Arts of Life and Places of Care for Persons with Mental Disabilities from Institutions to the Communities

Using participatory observation, by which the author mingles with subjects of the study and interviews them, this study theoretically and empirically examines 3 care forms "from institution to the community" for persons with mental disabilities from the perspective of human geography. After the implementation of radical reforms toward neoliberal policies, the legal system related to mental disabilities has been revised considerably. Using examples of the affected medical, health, and welfare care facilities (systems) for persons with mental disabilities, we consider the importance of relocating care to secure a place for very person-centered care when living in a community. Furthermore, we consider the importance of relocating care from a psychiatric hospital, a traditional place for care, to the community.

Assuming that particular facility spaces and systems functioning inside of the spaces will be of crucial importance, we studied three places of a former welfare workshop, a pass-through group home, and a psychiatric hospital and persons concerned with the places. The investigation extended over the long period from May 2007 to February 2020 because some time was taken to build relationships. Although using the three Western concepts of "care space of care," "space in-between," and "exstitution," in the place of care, we reached the study findings after reconsideration of those concepts in line with Japanese cultural and social contexts.

We investigated Tokyo and some municipalities in Tokyo. The Tokyo Metropolitan areas are no exception to a trend by which persons with mental disabilities determined as "production-inhibiting factors" during high economic growth were placed in solitary confinement. We highlight the "arts of life," which is art resistant to governance linked directly to life through the process by which long-term inpatients move from psychiatric hospitals allocated in relation to the formation of urban suburbs to communities in which they have lived for a long time. It is also done through the provision of community care services in modern urban spaces and everyday practices of persons with mental disabilities who use the services.

This study investigated how the new Community-based integrated care system for people with mentally disordered, enforced in 2017, has affected relocating care settings for

long -term patients in psychiatric hospitals in Tokyo. The author uses the new analytical concept of 'extitution', a term coined by Michael Serres, to propose an additional concept of 'deinstitutionalization' which led a revolution in mental health policy and practice in Europe and the United States, not in Japan. According to Spanish social and psychologist Domenech et al, extitution is network simultaneously real which any kind of entity can be enrolled in the strategies like clients, families, medication, documents and so on. A case management, as a media of extitution, cause a 'virtualization' of institutions to move patients from traditional institutional settings towards community psychiatric services. In Japanese cultural and historical contexts which still has 320 thousand psychiatric beds, extitution would bring open range of possibilities into wards.   Qualitative evidence demonstrated the process to relocate care based on 21 client case.

The results of the analysis are summarized as follows: There are 8 paths of process to become ex-patients or still to be patients or to pass away: The new system brought some positive benefits to go back their home-place far 50 km from the hospitals even though it took over 1 year. ; The notorious practice transferring to another hospitals in Tokyo applied a few clients who couldn't move-in group homes because of high occupancy rate: Via facing with extitution, above instance enhanced a caring relationship between clients and social workers who try to keep it even unremunerated. Traditionally, being kept isolation for a long time has deprived people with mental disordered materially and immaterially in Japan. The new system could be a chance for clients to community care, on the other hand, it could carry a high risk to depend on an ethic of care.

Transitional group homes for people with mental disorders are administered by the Tokyo Metropolitan Government under the *Services and Supports for Persons with Disabilities Act*. In this article, the author use the analytical concepts of 'spaces of care' and 'in-between spaces' to investigate the instrumental roles of these homes in community care. Results were obtained using empirical material from qualitative research conducted with staff members and residents in 'R' city, Tokyo. The following were obtained: to leave psychiatric hospitals, residents move into transitional group homes because of their conditions; no choice of residence in the community was associated with deteriorated family relationship, and no tools were available to change their environment. The choice of moving to a traditional group home did not necessarily reflect residents' intentions. Nevertheless,

after moving to the home, residents showed new subjectivity and attained self-worth through 'spaces of care' in places of care, created with staff members and other residents through non-conditional positive interactions and empathic warmth in the meeting room in the home, and found hopes for life. Staff members evaluated transitional group homes as 'in-between' spaces adapted to government' policy, with this space regarded as transitional to living oneself in the community as a disabled' person with independence. For clients, however, these homes are important physical and social spaces that facilitate movement to different space of hope.

Support for persons with disabilities who are capable of working and with high motivation for social participation is convenient for the system of governance. To resist such a uniform mode of the politics of the life of persons with disabilities, persons with mental disabilities protect their life on a daily basis, using community care, such as the self-entitled "*Nanchatte* B," pass-through group homes, and mediators of exstitutions.

Workshops' strategic resistance against the Services and Supports for Persons with Disabilities Act, this paper investigates how the care service restructuring by the new "Services and Supports for Persons with Disabilities Act," enforced in 2006, impacts on workshops for people with mental health problems. The author selected 22 workshops in U-ward, Tokyo, which have been instrumental in social and economic spaces for the clients with mental disorders in the community. Using qualitative evidence leads to demonstrating the staff's response to the policy change and the intentions to deal with the transitions to the new system required to be in place by the end of F.Y.2011. The study pays a particular attention to focusing on the 22 clients' motivations of their visits to the workshops.

The results of the analysis are summarized as follows: 1) 16 workshops selected 'Support for continuous employment B' type which provides knowledge and skills for work; 2) this type provides the largest benefits to the service providers among others in the new system because no term limit is set for the clients and no guarantee of a minimum wage is required; 3) six of the 16 workshops decided to transit nominal 'Support for continuous employment B' type, which basically opposed the idea of providing only employment assistance; yet ended up selecting this type to secure a stable management condition; 4) the municipal officials approve such practices even if the workshops don't provide necessary training and knowledge for work; 5) the clients require workshops to be a 'space

of care,' which is a socio-spatial field; such space is disclosed through the practices of care that take place between the staff and clients, through having a good lunch and taking a nap. The choice of nominal 'Support for continuous employment B' type can be regarded as strategic resistance against the workfare policy change in order to sustain 'spaces of care.'