

VdTMoCA in Japan: Challenges and successes

Current mental health OT and situation for VdTMoCA

**日本の精神科作業療法と
VdtMoCAの現状**

Satomi Sakuma

making connections, making a difference



自己紹介 Satomi Sakuma

Up until March this year, I was working for the psychiatric hospital Himi Central.



Vocational school for rehabilitation in the School of Medical Technology of Nagasaki.

Patients with schizophrenia and dementia

- 氏名: 佐久間 聡美 (さくま さとみ)
- 年齢: 36歳
- 作業療法士歴: 16年目
- 現職場: 長崎医療技術専門学校 (2015.4 ~)
- 前職場: 日見中央病院
- 今まで、統合失調症や認知症の方を中心に関わってきました

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- Hobbies: aerobics, dancing, handicrafts, gardening and drinking sake.
- “Sugashikao”



Himi Hospital, Nagasaki 日見中央病院



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Psychiatry and
psychosomatic medicine

164 beds

Outpatient and
inpatient care, day-care
(usually rehabilitation)
and home nursing











Overview

- I. the current situation in Japan of psychiatric OT.
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 - (3) OT implementation criteria
- II. Current situation of the VdT MoCA in Japan.
 - (1) evolution from the first time we encounter it up until now
 - (2) problems we are dealing with at the moment.

I. 日本の精神科作業療法の現状

- (1)精神科病院の数と患者数について
- (2)病院経営と作業療法の関係について
- (3)精神科作業療法の実施基準について

II. vdt MoCAの現状

- (1) vdtMoCAとの出会い～現在まで
- (2)抱えている問題点



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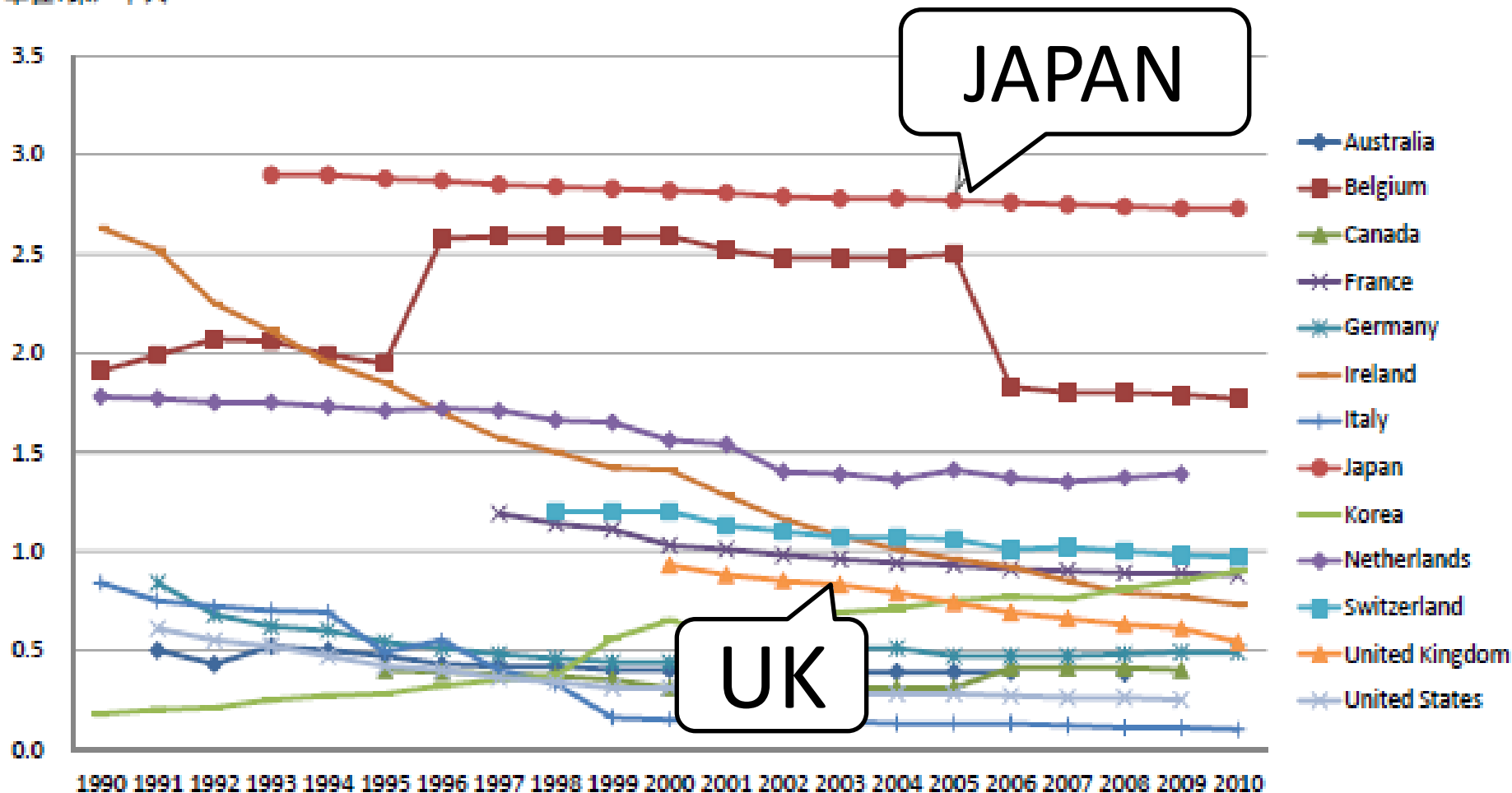
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comparison of the number of beds for mental health patients in different countries

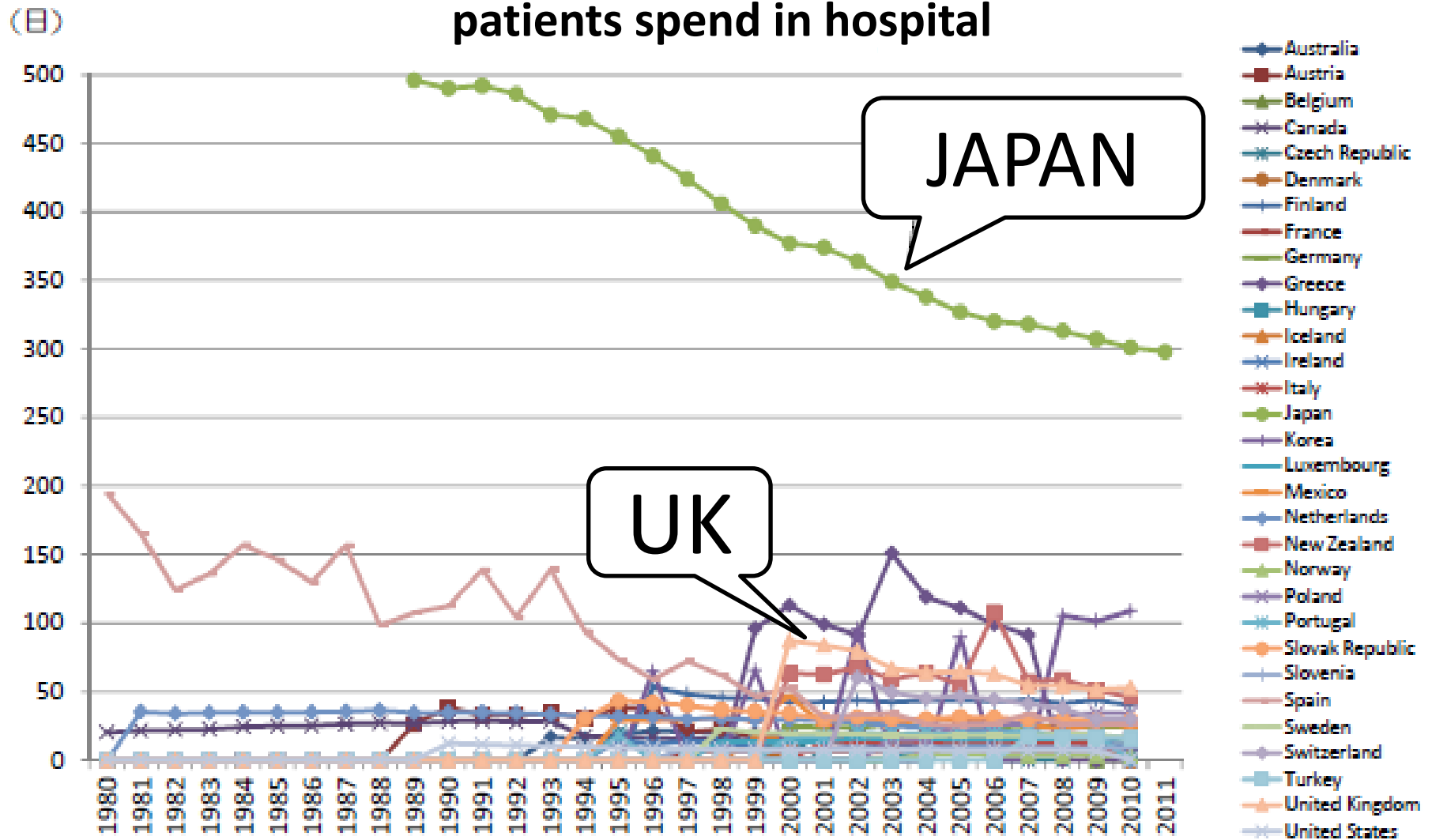
単位: 床/千人



※各国により定義が異なる

資料: OECD Health Data 2012

comparison of the number of days in average mental health patients spend in hospital



Number of people that become long-term inpatients

<1 yr

1-5 yrs

>5 yrs



在院期間は1年以上が約20万人、うち5年以上が約11万人

social hospitalisation

lack of place to go.... becomes hospitalized for the long term

Reasons include:

- family refuses to accept the patient back into the home
- parents have passed away, and they do not have a home to return to.
- absence of a guarantor makes it is impossible to rent.
- patient dislikes the premises.
- patients feel comfortable with their daily lives at the hospital, and they are reluctant to be discharged

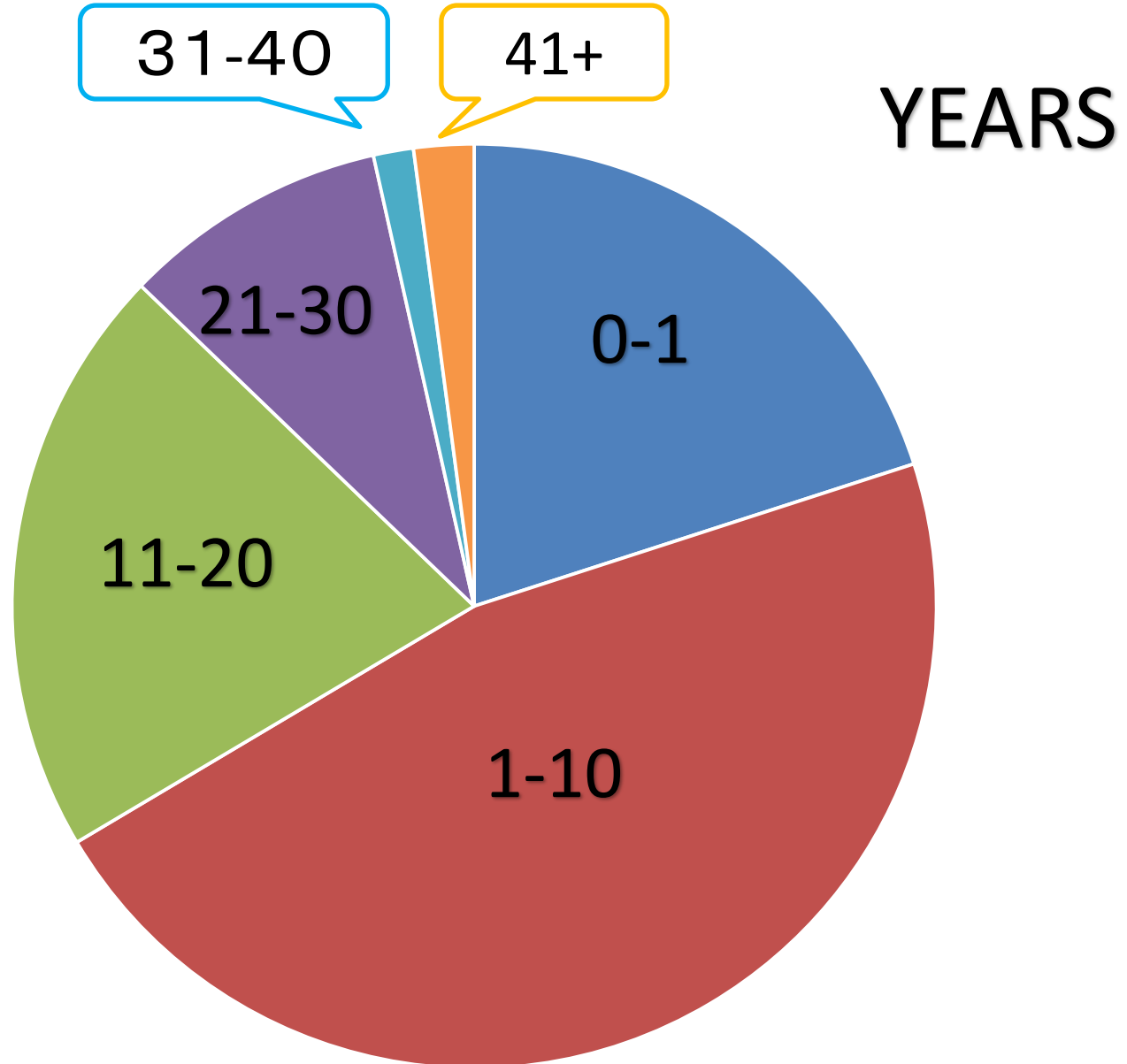


症状がある程度良くなっているのに、病院以外に居場所がなく長期入院になっている人

〈主な理由〉

- 家はあるが、家族が受け入れを拒否
- 親が死亡し、帰る家もない
- アパートを借りる際の保証人がいない
- 患者本人が施設への退院を拒否
- 入院生活の居心地が良く、退院したくない

only 20% of the patients discharged within the first year



In 2004, the Japanese government aimed to reduce the number of hospital beds to 70,000 in ten years. Only managed to reduce them by 10,000.

Almost all the Japanese mental health hospitals are privatised; hence the government measure of reducing the number of beds also automatically reduces their revenue sources. It is for this reason that hospitals are very reluctant to do so.



2004年、日本政府は10年間で約7万床の病床削減目標を掲げた
→実際の削減数は1万床のみ

〈理由〉

- 日本のほとんどは民間病院
- 病院側がベッドが減ることによる収入減を嫌って消極的なため



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- Private and the system runs for profit
- The more treatments are carried out, the more profit hospitals gain
- That is why every day OTs have to treat as many patients as we can
- £11.28 per patient treatment

Corresponding revenue to Himi Central Hospital derived from OT treatments



- 5 OTs provide a service to 1600 to 1800 cases on a monthly basis
 - 18,053.10 - £20,309.73





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making connections, making a difference



OT implementation differs according to the level of disability and type of condition

As a standard, each patient receives 2 hours of therapy per day, regardless of the type of content of the OT. If a patient does not received those 2 hours of treatment a day, the medical fee cannot be claimed.

A single OT manages groups made up of 25 patients.
50 patients per day







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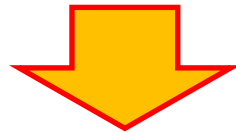








- Unsure about elements of occupational therapy e.g. individual over group-based treatment



- provide activity within different environments and I was finally able to provide nurses with an explanation using suitable words
- finally able to gain a better understanding with the nurses

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it was the patients who benefited the most





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- 5-6 people practising
- mostly SD-SP patients; we started to treat them individually and in small groups, but this is a change in service provision that is difficult to decide upon for Japanese OTs due to the payments system
- I was able to negotiate with the hospital and they allowed me to introduce the model.

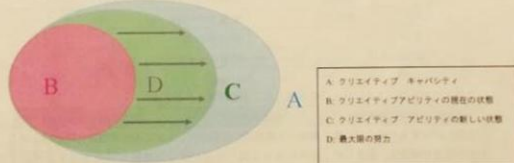
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The Model of Creative Ability クリエイティブ アビリティ理論

Vona du Toit によりクリエイティブ アビリティは『不安や制限や禁止されことなく、自由に参加する能力』と定義されている。

du Toit はクリエイティブ アビリティは人の持つクリエイティブ キャパシティの中で発展していくものであると述べている。クリエイティブ キャパシティとは個々の持っている潜在能力であり、また最適な環境下でその中で発展していくことが出来るものである。クリエイティブ キャパシティの内部は力動的なものであり、その人の知的能力や個人的な構造、精神状態、環境因子や安全性などに影響を受ける。人は皆、自身の持っている潜在能力を使用しておらず、成長・回復の為に備えているいくらかのキャパシティが常に存在しているものである。クリエイティブ アビリティを発展させていくためには、最大限の努力を発揮しなくてはならない。



また以下のような3つの局面も必要となる。

クリエイティブ レスポンス	クリエイティブ パーティシペーション	クリエイティブ アクト
肯定的な反応や態度として示される。参加の為に準備性が整ったことを示す。	日々の生活に関連する全ての活動に関わっていく過程。	クリエイティブ パーティシペーションの結果としての有形・無形の生産物

The Model of Creative Ability

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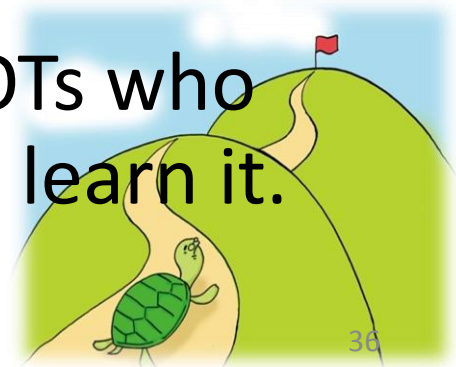
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Future of the VdTMoCA in Japan



- we need to produce material suitable for Japan
- the treatment approach conflicts with our daily duties.
- However, we are here!
- Important to preserve the knowledge and the skills that we have acquired already.
- I would like to make it possible for OTs who still don't know about the MoCA, to learn it.





- VdTMoCA is hardly known in Japan
- It has proven to be useful
- Examples of how we have implemented the model



Thank you !

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VdTMoCA at Himi Hospital

【Big and Small Group Activities】



Himi Hospital
Occupational Therapist
MIHO OOKUBO



- Difference in mental health OT in Japan to UK
- Small and Big Groups
- OT programme (Small and Big groups)

Activities of Small Groups: Cooking

Activities of Big Groups: Handicrafts;

Exercise



- Difference in mental health OT in Japan to UK

- **Small and Big Groups**

- OT programme (Small and Big groups)

Activities of Small Groups: Cooking

Activities of Big Groups: Handicrafts;

Exercise

Big – Small groups difference



Big Groups

50-60 participants
Staff: 2 OTs, 3 Nurses

Static: Painting OT Centre
(Handicrafts)
Lying Down Exercises

Crowded & little interaction

Small Groups

1-4 participants
Staff: 1 OT, 2 Nurses

Patients with dementia:
Remembrance Room
(Cooking)

One on one with staff members.
Through close interaction,
**structuring the environment can
also be configured.**



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Gymnastics

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Small Group Activities (Cooking)

- VdTMoCA : Self-differentiation, Self-presentation patients
- Activity content : Cooking activity focused on people with Alzheimer's Disease
- Aims: increasing awareness of self and others; increasing concept formation regarding tools, materials and activity
- Dishes that can be accomplished

Small Group Activities (Cooking)

Before the activity, self-care is conducted + warm up

- Toileting
- Hand washing
- Talk about tools (orientation, recall/memory)

Rest room



Concept formation



Small Group Activities (Cooking)

Method



Simple activities made up of 1 to 2 steps

Aims: increasing awareness of self and others;
increasing concept formation regarding tools, materials
and activity

5 senses approach

Difference of ingredients, name association etc

**In this section, blanched spinach dressed with sesame
paste is made**

- **Movement of crushing the seeds into a paste ⇒
releases seed aroma ⇒ Mixing**
- **Simple movements**
- **The reaction to this paste-making is very positive,
and this is one of the many cooking activities we use**
- **Strengthens the feeling of accomplishment in a
short time**

Small Group Activities (Cooking)

Structure of environment



Self-differentiation, Therapist Directed

Tools on tables behind the patients: nothing left on top of the other tables.

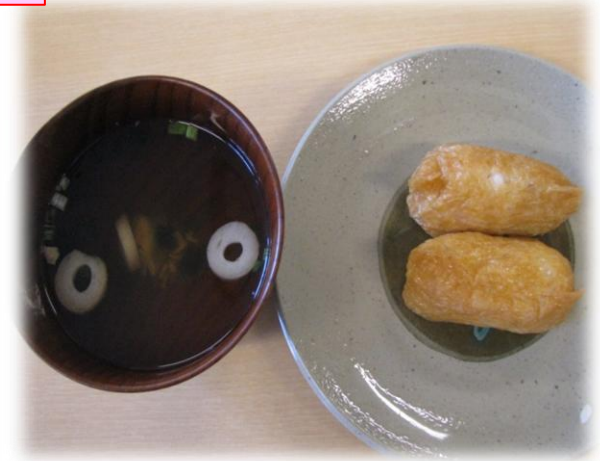
We bring out the necessary materials

To avoid confusion, attention is redirected towards the activity



Small Group Activities (Cooking)

Menu introduction☆☆☆





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Activities of Big Groups:
Handicrafts;

Exercise

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- Good response; enabling
- Closer and more therapeutic therapist-patient relations
- But 80% of the weekly programme accounts for Big Groups.

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Big Group Activities (Handicrafts)

- VdTMoCA : Self-differentiation-Passive participation
- Activity : colouring, collage and painting, collage, knitting, lily yarn, playing cards, calligraphy, wad-up paper art, etc
- It is possible to select from every activity. For instance, it is possible to alter the activity in such a way to devote half the time to Lily-yarn and the other half to calligraphy.

Big Group Activities (Handicrafts)



colouring

make a choice
from many



wad up the paper art



calligraphy



playing cards
(KARUTA)



collage, painting

Big Group Activities (Handicrafts)



There is little space between participants, hence it gets fairly congested

Mixture of Different activities

Participants unable to maintain attention are unable to focus

Big Group Activities (Handicrafts)

- Structuring during the drawing activity

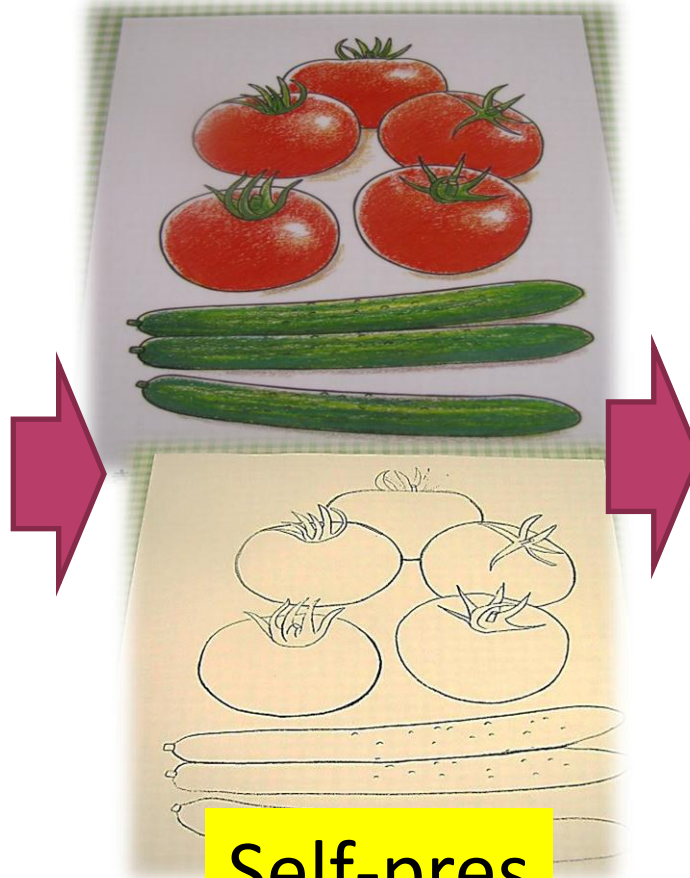
Idea ①

Levels: Self-differentiation – Passive participation

Opportunity to select the difficulty of activity, tools and activity duration according to the different levels



Self-diff



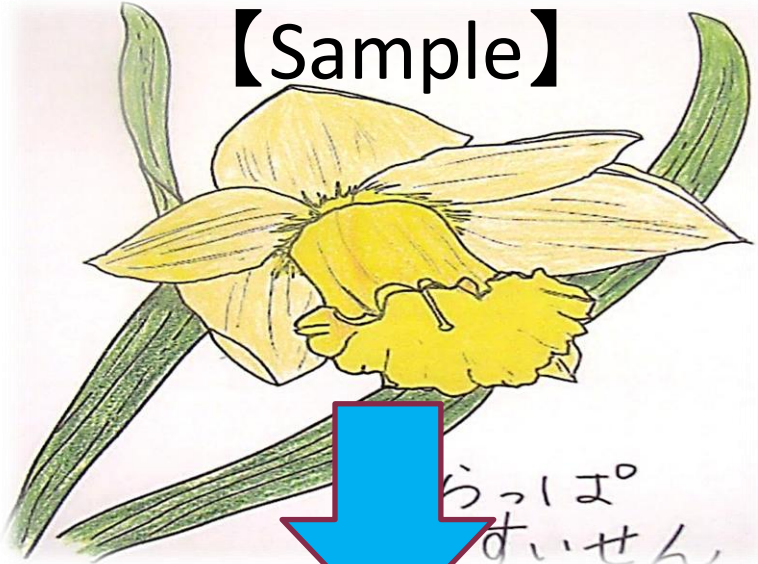
Self-pres



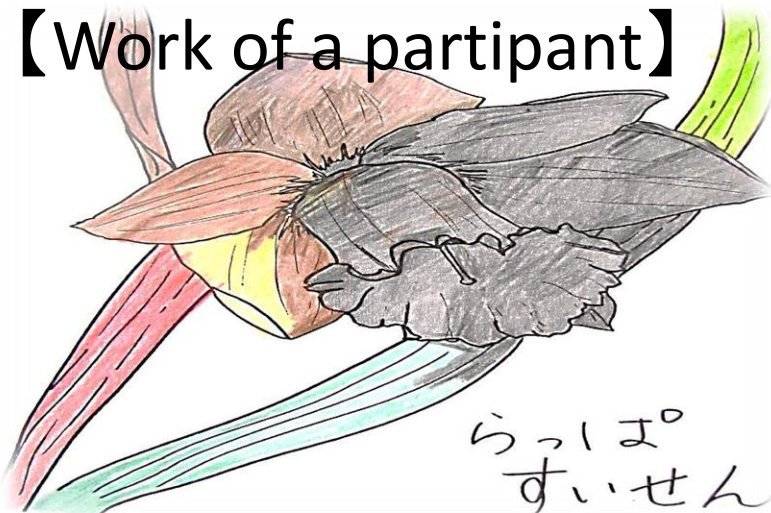
Passive

Big Group Activities (Handicrafts)

【Sample】



【Work of a participant】



Structuring the environment is not sufficient

Some participants are unable to maintain their attention during the activity

Big Group Activities (Handicrafts)

Strategy ②



We use structuring of the environment to limit stimuli: participants seated facing the wall.



Attention is focused



The number of participants leaving their seats was reduced



Quality of attention is improved

Strategy

③



Only the tools to be used during the activity are provided



The location of the tools is visually indicated

Became able to tidy up by themselves, then to engage in the preparation of the activity

Concept of time was reinforced throughout the whole duration of the activity, from the beginning until the end

Big Group Activities (Wad-up paper art)

Self-differentiation

Destructive-Constructive
movement

Paper is made into wads

Activity that involves the 5
Senses

Passive Participation

Filling out the frames

Awareness of colour,
patterns and space

Opportunity for quality
evaluation



Big Group Activities (Wad-up paper art)



JAPANESE PRINT



JAPANESE APRICOT & WILD BIRD



- Difference in mental health OT in Japan to UK
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Exercise

Big Group Activity (Gymnastics)

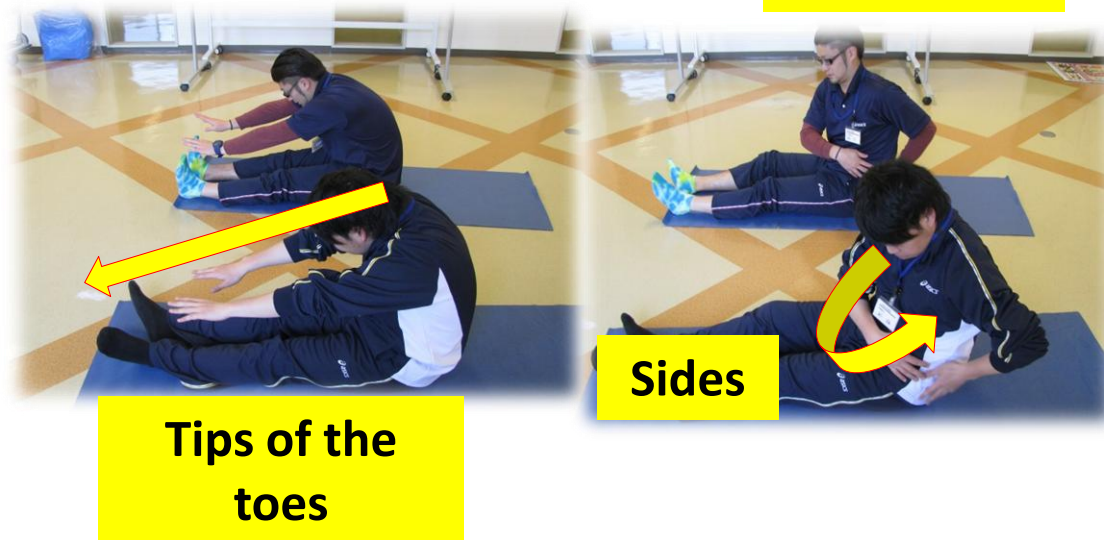
- VdTMoCA : Self-differentiation, Self-presentation
- Type of gymnastics : Exercises on a yoga mat
(Lying facing upwards)

1st half : Rhythm and body tapping

2nd half : Passing on a ball to neighbour,
following a song (Lumbago is a factor for the
exercise)

Ending : Massage and cool down

Warming up time (with lively music)



Tapping stimulates the five senses

Included rotation movements such as reaching towards the tip of the toes and sides

Good response from patients

Big Group Activity (Gymnastics)



Between 20 to 30 participants

While facing upwards, participants raise and lower their lower extremities, conducting exercises for lumbago

One on one with staff for those who cannot maintain their attention



They pass on a ball

In order to get the ball, they need to direct their attention to other participants

While waiting they clap their hands to the beat

When those who had been waiting for the ball finally get their turn, they have had a pleasant experience with a game factor

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- **Conclusion**



Conclusion

- Mental Health OTs in Japan are bound by the number of cases they must see, hence this prevents permeation and spread of VdTMoCA
- In light of the participants' responses and the treatment principles shared among staff , I also have been able to deepen my understanding as an Occupational Therapist
- Further, by working using strategies such as those employed with Big Groups, we can implement VdTMoCA and receive a positive response
- We will work hard to facillitate the use of the theory and to recruit new members

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Shall we study together??



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Recommendation for the transition of Japanese Mental Health

- This includes changes within the activity itself, such as those applied to follow-up are now being extended to a regional care where OTs, Nurses and patients are working hand-in-hand with other health professionals to provide individualised activity.
- Regarding the quality of Occupational Therapy, many people are realising that the VdTMoCA is improving it.
- The subject matter from here on in is to gather evidence supported by data collected from the Japanese Mental Health System that would allow for a further understanding along with the discussions surrounding the VDTMoCA among members in Japan.

THANK YOU ! !

