Institutionalization and Deinstitutionalization in Modern Psychiatric Medicine: A Case of Abolition of the Psychiatric Ward of Urakawa Red Cross Hospital in Hokkaido, Japan

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This paper first examines how psychiatric disorders have become medicalized in the process of modernization in Japan. It then analyzes how and why mental patients have become institutionalized. While there has been a growing trend in many countries to deinstitutionalize mental patients, Japan’s mental health sector is characterized by its great number of asylums (beds) and extremely long hospitalization period. In light of these particularities, this study explores reasons why the number of asylums (beds) has not decreased in Japan. While deinstitutionalization has not progressed much in Japan’s psychiatric medicine, Urakawa Red Cross Hospital (hereinafter “Urakawa Hospital”) in Hokkaido, Japan, has led Japanese psychiatric facilities in shifting to community treatment (deinstitutionalization). There were two milestones in this process. The first one was the closedown of the open ward in the psychiatric ward, which is called the “first reduction of institutionalization” in this paper. This step is examined in detail to reveal factors that can be attributed with having promoted deinstitutionalization. The second milestone was the shutdown of the entire psychiatric ward, which is called the “second reduction of institutionalization” here. By examining the political developments and problems faced by Urakawa town during the second step, this paper reveals the situation that forced Urakawa Hospital to shut down the psychiatric ward. In order to illustrate this two-stepped process of deinstitutionalization, this study takes an ethnographic approach by conducting interviews with hospital staff, such as psychiatrists, nurses, and social workers, staff of the social welfare corporation Urakawa Bethel’s House, and local residents. The various ideas and opinions of different people about the shutdown of the psychiatric ward are analyzed to describe the two-stepped process of deinstitutionalization at Urakawa Hospital. In parallel with the second reduction of institutionalization (the closedown of the entire ward), a new medical facility, Higashi-machi Clinic, was established to provide community psychiatric treatment. This paper explores the direction the Clinic should take to provide effective community care. It then compares the Clinic’s ideal form of community psychiatric medicine with the direction being taken by overseas psychiatric medicine to analyze the current features and future problems of the community psychiatric medicine of Urakawa town. In conclusion, this paper proposes a new, final approach of “Lifestyle priority Treatment” (to maintain one’s lifestyle while receiving treatment) as a way to find a community psychiatric treatment able to support psychiatric patients living in the community.
Key words: Deinstitutionalization, Ethnographic Approach, Community Psychiatric Medicine, “Life-style priority Treatment”