[9] Health Care and Welfare Measures for Persons with Disabilities

Benefits for Welfare Services and Supports for Persons with Disabilities

Overview

Structure of Benefits for Welfare Services and Supports for Persons with Disabilities (As of March 2024)

Services		Number of offices	Number of users	Contents of services
	In-home long-term care (home help)	22,337	207,088	Provide in-home care for bathing, elimination, meals, etc.
	Home-visit care for persons with severe disabilities	7,631	13,125	Provide comprehensive support to persons with severe physical disabilities or persons with severe intellectual disabilities or persons having significant difficulty in movement due to mental disabilities, who need nursing care continuously with care in their residences, to support meals, bath, elimination and nursing care during transportation when they go out.
	Accompanying support services	5,737	26,898	Provide persons with visual disabilities who have significant difficulties transporting themselves with support when they go out, including provision of necessary information for transportation (including writing/reading for them) and care during transportation, etc.
Lor	Activity support services	2,222	15,342	Provide persons with insufficient judgment with necessary support for avoiding danger which could occur when such persons conduct by themselves and care during transportation when they go out
ıg-term	Comprehensive support for persons with severe disabilities	11	44	Provide persons whose degrees of necessity for nursing care are very high with comprehensive welfare services such as home help service and other various services
Long-term care benefits	Short-stay service	6,199	59,522	Provide persons who need nursing care with short-time placement in support facilities including nighttime, due to sickness of their in-home caretakers or other reasons, to offer care for bath, elimination, meals, etc.
fits	Care for daily life in medical facilities	260	21,072	Provide persons with disabilities who need medical and continuous nursing care with functional training, care management, nursing care, daily care, etc. in medical facilities
	Care for daily life	12,804	303,058	Provide persons with disabilities who need nursing care continuously with care for bath, elimination, meals as well as opportunities for creative or productive activities mainly in the daytime
	Nighttime support, etc. in support facilities for persons with disabilities (support for residential care)	2,546	123,245	Provide persons with disabilities living in support facilities with care for bath, elimination, meals, etc. during nighttime and holidays
	Rehabilitation service (trainings for improving physical function and social abilities)	1,535	17,030	Provide persons with disabilities with trainings for improving physical function or social abilities for a certain period so that they can live independent daily and social life
Ben	Transition support for employment	2,899	36,275	Provide persons with disabilities who desire to work in a private company, etc. with necessary trainings for improving knowledge and skills needed to enter the work-force for a certain period
Benefits for training, etc	Continued employment support for employment (type A/B)	21,929	442,968	Provide persons with disabilities who have difficulties to work in a private company, etc. with opportunities for employment as well as necessary trainings for improving knowledge and skills needed to enter the work-force
ning, etc	Employment establishment support	1,640	17,364	Providing supports to persons who have transitioned to general employment to deal with life-related issues associated with employment
ç,	Independent life assistance	279	1,198	Providing necessary information and advice to persons who have moved from public facilities etc. to living alone through regular home visits and occasional consultations.
	Group home with aid (group home)	13,577	187,497	Provide persons leading communal lives with consultation, care for bath, elimination, meals, and other aid in their daily lives in their residence during nighttime in particular.

^{*} The number of offices and users are obtained by extraction and counting on the basis of the actual payment data of the Federation of National Health Insurance Associations as of March 2024.

Combination of Daytime Activity and Living Place

Service combination is available as an option by dividing services of living facilities into daytime service (daytime activity program) and nighttime service (housing support program).

In using the program, personalized support plan shall be made to provide services that meet respective purpose of use.

Place of daytime activity Select one or more programs below

Care for daily life in medical facilities (medical type) *
Care for daily life
Rehabilitation service (training for improving physical function and social abilities)
Transition support for employment
Continued employment support (type A/B)
Employment establishment support
Independent life assistance
Local activity support center (community life support services)



Support for placement at support facilities for persons with disabilities

or

Housing support services

(functioning of group homes and welf are homes)

^{*}Medical care shall be implemented in combination with admission to medical facilities

Community life support project and self-reliance support benefit (Disability welfare service)

	Community life support project	Self-reliance support benefit (Disability welfare service)
Character	Projects that can be flexibly implemented by a municipality according to the circumstances of community and users	Benefits in accordance with individual specific needs, such as nursing care and employment training
Cost flow	Implemented by a municipality (a municipal government itself carries out a project, or so it does by entrusting to a business operator, etc.)	Benefit paid directly to the user (actually, the business operator receives in place of the user)
User	Implementer's discretion	Certification of disability support classification (required only for persons aged 18 years or above for nursing care, no requirements for training benefit)*, decision on payment is a prerequisite
Usage fee	Discretion of implementing body	Financial burden according to the amount of income
Criteria of service implementation	Implementer's discretion (partially operational criteria: local activity support center, welfare home)	Designated criteria (criteria on personnel, facilities and operation)
Financial sources	Subsidies (partially allocation tax measures) (Proportion of subsidies: for prefectures' projects, Government 1/2 or less, for municipalities' projects, Government 1/2 or less and concerned prefecture 1/4 or less)	Cost burden (Proportion of burden: Government 1/2 or less, concerned prefecture/municipality 1/4)

^{*} As for accompanying nursing care, unless it involves physical care, the certification of disability support classification is not necessary.
* On training for living together, the certification of disability support classification is necessary to receive training benefit under certain conditions.

System of Certification for Persons with Disabilities

	Number of certificates issued (thousand)	Verification provisions	Responsible entities	Application desk
Physical disability certificate	4,842	Article 15 of the Act on Welfare of Physically Disabled Persons	Prefectural governors Mayors of designated cities, Mayors of core cities	Directors of welfare offices that administers place of residence (or mayors of towns and villages in the case a town or a village has no welfare office)
Intellectual disability certificate	1,250	Certificate System for Persons with Intellectual Disabilities (Notification No.156 from Children and Families Bureau of the Ministry of Health and Welfare in 1973)	Prefectural governors Mayors of designated cities (Some of mayors of the core cities where set a child guidance center)	Directors of welfare offices that administers place of residence (or mayors of towns and villages in the case a town or a village has no welfare office)
Mental disability certificate	1,345 (The number registered in the benefit payment book as of the end of fiscal years deducted by the number expired)	Article 45 of Act on Mental Health and Welfare for the Mentally Disabled	Prefectural governors Mayors of designated cities	Mayors of municipalities that administers place of residence

Source: "Report on Social Welfare Administration and Services FY2022" for the number of physical disability certificates and that of Intellectual disability certificates, and "Report on Public Health Administration and Services FY2022" for the number of mental disability certificates issued.

Detailed Data **Number of Persons with Disabilities (estimate)**

(Unit:10,000 person)

		Total	Persons living at home	Persons accommodated in facilities
	Younger than 18	9.9	9.7	0.3
Children/adults with	18 or older	401.5	394.7	6.8
physical disabilities	Unknown age	11.6	11.6	-
	Total	423.0 (34)	415.9 (33)	7.1(1)
	Younger than 18	29.1	28.1	0.9
Children/adults with	18 or older	95.4	83.5	11.9
intellectual disabilities	Unknown age	2.4	2.4	-
	Total	126.8 (10)	114.0 (9)	12.8 (1)

		Total	Outpatient	Inpatient
	Younger than 20 59.9		59.5	0.4
Persons with	20 or older	554.6	526.3	28.4
mental disorders	Unknown age	0.3	0.3	0
	Total	614.8 (49)	586.1 (46)	28.8 (2)

Source:

"Children/adults with physical disabilities"

"Survey on Persons with Disabilities at Home" (2022), MHLW Persons living at home:

Persons accommodated in facilities: Dept. of Health and Welfare for Persons with Disabilities, Social Welfare and War Victims' Relief Bureau, MHLW based on the "Survey of Social Welfare Institutions" (2021), MHLW, etc.

"Persons with intellectual disabilities"

Persons living at home: "Survey on Persons with Disabilities at Home" (2022), MHLW

Persons accommodated in facilities: Dept. of Health and Welfare for Persons with Disabilities, Social Welfare and War Victims' Relief Bureau, MHLW based on the "Survey of Social Welfare Institutions" (2021), MHLW

"Persons with mental disorders"

Outpatients: Dept. of Health and Welfare for Persons with Disabilities, Social Welfare and War Victims' Relief Bureau, MHLW based on the "Patient Survey" (2020), MHLW

Inpatients: Dept. of Health and Welfare for Persons with Disabilities, Social Welfare and War Victims' Relief Bureau, MHLW based

- on the "Patient Survey" (2020), MHLW

 1. The figures in parentheses indicate the number of persons per population of 1,000 (Data for children/adults with physical disabilities and those with intellectual disabilities are based on the Population Estimates 2022, and data for those with (Note) mental disabilities are based on the Population Estimates for 2020)
 - 2. The number of persons with mental disorders is calculated by adding the number of epilepsy and Alzheimer patients to the number of patients of "V Mental and behavioural disorders" of ICD-10 with intellectual disabilities excluded. In addition, the number for each age group is rounded, thus the sum of breakdowns may not equal the total.
 - 3. The number of persons with physical disabilities and that of persons with Intellectual disabilities who are accommodate in facilities do not include those accommodated in facilities for the elderly.
 - 4. The number of persons is rounded, thus the sum of breakdowns may not equal the total.

Medical System for Services and Supports for Persons with Disabilities

Overview

Medical System for Services and Supports for Persons with Disabilities

Objective

Medical system bearing public expenses that aims to reduce the amount of co-payment of medical costs concerning medical services for persons with disabilities to ease and reduce a state of their physical disabilities and mental disorders

* Insurance precedes medical payment for services and supports for persons with disabilities; practically this system shall cover the difference between self-pay burden prescribed by this system and thirty-percent-self-pay- burden after insurance payment. (Burden ratio: national 50%, prefectures 50%)

O Covered

· Outpatient mental medical service:

Persons with mental disorders such as schizophrenia prescribed in Article 5 of Act for the Mental Health and Welfare of the Persons with Mental Disorders (including epilepsy) in a state requiring outpatient mental treatment continuously

· Medical rehabilitation service:

Persons to whom a physically disabled certificate is issued pursuant to the Act on Welfare of Physically Disabled Persons and to whom result is assured by medical service such as an operation, etc. to ease and reduce a state of those disorders (aged 18 and older)

· Medical aid for children with potential disabilities:

Children with physical disabilities (including those deemed to become disabled in the future if not treated with disability-related medical care) to whom a result is assured from a medical service such as an operation, etc. in thereby easing and reducing a state of any such disability (aged younger than 18)

- O Intended main disorders and remedial example
 - Outpatient mental medical service (mental disease):

Psychotropic, psychiatry day care, etc.

• Medical rehabilitation service, medical aid for children with potential disabilities:

Physical disability ••••• arthrogryposis →artificial joint replacement

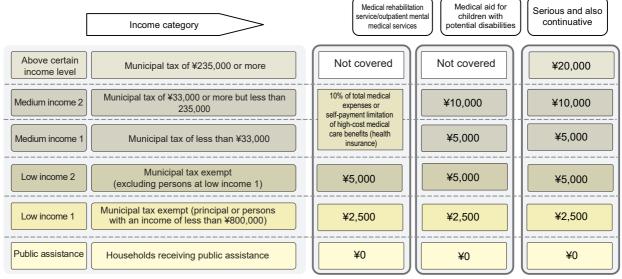
Visual disability •••••• cataract →cataract extraction

Internal impediment ••• impaired cardiac function → valve replacement, pacemaker implantation

 $\textbf{kidney dysfunction} \rightarrow \textbf{liver transplantation, dialysis treatment}$

Basic Framework of the Co-payments for Services and Supports for Persons with Disabilities

- [1] In order to avoid the co-payments from becoming extremely large the monthly co-payment amount shall be established according to their incomes. (10% in case that 10% of total monthly medical expenses are less than this)
 [2] Further reduction measures are being taken for those requiring continued long-term high-cost treatment (serious and
- [2] Further reduction measures are being taken for those requiring continued long-term high-cost treatment (serious and also continuative) and people with medium incomes covered by medical aid for children with potential disabilities.



OThe range of "serious and also continuative"

· Persons covered on the ground of diseases and symptoms

[Medical rehabilitation service/medical aid for children with potential disabilities]

People with kidney, small intestine, immune system, cardiac (limited to anti-immune therapy after cardiac transplantation), or liver (limited to anti-immune therapy after liver transplantations) dysfunctions [Outpatient mental medical services]

- [1] People with cerebral dysfunctions such as schizophrenic disorder, bipolar disorder/depression, epilepsy, dementia, etc., and drug-related disorders (addiction, etc.)
- [2] People who have been judged by a doctor with above a certain level of experience with metal treatment
- People covered on grounds of continuous burden of expensive cost, regardless of the disease

[Medical rehabilitation service/medical aid for children with potential disabilities/outpatient mental medical services] People who have qualified to utilize a variety of medical insurances

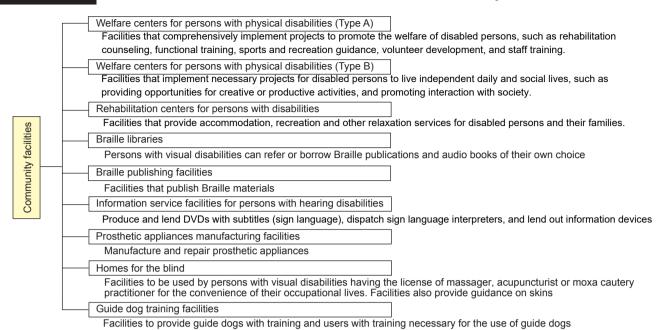
OSpecial transitional measures concerning the maximum monthly co-payment amount

• The maximum monthly co-payment amount for "medium income 1" and "medium income 2" of "medical aid for children with potential disabilities" and "above a certain income level" of "serious and also continuative" are special transitional measures that will continue until March 31, 2024 (Articles 12 and 13 of the Supplementary Provisions of the Order for Enforcement of General Support for Persons with Disabilities Act)

Welfare Measures for Persons with Physical Disabilities

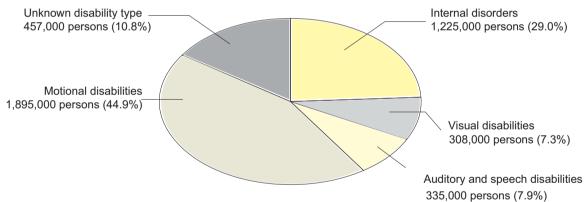
Overview

Outline of Institutional Welfare Measures for Persons with Physical Disabilities



Detailed Data 1 Number of Persons with Physical Disabilities by Disability Type (In-Home)

(Total: 4,219,000 persons) (2016 estimates) (including those with multiple disabilities: 737,000 persons)



Detailed Data 2 Changes in Number of Persons with Physical Disabilities by Age Group (per 1,000 population)

Year	Total	Age 18-19	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60-64	Age 65-69	70 or older
1955	14.5Á	5.3	7.1	14.5	16.0	20.6	25.4	25.4	29.4
1980	23.8	3.5	4.9	7.0	16.0	33.7	55.8	68.7	87.6
2006	32.7	4.5	4.1	6.1	11.6	24.4	48.9	58.3	94.9
ŒFFÁ	35.2Á	4.3	4.2	6.0	10.0	19.8	44.1	53.5	105.4
ÁG€FÎ	АĠИ	4.1	5.9	6.4	9.8	20.3	40.6	56.1	104.3

Source: "Survey on Persons with Physical Disability" and "Survey on Difficulty in Living, etc.", Department of Health and Welfare for Persons with Disabilities, Social Welfare and War Victims' Relief Bureau, MHLW

(Note) The population aged 18 or older taken from the "National Census" and "Population Estimate" of Statistics Bureau, Management and Coordination Agency was used as the base population for calculating the number of persons with physical disabilities per 1,000 population.

Welfare Measures for Children with Disabilities and Persons with Intellectual Disabilities

Detailed data

Changes in Number of Children/Adults with Intellectual Disabilities by Age Group (per 1,000 Population)

	Age 0-9	Age 10-19	Age 20-29	Age 30-39	Age 40-49	Age 50-59	60 or older
1995	2.8	4.1	4.1	2.1	1.7	1.2	0.5
2005	4.9	6.6	5.7	4.8	2.8	1.6	0.7
2011	5.4	9.6	8.2	7.0	4.6	2.6	2.1
2016	9.4	13.8	14.8	7.7	6.7	4.7	4.3

Source: "Survey on Persons with Intellectual Disability" and "Survey on Persons with Disabilities at Home", Department of Health and Welfare for Persons with Disabilities, Social Welfare and War Victims' Relief Bureau, MHLW

(Note) The population aged 18 or older taken from the "National Census" and "Population Estimate" of Statistics Bureau, Management and Coordination Agency was used as the base population for calculating the number of children/adults with intellectual disabilities per 1,000 population.

Mental Health and Medical Welfare Measures

Overview

Outline of Mental Health and Medical Welfare System

Involuntary hospitalization or Involuntary Outpatient emergency involuntary hospitalization Voluntary hospitalization for Emergency psychiatric medical care and hospitalization hospitalization Medical care or an application for public assistance for persons protection care or suspected persons with mental disorders or suspected ICitizen (Article 22 of MHA), police official (Article 23 of MHA), public Emergency hospitalization (Article 33-7 of MHA) Involuntary hospitalization for Voluntary hospitalization prosecutor (Article 24 of MHA), chief probation officer (Article 25 of MHA), (Article 20 of MHA) medical care and protection head of correctional institution (Article 26 of MHA), manager of mental (Article 33 of MHA) Persons with mental Persons with mental hospital (Article 26-2 of MHA), director of designated medical institution disorders in need of disorders in need of Mentally disabled persons (Article 26-3 of MHA)] Medical payment for hospitalization under hospitalization who requiring hospitalization services and support immediate situation who consent to and not in status of for persons with cannot obtain consent of hospitalization Investigation by prefectural governor (Article 27 of MHA) disabilities arbitrary hospitalization a guardian Diagnosis from [Ambulant mental Medical care by a Notification of examination by prefectural governor (Article 28 of MHWMDA) designated doctor is not medical service1 Medical care by a designated designated doctor required, but (Article 58 of SSPDA) doctor Duration of first-person informed Medical care by designated mental health doctor (Article 27 of MHA) Consent of family members, Persons that require hospitalization within 72 consent is necessary constant ambulant etc hours Involuntary hospitalization Emergency involuntary mental treatment and Hospitalization, etc. within 12 Hospitalization, etc. (Article 29 of MHA) hospitalization (Article 29-2 of MHA) hours shall be available in the have been granted within 12 hours shall be · Persons with mental disorders case of emergency and approval of a prefectural available in the case of Persons with mental disorders necessity, by diagnosis from a governor or head of a likely to harm themselves and emergency and seriously likely to harm doctor that satisfy certain designated city others if not hospitalized necessity, by diagnosis themselves and others, and in requirements (specified doctor), in medical institutions Hospitalization measure by Renewable yearly from a doctor that satisfy need of prompt hospitalization prefectural governors Patient's monthly certain requirements that is found to satisfy certain · Hospitalization measure by co-payment amount Requiring that diagnosis from (specified doctor), in prefectural governors requirements shall be established two designated doctors be medical institutions that Transfer (Article 34 of MHA) Diagnosis from one designated according to their coincident is found to satisfy certain doctor income after applying Transfer (Article 29-2-2 of Hospitalization period is requirements Duration of hospitalization within medical insurance MHA) Transfer (Article 34 of within 3 months. (co-payment shall be 72 hours MHA) • Transfer (Article 29-2-2 of MHA) 10% if the monthly service and support fees are below this amount), and the remnant shall Measures to a person who left without permission (Article 39 of MHWMDA) be borne by public Restrictions on movement (Article 36 of MHWMDA) expenditure (national Maintenance of confidentiality (Article 53 of MHWMDA) Temporary discharge (Article 40 of MHWMDA) 50%, prefectures or • Request for discharge, etc. (Article 38-4 of MHWMDA) Within 6 months designated cities 50%) Updating the hospitalization period (Article 33-6 of MHWMDA) ı Periodic report on medical condition * Limited to cases where continued hospitalization for medical care and protection is necessary Periodic report on medical condition ı (Article 38-2 of MHWMDA) (Article 38-2 of MHWMDA) Examination by a designated doctor Limited to cases where this set in I · Consent of family members, etc. i an ordinance by prefectures Holding of the Committee for Supporting the Discharge of ı Hospitalized Patients under Medical Care and Protection · Hospitalization period after the update is within 3 months (within 6 I months in case 6 months have passed since being hospitalized) Examination committee for Application for psychiatric treatment family members. (Article 38-3 and 38-5 of MHWMDA) etc Medical care by a designated doctor Restrictions on discharge limited to 72 hours or under shall be available in case where a person of Voluntary hospitalization is judged, with a diagnosis from a designated doctor, to be in need of sustained hospitalization (12 hours with a diagnosis from a specified doctor) (Article 21 of HMA) Hospital discharge Medical health and welfare centers Diffusion of knowledge about mental health, and research study, etc.) Community (Article 6 of MHWMDA) life support Health centers (home-visit guidance and others) (Article 47 of MHA)

Provide community welfare service for persons with disabilities based on the Services and Supports for Persons with Disabilities Act (home help service, care for daily life, transition support for employment, transition support for employment, group home with aid (group home), local activity support center, etc.)

(Note) In this table, the following terms shall be abbreviated as follows:

Act on Mental Health and Welfare for the Mentally Disabled (Act No.123 of 1950): MHWMDA,

Act on Comprehensive Support for Social and Daily Living of Persons with Disabilities (Act No.123 of 2005): SSPDA. In the table, the term "prefectural governors" shall be deemed to be replaced with "prefectural governors or mayors of designated cities".

Detailed data

Changes in Number of Hospitals with Psychiatric Beds, Number of Psychiatric Beds, Number of Inpatients and Bed Utilization Rate at the End of Month

(As of the end of June of each year)

Year	Number of hospitals with Psychiatric Beds	Total number of Psychiatric Beds	Number of inpatients at the end of month	Bed utilization rate at the end of month (%)
1965	1,069	164,027	177,170	108.0
1970	1,364	242,022	253,433	104.7
1975	1,454	275,468	281,127	102.0
1980	1,521	304,469	311,584	102.3
1985	1,604	333,570	339,989	101.9
1990	1,655	358,251	348,859	97.4
1995	1,671	362,154	340,812	94.1
1996	1,668	361,073	339,822	94.1
1997	1,669	360,432	336,685	93.4
1998	1,670	359,563	335,845	93.4
1999	1,670	358,609	333,294	92.9
2000	1,673	358,597	333,328	93.0
2001	1,669	357,388	332,759	93.1
2002	1,670	356,621	330,666	92.7
2003	1,667	355,269	329,555	92.8
2004	1,671	354,923	326,613	92.0
2005	1,671	354,313	324,851	91.7
2006	1,668	352,721	321,067	91.0
2007	1,671	351,762	317,139	90.2
2008	1,667	350,353	314,251	89.7
2009	1,667	348,129	312,681	89.8
2010	1,671	347,281	311,007	89.6
2011	1,655	345,024	306,064	88.7
2012	1,657	342,709	303,521	88.6
2013	1,649	340,591	299,542	87.9
2014	1,645	339,088	294,696	86.9
2015	1,639	336,628	290,923	86.4
2016	1,636	334,544	287,784	86.0
2017	1,638	332,717	285,947	85.9
2018	1,639	330,261	283,735	85.9
2019	1,628	327,488	280,874	85.8
2020	1,622	325,140	275,224	84.6
2021	1,618	323,524	270,680	83.7
2022	1,620	322,197	267,479	83.0

Source: "Hospital Report", Health Statistics Office to the Councilor to Director-General for Statistics, Information System Management and Industrial Relations, MHLW

Measures for Persons with Developmental Disorders

Overview

Outline and Aims of the Act on Support for Persons with Developmental Disorders

I Major purposes

- O Definition of developmental disorders and promotion of its understanding
- O Promotion of support for persons with developmental disorders throughout their lives
- O Close cooperation among Bureaus/Departments in charge of support for persons with developmental disorders, development of cooperative structure with relevant institutions

II Outline

Definition:

Developmental disorders = Brain dysfunction that is generally expressed during earlier age, such as autism, Asperger syndrome and other pervasive developmental disorders, learning disabilities, attention deficit hyperactivity disorders, etc.

Preschool age (infant)

School attendance age (school child)

After graduate age (middle-aged and young people)

- O Early development support
- Early detection by health examination for infants
- O Physical Examinations for Newly Enrolling Students
- Establishment of appropriate educational support and support system
- Use of after-school child sound upbringing services
- O Specialized development support
- Achieve adequate employment opportunities according to the respective characteristics of persons with developmental disorders
- O Community life support
- Advocacy for the persons with developmental disorders

[Prefectural government] Support Center for Persons with Developmental Disorders (consultation/support, information, training,etc.), securing specialized medical institutions, etc.

[National government] Securing human resources with specialized expertise (training, etc.), research and study, etc.