ORIGINAL ARTICLE

Characteristics of home-visit nursing stations and psychiatric home-visit nursing service users requiring frequent visits and support coordination in Japan

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Abstract: This study examined the characteristics of service users requiring frequent visits (≥ 3 times/week) and support coordination from home-visit nursing stations and psychiatric home-visit nursing in Japan. Psychiatric home-visit nursing is vital for individuals with mental disorders, but its implementation has lagged behind physical home-visit nursing because of Japan's historical emphasis on institutional psychiatric care. A questionnaire survey was conducted from October 2024 to January 2025, involving 56 home-visit nursing stations with 224 service users. Home-visit nursing stations into four types and users into three care patterns: persistent frequent visits without support coordination, support coordination without persistent frequent visits, and both. In total, 15.6% of users received home visits ≥ 3 times/week, with significant variation by facility type. Frequent visits were associated with schizophrenia, long-term service use, comorbid physical conditions, and low levels of functioning (Global Assessment of Functioning [GAF], mean score, 41.9). Those needing frequent visits and coordination had the lowest GAF scores and highest rates of hallucinations, impulsivity, and self-harm. The primary reasons for support coordination and frequent visits included psychiatric symptom fluctuations, changes in self-care, and family-related issues. The finding show that frequent psychiatric home-visit nursing is associated with diverse and complex care needs requiring tailored coordination and resource allocation, highlighting the importance of structured, individualized care planning and the need to document visit rationales and assessment methods. This is the first Japanese study detailing the profiles of high-need psychiatric home-visit nursing users, offering foundational data for future policy and practice development.

Keywords: home-visit nursing, community psychiatric care, community outreach services, Global Assessment of Functioning, medical insurance system, Japan

1. Introduction

In Japan, psychiatric home-visit nursing is an important element of community psychiatric care that helps people with mental disorders to continue to live in the community. The services are provided by nurses and occupational therapists in the user's home and contain include physical and mental status assessments, symptom management, psychological care, lifestyle support, and user empowerment. Under the Japanese universal health insurance system, the fee for psychiatric home-visit nursing is covered by medical insurance. The two main service providers are psychiatric medical facilities and home-visit nursing stations. The two systems differ, and in recent years, the provision of care from home-visit nursing stations has been increasing in response to growing service needs (1). Services provided by visiting nursing stations are conducted based on psychiatric home care instructions issued by the attending psychiatrist (2). The frequency of home-visit nursing is determined by the home-visit nursing service provider based on the patient's care plan.

The implementation of psychiatric home-visit nursing has been delayed compared with the provision of home-visit nursing covered by medical insurance for users with physical illnesses. This situation has arisen because of

the characteristics of psychiatric care in Japan, where inpatient treatment in medical institutions has been the mainstay for people with mental disorders (*2,3*). In recent years, the policy of promoting community care for people with mental health conditions has meant that numerical targets and measures related to psychiatric nurse visits have been included in regional medical plans formulated by prefectures on the basis of the Medical Service Act. However, according to a survey conducted in 2023, in 14 out of 47 prefectures, such information was limited to numerical targets for psychiatric nurse visits (*4*).

Visits from home-visit nursing stations to patients in their homes, following a written home-visit nursing care instruction from a psychiatrist and provided under the basic psychiatric home-visit nursing care fee, can occur up to three times per week (or five times per week for up to 3 months after discharge from hospital and for up to 14 consecutive days under special instructions). The frequency of home-visit nursing care is determined through consultation with the user on the basis of their living conditions, medical condition, treatment status (including medications and physical illness), self-care ability (*i.e.*, whether it is sufficient to support the continuation of community life), use of social resources, and relationships with family and neighbors. Other social resources in the community may also be necessary. The appropriateness of the current frequency of home-visit nursing care is a matter of debate, and there is a need to clarify the background characteristics of users and to develop data that can serve as a basis for improving the system.

The purpose of this study was to determine the background characteristics and medical status of patients who use psychiatric home-visit nursing care services three or more times per week, and to characterize the home-visit nursing stations providing these services. The presence or absence of support coordination was also analyzed, as well as the relationship between the attributes of the various providers of home-visit nursing care and the frequency with which they were used.

2. Materials and Methods

2.1. Participants

A questionnaire survey was administered to 56 home-visit nursing stations nationwide providing psychiatric home-visit nursing care. The inclusion criteria were among the service users who use psychiatric home-visit nursing at the survey partner facilities, those who satisfy either or both of the following: *i*) Users who have had a support coordination (including the change of frequency of visits) during the past year, or *ii*) Users who have used home-visit nursing at least three times a week for at least one month in the past year. Data from those who opted out of the survey through disclosure were not included.

The questionnaire was developed based on administrative indicators used in Japan, as well as on discussions between the researchers about the items needed for this study. It consisted of two parts: a facility questionnaire and a user questionnaire. The facility questionnaire was filled out by facility managers, and the user questionnaire was filled out by home care nurses. The user form was filled out by the charge nurse on the basis of the information in the charts of patients who had an increased or decreased frequency of visits, or who had been visited frequently for > 1 month in the past year. "Frequent visits" was defined as three or more visits per week. The survey was conducted from October 2024 to January 2025.

2.2. Questionnaire contents

The facility questionnaire covered the function of the home-visit nursing station and the characteristics of its users. Regarding the function of the home-visit nursing station, the respondents were asked about the number of staff, the total number of users, and the number of users receiving psychiatric home-visit nursing care. Regarding the characteristics of home-visit nursing station users, we obtained data on their psychiatric diagnosis (International Classification of Diseases, 10th revision (ICD-10) category), age (in 10-year increments), Global Assessment of Functioning (GAF) score (in 10-point increments), and frequency of visits (less than once per month, once every 2 weeks, once per week, twice per week, three times per week, more than three times per week).

The user form asked about the target users' basic characteristics (gender, age, diagnosis), psychiatric symptoms, presence of complications, reasons for support coordination and frequent visits, and the services used.

2.3. Analysis

Home-visit nursing agencies that provide psychiatric services are diverse, in terms of their time of establishment, size, and the roles they play in the community; therefore, they were categorized into four types in this study (Table 1). Data on the functions of the home-visit nursing stations and the characteristics of their users were acquired *via* the facility questionnaire and descriptive statistics were calculated. The data are presented according to the classification of facility types outlined in Table 1.

After tabulating the data, three patterns of care use were distinguished: Pattern 1: persistent (> 1 month) frequent visits without support coordination, Pattern 2: support coordination without persistent (> 1 month) frequent visits, Pattern 3: both support coordination and persistent (> 1 month) frequent visits (Table 2).

SPSS software (IBM Corp., Armonk, NY, USA) was

Table 1. The four types of home-visit nursing stations

Types	Home-visit nursing stations
Specialized/Independent	Stand-alone offices (including those with multiple offices) that primarily provide psychiatric home-visit nursing services.
Medical Institution-Affiliated	Facilities that have medical institutions, welfare services for persons with disabilities, *etc.* within the corporation.
Regional Cooperation	Facilities that primarily implement long-term care insurance, *etc.*, and provide psychiatric home-visit nursing care in cooperation with relevant community organizations.
Specialized/Nationwide Expansion	Facilities operating multiple home health care agencies nationwide.

Table 2. Use patterns of the different types of home-visit nursing stations (*n* = 224)

Types	Number of offices	Number of cases	Pattern 1	Pattern 2	Pattern 3
Specialized/Independent	12	52	30 (57.7%)	14 (26.9%)	8 (15.4%)
Medical Institution-Affiliated	5	23	5 (21.7%)	10 (43.5%)	8 (34.8%)
Regional Cooperation	5	9	4 (44.4%)	3 (33.3%)	2 (22.2%)
Specialized/Nationwide Expansion	34	140	64 (45.7%)	27 (19.3%)	49 (35.0%)
Total	56	224	103 (46.0%)	54 (24.1%)	67 (29.9%)

Pattern 1: Users who received persistent (> 1 month) frequent (≥ 3 days per week) visits without support coordination, Pattern 2: Users who received support coordination without persistent (> 1 month) frequent visits, Pattern 3: Users who received both support coordination and persistent (> 1 month) frequent visits.

used for the analysis. The significance level was set at 5%. Descriptive analyses of the data from a publicly available mental health and welfare database were conducted to estimate the frequency of psychiatric home-visit nursing.

2.4. Ethics

Home care nurses and administrators were informed about the study in writing, and consent was deemed to have been given upon the completion and return of the questionnaire. Users eligible for the medical record survey received a written explanation of the study and had the opportunity to opt out. The questionnaires were assigned identification numbers and administered such that participants could not be identified (ethics approval number: NCGM-S-004521-00).

3. Results

3.1. Characteristics of home-visit nursing stations by facility type

Fifty-six completed facility forms were analyzed in terms of the number of users, number of visits, and frequency of visits per facility.

The average number of users per facility was 128.0, and on average 109.2 of them were charged for basic psychiatric home-visit nursing care. The total number of users was highest for the "regional cooperation" type, whereas the number of psychiatric home-visit nursing users was highest for the "specialized/independent" type and the "medical institution-affiliated" type. The average

total number of visits per month was 676.9, and the average total number of visits for psychiatric care was 546.6.

Overall, the most common visitation frequency was once per week (39.3%), followed by twice per week (22.6%). In total, 15.6% of users received home visits three or more times per week. The "specialized/ independent", "regional cooperation", and "specialized/ nationwide expansion" types had large proportions of weekly users, whereas the "medical institution-affiliated" type had the largest proportion of users (42.8%) who used the facility once per month or less. In addition, 19.5% of the users of the specialized/nationwide expansion type services received three or more visits per week, compared with < 10% for all other facility types (Table 3).

3.2. Differences in user characteristics between care patterns

User characteristics were compared between care patterns (Table 4). Overall, 53.1% of users were female. There was no statistically significant difference in sex ratio between care patterns. The most common diagnoses were schizophrenia/delusional disorder (48.2%) and mood disorder (depression/bipolar) (28.6%). Pattern 2 had the smallest percentage of users with schizophrenia/ delusional disorder (37.0%), and larger percentage of mood disorder (35.2%), and developmental disorder (13.0%). A large proportion of Pattern 1 and 3 users had received home-visit nursing care services for > 3 years, and 39.8% of Pattern 1 and 29.8% of Pattern 3 users

Table 3. User frequency data for the different types of home-visit nursing stations

Numbers	Average number of users per establishment (%)				
	Total (56 offices)	Specialized/ Independent (12 offices)	Medical Institution-Affiliated (4 offices)	Regional Cooperation (5 offices)	Specialized/Nationwide Expansion (35 offices)
Number of users per office					
	128.0	156.3	185.3	191.0	102.7
Number of visits per office					
Total number of visits	676.9	633.3	457.0	1,053.2	663.3
Number of psychiatric home-visit nurses	546.6	588.3	450.8	161.4	598.3
Number of users by frequency of visits per office (% of total)					
Less than once a month	11.1 (11.3)	15.6 (10.5)	79.0 (42.8)	6.2 (15.5)	4.3 (4.4)
Once every two weeks	11.0 (11.2)	21.3 (14.3)	49.3 (26.7)	7.4 (18.5)	7.0 (7.2)
Once a week	38.5 (39.3)	74.2 (49.8)	47.8 (25.9)	18.8 (47.0)	40.3 (41.2)
Twice a week	22.1 (22.6)	24.8 (16.7)	5.5 (3.0)	6.6 (16.5)	27.0 (27.7)
3 times a week	14.3 (14.6)	12.1 (8.1)	3.0 (1.6)	1.0 (2.5)	17.9 (18.3)
More than 4 times a week	1.0 (1.0)	0.9 (0.6)	0.0 (0.0)	0.0 (0.0)	1.1 (1.2)

Table 4. Characteristics of home-visit care users by care pattern

Characteristics	Total ($n = 224$)	Pattern 1 ($n = 103$)	Pattern 2 ($n = 54$)	Pattern 3 ($n = 67$)	χ^2/F	p
	n (%)/Mean(SD)	n (%)/Mean(SD)	n (%)/Mean(SD)	n (%)/Mean(SD)		
Sex						
Male	97 (43.3)	50 (48.5)	20 (37.0)	27 (40.3)	1.621	0.445
Female	119 (53.1)	51 (49.5)	29 (53.7)	39 (58.2)		
Diagnosis						
Schizophrenia	108 (48.2)	54 (52.4)	20 (37.0)	34 (50.7)	36.841	0.000
Mood disorders	64 (28.6)	29 (28.2)	19 (35.2)	16 (23.9)	0.964	0.617
Anxiety disorders	12 (5.4)	7 (6.8)	3 (5.6)	2 (3.0)	-	
Developmental disorders	18 (8.0)	8 (7.8)	7 (13.0)	3 (4.5)	-	
Intellectual disorders	23 (10.3)	11 (10.7)	5 (9.3)	7 (10.4)	-	
Substance use disorders	13 (5.8)	6 (5.8)	2 (3.7)	5 (7.5)	-	
Others	38 (17.0)	16 (15.6)	9 (16.7)	13 (19.4)	-	
Years of service use					5.221	0.073
< 1 year	29 (12.9)	12 (11.7)	6 (11.1)	11 (16.4)		
1 – 3 years	58 (25.9)	19 (18.4)	21 (38.9)	18 (26.9)		
3 – 5 years	48 (21.4)	25 (24.3)	7 (13.0)	16 (23.9)		
Over 5 years	75 (33.5)	41 (39.8)	14 (25.9)	20 (29.8)		
Psychiatric Symptoms						
Anxiety	114 (50.9)	62 (60.2)	22 (40.7)	30 (44.8)	36.841	0.000
Depression	93 (41.5)	46 (44.7)	23 (42.6)	24 (35.8)	7.841	0.020
Hallucination/Delusion	77 (34.4)	35 (34.0)	16 (29.6)	26 (38.8)	13.057	0.001
Impulsivity	47 (21.0)	23 (22.3)	7 (13.0)	17 (25.4)	10.522	0.005
Confusion	26 (11.6)	11 (10.7)	8 (14.8)	7 (10.4)	0.104	0.950
Verbal violence	24 (10.7)	17 (16.5)	2 (3.7)	5 (7.5)	-	
Excited	24 (10.7)	15 (14.6)	2 (3.7)	7 (10.4)	-	
Self-harm	22 (9.8)	10 (9.7)	4 (7.4)	8 (11.9)	-	
Physical Complications	120 (53.6)	56 (54.4)	26 (48.1)	38 (56.7)	3.645	0.698
Services used						
In-home care (home help)	79 (35.3)	40 (38.8)	12 (22.2)	27 (40.3)		
Support for continuous employment (Type B)	53 (23.7)	24 (23.3)	12 (22.2)	17 (25.4)		
Psychiatric day care	16 (7.1)	8 (7.8)	2 (3.7)	6 (9.0)		
Home-visit nursing care	17 (7.6)	11 (10.7)	2 (3.7)	4 (6.0)		
Visits and consultation by public health nurses	24 (10.7)	10 (9.7)	4 (7.4)	10 (14.9)		
GAF score	41.9	40.8 (116.8)	44.1 (186.6)	38.3 (105.6)	3.04	< 0.05

Pattern 1: Users who received persistent (> 1 month) frequent (≥ 3 days per week) visits without support coordination, Pattern 2: Users who received support coordination without persistent (> 1 month) frequent visits, Pattern 3: Users who received both support coordination and persistent (> 1 month) frequent visits. Cases where the χ^2 test was not appropriate because the expected frequency was ≤ 5 are indicated by "-".

had used them for > 5 years (χ^2 = 5.22, p = 0.073). In total, 53.6% of users had physical comorbidities, with the highest proportion among Pattern 3 users, although the difference between patterns was not statistically significant. Current psychiatric symptoms included anxiety (50.9%), depression (41.5%), and delusions/ hallucinations (34.4%). Psychiatric symptoms were most common among Pattern 1 users, especially anxiety (60.2%), verbal abusiveness (16.5%), and excitement (14.6%). Pattern 2 users were the most likely to experience confusion (14.8%) and Pattern 3 users were the most likely to experience hallucinations/delusions (38.8%), self-harm (11.9%), and impulsivity (25.4%) The overall mean GAF score was 41.9 (SD = 24.2), with Pattern 3 users (38.3; SD = 105.6) having the lowest mean GAF score (F = 3.04, p < 0.05).

3.3. Reasons for adjustment of support and frequency of visits

The most common reason overall for support coordination was a "change in psychiatric symptoms" (74.4%). In Pattern 3, the most common reasons were a "change in psychiatric symptoms" (79.1%), "change in self-care level" (50.7%), "need for medication" (41.8%), "change in physical condition" (29.9%), and "change in family situation" (28.4%). The most common reasons for frequent visits were "unstable mental symptoms" (90.6%), "need for physical care" (27.6%), and "need for family support" (19.4%). All of these reasons were cited more frequently by Pattern 1 than Pattern 3 users (Table 5).

4. Discussion

Previous studies in the Japanese context have examined the characteristics of frequent home-visit nursing for the elderly (5). Regarding psychiatric home -visit nursing, qualitative studies have been conducted on care content and other aspects (6,7) evaluations of specific intervention methods (8), and investigations into the proportion and trends of psychiatric home-visit nursing care provision (4,9), psychiatric care of general home visiting nurses (10,11) as well as studies investigating the overall evaluation of these services among all users (12), Some studies have also addressed the issue of violence experienced by psychiatric home-visit nurses (13,14). However, no research has investigated the profiles of high-need psychiatric home-visiting nursing users in relation to visit frequency in the Japanese context.

In the 2022 survey, the average number of visits for patients receiving home-visit nursing care from home-visit nursing stations based on basic psychiatric home-visit nursing care expenses was 5.7 times per month (15), and the re-analysis of the June 30th survey (630 surveys, National Center of Neurology and Psychiatry) on mental health welfare (16) conducted using ChatGPT showed that the number of visits per week was 1.4 times. Compared to these surveys, the target population for this study was high-care-volume cases (three or more visits per week) with support coordination. Compared with the 2022 survey (15), a higher proportion of users in this study had physical symptoms (53.6% *vs.* 49.3%), and the mean GAF score was lower (41.9 *vs.* 50.3).

The Pattern 1 users in this study (continuous care,

Table 5. Reasons for frequent visits/support coordination

Reasons	Total (n = 224)	Pattern 1 (n = 103)	Pattern 2 (n = 54)	Pattern 3 (n = 67)
Reason for support coordination	n (%)	n (%)	n (%)	n (%)
Changes in psychiatric symptoms	90 (74.4)		37 (68.5)	53 (79.1)
Changes in self-care levels	51 (42.1)		17 (31.5)	34 (50.7)
Need for medication assistance	43 (35.5)		15 (27.8)	28 (41.8)
Changes in physical symptoms	31 (25.6)		11 (20.4)	20 (29.9)
Changes in support	34 (28.1)		18 (33.3)	16 (23.9)
Change in family situation	30 (24.8)		11 (20.4)	19 (28.4)
Changes in relationships with neighborhood	11 (9.1)		3 (5.6)	8 (11.9)
Coordination toward the end of home-visit nursing care	2 (1.7)		2 (3.7)	0 (0.0)
Support Coordination				
Increase/decrease in frequency of visits	109 (90.1)		51 (94.4)	58 (86.6)
Telephone support and phone calls	33 (27.3)		13 (24.1)	20 (29.9)
Coordination of medical visits and hospitalization	18 (14.9)		7 (13.0)	11 (16.4)
Coordination of services	21 (17.4)		12 (22.2)	9 (13.4)
Information sharing with stakeholders and families	49 (40.5)		21 (38.9)	28 (41.8)
Reasons for frequent visits				
Unstable psychiatric symptoms	154 (90.6)	94 (91.3)		60 (89.6)
Physical care needed	47 (27.6)	34 (33.0)		13 (19.4)
Need support for family members	33 (19.4)	23 (22.3)		10 (14.9)
Difficulty in using other services	30 (17.6)	18 (17.5)		12 (17.9)
Other	30 (17.6)	22 (21.4)		8 (11.9)

Pattern 1: Users who received persistent (> 1 month) frequent (≥ 3 days per week) visits without support coordination, Pattern 2: Users who received support coordination without persistent (> 1 month) frequent visits, Pattern 3: Users who received both support coordination and persistent (> 1 month) frequent visits.

three or more visits per week) often needed physical care and family support, and many of them had been using the home-visit care service for ≥ 5 years. Pattern 2 users (support coordination and frequent visits) were characterized by a wide range of psychiatric problems, including risk of self-harm and harming others persisting over a long period of time, and received a wide range of care types, including physical care and family support, with frequent visits providing support with symptoms and daily life. Pattern 2 users (support coordination, infrequent visits) had a higher likelihood of mood and developmental disorders, and most of them had been using home-visit nursing station services for < 3 years. Support adjustment in Pattern 2 users was often attributed to changes in physical condition or life circumstances. Pattern 3 users (support adjustment and continuous use of home-visit nursing care three or more times per week) had lower GAF scores, and many of them had symptoms such as hallucinations, delusions, impulsivity, and self-injury. The most common reasons for support adjustment were changes in symptoms, medication support, and self-care. Pattern 3 users were characterized by fluctuating psychiatric symptoms and self-care, and when symptoms worsened, frequent visits and cooperation with a wide range of support sources were used to adjust care and allow the continuation of community life. Many Pattern 3 patients were receiving support from local public health nurses, and some of them needed support coordination. Pattern 1 users were characterized by serious disease requiring continuous and diverse support, and Pattern 3 users by changes in family situation necessitating support. Pattern 1 users continued to receive frequent visits for > 1 year after support adjustment.

In a previous study, 89.9% of care service users received up to three visits per week from a home-visit nursing agency (36.7% received one visit per week). The same study found little relationship between the GAF score and frequency of visits (*17*).

In conclusion, this study is the first to detail patients receiving psychiatric home-visit nursing at least three times per week, and it is clear that a variety of characteristics and factors are associated with such frequent visits, including the patient's level of functioning. It is necessary to verify the long-term effects of frequent home visits from nurses on such patients. Frequent home-visit nursing care requires medical resources, and, for service transparency, it is essential to clarify the role of home-visit nursing in allowing patients like those in this study to continue living in the community. Clearly recording the decisions and rationale regarding the number of visits is also necessary to implement appropriate care plans.

Acknowledgements

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