

THE ATTITUDES OF VISITING NURSES TOWARD PERSONS TREATED IN THE REGION UNDER THE MEDICAL TREATMENT AND SUPERVISION ACT

JUN OKUDA

Faculty of Nursing School of Medicine, Nara Medical University

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Abstract: This study aimed to clarify the attitudes of visiting nurses toward the interaction with persons treated in the region under the Medical Treatment and Supervision Act. We conducted semi-structured interviews involving psychiatric certified nurse specialists and certified nurses, as well as facility managers who are involved in the care of persons receiving regional treatment. The obtained data were analyzed using a qualitative and descriptive approach. As a result, the following attitudes were identified: [Having a basic idea that lifestyle habits can affect diseases], [encouraging the persons to think and make decisions by themselves], [providing challenging tasks to lead a community life], [encouraging the persons to become aware of their health status and ability], [assessing the person's self-management behavior in their daily lives], [sharing information on healthcare changes with the persons], and [understanding the person's unique behavior to provide effective support].

Key words: Medical Treatment and Supervision Act, visiting nursing, attitude of a nurse

I. Introduction

In Japan, as a measure for mentally disordered offenders who have committed serious crimes, involuntary hospital admission has conventionally been implemented under the Act on Mental Health and Welfare for the Mentally Disabled. According to a study, the problem with the medical treatment service provided under this Act was reported to be limitation and difficulty of preventing the recurrence of an offense or recidivism by offenders¹⁾. However, the Act on Medical Care and Treatment for Persons Who Have Caused Serious Cases Under the Condition of Insanity (hereafter, the Medical Treatment and Supervision Act (MTSA)) came into effect in 2005. The purposes of the MTSA were to “attempt to improve the symptoms of mentally disordered offenders and to prevent their recidivism, as well as to help them make the transition back into society by establishing the procedure to determine their appropriate treatments and conducting necessary observation and guidance to secure continuous and appropriate medical care for people who have committed serious crimes in a state of insanity” (Article No. 1 of the Act), specifically indicating the prevention of recidivism and promotion of social reintegration. Under this act, necessary treatment programs and multidisciplinary support are provided to prevent recidivism and promote the social reintegration of offenders. As indicated in the above, there are differences in the purposes of the MTSA and Act on Mental Health and Welfare for the Mentally Disabled, as the former decides treatments with the aim of promoting social reintegration of people with mental disorders who have committed serious crimes, while the

latter focuses on their protection. Under the MTSA, mentally disordered offenders are judged to receive either treatment in a forensic psychiatric institution (hospital treatment) or treatment without being admitted to such an institution (regional treatment)²⁾. When persons have been judged to require no further treatment in a hospital, they will start treatment in the region after receiving permission for discharge from the court²⁾. Persons who start regional treatment are examined on a regular basis in a designated outpatient facility, and psychological and occupational therapies and visiting nursing care are added to their treatment plan if necessary.

Nurses are one of the rare occupations that make regular home visits to persons who receive regional treatment under the MTSA, and they undertake important roles in understanding the persons' living conditions and supporting their lives. However, with regard to the current status of regional support provided under the MTSA, difficulties in evaluating outcomes of regional treatment³⁾ and challenges in defining criteria for determining the termination of regional treatment⁴⁾ were reported by healthcare providers who support such persons. A study also reported the need to enhance the practice skills of visiting nurses and improve their training systems under the MTSA³⁾; however, no study has yet examined educational and training support to improve the nursing practice skills of visiting nurses.

Therefore, this study aimed to identify the attitudes of visiting nurses toward persons treated in the region under the MTSA. Identifying the nurses' attitudes may clarify their basic ideas and methods of intervention, and serve as basic data for supporting nurses involved in visiting nursing care for people receiving regional treatment under the MTSA.

II. Definitions of terms

1. Persons

The persons were defined as those subject to the MTSA (MTSA, Article No. 2).

2. Crisis Plan

Developing criteria for symptom aggravation and planning measures to be taken according to the criteria in the case of aggravation, by discussion in advance between persons with mental disorders and support providers⁵⁾.

III. Methods

1. Study participant

The participants were nurses who were involved in visiting nursing care of persons receiving regional treatment under the MTSA. Considering the facts that persons who are treated under the MTSA have committed a serious crime, and that the MTSA aims to prevent their recidivism and to promote their transition back into society, nurses, who visit them are required to provide more advanced nursing care than those involved with people with mental disorders who are not subject to this act. Therefore, we set the inclusion criteria for study participants as certified nurse specialists and certified nurses from the psychiatric field as well as facility managers, who have professional knowledge of visiting nursing care for persons receiving regional treatment, and instruct and manage other workers in their facility.

2. Data collection methods

We collected data from the subjects between February and March 2016, by conducting semi-structured interviews on their attitudes toward the interaction with persons treated in the region under the MTSA. The interviews were carried out so as to explore each dialogue in detail, by encouraging them to speak more about their interaction. With the subjects' permission, interviews were recorded on an IC recorder.

3. Data analysis methods

The recorded interviews were transcribed verbatim. From this data, content that indicated the nurse's attitude during home visits to persons receiving regional treatment under the MTSA was extracted to create codes. Subsequently, the codes were classified into subcategories and further into categories based on semantic similarity.

4. Ethical considerations

The subjects were informed of the purpose and methods of the study, and ethical issues, such as the possible benefits and risks of their participation, their right to refuse to participate, their right to withdraw from the study at any time, privacy protection, and management of the study results in both oral and written forms, and consent was obtained prior to the study. The interviews were conducted while avoiding the subjects' busy work hours, so as not to disturb their operations. In addition, we explained in advance to the subjects that they did not need to talk about matters they wished to avoid. This study was conducted with the approval of the research ethics committee of Nara Medical University.

IV. Results

1. Summary of the study participants

One male and four females cooperated with this study. Their ages ranged from 38 to 46 years old (mean age: 40.8 years). The number of years of nursing experience ranged from 10 to 24, and the number of years of visiting nursing experience for psychiatric patients ranged from 2 to 9. The subjects included: 3 facility managers, 1 certified nurse specialist, and 1 facility manager who is qualified as a certified nurse. The mean duration of the interviews was 49 minutes.

2. Attitudes of visiting nurses toward persons receiving treatment under the MTSA

The following attitudes of nurses providing visiting nursing care to persons receiving treatment under the MTSA were identified: [Having a basic idea that lifestyle habits can affect diseases], [encouraging the persons to think and make decisions by themselves], [providing challenging tasks to lead a community life], [encouraging the persons to become aware of their health status and ability], [assessing the persons' self-management behavior in their daily lives], [sharing information on healthcare changes with the persons], and [understanding the person's unique behavior to provide effective support] (Table 1). In the text, categories, subcategories, and data were indicated in [], " ", and italic font, respectively. The words in parentheses were added by the author to aid understanding.

1) [Having a basic idea that lifestyle habits can affect diseases]

This category consisted of 2 subcategories. "Recidivism can be prevented by maintaining healthy lifestyle habits" indicated that the nurses considered that maintaining healthy lifestyle

Table1. The attitudes of visiting nurses

Category	Subcategory
Having a basic idea that lifestyle habits can affect diseases	Recidivism can be prevented by maintaining healthy lifestyle habits
	Activities of daily living can affect the course of disease
Encouraging the persons to think and make decisions by themselves	Encouraging the persons to think by themselves what will happen if they commit another serious crime
	Attempting to promote self-determination of the persons rather than supervised determination
	Respecting the person's wishes and supporting them to deepen self-realization
	Providing support to help the persons attain self-management of their disease
Providing challenging tasks to lead a community life	Viewing mistakes as offering a challenge
	Using communication with difficult nurses as an opportunity to learn social interaction with others
Encouraging the persons to become aware of their health status and ability	Attempting to examine unique behavior patterns observed during aggravation of symptoms
	Telling the persons that they were able to reflect on their own crimes and helping them realize it
	Telling the persons that they are successfully dealing with situations in order to promote their confidence
Assessing the person's self-management behavior in their daily lives	Viewing the person's voluntary action as a parameter for maintaining a healthy lifestyle
	Observing how the persons perceive situations and assessing whether their understanding is based on the reality
	Observing changes in dietary habits and assessing lifestyle management status
	Assessing lifestyle management status by checking the cleanliness of the house
Sharing information on healthcare changes with the persons	Sharing stories of events that may affect the course of disease between the nurse and person
	Sharing changes in health status unique to the person
Understanding the person's unique behavior to provide effective support	Understanding in advance unique behaviors noted before the aggravation of disorders
	Using expressions used by the person to make and modify the crisis plan into a more practical one

habits can prevent the aggravation of the disease and further prevent recidivism. "Activities of daily living can affect the course of disease" showed that the nurses considered that lifestyle is closely related to health, and some activities of daily living can affect the course of disease.

Separately understanding lifestyle and disease (is not appropriate). Problems in life, personal relationships, money matters, and activities of daily living are closely related to psychiatric symptoms. <<Nurse A>>

2) [Encouraging the persons to think and make decisions by themselves]

This category consisted of 4 subcategories. "Encouraging the persons to think by themselves what will happen if they commit another serious crime" indicated the nurse's action to encourage persons to think by themselves about the impact of recidivism on their future whenever they talked about committing recidivism. "Attempting to promote self-determination of the persons rather than supervised determination" indicated the nurse's intervention to encourage the persons to think and make decisions by themselves rather than supervising

them. "Respecting the person's wishes and supporting them to deepen self-realization" indicated support by the nurses to help the persons perform activities they wished to do in their daily lives.

"Providing support to help the persons attain self-management of their disease" indicated the nurse's support to encourage the persons to think how they understand their disease, and help them self-manage their own health.

Motivating the persons to voluntarily choose actions to cope with their disease and to take responsibility for their own actions. <<Nurse A>>

3) [Providing challenging tasks to lead a community life]

This category consisted of 2 subcategories. "Viewing mistakes as offering a challenge" indicated the nurse's intervention to provide the persons with the task of not making the same mistakes again in their regional lives. "Using communication with difficult nurses as an opportunity to learn social interaction with others" indicated the nurse's action to encourage the persons to use communication with their visiting nurses as an opportunity to learn social interaction with others, even if they do not like them.

Even if the persons did not like their nurse, ... I choose not to change the nurse. It may be a tough role for this nurse, but, I always try to explain that there are many different types of people, and to make the persons understand that they cannot avoid people just because they don't like them. <<Nurse C>>

4) [Encouraging the persons to become aware of their health status and ability]

This category consisted of 3 subcategories. "Attempting to examine unique behavior patterns observed during aggravation of symptoms" indicated the nurses' actions to help the persons understand their unique behaviors, such as overeating when they feel restless, and changes in their health status, as parameters. "Telling the persons that they were able to reflect on their own crimes and helping them realize it" indicated the nurses' action of telling the persons, and helping them recognize the fact, that they could reflect on their own crimes whenever they talked about confronting and reflecting on their own crimes. "Telling the persons that they are successfully dealing with situations in order to promote their confidence" indicated the nurse's action to tell the persons how they have managed to deal with situations when their symptoms appeared, and help them recognize that the way they coped was effective.

I usually ask how the persons felt, understood, and tried to deal with their disease, and (tell them) the good parts in how they are coping. <<Nurse E>>

5) [Assessing the person's self-management behavior in their daily lives]

This category consisted of 4 subcategories. "Viewing the person's voluntary action as a parameter for maintaining a healthy lifestyle" indicated that the nurses evaluated whether the persons lead their lives based on their own decisions, and viewed the person's voluntary action as a parameter for maintaining a healthy lifestyle. "Observing how the persons perceive situations and assessing whether their understanding is based on the reality" indicated the nurses' interaction to evaluate whether or not the persons lead healthy lives without being bothered by their symptoms by checking the sense of reality in their perception and examining the impact of a sense of unreality on the risk of recidivism.

"Observing changes in dietary habits and assessing lifestyle management status" indicated the

nurses' interventions to assess the person's lifestyle management status by observing changes in the amount of ready-to-eat foods that the persons consumed and checking changes in the nature of their garbage. "Assessing lifestyle management status by checking the cleanliness of the house" indicated the nurses' intervention to assess changes in the person's ability to clean their house, and to evaluate the person's self-management behavior in their daily lives by checking the cleanliness of the house compared to the previous visit.

The person told me that he cleans the house, but the room was somewhat of a mess compared to my last visit. <<Nurse E>>

6) [Sharing information on healthcare changes with the persons]

This category consisted of 2 subcategories. "Sharing stories of events that may affect the course of disease between the nurse and person" indicated the nurses' involvement in which they made an effort to share living difficulties that may affect the disease of the person, as well as details about the impact associated with environmental changes. "Sharing changes in health status unique to the person" indicated the nurse's action to share information on the healthcare changes of each person, such as loss of ability, behavioral changes, and deterioration of health conditions, using a crisis plan.

You know the crisis plan, don't you? I use it to share information on health status unique to each person. <<Nurse D>>

7) [Understanding the person's unique behavior to provide effective support]

This category consisted of 2 subcategories. "Understanding in advance unique behaviors noted before the aggravation of disorders" was the nurses' interaction to understand in advance and help the persons notice their unique behavior that routinely appears before the aggravation of their disorder. "Using expressions used by the person to make and modify the crisis plan into a more practical one" was the nurse's intervention to use the person's unique speech and behaviors when preparing a crisis plan, and to modify it into a more practical one, in order to help them cope with changes in their health status.

To help persons living in the community control their symptoms, ... it is essential to use the expressions used by those persons (in a crisis plan). <<Nurse A>>

V. Discussion

1. Basic ideas of visiting nursing

This study aimed to identify the attitude of nurses who provide visiting nursing care to persons treated in the region under the MTSA. Identified as one of their attitudes was [having a basic idea that lifestyle habits can affect diseases]. This indicates that the nurses provide visiting nursing care with an idea that 'diseases should be viewed in combination with lifestyle habits, since the persons' community living, such as social activities (i.e., social interaction, lifestyle management), can affect the course of their disease'. According to a study, people with mental disabilities could achieve favorable daily living conditions by creating routines in daily living⁶⁾, suggesting that creating daily patterns positively affects the living conditions of people with mental disabilities. The nurses in this study were considered to have a basic idea that the development of healthy lifestyle habits and patterns has a low impact on diseases; whereas,

irregular lifestyle habits and patterns as well as the occurrence of unexpected events can have detrimental effects on the person's disease, when providing visiting nursing care to persons receiving regional treatment.

2. Promotion of self-determination and self-management

Persons receiving regional treatment are individuals with mental disabilities who live in the community. In a hospital setting, people are always offered medication management, monitoring of symptoms, proper meals, a place to sleep, and hygiene assistance by healthcare workers; however, in a community setting, these must be managed by the persons themselves. Even if the persons are provided with community assistance from health care services and personnel, they must manage most of their daily life activities by themselves. Thus, their self-determination is essential in performing any activities in life. This study also revealed that the nurses' intervene to [encourage persons to think and make decisions by themselves]. Since another study reported that the promotion of self-determination contributes to independent-minded actions⁷⁾, such intervention may enhance the person's ability to act independently.

[Providing challenging tasks to lead a community life] was also identified as an attitude of the nurses during their home visits. This category indicated intervention in which the nurses attempted to help the persons recognize their mistakes as challenging tasks for their future lives. Since a study described that it is important to view the experience of making mistakes as a task required to proceed to the next step⁷⁾, it is suggested that the nurses in this study also considered that overcoming challenges and the associated stress may help the persons think, make decisions, and manage for themselves when the same problem arises again. The results also identified [encouraging the persons to become aware of their health status and ability] as an attitude of the nurses during their home visits. This category indicated their interventions in an attempt to encourage the persons to become aware of the unique behavioral patterns and successful ways of coping that they employed upon aggravation of symptoms. Recognizing one's own behavioral patterns and ways of coping may contribute to achieving self-monitoring ability and improving self-efficacy. Since other studies reported the need to help patients become aware of their ability to control their symptoms in order to improve their self-management ability⁸⁾, and to facilitate their self-efficacy for managing themselves⁹⁾, the nurses' attitudes observed in this study may also be aimed at promoting the persons' self-management.

Activities of daily living, such as eating and grooming, were monitored in another study that investigated visiting care provided by psychiatric nurses to general patients (not treated under the MTSA)¹⁰⁾. The nurses in this study also [assessed the persons' self-management behavior in their daily lives], showing that they performed similar nursing intervention in terms of the evaluation of daily living activities. However, in this study, the nurses evaluated the person's self-management status, indicating that they focused more on self-management behaviors of the persons.

3. Focusing on the uniqueness of the persons

The results of this study indicated that the nurses focused on intervention to promote self-determination and self-management of the persons. In order to facilitate self-management ability, it is considered essential for the persons to accurately understand their own health conditions and the changes in them. According to a study, sharing and looking back on the experience of

people with mental disabilities can promote their self-determination and autonomous actions¹¹⁾. The category [sharing information on healthcare changes with the persons] identified in this study indicated the nurses' intervention to share information on the person's unique health changes, which may affect their disease, between the nurse and person. This intervention may help the persons accurately understand their own health changes. It may also help the persons look back on their own decisions made in the process of coping employed during aggravation of symptoms, possibly enhancing their ability to make decisions and act by themselves. [Understanding the person's unique behavior to provide effective support] was also identified as an attitude of the nurses. This indicates that the nurses use the person's unique behaviors observed during aggravation of symptoms as the criteria to judge the level of complexity of the disease. Defining the evaluation criteria and providing the persons with this information may help them deepen their understanding of themselves and improve their self-management ability.

VI. Conclusions

The visiting nurses' attitudes toward persons receiving regional treatment under the MTSA were as follows:

1. The nurses had a basic idea that diseases should be viewed in combination with lifestyle habits, since the person's everyday activities can affect the course of their disease.
2. The nurses attempted to promote self-determination and self-management of the persons, as they play a key role in community living.
3. In order to improve the self-management ability of the persons, the nurses focused on their uniqueness and used it to share with the persons and to provide effective support.

References

- 1) Akira Yamagami : Chapter 8, The future of the Medical Treatment and Supervision Act 3. The future of the Medical Treatment and Supervision Act and forensic psychiatry. *Jpn. J. Clin. Psychiatry.* **38** (5) : 746-747, 2009.
- 2) Yoshiko Iwai : Summary of the "Act on Medical Care and Treatment for Persons Who Have Caused Serious Cases Under the Condition of Insanity". *Jpn. J. Geriatr. Psychiatry.* **18** (5) : 473-478, 2007.
- 3) Yukiko Mino, Masami Miyamoto : The current status and issues regarding visiting nursing care provided under the Medical Treatment and Supervision Act. *Psychiatr. Ment. Health Nurs.* **11** (3) : 60-63, 2008.
- 4) Sayo Harada, Tetsushi Tsujimoto, Fumihiko Kakuno, Yumi Nakahara : Analysis of community support for patients who have been tried in accordance with the Medical Treatment and Supervision Act (MTSA). *Jpn. J. Public Health.* **63** (10) : 618-626, 2016.
- 5) Ayumi Kaneko : The method of preparation and use of a crisis plan – As a new approach to support community living. *Psychiatr. Ment. Health Nurs.* **20** (3) : 291-296, 2017.
- 6) Yoshiko Fujimori, Hiroko Kunikata, Tomomi Fujishiro : Process Used by Community-dwelling Individuals with Mental Disabilities to Achieve Favorable Living Conditions. *J. Jpn. Acad. Nurs. Sci.* **36** : 114-120, 2016.
- 7) Miwa Maruishi : Interaction with users with schizophrenia who have work motivation. *Jpn. Psychiatr. Nurs. Soc.* **52** (3) : 428-432, 2014.

- 8) Masako Tai, Sayumi Nojima : Nursing Care Practice for Ego and Self to Empower Schizophrenic Patients for Self-Management. *J. K. W. U. Acad. Nurs.* **40** (2) : 31-41, 2015.
- 9) Keiko Yamamoto, Kenji Yabuwaki, Masashi Kawano : Literature Review on General Idea Structure of Self-management for Community-dwelling People with Schizophrenia in Japan. *Baika Women's Univ. Fac. Nurs. bull.* **6** : 45-55, 2016.
- 10) Nozomi Setoya, Mami Kayama, Yuki Miyamoto, Hiroaki Ambo, Akiko Hayashi, Aki Sawada, Akiko Funakoshi, Rieko Koichi, Mieko Kimura, Rie Yanai, Tomomi Seo, Chiaki Seo, Keiko Takahashi, Miki Akiyama, Rie Nagasawa, Ayami Tateishi : Nursing Interventions Provided by Psychiatric Home Visit Nurses in Japan. *J. Jpn. Acad. Nurs. Sci.* **28** (1) : 41-51, 2008.
- 11) Asuka Susumu : User-centered nursing plans. *Community Care.* **17** (6) : 10-15, 2015.