ABSTRACT. Japan is not among the countries with a high ratio of beds and admissions into psychiatric hospitals to total population, but the average length of hospitalization in Japan is among the longest in the world.

The ie characteristic of Japanese culture has taken care of the elderly and the mentally disturbed even though it regarded them as a nuisance, thus serving to keep the number of beds and admissions in Japan lower than in Western countries. But those treated as a nuisance who sever all face-to-face ties upon being admitted to hospitals tend to be expected culturally to regard the hospitals as their homes, thus prolonging the length of their hospitalization.

INTRODUCTION

The mentally ill are treated in a variety of ways depending on sociocultural or historical background. In general, society has dealt with peculiar or deviant behaviors in various ways, including through magical, religious, and mental health domains of the social system.

Of these institutions, the mental health system is the one that treats deviant behavior as a symptom of mental disorder. Through this system the mentally ill and mental health practitioners are expected by society to interact, the former receiving psychiatric treatment or engaging in self-care, the latter protecting, treating, or rehabilitating them.

Looking at the various countries and regions of the world, we find that a mental health system assumes various forms in different parts of the world. This paper will attempt to examine the sociocultural context of Japan’s mental health system as compared with those in other countries, particularly those in the West (Munakata 1980, 1982).

SOCIAL RESPONSE TO MENTAL DISORDER IN JAPAN

The phenomenon known as mental disorder is dealt with in Japan today predominantly through a socially closed mental health system.

A survey was conducted in 1983 in which the investigators checked and collected personally the answers of questionnaires sent in advance by mail. 1000 men and women aged 20 to 70 were randomly selected in all wards of Tokyo. 75.9% responded to the survey (Okagami, Ishihara, Munakata et al. 1984; Munakata 1984). Of respondents, 43.1% agreed and 20.1% disagreed with the statement “The behavior of the mentally ill is impossible to understand,”
and 51.1% agreed and 11.2% disagreed with the statement "I'm afraid of them because you don't know what they'll do if they're left alone." The statements "Inpatients should not be allowed to vote," "Even if they get married, the mentally ill should not have children," and "If your spouse is admitted to a mental hospital, you should be allowed to get a divorce unconditionally" were supported by 31.0%, 33.2%, and 12.5%, respectively, and rejected by 23.2%, 22.0%, and 35.3%, respectively. The Tokyo survey also found that 18.8% rejected the statement "Environment in mental hospitals should be free enough to allow wards to be left unlocked as are surgical and internal medicine wards of general hospitals," while it was supported by 23.3%. Moreover, the survey found that the statement "It's better to let the mentally ill live easy, carefree lives in mental hospitals as long as they live than to force them to live in the real world" was supported by 24.0% of the respondents, and the statement "Mental hospitals should be built in remote areas so that mental patients can be isolated from the general public" was supported still today by 18.1%, while opposed by 44.8%.

These results seem to demonstrate that a significant proportion of the Japanese support the management of mental disorders through a custodial psychiatric care system. This attitude used to be predominant in American society as well, but in an Illinois survey (Cockerham 1979), 91.5% (45.6% in Japan) of the respondents rejected the statement "Inpatients in mental hospitals should not be allowed to vote," as opposed to only 8.0% (31.0% in Japan) who agreed. In addition, 93.0% (60.9% in Japan) of the respondents supported the statement "Mental illness can happen to anyone," while only 5.6% (21.0% in Japan) disagreed. The Illinois results suggest that community attitudes toward the mentally ill have changed significantly, reflecting the progress in community mental health.

However, this does not mean that community mental health is fully realized in the United States. Because the mentally disturbed are thrown into the outside world and become homeless people without proper care, they are often strongly resented by local residents or fall victim to exploiters and criminal elements. Moreover, when former mental patients stay in nursing homes, hostels, or board and care homes, they are really being reinstitutionalized. But it can be safely argued that the American people's belief system that supports the way they deal socially with mental disorders is community mental health-oriented, not custody-oriented as is the case in Japan.

CHARACTERISTICS OF THE MENTAL HEALTH SYSTEMS OF JAPAN AND OTHER COUNTRIES: A COMPARISON

The number of mentally disturbed persons in Japan treated as inpatients in mental hospitals — indicated by the ratios of psychiatric hospitals, beds, and