

Symposium | Community care : [Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

🏛 Sat. Sep 27, 2025 10:40 AM - 12:10 PM JST | Sat. Sep 27, 2025 1:40 AM - 3:10 AM UTC 🏛 Session
Room 2 (Main Hall B)

[Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Moderator: Masayuki Noguchi (Okayama Prefectural Mental Health & Welfare Center)

[SY-62]

Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Laurence Kirmayer², Boung Chul Lee³, Chiyo Fujii⁴, Masayuki Noguchi¹ (1. Okayama Prefectural Mental Health & Welfare Center (Japan), 2. McGill University (Canada), 3. Hallym University Hangang Sacred Heart Hospital (Korea), 4. National Institute of Mental Health National Center of Neurology and Psychiatry (Japan))

[SY-62-01]

Community Mental Health: A Cultural-Ecosocial Approach

*Laurence J Kirmayer¹ (1. McGill University (Canada))

[SY-62-02]

Disasters and Community Mental Health

*Boung Chul Lee¹ (1. Hangang Sacred Heart Hospital (Korea))

[SY-62-03]

Evolving Roles of Psychiatric Care Providers in Community Mental Health: Collaborative Outreach for People with Unmet Mental Health Needs in Japan

*Chiyo Fujii¹ (1. National Center of Neurology and Psychiatry (Japan))

[SY-62-04]

Community-based Integrated Mental Health Care System for People with Mental Health Needs in Japan: Addressing Unmet Mental Health Needs through the Public Mental Health Sector.

*Masayuki Noguchi¹ (1. Okayama Prefectural Mental Health & Welfare Center (Japan))

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Keywords : community mental health、 cultural-ecosocial perspective、 cultural psychiatry、 disaster psychiatry

This symposium will focus on community mental health systems that provide care for individuals experiencing psychological distress, including those with severe mental illness, disaster victims, immigrants, and refugees.

These populations often face significant vulnerabilities due to precarious living conditions, socioeconomic challenges, stigma, and prejudice.

Psychological distress can exacerbate these vulnerabilities, creating a cycle that deepens their burden.

Community mental health systems, whether addressing severe mental illness, disaster recovery, or the needs of immigrants and refugees, share core features and functions. These systems strive to:

1. Understand the distress of individuals within their unique socio-cultural contexts.
2. Engage clients collaboratively alongside multidisciplinary and multi-sectoral service providers to address the social determinants of mental health.
3. Strengthen social resources to support recovery and wellness and to facilitate the integration of individuals into their communities.
4. Promote understanding and reduce stigma associated with psychological distress and mental illness at the community level.

This symposium brings together speakers from Canada, South Korea, and Japan, each with expertise in supporting immigrants and refugees, disaster psychiatry, and community-based mental health services. Particularly a “cultural-ecosocial” perspective of psychiatry (Kirmayer, 2019), would be a shared principle and framework expected to integrate these diverse perspectives globally. Our goal aligns with the WHO's vision of providing “mental health for all” (WHO, 2022).

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[SY-62-01] Community Mental Health: A Cultural-Ecosocial Approach

*Laurence J Kirmayer¹ (1. McGill University (Canada))

Keywords : community mental health、ecosocial systems view、culturally responsive services

This presentation will discuss the basic concepts, structure and practice of community care from a cultural-ecosocial perspective. The ideals of community mental health include providing local access to comprehensive care, understanding patients' mental health problems in social context, maintaining the community integration of people with severe mental illness, and mobilizing community resources for the treatment, recovery, and prevention of mental health problems as well as mental health promotion. The cultural ecosocial approach emphasizes the embedding of mental health problems in specific social contexts that create niches with resources, affordances, challenges and constraints. Local niches are embedded in larger social systems with their own dynamics. Systemic thinking is central to understanding the cause and course of mental disorders and to developing treatment services and prevention strategies.

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[SY-62-02] Disasters and Community Mental Health

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Keywords : Disaster、Community mental health、Trauma

Community mental health in South Korea has developed more slowly compared to other sectors. The treatment environment remains heavily focused on inpatient care, and although the number of mental health welfare centers and psychiatric rehabilitation facilities has increased, it is still insufficient to meet the needs of the population. Social stigma surrounding mental illness remains prevalent in South Korea, with only about 15.3% of individuals with mental disorders receiving treatment. This stigma often manifests in real-world disadvantages, such as limitations in obtaining insurance or concerns about discrimination in the workplace. While there have been gradual improvements, this societal atmosphere continues to hinder interest and investment in community-based mental health services. In South Korea, shifts in public perception of mental health have often been driven by large-scale disasters. When nationally significant crises occur, public and governmental attention tends to focus on supporting the victims and their families. These social and natural disasters have heightened public awareness of the need for psychological support, gradually normalizing the importance of mental health among the general population. Volunteer efforts and government-led counseling initiatives have played a significant role in reshaping attitudes toward those affected by disasters, with many mental health professionals devoting themselves to these efforts. However, the fragmented approach—where multiple government ministries develop separate psychological support systems—remains a challenge that requires future improvement. Disaster victims often need psychological care not only for trauma directly caused by the event but also for related issues such as anxiety about an uncertain future, depression, social withdrawal, and stigmatization during infectious disease outbreaks. For example, 64.6% of parents who lost children in disasters reportedly left their jobs, and 44.9% of disaster survivors experienced prejudice, conflict, or discrimination from their communities, showing that psychological trauma can affect all aspects of life. While such experiences may not always lead to diagnosable mental disorders, they highlight the necessity of a comprehensive psychological support system. Expanding the scope of community mental health services can be key to reducing the stigma associated with mental illness. A proactive psychological response during national disasters can not only support the recovery of victims but also foster broader public awareness and positive shifts in societal attitudes toward mental health. Early intervention and prevention at the community level can help stop psychological distress from developing into full-blown mental disorders, ultimately contributing to a healthier and more inclusive society.

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Moderator: Masayuki Noguchi (Okayama Prefectural Mental Health & Welfare Center)

[SY-62-03] Evolving Roles of Psychiatric Care Providers in Community Mental Health: Collaborative Outreach for People with Unmet Mental Health Needs in Japan

*Chiyo Fujii¹ (1. National Center of Neurology and Psychiatry (Japan))

Keywords : community mental health、 psychiatric care providers、 unmet mental health needs、 、 comprehensive care

In Japan, psychiatric care providers have traditionally focused on inpatient treatment. However, recent developments show a shift toward community-based engagement, especially through collaboration with public agencies to support individuals with unmet mental health needs (UMHNs)—those disconnected from care and facing complex life challenges.

In several municipalities, psychiatric care providers now work alongside public health centers and local government staff to conduct outreach and care coordination for people with UMHNs. These initiatives, often commissioned by local authorities, involve multidisciplinary teams engaging directly with individuals who might otherwise fall through the cracks of the mental health system.

This shift has been supported by national policy changes. Revisions to the health insurance fee schedule have introduced reimbursement for case management, multidisciplinary collaboration, and inter-agency coordination. Additionally, the Ministry of Health, Labour and Welfare has issued a national guideline on post-discharge support, encouraging continuity of care through stronger partnerships between psychiatric care providers and community services.

Together, these developments reflect a broader movement toward integrating psychiatric services into local ecosystems in collaborative and non-hierarchical ways. Still, this expansion must be approached with care to avoid the risk of over-medicalization. Psychiatric care providers should act not as dominant actors, but as partners within broader support networks involving welfare, housing, and other sectors.

This presentation will highlight emerging practices in which psychiatric care providers contribute to community-based outreach and support for UMHNs, discussing both the policy context and practical challenges in building inclusive mental health care systems.

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[SY-62-04] Community-based Integrated Mental Health Care System for People with Mental Health Needs in Japan: Addressing Unmet Mental Health Needs through the Public Mental Health Sector.

*Masayuki Noguchi¹ (1. Okayama Prefectural Mental Health & Welfare Center (Japan))

Keywords : community mental health care、 unmet mental health needs、 Community-based Integrated Mental Health Care System for People with Mental Health Needs、 multidisciplinary outreach team、 public mental health

Since 2019, Japan has implemented the *Community-based Integrated Mental Health Care System for People with Mental Health Needs* (CIMHS). Japan's mental health care system comprises three sectors: psychiatric, public mental health, and welfare. The public mental health sector includes municipal health and welfare departments, public health centers, and prefectural mental health & welfare centers. A key responsibility of this sector is to coordinate the CIMHS within its jurisdiction—whether at the municipal or prefectural level. A critical issue faced by the public mental health sector is supporting individuals with unmet mental health needs (UMHNs), particularly those disengaged from psychiatric treatment. Psychiatric institutions are bound by regulations requiring formal treatment contracts with clients, which limits their ability to reach individuals who are reluctant to engage in care. In contrast, the public mental health sector is permitted to contact and support these individuals directly. People with UMHNs often experience multiple, interrelated challenges such as inadequate housing, poverty, poor hygiene, malnutrition, social isolation. Typically, municipal public health nurses or social workers serve as the first point of contact. When cases become particularly complex, public health centers are expected to provide additional support. Prefectural mental health & welfare centers—comprising psychiatrists, clinical psychologists, and other professionals—offer further assistance through supervision, training workshops, and the deployment of multidisciplinary outreach teams. Engaging people with UMHNs is profoundly challenging. However, the “eco-social perspective” proposed by Kirmayer (2019, 2024) offers valuable guidance: Understanding distress within unique socio-cultural contexts of people with UMHNs; Collaborative engagement with clients, supported by multidisciplinary and multi-sectoral service provider to address the social determinants of mental health; Strengthening social resources to support recovery and reintegration into the community. The public mental health sector is expected to meet this challenge through its continued efforts in developing and implementing CIMHS.