



Fundamental Research on Disability Recognition of People with Higher Brain Dysfunction or Developmental Disabilities in Accordance with Necessity for Support to Their Working Lives (Research Report No. 99) Summary

[Keywords]

higher brain dysfunction, developmental disabilities, disability recognition

[Key points]

In this research, the NIVR grasped the actual situations and issues of people with higher brain dysfunction or developmental disabilities at the stages of diagnosis, job-seeking registration, and employment information based on surveys on medical institutions, public employment security offices, and vocational rehabilitation organizations. The NIVR expects that this report will be used as a basic reference not only for those who are involved in job assistance but also a variety of organizations to examine the ideal way of disability recognition.

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2. Period of Research

FY2009 to FY2010

3. Composition of the Research Report

Introduction	Situation of Disability Recognition of Persons with Higher Brain Dysfunction or Developmental Disabilities
Chapter 1	Survey on Disability Recognition for Promoting the Job Assistance of Persons with Higher Brain Dysfunction or Developmental Disabilities (made by Medical Institution)
Chapter 2	Survey on New Job Seeker Registration and Job Information for Persons with Higher Brain Dysfunction or Developmental Disabilities at Public Employment Security Offices
Chapter 3	Survey on Disability Recognition of Persons with Higher Brain Dysfunction or Developmental Disabilities (Vocational Rehabilitation Organization Survey)
Chapter 4	Concept of Support System Organization and Future View
Chapter 5	Generalization
References	

4. Background and Purpose of Research

The clarification of applicable people's conditions includes checks on the existence or nonexistence of medical examinations on them, their possession or non-possession of disability certificates, and the disclosure or nondisclosure of their disabilities after grasping the situations of their disability recognition as a result of the diagnosis of higher brain dysfunction or developmental disabilities. The report covers basic research to clarify the existence of issues and consider an ideal way of carrying out disability recognition with consideration of the above.

5. Method

- (1) Literature search
- (2) Questionnaire survey (Objects: Medical Institutions, public employment security offices, and vocational rehabilitation organizations)
- (3) Interview survey on specialists

6. Summarized Results of the Study

Items (1) to (3) in 5 were summarized by focusing on the significant results of each questionnaire.

(1) Result of Survey on Medical Institution

a. Outline of Organizations Analyzed

To conduct a higher brain dysfunction analysis, we selected 557 medical organizations as project disseminating bases and institutions, to which certified rehabilitation doctors belonged. As for a developmental disability analysis, we selected 955 medical organizations from diagnostic institutions and mental health centers used by disabled people or medical organizations to which doctors approved by academic societies belonged. The number of medical organizations where we were able to conduct a higher brain dysfunction analysis and the number of those where we were able to conduct a developmental disability analysis were 78 (at a questionnaire collection rate of 14%) and 150 (at a questionnaire collection rate of 16%), respectively.

The number of medical organizations that dedicatedly accepted outpatients of higher brain dysfunction and the number of those that dedicatedly accepted outpatients of developmental disabilities were 19 (24%) and 39 (26%), respectively. The number of specialists for higher brain dysfunction and the number of those for developmental disability analysis were 49 (2% of the entire full-time medical doctors) and 114 (5% of the entire full-time medical doctors), respectively.

The number of medical organizations for persons with higher brain dysfunction replying that they could accept persons with developmental disabilities and the number of those for persons with developmental disabilities replying that they could accept persons with higher brain dysfunction were 19 (24% of the medical organizations surveyed) and 36 (25% of the medical organizations surveyed), respectively. That is, one out of four medical organizations replied that they could do so.

b. Purpose

Among the medical organizations surveyed, 93% of the medical organizations for persons with higher brain dysfunction diagnosed and evaluated people and gave training to them after acceptance while 71% of the medical organizations for persons with developmental disabilities provided consultations to them, 67% of them diagnosed and evaluated them, and 34% of them gave training to them after acceptance.

As for the diagnosis of people for disability certification, 76% of persons with higher brain dysfunction accepted by the medical organizations received Physical Disability Certificates, 41% of them received Mental Disorder Certificates, and 17% of them received Intellectual disabilities Certificates, while 77% of the medical organizations surveyed conducted diagnosis for disability certification. On the other hand, 29% of persons with development disabilities received Mental Disability Certificates, 23% of them received with Physical Disability Certificates, and 18% of them received Intellectual disabilities Certificates, and 51% of the medical organizations surveyed conducted diagnosis for disability certification.

c. Job Assistance

The number of medical organizations for persons with higher brain dysfunction and the number of those for persons with developmental disabilities replying that they were providing job assistance were 36 and 19, respectively. The number of full-staff members other than medical doctors working at each

of these medical organizations was larger than that not providing job assistance. The above result suggested that each organization's formation of physical therapists, occupational therapists, speech therapists, clinical psychologists, psychiatric social workers, and social and day-care workers was related to the implementation of job assistance. Furthermore, the number of full-staff members other than medical doctors allocated at the medical organizations for persons with higher brain dysfunction was larger than that allocated at those for persons with developmental disabilities.

d. Cases where Disability Certification Failed

The number of people who did not reach the recognition of disability certification at any level was low, and only a few responses explained the situations. The refusal of the persons with higher brain dysfunction and the refusal of families of the persons with developmental disability were main causes that obstructed their disability certification according to the responses. The probable reason for this was that the persons with developmental disabilities were in a young age group. There were few responses reporting that the applicable people's disability certification was unnecessary because improvements in their problems were expected.

e. Understanding of Diagnostic and Professional Difficulties

A large number of medical organizations for persons with higher brain dysfunction were utilizing imaging medical examinations and neuropsychological tests while a large number of medical organizations for persons with developmental disabilities were utilizing intelligence quotient tests. There was a difference in combination of test battery between the medical organizations for persons with higher brain dysfunction and those for people with Developmental disability certification.

A large number of medical organizations for persons with higher brain dysfunction were also utilizing medical tests including imaging medical tests considered effective in grasping the vocational difficulties of applicable people. The medical organizations for persons with developmental disabilities surveyed, however, were thinking that computerized tomography (CT) and magnetic resonance imaging (MRI) were effective. There were not many medical organizations for persons with developmental disabilities utilizing tests to grasp the Vocational aptitude and job quality of applicable people.

f. Action Assignments for Application for Diagnosis and Disability Certification

With regard to higher brain dysfunction and the Mental Disability Certificates, the following problems were pointed out: Problems in preparing medical reports (e.g., only psychiatrists could prepare medical reports, the introduction of the patients to other psychiatric hospitals was required, or medical reports could not be prepared for patients from other prefectures), problems in support systems and social understanding (e.g., the applicable people did not know the systems, the applicable people hesitated or declined to use the systems, or there were enterprise prejudice and social acceptance problems), and problems in recognition standards (e.g., the applicable people were not within the scope of certification or their recognition levels were too low).

With regard to developmental disabilities and the Mental Disability Certificates, the following problems were pointed out: Problems in preparing medical reports (e.g., pediatricians could not prepare medical reports, medical doctors could not prepare suitable medical reports because the applicable people's symptoms were not within the scope, or a different framework was required), problems in diagnostic systems (e.g., the applicable people found jobs with no definite diagnosis and failed, the applicable

people did not know the systems, or there were few doctors who could make diagnostic evaluation), and problems in recognition systems (e.g., the Mental Disability Certificates took time and the applicable people could not get necessary certification).

Problems in the diagnosis of applicable people for their application for Mental Disability Certificates were pointed out besides those in higher brain dysfunction and developmental disability. Furthermore, problems were pointed out in the familiarization of the medical doctors in charge with regard to their area of specialty and the particular medical forms they needed to prepare, the understanding of the applicable people to social systems, and diagnostic and recognition standards.

(2) Result of Survey on Public Employment Security Office

a. Outline of Organizations Analyzed

There were 452 Public Employment Security Offices throughout Japan as of 2009, and we selected 109 Public Employment Security Offices (the largest offices in all prefectures, except for 14 prefectures that have ordinance-designated cities, where the largest office and two major offices in each of the prefectures were selected). We requested the Labor Bureau of each prefecture to select the major offices, and received responses from 108 offices (at a recovery rate of 99%).

The following new job registrations and job introductions were made during a survey period of 10 months.

Outline of New Job Seekers Registered and Job Finders

	(1) New job seekers registered during survey period				(2) Job finders during survey period		
	New job seekers' registration		Those who found jobs		No. of handling organizations	Number	Those who left jobs
	No. of handling organizations	Number	No. of handling organizations	Number			
Higher brain dysfunction	47	140	19	20	35	50	7 (out of 50 first introductions)
Persons with developmental disabilities	93	538	51	91	74	199	31 (out of 199 first introductions) 5 (out of 12 Second introductions) 1 (out of 2 third introductions)

*1: Number of organizations not dealing with persons with higher brain dysfunction or developmental disabilities in (1): 14

*2: Number of organizations not dealing with persons with higher brain dysfunction or developmental disabilities in (2): 31

*3: There were no second introductions to those with higher brain dysfunction who left their jobs during the survey period in (2).

b. Features of Applicable People

We could not find significant differences in basic features, such as gender, age, cause of disease, diagnosis, or existence of diagnosis, between the new job seekers registered and job finders.

The structural ratio of male job finders with higher brain dysfunction or developmental disabilities was

higher than that of female job seekers. People in their 40s or over occupied a large portion (48%) in the age distribution of applicable persons with higher brain dysfunction while people in their 20s or below occupied a large portion (64%) in the age distribution of those with developmental disabilities. We did not find any difference in the above tendency between the applicable people already registered and new job seekers.

The ratio of people with traumatic brain injury (44%) and the ratio of those with cerebrovascular disease (34%) occupied 80% of all the job finders with higher brain dysfunction. The ratio of people diagnosed to have pervasive developmental disorders (37%), the ratio of those diagnosed to have Asperger's syndrome (33%), and the ratio of those diagnosed to have autism (11% including higher brain dysfunction) occupied 80% of all the job finders with autism developmental disabilities. We did not find any difference in the above tendency between the applicable people already registered and new job seekers.

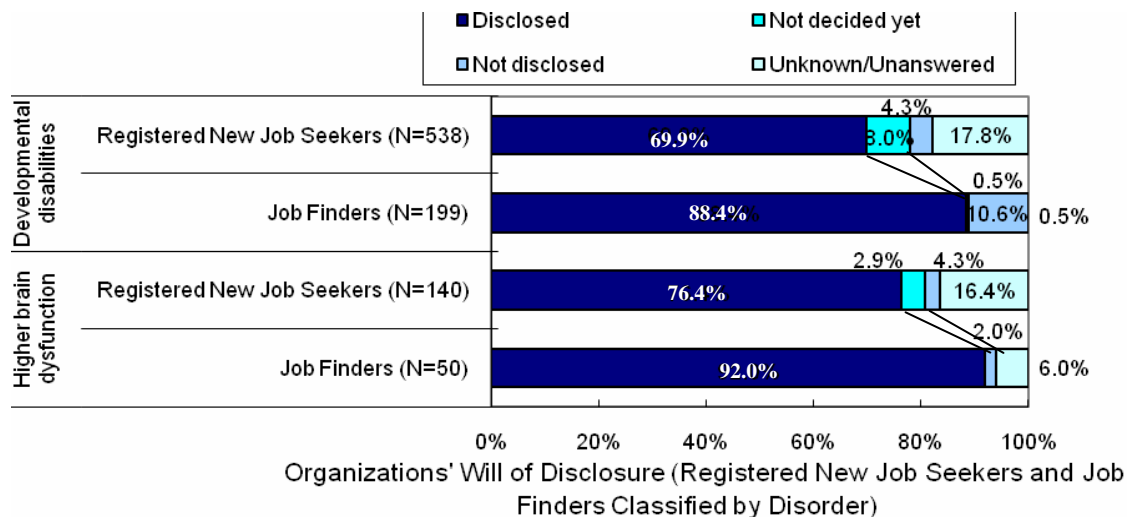
Most of those who already registered according to type of disorder and new job seekers registered (i.e., 86% of those with higher brain dysfunction and 93% of those with developmental disabilities) have been diagnosed, but we could not find any difference between these groups of people.

c. Characteristics of Job Finders

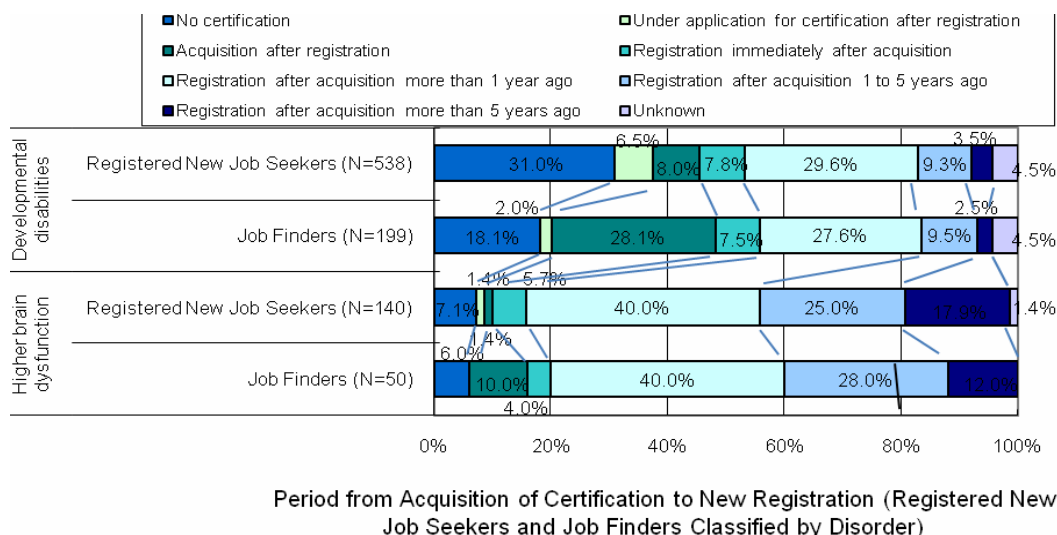
The ratio of persons with higher brain dysfunction or developmental disabilities holding Mental Disability Certificates occupied 60% of the job finders. The ratio of persons with higher brain dysfunction holding Mental Disability Certificates occupied 60%, the ratio of those holding Physical Disability Certificates occupied 30%, the ratio of those holding Intellectual disabilities Certificates, occupied 4%, and the ratio of those not certified occupied 6%. We did not find any difference in the above tendency between the applicable people already registered and new job seekers.

On the other hand, the ratio of persons with developmental disabilities holding Intellectual disabilities Certificates, (17%) and the ratio of those holding Mental Disability Certificates (62% including those under application) categorized as job finders were significantly high compared with the ratio of those categorized as people newly registered, while the ratio of those not certified was significantly low. That is, there were a large number of job finders with certification.

As shown in the following graph, the organizations' disclosure of job finders' higher brain dysfunction or developmental disabilities increased.



The relationship between the acquisition dates of certification and new job seekers' registration is shown below.



The ratio of persons with higher brain dysfunction making registration more than five years after the acquisition of certification (12%) and the ratio of those making registration one to five years after the acquisition of certification (44%) were significantly high. The ratio of job seekers with developmental disabilities acquiring certification after their registration (30%) was high compared with the ratio of those making new registration while the ratio of those not certified (18%) was significantly low.

d. Situations of People Working Continuously or Leaving Jobs

A large number of persons with higher brain dysfunction or developmental disabilities were working continuously after they found jobs at enterprises offering opportunities to handicapped people while a significantly large number of persons with higher brain dysfunction or developmental disabilities left their jobs after they started working at enterprises with no special framework to accept handicapped people. The number of those who started working for special subsidiaries offering jobs to the disabled was low.

The number of nondisclosure cases of persons with higher brain dysfunction responding to general employment offers was low while that of persons with developmental disabilities was high in number.

The active use of support systems for persons with higher brain dysfunction and those with developmental disabilities after their acquisition of disability certification and disclosure of their disorder to the enterprises will possibly promote the dissemination of the support systems. In addition, the active use of the support systems for their preparations for starting work will possibly promote the dissemination of the support systems.

e. Ranges of Job Seekers with Higher Brain Dysfunction and Those with Developmental Disabilities Registered at Dedicated Assistance Counters

It is necessary to note that the survey conducted in this research focused on a limited portion of the persons with higher brain dysfunction and those with developmental disabilities who needed employment assistance. To be specific, job seekers in the framework of ordinary people were limited to registered job seekers who were introduced to dedicated employment assistance counters. Furthermore, the situations of the resumption of employees on leave were not reflected.

Therefore, it is necessary to encourage handicapped people seeking jobs in the framework of ordinary people in order to know and understand institutional support and disability certification along with the use of training and preparation support. In addition, it is necessary to encourage those who are on leave to use return-to-work assistance.

(3) Items Suggested by Survey on Vocational Rehabilitation Agencies

a. Outline of Organizations Analyzed

We sent questionnaires to 47 regional Vocational Rehabilitation Centers and 5 branches (i.e., 52 institutions) throughout Japan, and obtained replies from 46 institutions (at a recovery rate of 89%). Furthermore, we sent questionnaires to 246 Employment and Life Support Centers for Persons with Disabilities (hereafter Employment and Life Support Centers), and obtained replies from 112 Centers (at a recovery rate of 46%). The following table shows the circumstance of Center users.

Outline of Users during Investigation Period (Three Months)

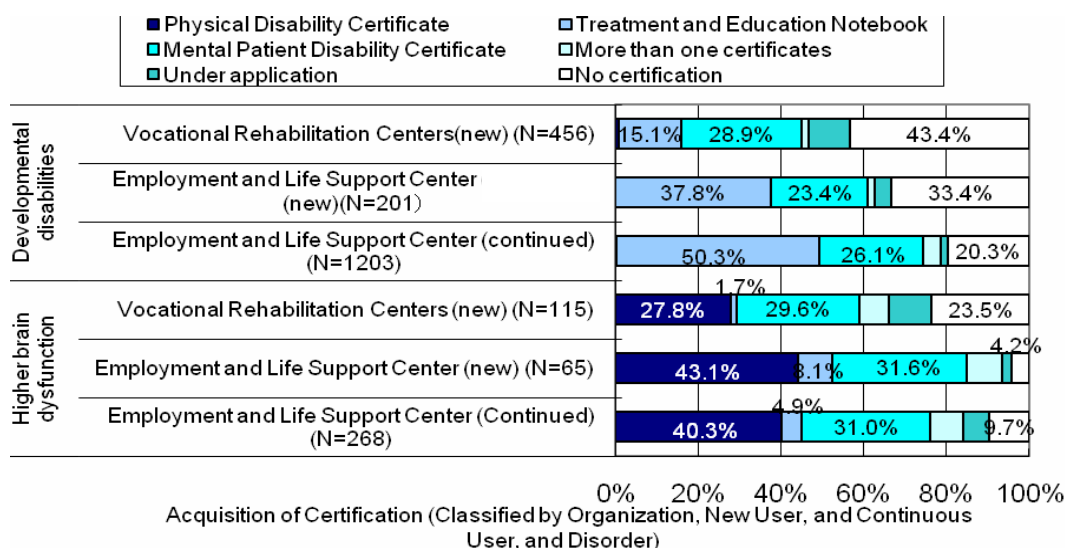
	Vocational Rehabilitation Centers		Employment and Life Support Centers			
	New users		New users		Continuing users	
	No. of handling organizations	Number	No. of handling organizations	Number	No. of handling organizations	Number
Higher brain dysfunction	37 (80%)	115	41 (37%)	65	83 (74%)	268
Developmental disabilities	46 (100%)	456	65 (58%)	201	98 (88%)	1203

* The NIVR accepts new users only.

b. Users' Acquisition of Certification

Although 60% of persons with higher brain dysfunction and those with developmental disabilities who found jobs as introduced by the special assistance departments of Hello Work offices (Public

Employment Security Offices) were Mental Disability Certificate holders, the situation of such job seekers' acquisition of certification at vocational rehabilitation organizations was very different.



Approximately 30% of persons with higher brain dysfunction and that of those with developmental disabilities using Vocational Rehabilitation Centers were Mental Disability Certificate or Physical Disability Certificate holders, and 24% of the users were not certified. The ratio of users with developmental disabilities holding Mental Patient Disability Certificates was 29% and that of those holding Intellectual disabilities Certificates, occupied 15%. The ratio of users with no certification occupied 43%.

The ratio of users with higher brain dysfunction or developmental disabilities holding Mental Disability Certificate was approximately 30%. Users with no certification may acquire certification during the period of assistance, but not all of them will be certified. Considering this, there is a possibility that the layers of users were different. The statistics suggested that many users with higher brain dysfunction were holding Physical Disability Certificates while users with developmental disabilities were holding Mental Disability Certificates. The above tendency was more significant at Employment and Life Support Centers.

c. Cases with Certification Difficulty

Many Vocational Rehabilitation Centers replied that there were users with developmental disabilities having difficulty in acquiring certification. In addition, half the Vocational Rehabilitation Centers surveyed responded that there were users with higher brain dysfunction having difficulty in acquiring certification. On the one hand, many Employment and Life Support Centers' answers were "no" or "unknown" or otherwise they did not answer. From the above, we were able to see the difference in users between the Employment and Life Support Centers and Vocational Rehabilitation Centers surveyed.

d. Grasping Vocational Difficulty

In order to grasp the vocational problems of persons with higher brain dysfunction, a large number of test methods were utilized, such as Wechsler Adult Intelligence Scale-III (WAIS-III), General Aptitude Test Battery (GATB), Hamamatsu Higher Brain Function Scale, vocational-assessment utilizing simulated work scenes, and various work samples. At the same time, these methods are used in the regional Vocational Rehabilitation Centers. Tests using information from other organizations included intelligence tests, memory

tests, and neuropsychological tests, such as the Japanese-version RBMT (Rivermead Behavioral Memory Test).

In the category of neuropsychological tests, WAIS-III stood out as a mandatory test item to grasp the vocational problems of persons with developmental disabilities. On the other hand, GATB, vocational-assessment utilizing simulated work scenes, and various work samples as mandatory test items of job accomplishment were conducted. The opportunities of mandatory tests to grasp the occupational problems of persons with developmental disabilities, voluntary tests conducted by the organizations surveyed, and tests with information obtained from other organizations were overwhelmingly low compared with the survey results on higher brain dysfunction.

(4) Comprehensive Consideration from Questionnaire and Interview Surveys

The following section provides information on the comprehensive consideration of the results of the questionnaire and interview surveys, action assignments common to higher brain dysfunction and developmental disabilities, action assignments only for higher brain dysfunction, and those only for developmental disabilities.

a. Action Assignments Common to Higher Brain Dysfunction and Developmental Disabilities

- ①With an expansion of effective and efficient job finding support, disorder diagnosis and/or certification will be necessary. The background of problems in the acquisition of disability certification is difficulty in diagnosis and lack of medical institutions, medical specialists, and understanding to certification.
- ②Regional differences were pointed out as problems in disability certification, and information sharing of prefectures, ordinance-designated cities, and other municipalities are action assignments. Consideration is required for disability certification in the regional support system, and a solution for opportunity inequality is necessary.
- ③Vocational rehabilitation organizations are expected to consider and confirm problems in vocational difficulties at the time of disability certification, and problem sharing and cooperation of medical institutions and vocational rehabilitation organizations are action assignments.
- ④Judging from the situation of usage focused on medical institutions, it cannot be said that they are in good cooperation with welfare, education, and vocational rehabilitation organizations. A quantitative and qualitative expansion of human resources and allocations in each special area in charge of support is required along with close cooperation between the organizations.

b. Action Assignments for Higher Brain Dysfunction

- ①Improvements in certification are needed so that persons with higher brain dysfunction not provided with Physical Disability Certificates will be able to use the merits of support as applicants for Mental Disability Certificates.
- ②Due to the restriction of the utilization period of medical rehabilitation, the training and allocation of human resources are a pressing need at organizations that can appropriately support persons with higher brain dysfunction who need training prior to the stage of vocational rehabilitation.

c. Action Assignments for Developmental Disabilities

- ①The common understanding of child psychiatrists and adult psychiatrists is required for people who

are diagnosed for the first time in their youth or adult period.

- ②Diagnostic system improvements are required along with a review on the time and method of explaining diagnoses or disorders including the establishment of support systems with information to people of their disorders.
- ③The clarification of intellectual disabilities and mental disabilities are required for disabilities certification. Presently, problems awaiting solution are: The covering range of Intellectual disabilities Certificates, varies with the region, the concept of recognition of applicants for Mental Disability Certificates varies with the area, and the idea of disorder certification has not been well known.