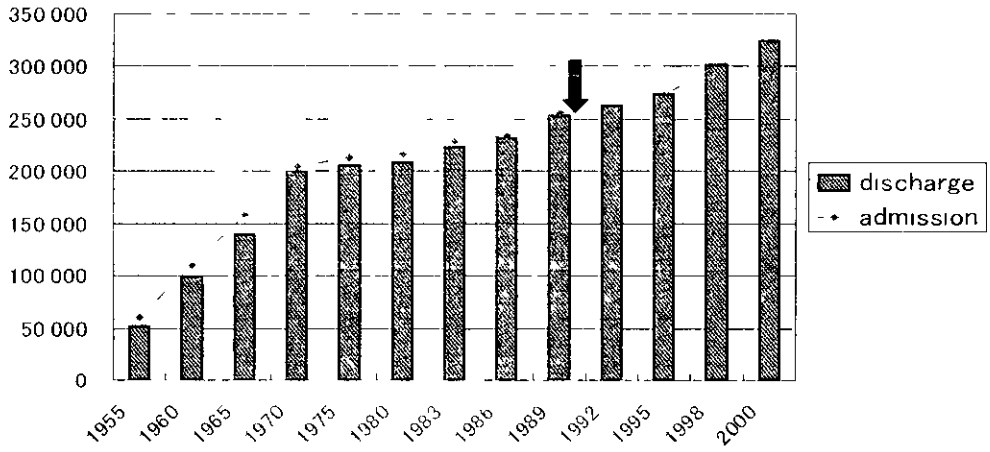
Length of Stay of Psychiatric Inpatients



$$\text{Length of stay} = \frac{\text{Inpatient person-day}}{1/2\ (\text{No of admission} + \text{No of discharge})}$$

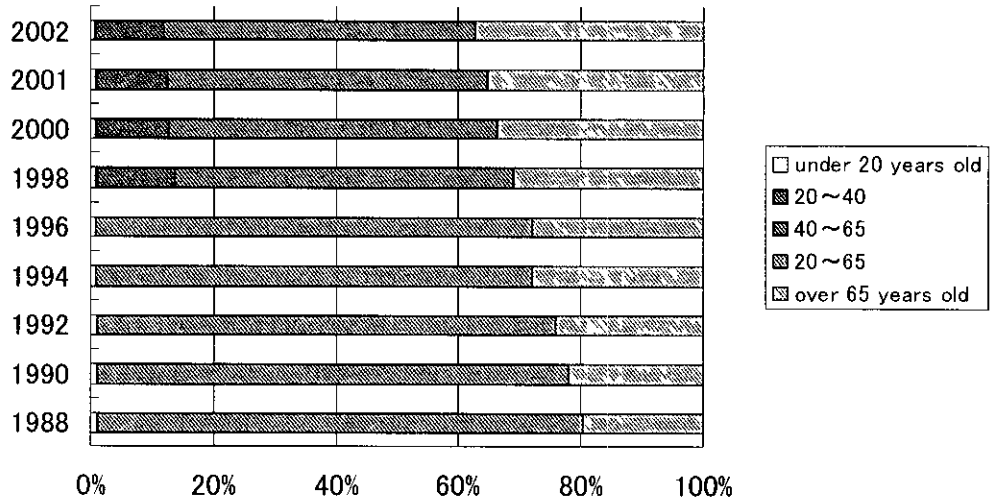
Length of stay is gradually becoming shorter since 1985

No. of Admission/Discharge Per Year



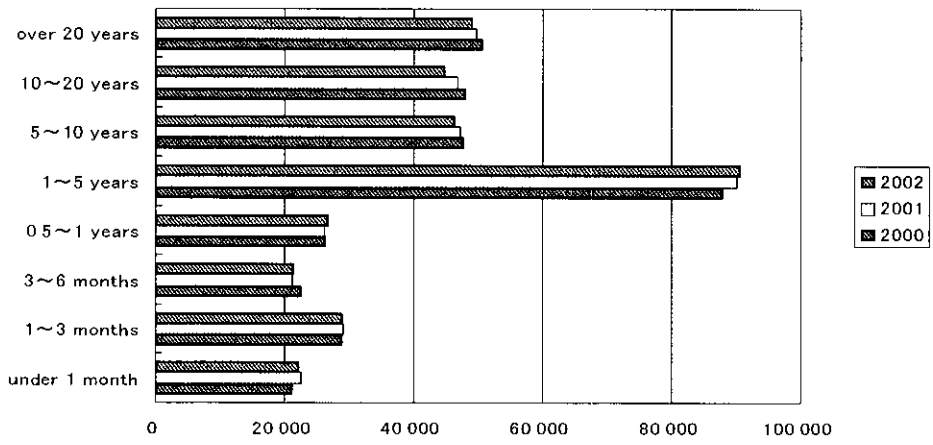
More discharges than admissions since around 1990
No of admissions and discharges is increasing

Age of Inpatients



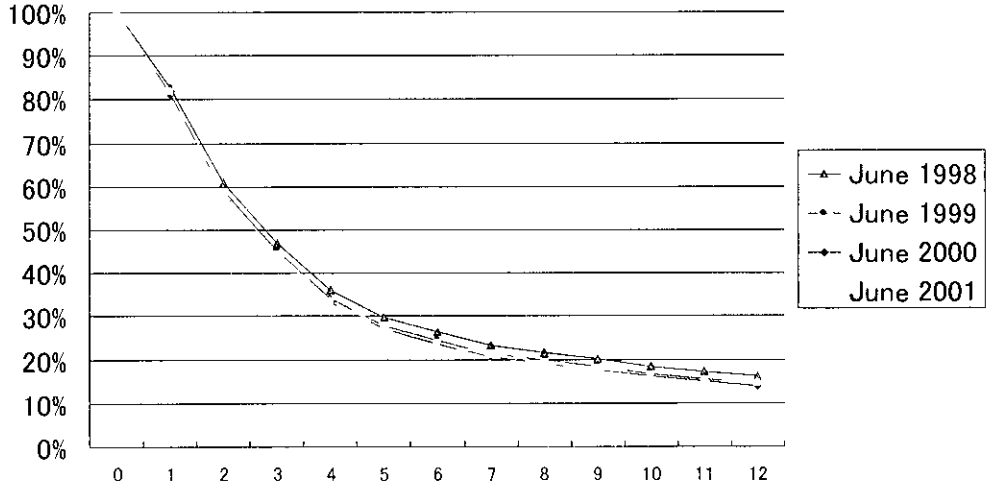
- 37 3% of the inpatients are over 65 years old (2002)
- This rate is more than two times of that of all the Japanese citizens (18 0%)
- Aging of psychiatric inpatients are advancing

No. of Inpatients by Length of Stay



Length of stay varies, 30% stays less than a year, and remaining 70% are staying longer

Survival Curves of Inpatients Admitted during June

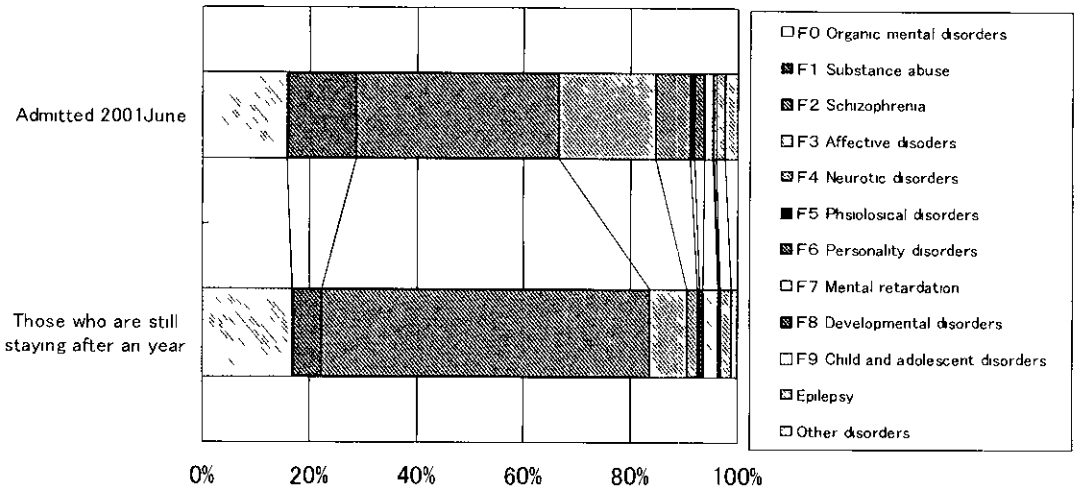


- Half of the newly admitted patients are discharged within 2 months
- About 15% of the patients are still staying after a year

Index from the Survival Curb

Admitted	Inpatients	Discharged to the community within a year	Patients remaining in the hospital after a year	50% discharge (days)	Mean length of stay (days)
June 1998	26,155	72 1%	16 3%	70 3	406 4
June 1999	26,889	73 2%	14 5%	66 2	390 0
June 2000	27,311	73 5%	14 0%	64 6	376 5
June 2001	27,959	72 7%	14 4%	64 9	373 9

Rate of Each Diagnosis at Admission and at After a Year



Those who have organic mental disorders or schizophrenia are staying longer

Number of Psychiatric Inpatients and Length of Stay (Summary)

- Among the newly hospitalized patients at psychiatric hospitals, 50% discharged within about 2 months, 73% discharged to the community within a year, and 14% stayed longer than 1 year
- Of the inpatients staying at mental hospitals, 30% are staying for less than a year, and 37 3% are over 65 years old This is because the patients who cannot get discharged from the psychiatric hospital or move to the other rehabilitation facilities are aging

We would like to know about inpatients staying at mental hospitals in Australia, such as the number of inpatients and dynamics of admission and discharge

Emergency Care

- Ministry of Health, Labour and Welfare are providing financial aid for psychiatric emergency system in the regions
- Most regions have psychiatric emergency system, but differing in office hours at out-of-hours medical care facilities, in whether they accept voluntary visiting or not, and in the degree of enlightenment to the community (see the next slide for example)
- We are now preparing to establish 24 hours system

  Since Australia has much larger land, how do you perform psychiatric emergency system, especially in remote places?

Psychiatric Emergency System in Tokyo

The system consists of two subsystems

- Subsystem 1

  The system for the person who is under the protection of the police because of the obvious possibility that he/she would harm himself/herself or others because of his/her mental disorder

  Consists of 4 public general hospitals with 16 beds and the information center
- Subsystem 2

  The system for the person who needs medical care and protection, but does not have the clear problem as outlined above

  Consists of 2 private hospitals on duty with 3 beds, one private mental clinic on duty, one general hospital on duty for the psycho-somatically complicated and the information center

Triage of Inpatient Treatment by Severity

- All beds of national and public mental hospitals accepts involuntary hospitalization
- 68% of the private mental hospitals also have beds for involuntary hospitalization
- National and public mental hospitals should treat difficult patients such as those with severe symptoms, comorbid physical diseases, and dual diagnosis with drug abuse or personality disorder

  In practice, however, the triage is not going well
- In Japanese mental health services, private facilities are playing a central role

  Is the triage of inpatient treatment by severity practiced in Australia?

  If so, what kind of system are you using?

Beds for Severe Mentally Ill Person

- The law for the criminally insane was enacted in 2003, and we are preparing for implementation
- In this law, based on judicial decision, the criminally insane are treated for inpatient and outpatient by designated hospitals and put on psychiatric probation to support rehabilitation to the community
- Following the implementation of this law, psychiatric beds are expected to promote differentiation and specialization in function, and result in reduction of beds
- In countries that already have reduced beds, securing beds for SMI patients is sometimes difficult, and in some countries, they are treated at forensic wards

  In Australia, the number of psychiatric beds has been reduced and deinstitutionalization has been promoted
  Did you have any problem related to this? If so, how is it dealt with?

Community care

Roles of States (Prefectures) and Municipals

- Under the policy of the Japanese government, prefecture governments are responsible for the implementation of mental health welfare services
- From 2002, municipals became possible to begin welfare programs for the mentally ill (group home, home help service and short stay), supported by public funds
- Prefectures and municipals follow the policy of the government and have a small degree of freedom

We want to know the division of roles among the nation, the states, and the municipals in Australia

Who plays the main role concerning welfare services?

Community Rehabilitation Facilities

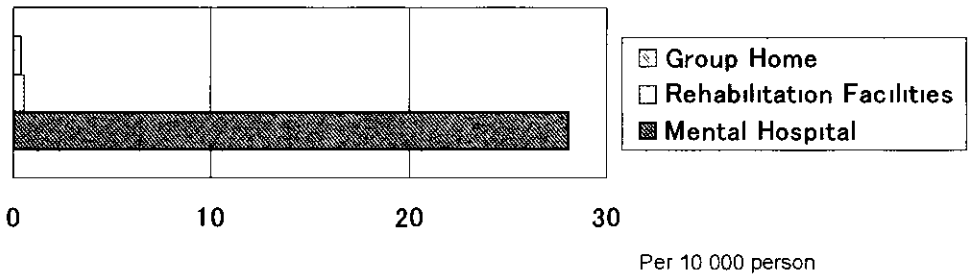
	Target	No of facilities	Utilizati on ratio	New users discharged from mental hospital	Number of re-hospitalization to mental hospital
Facility for training in daily life	Person without home and can not live independently	248	74 9%	1 942	618
Welfare home type A	Person without home	126	79 6%	255	147
Welfare home type B	Person without home and ageing	48	72 8%	362	40
Residential vocational facility	Person without home and needs vocational training	26	79 1%	174	68
Group home	Person who can live communally	987	89 4%	523	229
Outpatient vocational facility	Person who needs vocational training	278	103 1%	231	151
Welfare factory	Person who can not work because of interpersonal reasons	15	73 9%	5	9
Community life support center	Provides consultation and liaison with other facilities	325	—	405	68

Rehabilitation and Residential Facilities in Community

- Welfare facilities are mostly private owned (social welfare corporations, medical corporations, NPOs)
- Administrating finance is from public funds
- Each welfare facility is administrated independently
- For the same type of facility, public funds provided are uniform irrespectively of the number of the patients treated or the service provided
- Users choose the facility, and are registered to the facility Usually the database of each facility is not linked with others

  We would like to know the types of rehabilitation facilities in Australia How are they administrated, and where do the funds come from? Is the information of users shared between sites?

No. of Beds in Hospital and Facilities



No of beds for mentally ill people per 10,000 population are 28 1 in mental hospitals, 0 6 in rehabilitation facilities and 0 4 in group home

Though there are many beds in psychiatric hospitals, most of the beds are used by long staying and aged patients and beds which can be used for community care are scarce

Promotion of discharge, changing hospital beds to community facilities, and securing beds for acute care is an urgent issue

How are the proportion of psychiatric beds and facilities in Australia?

Are there any locked facility except for hospitals?

Care Management and ACT

Care management

- Since about 1999, trials to integrate care management into community care have gathered momentum
- However, because of the insufficient liaison between hospitals and welfare facilities, and lack of budget support, it is not introduced to routine care

Home-visiting support and assertive community treatment

- The importance of visiting support has been emphasized Home-visiting services done by mental hospitals and clinics are increasing
- The pilot study of ACT has begun in one national hospital in 2003
- However, the main administration body and funding resource for ACT is not decided

  We would like to know about the current situation of care management and ACT in Australia

Provider of Consultation and Support in the Community

- Needs for supporting mental health are increasing
- Recently, concerns about problems such as infant-care burden, domestic violence, child abuse, school refusal, withdrawal, wrist cut, suicide, drug abuse, depression, death by overwork, caregiver burden, and lonely elders are increasing
- Borderlessness between consultations of psychiatric patients and consultations of the general population is increasing
- Consultation/support are done at many facilities, such as hospitals, health-care centers, municipals, and rehabilitation facilities However, there are no distinct responsibilities and the role is mixed up In addition, liaisons between facilities are scarce As a result, it is forming a complex system

  Do you have the same problem in Australia?

  It is expected that by establishing a general consultation facility to deal with various claims, it will work as a hub of complex systems Do you have a facility like this?

Other Issues

Employment of Mentally Ill Person

- Under the law for promotion of the employment of the handicapped, an establishment with more than 56 workers must employ more than one physically-handicapped person or mentally retarded person

  If they have an employment rate lower than designated by law, they have to pay tax
- Employment rate designated by law is 1 8%, but in practice it is 1 47%
- Mentally ill person are not counted in the employment rate, but are target of job development act for handicapped
- We are now examining how to support mentally ill people to continue the work

  How is the law for the employment of mentally ill people in Australia?

Aged Mentally Ill Person

- 37 3% of psychiatric inpatients are over 65 years old, and this aging trend will continue
- Users of rehabilitation facilities also will be aging from now on
- Some of the users of nursing-care insurance also will become difficult to be cared because of psychiatric problems
- Treatment for the aged mentally ill people and the liaison between welfare facilities for aged people and mental health services are becoming a big problem
- Patients with dementia who have psychotic syndromes are also hospitalized in mental hospitals

  Where are the aged mentally ill people and the patients with dementia treated in Australia?

  How do you provide services for the aged mentally ill people with/without dementia living in the community or in the facilities?