

Another aspect of Japanese community corrections

Treatment of offenders with mental health disorders in Japan

-Learnings from a diversion programme-

United Nations Asia and Far East Institute
for the Prevention of Crime and the Treatment of Offenders
(UNAFEI)

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I find myself happy to be able to be engaged in medical supervision.

I had been in a really a bad mood all the time and couldn't control my feelings before I started receiving medical supervision.

Although I have had a tough time struggling with a side effect of the strong medication, I am still happy to be provided with this medicine through medical supervision.

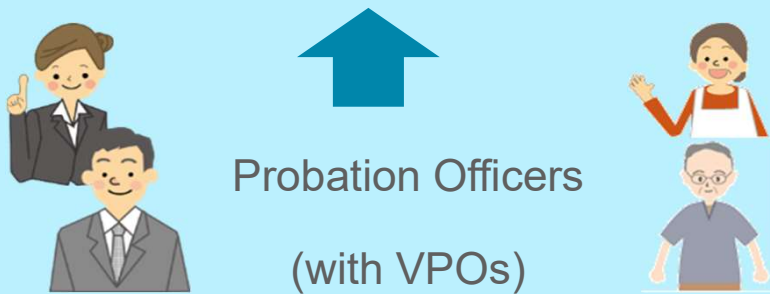
I feel now I have people around me and I am not alone any more.

Agenda of the presentation

- Scheme, legal framework
- Practice
- Suggestions

Mission of Probation Office

- Taking care of probationers
 - Offenders under suspended sentence with probation
 - Offenders under parole supervision
 - Juvenile delinquents



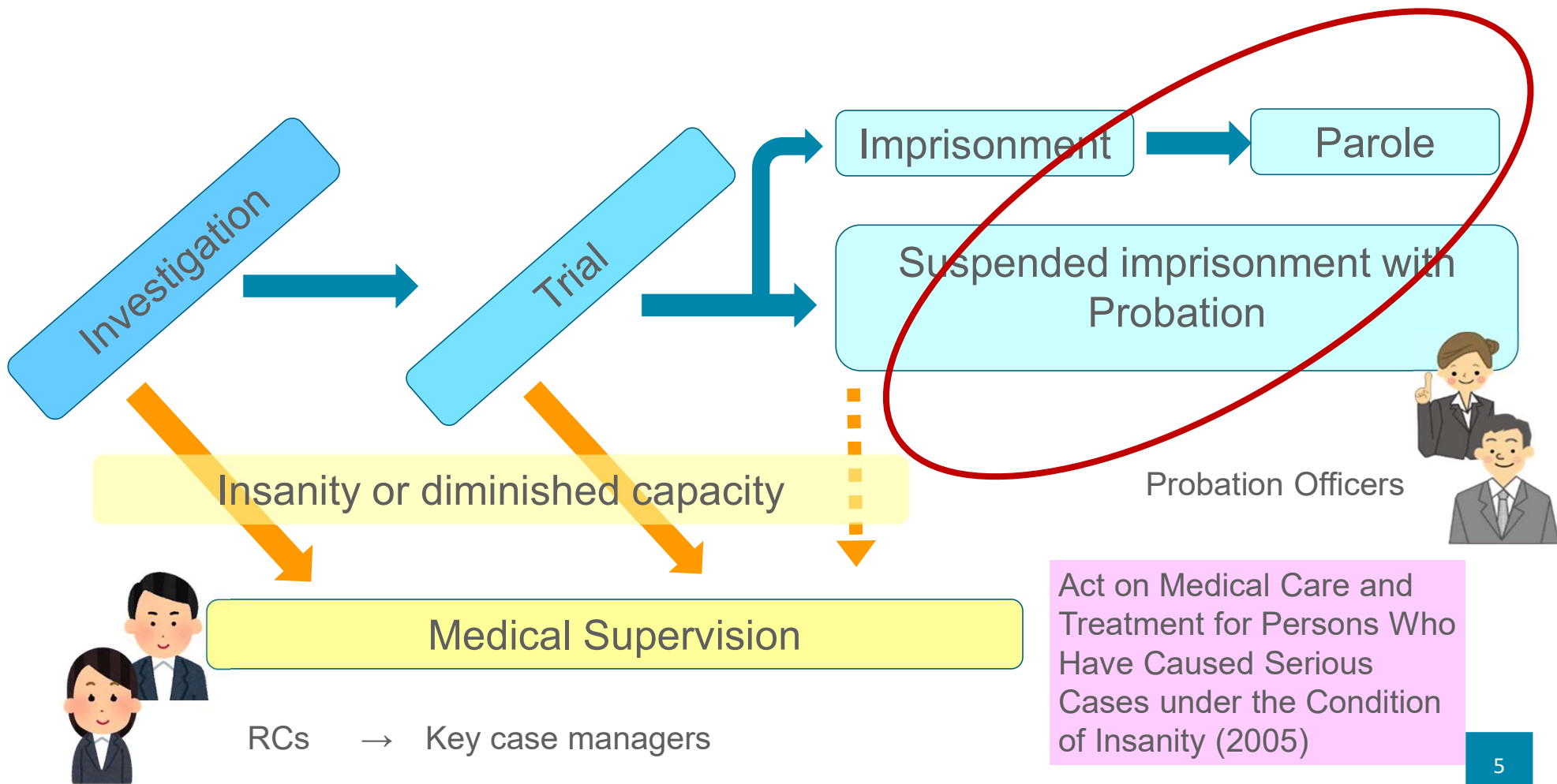
Probation Officers
(with VPOs)

- Taking care of those who are under medical supervision
 - Acquitted due to lack of criminal responsibility caused by mental illness
 - Not prosecuted due to lack of criminal responsibility caused by mental illness
 - Those whose sentence was mitigated due to diminished capacity

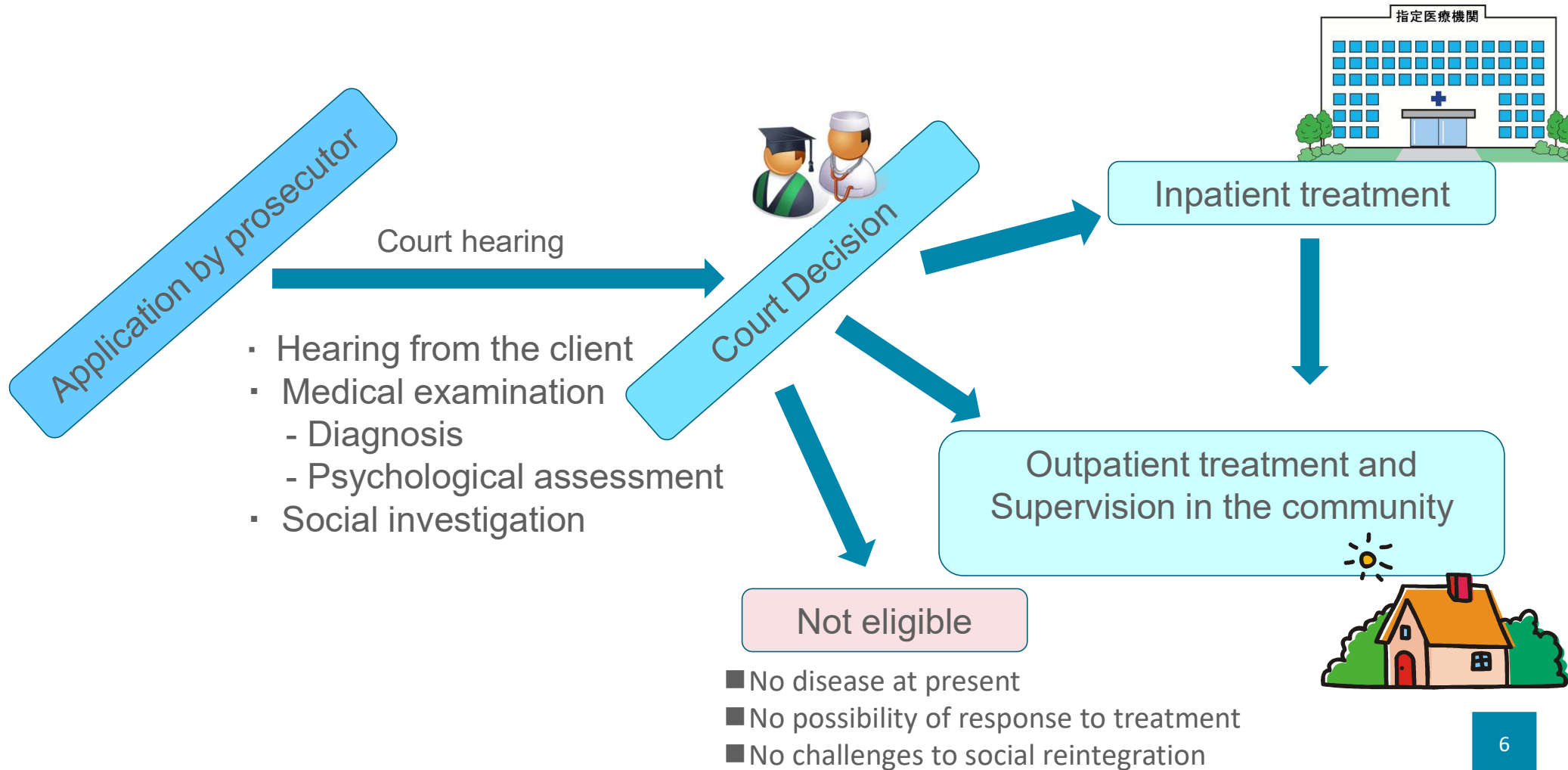


Rehabilitation Coordinators
(RCs)

Basic flow chart of Criminal Justice

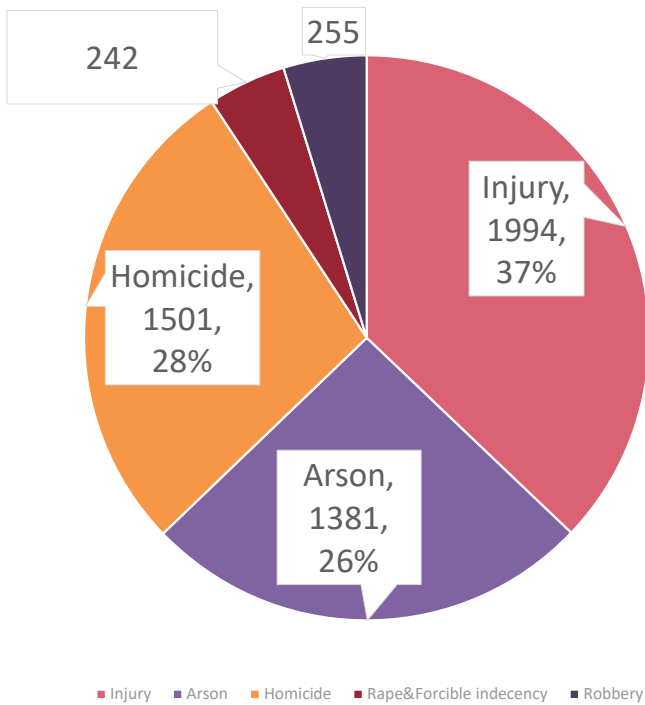


Flow of Medical Supervision



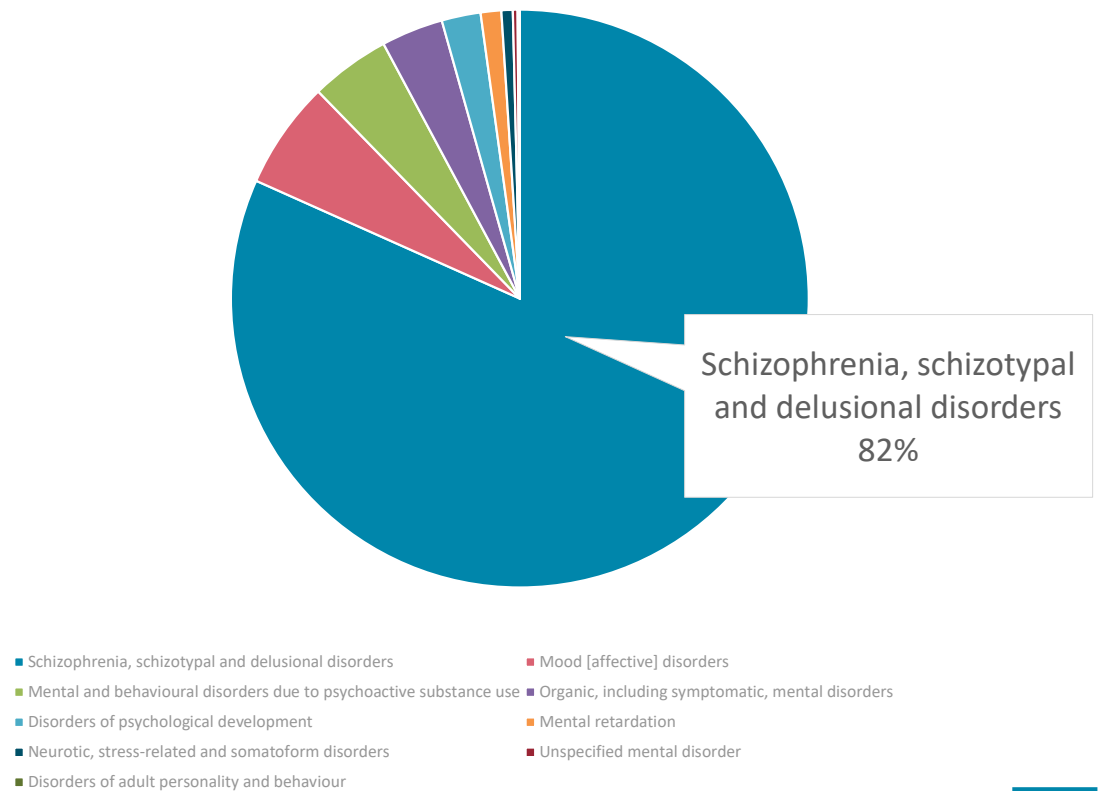
Figures

Type of Offence

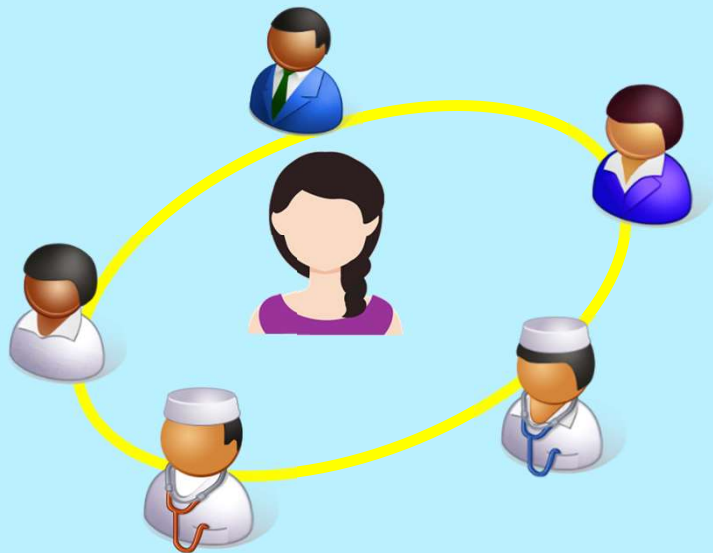


(Cases applied for the scheme 2005-2020)

Primary Diagnosis



(Inpatient clients as of 1 April 2021)



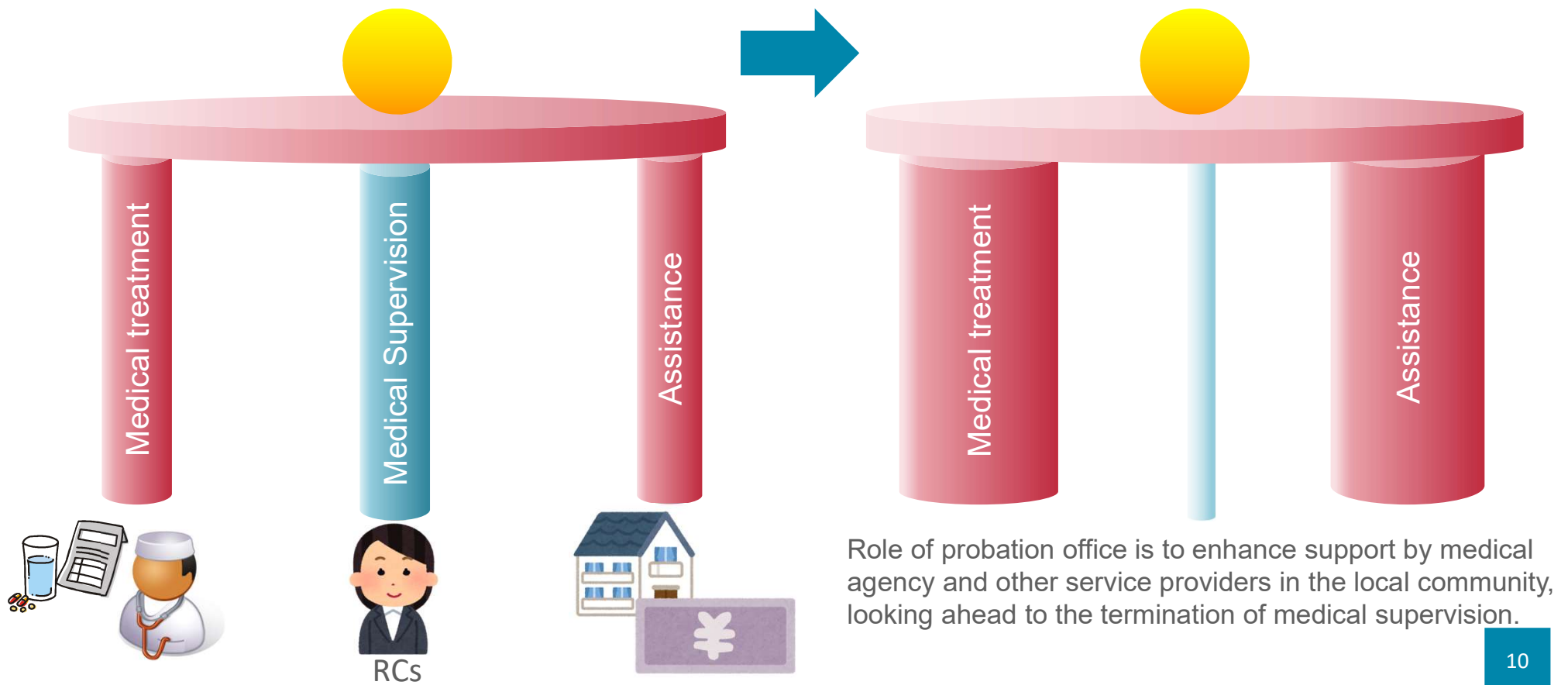
Inpatient Treatment

- Multi-Disciplinary Team for each client
- Variety of Programmes
- Re-entry Preparation (Outing & Overnight trial)
- Re-entry Coordination
- Care Program Approach (CPA) meeting
- Creation of “Crisis Plan”

Outpatient Treatment (Community-based)

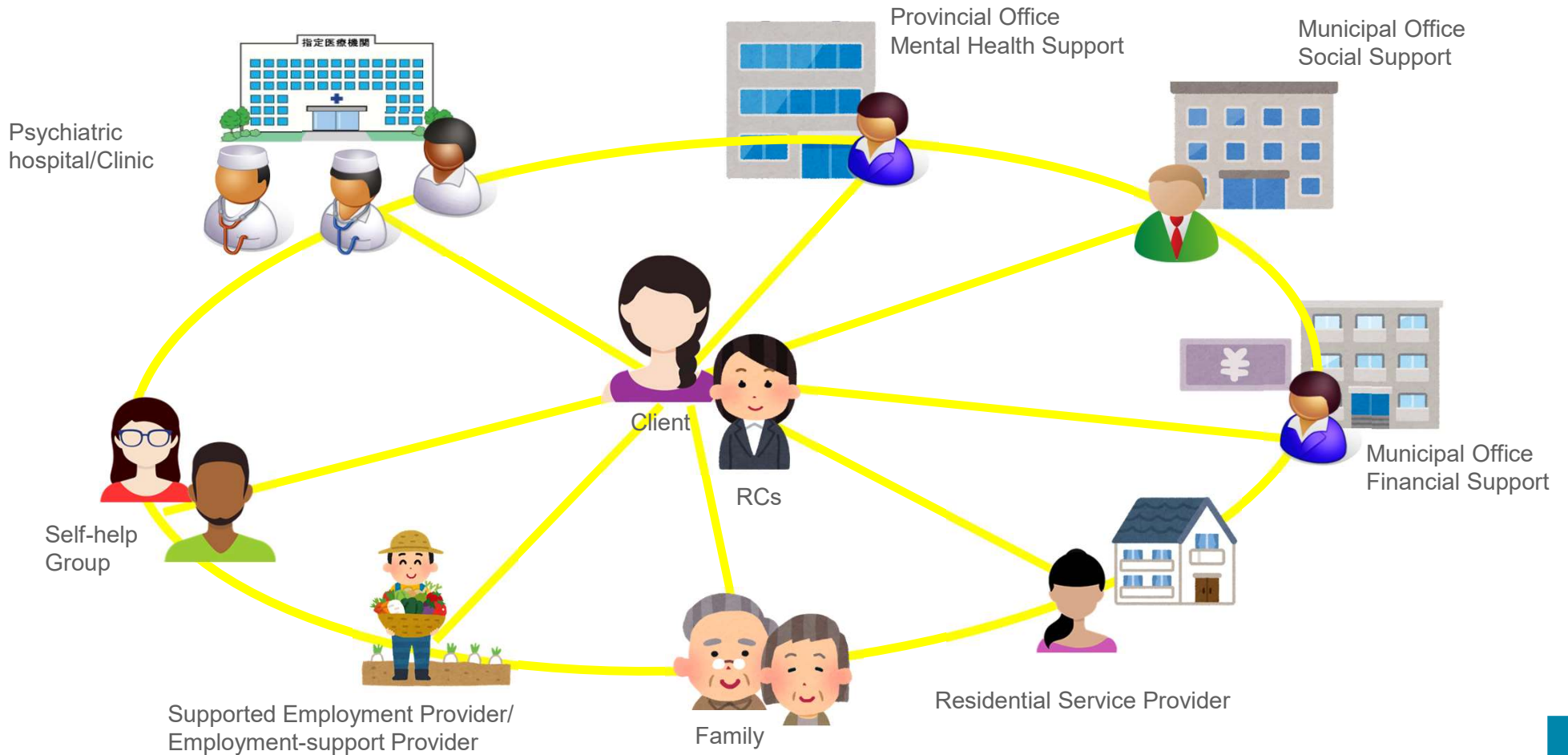
- Three-pillars
- Multi-stakeholder approach
- Precise assessment
 - BPS model, Strength-considered, checked by multiple RCs
- Client-centred
- Treatment plan
- Regular care meeting with stakeholders and client

Three Pillars



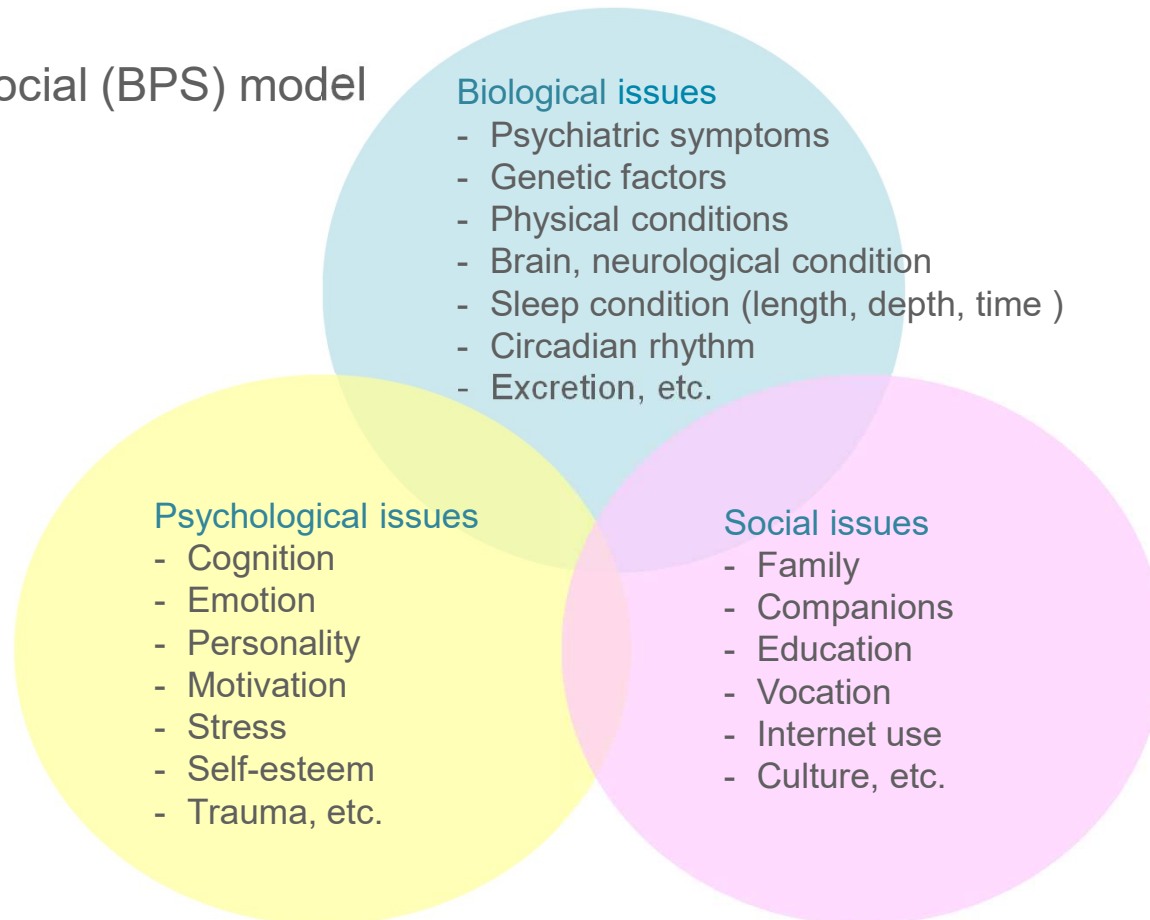
Multi-stakeholder approach

Comprehensive Support Network



Precise assessment

■ Bio-Psycho-Social (BPS) model



Precise assessment

- Strength-considered

	items	Score	Inhibiting factors for reintegration	Promoting factors for reintegration
1	Status of physiological changes			
2	Stability of psychiatric symptoms			
3	Continuity of outpatient medical care and medication			
4	Motivation for treatment			
5	Consultation and coping skills			
6	Addiction control			
7	Social and living skills			
8	Present and future planning (desires and goals)			
9	Family relationship and companionship			
10	Social support by local government and agencies			
11	Stability of residential and community environments			
12	Stability of livelihood			
13	Normative consciousness			

Precise assessment

- Checked by multiple RCs
- Reviewed 6 months after the start of supervision and whenever appropriate
- Consultation and case study with an expert



Client-centred Approach

Treatment Plan

- Official form of the Treatment Plan includes a box to write the **“client's own desires and goals”**.

様式第48号（法第104条第1項・第3項、規則第11条、第15条、規程第36条関係）

個人情報が記載されています。取扱いについて注意してください。

処遇実施計画書(案)

(第1回 平成XX年XX月XX日作成)

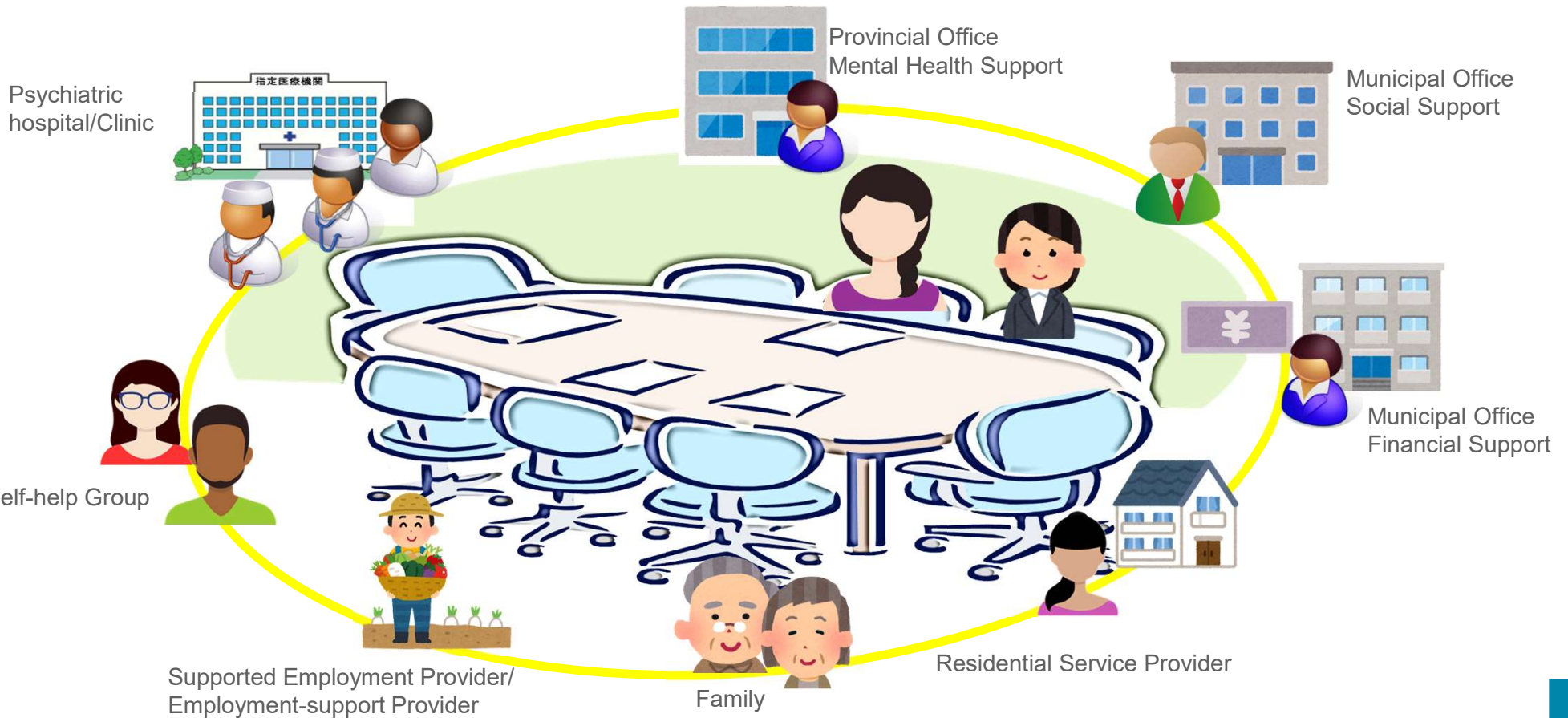
〇〇〇保護観察所長 〇〇 〇〇 印

次の者に対する処遇の実施計画を下記のとおり定める。

ふりがな		男	生年月日	昭和XX年X月X日生	
氏名	〇〇 〇〇				
住所	〇〇県〇〇市〇〇〇〇番地		電話番号 XXX-XXX-XXXX	携帯番号	
保護者	〇〇 〇〇	(続柄) 実母	電話番号 XXX-XXX-XXXX	携帯番号 XXX-XXX-XXXX	
緊急連絡先	〇〇 〇〇		電話番号 XXX-XXX-XXXX	携帯番号	
通院医療開始日 (決定のあった日)	平成 年 月 日				
(1) 処遇の目標					
退院後の地域生活に慣れるようにし、生活リズムを確立し、継続的に医療を受ける。					
(2) 本人の希望					
通院医療を受け、作業所等の日中活動に参加したい。再度他害行為を行わないようにしたい。					
(3) ケア会議等					
開催回数	通院開始後6ヶ月は原則月1回とするが、処遇状況に応じ、会議の場で検討する。		開催場所	〇〇〇〇病院	
検討事項	① 通院医療の状況について ② 安定した地域生活を継続するための方策について ③ 関係機関の連絡体制について				
留意事項	ケア会議ごとに次回開催日を決めておく。				
連携方法	電話連絡及び文書による調整。 原則、本人に参加を求めてケア会議を行う。				
(4) 処遇の内容・方法					
① 通院医療	目標				
	内容	機関名・所在地	担当者	回数	実施方法等
	通院医療	〇〇〇〇病院 (〇〇市〇〇町 XXXXX)	A 医師	週1回	毎週木曜日 時から 情報関係の構築に重きを置く。
	訪問看護	〇〇〇〇病院 (〇〇市〇〇町 XXXXX)	B 精神保健福祉士 /F 看護師	月1回	初回時服薬状況を確認する。また、 複数での訪問を予定(必要に応じ、 他機関スタッフとの同行期間)。
	デイケア	〇〇〇〇病院 (〇〇市〇〇町 XXXXX)	B 精神保健福祉士 /F 看護師	週3回	月、水、外来診療日(木)
留意事項					

Client-centred Approach

- Regular care meeting with stakeholders and client



Other Initiatives

- Family Support

- Peer Support

Former clients can provide invaluable perspectives as a person with lived experience for current clients, for rehabilitation coordinators and for other stakeholders.

- Victim Support

- Awareness Raising

Conclusion – the secret of the success of this scheme

- We are always mindful of keeping the client engaged in medical care and social support even after the involvement of the criminal justice system (probation office) ends.
- We know that criminal justice alone cannot provide effective intervention to prevent further offences. Neither do other stakeholders.
- Precise assessment is essential to provide individualized treatment.
- We don't leave the client behind in the process of treatment. The client is a key player on the treatment team.

Description → Assent



Dialogue → Agreement

Thank you for your attention

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