

Symposium | Forensic Psychiatry : [Symposium 26] Balancing Legal Obligations and Medical Ethics: Implementing Rights-Based Mental Health Care under the CRPD

📅 2025年9月26日(金) 9:00 ~ 10:30 🏢 Session Room 4 (Large Hall B)

[Symposium 26] Balancing Legal Obligations and Medical Ethics: Implementing Rights-Based Mental Health Care under the CRPD

Moderator: Samuel F. Law (University of Toronto), Shinsuke Kondo (University of Tokyo)

[SY-26-03] Cross-national comparison of involuntary hospitalization: Ideas for reforming Japan's mental health system

*Shinsuke Kondo¹ (1. University of Tokyo (Japan))

キーワード : CRPD、Mental Health Act、Involuntary hospitalization、Rights-based vs. capacity based

Japan's Mental Health and Welfare Act legitimizes involuntary hospitalization based on the *parens patriae* principle: when individuals with mental disorders are judged incapable of recognizing their need for treatment, they may be hospitalized without consent to protect their interests. Although the law includes a provision encouraging voluntary admission, the number of coercive admissions has remained high. Following Japan's ratification of the Convention on the Rights of Persons with Disabilities (CRPD) in 2014, which urges the abolition of non-consensual treatment solely on the basis of disability, awareness of this rights-based framework remains low among clinicians.

As part of a research project funded by Japan's Ministry of Health, Labour and Welfare—titled “*Study on Optimizing Inpatient Care Strategies within Community-Based Mental Health Systems*”—our team conducted a comparative legal and clinical survey. We reviewed the mental health laws of several countries and interviewed frontline psychiatrists using case vignettes to explore how involuntary hospitalization is implemented in practice.

This presentation focuses on a comparison between Japan and Canada. Canada was selected among Pacific Rim countries as a case study because of its relatively advanced community-based mental health system. In Canada, physicians—not limited to psychiatrists—can authorize involuntary hospitalization, allowing flexible responses in rural areas. Strict time limits are imposed, with regular renewal and oversight by independent Review Boards. In contrast, Japan requires certification as a Designated Psychiatrist, and its oversight remains weak, partly because its Mental Health Review Boards lack the capacity to function as effective safeguards. Although the 2024 legal amendment introduced time limits for involuntary hospitalization and mandated abuse reporting, its implementation remains doubtful, as the system still contains significant loopholes.

Insights from the Canadian system highlight the importance of enforceable safeguards, independent oversight, and transparency to better align mental health care with human rights principles.