

Symposium | Community care : [Symposium 1] What is truly effective outreach services in community mental health ?- Report on practices and issues in Japan and Canada:For system building and human resource development -

2025年9月25日(木) 13:05 ~ 14:35 Session Room 2 (Main Hall B)

[Symposium 1] What is truly effective outreach services in community mental health ?- Report on practices and issues in Japan and Canada:For system building and human resource development -

Moderator: Itsuo Asai (Heart Clinic Medical Corporation), Lisa Andermann (Department of Psychiatry, University of Toronto)

Commentator: Sosei Yamaguchi (National Institute of Mental Health, National Center of Neurology and Psychiatry)

[SY-1]

What is truly effective outreach services in community mental health ?

- Report on practices and issues in Japan and Canada:

For system building and human resource development -

Koji Yoshida¹, Mariko Watanabe², Sosei Yamaguchi³, Maria A.Y Choi⁴, Samuel Law⁵ (1. Toyo University (Japan), 2. Chihaya Clinic (Japan), 3. National Institute of Mental Health, National Center of Neurology and Psychiatry (Japan), 4. Court Support Program & Seniors Wellness Centre (Canada), 5. University of Toronto (Canada))

[SY-1-01]

Implementation and Current Challenges of ACT in Japan

*Koji Yoshida¹ (1. Toyo University, JPN (Japan))

[SY-1-02]

The Current State of Psychiatric Care and ACT Practice in Japan

*Mariko Watanabe¹ (1. Chihaya ACT Clinic (Japan))

[SY-1-03]

From office to client homes: Insights from ethno-culturally focused inter-professional practice in community mental health programs in Toronto, Canada

*Maria A.Y. Choi¹ (1. Mount Sinai Hospital - Sinai Health (Canada))

[SY-1-04]

Recent Development in Assertive Community Treatment Model

*Samuel F. Law¹ (1. University of Toronto (Canada))

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キーワード : Assertive Community Treatment、Intensive Case Management、Cultural comparison

Outreach Services in community mental health, like Intensive Case Management (ICM) and Assertive Community Treatment (ACT) have been established as standard treatments in Western countries to support people with serious mental disorders.

In contrast, Japan introduced ACT 20 years ago, developing a relatively lightweight, unique outreach support system, such as home nursing and welfare services. However, Japan's medical system is still based on a fee-for-service model that centers around hospitalization, and mental healthcare continues to be hospital-centric. Moreover, human resource such as community based social work development is still adapting to this system.

On the other hand, in Canada, ACT and ICM have been successfully developed with strong public support, and in recent years, newer services like Flexible ACT (FACT) have also emerged.

At this symposium, we will report on the current development of support services in Japan, comparing and analyzing the characteristics and challenges of each service. This will be done through contrasting to a more established setting like Canada. We will also consider how to develop human resources and localize outreach support to create the kind of services that is meaningfully beneficial in the community.

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[SY-1-01] Implementation and Current Challenges of ACT in Japan

*Koji Yoshida¹ (1. Toyo University, JPN (Japan))

キーワード : Outreach、Assertive community treatment、dissemination

Assertive Community Treatment (ACT) was first introduced in Japan in 2002 through a government-funded clinical research project (ACT-J). The initial study demonstrated reductions in hospitalization and high client satisfaction. Since then, ACT has expanded gradually, mainly through private-sector initiatives. By 2020, around 20 ACT teams were active nationwide, organized under the ACT Japan Network, now known as the Community Mental Health Outreach Network Association.

Japanese ACT teams have maintained service quality using fidelity scales adapted from international models (DACTS, TMACT) to fit local conditions. Core principles and technical standards have largely been preserved. However, the sustainability of these teams is threatened by systemic challenges, particularly in financing. Japan lacks a dedicated reimbursement structure for ACT. While medical visits (by doctors and nurses) are adequately reimbursed, services by other professionals (e.g., social workers, psychologists) are undercompensated. Welfare-based payments are significantly lower, and most systems require formal user contracts—often unworkable with hard-to-reach populations. As a result, ACT teams often provide unpaid services, threatening long-term viability.

Another major challenge lies in the educational infrastructure. Japan's mental health system still emphasizes pharmacological and hospital-based care. Training opportunities for field-based community mental health practices are limited, especially for psychiatrists, nurses, and social workers. This lack of structured education and training is a key barrier to ACT's expansion—especially critical given Japan's aging population and mental health workforce shortages.

Despite ACT's proven effectiveness, its dissemination remains limited. Structural constraints in finance and training must be addressed to scale the model.

During the upcoming symposium, the presenter will share data on Japan's ACT situation and hopes to engage in dialogue with Canadian professionals to explore strategies for strengthening community mental health systems.

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[SY-1-02] The Current State of Psychiatric Care and ACT Practice in Japan

*Mariko Watanabe¹ (1. Chihaya ACT Clinic (Japan))

キーワード : Community-based care、Assertive Community Treatment、System building、Recovery-oriented approach

Over the past two decades, community-based care for individuals with mental illness has gradually gained recognition in Japan. This presentation introduces our Assertive Community Treatment (ACT) team and its daily practices, supplemented by video interviews with service users. Since the early 2000s, Japan has changed several psychiatric policies to enhance community care. In 2011, the government recognized mental illness as one of the five major national diseases, and in 2018 introduced the "Community-Based Integrated Care System for People with Mental Illness," promoting social inclusion. Furthermore, psychiatric care in Japan currently faces ongoing systemic reforms, particularly since the United Nations' recommendation, based on the Convention on the Rights of Persons with Disabilities, urging the abolition of involuntary hospitalization. Despite these changes, psychiatric care remains predominantly hospital-centered, reinforced by reimbursement systems favoring inpatient treatment. Consequently, funding for community-based care remains limited, hindering the implementation of effective strategies. This issue arises from entrenched national policies and traditional medical education emphasizing custodial care. Thus, hospitalization costs and involuntary admissions have increased, exacerbated by workforce shortages in community care, particularly in rural areas affected by Japan's declining birth rate. To address these challenges, many mental health providers have adopted outreach services over the past 25 years. The Association of Community Mental Health & Outreach has facilitated collaboration and advocacy among these providers for 15 years. Our urban-based ACT team provides comprehensive outreach services, encompassing not only medical services but also social services through collaboration with welfare agencies. Employing a recovery-oriented approach, we emphasize personalized care and support transitions from ACT to other appropriate services. This presentation aims to highlight practical strategies to advance user-centered mental health outreach services in Japan and internationally.

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[SY-1-03] From office to client homes: Insights from ethno-culturally focused inter-professional practice in community mental health programs in Toronto, Canada

*Maria A.Y. Choi¹ (1. Mount Sinai Hospital - Sinai Health (Canada))

キーワード : Assertive Community Treatment、Intensive Case Management、Cultural comparison

For individuals experiencing persistent and complex mental health challenges, outreach services within community mental health programs have shown effectiveness in engaging clients and supporting recovery. In the diverse communities of the Greater Toronto Area, many immigrants face heightened stress, challenges adapting to a new cultural environment, language barriers, and experiences of discrimination. These factors can increase their risk of developing and perpetuating their mental illness. These populations also face significant barriers when accessing mainstream mental health services. Providing care that is culturally and linguistically appropriate has been shown to be particularly helpful in meeting their needs and supporting recovery. Mount Sinai Hospital's Community Mental Health Programs, established in 1999, were created to respond to these challenges through a recovery oriented, client-centred framework that emphasizes accessibility, cultural acceptability, continuity of care, community integration, and inter-professional collaboration. The programs include the Assertive Community Treatment Team (ACTT), the Mental Health Court Support Program, and the geriatric mental health Seniors Wellness Centre. Each program operates with an inter-professional team and continues to evolve through strategic human resource development and localized outreach services to ensure care remains accessible, culturally responsive, and tailored to client needs. This presentation will highlight how ACTT teams adapt outreach interventions to reflect cultural contexts, local community dynamics, and the lived experiences of service users. It will also briefly discuss outreach services for older adult populations. Finally, it will share successes and challenges of inter-professional collaboration as it moves from basic coordination to fully integrated, holistic care.

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[SY-1-04] Recent Development in Assertive Community Treatment Model

*Samuel F. Law¹ (1. University of Toronto (Canada))

キーワード : Assertive community treatment (ACT)、Community psychiatry、cultural psychiatry、flexible ACT

In this presentation, we will briefly review the Assertive Community Treatment (ACT) model that was first created in the USA in the 1970s to serve those who have severe and persistent mental illness and came to live in the community after the deinstitutionalization movement. ACT has been well researched to be effective in reducing hospitalization and improving quality of life for patients in the USA and other international settings such as Canada, Australia and some European settings, but mixed or no improvement results were found in other parts of the world, particularly England. We will explore some key understanding of these differences, leading to introduction of some recent developments in the Assertive Community Treatment model such as Flexible ACT (FACT) pioneered in the Netherlands. Discussion on ACT model implementation in global context is of current interest as different economic, cultural, and contextual evidence on effectiveness require careful consideration.