HSD10

Nationwide trends in long-term psychiatric hospitalization following policy reforms in Japan

Mirai Yagi[1] Amy Crawley[1] Ji Yuexiang[1] Satoshi Yamaguchi[1] Takehiro Ishida[1,2] Yoshinori Nakata[2]
[1]: GifTs(Glocal Innovator & Future Talent Society), Japan [2]: Teikyo University Graduate School of Public Health, Japan
Conflict of Interest: Satoshi Yamaguchi is an employee of Accenture. Takehiro Ishida is an employee of Daiichi Sankyo Company, Limited.
This research was conducted independently of these institutions.

INTRODUCTION

【Japan's Long Psychiatric Hospital Stays】

- Japan faces a serious challenge of exceptionally long psychiatric hospital stays.
- In 2022, Japan's average psychiatric stay was 275.0 days, longer than other OECD countries (e.g., Canada 21.4, Germany 27.1, France 24.1, UK 26.0 days).

【Community-Based Services and Resource Allocation】

- Community-based services such as outpatient treatment and rehabilitation are widely recognized as important for reducing reliance on long-term hospitalization.
- According to the WHO Mental Health Atlas 2020, a global median of 66% of government mental health spending was allocated to mental hospitals.
- Japan's exceptionally long psychiatric stays highlight the importance of strengthening community-based services to support transitions to community care.

【2022 Revision of the Mental Health and Welfare Act】

- The Act was revised in 2022 to promote earlier discharge and transition to community living while safeguarding patients' rights, with full implementation in April 2024.
- To the best of our knowledge, no previous study has examined nationwide trends in long-term psychiatric hospitalization following these policy reforms.

AIM

- To analyze nationwide and prefectural trends in long-term psychiatric inpatients per 100,000 population in Japan across the 2022–2024 policy reform period.

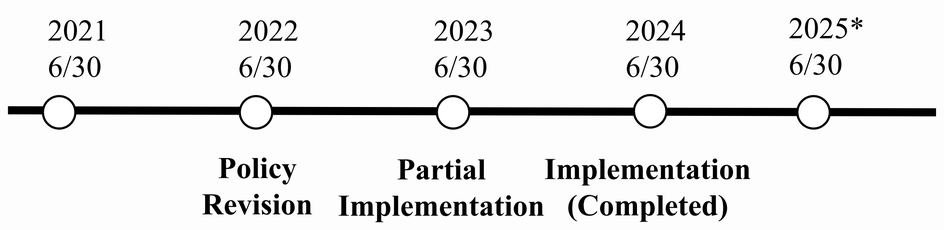
METHODS

【Data】 630 Survey: The 630 Survey is an annual nationwide survey that captures psychiatric inpatient status in Japan as of June 30 each year. The 630 Survey has been publicly available since FY2017.

【Study Period】 June 2021 to June 2025

A nationwide serial cross-sectional study was conducted using publicly available data from the Japanese Mental Health and Welfare Survey (630 Survey).
The analysis was conducted based on patient counts annually for 5 years.

Figure 1. Study Period with Relevant Act



*630 data in 2025 were added due to disclosure after abstract submission.

【Definitions】

- **Short-term hospitalization:** Short-term hospitalization was defined as continuous hospitalization less than 3 months.
- **Prolonged hospitalization:** Prolonged hospitalization was defined as continuous hospitalization for 3 to less than 12 months.
- **Long-term hospitalization:** Long-term hospitalization was defined as continuous hospitalization for one year or more; its reduction rate was set as the outcome.

【Outcome】

- **Psychiatric Hospitalization per 100,000 population**

$$= \frac{Estimated\ number\ of\ psychiatric\ hospitalization}{Estimated\ population} \times 100{,}000 \text{ population}$$

【Analysis】

- Mean prefecture-level values and their 95% confidence intervals (95% CI) were calculated across the 47 prefectures.
- Paired t-tests were performed to compare psychiatric hospitalization between 2021 and 2025. P-value < 0.05 was considered statistically significant.
- In addition, the reduction rates of long-term psychiatric hospitalization in each prefecture from 2021 to 2025 were calculated and visualized on a map of Japan.

RESULTS

Table 1. Trends in Long-term Psychiatric Hospitalization per 100,000 Population in Japan (2021–2025)

Psychiatric Hospitalization per 100,000 population		2021	2022	2023	2024	2025	Reduction 2021–2025
Short-term hospitalization <3 months	<65 years	21.0	21.0	21.8	21.9	22.1	-5.2%
	≥65 years	21.8	23.1	23.6	24.1	24.5	-12.6%
Prolonged hospitalization 3≤12 months	<65 years	11.6	11.0	11.1	11.3	11.7	-0.4%
	≥65 years	24.3	23.7	24.1	24.4	25.3	-4.1%
Long-term hospitalization ≥1 year	<65 years	45.8	44.4	43.1	40.8	38.8	15.3%
	≥65 years	85.0	83.9	82.4	79.9	79.0	7.0%
Total hospitalization		209.5	207.2	206.1	202.3	201.4	3.9%

Note: Negative reduction values indicate an increase from 2021 to 2025.

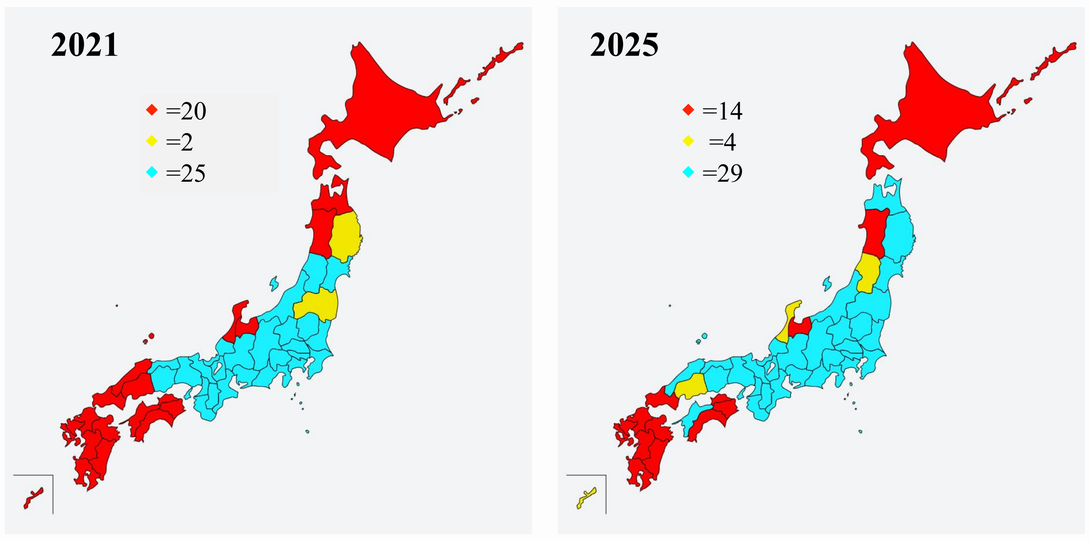
Key finding: Long-term psychiatric hospitalization per 100,000 population decreased from 2021 to 2025, with a greater decline among those aged <65 years.

Table 2. Trends in Psychiatric Hospitalization per 100,000 Population by Length of Stay and Age Group (2021–2025)

Psychiatric Hospitalization per 100,000 population	Mean (95% CI) 2021	Mean (95% CI) 2025	Mean (95% CI) of Reduction 2021–2025	Reduction (95% CI) 2021–2025
Long-term hospitalization	165.9 (144.8–187.1)	154.3 (133.5–175.2)	11.6 (8.5–14.8) $p < 0.01$	7.9% (5.8–9.9)
Total hospitalization	261.4 (230.7–292.2)	257.0 (226.3–287.7)	4.4 (0.1–8.7) $p < 0.05$	1.8% (0.1–3.6)

Key finding: The long-term hospitalization per 100,000 population decreased significantly from 2021 to 2025.

Figure 2. Prefectural Distribution of Long-term Psychiatric Hospitalization per 100,000 Population, 2021 and 2025



Legend
- Red: above 2021 mean (165.9)
- Yellow: between 2025 mean (154.3) and 2021 mean (165.9)
- Blue: less than 2025 mean (154.3)

Key finding: More prefectures were classified in the lower range of long-term psychiatric hospitalization per 100,000 population in 2025 than in 2021.

CONCLUSION

Long-term psychiatric hospitalization per 100,000 population decreased from 2021 to 2025, a period spanning the 2022 revision of the Mental Health and Welfare Act and its full implementation in 2024. A greater decline was observed among patients aged <65 years than among those aged ≥65 years.

We are active in an organization called GifTs.
GifTs is an organization that aims to contribute to local communities by addressing regional issues, and developing next-generation leaders for a global society.
If you are interested in our activities, please scan this QR code for more information.