

# Disease Management Reporter in Japan

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In June 2005, a Ministry of Health, Labour and Welfare (MHLW) research team led by Professor Takashi Hosaka of Tokai University investigated depression in caregivers of family members requiring long-term care at home (referred to as "caregivers" below). Using the Self-rated Depression Scale (SDS), an internationally recognized index for depression, the results showed that 23% of caregivers were suffering from mild to severe depression. Based on these findings, Dr. Hosaka stated that a mental care and support system for such caregivers was essential to promote successful long-term care at home.

In 2007, the city of Hadano in Kanagawa Prefecture set up a support system for these home caregivers to prevent the onset of depression. In Hadano, care managers monitor caregivers to look for depression. For caregivers assessed as depressed, visiting nurses determine the degree of depression and provide required support by telephone and personal visits. The city provides opportunities for caregivers to meet and discuss their problems and arranges seminars on how to provide long-term care. Volunteers called "supporters" assist in the support of the caregivers. The city aims to raise the general awareness of mental health among citizens by holding symposiums and seminars on the theme of mental health, not only for caregivers, but also for all of the citizens.

This edition discusses the Hadano project based on information provided by Mr. Kazuaki Kurihara, a secretary and a section manager of the Elderly People's Care Section, which conducts Hadano's Welfare Department's Elderly People's Depression Prevention / Support Assessment Project.

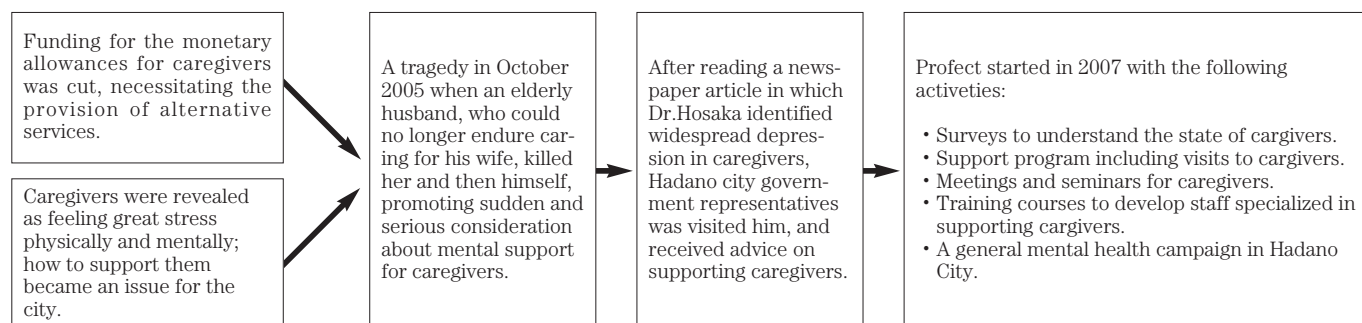
## Case Study of the Hadano City Long-Term Caregivers at home Depression Prevention / Support Assessment Project

### Background

Figure 1 shows the history prior to the start of Hadano's Elderly People's Depression Prevention / Support Assessment Project. The city previously provided monetary allowances for long-term care at home, including an

allowance for the work of caring for family members and for diapers. But as a result of a recent complete overhaul of the health and welfare schemes for the elderly, such allowances ceased as a part of spending cuts. Around this time a survey of users of services for long-term care at home revealed that family caregivers were very much stressed both physically

**Figure 1 History of Hadano's Elderly People's Depression Prevention / Support Assessment Project**



Source: Sompo Japan Research Institute based on information gathered.

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and mentally. Under these circumstances, how to support these caregivers became an issue for the city. A tragic case occurred in October 2005 when an elderly husband, at wit's end from being the primary long-term caregiver for his wife, killed her and then committed suicide. Formerly a teacher and a conscientious citizen, he committed the crime after years of caring for his wife alone. The case made city workers realize once again the urgent need for mental support for caregivers. Although the city workers examined other local government support schemes, none seemed very useful. While searching for a better method, a member of the Elderly People's Care Section read a newspaper article about the results of the research conducted by the MHLW

team mentioned above. The staff, who were very interested in Dr. Hosaka's comments in the article, requested a meeting. During the meeting, Dr. Hosaka told them that a distinctive problem of providing long-term care at home is exhaustion of the caregivers and stated the necessity of a support system. Dr. Hosaka offered his advice to the Hadano city government.

### Hadano City's Elderly People's Depression Prevention / Support Assessment Project

#### 1. Outline

**Table 1 Outline of Hadano City's Elderly People's Depression Prevention / Support Assessment Project**

Activity		Purpose	Remarks	Who	Promotion
Surveys to understand the state of caregivers		To understand the state of caregivers including their level of depression.		* City staff: assigning the survey responsibilities, gathering information * Care managers: survey distribution, collection	
Support program including visits to caregivers		To better understand the state of caregivers and to provide mental support to those judged as possibly being depressed, based on survey results.	Caregivers with an SDS survey result of "C (moderately or severely depressed)" and caregivers with worrisome comments in the comment section are contacted first, and their state assessed in person or by telephone.	Visiting nurses	
Support for caregivers	Meetings for caregivers	To provide opportunities for caregivers to get together and talk about their problems and worries so they can continue their caring activities in a calmer state of mind.	Held monthly, ninety minutes in duration.	* City staff * Visiting nurses * Supporters * Care managers (seminar lecturers)	* Public relations efforts, personal invitations * Word of mouth * Recommending participation in the support scheme including by visits to caregivers
	Seminars for caregivers	To enable caregivers to provide appropriate nursing by learning basic nursing techniques and types of long-term care and welfare services for the elderly.	Three types of seminars. Each seminar is held three times a year.		
Training courses to develop staff specialized in supporting caregivers (i.e. supporters)		To develop specialized staff capable of supporting caregivers during the meetings and seminars.	Full three-day course (including technical training) taught by Dr. Hosaka. There are also regular meetings of supporters.	City staff	Mainly by public relations efforts
General mental health campaign in Hadano		To raise awareness of the mental health of citizens and to strengthen collaboration between the all those involved.	Many events related to mental health are arranged to be held together in a month (May in fiscal 2008) and related lectures and symposiums are held.	City staff	Mainly by public relations efforts

Source: Sompo Japan Research Institute, based on information gathered and information provided from Hadano City.

**Table 2 The SDS survey used in the surveys to understand the state of caregivers**

★ The following are questions about the state of your health in the last two weeks. For each question, put a circle in the column which is nearest to how you have felt over the previous fortnight.

		Almost never think so	Rarely think so	Sometimes think so	Always think so
1	I feel gloomy and dispirited.				
2	Morning is when I feel the best.				
3	I sometimes become sad to the point of wanting to cry.				
4	I have trouble sleeping at night.				
5	I eat well, and food usually tastes delicious.				
6	I have not lost interest in the opposite gender and enjoy a good relationship with my spouse.				
7	I notice that I am losing weight.				
8	I have trouble with constipation.				
9	My heart beats faster than usual.				
10	I get tired for no reason.				
11	I usually feel good and refreshed.				
12	I usually can promptly complete what I have to do in a day.				
13	I am restless and can't keep still.				
14	I happily think about what I'm going to do in the future.				
15	I am more irritable than usual.				
16	I find it easy to make decisions.				
17	My family needs me and I think I am of use to society.				
18	My life is pretty full.				
19	I'm causing trouble to people. If I weren't around, I think people would be happier.				
20	I enjoy work, hobbies, and whatever else I do.				

Note 1: For questions 1, 3, 4, 7, 8, 9, 10, 13, 15 and 19, you get one point if you answered "Almost never think so", two points for "Rarely think so", three points for "Sometimes think so", and four points for "Always think so". For questions 2, 5, 6, 11, 12, 14, 16, 17, 18 and 20, you get four points if you answered "Almost never think so", three points for "Rarely think so", two points for "Sometimes think so", and one point for "Always think so".

Note 2: If you have 20 - 39 points, you are judged as A (not really depressed); 40 - 49 points, B (slightly depressed); 50 points or more, C (moderately or severely depressed).

Source: Provided by Hadano City.

Hadano's Elderly People's Depression Prevention / Support Assessment Project is divided into five comprehensively managed coordinated activities. They are: surveys to understand the state of caregivers; a support program including visits to caregivers; meetings and support seminars for the caregivers; training courses to develop staff specialized in supporting caregivers; and a mental health campaign for the city of Hadano. Table 1 is an outline of the activities and details are described in the following section. Though the project is mainly for identification and support of depressed caregivers, the project was named the Elderly People's Depression Prevention / Support Assessment Project, because symposiums held under the auspices of the Hadano City mental health campaign are open to all citizens.

## 2. Details of activities

### (1) Surveys to understand the state of caregivers

Surveys are conducted to understand the state of caregivers including their level of depression. City staff assign local care managers to conduct the surveys. Care managers do so by distributing and collecting survey forms, or by surveying caregivers in person. City staff score the collected surveys. The survey includes a modified Self-rating Depression Scale (SDS; see Table 2) to identify those potentially depressed, gain an understanding of the level of depression, and inquire about the existence of a person with whom to consult. There is also a

section where care managers can write comments.

### (2) Support program including visits to caregivers

This support activity provides mental health support to caregivers judged as possibly being depressed based on the survey results and to understand the individual state of caregivers. Nurses engaged in this activity (i.e. visiting nurses) contact subjects in person or by telephone. Visiting nurses first contact caregivers whose SDS results are a "C" (see Note 2 in Table 2 above) and those who have written worrisome comments, and assess their state. Nurses usually visit these caregivers several times, listening carefully to what they say and determine their problems. In addition to listening to the problems of the caregivers, visiting nurses can assist caregivers with physical problems, etc., of care giving through their specialized knowledge and experience. While providing support by visiting and telephoning caregivers, visiting nurses also recommend to caregivers that they participate in the regular meetings and seminars available. Indeed, while observing such a meeting, the editorial staff met a caregiver who was recommended to participate in the gathering by a visiting nurse of the support scheme.

### (3) Meetings and support seminars for caregivers

#### i. Meetings for caregivers

Meetings are held to enable caregivers to get together and talk about their problems and worries so they can

**Figure 2 Gathering for caregivers at the Health and Welfare Center in Hadano City**



Source: Photo taken by the editorial office on June 9, 2008.

continue caring in a calmer state of mind. The gatherings are held once a month and last for ninety minutes. City staff, visiting nurses, and volunteers, called "supporters", organize the meetings. The supporters, who are volunteers who have completed Dr. Hosaka's training course, organize the gatherings using the knowledge they learned during the course. A group counseling technique, structural group intervention, is used at the gatherings for the caregivers. At each meeting, between six and ten caregivers and two supporters sit in a circle. One of the supporters leads the discussion and caregivers talk about their hardships and share useful ideas related to caring for their respective family members.

At one meeting observed by the editorial staff, the city staff member responsible for the gathering handled matters so skillfully so that even a caregiver participating for the first time was able to talk openly without difficulty. A city staff member instructed the supporter who was about to lead the discussions to have each of the participants make a brief self-introduction and talk about their feelings during the previous week (i.e. describe recent conditions). Supporters carefully listened to the caregivers' troubles and gave short sympathetic responses such as "It must be hard"

and "You must be having many problems". Caregivers empathized with other caregivers by saying "I know, I know" and "I'm experiencing the same thing at home". In addition to talking about their troubles, caregivers exchanged useful information and ideas.

Figure 2 is a photograph taken at the meeting attended. The caregivers who participated in this gathering made comments such as: "I feel better after talking.", "I'm looking forward to the monthly gathering." and "I was looking for a place like this."

After caregiver meetings, supporters and city staff hold wrap-up meetings, where supporters give their impressions and voice points of concern, and city staff give advice. At the wrap-up session after the caregiver meeting reported here, a supporter who led discussions expressed concern as to whether or not she should have stopped a caregiver who talked for a long time. A city staff member who knew the caregiver very well said that the supporter had acted correctly in allowing the caregiver to talk at length because the caregiver had been very stressed before attending the gathering.

**ii. Seminars for caregivers**

Seminars for caregivers are held to enable caregivers to provide appropriate care by learning basic nursing techniques and the types of long-term care and welfare services available for the elderly. City workers, visiting nurses and supporters organize the seminars. Care managers sometimes present lecturers. In fiscal 2008, three seminars are planned: (a) Long-term Care Insurance And Welfare Services (one seminar of 90 minutes), (b) Caring And Nursing Methods (two seminars of 90 minutes), and (c) How To Care For People Suffering From Cognitive Disorders (two seminars of 90 minutes). Each of the three seminars will be held three times this year with a maximum of thirty participants each.

**(4) Training courses to develop staff specialized in supporting caregivers**

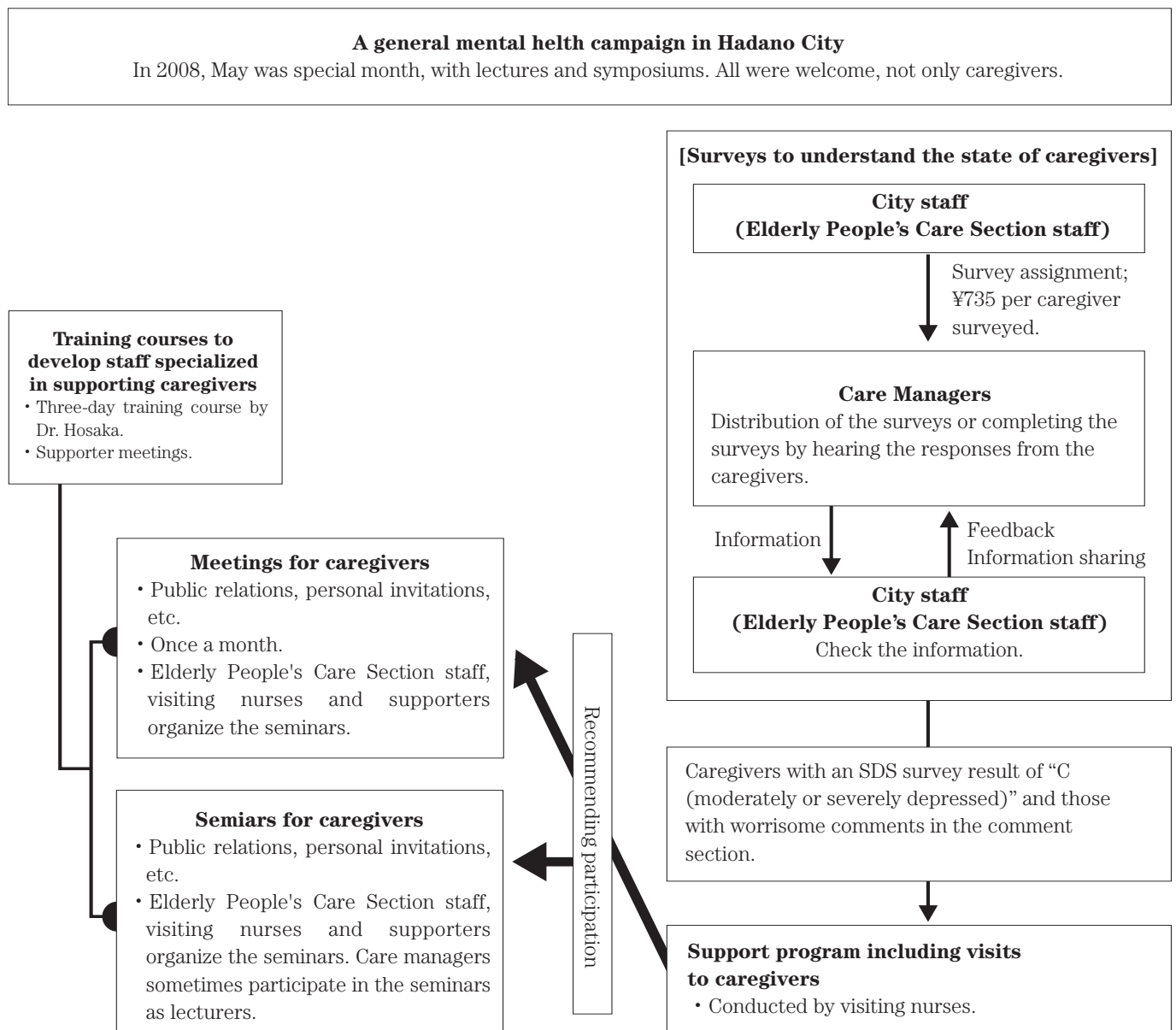
Training courses are conducted to develop staff specialized in supporting caregivers at the meetings and seminars. Those who complete the training are called "supporters". Dr. Hosaka is the instructor of this course, which consists of three sessions of two hours and thirty

**Table 3 Roles of Elderly People's Depression Prevention / Support Assessment Project staff**

City staff (Elderly People's Care Section staff)	Comprehensive management of the five activities. Collaboration with relevant staff and institutions.
Visiting nurses hired by the city for the project	Operation of the support scheme including visits to caregivers (phoning and visiting caregivers) and gatherings and seminars for caregivers. Only one visiting nurse in fiscal 2007; increased to six in fiscal 2008.
Care managers	Distribution of surveys to understand the state of caregivers and, for some caregivers, surveying the caregivers directly. Maintaining contact with caregivers. Some care managers are invited to lecture at seminars for caregivers; some work as supporters.
Supporters (Volunteer specialized in supporting caregivers)	People who have completed a three-day training course by Dr. Hosaka. Supporters are not required to have any professional qualification or license for nursing or medical practice. Supporting caregivers at meetings and seminars for such caregivers.

Source: Sompo Japan Research Institute, based on information gathered and information provided from Hadano City.

Figure 3 Connections between the five schemes



Source: Sompo Japan Research Institute, based on information gathered and information provided from Hadano City.

minutes. Attendees are given a lecture on mental health, and learn practical techniques to support caregivers and relaxation methods, etc. Two courses have been held so far, with 44 people completing the first course, and 33 completing the second. Regular meetings of the supporters are held and ideas are shared between all those who have completed the course.

##### (5) General mental health campaign in Hadano

The aim of the Hadano mental health campaign is to raise awareness of the mental health status of citizens and to strengthen collaboration between all those interested and involved in mental health promotion. Lectures and symposia related to mental health are held together during one month (e.g. in 2007, the month was October; in 2008, the month was May). City staff members organize and publicize the campaign not only for long-term care caregivers but for all residents. The theme in October 2007 was "Old Age, Sickness, Long-Term Caring -- To Live As We Are". A symposium with a lecture by Dr. Hosaka attracted 131 participants. The 2008 campaign was held in May, because the number of people who commit suicide due to depression peaks in that

month. A symposium was held with the theme: "What Does To Live Mean? Why Don't You Think About It Together With Us?".

## Human Resources Supporting the Project and Project System

### 1. Human resources supporting the project

Table 3 shows the roles of Elderly People's Depression Prevention / Support Assessment Project staff. City workers comprehensively manage the five activities and build links between them by contacting relevant staff and institutions and coordinating arrangements. Visiting nurses are hired to support caregivers by visiting them. Visiting nurses phone caregivers judged as having depression based on a survey to understand the state of caregivers and support them through home visits. While supporting these caregivers, visiting nurses recommend that the caregivers participate in the caregiver meetings and seminars. The caregivers are given support at the meetings and seminars. Only one visiting nurse was hired in fiscal 2007, but six were hired for this fiscal year. Care managers, who have closer contact with the

**Table 4 Results of the surveys to understand the state of caregivers**

		SDS judgment	No. of subjects	Proportion (%)	Average SDS points	No. of subjects visited	Proportion (%)	Phoning only	Proportion (%)	Total	Proportion (%)
Total		A	262	50.1	31.5	0		2	0.8	2	0.8
		B	150	28.7	43.7	2	1.3	5	3.3	7	4.7
		C	111	21.2	56.1	15	13.5	17	15.3	32	28.8
		Total	523	100%		17	3.3	24	4.6	41	7.8
Survey method	Care managers ask the caregivers the questions directly and fill in the survey	A	241	53.0	31.2	0		1			
		B	123	27.0	43.7	2		2			
		C	91	20.0	56.3	11		13			
		Total	455	100%		13		16			
	Caregivers return the survey	A	21	30.9	34.8	0		1			
		B	27	39.7	44.0	0		3			
		C	20	29.4	55.3	4		4			
		Total	68	100%		4		8			

SDS judgment A: 20 - 39 points, not really depressed  
 B: 40 - 49 points, slightly depressed  
 C: 50 points or more, moderately or severely depressed

Source: Provided by Hadano City.

caregivers than anyone else, distribute and collect surveys to understand the state of caregivers or complete the surveys by asking the questions directly to the caregivers. Some care managers are invited to lecture at seminars for the caregivers; some are specialized in supporting the caregivers (supporters).

**2. Project system**

**(1) Current project system**

Figure 3 shows the links between the activities, which are not independent. Staff are collaborating and making efforts to establish a system to effectively promote the five activities together. In the surveys to understand the state of caregivers, care managers receive ¥735 to survey each caregiver. According to Mr. Kurihara, the first survey in fiscal 2007 was expensive, because 523 caregivers were surveyed. But it is possible to reduce the cost from this year onwards because the caregivers already surveyed will not be surveyed again. Only new caregivers and those who begin to show a tendency towards depression will be surveyed. It is estimated that about 200 will be surveyed annually from this fiscal year. Money left over from the reduced survey budget will be used to establish a support system and for staff improvements.

**(2) Expansion of the project**

**i. Establishment of a collaboration system between city workers and care managers**

In Hadano's Elderly People's Depression Prevention / Support Assessment Project, five activities are managed comprehensively, so collaboration between the relevant staff and institutions is vital. The current system under which relevant staff members collaborate with each other was established partly because of the

surveys. These are used to understand the state of the caregivers and to find caregivers requiring support. Care managers contact caregivers when they distribute and collect the surveys, and city staff score the collected survey forms. Information on the surveys is shared between the care managers and city staff to provide support, so liaison between these two groups is particularly important. Before introducing the surveys, care managers came to the city staff with questions about matters they were not sure about, and together they looked for solutions to problems. According to Mr. Kurihara, the collaboration system between city workers and care managers was established as follows.

There are many experienced long-term care managers in Hadano. Many acquired their qualification in care management in 2000 when it was introduced as part of Japan's national long-term care insurance program. The city is very concerned about improving the quality of long term nursing care, so the city performs on-site inspections, among other quality assurance activities. Before introducing new ideas, the city staff and care managers routinely have discussions. Care managers were more opposed to the surveys containing SDS questions, than the city staff expected. Care managers, who play an important role in the surveys, such as distributing the surveys to caregivers and surveying some directly, questioned the purpose of the surveys, asked how the results of the surveys would be used, and made other inquiries. The city staff told the care managers that the purpose of the surveys was to establish a system to provide support to people acknowledged as requiring support by the surveys. The city staff and the care managers exchanged opinions and in the end, reached agreement. The care managers also expressed their opinions concerning the survey questions. The original SDS contains strong statements, such as "It

would be better to die because then I would not cause trouble to people." It was decided to tone down such strong statements through discussion between the city staff and care managers. As an example, the above statement was changed to "I'm causing trouble to people. If I weren't around, I think people would be happier."(Refer to Table 2, Item 19.) In addition to some changes in the SDS questions, a question concerning the existence of someone to consult with and a comment section were added to the surveys, and the surveys were termed the "surveys to understand the state of caregivers", not limited to surveying depression. While preparing the surveys, the city staff and care managers exchanged opinions and solved problems. It was decided that the city staff would score and examine the surveys to understand the state of caregivers prepared by city workers and care managers, and that the results of the examination would be passed to care managers. Collaboration has become solid now that information is shared between city workers and care managers. Care managers did not receive any payment for assisting in many previous surveys for the city, but in this case they receive ¥735 per survey to assist. However, the main reason for collaboration is that both city staff and care managers sincerely think about what they can do to help the caregivers.

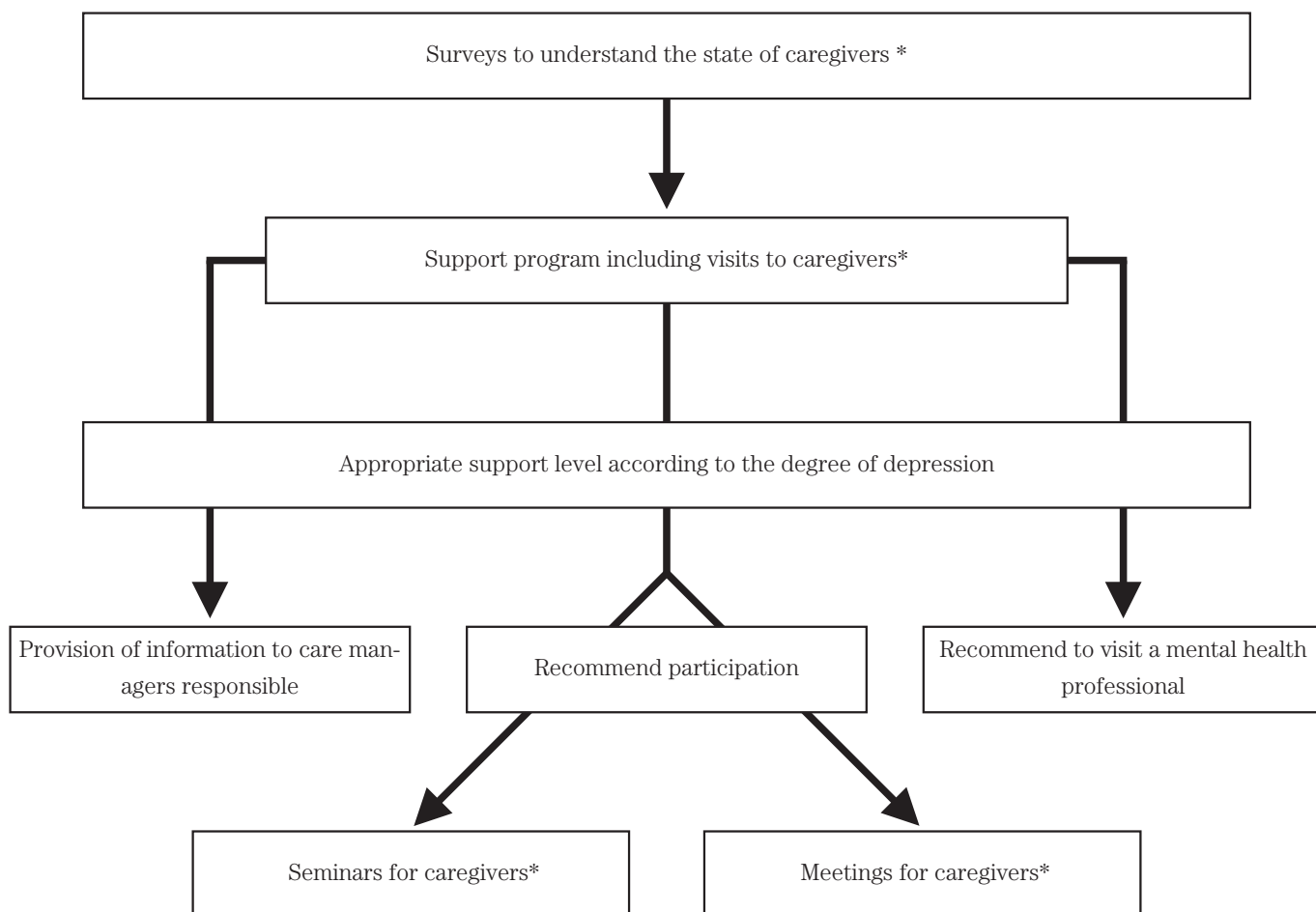
ii. Results of the surveys to understand the state of caregivers

According to Dr. Hosaka's earlier survey, about a quarter of the caregivers are suffering from depression, but a survey conducted on 523 caregivers in Hadano revealed that about half were depressed (Table 4). Also, many caregivers wrote in the comment section of the survey that they wanted to die. Mr. Kurihara told us he felt that conducting the surveys, which revealed that a greater number of caregivers were depressed, was like opening Pandora's box. Hadano had been providing support for caregivers (meetings and seminars for caregivers) prior to the start of the surveys. The results of the surveys made city workers realize that support for caregivers depressed to the point of not wishing to participate in meetings or seminars was important, so they are making constructive efforts to reach out and strengthen support for such caregivers.

**Future Issues**

In fiscal 2007, the initial year of the project, Hadano examined the successes and failures of the project to make improvements for the 2008 project. For instance, gatherings for caregivers are now held on different days of the week each month, and the same seminar for caregivers is held three times a year, to attract as many caregivers as possible. Mr. Kurihara stated the importance of finding problems concerning caregivers under the current circumstances where such caregivers bear an increasing burden, looking for solu-

**Figure 4 Future support system for caregivers**



\*Current schemes

Source: Sompo Japan Research Institute based on information gathered.

tions to the problems, and making persistent efforts. Mr. Kurihara said that currently there are two issues: one is the establishment of a support system; the other is improvement of the skills of the visiting nurses in providing mental health support.

Concerning the support system, visiting nurses preferentially provide support to caregivers judged to be moderately or severely depressed by the surveys to understand the state of caregivers. Severely depressed caregivers should consult a doctor, but many caregivers resist visiting a hospital about their mental problems, which poses a problem for visiting nurses. Mr. Kurihara stated that it is essential to prepare guidelines for how to categorize caregivers in order to provide appropriate support based on the degree of depression of the caregivers judged from the results of the survey. Figure 4 shows the guidelines set out by Mr. Kurihara. Caregivers judged as severely depressed based on the results of the surveys will be visited or contacted by telephone, and recommended to seek care from a mental health professional. Caregivers who can participate in the meetings and seminars for caregivers will be supported in person during those events. Care managers will take responsibility for caregivers judged as not having depression. As stated above, the current theme is to establish a comprehensive support system with the city as the central figure and by collaborating with other institutions.

Concerning raising the level of expertise of the six visiting nurses who are working in fiscal 2008, one issue is how to enhance their knowledge and skills in providing mental health support to the caregivers, as well as the elderly in general.

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