Community-based Rehabilitation

Building Community Support Network For Individuals with Mental Disability

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Summary

Ichikawa-city in Chiba-prefecture has a population of approximately 460,000, characterized as a bedroom suburb with many residents commuting to Tokyo. The Ichikawa city government began to address the issue of individuals with mental disability in a similar manner to those with other types of disabilities in 22 years ago, when there was no judicial basis established to support community living of those affected by mental disability. It made the situation different from those for other disability groups. Nonetheless, a community support program to provide a place in the community for individuals with mental disability was started in Ichikawa, which was located in downtown area, close to a train station. The program was a welfare sheltered workshop developed through the collaboration with the council of mental health promotion based in the Ichikawa public health center and with support from residents in the community.

A steering committee for the welfare sheltered workshop convened frequently. Through discussions among the committee members, it was decided to set a 3-year time limit for one spell of program participation. Owing to the restriction, many individuals with disability started involving in activities in the community. Supports offered by the workshop have also expanded including employment support, support in daily living, family support, and development of human resources in the community.

After several revisions of the mental health act, the provision of community support programs has been finally defined by the law. As a result, previously provided services under the city's initiative became eligible for receiving funding from the national and prefecture governments. At the same time, there has been a development of strong capacity of human resources in the community in Ichikawa. Groups of concerned citizens and professional workers have started support services in response to needs of consumers. The publicly funded community living support center has provided support to those activities in the community, strengthening collaboration among various community support service

providers. As a result, a positive growth cycle of community support network has been created in Ichikawa. These activities have been matured over the past 20 years.

Here in this article, we would like to raise an issue of large increase in the number of individuals with mental disability in the modern society. The number of service users has increased as the provision of welfare services for individuals with mental disability has expanded and the information has been disseminated. Measures to support employment have gathered a great attention. There are also an increasing number of people suffering from major depression and who committed suicide. We are facing many problems to be solved.

The community-based services that have been promoted primarily by the Ichikawa city government (public administration) are potentially capable of addressing tasks in the field of labor and the local society. The first experimental project of assertive community treatment (a treatment and support program for individuals with serious mental illness based on outreaching into the community) is linked with the community support network in Ichikawa. In addition, an implementation of the Madison model (i.e., a system of effective community care developed in overcoming problems in the institutional based treatment system) is in the planning process in Ichikawa as part of an independent project of Chiba prefecture. Stakeholders in Ichikawa area have been discussing what would be necessary services, including possibility of starting new programs. An organic linkage is about to form out of these activities. An excellent networking between public and private sectors has been established in Ichikawa.

Introduction: What is rehabilitation for Individuals with Mental Disability

We will define rehabilitation as any kind of training and support services for individuals with mental disability (i.e., people suffering from mental illness such as schizophrenia and major depression who have difficulties in living in the community) to assist them in daily living activities and employment so that s/he can be a full member of the society. We believe all of three components are important: service system provides training for consumers for their social readjustment; consumers gain various experiences; other social services in the community and people in the neighborhood provide appropriate supports.

In the community, we need to develop human resources, entitlements, and facility-based services including medical services and coordinate those resources in order them to function as a whole system. Such a support system has already began in the 1970s as a part of medical treatment such as ‘day care’ (for outpatients to participate in daytime programs), sheltered workshops, and social clubs (gatherings similar to ‘day care’) run by

associations of family members. However, historically in Japan, psychiatric treatment has been provided based on segregation and containment policy; care in the community has been ignored, and the development of support services in the community has been delayed due to lack of legal ground.

Even in this context, in Ichikawa city, we had relatively rich environment in this area. Especially, the National Institute of Mental Health has greatly contributed to the city; it conducted demonstration project funded by the national government in Ichikawa and has produced talented personal. Ichikawa city has been progressive and has been identifying the needs of families and consumers; we have recognized the needs for 'rehabilitation' in relation to employment as well as daily living activities in the community.

Ichikawa city attempts to provide community based rehabilitation. Aiming at the purpose, we are enhancing support systems for individuals with mental disability through utilizing community resources (i.e., people, goods, and spaces). Our long-term goal is to realize the normalization society where secure living is guaranteed to everyone.

The "Healthy City Ichikawa Declaration" was announced by the mayor of Ichikawa City on November 3rd 2004, the 70th anniversary of the city's municipalization. Under this declaration, Ichikawa city had made a program of the "Ichikawa City Healthy City Program" in accordance with the WHO's concept in March 2005. Ichikawa City Healthy City Program has a "Healthy City Policy Chart" which has a selection of Healthy-City-related 260 project categories out of whole existing city projects. Each section of city organization promotes its healthy city project depending on this policy chart. This project is placed a project category of "improving welfare status", and is expected to provide proper social services for psychiatric disabilities with a collaboration between public and non-public sectors.

History of Mental Health Act

In 1987, the Mental Health Act was enacted, which incorporate 'social rehabilitation' and 'respect for human rights.' This law was the revision of the 1950 Mental Hygiene Act that has been the legal basis for psychiatric treatment. Prior to the Mental Health Act, individuals with mental disability were considered as 'patients' or 'sick people' rather than people with disabilities. Furthermore, there were few support systems in the community. As the consequence, many people experienced social hospitalization, that is, long term hospitalization without necessity for inpatient treatment. Also, psychiatric hospitals were understaffed in poor environment that caused violation of human rights. This situation received international criticism resulted in the reform of the Mental Health Act.

Based on the enactment of the 1993 Disability Basic Act, Mental Health and Welfare

Act were enacted in 1995. The 1995 act defined the provision of, not only medical treatment but also welfare for people with mental disabilities, which is community based care, such as disability certification and home help service administered by local governments. Thus, sincere national effort for promoting welfare for individuals with mental disabilities has just begun. This history reflects the fact that the policy for individuals with mental disability has lagged behind those for individuals with developmental disabilities and individuals with physical disabilities; nonetheless, associations of family members and voluntary organizations/individuals have provided activities based in the community without legal provision. We can consider that their efforts pushed the enactment of the Mental Welfare Act. In the following section, we describe concrete efforts of the Ichikawa city government in this field.

Efforts of Ichikawa City

In Ichikawa city in the early 1970s, Ichikawa City and Urayasu Town Mental Hygiene Promotion Conference was organized including public health centers as the core. In the conference, members discussed various topics in social rehabilitation for individuals with mental disability in their recovery period. The conference continued discussion among other members including medical organizations, minsei-iin (one type of social worker), associations of family members, AA (Alcoholic Anonymous), and city government staff. In the conference, the family associations strongly demanded the facilities for occupational training, leading to a direct appeal to the city government. On the other hand, demonstration project had been going on at the National Institute of Mental Health. In 1982 and daycare treatment became eligible for medical insurance reimbursement. In response to daycare participants saying ‘we want a place to spend time during daytime in the community,’ publicly run welfare sheltered workshop targeted for people with mental disabilities was established in 1982 in Ichikawa City. The city government started the workshop with no legal basis; medical service providers in the community, local associations of family members, and other members in the community collaborated in initiation of the workshop. Although their request was to provide space for the workshop, the city government employed a director and one part-time worker in addition to start-up capital cost. Later, the part-time worker became full-time and the number of staff members increased.

At that time, the population of Ichikawa City was approximately 440,000. As there was only one facility, the Welfare Sheltered Workshop Steering Committee discussed ways in which many citizens can use it. What they decided was a graduation system: it required three year term for one spell; those who want to continue using the workshop had to reapply three month after the graduation. Users of the workshop struggled thinking his/her illness

was the most severe, but they accepted the system that everyone had to graduate without exception and tried to get a job with a support from the staff.

The 1987 Mental Health Law defined for the first time ‘social rehabilitation facility’ and Minami-yawata Welfare Sheltered Workshop was authorized by the national government as one type of non-residential occupational training facility.

Picture 1: Minami-yawata works & Minami-yawata mental support center

A decade since start-up: Efforts toward employment

Ten people graduated annually. Over the 10-year time period there were 138 individuals participated in the workshop program. Approximately half of the 118 individuals who graduated from the program got employed within 3 months of graduation. At the beginning we used the social-adjustment training program for individuals with mental disability (so called an outpatient based rehabilitation project) to find placements. It was necessary to disclose disability to use the program. We approached companies who provided work orders to the workshop. Later we also contacted with an unemployment office and a chamber of commerce for referrals to potential employers. There were other companies who hired graduates without using the financial incentive provided by the employment support program.

There was a legal quota for individuals with physical disabilities to be included in workforce of each company at that time. Quotas for individuals with minor and severe developmental disabilities in the workforce had been added later, but not for individuals

with mental disability. Employers of individuals with mental disability needed to start with understanding about mental illness.

What was unique about the workshop was that the staff provided supports with users after the graduation, which was prescribed by the occupational training program. Employers participating in the social-adjustment training program were called “shoku-oya” (surrogate parents in work). A national association of shoku-oya was established, and collaborative employers (shoku-oya) in Ichikawa-city attended the conferences.

Reaching out in the community: Employment

A metropolitan subway system was extended to Ichikawa around 1994. Many factories moved out of Tokyo into suburban areas, and there was a construction boom of department stores and apartment complexes. The users of the workshop increasingly preferred white-color jobs rather than blue-color jobs suggested by the staff. As well, types of available jobs have changed from those in manufacturing factories to service jobs like cleaning. The content of training at the workshop needed to be revised accordingly. Users of the worship formed groups that engaged in cleaning of office buildings, parks, and dormitories for bachelors.

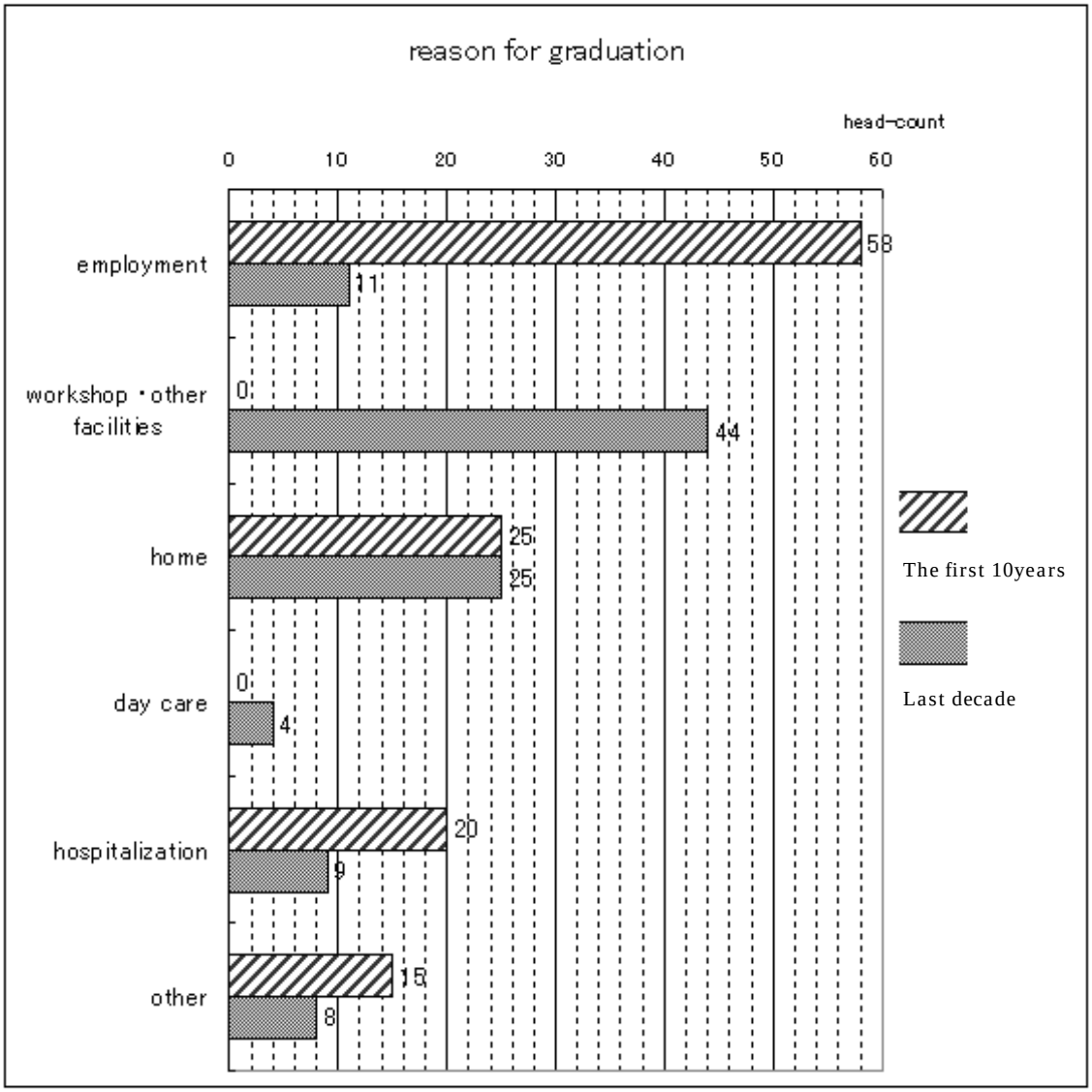
The staff and users of the workshop explored various ways of working such as sharing jobs, a group of people offering labor in a factory during busy times, working in an enclave in a factory, and attending to a professional occupational training school. Their activities can be characterized as efforts to find placements for part-time employment short of full time, competitive employment, using voluntary helpers in the community. There was a factory where 10 graduates were working at one point. A working environment was excellent and graduates from the workshop program were able to gain positive experiences.

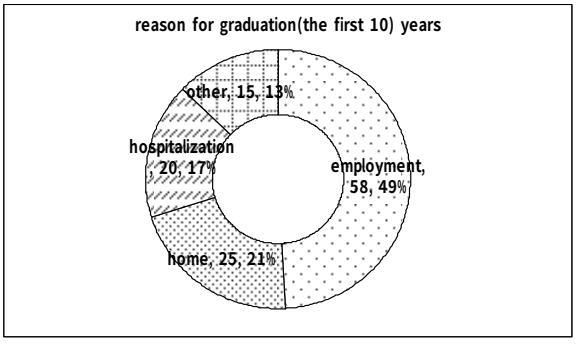
Figure 1 shows a trend of graduates of the sheltered workshop. It is a comparison of the trend between the opening period and the last decade. “Shoku-oya” was an only social resource which requires disclosure of mental illness during opening period, so it is understood that working was a natural part of life. During last decade, most of people chose small-sized sheltered workshop which environment is similar to sheltered workshop.

There is a difference regarding the reason for graduation between the period of the first 10 years and the last decade. During start-up period, people were forcing to graduate because a period of hospitalization would be longer, and there was no expectation for people to start working at the point of discharge. As time passes, there was a strong tendency for the short-term hospitalization, so people were not forced to graduate.

It is good for people with disabilities to have more options after graduations. However, there is concern that their ability to orient themselves to the community would

decrease because they stay long in protected environment. For the next step, it is hoped to create an environment where welfare facilities provide many opportunities of working.





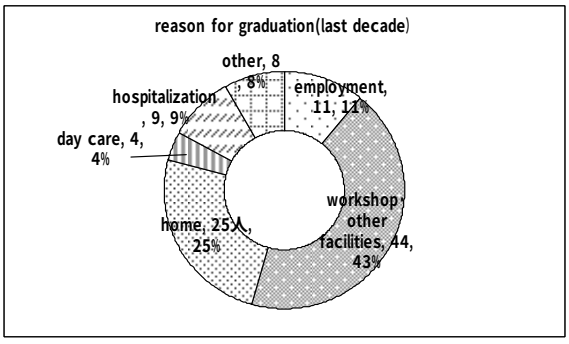


Figure 1 : Trend of graduates of the sheltered workshop ~comparison between the first ten years and the last decade

Reaching out to the community: Social welfare

Ichikawa city funded 6 staff positions at the workshop, while only 5 positions were required by the regulation, and 2 positions for aftercare support services. Nonetheless, it was getting difficult to find new job placements within an area for staff members to be able to provide outreach. It was around that time when a factory owner offered a section of the factory to be rented for a sheltered workshop. The steering committee of the welfare sheltered workshop discussed the offer, and decided to accept it under conditions that it would take job orders from the company but not as a subcontractor, and that an engagement in free activities should be allowed as a social welfare agency. The “Sun-work Ichikawa” has started in 1994 as a sheltered workshop operated by a local association of family members.

At the Sun-work Ichikawa, users worked in jobs ordered by the parent factory as well as production of bread and cookies which the staff had skills and ability. Through activities to sell bread and cookies, e.g., visiting various facilities, and opening a stall at a bazaar, a range of activities has expanded.

In Ichikawa city, there are sheltered workshops designated for each type of disabilities. A liaison committee of sheltered workshops across disabilities was established in 1997. A “welfare shop” was opened in collaboration of sheltered workshops across disabilities. In addition, the liaison committee contracted with the Ichikawa city government to run an employment support service center for individuals with disability, named “Access”, in 2000. The Access is specialized in employment support for individuals with disability regardless of types of disabilities. It provides services to individuals with mental disability in collaboration with the Minami-yawata Mental Support Center (described below). At the beginning, staff members of the Access were often bewildered by unique problems of individuals with mental disability and many trial and errors in collaboration occurred. After knowledge and experience has been accumulated, linkage has been done more smoothly recently. Because of institutional problems of statutory employment rate, the employment rate for people with psychiatric disabilities is about 1% as compared with people with other disabilities. Recently, a new study group regarding the field of employment has been established by a cooperation of community welfare organization and the National Institute of Mental Health, and the study has been conducted specific to people with mental disabilities.

Development of human resources and volunteer work is necessary in order to support individuals with mental disability living in the community. It was only 1999 when the national licensing for social worker in psychiatry was established, although psychiatric

social workers have been employed at hospitals and in the community (including public administrations). A professional organization of social workers in psychiatry, “Chiba Prefecture Association of Social Workers in Psychiatry”, was formed to offer training activities outside of everyday work. It was one of the most discussed issues among members of the association how to promote support services for individuals with mental disability.

The Association of Social Workers was interested in developing sheltered workshops. Historically, the sheltered workshops run by associations of family members consisted of the majority. An idea came up to open a sheltered workshop aiming at providing a working environment that is closer to competitive employment, or, ideally, not a sheltered workshop but something like a shop that can make a profit. In 1996, several individuals formed a voluntary organization to operate a sheltered workshop, “Hot Heart”, which work activities involved in cooking and selling bentou boxes (i.e., take-out boxed meals). Nurses, psychiatric social workers, and collaborators in the community participated in the operation of the workshop.

It was difficult to earn a profit. However, the operation of “Hot Heart” has provided many opportunities to encounter and respond to various needs of individuals with mental disability, which led to cultivating collaboration with various people in the community. It also initiated the collaboration with volunteer organizations in welfare workshops. In addition, social workers participated in the start-up of Hot Heart has involved in the development of sheltered workshops in their neighborhoods.

The sheltered workshop run by the family association opened the second workshop and a bakery store, "Fu-wa-fu-wa (lit. fluffy) Bakery" in the fifth year. The third workshop was opened in 2003, and a group home was started in 2005. Thus, it has expanded services, and obtained corporate status as a social welfare institution in 2005. On the other hand, the volunteer organization, Hot Heart Group, has come to offer three workshops, 4 group homes, home help service, and employment support services. Both organizations now employ more than 10 staff members. Not only they try to improve on the job but also actively participate in training held by other organizations, aiming at making a big leap forward.

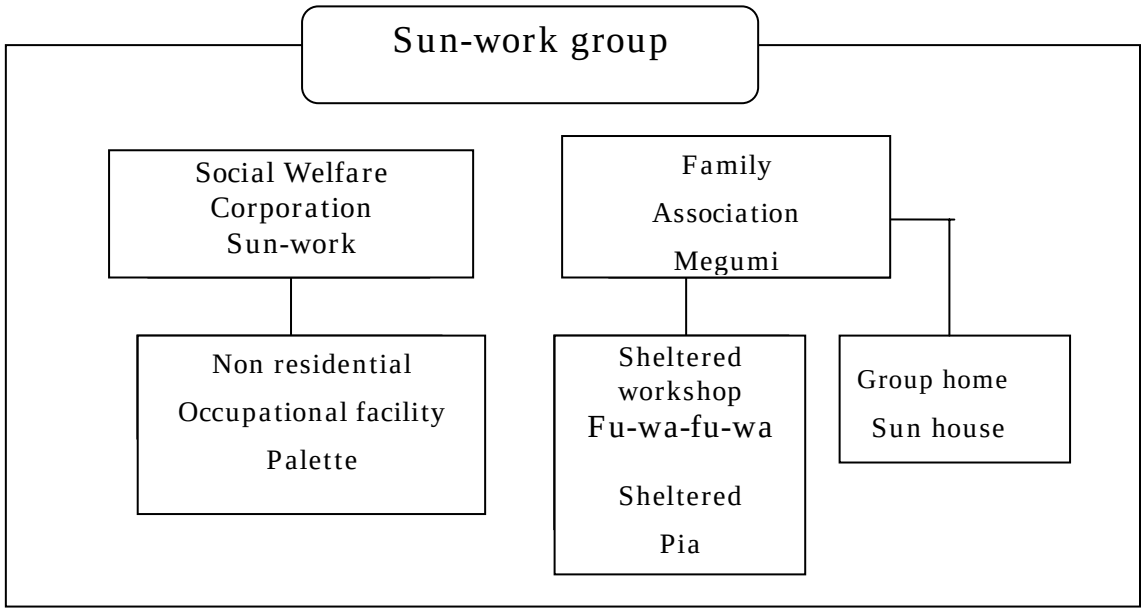


Figure 2: Organization chart of Sun-work group

Picture 2

Picture 3

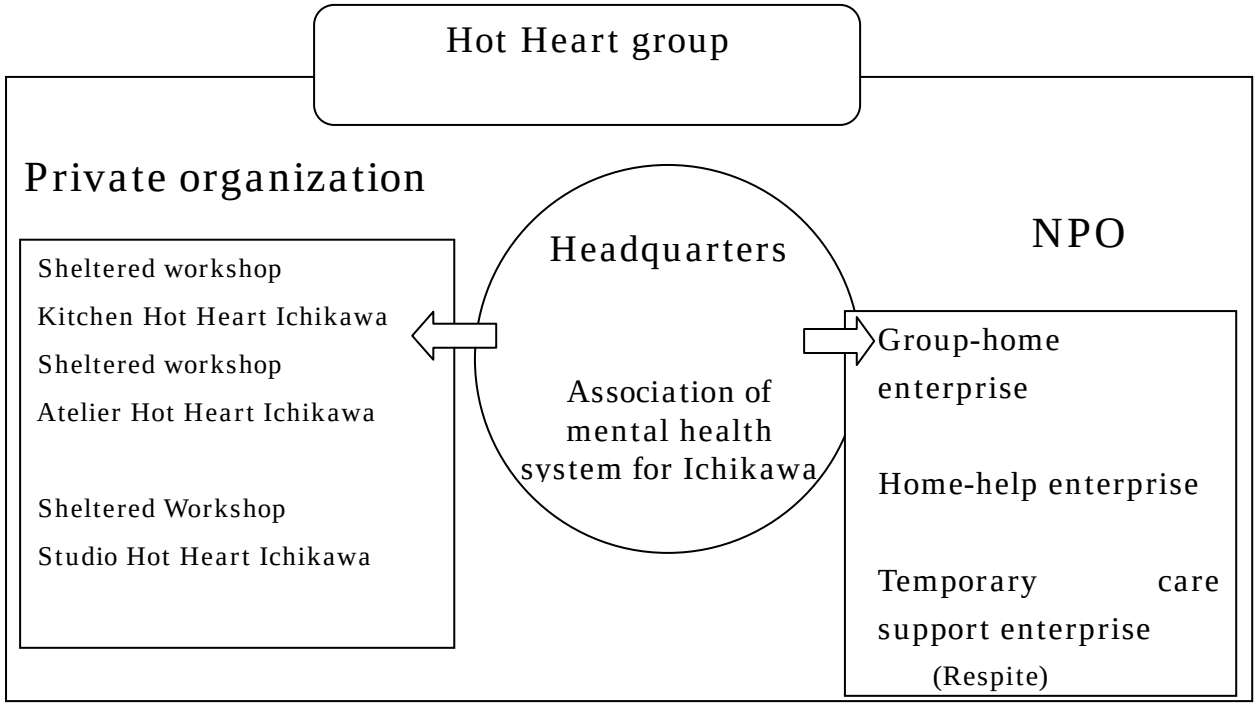


Figure3: Organization chart of Hot Heart group

Picture 4

Picture5

Picture 2-5: Activities at sheltered Workshops :
2,3: Sun-work group 4,5 : Hot Heart group

Services at Community Living Support Center "Minami-yawata Mental Support Center"

Community living support centers first started in 1996 in affiliation with already-existent social rehabilitation facilities. In 1999 revision of the mental health act, those were authorized to run as independent facilities. In Ichikawa city, the center started providing services in 1998 in affiliation with Minami-yawata Welfare Sheltered Workshop. Since 2000, it has been continuously providing services as Minami-yawata Mental Support Center. The Center provides services for supporting community living of people with disabilities collaborating with other local facilities and organizations in the community; concretely, it provides consultation services. The Center staff listens to visitors' situations and/or problems, discuss them together, and then assist the visitors in solving the problems. The Center provides human resources as well as information and the staff assist consumers in selecting adequate information. Certain types of services are not available in the community. In such cases, the staff members seek for similar services as substitution; also, they consult the various organizations possibility of starting new types of services. It is also an important aspect of their work to voice the consumers' needs and deliver them to other mental health service providers in the community.

Daily living activities require variety of social capitals. The staff members assist the consumers in looking for information and choosing services that are available not only for people with mental disability but also for all citizens in the community; the mental health service providers and facilities alone are not able to completely fulfill the consumers' needs. Currently in Japan, however, certain types of services are unavailable for those who developed mental illness. It is also one of the tasks of the Center to advocate further expansion of welfare system for and with the people with disabilities who often struggle with severe financial difficulties.

Cultivating and fostering of organizations are also relevant task of the Center. Organizing and fostering various groups, e.g., family associations, consumer associations, volunteers, and facility employees, and developing network system for mutual support contribute to in-depth understanding of each party. Gaining experiences in planning events and workshops collaborating closely with community members is meaningful, which can make us step forward to our future goal, that is, normalization.

Some of the characteristics of the Minami-yawata Mental Support Center that largely differentiate it from other traditional social rehabilitation facilities are as follows:

(1) The center sets neither maximum number of users nor maximum term for use. It

is widely open to anyone. Expected users are not limited to those who officially admitted as people with mental disabilities (i.e., those who obtained mental health welfare certification or receive disability pension). Even citizens who do not receive medical treatment in the hospital are welcomed.

(2) The center focus primarily on providing case works such as consultations and daily living support rather than providing space for non-residential training programs or hanging-out.

(3) The center tries to reach out not only the consumers but also the whole community (i.e., community work). This is the effort for changing the community hospitable and making it to the better place to live for all the residents.

In past seven years since the establishment of the Center, the following issues that surround mental health welfare have emerged.

(1) Issues related to employment

Our know-how of employment support for people with mental disability that we have been accumulating since we started the first welfare sheltered workshop is suitable for Japanese employment system known as lifelong employment. We have been providing support for those who return to work after developing mental illness such as depression while they were working and took sick leave. Currently, this employment system itself is changing and work-sharing tends to be adapted in many workplaces. Employees themselves need to become aware of the current change in the employment system. On the other hand, the recent tendency suggests potentiality of expanding more options of workplace for people with disabilities.

(2) Raising interests in mental health welfare among citizens in the community

Since the beginning of the Mental Support Center, we have been holding annual lecture meetings and symposiums for the citizens in the community. However, participants and audiences have been mostly the people involving in mental health welfare; it is far from saying that we have been successful in raising interests of other population in the community. We ought to consider strategic approaches for raising more interests. For instance, we can hold events in open-doored places such as parks or shopping malls in stead of closed spaces such as halls or public community centers and promote awareness-raising activities by utilizing mass media such as radio and television broadcasts.

(3) Development of cross-sectoral perspective

Users of the Center are diversified especially in current years; objected population includes those with multiple disabilities (e.g., developmental disability

and mental disability) as well as those with developmental disabilities (e.g., Autistic Spectrum Disorder) who traditional welfare policy tended to exclude. Chiba Prefecture has adopted “Chiba style health welfare” that provides supports targeting cross-sectoral populations regardless of type of disability or age. As a part of this support network, ‘*Gajyumaru*’ was established in Ichikawa city as the core community living support center. Importance of responding the needs from population who face difficulties of living without persisting solely on traditionally and narrowly-defined ‘mental disability’ is increasing.

(4) Limitation of the current system and structuring new system in the community

Public systems have their own limitations. There are always needs that the current system cannot respond. Increasing the number of the staff or shooting up similar services do not improve efficiency of the service provision; what is necessary is to review the on-going system in the community and restructure it as a whole. In the past few years in Ichikawa city, comprehensive Assertive Community Treatment program (known as ACT-J: Assertive Community Treatment - Japan) has been conducted as a demonstration research project funded by the national government targeting people with severe mental disability who repeatedly hospitalized. Core of the ACT model is a team of service providers who actively visit consumers at home for care and provide support 24 hours/365 days. Based on the positive result of the ACT-J project, the prefecture government started considering implementation of the Madison model (a community care system model) as the prefecture-funded project.

Conclusion

Our effort that started at one welfare sheltered workshop has developed for the past twenty years and continues to bear fruit. It was difficult for Ichikawa city to provide financial support through subsidy due to the lack of legal ground; yet, the city government sought collaboration among associations of family members, medical service providers, as well as volunteer centers in the community. As a result, the members in the community and the administrators have been working hand-in-hand for running the facility.

Under the graduation system with maximum term for use being set, the staff provided individual consultations and supports when planning courses after graduation; thus, many users started living in the community in stead of staying in the facility forever. In order to respond to consumers’ needs for services related to daily living activities, more types of facilities were established, which resulted in cultivating the community for richer human resources as well as services. Volunteers who were involved stayed and succeed new projects. Participants of the consumer associations served, then, solely to those who were

employed; now, those associations are open to everyone who receives psychiatric services. They recognize the twentieth anniversary of their activities. They hold regular meetings and publish information magazines. The steering committees of the associations welcome anyone who is interested in. They also conduct study sessions through which the consumers themselves provide mutual supports.

Currently, as social capital of community welfare services, there are three social rehabilitation facilities, eight sheltered workshops, four group homes, two shared residences, and one employment support center. Those facilities are collaborating closely to each other. Interactions and collaborations with healthcare professionals/organizations are becoming active: they frequently participate in official conferences, care meetings with staff members of ACT-J (Assertive Community Treatment in Japan: a treatment and support program for individuals with serious mental illness based on outreaching into the community), as well as care meetings with consumers who face problems in the community. Lately in Ichikawa city, an implementation of the Madison model (i.e., a system of effective community care developed in overcoming problems in the institutional based treatment system) is in the planning process as an independent project funded by Chiba prefecture.

Thus, what we have done urged by necessity at various point in past twenty years were not based on clear and complete picture; we did whatever we had to do without holistic vision of our goals. Looking back, however, we can say that what we have done were all integrated into and led us to the construction of the system for realizing hospitable and people-friendly community not only for individuals with disability but also for all the members who reside there. The ground of our mission is to make the community life comfortable and to change the community where people work, gather, have funs, consult, and live in to the better and secure place for all the residents.

At a care management workshop hold by the Chiba prefecture, there was an opportunity that the community life support system regarding mental health in Ichikawa city was evaluated. According to the evaluation, there are five stages in support system development (stage I to V, see Figure 4); Ichikawa city is now on the stage IV level, which describes the detail as follows:

> Collaboration between local governments (city, town, and village) and mental health facilities as well as associations/organizations is becoming closer. Supports are provided considerably by responding consumers' needs on the basis of individual cases through method of care management. In order to accommodate variety of the needs in the entire community, a communication and coordination committee for service provision holds meetings and the committee members discuss types and contents of services to be further provided. Efforts to gain

> understanding of actual circumstances and situations of people with disabilities in each city, town, and village in full detail have started.

We need a little more time to reach the stage V level, which describes the detail as follows:

> City, town, and village governments correspond to the needs of the consumers within each jurisdiction; means of communication is firmly established. Awareness regarding empowerment for the people with disability as well as protection of rights is rising and strengthening. The service providers are reliable enough to be able to respond the needs. Comprehensive and systematic service provision network has established.

As for the awareness regarding protection of rights, law requires building social rehabilitation facilities; yet, there have been no involvements of consumers in running them. In 2004, a social welfare corporation that serves in the field of mental health was born in Ichikawa city; it established an organization which task is to evaluate grievance resolution system in which consumers and residents in the community participate. This organization is still new and at the early stage of activating its work. For third-party evaluation agency, the prefecture has started a trial project by thrashing out items, etc. By setting up new goals and in the process of accumulating practices for achieving them, however, we increase our experiences and acquire more capabilities.

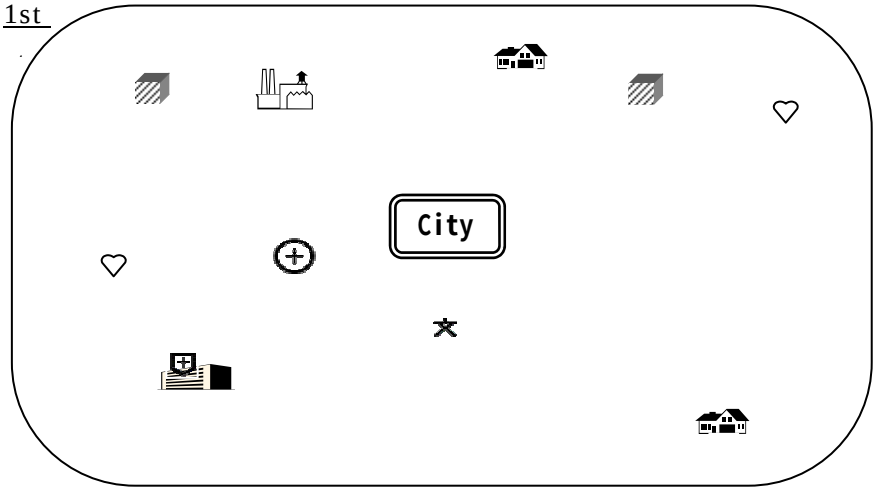
In this article, we have described history of our efforts and development of service provision system in Ichikawa city targeting individuals with mental disability. In regard to medical services, the national government started training programs for promoting discharge in 2002 as a part of the social rehabilitation acceleration project targeting individuals with mental disabilities. It was in 2004 that Chiba Prefecture finally decided to be involved and started adopting the project. Most lately in 2005, the implementation of Madison model is in the planning process.

Obviously, we are witnessing changes in psychiatric services in Japan. We have come to know that certain types of care can be provided only in the community where the consumers actually reside. Both in Japan and abroad, many publications and presentations report positive outcomes of returning those who were under long-term hospitalization to the community and continuing rehabilitation in society. We hope that raising awareness and recognition that anybody has a possibility of developing mental illness contributes toward making community better place to live, while progressing normalization and building inclusion society.

Figure 4:

A community system development model (The community life support system)

1st



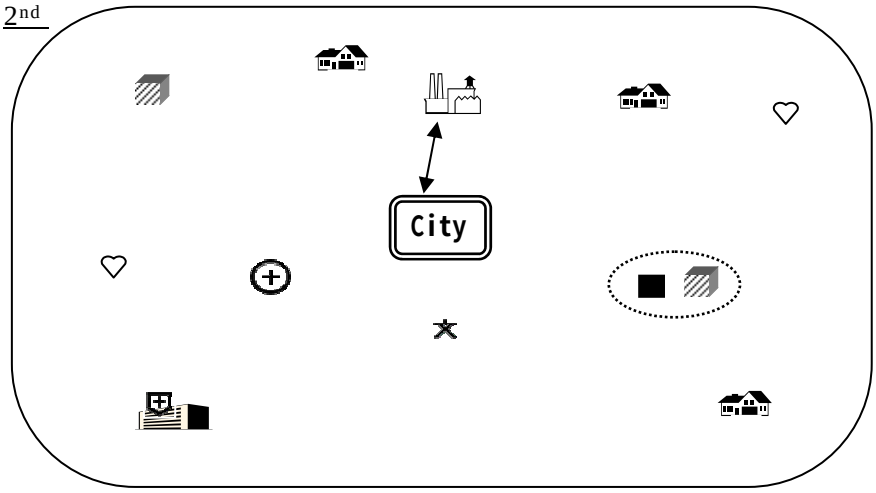
1st stage: the stage where there is no consultation support enterprise. Each social resource holds users

① Social resources are absolutely insufficient

② Basically, city government etc. takes on the function of consultation about the system use

③ Users look for a few social resources and consult directly

2nd



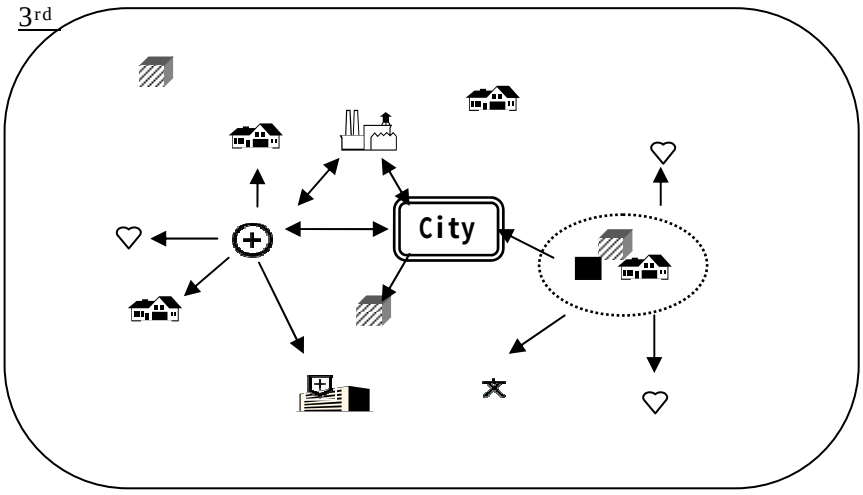
2nd stage: the stage that consultation support providers which accompany with some home services (including private services) will be established

① Consultation support providers taking user's needs and match them with necessary services will appear in the community

② There are a few people with disabilities knowing such organizations

③ Basically, the city takes a role in consultation about the system use

3rd

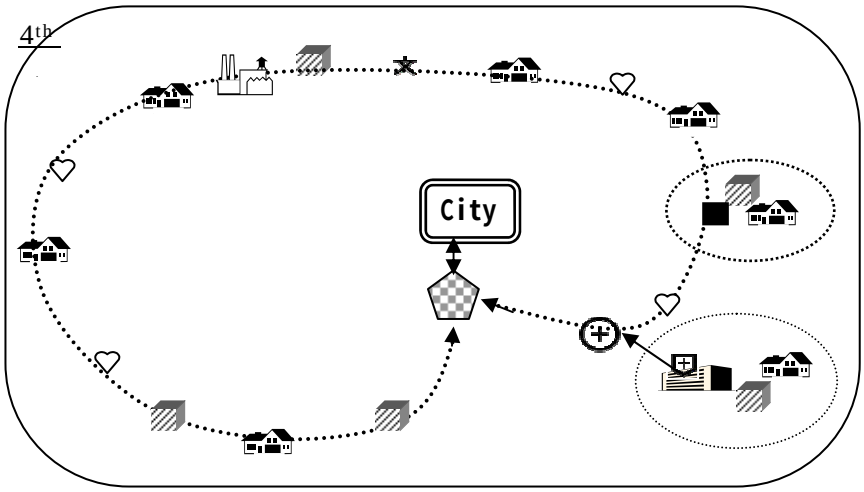


3rd stage: the stage that cooperation of consultation support providers and the city begins

① Cooperation begins between the city and consultation support providers doing both services and consultation which appeared during the period of 2nd stage. The providers will be able to practice the consultation support and the home services, etc. publicly.

② Relationship with other social resources will begin, but approach from the consultation support providers is moderately dominant。

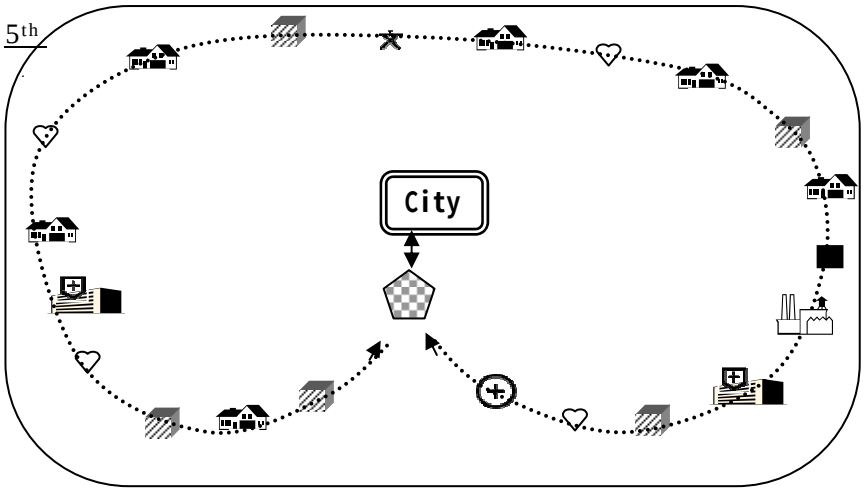
③ Home services provided by consultation support providers will increase.



4th stage the stage of establishment of a liaison and coordination committee and city cooperation reinforcement

① A mechanism that the communication and coordination of social resources will be established with guidance of the city

② For the support for users, individualized planning meeting will be held, and consultation and support will be provided based on the method of care management.



5th stage: community support network has been enhanced

① A liaison and coordination committee cooperates with the city, and gives advice on adjustment/development of services in the city and service planning for people with disabilities.

② As consultation support and home service become independent each other, or service business establishment increased, choices of services for users will increase.

City — City inquiry office / Mental support center

City liaison and coordination committee

Health & welfare center (public health

Home service provider

Medical agency

Consultation support provider

Disability related organization

♡ Intake worker・case worker

Business enterprise

Figure 5: the Minami-yawata Mental Support Center –actual performance for fiscal 2004

As of 03/31/2005

Total: fiscal 2004			# of open days: 289 days					
Utilization item			gathering	telephone	visit	outreach		total
individual	registrant	Gross #	3864	4365	2686	235	196	11346
		actual #						0
	Non-registrant	local	51	111	45	6	9	222
		Outside of the city	10	90	7	0	8	115
	anonymous		1	77	2	0	0	80
	family(relatives)		3	596	281	18	34	932
	Neighbors(acquaintance		3	15	7	1	0	26
	volunteer		70	67	37	3	25	202
	subtotal		4002	5321	3065	263	272	12923
Concerned bodies	Welfare institution		33	694	123	220	95	1165
	Administrative agency		0	528	210	245	120	1103
	Medical agency		0	215	10	59	13	297
	Education institution		17	80	53	0	5	155
	Concerned bodies		2	438	155	48	54	697
	Shoku-oya		0	5	4	0	1	10
	Business enterprise		0	115	30	217	16	378
	subtotal		52	2075	585	789	304	3805
total			4054	7396	3650	1052	576	16728
Daily average			14.0	25.6	12.6	3.6	2.0	57.9

Minami-yawata mental support center resistant

	10's	20's	30's	40's	50's	60's	Over 70's	total	average age
male	3	51	118	61	34	8	1	276	33.37
female	3	36	63	41	32	11	2	188	34.79
total	6	87	181	102	66	19	3	464	33.94

new registrant: fiscal 2004

Sex/age	～30	～40	～50	～60	Over age of 61	total	total
male	10	10	11	4	1	36	69
female	8	13	8	4	0	33	