参考資料

【主な対策や施策の概要】

①1960 年代：未整備の時代

60 年代における施策の主たる対象は在宅での暮らしが困難な高齢者であり、"認知症"に特化した施策やサービスはみられず、国としての認知症対策は明確な形で示されていない。また、介護は家族介護中心であり、1963 年の老人福祉法の制定により、施設ケアおよびホームヘルプサービスの提供が始まったが、救貧対策的な要素も強く、サービス量としても非常に限られたものであった。

②1970 年代：精神医療領域の時代

70 年代も対象は在宅での暮らしが困難な高齢者であったが、国における認知症対策の一歩として、1977 年には老人精神病棟整備事業が開始され、老人性精神障害者専用の病棟の確保や専門的医療および保護が行われた。ただし、それらは精神医療の中での対策が主流であり、特に医療的な視点にその特徴があった。

③1980 年代：精神保健、福祉領域の時代　-高齢化社会へ

③-1. 80 年代前半

1982 年には「老人保健法」が制定され、老人精神保健対策について公衆衛生審議会より答申が出された。そこでは今後の老人精神保健対策の進め方が示されたが、主な内容として、①認知症疾患の予防および普及啓発、②地域老人精神保健対策、③精神病院における老人精神障害対策、④研究体制の強化、⑤認知症疾患のための保健、医療および福祉対策の連携の 5 点があげられた。そこでは、認知症の問題も「在宅福祉」「在宅ケア」の中に位置づけ、取り上げていく方向が明確にされた。

これらは、医療費抑制が政策課題となる中で、在宅ケアが政策的に導入された経緯と、これまでのわが国の高齢者、障害者福祉・医療対策がともすれば施設収容に偏重していたことに対する内外からの批判とノーマライゼーション、インテグレーションの理念が国際的にも大きな流れとして位置づけられてきたことに対する反映でもあると指摘されている(植田 1999)。

これらを受けて、1983 年に保健所における老人精神保健相談指導事業が開始された。相談窓口の設置や保健所・医療機関・福祉事務所・老人福祉施設等で構成する連絡協議会を設置することとされ、地域の老人精神保健対策の中核的な事業として位置づけられた。80 年代前半の認知症対策は老人精神保健の中での位置づけを基盤とする対策が主流であった。

なお、1980 年に「呆け老人を抱える家族の会（現：認知症の人と家族の会）（以下、家族の会）」が結成され、当事者団体の動きが生まれてきている。家族の会の活動は施策の展開にも大きな役割を果たしてきたといえる。

これまで検討してきたとおり、1960 年代～1980 年代前半までの認知症対策としては、入所施設の整備、精神医療病棟の整備、在宅介護を支援するサービスの整備、精神保健での相談等が少しずつ実施されてきた。しかし、これらは実際のニーズに十分答えるに至っておらず、これら各般の対策は、既存の制度の枠組みの範囲で個別に行われ、それぞれの十分な連携がないままに実施されてきたという問題が指摘されている(鎌田 1987)。

③-2. 80 年代後半

1986 年 8 月には総合的な認知症対策の基本方針を策定し、必要な体制の整備を図るために「痴呆性老人対策推進本部」が設置され、1987 年に「痴呆性老人対策推進本部報告」が出された。主な内容として、①調査研究の推進と予防体制の整備、②家族介護に対する支援方策の拡充、③施設対策の推進、④その他専門職に対する研修等である。

1988 年度の認知症対策予算は、主な対策として認知症疾患に関する研究、保健所における老人精神衛生相談事業、老人ホームのショートステイ事業、デイサービス事業等を含めた大幅な予算の積み上げが行われた。さらに、1989 年には厚生省保健医療局長通知「老人性痴呆疾患センター事業実施要綱について」が示され、疾患センターの整備が進められた。

④1990 年代：計画、制度化の時代　-高齢社会へ

1993 年に設置された「痴呆性老人対策に関する検討会」により、翌年「痴呆性老人対策に関する検討会報告書」がまとめられた。「報告書」では、逐次整備はされてきているものの、①認知症に対する理解が国民一般、保健医療福祉関係者ともに未だ不十分であること、②早期発見、早期対応の体制が整備されていないこと、③認知症の人に対するサービスの受け皿が不足していること、④調査研究を要する問題が多数残されていることなど、なお多くの課題を抱えていることが指摘されている。

これらの報告書を踏まえ、新ゴールドプランにおいても新たに「痴呆性老人対策の総合的実施」を今後取り組むべき高齢者介護施策の基本的枠組みの一つとして掲げている。その施策の具体的目標として、(1)知識の普及・啓発、相談・情報提供体制の整備、(2)発症予防、早期発見・早期対応、(3)認知症の治療・ケアの充実、(4)認知症に関する治療法の確立・調査研究の推進、(5)認知症の人の権利擁護に重点を置いた施策があげられた(厚生省老人保健福祉局 1997)。

なお、この時期は1995年に社会保障制度審議会により公的介護保険制度の創設勧告が出され、1996年には「介護保険関連三法案」が国会に提出され、1997年に成立した。

それらに加え、認知症の人に向けた新たなサービスとして、グループホーム設置への補助が1997年からスタートし、在宅か施設かの二元論的なサービスではない、自宅にかわる在宅としてのグループホームの設置が進められた。

⑤2000年代：認知症ケアの体系的な整備のスタート

⑤-1. 2000年代前半：標準ケアモデルへの位置づけ

2000年に認知症ケアの研究及び人材育成を推進する公設民営の機関として、国が認知症介護研究・研修センターが国内3か所に設置された。2001年から、国は認知症介護の体系的な人材育成システムとして、痴呆(ママ)介護研修事業を開始し、センターでは各都道府県から推薦された専門職に対して、認知症ケアの指導者養成研修を展開している。

2003年6月に、厚生労働省老健局長の私的諮問機関として高齢者介護研究会が設置された、報告書『2015年の高齢者介護～高齢者の尊厳を支えるケアの確立に向けて～』が出された。報告書では、高齢者ケアのあり方をめぐる今後の課題と団塊の世代が65歳になる2015年までに実現すべき方策が具体的に提言されている。これからの高齢者介護の基本理念として、「高齢者の尊厳を支えるケア」をあげており、「高齢者がたとえ要介護状態になったとしても、その人らしい生活を自分の意思で送ることを可能とすること」のための方策が示された。具体的な方策として、①介護予防・リハビリテーションの充実、②生活の継続性を維持するための新しい介護サービス体系、③新しいケアモデルの確立：認知症高齢者ケア、④サービスの質の確保と向上の4つの柱があげられた。

新しいケアモデルの確立では、今後の高齢者介護は、身体的ケアのみではなく、認知症の人に対応したケアを標準として位置づけていく必要性が指摘されている。新しい考えに基づく認知症ケアの普遍化に向けて、認知症の人の特性に応じた新しい認知症ケアの方法論を確立し、尊厳あるくらしの継続を支援するために必要な方策が示されたと考えられる。その1つのツールとして、2004年には「認知症の人のためのケアマネジメントセンター方式（以下、センター方式）」の開発、検証が行われた。これらは「認知症介護研究・研修センター（東京・仙台・大府）」を中心に認知症ケアに関する研究者や現場のエキスパートの協働のもと開発された。

なお、従来から一般的に使用されている「痴呆」という用語に替わる検討が行われ、2004年6月以降4回にわたる論議の上、12月に「認知症」に変更となった[2]。それに伴い、これまで以上に強力かつ総合的に認知症対策を推進するとともに、最終的には認知症の人を支援する地域づくりが多くの人の協力によって実施されることを目標に「認知症を知り地域をつくる10ヵ年」の構想が示された。これらの構想では、①認知症サポーター100万人キャラバン、②「認知症でもだいじょうぶ町づくり」キャンペーン[3]、③認知症の人「本人ネットワーク支援」、④認知症の人や家族の力を活かしたケアマネジメントの推進の4つの軸が示されている。なお、2005年を「認知症を知る1年」と位置付け、関係機関・団体等との協力の下、効果的な広報・情報提供を行うキャンペーンが実施された。

⑤-2. 2000年代後半：地域支援体制構築

改正介護保険において、認知症対策については地域密着型サービスの創設や地域包括支援センターを中核とした総合的なマネジメント体制の構築などによる制度的な対応が図られることとされ、その対策が大きく位置づけられることとなった。それに加え、こうした制度的な対応以外に、早期の段階からの適切な診断と対応、認知症に関する正しい知識と理解に基づく本人や家族への支援など、地域単位での総合的かつ継続的な支援体制を確立していくことが必要であるとされた。

それに伴い、2006年度予算では従来の認知症関連予算事業を再編して「認知症対策等総合支援事業」が創設された。①主治医等を中心とした早期診断等の地域医療体制の充実、②早期段階に対応したサービスの普及、③地域における認知症の理解の普及や本人・家族等の支援ネットワークの構築支援、④認知症介護の専門職員等に対する研修の充実等、認知症の各ステージに応じた対策を推進していくこととされた。また、2007年より都道府県が管内の市区町村において認知症関連の資源をネットワーク化し支援体制を築く、認知症地域体制構築等推進事業も進められている。

さらに、2008年には厚生労働大臣直轄の「認知症の医療と質を高める緊急プロジェクト」が組織され、7月に報告書が公表された。本プロジェクトは、厚生労働省内の医政局、老健局、社会・援護局の共同プロジェクトであり、医療、介護、障害サービスにわたる検討がされた。主な柱としては、①実態の把握：医学的に診断された認知症の有病率調査、②研究・開発の促進：アルツハイマー病の促進因子・予防因子の解明、診断技術、根本的治療薬の実用化、③早期診断の推進と適切な医療の提供：認知症診療ガイドラインの開発・普及、認知症疾患医療センターの整備、医師の育成や研修体系の構築、④適切なケアの普及および本人・家族支援：地域包括支援センター

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[2] 一般的な用語や行政用語としての「痴呆」についての議論によって、以下のような結論が示された。
(1)「痴呆」という用語は、侮蔑的な表現である上に、「痴呆」の実態を正確に表しておらず、早期発見・早期診断等の取り組みの支障となっていることから、できるだけ速やかに変更すべきである。
(2)「痴呆」に替わる新たな用語としては、「認知症」が最も適当である。
(3)「認知症」に変更するにあたっては、単に用語を変更する旨の広報を行うだけではなく、これに併せて、「認知症」に対する誤解や偏見の解消等に努める必要がある。加えて、そもそもこの分野における各般の施策を一層強力にかつ総合的に推進していく必要がある。

[3] これらキャンペーンの一環として認知症になっても安心して暮らせる町づくり100人会議や、町づくりキャンペーン等が開催されている。詳しくはホームページに掲載されている（認知症介護研究・研修東京センター 2008；認知症になっても安心して暮らせる町づくり100人会議事務局 2008）。

に認知症連携担当者を配置、コールセンターを設置、⑤若年性認知症対策：「若年性認知症総合対策」の推進。若年性認知症コールセンターの設置、若年性認知症就労支援ネットワークの創設、若年認知症ケアのモデル事業である。

【主なサービス提供過程の概要】

1984年には、「痴呆性老人処遇技術研修事業」が創設された。また、1987年には、特別養護老人ホームの措置費における「痴呆老人加算」が創設されたが、この加算は人員の配置を認知症の人に対して増すための費用補填の性格を持っている（平野・高橋・奥田 2007）。この様に認知症に特化したサービス形態のあり方も少しずつではあるが検討されてきたといえる。それらに引き続き、1988年には、「老人性痴呆疾患治療病棟・老人性痴呆疾患デイ・ケア施設」が創設された。

1991年に老人保健施設認知症専門棟が創設され、1992年には「福祉関係八法」改正をふまえ、65歳未満の初老期認知症の人の老人保健施設への入所が可能となった。さらに、同年には、毎日継続的な介護が必要な在宅の認知症の人を受け入れる小規模型デイサービスとしてE型（認知症毎日通所型）デイサービスが創設された。このE型デイサービスをデイサービスの小規模化として捉えると、認知症ケアへの対応としての地域ケア政策の展開のスタートと考えることができる。

1994年「痴呆性老人対策に関する検討会報告書」において新しいタイプのサービスの検討として、認知症の人のためのグループホームが提言されている。これらグループホームの制度化においては、多様な主体によって自発的福祉として取り組まれたグループホームおよび宅老所の展開の影響を受けている。なお、これらの活動を調査するために、1994年・95年に全国社会福祉協議会にて実施された、「痴呆性老人のためのグループホームのあり方に関する調査研究事業」および、1996年に実施された「痴呆性老人のためのグループホームの運営に関する調査研究事業」もグループホームの制度化に大きく寄与している。グループホームが制度化され急速に増加したことは、認知症ケアへの対応としての地域ケア政策の展開の次なるステップとして意味を持つと考えられる。なお、介護保険制度においてグループホームは居宅サービスの一つとして位置付けられ、その助走として1997年に痴呆対応型老人共同生活援助事業（痴呆性老人向けグループホーム）が創設されている。なお、グループホームにおいては、質の確保に向けたサービス評価が他の福祉サービスに先駆けて義務づけられており、2001年に自己評価、2002年に外部評価が実施されている。

また、2005年の介護保険の改正において、「地域密着型サービス」が創設され、グループホームがこのサービス類型に含まれた他、小規模多機能型居宅介護が新たなサービスとして位置づけられた。これらのサービス展開の背景に、「宅老所」と総称される認知症ケアの日本的な実践が多様な形で展開されてことも1つの特徴と考えることができる。

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THE INTERNATIONAL COMPARISON ON DEMENTIA | Institute for Health Economics and Policy　2010version

JAPAN

A. IN WHAT SYSTEMS AND GUIDELEINS ARE PERSONS WITH DEMENTIA POSITIONED?

1) OVERVIEW OF THE MAJOR SYSTEMS CONCERNING OLDER PERSONS AND PERSONS WITH DEMENTIA

The major systems concerning older persons and persons with dementia include ①Long-term Care Insurance, ②Medical Insurance, ③Adult Guardianship Law and ④Elderly Abuse Prevention Act.

① LONG-TERM CARE INSURANCE

"The public Long-term Care Insurance" was implemented in 2000. Services are provided for people aged 65 or older (40 or older in case of patients with specified disease) requiring preventive care and/or long-term care, with the municipalities as the insurer. Any public, profit and non-profit service providers are eligible to provide services, only if they have corporate status. In using services, applicants receive certification of needed long-term care, and according to the certified care level services are provided within the specified maximum amount of each level. Services exclusively for people with dementia are partially introduced.

② MEDICAL INSURANCE

"The New National Health Insurance Act" was implemented in 1958, which resulted in the establishment of "universal coverage insurance." Based on the free access structure, the applicable system is defined depending on vocational categories, regions and age. The insurers (Nation, municipalities, health insurance associations, etc.) collect premium from the insured (subscribers), and out of the premium, a part of medical service fee to the insured is paid to the medical institutions (hospitals). 30% of the expense is patients' co-payment as a rule. Confirmed diagnosis is conducted for persons with dementia in memory loss clinics or neurosurgery departments, etc.

③ ADULT GUARDIANSHIP SYSTEM（PROTECTION OF RIGHTS）

The Adult Guardianship Law was implemented in 2000 with the aim of protecting and supporting contracts of property management or long-term care insurance, etc. and justice acts like legacy division, etc. for people with limited judgment due to dementia or mental deficiency. The Adult Guardianship Law and the Long-term Care Insurance are the two cooperative systems which back up the aging society. Lawyers, administrative scrivener and certified social workers engage in support as a guardian. Support Program for Independent Daily Living is also established to assist usage of welfare services or daily money management, etc. Social Welfare Council in prefectures or designated cities is responsible for the Support Program for Independent Daily Living.

④ ELDERLY ABUSE PREVENTION ACT

"The Elder Abuse Prevention and Caregiver Support Law (Elderly Abuse Prevention Act)" was established in 2005. (In effect on April 1, 2006) Considering burden and weariness of providing long-term care is liable to cause elder abuse, support for caregivers was included in the Law in addition to prevention (detection, report, protection, etc.) of elder abuse. It is an extremely important legal system in order to protect rights of persons

with dementia continuously. In the Elderly Abuse Prevention Law, role and duty of citizens and administration regarding how to cope with elder abuse are clearly defined: the detectors of elder abuse are obliged to report to municipalities, and the municipalities have the right to carry out an on-site inspection, etc.

2) CHANGES OF POLICIES, SYSTEMS, ETC. CONCERNING DEMENTIA

In what policy framework has dementia been positioned in Japan? Its detailed changes by age will be described in the "Reference" at the end.

The establishment of the "Headquarters for Promoting Measures against Elderly with Dementia" in 1986 was the first great step for developing comprehensive measures against dementia in Japan. In August 1986 the basic principle of general dementia policies were drawn up and the "Headquarters" was established, and in 1987 the "The Report by the Headquarters for Promoting Measures against Elderly with Dementia" was published. It focuses on ① Promotion of survey and research and development of preventive structure, ② Fulfillment of support measures for family care, ③ Promotion of measures for institutions, ④Training for specialists, etc.

"Working Group on Measures for Older Persons with Dementia" was established in 1993, and in the next year the "Report by the Working Group on Measures for Older Persons with Dementia" was issued. The Report pointed out: "Even though things have gradually improved, there remain many challenges such as ① Understanding of dementia among both the public and health care professionals is not sufficient, ② Structure for early detection and treatment has not been fully developed. ③ Service acceptance for persons with dementia is in short supply, ④ Lots of challenges in need of survey and research are still left, etc.

Based on these reports, the New Gold Plan1 also indicated "the general implementation of measures for older persons with dementia" as one of the basic frameworks of long-term care measures for older persons to be coped with newly in future. The following five issues are pointed out as the specific goals of the measures: ① Spread of knowledge/awareness, Improvement of the structure of counseling/information service, ②Critical prevention, early detection/early treatment, ③Improvement of dementia treatment and care, ④Establishment of medical treatment / promotion of survey and research concerning dementia, ⑤Measures focusing on protection of rights of persons with dementia. (Health Service bureau, Ministry of Health, Labour and Welfare, 1997)

During this period, Advisory Council on Social Security recommended in 1995 the establishment of public long-term care system; the "Three Bills Concerning Long-term Care Insurance" were submitted to the Diet in 1996 and gained approval in 1997. In addition, subsidies to the establishment of Group Homes started in 1997, as a new service for persons with dementia. Growing number of Group Homes were established as the housing with feel of a home instead of the previous alternative service: in-home or a facility.

In 2000 Dementia Care Research and Training Centers were established to promote research and human resource development of dementia care in the three cities in Japan, as the organization established by the nation and operated by the corporation. The government started the dementia care training project in 2001 as the systematic means of human resource development for dementia care. In the three Centers, training of dementia care leaders is promoted for the professionals recommended by each prefecture.

In June 2003, Study Meeting of Long-term Care for Older Persons was founded as the private advisory panel of Director of Health and Welfare Bureau for the Elderly, MHLW, and consequently the report "'The Elderly Care in 2015- Aiming for establishing long-term care supportive of dignity of older persons-" was published. In the report proposed specifically are future challenges about how long-term care for older persons should be, and measures to be realized by 2015 when baby-boomers will reach 65 years old. "Long-term care supportive of dignity of older persons" is defined as the fundamental principle of long-term care for older persons in future, and measures which "would enable older persons requiring care to live on based on his/ her own values and will. The four pillars of measures are: ①Improvement of preventive long-term care/rehabilitation, ② New long-term care service schemes to sustain the continuity of life, ③ Establishment of new care model: Care for older persons with dementia, ④ Securement and improvement of quality of services.

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1 The program planned in 1989 with the aim of enhancing measures for older persons in prospect of the new decade of aging society was the Ten-Year Strategy to Promote Health Care and Welfare for the Elderly (the Gold Plan). The Gold Plan centered on immediate implementation of in-home welfare services in the municipalities, urgent development of institutions including special nursing homes for the elderly, day-service and short-stay and promotion of training of home-helpers. However, since the speed of aging was more rapid than originally anticipated, it was thoroughly revised in 1994 as The New Ten -Year Strategy to Promote Health Care and Welfare for the Elderly (the New Gold Plan).

In establishing a new care model, what is stressed on as the standard is the necessary of positioning care appropriate for persons with dementia as well as physical care in the future long-term care for older persons. It is considered that the measures required for establishing the methodology of new dementia care according to the individual characteristics of persons with dementia and for supporting a continued life with dignity were proposed. As one of such tools, "The Center Method to Support Care for Persons with Dementia" (abbreviated as the Center Method) was developed and examined in 2004, which was explored through the collaboration of dementia care researchers and on-site experts mainly in Dementia Care Research and Training Centers in Tokyo, Sendai and Obu.

In the revision of the Long-term Care Insurance, measures for persons with dementia were positioned as part of priority; institutional approach was adopted including establishment of community-based services or comprehensive management system with Regional Comprehensive Care Center as a core. Since 2007 prefectures have developed the "Promotion Project to Establish Regional System, etc. for Dementia," which aims to establish the support system by networking dementia related resource in the jurisdictional municipality. In the Report by Study Meeting on Regional Comprehensive Care, some challenge as to dementia were pointed as well as the direction of integrated provision of medical care, long-term care and welfare (Regional Comprehensive Care) and problems to be solved by 2025.

1963　Welfare Law for the Aged implicated.
1982　Health and Medical Service Law for the Aged implicated.
1986　Headquarters for Promoting Measures for Older Persons with Dementia established.
1987　"The Report by Headquarters for Promoting Measures for Older Persons with Dementia" published.
1989　"Gold Plan" presented.
1993　Working Group on Measures for Older Persons with Dementia established.
1994　"The Report by Working Group on Measures for Older Persons with Dementia"　published.
1994　New Gold Plan presented.
1997　The Support Project on Communal Life for Older Persons with Dementia (Group Homes) established.
2000　The Long-term Care Insurance System implemented. Dementia care Researca and Training Centers established.
2001　Dementia Care Training Project started.
2003　Study Meeting of Long-term Care for Older Person, "Long-term Care for Older persons in 2015- Aiming for establishing long-term care supportive of dignity of older persons" published.
2004　Change of the term equivalent to "dementia" (*chiho →ninchi-sho)* (Refer to Reference for details)
2005　A 10-year nationwide public campaign proposed.　One-Year Campaign to Learn About Dementia implemented.
2006　Revision of the Long-term Care Insurance. Community-based services established.
2007　The New Health Frontier Strategy presented. Promotion Project to Establish Regional Support System for Dementia started.
2008　An Urgent Project to Enhance the Quality of Dementia Medical Care established.
2010　"The Report by Study Meeting on Comprehensive Community Care" published.

3) NATIONAL STRATEGIES

At present there exists nothing positioned as the national strategy against dementia. In this regard, however, establishment of the Headquarters for Promoting Measures against Elderly with Dementia in 1986 became the starting point. Since then some reports and so forth have been presented with the intention of instituting basic principles of measures against dementia and examining how to develop and direct the required systems. These have been promoted under the initiative of the department

The major projects proposed by MHLW currently are: ①A 10-year Nationwide Public Campaign to Understand Dementia and Build Community Networks, and ②An Urgent Project to Enhance the Quality of Dementia Medical Care .

①The Vision of A 10-year Nationwide Public Campaign to Understand

A proposal to review the term *"chiho,"* which had been generally used as the word to mean "dementia," was submitted to MHLW by some dementia experts, because it contains some derogatory implications. (For details, look at *Reference* below.) As the result of a series of four-time discussion meetings after June 2004, the term was changed to *ninchi-sho* meaning cognitive dysfunction in December. Concurrently the vision of A 10-Year Nationwide Public Campaign was proposed with a goal of promoting measures against dementia more vigorously and comprehensively than ever and finally attaining community building to support persons with dementia under combined effort of millions of local people. This vision centered on the four plans of action: a) Nationwide Caravan to Train One Million Dementia Supporters, b) Campaign to Build a Dementia-Friendly Community, c) Support for the Association of People with Dementia and their Families, d) Care Management Fully Involving Dementia Patients and Their Families. The year 2005 was positioned as A Year to Understand Persons with Dementia, and a campaign to promote effective public relations and information services was promoted in association with concerned bodies.

②An Urgent Project to Enhance the Quality of Dementia Medical Care

An Urgent Project to Enhance the Quality of Dementia Medical Care was organized under the direct control of the Minister of MHLW in 2008, and consequently the report was published in July. This project was the collaboration of Health Policy Bureau, Health and Welfare Bureau for the Elderly, and Social Welfare and War Victims' Relief Bureau to discuss the issues on medical care, long-term care and services for the disabled. The major pillars were: a) Grasping the current status: Survey on prevalence rate of dementia medically diagnosed, b) Promotion of research and development: Finding out accelerator/ preventive factor of Alzheimer's disease, diagnosis technology, practical use of fundamental therapeutic drug, c) Promotion of early diagnosis and provision of appropriate medical care: Development/ diffusion of medical treatment guidelines for dementia, Development of dementia disease medical centers, Establishment of the system to train and educate physicians, d) Spread of appropriate care and support for persons with dementia and their families: Assigning staff in charge of dementia in the Regional Comprehensive Care Centers, Establishment of call centers, e) Measures against juvenile dementia: Promotion of General Measures against Juvenile Dementia. Establishment of juvenile dementia call centers, Establishment of job assistance support network for persons with juvenile dementia, Promotion of the model project of juvenile dementia care.

4) PRINCIPLES OF DEMENTIA CARE

Person-centered care advocated by an English psychologist Tom Kitwood has been considered critically important also in Japan as a fundamental principle of dementia care; so far, however, person-centered care has not had any positioning yet in any sort of system in Japan.

In the Elder Care in 2015, the following issues are pointed out as the characteristics of and the basis of care for older persons with dementia.

- Older persons with dementia sometimes bear frustrations, sense of loss, anger, etc., depending on responses of people around, because their emotion and pride remain, whereas memory loss is in progress.

- It is the persons with dementia themselves who feel it terrible that their individuality could be no longer recognized by their friends or acquaintances.

- Thinking of such actual condition, we are required to respect and support the individuality of older persons with dementia, while recognizing "to sustain dignity" as the basis of long-term care.

・Considering it is particularly difficult for older persons with dementia to adjust to environmental changes, it is necessary to improve the service systems based on their daily living area so that sustainability of their life would be fully respected.

・Moreover, it is also needed to make clear the way of individual services which could make it possible to deal with diverse symptoms and stages of progress, eliminate worries of persons with dementia, stabilize their life and lessen burden of their families.

5）GUIDELINES CONCERNING DEMENTIA LONG-TERM CARE AND MEDICAL CARE

Currently there exists nothing positioned nationally as the guideline for dementia care. Meanwhile, the following two medical treatment guidelines for dementia are presented.

【Medical Treatment Guidelines for Dementia】

The medical Treatment Guidelines for Alzheimer-type Dementia are included in the Guideline for Alzheimer's Disease Diagnosis, Treatment and Care completed by Health Labour Sciences Research Grant in 2003, and the Medical Treatment Guideline for dementia in the Medical Treatment Guideline for Neurological Diseases published in 2002. Since both of these were drawn up based on the overseas reports, it is indicated no essential difference is found in comparison with the overseas guidelines, except for a part of treatment.

B. OVERVIEW OF THE MEASURES ALONG THE STAGES

1）GRASP OF OBJECT PERSONS

Although the national scheme to make a regular survey of grasping the status of older persons with dementia has not been established, partial actual numbers and estimate values are shown through the results of the Prevalence Survey, data of the Long-term Care Insurance benefits, the regular Patients Survey, etc. In order to grasp accurate status of persons with dementia in future, the necessity of conducting prevalence survey based on medical diagnostic criteria, etc. is indicated.

Future Estimate of Older Persons with Dementia (Estimated by Otsuka)

Year	2001	2006	2011	2016	2021	2026
Total (Ten thousand persons)	165	201	204	278	309	330
Ratio of population	7.3	7.8	8.5	8.6	9.3	10.0

Toshio Otsuka, "Future Estimate of the Number of Older Persons with Dementia in Japan, " Journal of Japanese Association of Psychiatric Hospitals , Vol.20, No.8, 2001 (Estimated by Otsuka in 2001, based on Population Projections for Japan issued in January, 1997)

Future Estimate of Older Persons with Dementia among Those Certified as Requiring Care (Support) by the Long-term Care Insurance (the first category insurers)

Fiscal year	2002	2005	2010	2015	2020	2025	2030	2035	2040	2045
Total (Ten thousand)	149	169	208	250	289	323	353	376	385	378
Ratio of population	6.3	6.7	7.2	7.6	8.4	9.3	10.2	10.7	10.6	10.4

Ratio of the persons certified as Independency level Ⅱ or higher (with dementia requiring some care/ support) to the population. Source: Research Committee on Long-term Care for Older Persons, "Long-term Care for Older Persons in 2015."

Estimate of Persons with Dementia (As of October)

(Thousand persons)	1996	1999	2002	2005	2008
Outpatients	8.8	17.3	11.0	12.0	12.7
Hospitalization	36.5	45.7	53.6	54.0	44.4
psychiatric beds	23.8	30.1	32.8	33.5	28.8
geriatric beds	8.9	5.7			
sanatorium beds	1.2	7.7	17.3	18.9	14.3

Source: Patients Survey, MHLW

2) INCRESE AWARENESS AND UNDERSTANDING OF DEMENIA

As above mentioned, the vision of A 10-year Nationwide Public Campaign to Understand Dementia and Build Community Networks was presented in 2005, while the year 2005 was positioned as A Year to Learn About Dementia. Nationwide Caravan to Train One Million Dementia Supporters was carried out to educate citizens and receive their support. The number of citizens who learned about dementia and became community supporters reached approximately one million in 2009, exceeding the goal. Overview and roles of dementia supporter are as follows:

【Overview of Dementia Supporters】

Dementia supporters : Have a right understanding of dementia, watch for and support people with dementia and their families.

Prefectures, municipalities, national vocational bodies, etc. foster "caravan mates," who serve as lecturers of the "training course for dementia supporters" in the communities or workplaces.

Training courses for dementia supporters are implemented for residential organizations like residents' association, family groups, etc., vocational organizations like industries, financial institutions, etc. and schools including elementary school, junior high school and high school.

Training courses for dementia supporters have been carried out in 1,462 local governments (municipalities, prefectures), and the secretariats were established in 1,374 local governments by FY 2009.

【Roles of Dementia Supporters】

Have a right understanding of dementia and have no prejudice against it.

② Watch for persons with dementia and their families with gentle patience.

③ Start with what they can do with ease for neighbor persons with dementia and their families.

④ Try to find what they can do in the communities, and network for mutual support, cooperation and partnership.

⑤ Play an active role as a leader of community building.

【The Status of Training Dementia Supporters】

	FY2005	FY2006	FY2007	FY2008	FY2009	Total
Number	29,982	138,436	279,787	479,860	734,125	1,662,190

Source: Nationwide Caravan to Train One Million Dementia Supporters, "The Status of Training Dementia Supporters."

3）PREVENTIVE ACTIVITIES

Preventive measures against dementia are positioned as a part of Preventive Care Measures for Specific Older persons and Preventive Care Measures for General Older Persons, which are efforts as one sphere of the Long-Term Care Insurance System. Although the state of achievement is different depending on local governments, main contents presented by the national working group are listed below.

Program Category	Measures for Specific Older Persons (High-risk approach)	Measures for General Older Persons (Population approach)
Object persons	Older persons with moderate dementia	All older persons
Main personnel in charge	Public health nurse, etc., Speech therapist, Occupational therapist	Public health nurses, etc.
Implemented places	Municipal health centers、Community centers, etc. (Private service providers, etc. in case of consignment) (When difficult to commute, implemented appropriately by home-visit)	Municipal health centers、Community centers (Private providers, etc. in case of consignment)
Contents of programs	① Secondary assessment ② Provision of service programs	① Establishment of social resource data base ② Information service s for local residents ③Development and support of community activities ④ Training program leaders/ fascilitators (supporters)
Target setting/ Assessment period	○ Aim for maintaining and improving cognitive function ○ The assessment period is pursuant to the implementation period of various projects.	○ Set the targets and the assessment period according to the contents of programs ○As to purpose-type and training-type programs, the aim is to maintain and improve cognitive function, and the assessment period is pursuant to the implementation period.

Working Group on Dementia Prevention and Support "Dementia Prevention and Support Manual," Dec. 2008, http://www.tmig.or.jp/kaigoyobou/08_ninchishou.pdf http://www.tmig.or.jp/kaigoyobou/08_ninchishou.pdf

4）EARLY DETECTION/ DIAGNOSIS SYSTEM

Since early detection and diagnosis is pointed as one of the urgent project challenges, measures to promote early diagnosis and foster and provide doctors specializing in dementia are in progress. In addition establishment of memory clinics has started. Although there is no official national statistics, the number of memory clinics placed on the website is 590 as of March 2010. They are established in the university hospitals, clinics and so on. Meanwhile, each personal doctor is not always definite due to a "free-access system" in Japan,

Dementia Community Medical Care Support Project

Started in 2005.

Dementia Support Doctors Training Project, Training Project for Primary-care Doctors to Improve Readiness to Cope with Dementia

Dementia Support Doctors Training Project

Training of "dementia support doctors" who play the core role to establish dementia medical system in the communities.

Prefectures and ordinance-designated cities are responsible for the project. National Center for Geriatrics and Gerontology is commissioned to implement it.

871 dementia support doctors were fostered from 2005 through 2008.

Roles of dementia support doctors

Planning of training for primary-care doctors to improve their readiness to cope with dementia in units of medical association in prefectures and designated cities.

Dementia support doctors serve as counselors and advisors regarding regular doctors' dementia diagnosis, while establishing cooperative structure with other dementia support doctors (propulsive doctors).

Cooperation for establishing a linkage between each local Medical Association and Regional Comprehensive Care Centers.

Project on Training Primary-care Doctors to Improve Readiness to Cope with Dementia

Dementia support doctors implement training for local regular doctors, in partnership with prefectural medical association, concerning knowledge and skills of dementia, and a linkage with local resources to support persons with dementia and their families, etc.

The responsible organizations are prefectures and ordinance-designated cities.

6927 doctors in 2006, 7,672 in 2007, and 6,845 in 2008 completed the training.

Grant incentive by medical service fee

Under the Public Medical Insurance, the price of insurance reimbursement to medical act is defined uniformly. What shows the price setting is "medical service fee."

In the "New Health Frontier Strategy" completed in April 2007, to implement the evaluation required for medical service fee was included, considering, as the roles of medical care system, the need for improving the scheme regarding ①Differential diagnoses, ②Response to peripheral symptoms, ③Response to physical complication. Consequently, the following evaluation concerning dementia was created in the revision of medical service fees in 2008.

① Evaluation to link with differential diagnosis

As to patients suspected of dementia, when his/her doctor recognizes the need of differential diagnosis, etc. in the special medical organization, and introduces the patient in writing medical condition with the consent of the patient or his/ her family, the addition to medical information provision fee (I) is newly made. The addition for introduction of patients with dementia is 100 points (Per once)

② Evaluation of devoted medical care against peripheral symptom

As to expenses of the hospitalization in the elder dementia treatment ward: 1 & 2, evaluation of the hospitalization period for less than 91 days, which requires more devoted medical care against peripheral symptom, is raised, while that for 91 days or over is reduced. Moreover, considering the intended patients hospitalized in the said ward are not limited to older persons, its name is revised to the "expense for the hospitalization in the dementia wards."

Current	Revised
【Expense of the hospitalization in the elder dementia treatment ward 1】 (Per day) a. Period for less than 91 days 1,300 points b. Period for 91 days or over 1,190 points 【Expenses of the hospitalization in the elder dementia treatment ward 2】 (Per day) a. Period for less than 91 days 1,060 points b. Period for 91 days or over 1,030 points	【Expense for the hospitalization in the dementia wards 1】 (Per day) a. Period for less than 91 days 1,330 points b. Period for 91 days or over 1,180 点 【Expenses of the hospitalization in the dementia ward 2】 (Per day) a. Period for less than 91 days 1,070 points b. Period for 91 days or over 1,020 点

5）COUNSELING SUPPORT/ INFORMATION SERVICES

Whereas there is no organization for counseling support exclusively for dementia, Regional Comprehensive Care Centers are in charge of local counseling services. Also in the public health centers, mental and welfare counseling for older persons is available. Information service bodies exclusively for dementia are not defined, however, brochures, etc. about dementia are placed in municipal offices and Regional Comprehensive Care Centers.

6）CARE SERVICES

Care services for persons with dementia are composed of the three major categories: 1) Formal services by the Long-term Care Insurance, 2) Formal services conducted individually by each municipality, 3) Informal services by NPOs, etc.

1）FORMAL SERVICES BY THE LONG-TERM CARE INSURANCE

As shown in the following table of care services provided by the Long-term Care Insurance, services are categorized by the combination of authority of designation and supervision, and service types (in-home services, institutional services, community-based services). This scheme was set up by the Revised Long-term Care Insurance Law 2005. Community-based Services are created so that persons requiring long-term care could receive services around the community where they have lived for long, in consideration of the increase in older persons with dementia or living alone.

Designated/Supervised by	Types	Long-term Care services
Prefectures	In-home services	In-home care support
		Home-visit services（Home-help services, Home-visit bathing services, Home-visit nursing, Home-visit rehabilitation, Management & guidance for in-home care)
		Commuting services（Day care service, Day rehabilitation services
		Short-stay services（Short stay for the elderly requiring care, Short stay for the elderly requiring medical care)
		Others（Rental services for welfare equipments, Sales of designated welfare equipments、Residential care facilities for the elderly requiring care)
	Facility services	Special nursing homes for the elderly、Health care facilities for the elderly, Sanatorium-type medical care facilities
Municipalities	Community-based services	Night home-visit care service, Day care service for the elderly with dementia, Community-based One-stop home care services for small group of users, Group homes for the elderly with dementia, Community-based residential care facilities for the elderly requiring care, Community-based welfare facilities for the elderly requiring care
Others	Others	Allowance for house reform
Municipalities	Community support Programs	Projects to prevent the need for care
		Comprehensive support projects(-Comprehensive community support centers-) 1.General counseling support projects 2.Right-advocacy projects 3.Comprehensive and continuous care management support projects 4.Care management projects to prevent the need for care
		Optional projects

Furthermore, Community Support Projects by municipalities are positioned from the viewpoint of enhancing comprehensive and continuous management function in the communities as well as promoting prevention of the need for support or care. Regional Comprehensive Care Centers are promoting such services, taking a role to serve as the local front desk.

①In-home/ Community care services＊

In-home services include in-home, home-visit, commuting, short-stay and other services, providing in-home care practically, besides in-home care support providers in charge of making care plans. Community-based Services were established in the light of "Aging in Place," that is, to continue to live where they have been living as long as possible. Long-term Care Insurance services are available for all the persons with dementia of which Group Homes for the Elderly with Dementia are intended only for older persons with dementia. Small Scall Multifunctional Home Care (24 hours 365 days services available) was also established with the intention of meeting the need of persons with dementia, which provides commuting services mainly in combination with short-stay or home-visit services according to the need, without limiting to persons with dementia. As of June 2010, there exist 10,510 Group Homes and 3,815 Day care service centers for persons with dementia.

＊ (Reference) In-home care

Among the users receiving home-visit nursing at home, about 66.8% has dementia.

Daily Life Independency Level of Older Persons with Dementia among Home-visit Nursing Station Users (As of September)

	2006	2007
Total users	291,907	292,839
With dementia	200,778	195,515
Rank I	72,084	56,083
Rank II	53,588	57,458
Rank III	34,820	38,324
Rank IV	29,410	31,419
Rank M	10,876	12,231

Source: Survey of Institutions and Establishments for Long-term Care, MHLW

②Facility Services

Long-term care facilities consist of the three major types. The users with some symptom of dementia indeed amount to more than 80% in every facility. The elder dementia treatment ward is established in Sanatorium-type medical facilities; however there are only 29 wards nationwide according to Survey of Institutions and Establishments for Long-term Care.

Daily Life Independency Level of Older Persons with Dementia among the residents in Long-term Care Insurance Facilities (As of September)

	2006			2007		
	Special nursing homes for the elderly	Health service facilities for the elderly	Sanatorium-type medical care facilities	Special nursing homes for the elderly	Health service facilities for the elderly	Sanatorium-type medical care facilities
Total Residents	392,547	280,589	111,099	405,093	285,265	102,753
With dementia	377,686	262,400	105,348	388,945	265,953	99,077
Rank I	28,588	35,367	5,455	25,471	33,462	4,276
Rank II	79,185	82,827	14,504	81,205	83,440	12,292
Rank III	134,507	99,299	36,408	140,069	104,148	33,438
RanckIV	110,391	39,260	38,136	118,740	38,803	37,740
Rank M	25,016	5,648	10,845	23,459	6,099	11,330

Survey of Institutions and Establishments for Long-term Care, MHLW.

2) FORMAL SERVICES CONDUCTED INDIVIDUALLY BY EACH MUNICIPALITY

As to formal services conducted individually by each municipality, the contents of services, eligible users, usage conditions, etc. are diversely different depending on municipalities (Mainly, in optional programs of

Community Support Projects). For instance, money is paid as a sort of bonus, etc. in some municipalities, while actual stuff like paper diapers or meal services are provided in others. Some services are provided free of cost, while others need users' co-payment.

3）INFORMAL SERVICES BY NPOS, ETC.

Incorporated foundations or NPO corporations, etc. promoting prevention and education, etc. concerning dementia

7）SUPPORT FOR FAMILIES

Policies on support for family caregivers are not clearly stated in the Long-term Care Insurance Law or even in the Laws regulating social services like Independence Support Law for Persons with Disability. Alzheimer's Association Japan, with the characteristics of 'family group' in comparison with the Association abroad, has established prefectural branches to conduct family group meetings and educational activities. Every prefectural branch is developing telephone hotline services in addition to national toll free hotline. Before and after An Urgent Project to Enhance the Quality of Dementia Medical Care was implemented, establishment of Families Dealing with Juvenile Dementia has been promoted actively. In addition, concerned municipal departments or Regional Comprehensive Care Center voluntarily hold family group meetings, and NOPs and civic groups support the family group, etc.

Furthermore, Family Caregivers Support Project (Workshop on family care, Project on Watching for Older Persons with Dementia, Family Care Continuity Support Project, etc.) are implemented in some municipalities, for the aim of supporting family caregivers for older persons including those with dementia.

8）END-OF-LIFE CARE

Currently there exists no public definition or guideline regarding how the end-of-life should be in dementia care.

Advance directive has not been enshrined into law yet. Meanwhile, positive euthanasia is prohibited.

Health Policy Bureau of MHLW published in May 2007 the "Guidelines on Decision Process of End-of-life Medical Care." It is recommended that medical care teams should make effort to provide comprehensive medical and long-term care including mental and social support for patients and their families, fully relieving pain and other unpleasant symptom by all possible means.

End-of-life palliative care for patients with cancer has been prevalent, but provision of palliative care for other chronic illness has not been sufficiently recognized.

Number of fatalities by place of deathbed, by age group（2008）

	Total number of death	Hospitals	Clinics	Special nursing homes for the elderly	Elderly Facilities	Hone	Others
Total	1,142,407	897,814	28,946	10,921	33,128	144,771	26,827
0～4	3,747	3,278	51	--	--	345	73
5～14	1,073	867	1	--	--	117	88
15～24	4,598	2,374	23	--	--	1,090	1,111
25～44	26,628	14,653	152	2	--	6,614	5,207
45～64	144,908	110,099	1,642	78	146	24,174	8,769
65～79	359,627	300,663	6,896	1,095	3,158	41,986	5,829
80～	601,290	465,766	20,179	9,746	29,823	70,442	5,334
70～	880,426	699,916	25,943	10,735	32,718	102,098	9,016

Source: Vital Statistics, MHLW　2009

C. MAJOR PROFESSIONS TO SUPPORT PERSONS WITH DEMENTIA/ HOW TO POSITION AND TRAIN THE TEAMS

1) MAJOR ORGANIZATIONS SUPPORTING PERSONS WITH DEMENTIA

Persons with dementia are coped with in the framework of the Long-term Care Insurance basically. Those who intend to receive Long-term Care Insurance services need to receive care need certification and then could become eligible to use services up to a ceiling of the amount according to the care level. (Users' co-payment is 10%.) In use of services, care manager assist individual users to coordinate service. A problem is that even though total provision of appropriate health care services and welfare services are pointed out in the Long-term Care Insurance Law, there exist no public schemes to combine service providers of the Long-term Care Insurance and those of the medical insurance. As one of the measures to solve it, establishment of Dementia Medical Center is promoted, which was also listed in the Urgent Project.

Public Organizations

Regional Comprehensive Care Centers (Municipalities) : Counseling bodies based on the Long-term Care Insurance Law

Dementia Medical Center (Goal of some 150 centers nationwide) : Medical institutions specializing in dementia Assign staff in charge of coalition with Regional Comprehensive Care Center

Private Organizations

Alzheimer's Association Japan (Incorporated association)

Dementia Care Research and Training Center

2) MAJOR PROFESSIONS TO SUPPORT PERSONS WITH DEMENTIA

Professions to support persons with dementia

Care manager (make out care plans)

Certified Social Worker, administrative scrivener, lawyer (Protection of rights)

Care worker

Nurse

Doctor (Primary-care physician, Specialist)

【Doctors/ Medical Institutions】

As the certificate system about specialty of doctors, there are Qualified Doctors and higher-grade Board Certified Doctors. Concerning dementia, Japan Society for Dementia Research authorizes Board Certified Doctors out of the members. The Board Certified Doctors are required to have sufficient experience and knowledge in dementia diagnosis and pass the screening by the Society, who are introduced on the website of the Society. Meanwhile, Japanese Psycho-geriatric Society authorizes the Board Certified Doctors related to overall elderly mental diseases without limiting to dementia, as well as "hospitals and institutions where diagnosis of mentality and dementia is available."

Totally, 297 institutions are certified, which, as the facility to carry out training designated for doctors wishing for the qualification of the Board Certified Doctors, fulfill all the next conditions: (1) Sufficient facilities to educate psycho-geriatrics are provided, (2) Adequate leadership under a preceptor is ensured, (3) Training courses based on detailed regulations are available.

Additionally in Japanese Association of Psychiatric Hospitals, "Board Certified Dementia Clinic Doctors of Japanese Association of Psychiatric Hospitals" are fostered. They are expected as leaders of special medical organizations against dementia to provide medical treatment and guidance for patients and their families, give advice to primary-care doctors or support doctors with the aim of further strengthening partnership with long-term care and welfare services, etc. The number of such certified personnel, however, is not enough so far to function adequately.

【Nursing】

Japanese Nursing Association established "Department of Nursing for the Elderly with Dementia" in some nursing training schools in 2005, and since then education for certified nurses specialized in dementia has been promoted. The Japanese Psychiatric Nurses Association takes a role of certifying such nurses specializing in dementia.

【Long-term Care】

As described above, Dementia Care Research and Training Centers are promoting training for the leaders recommended by prefectures. Prefectures and designated cities also have been promoting projects since 2001, based on the Implementation Guideline for Training Dementia Care Practitioners, etc. proposed by the government. The current training includes: Dementia care practical training, Training for service program founders to cope with dementia, Training for service project managers to cope with dementia, Training for planners of small-scale multifunctional services, etc., Training to foster dementia care leaders, and Follow-up training. Dementia care leaders are eligible to plan programs for dementia care practical training, and take charge of lectures or workshops. They are professionals who have completed a certain noticed curriculum and received a certificate, although it is not a national title, and are expected to play a leading role for improvement of long-term care quality in the Long-term Care Insurance facilities or service providers, etc.

Additionally the Japanese Society for Dementia Care certifies an updatable qualification called "Dementia Care Specialist."

3）TEAMS TO SUPORT PERSONS WITH DEMENTIA

At present dementia care is to be operated in a team coordinated by care manager, basically by use of the Long-term Care Insurance. Yet in case persons with dementia use medical services, there is no public scheme to link both long-term care services and medical services; it depends on the person in charge whether such linkage is possible or not. Teams exclusively for dementia have not been organized yet; however, persons engaged in dementia care on site stress it is highly required to approach dementia users in a team through having conferences and sharing information. The government started Multi-professional Collaborative Training Project in 2009 with the aim for promoting to develop team activities. "The Center Method to Support Persons with Dementia" is utilized as one of the tools for the Training Project.

[Overview of the major policies and measures]

1960 s : Unestablished Period

In 1960s, the target of measures was mainly older persons with difficulty in living at home. Measures or services exclusively for "dementia" were not found, and national policies against dementia were not presented specifically. Long-term care by family members was a mainstream. As the result of the establishment of Welfare Law for the Aged, provision of facility care and home-help services started; it contained, however, elements of poor-relief policies and quantity of services was extremely limited.

1970s: mental health care

In 1970s also the target was older persons with difficulty in living at home. As the first step of national measures against dementia, the Elderly Mental Disease Ward Improvement Project started in 1977, which resulted in sercurement of hospital wards, professional medical care and protection exclusively for patients with elderly mental disorder. It focused on policies in mental health care, characterized by its medical viewpoint.

1980s: Period of Mental health and welfare Realm –Toward the Aging Society

①Former 1980s

In 1982 Health and Medical Service Law for the Aged was established, and Council on Public Health submitted a report on measure for elderly mental health. The report presented how to promote measure for elderly mental health in future. The main contents included 5 points: ①Prevention and education of dementia, ②Community measures for elderly mental health, ③Measures for elderly mental disorder in psychiatric hospitals, ④Strengthening research systems, ⑤Collaboration in measures for health care, medical care and welfare against dementia. Issues of dementia were positioned in "in-home welfare" and "in-home care," and the direction to cope with it was made clear.

It is indicated that these reflect: the background to in-home care introduced in the policies while control of medical expenses became policy matters, internal and external criticism to Japanese welfare for the elderly and persons with disability, and medical policies which tended to attach too much importance on institutionalization in facilities and normalization, philosophy of integration was positioned as a big stream internationally. (Ueda 1999)

Consequently, Elderly Mental Health Counseling Project started in the public health centers in 1983. It included the establishment of counseling services, and foundation of Liaison council composed of public health centers, medical institutions, municipal welfare offices, welfare facilities for the elderly, etc., which was positioned as the central project of measures for elderly mental health in the communities. In early 1980s, measures against dementia were mainly based on the positioning in elderly mental health.

Alzheimer's Association Japan was organized in 1980, and movement of interested party started to emerge. Activities of Alzheimer's Association Japan seem to have played an important role in the development of measures.

As reviewed above, as dementia policies from 1960s to former 1990s, improvement of residential facilities, establishment of mental health wards, improvement of services supportive of in-home long-term care, mental health counseling, etc. have been gradually implemented. However, these have not met the actual needs sufficiently yet. A problem ins pointed out that a range of these measures have been implemented in the framework of the existing systems individually without appropriate collaboration. (Kamata 1987)

②Later 1980s

For the goal of drawing up the basic outline of general dementia policies and establishing the required system, the "Headquarters for Promoting Measures against Older Persons with Dementia" was founded in August 1986, and. in 1987 the "Report by the Headquarters for Promoting Measures against Older Persons with Dementia" was published. Its main contents were: ①Promotion of survey and research and development of preventive system, ②Fulfillment of support measures for family caregivers, ③Promotion of measure for institutions, ④Training for specialist personnel, etc.

The budget of dementia policies widely increased in FY1988 for major measures including research on dementia diseases, the elderly mental health counseling project in the public health centers, short-stay project in elderly homes and day service project. Moreover in 1989 the "Implementation Guideline for Elderly Dementia Disease Center Project" was proposed by Director of Health Service Bureau, MHLW and establishment of dementia disease centers were promoted.

1990s: Period of Planning/ institutionalization –TO the aged society

"Working Group on Measures for Older Persons with Dementia" established in 1993 issued the "Report by the Working Group on Measures for Older Persons with Dementia" in the next year. The Report pointed out, "Even though things have gradually improved, there still remain lots of challenges: ① Understanding of dementia among both the public and health care professionals is still insufficient, ② Systems for early detection and treatment have not been fully developed, ③ Service acceptance for persons with dementia is in short supply, ④ Numerous challenges in need of survey and research are left, etc."

Based on these reports, the New Gold Plan indicated "the general implementation of policies for older persons with dementia" as one of the basic frameworks of long-term care measures for older persons to be coped with newly in future. The following five issues were pointed out as the specific goals of the measures: (1) Spread of knowledge/awareness, Improvement of the structure of counseling/ information service, (2) Critical prevention, Early detection/early treatment, (3) Enhancement of dementia treatment and care, (4) Establishment of medical treatment/ promotion of survey and research concerning dementia, (5) Measures focusing on protection of the fights of persons with dementia. (Health Service bureau, MHLW, 1997)

During this period, Advisory Council on Social Security recommended in 1995 the establishment of the public long-term care system, the "Three Bills Concerning the Long-term Care Insurance" were submitted to the Diet in 1996, and gained approval in 1997.

In addition, subsidies to the establishment of Group Homes started in 1997, as a new service for persons with dementia. Growing number of Group Homes were established as the housing with feel of a home, instead of the previous alternative service: in-home or a facility.

2000s: Start of the systematic establishment of Dementia Care

①Former 2000s: Positioning for standard care model

Dementia Care Research and Training Centers were established in the 3 cities in Japan in 2000 as the organization (established by the nation and operated by the corporation) to promote research and human resource development of dementia care. The government started the Dementia Care Training Project in 2001 as the systematic means of human resource development for dementia care. In the 3 Centers, training of dementia care leaders is promoted for the professionals recommended by each prefecture.

In June 2003, Study Meeting of Long-term Care for Older Persons was founded as a private advisory panel of Director of Health and Welfare Bureau for the Elderly, MHLW. The report "'The **ELDERLY CARE** in **2015** — Aiming for establishing long-term care supportive of dignity of older persons" was issued. In the report specifically proposed are future challenges about how long-term care for older persons should be, and measures to be realized by 2015 when baby boomers will reach 65 years old. "Long-term care supportive of dignity of older persons" is defined as the fundamental principle of long-term care for older persons in future, and measures which "would enable older persons requiring care to live based on his/ her own values and will. The four pillars of measures were: ①Improvement of preventive long-term care/rehabilitation, ②New long-term care service schemes to sustain the continuity of life, ③Establishment of new care model: Care for older persons with dementia, ④Securement and improvement of quality of services.

In establishing a new care model, pointed as the standard is the necessary of positioning care appropriate for persons with dementia as well as physical care, in the future long-term care for older persons. It is considered that the measures required for establishing the methodology of new dementia care according to the individual characteristics of persons with dementia and for supporting a continued life with dignity were proposed. As one of such tools, "The Center Method to Support Persons with Dementia" was developed and examined in 2004, which was explored through the collaboration of dementia experts and on-site experts mainly in Dementia Care Research and Training Centers in Tokyo, Sendai and Obu

In 2004, a proposal to review the term referred to "dementia" was submitted to MHLW by dementia experts, because the Japanese term *chiho* which had been generally used up to then contained some derogatory

implications.[2] As the result of a series of four-time discussion meetings after June 2004, the term was changed to *ninchi-sho* meaning cognitive dysfunction. Concurrently the vision of A 10-Year Nationwide Public Campaign was proposed with a goal of promoting measures against dementia more vigorously and comprehensively than ever and finally attaining community building to support persons with dementia under combined effort of millions of local people. This vision centers on the four plans of action: ①Nationwide Caravan to Train One Million Dementia Supporters caravan, ②Campaign to Build a Dementia-Friendly Community.[3] ③Support for the Association of People with Dementia and Their Families, ④Care Management Fully Involving Dementia Patients and Their Families. The year 2005 was positioned as A Year to Understand Persons with Dementia, and a campaign to promote effective public relations and information service was promoted in association with concerned bodies.

②Later 2000s

In the revision of the Long-term Care Insurance, concerning measures for persons with dementia, institutional approach was adopted including establishment of community-based services or a comprehensive management system with a core of Regional Comprehensive Care Centers. In addition to these institutional measures, the necessity of establishing comprehensive and continuous support systems in each community was pointed out such as early and appropriate diagnosis and treatment, support for persons with dementia and their families based on correct knowledge and understanding of dementia, etc.

Consequently in the FY2006 budget, Comprehensive Support Project for Dementia Measures, etc. was created by restructuring existing dementia related budget projects. The project aimed to promote measures corresponded to different stages of dementia: ①Improvement of community medical systems like early diagnosis, etc. with a core of family doctors, ② Spread of services corresponded to the early stage, ③ Enhancement of understanding of dementia in the communities, Support of networking among persons with dementia and their families, ④ Fulfillment of training for dementia professionals, etc. Furthermore, since 2007 Promotion Project to Establish Community Systems, etc. for Dementia has been under way by prefectures in the jurisdictional municipalities, for the purpose of establishing a support system by networking dementia related resources.

In 2008, An Urgent Project to Enhance the Quality of Dementia Medical Care was organized under the direct control of the Minister of MHLW, and the report was published in July. This project was the collaboration of Health Policy Bureau, Health and Welfare Bureau for the Elderly and Social Welfare and War Victims' Relief Bureau to discuss the issues covering medical care, long-term care and services for the disabled. The major pillars were: ① Grasping the current status: Survey on prevalence rate of dementia medically diagnosed, ②Promotion of research and development: Finding out accelerator/ preventive factor of Alzheimer's disease, Diagnosis technology, Practical use of fundamental therapeutic drug, ③Promotion of early diagnosis and provision of appropriate medical care: Development/ diffusion of medical treatment guidelines for dementia, Development of dementia disease medical centers, Establishment of the system to train and educate physicians, ④Spread of appropriate care and support for persons with dementia and their families: Assigning staff in charge of dementia in the community comprehensive support centers, establishment of call centers, ⑤Measure against juvenile dementia: Promotion of General Measures against Juvenile Dementia, Establishment of juvenile dementia call centers, Establishment of job assistance support network for persons with juvenile dementia, and Promotion of the model project of juvenile dementia care.

[Outline of major service provision process]

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[2] After a series of discussion regarding the Japanese word *"chiho"* meaning dementia, as general and administrative term, the following conclusion was presented.

(1)*"chiho"* carries a sense of reproach, do not express the reality of dementia, which constitutes barriers to the efforts for early detection, early diagnosis, etc. Therefore, it should be promptly changed.

(2) As a new term alternative to *"chiho," "ninchi-sho"*(meaning cognitive disorder)is most appropriate.

(3)In changing to *"ninchi-sho"* it is necessary to make effort to remove misunderstanding or prejudice against dementia along with public relations about the change of the term In addition, it is also essential to promote a range of measures in this field more strongly and comprehensively.

[3] As part of these campaigns, an organization called 100-Member Committee to Create State and Comfortable Communities for People with Dementia, Campaign to Build a Dementia-Friendly Community, etc. is held. Details are placed on the website. (Dementia Care Research and Training Tokyo Center 2008: Secretariat of 100-Member Committee to Create State and Comfortable Communities for People with Dementia 2008)

In 1984, "Skill-Training Project to Provide Care for the Elderly with Dementia" was established. In 1987, "senile elderly addition" was created in the measure cost of Special Nursing homes for the Elderly. This addition is characterized as covering expenses to increase personnel for dementia. (Hirano, Takahashi, Okuda 2007) In this manner the form of services exclusively for dementia has been reviewed gradually. Furthermore "elder dementia treatment ward/ elder dementia day care facilities" was established in 1988.

In 1991 health care facilities dementia wards was established, and in 1992 it became possible for early elderly with dementia less than 65 years old to enter health care facilities on the basis of the amendment of Eight Social Welfare Laws. In the same year, E-type day service (dementia everyday commuting-type) was established as small-scale day service available for persons with dementia requiring continuous long-term care every day. Considering this E-type day service as a miniaturization of day services, it could be a start of the development of measures for community-based care as a response to dementia care.

Group Homes for persons with dementia was proposed in the Report by Working Group Meeting on Measures for Older Persons with Dementia for examining new-type of services. In the institutionalization of these group homes, there was an influence of development of group homes and small-scale care homes worked on as voluntary social welfare by various bodies. In addition, the Research and Survey Project on the Way of Group Homes for the Elderly with Dementia conducted by Japanese Council of Social Welfare in 1994 and 1995 and the Research and Survey Project on the Operation of Group Homes for the Elderly with Dementia also greatly contributed to institutionalize Group Homes. Such institutionalization and rapid increase of Group Homes was regarded significant as the next step for the development of community-based policies for dementia care. Group homes are positioned as one of in-home services in the Long-term Care Insurance System. As its running start, the Support Project on Communal Life for the Elderly with Dementia (Group Homes for the Elderly with Dementia) was established in 1997. Group Homes have been obliged to receive service assessment to secure quality of care ahead of other welfare services, and self assessment was conducted in 2001, and so was external assessment in 2002.

Furthermore, in the revision of the Long-term Care Insurance in 2005, "Community-based services" were established. Group homes were included in this service category, while SMALL SCALE Multifunctional Home Care was positioned as a new category of service. It is considered one of the characteristics of dementia care in Japan that Japanese-style practice collectively termed "small-scale care homes" spread out in diverse ways in the background of these service development.

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