

〈Information〉

Exchange Program for Psychiatric Nurses Who Work in Institute of Mental Health, Singapore

Toyo Sakaguchi¹⁾, Yuka Hirosawa¹⁾, Tomiko Toda¹⁾, Yuri Wada¹⁾,
Takami Yano²⁾, Jun Shimizu¹⁾, Emiko Suzui¹⁾

1) Faculty of Global Nursing, Otemae University

2) Faculty of Nursing, Shijonawate Gakuen University

Abstract

The number of foreign residents in Japan is increasing, making it necessary to provide care to international patients, which requires communication skills and cross-cultural understanding. To address this need, the Otemae University Faculty of Global Nursing has partnered with several overseas medical institutions and universities to provide students with practical training at international medical institutions. In response to a request from the Institute of Mental Health (IMH) in Singapore, one of our partner institutions, we conducted a training program for four IMH nurses. This report outlines the exchange program for IMH nurses conducted at Otemae University and highlights future challenges.

The training took place over 10 days, from May 15 to May 26, 2023, at three facilities in Osaka Prefecture. The IMH nurses had the opportunity to experience psychiatric care in Japan, the warm culture of Japanese courtesy, and respect for others through these exchanges. The program was a valuable experience for the Japanese nurses who were motivated by learning about nursing practices in Singapore.

Keywords: Singapore, Institute of Mental Health, psychiatric nurse, exchange program

I. Introduction

The number of foreign residents in Japan increased from just over 2.03 million at the end of 2012 to 3.22 million in 2023, a 1.5-fold increase in 10 years and a record high (Ministry of Justice, 2023). In response to this trend, the number of foreigners visiting medical institutions has been increasing year by year. Japanese medical institutions have reported difficulties in understanding the medical conditions and needs of international patients due to a lack of knowledge and skills in language and different cultures, as well as difficulties related to dealing with

cultural customs. (Kondo et al., 2021; Nagasawa et al., 2020; Hamai et al., 2017; Hashimura & Onishi, 2016; Futami & Hori, 2015; Kobayashi et al., 2014; Ogasawara et al., 2014; Maeno et al., 2011; Adachi et al., 2009). It has also been indicated that foreign residents in Japan experience disrespect due to these barriers, with insufficient attention paid to their cultural backgrounds, and confusion caused by unspoken understandings. (Teraoka & Muraoka, 2017). In response to these challenges, Japanese nurses who provide care to international patients have expressed the need to learn about cross-cultural understanding and communication (Futami & Hori, 2015; Ogasawara et al., 2014; Adachi et al.,

2009). Due to Japan's geographical location, Japanese nurses have fewer opportunities to experience different cultures compared to their counterparts in continental countries. They have had opportunities to travel abroad for training and experience different cultures and care in other countries. Opportunities to learn the communication skills and cross-cultural understanding necessary for providing care to international patients in Japan are limited, and most of the training is provided through overseas programs in which Japanese nursing university students receive training at international medical institutions (Kato, 2020).

Faculty of Global Nursing from Otemae University has partnered with several international medical institutions and universities to provide students with opportunities for practical training abroad. In response to a request from the Institute of Mental Health (IMH) in Singapore, one of our partner institutions, we conducted a training program for IMH nurses, focusing on observation at psychiatric institutions and welfare facilities for people with disabilities in Osaka Prefecture. There have been few reports of training programs for psychiatric nurses from overseas at mental healthcare institutions in Japan. We believe that accepting psychiatric nurses from overseas for training and promoting the interactive exchange of knowledge and opinions will provide psychiatric hospitals with valuable opportunities to learn about different cultures and mental healthcare systems in other countries.

In light of the above, this report outlines the Japan exchange program for IMH nurses conducted at our university and highlight future challenges. This report has not been reviewed by a research ethics committee because it did not involve human participants. However, the necessary permissions for the publication of the report have been obtained.

II . Introduction of the Institute of Mental Health (IMH) in Singapore

IMH is Singapore's only national tertiary care hospital that provides comprehensive mental health care, ranging from acute care to rehabilitation. The IMH consists of two main divisions: the inpatient ward division, which provides inpatient care; and outpatient specialist clinics, which provide medical care for patients living in the community. According to the patient's financial situation, the inpatient department has 50 wards with 2,000 beds and various types of rooms, from private to large rooms. Involuntary hospitalization in Singapore is only available at the IMH.

In addition to the general psychiatric wards, inpatient services include the "High Dependency Psychiatric Care Unit" for patients requiring high-level acute intensive care, a "Early Psychosis Intervention Programme (EPIP) Inpatient Centre," which is a specialized treatment unit for early psychosis for individuals aged 16 to 40, and the "Sunrise Wing," the only pediatric psychiatric ward in Singapore. Furthermore, services include a unit specializing in the treatment of severe mood disorders known as the "Mood Disorders Unit," and the "Serenity Centre," which is an inpatient treatment unit for alcohol, drug, gambling, and other behavioral addictions. Emergency medicine provides 24-hour emergency services, and clients are treated and observed in the observation room for up to 23 hours before being discharged or admitted to other wards for further treatment. The "Short Stay Unit" provides up to 72 hours of monitoring and management for patients requiring short-term crisis intervention and acute symptom stabilization.

Community-based services include the "Aged Psychiatry Community Assessment Treatment Service", which provides outreach services for older adults with mental disorders; the "Assessment & Shared Care Team," which provides early treatment and support for people with mental health problems

living in the community and the “Center of Excellence for Youth Mental Health” which provides mental health support to young people between the ages of 16 and 30. Other services include the “Community Mental Health Team,” which aims to prevent re-hospitalization and reduce the length of hospitalization for people between the ages of 18 and 65 with mental illness living in the community; the “Mental Health-General Practitioner Partnership Program,” which provides support services for persons living independently in the community and educates general practitioners who provide these services; and the “Response, Early intervention and Assessment in Community Mental Health,” which offers mental health care for students with emotional, social and behavioral problems in collaboration with schools and social welfare agencies. Additional services include forensic mental health services, which provides psychiatric evaluation and treatment for people with mental disorders under the law, and job clubs, which offer job placement support for individuals with mental disorders.

III. Training practices

1. Institute of Mental Health nurses and training period

Four psychiatric nurses from the IMH in Singapore visited Japan. The delegation included a deputy director of nursing, two nurse clinicians, and an assistant nurse clinician. Two nurses were involved in community psychiatry, while the other two were involved in inpatient psychiatry.

The training period was from May 15 to May 26, 2023, spanning 10 days.

2. Coordination of the training environment

In planning and coordinating the training, faculty members from the International Center and psychiatric nursing department collaborated on travel

procedures, preparation of accommodations, and adjustments to the training environment. Materials used at each facility were translated into English, if available, or translated into Japanese or English using AI translation by the staff in charge. The entire schedule was coordinated between the IMH and Otemae University. The International Exchange Committee at Otemae University provided interpreters and worked with psychiatric nursing faculty members to ensure the training proceeded smoothly.

3. Program schedules and Contents

Training took place over 10 days at the following locations: Kansai Kinen Hospital (five days), Osaka Psychiatric Center (two days), Fureai Kyoseikai Social Welfare Corporation (two days), and Otemae University (one day). The schedule is presented in Table 1.

4. Overview of training facilities

1) Introduction of Kansai Memorial Hospital

Kansai Memorial Hospital is a psychiatry facility located in Hirakata, Osaka. It comprises five wards with a total of 261 beds, a day care center, and a home nurse station (Kansai Memorial Hospital, n. d.).

(1) General Psychiatric Wards: North 2nd, 3rd, 4th and South 2nd Wards

The general psychiatric wards provide treatment and care of people with mental disorders. Many patients admitted have schizophrenia and mood disorders. North Ward 4 primarily receives newly admitted patients. North Wards 3 and 2 serve as long-term inpatients wards for male and female patients, respectively. South Ward 2 is for long-term elderly inpatients who require physical care.

(2) Dementia Care Unit: South 3rd Ward

This unit provides specialized treatment (functional restoration training and occupational therapy) and extensive care for dementia patients

Table. 1 Contents of program : Exchange program for IMH Nurses in 2023

	Facilities	AM	PM
Day 1	Kansai Memorial Hp	◆ Introduction of Kansai Memorial Hospital	◆ IMH presentation
Day 2		◆ Visiting North 4th ward ◆ Observation (patients and their hospital stay, protective Room Care)	◆ Visiting North 2th ward ◆ Observation (nurse station, patients and their hospital stay)
Day 3		◆ Visiting Day Care Center ◆ Orientation and join exercise therapy ◆ Interacting with day care user by enjoying table tennis	
Day 4		◆ Visiting North 3th ward ◆ Observation (care for patients going out, protective room patient care, Outpatient clinic)	◆ Visiting South 3rd ward ◆ Observation (patient guidance, daily living assistance, Occupational therapy)
Day 5		◆ Visiting South 3rd ward ◆ Observation (patients and their hospital stay, daily living assistance, Diaper change)	◆ Farewell to patients and staff
Day 6	Osaka Psychiatric Center	◆ Introduction of Osaka Psychiatric Center ◆ Visiting a ward of Medical Treatment and Supervision Act (forensic ward), Child and Adolescent Unit, advanced care ward, and COVID-19 care unit.	
Day 7		◆ Visiting emergency ward ◆ Observation (patients and their hospital stay, Ward facilities: Protective Room, Restraint beds, nurse station)	◆ Discussion with staff at the chiefs' meeting
Day 8	Fureai Kyouseikai Social welfare cooperation	◆ Introduction of Fureai Kyouseikai Social welfare cooperation ◆ Visiting Employment transition support & Employment retention support "Shuurou" and Day care "Mustard".	◆ Visiting group home Hanamirai plaza "Tsugumu" and "Kaeru".
Day 9		◆ Visiting Community activity Support Center "Mokuren" and Day care "Hoonoki".	◆ IMH presentation and farewell to staff.
Day 10	Otemae University	◆ Presentation of training summary	

with psychiatric symptoms and behavioral disorders. Most patients have difficulty with daily living and cannot be cared for at home or in other facilities. This unit aims for the early discharge of patients with mild to moderate dementia who are mostly independent in their activities of daily living (ADLs).

(3) Day Care Center

The day care center offers medical and psychosocial treatment for individuals with mental disabilities living at home, in addition to hospital outpatient care. Day care services are provided several days a week, for at least a few hours daily. The center provides social skill training and sports activities to help patients.

2) Introduction of Osaka Psychiatric Center

The Osaka Psychiatric Center is a psychiatric

hospital operated by the Osaka Prefectural Hospital Organization, an independent administrative corporation. It comprises 10 wards with a total of 473 beds (Osaka Psychiatric Center, n. d.).

(1) Ward of Medical Treatment and Supervision Act (forensic ward): Sakura Ward

The "Medical Treatment and Supervision Act" refers to the "Act on Medical Care and Treatment for Persons Who Have Caused Serious Cases Under the Condition of Insanity." Sakura Ward provides continuous support and promotes social rehabilitation for individuals who have committed severe offenses under the condition of insanity. The setting has 33 beds, all in private rooms, divided into three units: acute, convalescent, and social rehabilitation. Each unit provides specialized treatment tailored to the patient's stage of recovery.

(2) Child and Adolescent Unit: Midori no Mori Ward

This unit consists of ‘Tanpopo’ for children from preschool to approximately 12 years old, and ‘Himawari’ for adolescents and young adults aged 12 to under 20 years. Patients are admitted with conditions such as truancy, developmental disabilities, adaptive disorders, anxiety disorders, mood disorders, or schizophrenia. The multidisciplinary team includes psychiatrists, nurses, psychologists, occupational therapists, mental health workers, childcare workers, and child guidance staff.

(3) Emergency and Acute Care Ward: East 1st, East 2nd Wards

These wards accept emergency admissions 24 hours a day, 365 days a year. Psychiatrists and nurses work together to provide prompt and appropriate care for acute symptoms. The aim is to restore health and discharge patients as soon as possible while building good interpersonal relationships. They provide treatment programs for patients with drug and alcohol addiction as well as psychological education for patients with schizophrenia and mood disorders.

(4) Advanced Care Ward: East 4th, West 1st, West 2nd, West 3rd Wards

These wards are designated for long-term inpatients. They use traditional medication, occupational therapy, and music therapy. For treatment-resistant patients, with the facility offers modified electroconvulsive therapy (m-ECT) and clozapine.

(5) Comprehensive treatment wards: East 3rd Ward

This ward initially accepted individuals with tuberculosis with mental illness. During the COVID-19 pandemic, it became an emergency ward for COVID-19 patients.

3) Introduction of Fureai Kyouseikai Social Welfare Corporation

Fureai Kyouseikai Social Welfare Corporation, established in 1994 and located in the southern part

of Osaka city, translates to “connecting and living together” in English. The organization operates three sections: “Karan” for older adults, “Mokuren” is for people with disabilities, and “Hanamirai Plaza” which includes a community center and group home. During this program, we mainly visited “Mokuren” and “Hanamirai Plaza,” which serve individuals with mental disorders.

(1) Introduction of the facility for people with disabilities (“Mokuren”)

“Mokuren” provides a variety of services including a) Education and training for work (“Shuurou Form”) b) Day care services (“Hoonoki” and “Mustard”) c) Community activities support center (“Mokuren”) d) Social work care management service for people with disabilities e) Training for independent living. We visited “Shuurou Form,” “Hoonoki,” “Mustard,” and “Mokuren” during the program.

a) Education and training for work (“Shuurou Form”)

“Shuurou Form” provides consultations on employment-related concerns for individuals with disabilities who are expected to work in general companies. Additionally, they offer two main services: training inside and outside the facility, focusing on physical and mental endurance, work skills, and interpersonal skills; and support for job-seeking activities.

b) Day care services (“Hoonoki” and “Mustard”)

“Hoonoki” and “Mustard” provide day care services, a planned program of activities in a professional care setting designed for individuals who require supervised care during the day or who are isolated and lonely. Activities include group meals, bathing, and activities to improve or maintain their ADLs. Caregivers, nurses, and dietitians organize annual field trips and picnics to enjoy the seasons and provide a stimulating social environment.

c) Community activities support center (“Mokuren”)

Community activity support centers provide opportunities for creativity, social integration, and other benefits prescribed by the Ministry of Health, Labor and Welfare for individuals with disabilities or other needs. “Mokuren” operates as a subcontractor in Osaka City, offering consultation services and a free space for individuals with disabilities, while supporting their families. Members can attend any activity they like and their decisions and choices are respected.

(2) Introduction of the facility (“Hanamirai Plaza”)

“Hanamirai Plaza” has two types of group homes: “Tsumugu” and “Kaeru”. “Tsumugu” is a group home for individuals with dementia and older adults, while “Kaeru” is a group home for people with disabilities who wish to live independently in the community. Moreover, “Kaeru” assists with household activities, medication, and communication, aiming to help residents acquire the skills necessary for independent living.

5. Overview of the training program

1) Kansai Memorial Hospital

On the first day, the participants received an orientation about Kansai Memorial Hospital in the morning. They observed the isolation room in the acute care ward and listened attentively to explanations about the current situations and issues related to medical accidents. They also learned about the methods and contents of nursing care for patients with behavioral restrictions, such as eating and bathing. They shared the common points of observation and assessment of mental symptoms at IMH. In the afternoon, the IMH members gave presentations to the staff of Kansai Memorial Hospital.

On the second day, the participants visited North Ward 4 of Kansai Kinen Hospital in the morning to observe the ward’s interior and care provided by the nurses. In the afternoon, the participants moved to North Ward 2, where they had

the opportunity to speak directly with nurses, exchanging questions and opinions. They discussed the similarities and differences in the working environments of nurses in both countries, such as actual working conditions and salaries. They also discussed the differences in health and welfare policies between the two countries regarding the payment of patient hospitalization fees. The IMH nurse explained the Singapore Central Provident Fund (CPF). The IMH nurses’ stories inspired the nurses of Kansai Memorial Hospital to express interest in observing advanced mental health care in Singapore.

On the third day, training was held at the Day Care Center of Kansai Memorial Hospital. In the morning, they participated in the Social Skill Training (herein referred to as “SST”) program. They joined a table tennis program in the afternoon and enjoyed interacting with users. They later reflected on the situation and asked the daycare center staff questions. The day care staff shared the concept of person-centered care, which focuses on the person rather than just their illness, which is crucial. The IMH staff also shared that they thought the role-play in which the participants practiced consulting each other when they were in trouble during SST was very effective for the participants with communication disorders.

On the fourth and fifth days, the participants continued to observe the facilities and care in other wards. The training content had to be partially changed because of the participants’ fatigue after consecutive training days.

2) Osaka Psychiatric Center

On the first day, an orientation on the Osaka Psychiatric Center was held, followed by a morning tour of the Sakura ward, the Midori no mori ward, an outpatient unit, and the Comprehensive treatment ward in the afternoon. The IMH nurses received explanations of the structural features of the wards, such as the high security hardware under the Sakura and Midori no-mori wards, and the soft

features of the treatment environment, such as the gymnasium and playground equipment. They noted similarities to wards with similar functions in IMH.

On the second day, IMH nurses visited the emergency and acute care units. The IMH nurses were divided into two teams and received orientation and tours of the two wards, which were the same. During the tour, the trainees were given a tour of the wards, including the nurses' station, wardrooms, restraint beds, day rooms and bathrooms. During the tour of the restraint beds, isolation rooms and bathrooms, they discussed the differences between Singapore and Japan. They were also briefed on the actual work of the staff at the nurses' station and the treatment programs in place.

Additionally, a question was raised as to whether the panic alarms introduced in Sakura wards were also used in these wards. Panic alarms are button alarm devices worn on the arm by staff to call for assistance in emergency situations, such as problems involving self-harm or other harm between patients or when a patient suddenly changes. By pressing the button, an emergency alarm is triggered throughout the ward and staff on the ward can rush to provide support. This system ensures the safety of both patients and staff. In the acute care ward, staff members carried devices similar to panic alarms at night, and IMH nurses showed interest in safety management for both patients and staff members. Finally, IMH nurses introduced IMH.

3) Fureai Kyoseikai Social Welfare Corporation

On the first day, we received an explanation about the social welfare corporation Fureai Kyoseikai and visited the "Shuurou Form" (education and training for work) and "Mustard" (day care service: production activity type). In the afternoon, we visited two group homes (Hanamirai Plaza, etc.).

On the second day, we visited a day care center (daily living care), and then went to a cafe in an old private house, used as a job training site for users, where we enjoyed bread and drinks for lunch. In the afternoon, we visited the Community Activity

Support Center "Mokuren" and watched a video in which the participants talked about their experiences. Finally, the participants introduced the IMH and the training at the site was completed.

When the IMH nurses visited the bathrooms of the day care center, they said that in Singapore, water is a precious resource and it is difficult to use a large amount of water, as in Japan, where water resources are abundant, so people do not have the custom of bathing in a hot tub. Therefore, hospitals and facilities do not have large bathing facilities.

In the "Shuurou Form," an IMH nurse explained employment and family supports in Singapore. In Japan, hospital and transition support for employment offices are separate organizations, which often leading to potential gaps in continuous support. In Singapore, kitchens and bakery stores in IMH hospitals serve as places for employment support, and the system is designed to provide continuous discharge support and employment support in IMHs from the time of hospitalization to post-discharge life. Therefore, support for the parties will not be interrupted and employment assistance will proceed smoothly. This is because Singapore is a small country, and one psychiatric institution, IMH, is in charge of mental health welfare for all of Singapore. Moreover, at IMH, given that a considerable proportion of individuals with mental disabilities are estranged from their families, patients' families are invited to the hospital for tea parties and other opportunities to interact with them. It was stated that the program encourages reintegration into society by providing support for employment and facilitating the maintenance of family connections.

The IMH nurses observed occupational therapists and visiting nurses interacting with patients at a group home, "Kaeru," and expressed interest in how the group home for older adults with dementia, "Tsumugu," handled sundown syndrome. The Sunshine Wing, where older adult patients with dementia are admitted, has a dedicated sensory room for patients with sundown syndrome. Sundown syndrome is a condition in which agitation,

aggression, delusional behavior, and wandering worsen from evening to night in dementia patients. Although the group home does not have a dedicated facility for this condition, the staff reported that they manage patients with sundown syndrome similarly to practices in Singapore, providing close supervision and support.

IV. Discussion

The training allowed us to explore the similarities and differences between the medical and welfare systems, facilities, and care in Singapore and Japan. From the host institution's perspective, we gained valuable insights and discussed future issues based on our experiences and knowledge.

1. Lessons learned from the program

Singapore and Japan share a common situation concerning individuals with mental disabilities and support for the socially vulnerable. However, there are differences in their medical welfare and support systems, climates, cultures, and historical backgrounds. Here, we provide a detailed description of what we learned.

Stigma is defined as 'a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society' (World Health Organization, 2001). Stigma against mental illness is a global issue, and Singapore is no exception. In Asia, including Singapore and Japan, patients suffering from schizophrenia and bipolar disorder were considered dangerous and aggressive during their family experienced stigma. Furthermore, most Asians answered that mental illness is a sign of personal weakness. Japan and Singapore are working to address stigma by educating their public and increasing contact with the people involved (Zhang et al., 2019). At the IMH, many mentally disabled patients are estranged from their families, so the hospital invites them to interact with patients during

tea parties. However, there have been few cases in which family relationships improved as a result of these invitations.

IMH provides patient-centered care, which emphasizes personal recovery as recovery-focused care. Recovery is a subjective and multifaceted concept that describes the process of rebuilding a meaningful and personal life for people with mental illness as they experience various effects and difficulties caused by their illness (Anthony, 1993). The concept of recovery has been incorporated into the WHO Comprehensive Mental Health Action Plan 2013–2030 and into the mental health policies of both Japan and Singapore. (Ministry of Health Singapore, Launch of National Mental health and well-being strategy, 2023: Ministry of Health, Labor and Welfare Japan, 2023). Furthermore, in discussing care with nurses at the training site, they shared the importance of person-centered care, which focuses on clarifying and understanding the values, intentions, and needs of the target person, not the disease, to help the person's life become meaningful. Person-centered care is an important model of care for achieving recovery.

From the way the IMH nurses interacted with the patients in the training, we saw that they were interested in the experiences and thoughts of the people in front of them, rather than looking at them based on labels, such as illness or nationality. Even though they could not communicate in their own language, they communicated with the nurses using facial expressions and gestures, involving the nurses in their attempts to understand them. The attitude of IMH nurses taught us a lot about cross-cultural care.

Next, we studied the differences between Singapore and Japan in terms of the medical welfare system and the concept of treatment with behavioral restrictions.

Singapore has a Central Provident Fund (CPF) system, which is a compulsory savings system for all Singaporeans and permanent residents and is not a "levy system" (a system in which necessary financial resources are provided from current premium

income) as adopted in the Japanese social insurance system, but a “full savings system” (a system in which necessary financial resources for future pension benefits are accumulated during one’s working years). The system is based on the “full accumulation method,” (a method in which the financial resources needed to receive pensions in the future are accumulated during the working years). In addition to financial security after retirement, CPF can also be used to pay for housing, medical care, and university loans, making the CPF system a comprehensive social security system based on the premise of “self-help. The CPF system is a comprehensive social security system based on the premise of “self-help.” The system of public assistance for the needy is similar to that in Japan, and there are cases of people with mental disabilities who have difficulty working using the system.

The approach to behavioral restrictions in Japan is typically more reliant on such treatment measures than in other countries (Newton–Howes et al., 2020). According to IMH nurses, seclusion is sometimes used in the treatment of infectious diseases, but rarely in psychiatry, and restraints are kept to a minimum. In Japan, when a patient needs to be involuntarily hospitalized in an emergency, careful judgment is required by at least two specialists, and long-term hospitalization is not subject to any screening. However, for long-term hospitalization (six months or longer), the decision of two or more specialists or a court is required in Singapore (Fujii et al., 2017). In Japan, punishment for disciplining a child involves removing the child from the group, whereas, in other countries, such as Europe and the United States, punishment involves restricting the child’s behavior and depriving him or her of freedom. Japan is a collectivist nation that respects the rules and order of the family and local community. Restricting patient behavior in a hospital setting may protect the surrounding environment, with patients reporting relief upon entering the quiet environment of a protection room. Conversely, Singapore has been occupied by the British in the past, and the culture

of Western individualism permeated the country. Since behavioral restrictions constitute a violation of human rights by depriving a patient of his/her right to freedom, it is assumed that more careful judgment is required for long-term hospitalization and that the minimization of behavioral restrictions is more advanced. The differences between Japan and Singapore are presumably due to various backgrounds, such as ethnicity, and differences in attitudes and systems toward compulsory medical care, including involuntary hospitalization and behavioral restrictions.

Finally, the IMH nurse said that because Singapore is a multi-ethnic country, there are holidays according to various religions, and that various religious events are held at the IMH. In addition, there are many foreign workers from neighboring countries, and it was inferred that care is provided in response to diverse cultures. As the number of foreign workers in Japan increases, we can learn a lot about how to deal with diverse cultures.

2. Usefulness of the training and future issues

Through the exchange with IMH nurses, we had an opportunity to learn and think about psychiatric care in Singapore and Japan, and the various backgrounds that influence the differences. The IMH nurses also provided feedback indicating that the training was highly meaningful, as it afforded them the opportunity to gain first-hand experience of psychiatric care in Japan, as well as insight into the Japanese culture of courtesy and respect for others through the exchange. Furthermore, the participants indicated that they had acquired knowledge about the Japanese health insurance system and the range of mental health services available to individuals with mental illness (Win. et al., 2023).

In psychiatry, many patients are unaware of their illnesses and have behavioral restrictions. The

key to treatment is communication and building trusting relationships with patients in order for them to understand their current conditions and the need for treatment. Considering that the number of hospital admissions of foreigners will increase in the future, it is necessary to understand their cultural backgrounds and devise communication and care methods when they do not speak Japanese to build a relationship of trust. We believe that there are many areas in which we can learn from Singapore, a multinational country, about how to provide and devise care for subjects with different cultural backgrounds. In addition, we believe that learning about other countries' approaches to mental healthcare will provide an opportunity to consider the value of care in Japan.

Furthermore, in a study by Chiba and Nakayama (2016), half of the Japanese nurses in their study stated that they wanted to have overseas experience other than vacations and were eager to have overseas experience. This study also showed that psychiatric nurses had a strong interest in cross-cultural understanding, as they interacted with IMH nurses. In addition, it is assumed that cross-cultural exchange helped promote cross-cultural understanding, which is necessary when providing care to foreign nationals.

Lastly, as a future consideration, the overcrowded nature of training schedule can fatigue IMH nurses. To address this, it is essential to develop training plans well in advance and to implement measures that account for their daily needs including adequate rest, mealtime and monitoring their fatigue level to ensure their wellbeing.

V. Conclusion

This study provides an overview of the IMH training program and identifies future challenges. For the nurses at the training facility and the faculty members of this university, hosting IMH nurses was a valuable opportunity. It offered them a chance to experience and be inspired by aspects of Singaporean

nursing practice through the exchange. Additionally, it provided an opportunity to view things from a variety of values and perspectives.

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