



Economic and Social Council

Distr.: General
14 June 2019

Original: English

2019 session

26 July 2018–25 July 2019

Agenda item 5

High-level segment

Statement submitted by International Shinto Foundation (ISF), a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



A Revolutionary Way for Inclusion of Mentally Ill Patients

The number of mentally ill patients in Japan currently exceeds 3 million, and their symptoms vary from social withdrawal and depression to both suicidal thoughts and attempts. The more serious the patient's condition, the more frequently they tend to be rejected by expert institutes for ambiguous reasons. Under such circumstances, the patient's family cannot rely on the help of an expert or expert institute unless they first succeed in persuading them to assist, which often proves very difficult.

Consequently, families are often isolated from their communities, sharing their relative's condition only amongst family members. The number of families who have a child with one of the following issues is steadily increasing: schizophrenia, depression, panic disorder, long-term withdrawal (such as from school or from employment), as well as drug addiction, and domestic violence etc. These children tend not to be psychiatrically cared for in an appropriate manner.

Mr. Takeshi Oshikawa, president of Tokiwa Mental Health Office in Tokyo, has consulted on more than 5,000 cases and successfully introduced more than 1,000 unattended patients and families in dire circumstances to a medical institute. Mr. Oshikawa's characteristic policy is to try to listen sincerely to the patient's opinion, empathizing with them and by using a face-to-face, human touch to try and persuade the patient to receive care from a medical institute – never by using violence or forceful measures.

He visits patient's homes to cope with the most critical situations. Even after having successfully linked a patient to a medical entity, he builds a relationship with the long-term patient who has been hospitalized through by periodical visits. During such meetings, he sometimes becomes the target of the patient's anger caused by the reality of having been hospitalized and the frustration they harbour to his/her family members. When patients cause problems and trouble, which are daily occurrences in his line of profession, Mr Oshikawa apologizes on behalf of his/her families, even submitting himself to the police and appearing at lawsuits as a witness. It seems to be a quite a taxing mission, but Mr. Oshikawa takes such moments as chances to discover the real aspects of his patients, and has made the most of these opportunities to strengthen the human relationship he shares with them. He says there is a successful closure mechanism which can only be achieved by directly contacting the patient in the same or more heartfelt manner as their family members.

There are very few professionals like Mr. Oshikawa who can provide practical help and make an initial intervention for patients and their families in the midst of a life crisis. Only highly and professionally trained individuals who are practically experienced in crisis management and compliance can conduct effective communication with the patients of serious conditions and their families. Mr. Oshikawa emphasizes this importance and proposes to build a national "expert group" specialized in crisis initial response, intervention and coordination between patients and experts.
