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Assessment of Inter-Station Networks and Support Challenges in Psychiatric Home-Visit Nursing in Japan: Evaluation of a Training Intervention

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Abstract

Background: Psychiatric home-visit nursing plays a critical role in community mental health care in Japan. However, many nurses in this field work in isolation, with limited access to peer support. Collaboration across nursing stations remains underdeveloped, potentially exacerbating the challenges these practitioners face. This study therefore evaluated the extent of inter-station networking and the practice-related difficulties encountered by psychiatric home-visit nurses. It also assessed the efficacy of a targeted training intervention designed to facilitate professional networking and practical support.

Methods: A postal questionnaire inquiring about existing collaborative networks and common practice difficulties was distributed to 236 psychiatric home-visit nursing stations. Responses were obtained from 67 administrators (response rate 28.4%) and 111 staff members (response rate 15.7%). Those who responded to the baseline survey were invited to participate in a two-part training intervention, comprising a workshop (n = 48) and a case-study meeting (n = 22). Follow-up surveys were administered 3 months post-intervention to assess changes in inter-station networking, perceived practice difficulties, and participants' interest in further professional development.

Results: The baseline survey revealed limited collaboration among nursing stations, with only 34.8% reporting any form of cooperation or information sharing with other psychiatric home-visit stations. Nurses also reported widespread and persistent challenges in delivering psychiatric home care. While more than 90% of participants continued to experience significant practice difficulties at the 3-month follow-up, the training intervention appeared to have stimulated a strong interest in ongoing learning and peer connection.

Conclusion: Psychiatric home-visit nurses in Japan experience limited inter-station collaboration and ongoing practice-related challenges. Although the brief training intervention was positively received, it was ultimately insufficient to address the core issues. These results highlight the need to foster sustained inter-station collaboration and develop continuous support mechanisms to empower psychiatric home-visit nurses and strengthen the delivery of community-based mental health care.

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Background

While community-based care has become the global standard in psychiatric services, Japan has only recently begun to transition from a hospital-centered model toward a more community-oriented approach through institutional reforms. Within this context, psychiatric home-visit nursing plays a vital role in enabling individuals with mental illness to live safely and with dignity within their communities [1]. This transition is reflected in the increasing number of users of psychiatric home-visit services in Japan, rising from 13,532 in 2007 to 52,203 in 2015, and in the proportion of home-visit nursing stations providing psychiatric care, which rose from 35.5% in 2006 to 58.3% in 2016 [2].

Consequently, psychiatric home-visit nursing is becoming increasingly crucial for community mental health; however, significant challenges remain. A recent study by Setoya indicates that 54.0% of home-visit nursing stations report difficulty in managing psychiatric symptoms, while 49.1% struggle with symptom assessment, underscoring persistent challenges related to symptom handling [3]. Furthermore, nurses often find it difficult to support one another within their teams, reporting limited collaboration among colleagues at the same station [4]. This has led to calls for improved opportunities for external consultation, stronger training systems, and the development of closer regional collaboration mechanisms. Despite this, only 24.3% of facilities offering psychiatric home-visit services engage in personnel exchanges with other institutions, and most of these partnerships are with medical institutions rather than other home-visit nursing stations [1]. These issues emphasize the

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urgent need to prioritize the creation of opportunities for mutual consultation and information sharing among psychiatric home-visit nurses.

Despite the growing significance of psychiatric home-visit nursing, nurses remain burdened by challenges such as professional isolation, insufficient peer support, and weak collaboration among institutions. These problems highlight systemic shortcomings and compromise the quality of care, hindering the continuous development of nursing skills. Reinforcing the foundation of community-based mental health care requires timely, well-coordinated actions, particularly those that strengthen professional networks and more sustainable support structures.

This study first clarified the existing structure of inter-station networks and identified the challenges encountered by psychiatric home-visit nurses in Japan. Drawing on these insights, we then implemented a targeted training intervention designed to improve care quality and to serve as a platform for building face-to-face relationships among nurses. This approach was intended to promote consultation-seeking behaviors and increase opportunities for inter-station collaboration. We assessed its impact by examining changes in participants' engagement with and interest in psychiatric home-visit nursing at a three-month follow-up after the intervention.

Methods

Descriptive questionnaire survey

A self-administered postal survey was conducted, targeting all 236 home-visit nursing stations (i.e., community-based home-visit nursing agencies) registered with the Association of Home-Visit Nursing Stations in the Prefecture. Each station received one questionnaire for administrators and three for staff members, and we collected completed responses via prepaid return envelopes.

The administrator questionnaire focused on the provision of psychiatric home-visit nursing services, the total number of staff and the number assigned to psychiatric home-visit nursing, the number of service users, nurse participation in training workshops, interactions with other nursing stations, and challenges related to human resource development. The staff questionnaire collected information on nurses' work in inpatient psychiatric wards and the duration of that experience, years of experience in home-visit nursing and specifically in psychiatric home-visit nursing, attendance at required training sessions and satisfaction with their content, and challenges encountered in psychiatric home-visit nursing (30 items). Perceived practice difficulties were assessed using a list of 30 items derived from prior studies investigating challenges in psychiatric home-visit nursing [1]. Items were scored on a binary scale (0 = not experienced, 1 = experienced), with the sum of endorsed items indicating the overall level of perceived challenges. The questionnaire assessed the approaches to care that respondents considered important, their interest in psychiatric home-visit nursing, and the availability of colleagues for consultation, each rated on a 4-point scale (1 = not at all applicable; 4 = very applicable).

Training workshops and evaluation

We conducted an initial training workshop (Workshop 1) for home-visit nursing staff, informed by the survey results. Information about the training workshop and instructions for participation were enclosed with the questionnaire, and interested individual staff members were invited to apply voluntarily. A total of 48 participants attended Workshop 1. The program comprised: (1) a 40-minute lecture, (2) a 45-minute group work session, and (3) a 60-minute Q&A session. The lecture focused on the current status of psychiatric home-visit nursing in Japan and its future challenges. During the group work session, participants were divided into eight groups, each of which shared and discussed the difficulties and issues encountered in their daily practice. In the subsequent Q&A session, experienced psychiatric home-visit nurses provided real-time advice and facilitated discussion in response to concerns raised by participants, which included:

- frequent incoming phone calls;
- responding to low-priority calls during nighttime hours;
- addressing clients' suicidal ideation;
- managing clients' unsanitary living environments;
- dealing with excessive service demands;
- supporting socially withdrawn clients (hikikomori);
- managing cases lacking clear treatment goals; and
- coordinating relationships with clients' family members.

Participants of Workshop 1 were invited to attend a subsequent case-study meeting (Workshop 2). A total of 22 staff members took part in this second workshop, which involved a 3-hour, in-depth discussion focused on a single case involving a patient in their 30s diagnosed with schizophrenia. The discussion focused on several key issues, including navigating the challenges of recommending hospitalization when a long-established mother–child relationship resulted in strong parental opposition; addressing the psychological burden experienced by staff and identifying coping strategies for handling the patient's repeated statements that they "want to die"; formulating effective ways to communicate emergency response procedures to all staff members, including those lacking psychiatric ward experience; and considering appropriate follow-up strategies for telephone calls that indicated suicidal ideation.

A follow-up postal survey was also conducted 3 months after the workshop, targeting consenting participants. Both at the time of the workshop 2 and 3 months later, we collected data on participants' work in psychiatric wards including the number of years of experience; years of experience in home-visit nursing and in psychiatric home-visit nursing; challenges encountered in psychiatric home-visit nursing (30 items); interest in psychiatric home-visit nursing; and whether they had someone to consult with (4 items rated on a 4-point scale). Descriptive statistics were used to analyze data from the initial questionnaire, workshop, and 3-month follow-up surveys. This study received ethical approval from the author's affiliated institution (Approval No. 29067). All participants received a written explanation of the study's purpose and procedures, along with information about their rights, including the voluntary nature of their participation and the freedom to withdraw at any time without penalty. Informed consent was obtained from all participants. To protect confidentiality and ensure anonymity, no personally identifiable information was collected, and all responses were analyzed in aggregated form.

Results

Baseline survey of administrators and staff

Administrators

Each station received one questionnaire for administrators and three for staff members (708 staff questionnaires in total). We obtained

valid responses from 67 administrators (28.4%) and 111 staff members (15.7%) across the 236 psychiatric home-visit nursing stations surveyed. More than 90% of administrators reported having prior experience with psychiatric home-visit nursing. On average, each station employed 9.2 ± 4.9 staff members (range = 3–26), of whom 4.8 ± 3.1 were assigned specifically to psychiatric home-visit care. The number of total clients per station was 89.2 ± 52.8 (range = 27–298), including 10.3 ± 20.1 psychiatric home-visit clients (range = 0–117). Only 34.8% of administrators reported engaging in any form of collaboration (e.g., information exchange or joint training) with other psychiatric home-visit nursing stations. Furthermore, just 7 administrators (10.6%) had previously organized any psychiatric home-visit nursing training or networking event within the preceding year. The most frequently reported workforce challenge was the absence of a supervisor, cited by 22 administrators (44.9%), followed by a lack of training opportunities (19, 38.8%) and insufficient time allocated for case conferences (18, 36.7%).

Staff

Among the 111 staff respondents, 33 (29.7%) reported having prior experience working in psychiatric wards. The average duration of experience was 5.5 ± 5.1 years (range = 1–17) for psychiatric nursing, 8.2 ± 6.7 years (range = 1–25) for home-visit nursing, and 5.2 ± 4.6 years (range = 1–21) for psychiatric home-visit nursing. A total of 57 staff members (51.8%) completed the training required for psychiatric home-visit nursing. Among them, 80.7% rated the training content as sufficient or better. A significant majority—93 staff (84.5%)—reported experiencing difficulties in providing psychiatric home-visit care. The most frequently cited challenges included managing psychiatric symptoms and collaborating with patients' psychiatrists (each cited by 36 respondents [38.7%]). Other commonly reported issues were frequent administrative phone calls (31, 33.3%) and limited networks of local community resources (28, 30.1%).

Staff members reported encountering an average of 3.6 ± 2.3 specific difficulties. Interestingly, those who had completed the required training reported experiencing slightly more challenges (3.8 ± 2.2) than those without such training (3.5 ± 2.4). Staff members without prior psychiatric ward experience reported more difficulties (3.9 ± 2.4) than experienced nurses (3.0 ± 1.7). With respect to care philosophy, the majority of staff (67; 62.0%) endorsed a user- and family-centered approach, followed by 51 (47.2%) who emphasized patient autonomy, and 18 (16.4%) preferring a recovery-oriented approach. Regarding attitudes and interests, participants expressed moderate interest in psychiatric home-visit nursing (3.0 ± 0.8) and in learning more about psychiatric nursing (3.1 ± 0.7). However, interest in working directly with patients with mental illness was somewhat lower (2.8 ± 0.8). Respondents' average rating for the accessibility of peer consultation regarding psychiatric home-visit care was 2.5 ± 0.9, indicating a limited sense of support among staff.

Post-workshop survey

Of the 48 Workshop 1 participants, 47 returned the survey, yielding a 97.9% response rate. Among them, 17 (37.0%) had prior experience working in psychiatric wards. The average duration of psychiatric nursing experience was 7.8 ± 8.7 (range = 1–31), while mean years of home-visit nursing and psychiatric home-visit nursing experience were 9.5 ± 6.6 and 6.3 ± 6.0, respectively.

The survey was administered immediately after the workshop. Despite attending the workshop, most participants (44, 93.6%) continued to report challenges in psychiatric home-visit nursing. The most frequently cited difficulty was "providing care without a key support person" (78.0% of respondents). Other common issues included "insufficient community resources" and "lack of confidence in psychiatric home-visit nursing," each cited by 76.7% of respondents. Participants' motivation and interest remained high. The mean scores for interest in psychiatric home-visit nursing, the desire to learn more about psychiatric nursing, and willingness to work with individuals with mental illness were all 3.4 ± 0.6. Perceived access to peer consultation was moderate, with a mean rating of 3.0 ± 0.8.

Follow-Up survey 3 months after the workshop

At the 3-month follow-up, 38 of the original 48 participants responded, for a response rate of 79.2%. Among these respondents, 9 (23.7%) had prior experience on psychiatric wards. The mean duration of experience was 8.8±10.9 years for psychiatric nursing, 9.9 ± 7.4 years for home-visit nursing, and 5.2 ± 5.0 years for psychiatric home-visit nursing. A majority of respondents (33, 91.7%) continued to report experiencing challenges. The most frequently cited issues were "securing sufficient experienced staff" (85.3%), "providing care without a key support person" (84.8%), and "responding to psychiatric emergencies" (84.3%). Despite these ongoing difficulties, participants' interest and motivation remained high. The mean rating for interest in psychiatric home-visit nursing was 3.4 ± 0.5; the average desire to learn more was 3.3 ± 0.6, and the willingness to work with individuals with mental illness was 3.2 ± 0.7. The perceived availability of colleagues for consultation remained moderate, with a mean score of 2.8 ± 0.7 (Figure 1).

Discussion

This study explored the current state of inter-agency networking, support-related challenges, and changing interest following a training intervention at home-visit nursing stations providing psychiatric care. The survey revealed that only 34.8% of these stations collaborated with other services, and approximately 10% conducted workshops or exchange meetings, indicating a striking deficit in inter-organizational networks. A key obstacle to workforce development was the shortage of supervisors and limited access to training, indicating that on-site learning and mutual support were significantly constrained. Staff reported encountering an average of 3.6 difficulties, with those lacking any prior experience in psychiatric nursing tending to report more issues. Although inexperienced staff members were underrepresented in the sample, those who did participate were more likely to perceive challenges in providing support. This finding is not unexpected, as prior clinical experience and structured training may help reduce uncertainty and improve confidence in psychiatric home-visit nursing practice. Overall, participants demonstrated a high level of interest in psychiatric home care, which remained consistently strong despite a slight decline at the 3-month follow-up. These findings suggest that the existing lack of support systems and weak networking infrastructure may impede both staff development and the quality of care, underscoring the pressing need to enhance training opportunities and actively encourage inter-facility exchange.

The observed shortage of staff with psychiatric experience indicates that many nurses have few colleagues to consult regarding the challenges they face. Additionally, the data show that networks among home-visit nursing stations remain underdeveloped, with only

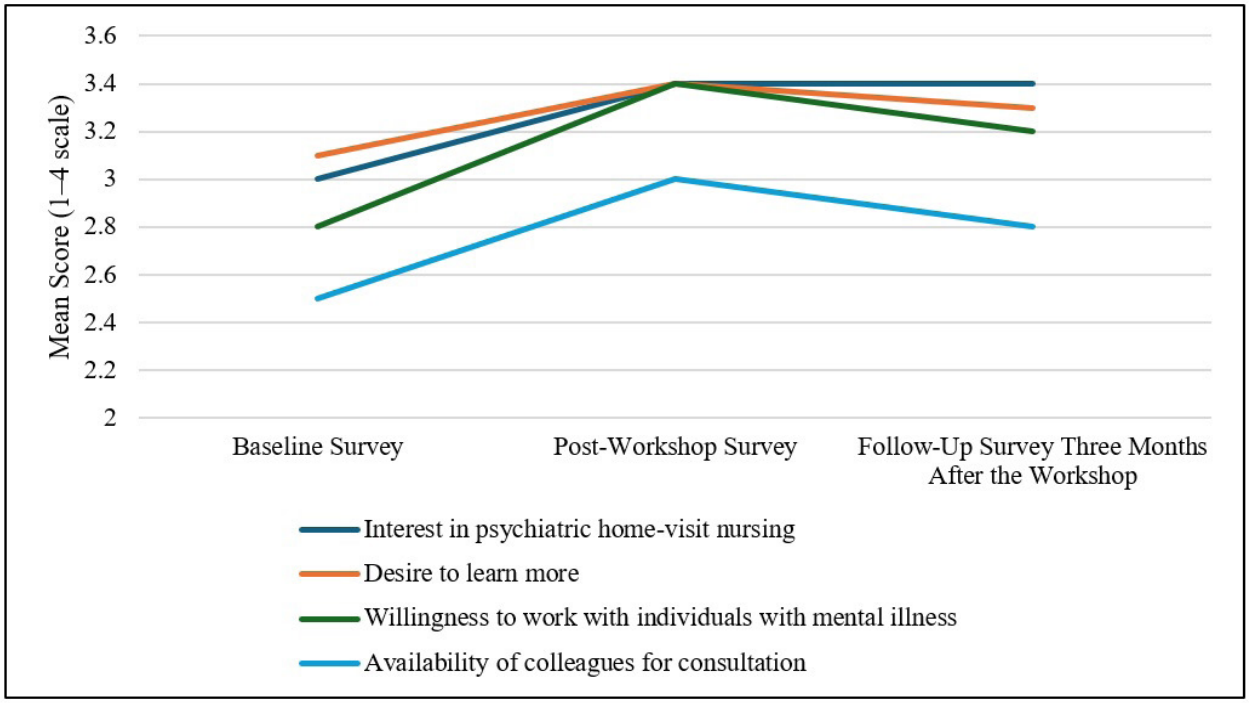

Figure 1: Changes in Interest and Peer Support Over Time.

limited collaboration with external organizations. Empirical research on inter-station collaboration in psychiatric home-visit nursing remains scarce, especially in international literature. In contrast, studies from Japan have highlighted a lack of sufficient collaboration among healthcare professionals—citing, in particular, the challenges visiting nurses face in building networks—which points to persistent structural barriers in the country's community-based psychiatric care system [5]. For instance, Setoya et al. reported that more than half of home-visit nursing stations struggled to engage with clients' families, particularly when clients resisted receiving support [3]. These findings suggest that the challenges many nurses encounter cannot be fully resolved within individual nursing stations, and that the lack of inter-station collaboration may further limit opportunities for consultation and collective problem-solving. These ongoing issues may also lead to an increased psychological burden among nurses. In this context, Edwards found that regular clinical supervision significantly reduces the psychological burden experienced by community psychiatric nurses [6]. With the continuing development of comprehensive, community-based psychiatric care in Japan, it is crucial for local governments and service providers to actively foster collaboration among home-visit nursing stations.

Consistent with prior findings, nurses lacking experience in psychiatric wards reported greater difficulties in clinical practice. These findings may indicate the importance of prior psychiatric experience and structured training in helping nurses manage the complexities of psychiatric home-visit nursing. While approximately 80% of those who had completed mandatory psychiatric home-nursing training rated its content as adequate, even trained staff reported a relatively high number of challenges. This indicates that while training is generally well received, it may not be sufficient on its own; continued support after the initial session remains necessary. However, McDonough cautions that imposing uniform supervision on nurses, who are already overburdened and face time constraints, can have unintended adverse effects [7]. Support, therefore, should not be delivered in a standardized or compulsory format, but rather offered flexibly to meet the specific needs of each nurse delivering psychiatric home care. Looking ahead, a central challenge will be designing and implementing training and networking opportunities that are not only accessible but also genuinely engaging for nurses with limited psychiatric experience.

When comparing responses immediately after the workshop with those 3 months later, interest in psychiatric home nursing declined only slightly and remained consistently high. This suggests that many participants already had a strong interest prior to attending the workshop; as a result, the session itself did not significantly boost motivation. These findings imply that short-term educational interventions alone may have a limited impact on further increasing interest or enthusiasm. However, to prevent motivational decline and maintain long-term engagement, it appears essential to provide regular opportunities for training and professional exchange.

The most frequently cited approach to care in the staff survey was "patient- and family-centered" support, whereas only 16.4% of respondents mentioned "recovery." Gaining prominence in community psychiatric services in recent years, the recovery-oriented care model goes beyond symptom reduction, aiming instead to support individuals in rebuilding meaningful lives grounded in their own aspirations and strengths. Internationally, recovery has been recognized as a core principle of mental health care [8]. However, our findings suggest that this concept is not yet fully integrated into current practice. This is likely attributable to the absence of systematic education and concrete guidelines for implementing recovery-oriented care. To address this gap, it will be essential to strengthen practical training that enables staff to translate recovery principles into day-to-day clinical practice.

This study has several limitations. First, the response rate to the baseline questionnaire was relatively low, which may restrict the generalizability of the findings. It is likely that nursing stations or staff with a stronger interest in psychiatric home-visit nursing were more inclined to participate, potentially introducing selection bias. Second, the study was conducted within a single prefecture (Prefecture A) and therefore did not account for regional variations in the structure of psychiatric home-visit nursing services, the availability of community resources, or local policy environments. The applicability of the results to other regions in Japan should thus be interpreted with caution. Third, the training intervention was assessed using a pre–post design without a control group. Consequently, the observed shifts in interest or perception cannot be attributed with certainty to the intervention itself, as other external factors or participants' prior motivations may have influenced the results. Finally, the follow-up period was limited to 3 months. A longer follow-up would be necessary to evaluate the long-term impact, including the persistence of interest and perceived challenges, and the formation of sustainable networks and support structures among stations.

Conclusion

This study clarified the current state of inter-station networking and the support-related challenges encountered by psychiatric home-visit nursing stations in Japan. The findings revealed that collaboration among stations remains limited, and that many nurses—especially those without prior experience on psychiatric wards—continue to face numerous challenges in their daily practice. Although the short-term training intervention helped sustain participants' interest in psychiatric home-visit nursing, it had only a modest effect on alleviating perceived challenges. This suggests that one-off educational programs alone are insufficient to meet nurses' ongoing needs. To bolster community-based psychiatric care, it is crucial to build sustainable systems that offer continuous learning opportunities, adaptable support, and robust inter-station collaboration. Future initiatives should prioritize the development of regionally grounded, recovery-oriented training and support frameworks that empower psychiatric home-visit nurses to maintain their motivation and steadily improve the quality of care over time.

Competing Interests

The authors declare that they have no competing interests.

Author's Contributions

SY and SF designed and conceptualized the study. SY contributed to the acquisition and analysis of data. SF, NK, and TS contributed to the planning, organization, and implementation of the workshop. SY drafted the manuscript with intellectual input and revisions from HA, HH, and KY. All authors were involved in the interpretation of data and critically revising the manuscript for important intellectual content. All authors contributed to the interpretation of the data, approved the final version of the manuscript, and agree to be accountable for all aspects of the work.

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