Epilogue

Further Developments in Social Psychiatry and Psychiatric Epidemiology

Looking back on my research history so far, I have been interested in a variety of issues and have conducted various research studies. However, I think that ultimately a coherent philosophy of research was evident. When a study is conducted at a laboratory in a university, I consider the ideal situation to be the one where the researcher gives priority to pursuing themes that fit within the stated goal of his or her laboratory for contributing to the public, and then to carry out his or her own personal research interests.

Thus, the public research themes for me were social psychiatry studies and cross-national collaborative studies of various mental disorders, mainly schizophrenia and mood disorders, which the World Health Organization has set as the priority for research, and also independent biological studies concerning mental disorders, which the Department of Neuropsychiatry at Nagasaki University collectively conducted. On the other hand, my personal research themes were the study of diseases on the border between neurology and psychiatry, such as epilepsy, and the study of psychiatric and behavioral disorders in children and adolescents, based on my experience at the children’s consultation center where I worked part-time for a long time. I spent a substantial amount of time on each of these themes, and I assume that I reasonably achieved them.

In this book, I have described the details of social psychiatry, especially the psychiatric epidemiology of schizophrenia and depression and primary care-related psychiatric care. Epidemiological study of genetics in the neurological field, which I was greatly interested in during my younger days, is almost impossible to undertake, and, in addition, relevant cases are seldom seen in daily clinical practice, because neurology has now become completely independent from psychiatry.

I served as a psychiatrist in the Department of Neuropsychiatry at Nagasaki University School of Medicine for about 40 years and have set my direction as the study of social psychiatry in clinical psychiatric practice. As I was in charge of the
courses in this area, I have been involved in teaching students in the medical school and other related departments, and training and supervising postgraduate students and young psychiatrists as well. In this situation, there are several themes which aren’t possible to discuss in this book.

One of the most important of such themes is forensic psychiatric practice, including psychiatric examination. I kept to my principle of accepting offers to psychiatrically evaluate people who caused serious criminal cases in Nagasaki and nearby cities. I published some of these psychiatric examinations in papers for not only my interest but also with the desire to enlighten other professionals involved in relevant areas. I have written a long article in my own name in the newspaper, which was widely published, concerning the abundance of simplistic views about mental disorders and their incidence, as well as the misuse of terms relating to specific psychiatric disorders and psychiatry without understanding the reality. I wrote it expecting to dispel prejudice against psychiatry and psychiatric care, standing with my senior and colleagues in the university on their antinuclear position as well.

Following my retirement from the teaching staff of the School of Medicine, I became a teaching staff at a private university and was involved in education for mental-health-based health-care professionals. Since then, my research themes have largely shifted from psychiatry to just mental health. My main educational activity, in addition to educating students who major in social welfare, is to enhance general public understanding of the current status of and improvement of prejudice and discrimination against mental disorders and people with such disorders.

The largest study was a comparative study of two countries that examined mental health literacy over approximately 4 years, with assistance from the Grants-in-Aid for Scientific Research from the Ministry of Health, Labor, and Welfare. I investigated whether or not prejudice against mental disorders and toward people with the disorders in Japan was substantial compared to that in Australia, using a common questionnaire. The results showed that “social distance” toward mental disorders and people with the disorders were markedly greater in Japan. I am now investigating the backgrounds and problems in the education that students receive.

I hope that I can continue the research and practice in mental disorders a little longer. The World Health Organization has been promoting the theme of “No development without health; no health without mental health” for several years. I am also greatly supporting this theme, as I think this phrase grasps the important points.

While the importance of evidence-based medicine (EBM) has spread, its value has not been fully established yet in Japan. I think that people who view themselves as researchers should publish evidence through their studies.

However, when I look at the course of study that I set for this book, I am really ashamed, because I realize that, in fact, I myself have not established findings that can fully respond to EBM. I have truly tried to carry out research with the intention of showing various outcomes through the data. Nevertheless, as I knew that there were many data to analyze in more detail, I realized that my research had not reached a stage that can provide conclusive results through finer analysis. It can be said that I have confronted again the difficulty of establishing EBM only after reviewing my own research process.
Nevertheless, the findings reported in this book were obtained from results of not only my research but also collaborative research with many of my colleagues. It cannot be denied that my participation in a few of the studies was quite small. However, in all cases, I would like to express my sincere appreciation to all my colleagues for helping me to complete this book. Moreover, I would like to deeply thank the president and the staff of the publisher, Nakayama Shoten Co., Ltd.
Appendix

Medical Office (Ikyoku)

A medical office, or ikyoku in Japanese, is generally considered to be an office or lounge for doctors in a hospital. However, an ikyoku is a group of doctors which serves important functions beyond such a physical space, functions essential for both academic and medical practice, including training and instruction to younger doctors. The ikyoku concept and its structure probably developed from Japan’s unique background, which values collective decision-making within a hierarchically organized society. Although originally the ikyoku was a private organization in a hospital, it is now commonly recognized as a public body in many university hospitals. Therefore, the head of the ikyoku who represents the ikyoku is an executive-level doctor in the hospital, and executive meetings consisting of the ikyoku heads are held.

A clinical department (chair system) consists of a professor, associate professor, assistant professors, research associates, staff members, clinical trainees (doctors-in-training), and graduate students, and in many university hospitals the ikyoku also consists of the same members. In some university hospitals, a professor and associate professor of the clinical department are not included in the constituent members of the ikyoku. Where there are a professor and associate professor, decisions against opinions and requests raised by the ikyoku are made by the clinical department. Some large general hospitals also have similar ikyoku as a collective entity of doctors. These days, the head of the ikyoku, who has typically been designated by the professor of the department, is often chosen in an election, recommended by the ikyoku members, and approved by the professor.

An individual entering medical school after senior high school and then completing 6 years of education needs to graduate from the medical school and take the National Medical Practitioners Examination. After passing the examination, the individual needs to receive clinical resident training designated by the Ministry of Health, Labor and Welfare in accordance with the law in hospitals for 2 years or more to become a full-fledged doctor. The medical director of a hospital where a
clinical trainee receives training gives him or her provisional tenure until he or she decides which clinical department to go. Many clinical trainees decide the clinical department they want to go around one year after starting the training. When he/she can receive approval for acceptance by that department, he or she is admitted to the *ikyoku* of that clinical department.

For a clinical trainee, enrollment in a clinical department of his or her choice is, so to speak, the first step to starting his or her career as doctor. He or she becomes a staff member immediately after completing the training or after postgraduate studies at a graduate school of medicine, and will advance to research associate, assistant professor, and associate professor. Enrolled younger doctors receive instructions from seniors in the *ikyoku* step by step in an apprenticeship manner. The *ikyoku* takes care of private and public matters of enrolled doctors.

The significant concerns of *ikyoku* include training younger doctors to develop experts as well as management of human resources. A doctor enrolled in an *ikyoku* can accumulate experience with the assistance of their seniors in a hospital affiliated with the *ikyoku*, while at the same time, the affiliated hospital can secure doctors from the *ikyoku*. The *ikyoku* system seems advantageous for doctors and hospitals, but failure to establish continued harmonious relations between doctors and hospitals may cause troubles. In fact, it has become difficult to maintain cooperative relationship between *ikyoku* and affiliated hospitals due to recent revisions in the training program for younger doctors. Increasing negative opinions on the aforementioned *ikyoku* system may contribute to changing the circumstances more than ever.


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