

Symposium | AI&IT : [Symposium 29] Trends in mental health in Japan from the perspective of social changes

📅 Fri. Sep 26, 2025 9:00 AM - 10:30 AM JST | Fri. Sep 26, 2025 12:00 AM - 1:30 AM UTC 🏢 Session Room 7
(Conference Room C)

[Symposium 29] Trends in mental health in Japan from the perspective of social changes

Moderator: Masato Masuda (Department of Psychiatry, Faculty of Medicine, Fukuoka University), Rika Tanaka (Studio Rika Clinic)

[SY-29]

Trends in mental health in Japan from the perspective of social changes

Yuichiro Tokunaga¹, Shunya Kurokawa², Hiroe Ohnita³, Mayumi Shimamatsu¹, Enka Tomono⁴ (1. Shiranui Hospital (Japan), 2. Project assistant doctor, Department of Neuropsychiatry, Keio University School of Medicine (Japan), 3. Kyushu Branch, Japan EAP Systems (Japan), 4. Kyushu Women's University Graduate School, Professor (Japan))

[SY-29-01]

Telepsychiatry and Occupational Mental Health in Japan: Opportunities and Challenges

*Shunya Kurokawa¹ (1. Department of Neuropsychiatry, Keio University School of Medicine (Japan))

[SY-29-02]

Characteristics of Mental Health Support by Japanese EAP

*Hiroe Onita¹ (1. Satoko Nakama Japan EAP systems (Japan))

[SY-29-03]

Mindfulness and Stress Care Unit of Shiranui Hospital : From History to the Future

*Mayumi Shimamatsu¹ (1. Shiranui Hospital (Japan))

[SY-29-04]

Clinical Education and Mental Health—Problematic Internet Use, school absenteeism, and developmental disabilities in children

*EN KA TOMONO¹ (1. Kyushu Women's University Graduate School (Japan))

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Keywords : Changes in mental illness、 Women's mental health、 Depression treatment for workers

As a result of changes in the global social structure, the circumstances surrounding mental health care are also changing significantly. There has also been a decline in the prevalence of schizophrenia (Lancet, 2009), with the WHO predicting that depression will become the most common of all illnesses by 2030. On the other hand, due to the coronavirus pandemic, many countries are starting to offer medical online treatment.

Japan's industrial structure also changed from 1945, when there were many primary industries, to tertiary industries, including the introduction of IT, in 1989. At the same time, average life expectancy has increased by 20 years over the past 40 years. Expectations for future changes are large, with demographic forecasts predicting that by 2100 Japan's population will drop from 120 million to 70 million and India's 1.5 billion. It is expected to become the most populous country in the world.

These changes are also reflected in psychiatric care in Japan. At this symposium, we expect several speakers to give presentations mainly on changes in mental health care in Japan. The contents include online medical treatment, women's mental health, EAP and corporate support, and inpatient treatment in a ward specializing in depression.

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[SY-29-01] Telepsychiatry and Occupational Mental Health in Japan: Opportunities and Challenges

*Shunya Kurokawa¹ (1. Department of Neuropsychiatry, Keio University School of Medicine (Japan))
Keywords : Occupational Mental Health、telepsychiatry、technology、AI

In Japan, despite the global acceleration of telemedicine, online psychiatric care continues to face significant barriers. One of the primary challenges is the lower reimbursement rate for telepsychiatry compared to face-to-face consultations, a disparity that persists even after deregulation prompted by the COVID-19 pandemic (Kinoshita & Kishimoto, 2022). This reimbursement gap has notably delayed the widespread adoption of telepsychiatry, setting Japan apart from most other developed nations. Recent evidence, however, demonstrates strong clinical support for telepsychiatry. A multicenter randomized controlled trial conducted across Japan showed that live two-way video consultations are non-inferior to in-person psychiatric treatment for common mental health conditions, including depression, anxiety, and obsessive-compulsive disorder. Importantly, patient satisfaction, clinical outcomes, and treatment retention were equivalent between online and face-to-face formats, with telepsychiatry providing additional convenience and accessibility benefits (Kishimoto et al., 2024). The integration of telepsychiatry with occupational health services presents significant potential. For instance, small businesses employing fewer than 50 workers—typically below the threshold required to appoint occupational physicians under Japanese law—can benefit from remote mental health consultations. Moreover, technological innovations, including artificial intelligence-driven administrative tools, can enhance operational efficiency by streamlining documentation and follow-up processes. Nonetheless, the rapid growth of telemedicine also brings emerging ethical and practical concerns. Increasingly prevalent commercial services advertise immediate issuance of medical leave certificates via online consultations, while "job resignation assistance" services gain popularity. These trends underscore the importance of establishing clear guidelines and regulations to safeguard the integrity of psychiatric practice. This presentation will explore these opportunities and challenges, outlining potential pathways to effectively integrate telepsychiatry within occupational mental health frameworks in Japan.

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[SY-29-02] Characteristics of Mental Health Support by Japanese EAP

*Hiroe Onita¹ (1. Satoko Nakama Japan EAP systems (Japan))

Keywords : return to the work support、rediness to return to work、cause of absence

One of the most distinctive features of EAP in Japan is the need for return-to-work support. Because most Japanese companies have longer period of leave due to personal illness than other countries. Therefore we need to add the adjust their life rhythm and support to utilize interpersonal skills and work on specific issues.

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[SY-29-03] Mindfulness and Stress Care Unit of Shiranui Hospital : From History to the Future

*Mayumi Shimamatsu¹ (1. Shiranui Hospital (Japan))

Keywords : depression、mindfulness、anxiety sensitivity、low self-esteem、psychological defenses

Since 1989, the fully open “Ocean Ward” at Shiranui Hospital has admitted 6,544 patients with mood disorders. Through years of clinical development, the ward has pursued a unique therapeutic model based on supportive and insight-oriented therapy, positioning mindfulness as a core treatment modality. The ward’s design incorporates natural sensory stimuli—ocean tides, wind, and light—to activate the five senses and promote healing. Patients with depression often experience cognitive rigidity and low self-esteem. Mindfulness helps enhance present-moment awareness, emotional regulation, and cognitive flexibility. In 2023, mean HAM-D scores improved from 24.7 at admission to 10.4 after one month, and 7.7 at discharge. These findings are consistent with data presented at the 2022 APA Annual Meeting. Introducing mindfulness, particularly in treatment-resistant depression or those with traumatic experiences must be approached with caution. Careful attention is required not to prematurely dismantle avoidance or denial mechanisms that may serve as psychological defenses against traumatic memories. The establishment of trust and psychological resilience is essential to ensure emotional safety and therapeutic efficacy. A multidisciplinary team—including nurses, occupational therapists, aromatherapists, psychologists, and mental health social workers—provides comprehensive and individualized care. Psychological assessments of over 200 participants were analyzed before and after mindfulness-based group therapy. As a result, a strong correlation was found between improvements in FFMQ scores and reductions in trait anxiety measured by the STAI, based on Pearson’s analysis. This suggests that greater mindfulness acquisition is associated with lower anxiety sensitivity. As psychiatric care trends toward shorter hospitalizations amidst growing socio-economic challenges, the ward aims to enhance not only inpatient recovery but also post-discharge continuity of care. Integration of long-term support systems and communities is key to responding to changing patient needs.

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[SY-29-04] Clinical Education and Mental Health—Problematic Internet Use, school absenteeism, and developmental disabilities in children

*EN KA TOMONO¹ (1. Kyushu Women's University Graduate School (Japan))

Keywords : Clinical Education、 Problematic Internet Use、 school absenteeism、 developmental disabilities

The Certified Psychologist Act was enacted in 2017 in response to the changes in mental healthcare in Japan, creating the first national certification for psychologists in Japan. They provide psychological support and other services in five fields, including medical health, education, and industrial work.

The digitalization of education fields is rapidly progressing and has both positive and negative aspects. In this symposium, I introduce some of the research conducted by the research team of which I am a member. Our team is currently investigating the effects of problematic Internet use such as Internet and smartphone addiction and long screen times on children's mental and physical development (e.g., eyes, sleep, and brain) and the mechanisms underlying educational and social problems.

Education has become more diverse with the spread of online education and increased educational support through free schools. And, the number of school absenteeism children and those with developmental disabilities have markedly increased, which can be described as educational and clinical problems. The number of school absenteeism children reached a record high of approximately about 350,000 in FY2023. The number of children with developmental disabilities enrolled in special education classes doubled in 10 years, from 164,000 in 2012 to 353,000 in 2022. Discomfort with these three clinical issues in education is becoming more prevalent. Therefore, we would like to reflect on the current situation and what is happening from the perspectives of the mind, relationships, and attachment.