Expanding Use of Nurse Home Visiting for Community Psychiatric Care in Japan

Mami Kayama¹ · Nozomi Setoya¹ · Colleen Doyle²

Published online: 24 February 2020 © The Author(s) 2020

Abstract
In Japan, Community-based integrated care systems are being built in response to a super-aged society and policies of de-institutionalization. In this paper, we present findings and discussion of our review about Japanese psychiatric home visit nursing services provided by Home Visit Nursing Stations (HVNS). We have examined documents, investigated the implementation rate and summarized findings of the surveys of home visiting services from 2006 to 2016. The number of users of psychiatric home visiting services during 2007 to 2015 increased from 13,532 to 52,203. From 2013 to 2015 there was a large increase in user numbers, from 31,248 to 52,208. The implementation rate of psychiatric home visiting also increased steadily from 35.5% in 2006 to 58.3% in 2016. These changes reflected the impact of policy on psychiatric service usage in Japan. We should be able to detect the outcome of psychiatric home visiting nursing in influencing patient’s quality of daily life and their recovery.

Keywords Home visiting nursing · Community psychiatry · Policy change · Japan

Background
In Japan, community-based integrated care systems are being built to accommodate a super-aged society, within economic constraints. However Japan still has the highest ratio of beds

---

¹ Psychiatric & Mental Health Nursing, Graduate school of Nursing, St. Luke’s International University, 10-1 Akashi-cho, Chuo-ku, Tokyo 104-0044, Japan
² National Ageing Research Institute, Royal Melbourne Hospital, PO Box 2127, Parkville, Victoria 3050, Australia
devoted to psychiatric patients, in the world (2.7 beds per 1000 persons) [1]. By the late 1990’s and early twenty-first century, Japan was implementing mental health reform including deinstitutionalization and expansion of community mental health services [2]. While expanding community care for people with mental illness remains a formal policy in most countries, the extent to which community care is offered and the programming is variable. From 2013, according to the Medical Care Act, each prefecture in Japan had to formulate a Medical Care Plan for patients with mental health problems, to ensure the medical care coordination system was applied and appropriate care was provided with good quality. This law regulated five major illnesses; Cancer, Cerebral apoplexy, Acute Myocardial infarction, Diabetes and Psychiatric Diseases.

As part of this law, the governmental guidelines recommended that home visiting nursing services were included in this plan. Home Visit Nursing Stations (HVNS) were launched in 1992 as the supplier of home visit nursing service and were further distributed by a Long-Term Care Insurance Act in 2000. The director of HVNS was intended to be a Registered Nurse and the service is paid by national medical insurance. Requests for home visits are received by referrals from both general practitioners and psychiatrists, and HVNS now provide services to users with various illnesses. Home visiting services for psychiatric patients stem from both hospital and HVNS themselves. The contents of services are slightly different. In Japan, psychiatric hospitals tend to be located some distance from cities. By contrast HVNS are close to the patient’s residence town and daily living area. For community-based integrated care systems, HVNS in the community is providing an increasing role. Thus, it is needed to describe how the home visit nursing service from HVNS has expanded and what related to the change to explore the future role of HVNS.

**Aim of this Article**

In this paper we present findings and discussion of our review of Japanese psychiatric home visit nursing service from HVNS. We have examined documents, investigation about implementation rate and Survey of Medical Receipt of home visiting services from 2006 to 2016. We examined processes and outcomes of how the Japanese government has spread psychiatric home visit nursing from HVNS.

**Materials and Methods**

To examine how psychiatric home visit nursing service developed, our data collection began with a search of the medical fee system of Japan during 1992 to 2016 from documents. To know the numbers of users, a survey on Home-visit Nursing Care Expenses [3] conducted by the Japanese government and held every two years were analyzed. This survey investigates the one-third of total medical receipts examined, thus we estimated the number of users of home visit nursing by tripling the reported numbers.

To calculate the implementation rate of the service, survey data conducted from 2006 to 2016 annually by some of the authors was used [4]. This data were derived from questionnaire surveys administered to all facilities belonging to The National Association for Visiting Nurse Service. The questionnaire asking ‘the presence or absence of service users who have mental disorders at that time’ were sent and returned by fax.
Results

The number of users of psychiatric home visit nursing services provided by HVNS during 2007 to 2015 increased from 13,532 to 52,203. From 2013 to 2015 there was a large increase in user numbers, from 31,248 to 52,203 (Fig. 1).

Data used in Fig. 1 is based on ‘Survey on Home-Visit Nursing Care Expenses’ by Ministry of Health, Labour and Welfare [3].

The implementation rate of psychiatric home visit nursing services among HVNS (percentage of HVNS providing home-visit nursing service to the psychiatric clients among all the survey respondent HVNS) during 2006 to 2017 also increased steadily from 35.5% in 2006 to 58.3% in 2016 (Fig. 2).

In 1992, HVNS was established only for those over 65 years old. In 1994 HVNS started to provide services through National Medical insurance (Table 1). Mental diseases were included in this, but nurses anecdotesly perceived it was not safe to visit patients alone and hesitated to start visiting those patients [4]. Multiple nurses’ home visiting were not accepted by National Medical Insurance, so HVNS had to cover the fees for additional nurse’s costs during this phase. The recipients of HVNS’s home visiting was defined as “Patients with difficulties in visiting hospital due to their diseases and injuries” since 1994. Many psychiatric patients are able to go out from their home physically. They can use outpatient services, activity services by local governments and sometimes even have employment. During this phase, the numbers of patients in receipt of the service slightly increased from 13,532 in 2007 to 17,240 in 2009.

The REFORM VISION of Mental Health and Welfare policy was released in 2004 [2]. In this vision, approximately 70,000 patients could be discharged from hospital. The Government moved to recommend using home visiting more for psychiatric patients. Multiple nurses’ home visiting were also then covered by National Medical Insurance in 2010. As a result, the implementation rate in 2011 raised to 59.4% and the numbers in receipt of the service increased to 21,920.

![Fig. 1](image_url)  
**Fig. 1** Number of clients with mental disorders receiving home visit nursing services by HVNS under medical insurance
In 2012, medical insurance coverage was revised in which ‘psychiatric home visit nursing’ was differentiated and redefined. In this coverage, family care and short-term visits were also included, however it was also required that HVNS meet certain conditions (i.e. Nurses with experience or training in psychiatric home visit nursing) and that patients register for the reimbursement of payment. The implementation rate declined temporarily to 52.6% (592/1125) in 2012, but increased again to 54.0% in 2013 and gradually increased to reach 58.3% (1179/2024) in 2016. The ‘psychiatric home visit nursing’ for older users (+65) who previously were covered by Long-Term Care Insurance were now covered by medical insurance since 2014. The numbers of patients in receipt of the service then increased to 31,248 in 2013 and 52,203 in 2015. Although population in Japan is slightly decreasing from the peak of 128millions in 2008 to 126.8millions in 2017, number of users constantly increase during the same period.

**Table 1** Development of reimbursement system for psychiatric home visiting services

| Year | Event |
|------|-------|
| 1992 | Establishment of HVNS under Health and Medical Service Act for the Aged |
| 1994 | ‘Home Visit Nursing’ paid by National Medical Insurance  
-Home visit nursing for psychiatric patients started to be reimbursed along with other physical diseases |
| 2000 | ‘Long-term Care Insurance Act’  
-Accelerate the establishment of HVNS |
| 2004 | ‘The REFORM VISION of Mental Health and Welfare’ was released  
-policy from institutional care towards community care |
| 2008 | Additional payment for ‘24 h support’  
-24 h telephone consultation and emergency visit if needed |
| 2010 | Additional payment for ‘Home visit nursing by multiple nurses’  
-For those with violent, nuisance or destruction behavior |
| 2012 | ‘Psychiatric Home Visit Nursing’ paid by National Medical Insurance  
-Specific payment for the clients with mental disorders in community  
-Care for the family members also included  
-Provided by the nurses with experience in psychiatry or programmed training  
-Ordered by psychiatrists |
Conclusions

Numbers summarized briefly in this paper demonstrate the impact of policy on psychiatric service usage in Japan. The medical insurance system has enhanced policy changes. The dissemination of psychiatric home visiting nursing is now progressing rapidly. We should be able to detect the outcome of psychiatric home visiting nursing in influencing patient’s quality of daily life. Especially after 2012, over 20,000 nurses in Japan now participate in 20 h of programmed training course every year, to assist in changing knowledge, skills and practice in assisting psychiatric patients in their own homes. If they can understand the context of psychiatric patients and their care clearly, they can be a strong ally for community inclusion. Mental health is a community-wide concern. Community psychiatric nursing is helping to deliver better quality of life and to hear the voice of mentally ill patients.

Acknowledgements This study was funded by Ministry of Health Labor and Welfare, health and welfare for persons with disabilities promotion project, Japan (2007) and by Health and Labor Sciences Research Grant, Japan (2006-2016).

Compliance with Ethical Standards

Disclosure Statement Conflict of Interest: The authors declare that they have no conflict of interest.

Ethical Approval The procedures performed in studies involving human participants were approved by the St. Luke’s College of Nursing Ethical Committees (2006–2014) and the St. Luke’s International University Ethical Committees (2014–2017).

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article’s Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article’s Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

References

1. OECD. Hospital Beds. In OECD Health Statistics Health Care Resources 2017. https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_REAC# Accessed 2 Dec 2019.
2. Mental Health and Welfare Headquarters, Ministry of Health, Labour and Welfare. ‘Seishin Hoken Iryou Fukushi no Kaikaku Bijon’ (Reform Vision of Mental Health and Welfare) (in Japanese). 2014. https://www.mhlw.go.jp/topics/2004/09/dl/tp0902-1a.pdf Accessed 2 Dec 2019.
3. Ministry of Health Labour and Welfare. Survey on Home-Visit Nursing Care Expenses. 2012, 2014, 2016, 2018 (Japanese). https://www.e-stat.go.jp/stat-search/files?page=1&oukei=00450385 &tstat=000001052926 Accessed 2 Dec 2019.
4. Kayama, M., Setoya, N., Ueno, K., Kimatu, M., Ito, J., Yanai, H., … Yamaki, S.. Percentage of the psychiatric home visit nursing service among home visit nursing stations and the related factors. J Health Welf Statistics (kousei-no-sihyo) (in Japanese). 2009; 56(5): 17–22.

Publisher’s Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.
Mami Kayama is Professor of Psychiatric Nursing and Mental Health, St. Luke’s International University since 2004. She was Visiting Fellow of Department of Psychiatry, University of New Castle Upon-Tyne in 1997, researcher at Tokyo Metropolitan Institute of Medical Science in 1998–1999 and Associate Professor at Tokyo University in 1999–2004. Her research focuses on the psychiatric community care, including the process and outcome evaluation of outreach care and psychiatric home visit nursing, funded by Ministry of Health, Labour and Welfare Research Grant. Mami has published many articles, reports and books about Mental Health Nursing Care, including ‘Community outreach for patients who have difficulties in maintaining contact with mental health services: longitudinal retrospective study of the Japanese outreach model project (2014)’ by Kayama M, Kido Y, Setoya N et al.

Nozomi Setoya is Visiting Researcher at St. Luke’s International University. She was Associate Professor of Psychiatric Nursing and Mental Health, St. Luke’s International University 2004–2011. She published articles and reports about the outcome evaluation of psychiatric home visit nursing and the development of assessment scale to evaluate self-efficacy. Her current research focuses on the survey of mental health community care, including ‘The Role of Home Nursing Visits in Supporting People Living with Dementia in Japan and Australia: Cross-National Learnings and Future System Reform (2017)’ by Doyle Colleen, Setoya Nozomi, Goeman Dianne, Kayama Mami.

Colleen Doyle is senior principal research fellow at NARI and a research consultant. She was Professor of Aged Care at the Australian Catholic University 2012–2017 in a health service research partnership with Villa Maria Catholic Homes. In 2018–19 she has provided contract research advice for the Federal Office of the e-safety Commissioner and Nurse and Midwife Support. Her research with NARI focuses on the impact of befriending for older adults living in residential aged care, funded by the National Health and Medical Research Council, ways to improve dementia care and health service evaluation. She founded the Australian Psychological Society special interest group in psychology and ageing. Colleen has published extensively in academic and technical reports, including lead author for a book in 2018 on ‘Moving into residential care; a practical guide for older people and their families’.