The History and Future of Welfare on Persons with Intellectual Disability in Yokohama

-Influence from the United States and France-

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This paper summarizes how Yokohama City has developed its unique social welfare program for persons with mental disability since 1987, when the disability determination had become municipal responsibility in certain metropolitan areas in Japan. Yokohama City's distinctive system remained unchanged even after 2003(Japan's Independence-Support Law of People with Disabilities) when the wave of neo-liberalism originated in the United States had brought a significant impact to the rest of the Japanese societies. Under the influence of neo-liberalism, the conventional Japanese welfare system set forth by the 1960 Law on the Welfare on Persons with Intellectual Disabilities, where the government holds power and responsibility to take care of people with mental disability, was replaced with the new system in which the contracts between individuals and the service providers decide how each person with disability would be treated. Despite this global trend, Yokohama City chose to sustain its original system independent from the federal government policies, seeking solutions in consideration with the issues and circumstances unique to the city, such as high population density and expanding population in the poor neighborhoods. The social welfare model created by the team of various personnel from Yokohama City's accounting, social welfare, and medical departments has set a useful example which other governance bodies can utilize in the future.

Neo-liberalism ignited the deinstitutionalization and anti-psychiatry movement worldwide. Many Japanese federal laws related to psychiatric medication were amended accordingly while the Ministry of Health, Labor, and Welfare made an announcement that no more psychiatric institutions will be established in the future. Together with the pressure from the WHO to

minimize the number of patients in psychiatric institutions, Yokohama City also faced the necessity of reformation. Since then, Yokohama City has successfully minimized the percentage of patients in psychiatric institutions by creating alternative places in the communities where individuals with mental disability can reside in comfort, through effective strategies compatible with its own unique environment and with ample funding and support in multiple layers from the municipal government.

It was the Mental Health Law of 1950 that had initially placed persons with mental retardation to psychiatric institutions in Japan. This condition did not change even after the 1995 introduction of Health and Welfare Law for the Psychiatric Disorder, which highlighted the social welfare issues concerning mental disorder. With this background in mind, the history of psychiatry cannot be ignored while discussing how mentally retarded individuals have been treated .

In the history of psychiatry, “mental retardation” was first acknowledged as a psychiatric diagnosis in the classification established during the French revolution by Philippe Pinel[1)] and Jean-Etienne-Dominique Esquirol[2)]. The foundation for today’s modern classification systems such as DSM-III [3)]and ICD-10[4)] largely lies on the work of Emil Kraepelin. DSM-III is based on so-called neo-Kraepelinian approach, and ICD-10 produced by the WHO is considered the international standard classification system today. Aside from these conventional approaches, anti-psychiatry movement lead by R.D. Laing[5)] and others during the 1950s and 60s have gained popularity globally, leading to the trend of deinstitutionalization and abolishment of psychiatric hospitals for person with psychosis and institutions for person with mental retardation those frequently coexist.

Yokohama municipal government, however, took a careful approach in following the trend of deinstitutionalization or anti-psychiatry. Rather, the city had utilized the model created by Henry Ey who argued that anti-psychiatry rejects the concept of mental illness altogether and therefore could potentially destroy the entire mental healthcare systems [6)]. The mental healthcare providers of Yokohama City, suspecting that the true objective of the deinstitutionalization movement in the United States had lied in cost reduction rather than better healthcare provision unlike the objectives of the movement exhibited in Scandinavian nations, pointed out that the deinstitutionalization promoted in the United States could not be effectively applied to the Japanese society[7)]. In their claim, the use of the term “deinstitutionalization” itself is not appropriate in Japan since the Japanese mental institutions only had capacity to hold a few hundred patients at most and are much smaller in scale in comparison with an American institution with thousands of patients.

Yokohama City’s health and welfare department had compared the American model that promotes privatization and minimizing public expenditure with the French model that is backed by a big government and ample funding, and had come to a conclusion that a large Japanese city like Yokohama has more to gain from the French model based on the philosophy of secture social et médico-social reinforced by community efforts in each region[8)]. Yokohama City has concluded that the governmental support to the persons with mental retardations absolutely critical to maintain

a high health standard among its citizens, and it is a legitimate and meaningful way to spend public funds.

Once determining that the majority of long-term patients with mental retardation in the psychiatric hospitals can safely be facilitated by welfare programs instead, Yokohama City had moved hospital occupants with mental retardation to various small-scale welfare facilities. Yokohama City has demonstrated a “moderate governmental support”, strengthening the capability of each sub-community as exemplified by the French model of secture social et médico-social while maintaining the conventional Japanese model in which the government ultimately holds power and responsibility to take care of the disabled.

In conclusion, the effort demonstrated by Yokohama City represents how a Japanese metropolitan area with high population density is not compatible with either the American welfare model based on the neo-liberalist philosophy or the Japanese federal government policy which merely duplicates American model. Yokohama City’s successful social welfare program based on the more socialistic French model[9)]was not only the result of the city’s stable funding capability, but also the outcome of the struggle in creating a better welfare in consideration with the international and historical background surrounding the issue of mental disorders.

Reference

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