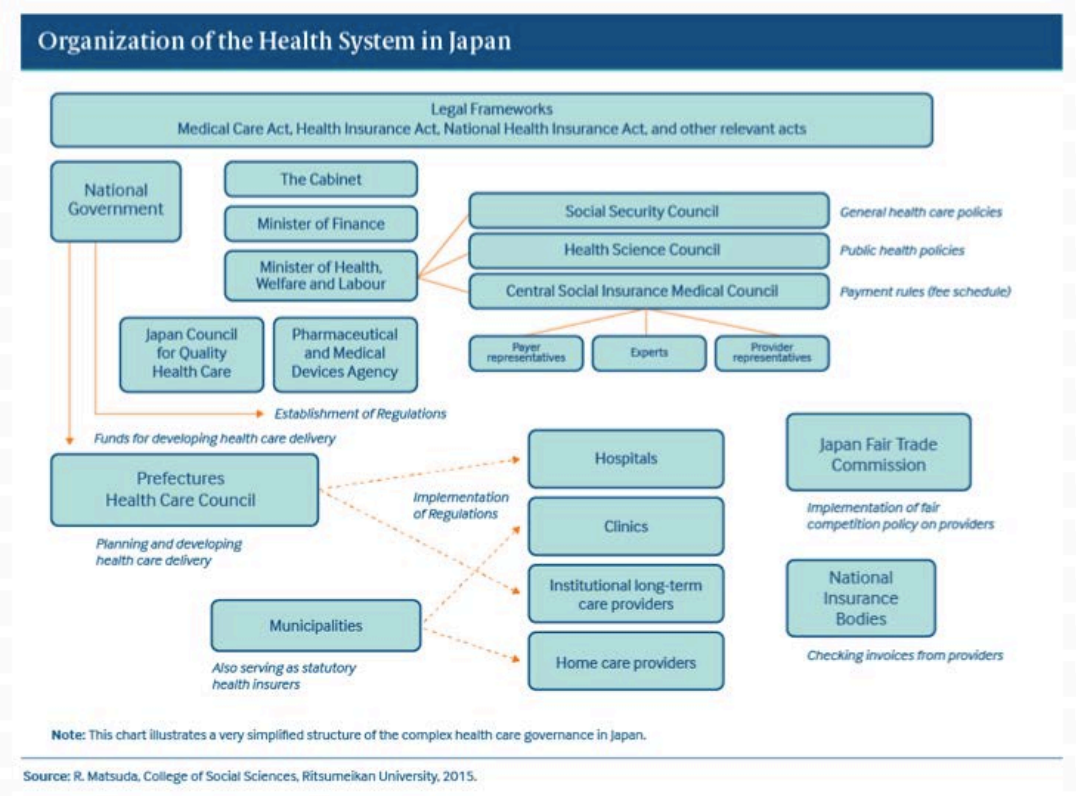
Japanese Self-Defense Forces

Presentation to the Defense Health Board

February 10, 2020

Structure of Healthcare System

- ✓ **Universal Statutory health Insurance System (SHIS)**
  Noncompeting public, quasi-public, and employer-based insurers (age, employment status, and/or place of residence)
  All the citizens enroll mandatory
- ✓ **All SHIS plans provide the same benefits package**
- ✓ **Fee-for-service system**
- ✓ **Free access to any hospitals**
- ✓ **Premiums (total 10% of salaries)**
  Employees' premiums are checked off from their salary (5%)
  Employer has to pay another 5% as employees' benefit



Healthcare Fee and Insurance

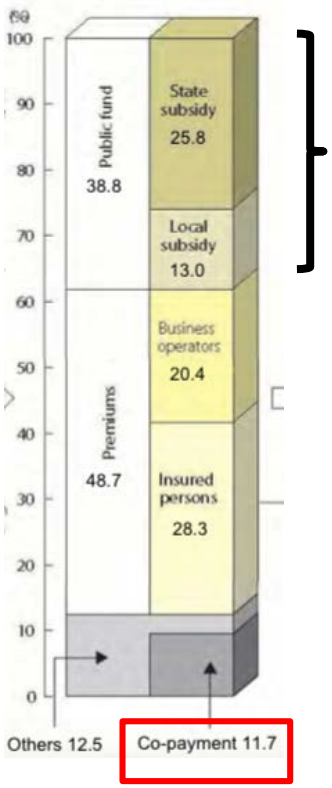
- Co-payment

75- years old	10%
70-75	20%
6-70	30%
1-5	20%
0-1	0%

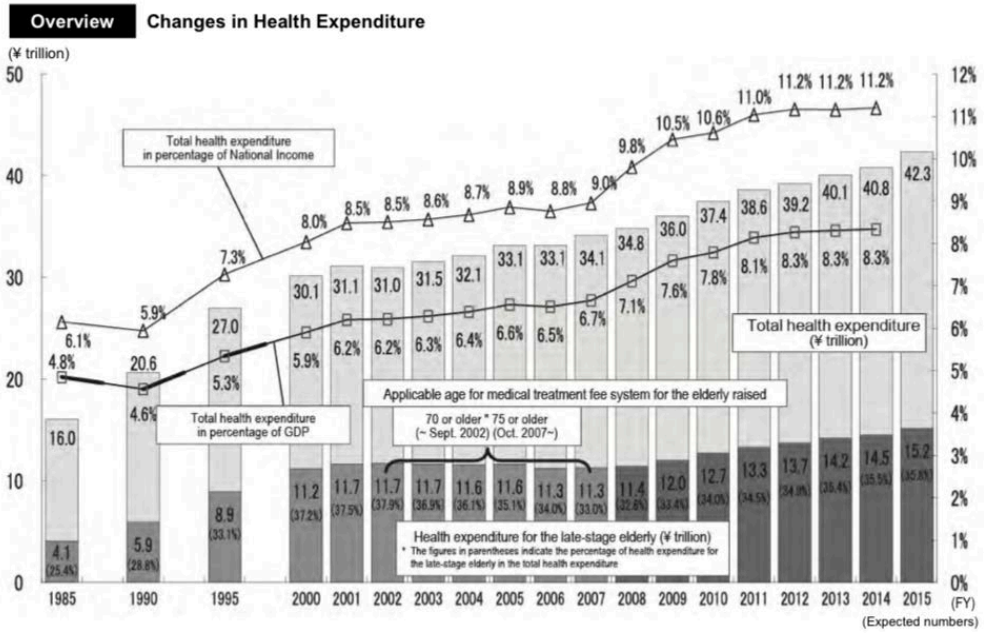
- High-Cost Medical Care Benefit system

  Maximum co-payment : 800$+α

Ex) (30,000*0.3-800)*0.01 +800=882



TAX
= about 40%



$4,152
Health care spending per capita

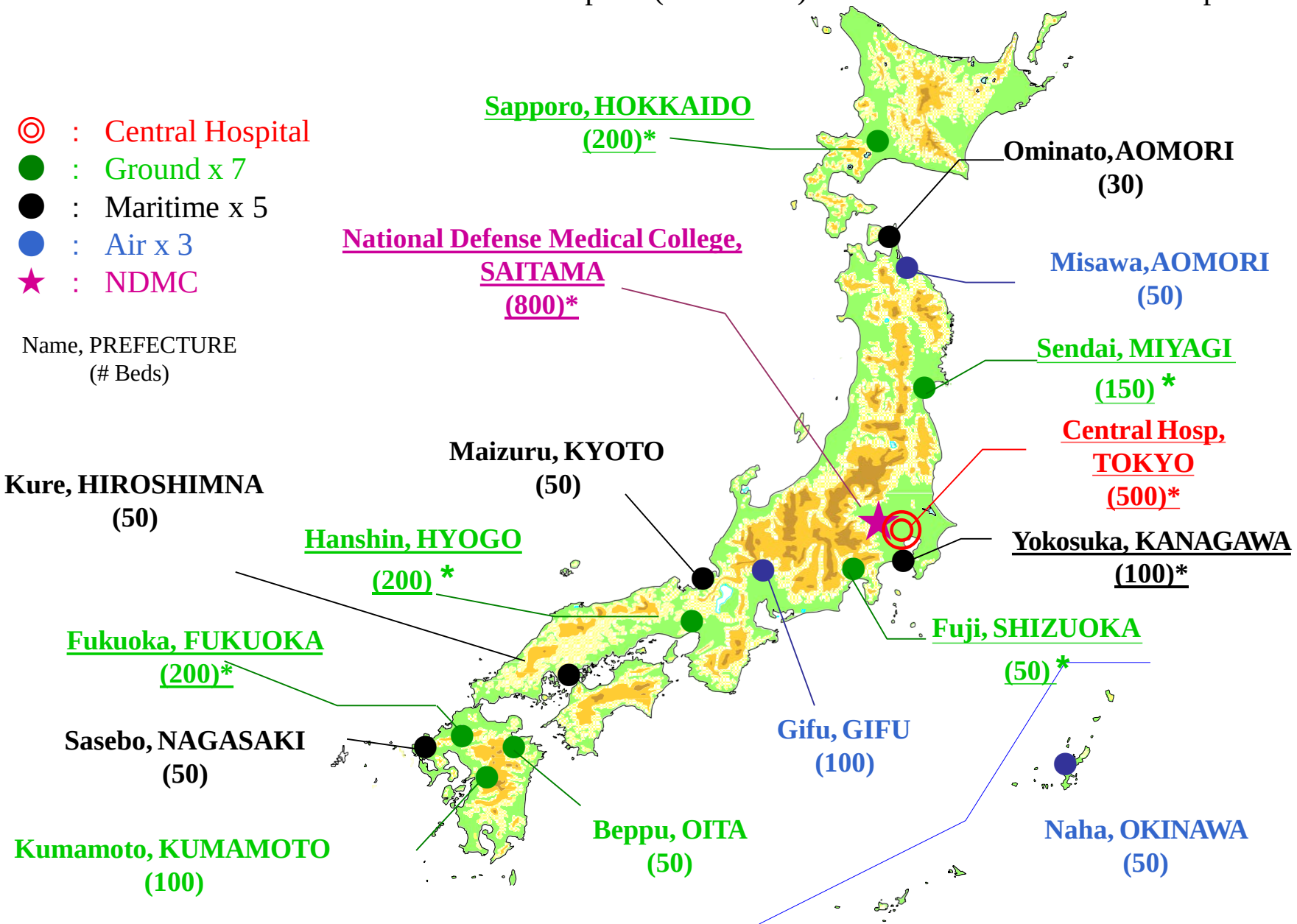
$126
Out-of-pocket health care spending
Per capita

SDF Hospitals

*8 Hospitals(underlined) are authorized to treat civilian patients.

◎ : Central Hospital
● : Ground x 7
● : Maritime x 5
● : Air x 3
★ : NDMC

Name, PREFECTURE
(# Beds)



SDF personnel

- ✓ **Authorized Self Defense Personnel：247,154 (As of Mar 31, 2018)**

- ✓ **Women percentage: 6.9% (compared to actual total number)**
  Target goal of 9% until FY2027

- ✓ **Female service member's job limitation**
  Just recently almost all* the positions have been open to female service members
  (submarine 2018.12~)
  *Exception for some part of NBC Weapon Defense Unit (chemical) and Tunnel Company

- ✓ **Analysis/ policy over women's health**
  No analysis of unplanned/planned pregnancy rate: limited service of OBGYN in SDF hospitals
  No special policy/limitation for contraception, menstrual suppression, fertility treatment.

- ✓ **Policy for Maternity/ Childcare leave**
  Maternity leave: from 6 weeks before birth till 8 weeks after birth
  Childcare leave: after Maternity leave up to 3 year without salary

- ✓ **Recommendation for Paternal leave**
  "7 days around birth paid leave" hasn't been achieved 100%
  Paternal leave is used only 3.8% (FY2018) (government target goal is 13% by FY2021)

	Initial (FY2016)	Target Goal (by FY2021)
Holidays/Vacation (days)	10	>15
Paternal Leave (%)	0.5	13
Male parental paid leave up to 7 days* (%)	22*	100
Women Recruit (%)	9.4	>10
Women service members number (%)	6.9	9 (～FY2027)
Women >MAJ (%)	3.1	>3.1

*Leave for spouses' childbirth (up to 2 days) 62.4%
*Leave for participation in childcare (up to 5 days) 22.0%

Physical fitness standards are different according to gender and ages
-Run (3000m), push-ups, sit-ups, pull-ups, throwing

Research on women's health

- ✓ **Musculoskeletal Research**

Conducted in the National Defense Academy

Total n=9143 (Male 8674, Female 739)

Average 20.4±1.5 yrs

The occurrence of stress fracture: 13.6 cases / 1000 people / year

Female cases is 3.3 times significantly high occurrence ($p<0.01$)

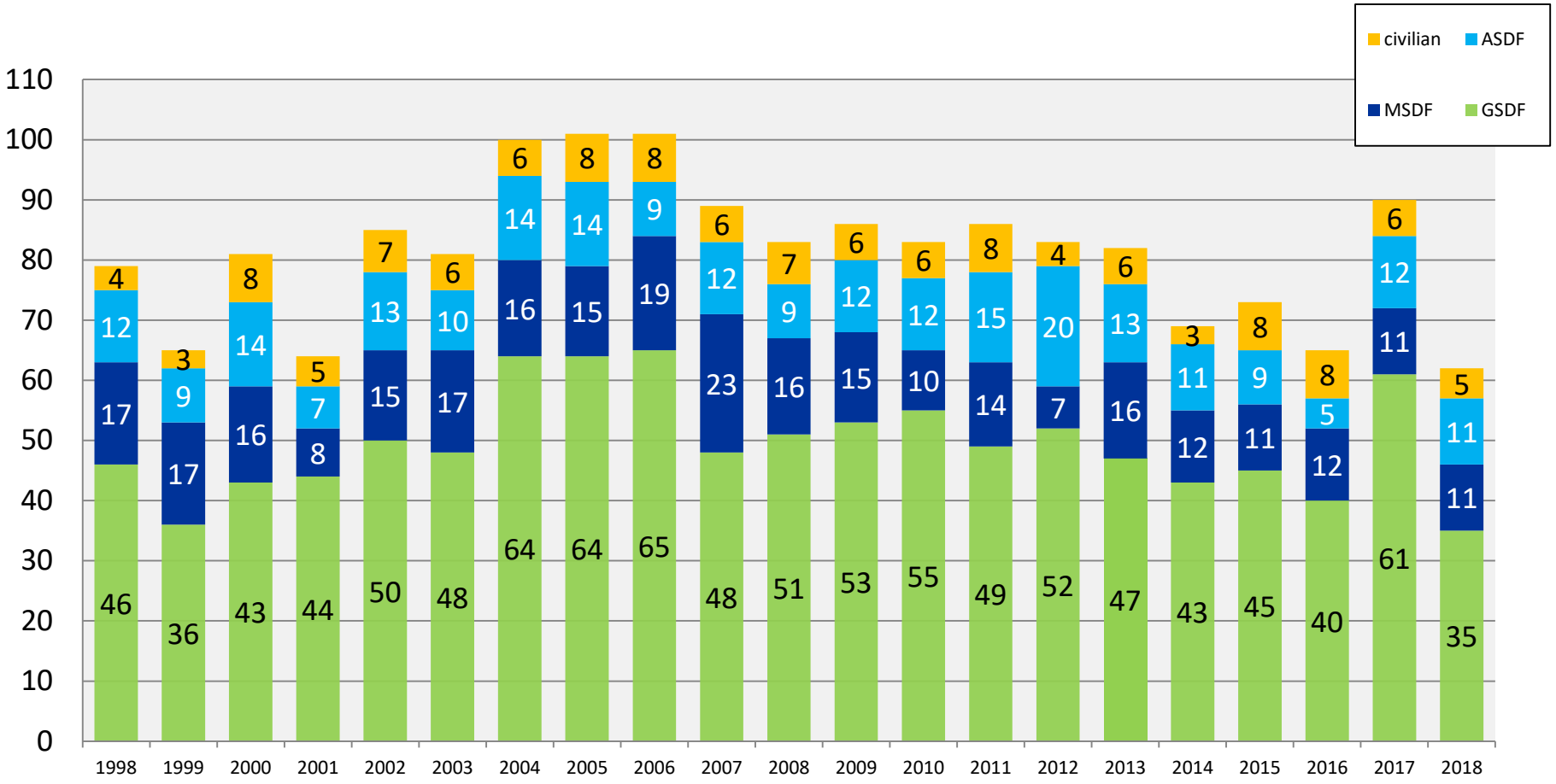
The event occurs within 3 months after admission to Academy, followed by 30 % of those had initial
event within 3 months couldn't finish the entire course of Academy.

The prevalence of the location of stress fracture is as follows;

Tibia (50%)
Metatarsal (20%)
Pubic (10%)

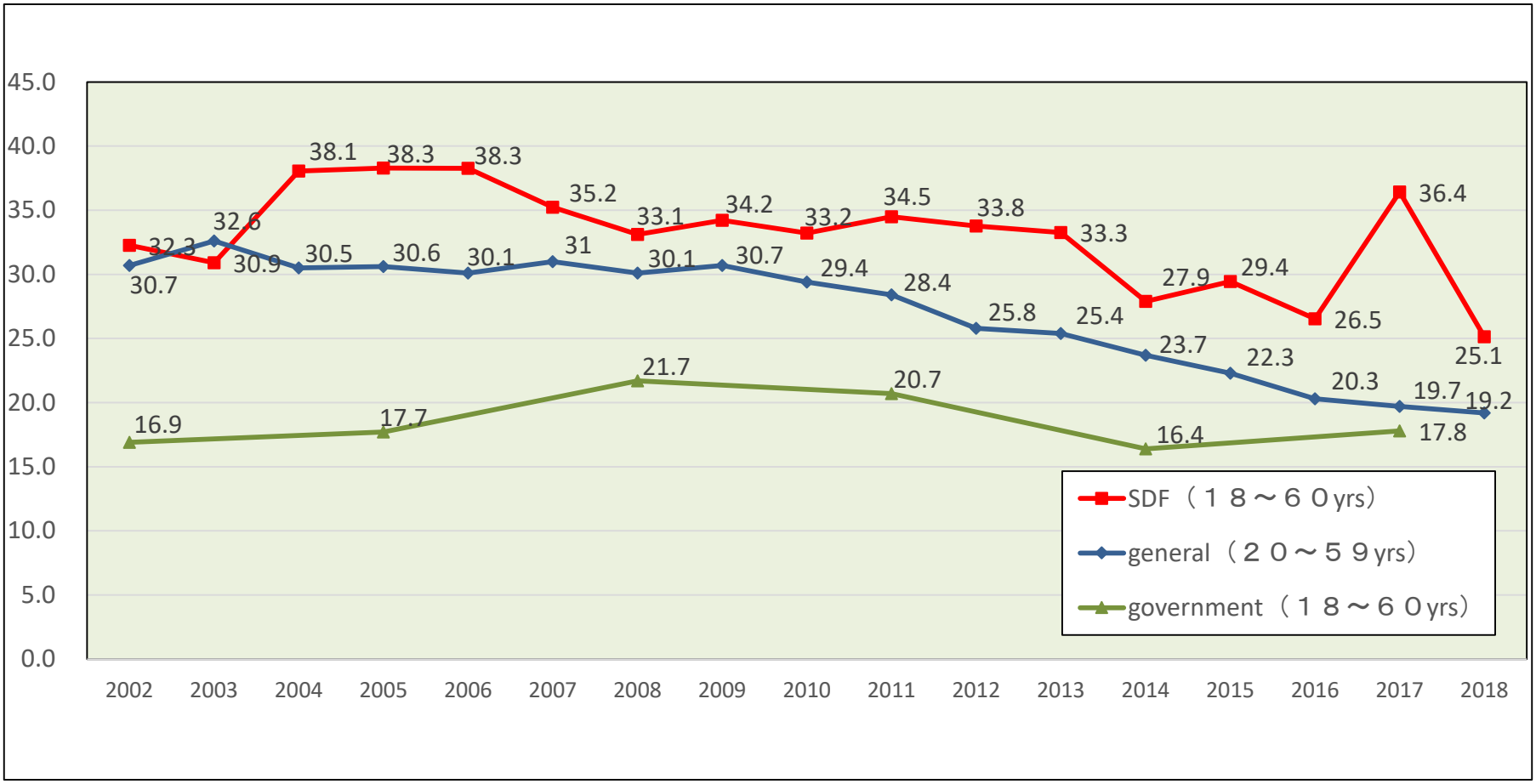
Suicide cases trend in SDF

- ✓ **Cases downward trend**
  Max about 100 in 2004~2006



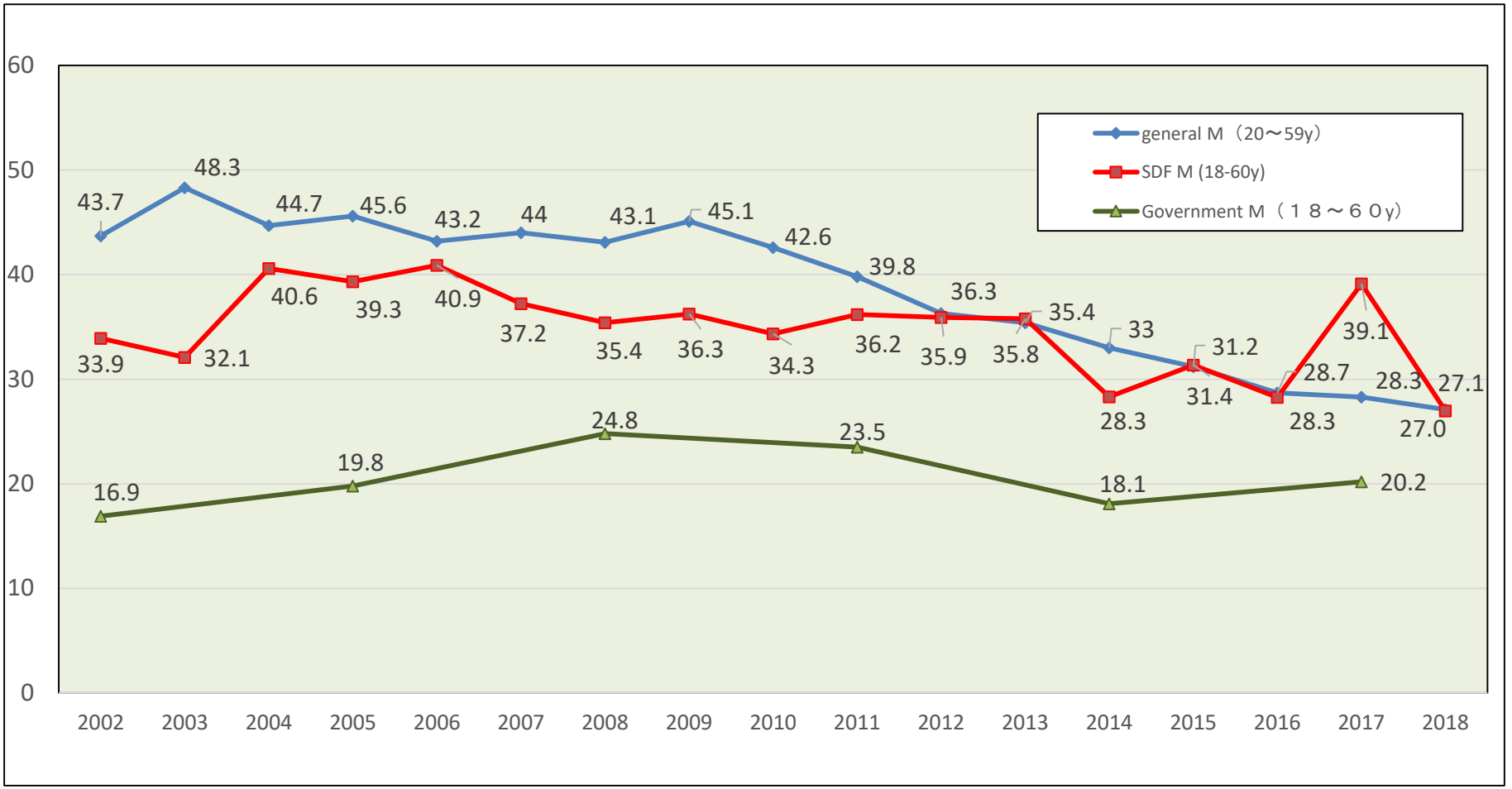
Suicide rate comparison (/100k)

- ✓ **SDF personnel suicide rate is higher than general adults**
  Suicide rate itself is higher among men (men: 70%, women: 30%)
  Male service personnel accounts for more than 90% in SDF.



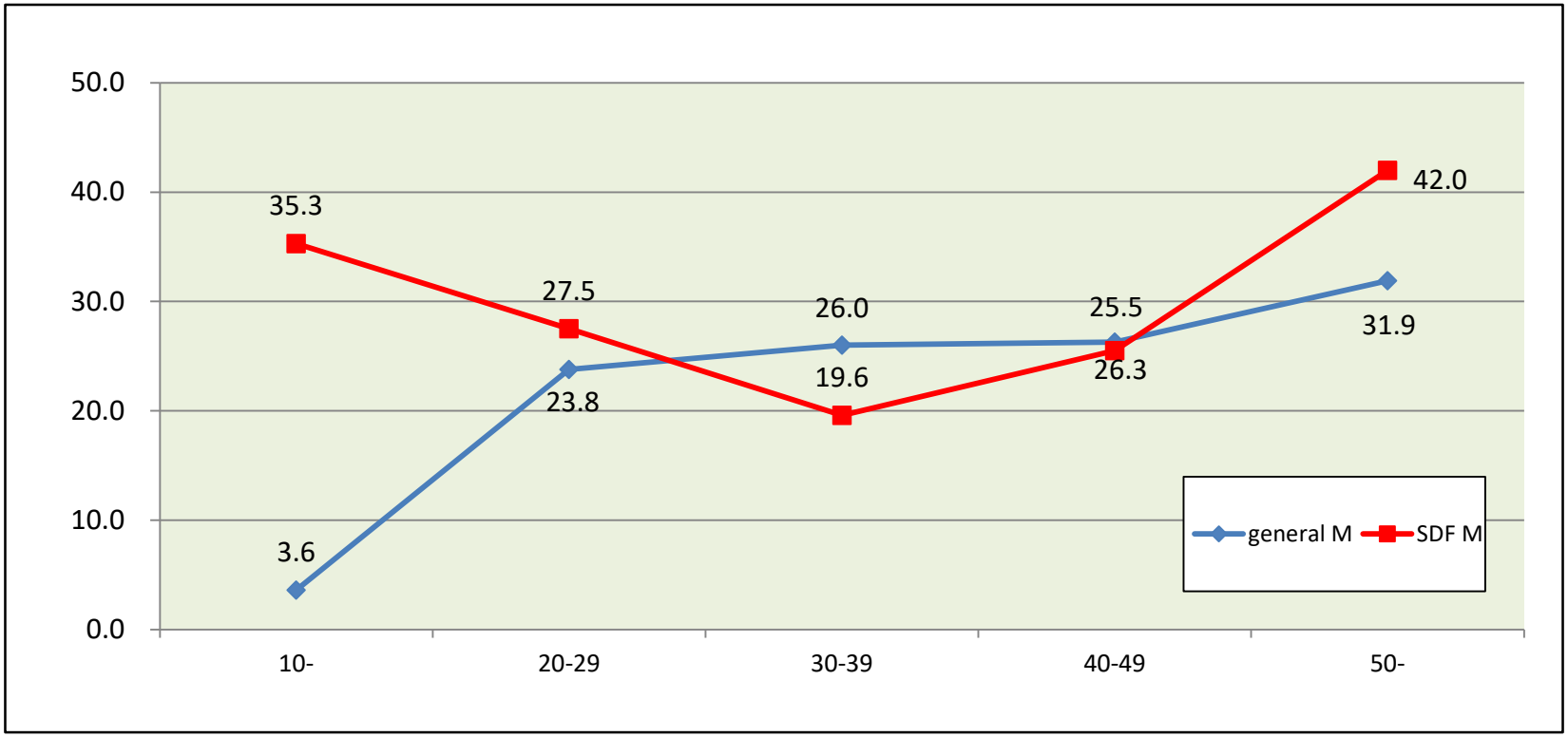
Suicide rate comparison (/100k)

- ✓ **No difference between SDF and general men suicide rate**



Age-specific suicide rate (/100k)

- ✓ **Young (<20) and after 50 year old age group has higher suicide rate in SDF Male service members.**
- ✓ **The cause of suicide is as follows;**
  working related problems (40%)
  family related problems (18%)
  health related problems (17%)



Measures against behavioral health

- ✓ **Annual mental health screening (The Brief Job Stress Questionnaire including job stressors, psychological and physical stress reactions, and buffering factors, IES-R etc.)**
- ✓ **Counseling (psychotherapist)**
- ✓ **Appointment with psychiatrist if needed**
- ✓ **Mental health education**
- ✓ **Care service after suicide cases**
- ✓ **Pre-/ Post-/ onsite mental health screening for deployment (The 30-item General Health Questionnaire)**

Research on behavioral health 1

General psychological distress among Japan Self-Defense Forces personnel dispatched on United Nations peacekeeping operations and their spouses

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Aim: The importance of family care during international deployment is emphasized within military organizations, but mental health interactions between deployed personnel and their spouses have not yet been assessed. This study addressed this gap by examining couples' mental health throughout a deployment period.

Methods: The mental health of 324 spousal dyads of Japan Self-Defense Forces personnel dispatched for a half-year United Nations Disengagement Observer Force mission was examined, using longitudinal data derived from a survey at four time points: one-month pre-deployment, initial deployment, middle deployment, and immediately after homecoming. The 30-item General Health Questionnaire was used to evaluate general psychological distress, with high scores (≥7) indicating adverse mental health.

Results: The spouses' general psychological distress was significantly higher compared with the deployed personnel ($P < 0.001$). The high general psychological distress of personnel was significantly related to that of their spouses (odds ratio = 2.24; 95% confidence interval, 1.32–3.80), and vice versa (odds ratio = 2.38; 95% confidence interval 1.39–4.08).

Conclusion: Mental health care will be beneficial for not only deployed personnel but also their spouses.

Keywords: *Japan Self-Defense Forces, military, psychological distress, spouse, United Nations peacekeeping operations.*

http://onlinelibrary.wiley.com/doi/10.1111/pcn.12806/full

Research on behavioral health 2

The Psychological Impact of the Great East Japan Earthquake on Japan Ground Self-Defense Force Personnel: A Three-Wave, One-Year Longitudinal Study

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Objective: Approximately 70,000 Japan Ground Self-Defense Force (JGSDF) personnel were dispatched in the wake of the 2011 Great East Japan Earthquake and the tsunami and nuclear disaster that followed. This study was conducted to evaluate the mental health of the JGSDF personnel and the correlates. *Methods*: Data collected from 56,753 participants at three time points (one, six, and 12 months after mission completion) were analyzed. Those who scored 25 or more points on the Impact of Events Scale–Revised (IES-R) and the Kessler Psychological Distress Scale (K10) were allocated into the high posttraumatic stress response (high-PTSR) group, and the high general psychological distress (high-GPD) group, respectively. *Results*: The multiple logistic regression analysis identified the following factors as the significant risk factor related to high-PTSR or high-GPD status, with odds ratios of 2.0 or higher: deployment length of three or more months, being personally affected by the disaster, and being overworked continuously for three or more months after mission completion. No significant association was observed for duties with radiation exposure risk. *Conclusions*: Our findings suggest that disaster workers may be able to conduct disaster relief activities more safely with mission-related considerations of