【Slide 1】

WHO Lecture in 2013

Japan Psychiatric Hospitals Association

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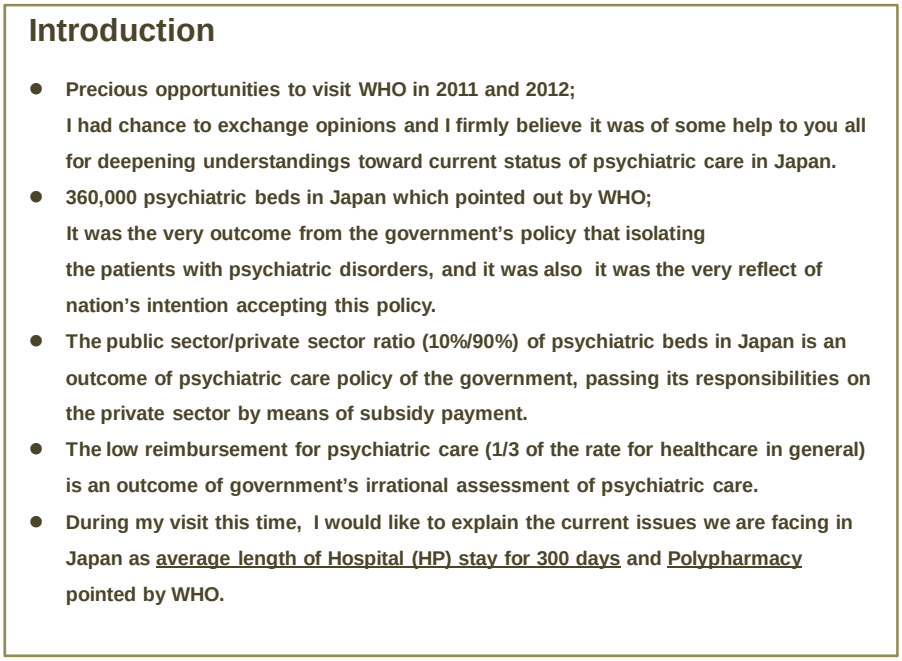
First of all,

I would like to express my warmest appreciation for this precious opportunity.

This will be my 3rd presentation that I making this year,　so please excuse me to skip my self-introduction and let me go on to my presentation.

【Slide 2】



Let me begin with an introduction;

I have visited WHO twice in 2011 and 2012.
During my stay, with this precious opportunity, I was able to exchange opinions with you all and I firmly believe it was of some help to you all for encourage understandings toward current status of psychiatric care in Japan.

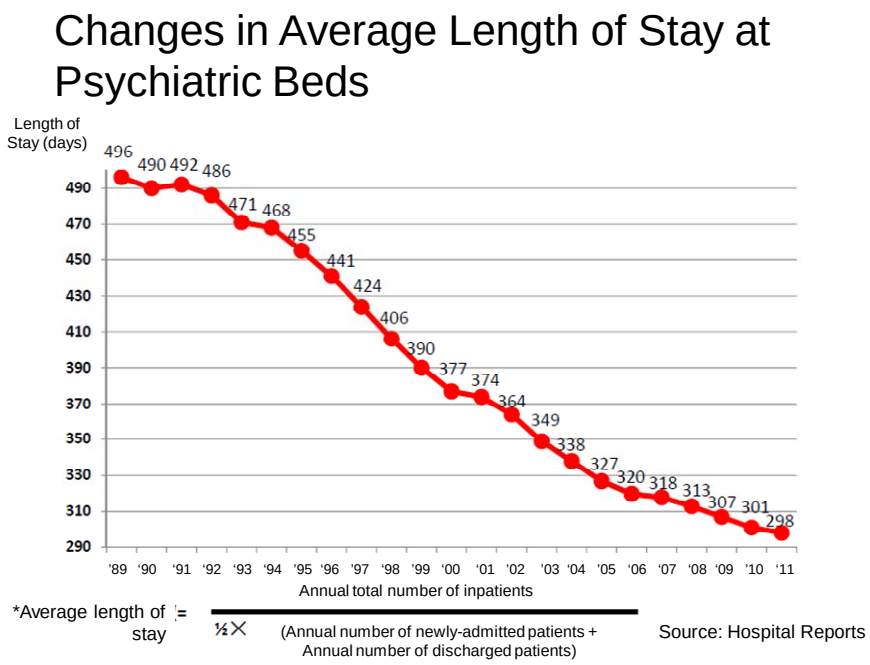
I repeat 360,000 psychiatric beds in Japan which pointed out by WHO was the very outcome from the government's policy that isolating the patients with psychiatric disorders, and it was also it was the very reflect of nation's intention accepting this policy.

The public sector/private sector ratio (10%/90%) of psychiatric beds in Japan is an outcome of psychiatric care policy of the government,
passing its responsibilities on the private sector by means of subsidy payment.

The low reimbursement for psychiatric care (1/3 of the rate for healthcare in general) is an outcome of government's irrational assessment of psychiatric care.

During my visit this time, I would like to explain the current issues we are facing in Japan as average length of Hospital (HP) stay for 300 days and Polypharmacy pointed by WHO.

【Slide 3】

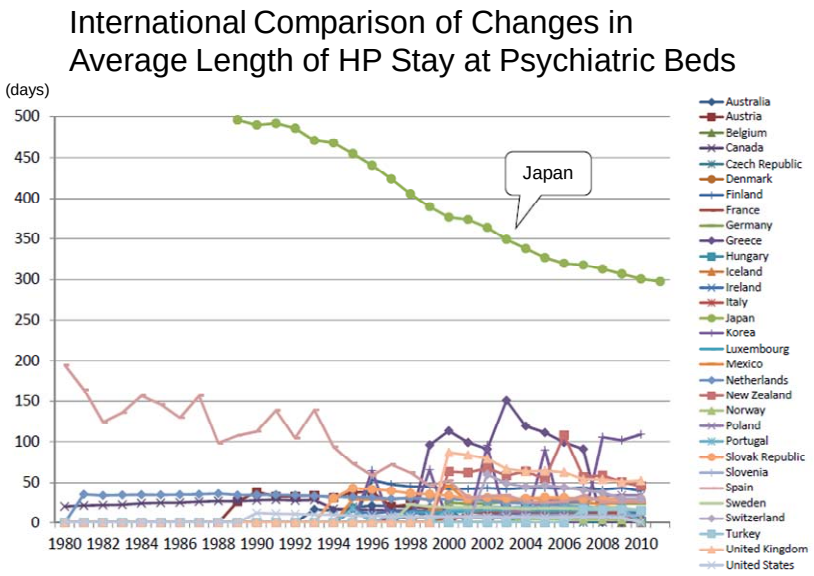


Firstly, I would like to talk about the average length of HP stay.

This graph shows the average length of stay at Japanese psychiatric beds, according to the statistics by the Ministry of Health, Labour and Welfare.

As shown here, it has been shortened year after year, but it's still stay at 298 days even in 2011.

【Slide 4】



*Definition varies among countries.

Source: OECD Health Data 2012
Note) Japanese data derived from Hospital Reports

This graph providing international comparison of average length of HP stay based on OECD data.

Indeed, the one for Japan is markedly longer.

【Slide 5】

Average Length of HP Stay in Major Countries

Japan	UK	Germany	Canada	USA	France
296.1	47.9	24.2	18.5	6.4	5.9

* OECD Health Data 2013 “2010 Diagnosis and Classification of Mental and Behavioral Disorders”
* Japanese data derived from 2011 Patients Survey “Mental and Behavioral Disorders”

This table shows the average length of HP stay in major countries.

We can reconfirm it is markedly longer in Japan.

【Slide 6】

Definition of Psychiatric Care Beds - OECD Health Data (2008)

Psychiatric care beds in hospitals are hospital beds accommodating patients with mental health problems.

- Inclusion:
  - All beds in mental health and substance abuse hospitals
  - Beds in psychiatric departments of general hospitals and of specialty (other than mental health and substance abuse) hospitals
- Exclusion:
  - Beds allocated to non-mental curative care
  - Beds allocated to long-term nursing care in hospitals
  - Beds for rehabilitation
  - Beds for palliative care.

However, I must point out that the average length of HP stay in Japan was calculated with original date in Japan, which is different from the one for OECD Health Data.
It has been pointed out that calculation with this Japanese equation tends to yield a longer average length of stay for a population consisting of a high percentage of long-staying inpatients.
The definition of psychiatric hospitals by OECD is quite different from that of Japanese; therefore if it were simply made comparison between OECD and the one for Japanese may not be appropriate.

The definition of psychiatric care beds in OECD Health Data (2008) is given below.
Psychiatric care beds in hospitals are hospital beds accommodating patients with mental health problems.

- Inclusion:

- All beds in mental health and substance abuse hospitals
- Beds in psychiatric departments of general hospitals and of specialty (other than mental health and substance abuse) hospitals

- Exclusion:

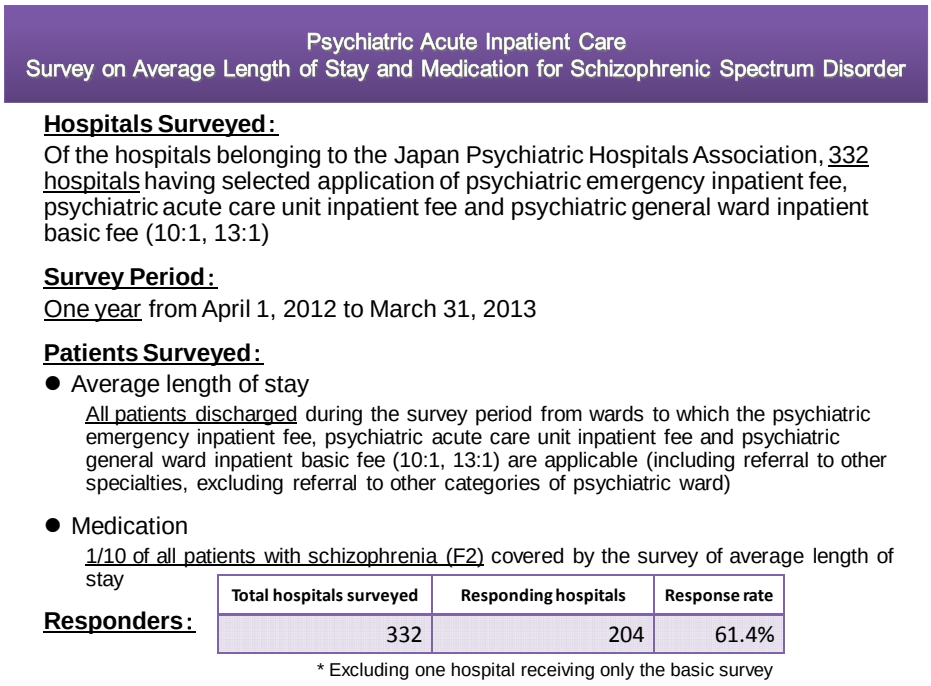
- Beds allocated to non-mental curative care
- Beds allocated to long-term nursing care in hospitals
- Beds for rehabilitation
- Beds for palliative care.

According to the OECD definition, the beds for purposes of rehabilitation and long-term nursing care are not counted as psychiatric beds even when they are located in psychiatric hospitals. The data on these beds are excluded from OECD Health Data.
Therefore, many of the psychiatric beds in Japan will be excluded from OECD data.

Furthermore, in Japan, the care provided at these beds is covered by national health insurance for all cases, regardless of short or long-term care. I hear that long-term inpatient care systems are not available in many of the Western countries and that patients staying long in hospitals are prompted to be discharged into facilities for chronically ill patients, erased from the beneficiary of public health insurance or restricted as to the duration of stay under the private health insurance, thus it makes practically difficult for patients to stay long in hospitals in these countries.
So, we recently conducted a questionnaire survey of the hospitals belonging to the Japan Psychiatric Hospitals Association adopted application of the psychiatric emergency inpatient fee, psychiatric acute care unit and psychiatric general ward inpatient basic fee under the Japanese health insurance system, resembling the features of psychiatric beds according to the OECD definition.

Please let me introduce the data on the next slides.

【Slide 7】



This slide shows the summary of the questionnaire survey.

Of the 332 nationwide hospitals having the beds covered by this survey, 204 hospitals made responses, with the response rate is 61.4%.

Calculation was made on the average length of HP stay of all patients discharged from the surveyed beds
during the one year period from April 1, 2012 to March 31, 2013.

Of these discharged patients, 1/10 in F2 spectrum disorder were covered by the survey on medication

【Slide 8】

Results on Average Length of HP Stay (1)

Total No. of Beds and Average Length of HP Stay

		Total			Per hospital (*2)		
Bed category	No. of hospitals	No. of wards	No. of beds	Average length of stay (days) (*1)	No. of wards	No. of beds	Average length of HP stay (days)
Total	204	239	11,597	14,210	1.2	56.8	**69.7**

(*1) Average length of stay at each category of ward totaled for all hospitals
(*2) Total for each parameter divided by the number of hospitals

As a result,
the average length of HP stay was for 69.7 days in overall,
which is much shorter than the one for 300 days shown in previous slide.

【Slide 9】

Results on Average Length of HP Stay (2)

NO. of Beds by Ward Category and Average Length of Stay

Bed category		No. of hospitals	Average length of HP stay
Basic inpatient fee		6	**54.7**
	10:1	1	34.1
	13:1	5	58.8
Psychiatric emergency care (*3)		42	**56.9**
	Inpatient fee 1	41	54.4
	Inpatient fee 2	2	79.4
Psychiatric acute care (*4)		170	**67.6**
	Inpatient fee 1	163	66.6
	Inpatient fee 2	8	79.7

(*3) One hospital applies both inpatient fee 1 and 2, resulting in discrepancy in the total number of hospitals.
(*4) One hospital switched inpatient fee 2 to 1 midway during the year, resulting in discrepancy in the total number of hospitals.

When analyzed by bed category, the average length of HP stay is

54.7 days with the basic inpatient-fee is applied,

and 56.9 days for psychiatric emergency ward,

and 67.6 days for psychiatric acute care ward

【Slide 10】

Average Length of HP Stay

No. of hospitals	204
Annual net No. of admitted patients	61,610
Annual No. of discharged hospitals	58,401
Percentage of discharged patients	94.7%

Answered No. of discharged patients	49,780
Total length of stay (days)	3,006,559
No. of patients with death at the time of discharged	478
Total length of stay (days) excluding patients with death at the time of discharge	2,896,108

Average Length of Stay
(OECD Health Data)

= **60.4 days**

	Average length of stay
Age < 15	40.6 days
Age 15-64	**55.6 days**
Age ≥ 65	76.0 days

➡ 55.6 days

Now Let's see the OECD Health Data.

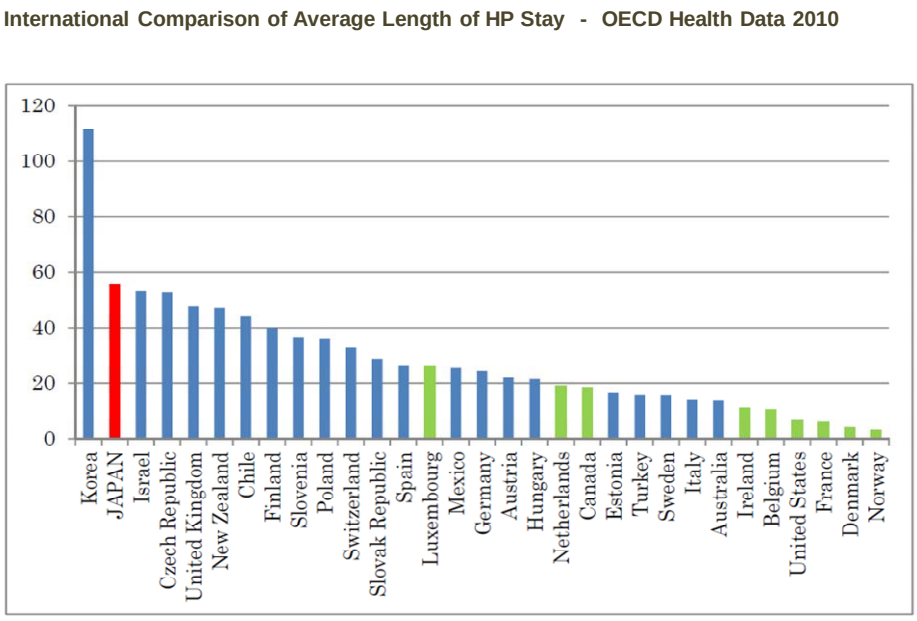
The average length of HP stay is 60.4 days.

The psychiatric care system for elderly people is clearly distinguished from the that for children in other countries, which enables more objective comparison in accordance with the international standards,

Let's see the data for patients aged between 15 and 64.

The average length of HP stay for this age group in Japan is 55.6 days.

【Slide 11】



This slide shows the OECD Data in 2010, covering a large number of countries.

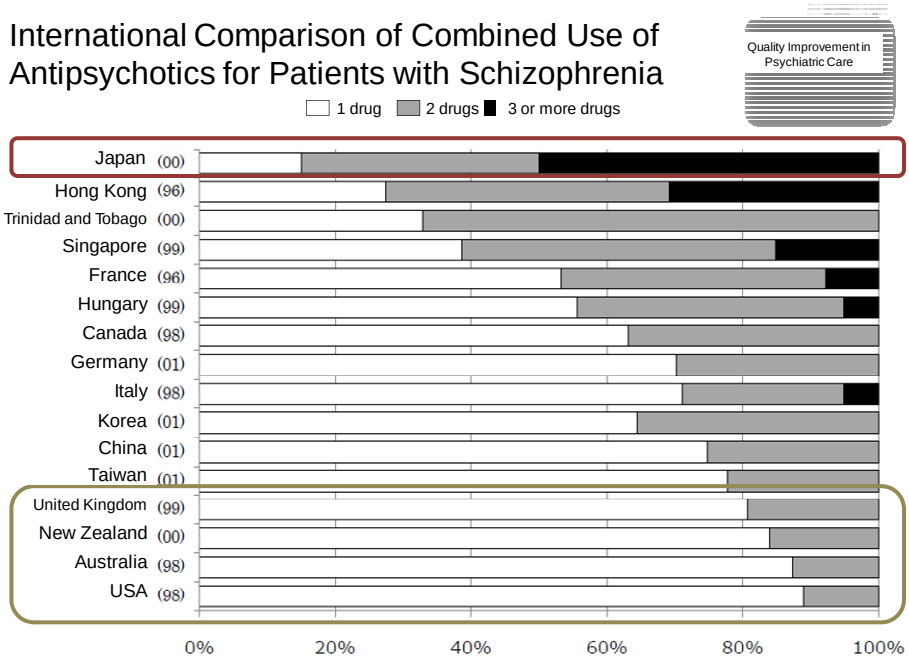
The red bar indicates Japan.

Green bars indicate the one for only acute care hospital with some particular restrictions, excluding psychiatric hospitals.

Japan's date is still relatively long, but it cannot be viewed extraordinarily long any more.

I believe that this comparison is highly valuable as more objective comparison than the one made in the past with Japanese data not based on the OECD standards

【Slide 12】



Reproduced with modifications from Inagaki (2005)
Courtesy: Dr. Ataru Inagaki, Keio University

Now, let's see the data on polypharmacy.

This data was quoted from the one presented by Dr. Ataru Inagaki (Keio University) in 2002 at the 22nd meeting of the "Study Group on Future of Mental Health and Security Systems" held in 2009 under sponsorship of the Ministry of Health, Labour and Welfare of Japan. The data are reproduced with some modifications in 2005.

It compares the data in 1998 through 2001 among different countries. The data for Japan pertain to the year 2000.

This graph shows the percentage of patients with single-agent therapy is as low as 18% in Japan, compared to that of 80% or higher in USA, Australia and United Kingdom.

The percentage of patients with 3 or more drugs prescription is 0% in USA, Australia and UK,
On the other hand, it is more than 50% in Japan. And it was what Japan were pointed out.

We therefore,　tested the current status of medication in Japan based on the data as to bed categories close to the OECD standards,
as we did for the length of HP stay.

【Slide 13】

Survey Results on Medication

Percentage of patients prescribed single-agent or double

(denominator: total patients sampled at each hospital)

		Total	
		No. of patients	Percentage
(1) Total sampled		2,270	100.0
(2) 1 or 2 drugs prescribed		1,781	**78.5**
	(3) 1 drug	1,091	**48.1**
	(4) 2 drugs	690	30.4
(5) 3 drugs or more prescribed		292	12.9

* Some patients received no antipsychotic, resulting in discrepancy between total of (2) + (5) and (1).

In this analysis,
the percentage of patients prescribed single-agent or double was 78.5%.

Only Single-agent was prescribed for 48.1%

Double for 30.4%, and three or more for 12.9%.

Thus, about 50% for single-agent
80% for less than double.

【Slide 14】

Survey Results on Medication

		No. of patients	Percentage
Patients with single-agent prescription		1,091	100.0
	Olanzapine	269	**24.7**
	Quetiapine fumarate	112	10.3
	Perospirone hydrochloride	30	2.7
	Risperidone	267	**24.5**
	Aripiprazole	190	17.4
	Blonanserin	56	5.1
	Clozapine	2	0.2
	Paliperidone	18	1.6
	Unidentified atypical drug	36	3.3
	Typical antipsychotic	111	10.2

Next, Please look at the list which shows prescribed medication for single-agent prescription.

You see that 24.7% for olanzapine and 24.5% for risperidone.
These two drugs were primarily used, accounting for almost half of all cases, and it will be 90% in Atypical drugs

These results probably reflect launch of many atypical antipsychotics after 2001 although only one drug was available when previous comparative data were collected.

The results additionally reflect an increase of uncombined drug therapy following recent advances in hospital function differentiation such as installment of emergency care and acute care wards.

【Slide 15】

Conclusions

- **As you may note from these results of the recent survey, the average length of HP stay and the status of medication in Japan are not inferior to those in Europe and USA if comparison is made on the population of similar features.**

- **I expect that such correct information will be continuously put out to the world by WHO.**

As a conclusions of my presentation

You may recognize from these results of the survey, I am sure that you all found that the average length of HP stay and the status of medication in Japan are not inferior to those in Europe and USA if comparison is made on the population of similar features.

I expect such correct information will be continuously put out by WHO to the world

Thank you very much for your kind attention.