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Name of the University, Hospital, Research Institute, Academy or Ministry

Nagasaki University Graduate School of Biomedical Sciences

Name of the Division, Department, Unit, Section or Area

Division of Neuropsychiatry

City Nagasaki Reference Number JPN-35

Title WHO Collaborating Centre for Research and Training in Mental Health

Report Year 01/2012 to 01/2013

1. Please briefly describe the progress made in the implementation of your agreed workplan as WHO collaborating centre during the past 12 months (or the reporting period listed above). Please report on how each workplan activity was implemented, if any outputs have been delivered, if any results have been achieved and if any difficulties have been encountered during this time. If an activity has previously been completed, has not started yet, or been placed on hold, please indicate this.

#### Activity 1

Title: schizophrenia long-term outcome

Description: Our center has independently investigated long-term outcomes for the above patients, and has been providing new information in Japan. For example, we reported that factors related to short-term outcomes for schizophrenia do not necessarily relate to long-term outcomes, and this point has gained significant recognition in Japan. Patients in our study have had the disease for more than 20 years, and we are in the process of preparing for a 25-year follow-up study. For many years, The Nagasaki World Health Organization (WHO) Collaborating Center for Research and Training in Mental Health has been participating in a collaborative study of schizophrenia. `WHO Collaborative Study on the Determinants of Outcome of Severe Mental Disorders' (DOSMeD) started in 1976, subjects were first collected in 1979-1980 for an incidence study of schizophrenia in Nagasaki. 107 patients who visited 30 institutions participating in the case-finding search were registered for this study. The patients were followed from first contact to 1, 2, 5, 10, and 15 years later. 5- and 10-year follow-ups were conducted independently by the Nagasaki Center. This time, we are investigating long-term outcomes of schizophrenia in Nagasaki.

The clinical outcomes of successfully traced patients were evaluated by Positive and Negative Syndrome Scale (PANSS), Scale for the Assessment of Negative Symptoms (SANS), Mini-ICF-Rating for Mental Disorders (Mini-ICF-P), Disability Assessment Schedule (DAS), Life Chart Schedule (LCS), Katz Adjustment Scales (KAS), the 26-item short form of the World Health Organization Quality of Life (WHO-QOL-26), Global Assessment of Functioning Scale (GAF), Global Assessment Scale (GAS) and Clinical Global Impression (CGI). All of the interviews were given by psychiatrists who had performed the reliability exercises for the assessment instruments of this study. As a biological indicator, serum brain-derived neurotrophic factor (BDNF) levels of subjects were examined.

So far, we followed up 28 subjects. Major part of hospitalized patients was staying for long periods. Others were receiving out-patient treatment. A few cases were dead by suicide or from illness. A small minority of subjects were working.

There were various clinical outcomes. Subjects with continuous psychotic symptoms were remarkable. Social function deteriorated in subjects who were hospitalized for long periods. Out-patients were keeping social function to some extent.

We have still continued to research a study of Long-term Course and Outcome of Schizophrenia. Our center made poster presentation about this research at the 19th World congress of World Association for Social Psychiatry in Prague, on 2007. Hereafter we will continue this study for research at mental clinics in Nagasaki city and suburb area. We are going to continue this long-term follow up study in 2008 or later. And we will check and find out another follow up patients. Since then we will analyses the relation many factors and out- comes and will make presentation of the result.

We continue the extremely long term follow up study of first episode of schizophrenia. We began to start a new study about being at the risk state of mental disorders for young people. We plan to use the SIPS (structured interview for psychosis-risk syndromes) for assessment. We continuously recruit the cases mainly by the Senior Lecture Dr. Kinoshita. And the leading staffs of this study participated in the multifarious facilities' collaborative meetings on ARMS and CBT which is said to be a new strategies for the at risk patients. And we prepare to start the comparative study between the group used only medication and the one used both medication and CBT. We will find out the rate of crisis from ARMS to psychosis in our community.

We are also undertaking the epidemiologic study of first-episode psychotic, developing the early intervention strategy for supplying support and treatment, and clinical research for verifying their effects as a government-granted study. The planned duration of this study was one year from August 2011, but it has been extended to 2 years. We try to collect the appropriate cases which are increasing now. Therefore we will report the result in 2014.

We use CAARMS, PANSS, MINI and their social and economic backgrounds for assessment. We are now open for patients' registration to the research and then we are going to analyze the data.

#### Activity 2

Title: Stigma against Mental Disorders in Japan

Description: We are collaborating with a unique community to develop an anti stigma model in Japan. In Urakawa, Hokkaido, A town of 16,000 residents where population decline is progressing, there is a community for mentally disabled people that receives 2000 visitors annually for touring or news coverage purposes. This community, which is known for its Bethel Home( meaning "God's Home" as taken form the old Testament), is a group of nearly 150 mentally disabled individuals from all over Japan with 20 caretaker staff members, all working together. The community's age range is also widespread, extending from as young as individuals in their 70s. This is rare case, even in nationwide terms, where the mentally disable individuals themselves and the local residents cooperate together in running a bussiness.As a bussiness groupcontributing to the local commuinity, treatment attentively focuses on communication as the key to everything and thinking of how contributionscan be made to the local community. Stigma and social Distance toward Persons with Mental Disorders-Survey Results Reagrding People with Schizopherenia. Background: Although the participation in society of persons with mental disorders in Japan is improvingafter on the enhancement of the law of Self-Reliance Support for the Disable established in 2006, the stigma of the general public is a factor making this difficult. We report that results of survey of 1,000 individuals from the general public on the stigma and social distance associated with the persons with schizopherenia.

Method:base on a survey of 1,000 individuals from the general publicin 25 nationwide locations in Japan, using evaluative scales that have had their reliability and validity confirmed. Including case vignettes involving people with schizopherenia, the familiarity, stigma, and social distance attached ti these individuals was evaluated. We willstude a unique community develops an antistigma model in Japan where are in Urakawa, Hokkaido, a town of 16,000 residents and Bethel Home in aspects of descriptive reports and psychiatric epideminology.

1. We continuously keep the collaboration with a unique community in Urakawa, Hokkaido, Bethel's Home to develop an anti-stigma model in Japan. In the year of 2012, on 26th November we had given a lecture to approximately 300 participants of the medical students and the local citizens in Nagasaki Prefecture, to reduce the stigma of mental disorders, in support of the WHO policy on human rights.
2. We incorporate "cinema psychiatry" in our medical education system for medical students; we have published a translated version of a textbook on cinema psychiatry in July, 2012. And the Director of WHO CC Nagasaki, Professor Ozawa has written the columns on psychiatric symptoms and applicable coping styles for both patients and people living with them, for the newspaper for 5 years.
3. Continuously from 2010, we held the 3rd annual meeting for Mental Health and Nutrition on 9th of November with approximately 100 participants of psychiatric experts, dieticians and other related specialists to reduce stigma toward psychiatric medication and to search the alternative treatment and the better collaboration between mental health and nutrition.
4. Have started up the Dementia Medical Center which is attached to our faculty, and we held the first conference on 6th of October, 2012. Over 400 specialists including co-medicals participated and it became an educational opportunity for primary care doctors and medical specialists in non-specialized health settings.

2. Please briefly describe your collaboration with WHO in regards to the activities of the WHO collaborating centre during the past 12 months (e.g. means of communication, frequency of contact, visits to or from WHO). Please feel free to mention any difficulties encountered (if any) and to provide suggestions for increased or improved communication (if applicable).

The center participates in the ICD-11 revision in Japan. Professor Ozawa participated in Seoul Forum on suicide prevention in the Western Pacific Region from 13th to 15th of September in 2012 in Seoul, and in the World Health Day at WHO HQ in Geneva on 10th of October 2012. Japanese translated version of mhGAP is now being printed with the permission of WHO and we will publish it in summer 2013.

3. Please briefly describe any interactions or collaborations with other WHO collaborating centres in the context of the implementation of the above activities (if any). If you are part of a network of WHO collaborating centres, please also mention the name of the network, and describe any involvement in the network during the last 12 months.

Professor Ozawa visits the Shanghai WHO CC once a month to review the present state of psychiatry in each country, and with their support he sees patients who suffer from mental disorders in non-specialized health settings in the city with the largest number of Japanese abroad and with no psychiatrists who constantly stations. We are also undertaking the survey for the F4 portability of ICD-11 revision in collaboration with Shanghai CC. Dr. Nang from the Shanghai WHO CC is working with us at our center for collaboration research on the atomic-bomb survivors in Japan and Korea.