The Initial-phase Intensive Support Team for Dementia (IPIST) is a multidisciplinary outreach team that provides intensive initial assessment and support for dementia in Japan, introduced in reference to the UK Memory Service.[1,2] The Japanese government launched a model project of IPIST in 2013 and subsequently mandated that all municipalities, including cities, towns or villages, establish at least one team, which was completed in September 2019. One of the most distinctive features of IPIST is officially acknowledged outreach function. Each IPIST consists of at least one physician and two non-physician professional staff, such as public health nurses and care workers. When IPISTs receive a request, they conduct a home visit, followed by a team meeting, making a support plan, consultation with a medical institution, practical support for the individual's life at home, family support, introduction of public support, and information sharing at community care meetings.[3] This process is usually completed within six months and community services and other social resources take over the support. In principle, eligible persons are residents at home aged 40 or older who are suspected of having dementia or who have dementia and who fall into any of the following categories: 1) Those who are not receiving medical or long-term care services, or those who have suspended the services they were receiving, and 2) Those who are receiving medical and long-term care services but are difficult-to-treat because of severe behavioral and psychological symptoms of dementia (BPSD).

While memory services in the UK do not normally handle cases with complex behavioral or psychological problems,[4] approximately 40% of IPIST cases in Japan are “complex cases” that are extremely difficult to approach or connect to medical or long-term care.[5] In order to effectively support the older residents in communities, it is essential to understand the causes of complex cases and optimize IPIST activities accordingly. Therefore, we conducted a nationwide survey on this point.

From January 14 to March 8, 2021, our original questionnaire was distributed electronically to each IPIST through all 1741 municipalities in Japan and responses were collected. The questionnaire assessed the characteristics of each IPIST, including specialty of team doctors and availability of staff with psychiatric expertise, and which out of 12 categories of causes each complex case had from April to September 2020, allowing multiple choice. The categories formulated by ourselves are listed in Table 1. This study was performed in accordance with the Declaration of Helsinki. This human study was approved by The Ethical Review Board Osaka University Hospital (Suita, Japan) - approval: 20419-3.

We collected responses from 1291 IPISTs. 43·3% of IPISTs had a psychiatrist. 59·4% of the teams had medical staff members with work experience in psychiatric services, including psychiatrists. In a total of 7340 cases, all categories of causes for difficulties were reported (Table 1). Additional information is shown in Supplementary Table 1 and 2.

This survey revealed complex cases of IPIST had many factors requiring psychological and psychiatric intervention. The three refusal issues of “refusal of public support”, “refusal to see a doctor” and “refusal of IPISTs' visiting” together accounted for 42·8% of all answers; “BPSD”, “complications of mental illness” and “mental illness in the persons living with them” together accounted for 26·1%. The reason for not wanting to receive public support is suspected to be related to psychological concerns about not wanting to undermine the sense of independence in one's life,[6] and some caregivers may refuse to receive support by various individual factors.[7] Greater stigma leads to refusal of dementia diagnostic assessment.[8] Tailored approaches to take their needs and explain the requirements of assessment and support through establishing a trusting relationship by skillful professionals may alleviate

these refusals. BPSD and mental illness found in the clients and their families must need psychiatric intervention. Our results indicating the high prevalence of those problems were consistent with the previous reports about the outreach psychiatric service in Tokyo.[9] Fortunately, psychiatrists were the most common team doctors, with as many as 59·4% of all teams having medical experts with clinical experience in psychiatry, including psychiatrists. IPIST's human resources may have been naturally optimized to some extent to reflect the needs of the frontline for complex cases.

The current study revealed that the Japanese outreach team for dementia suspected community dwelling older people faced a lot of complex cases with issues that would be related to psychological and psychiatric problems. With disease modifying therapies becoming a treatment option, the need for early detection of dementia patients including prodromal stage with psychiatric symptoms will increase. Besides, assistive technologies which may be an option to support patients with neurocognitive disorders in near future probably also need supportive visiting staffs[10]. Mental health professionals with interpersonal relationship-building skills and knowledge of mental illness will play more crucial role in dementia related outreach fields.

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Table 1. Causes for difficulties in IPISTs' complex cases

Causes	n	%
Refusal of public support	1433	19·5
BPSD	1176	16·0
Refusal to see a doctor	1166	15·9
Refusal of IPISTs' visiting	543	7·4
Complications of mental illness	534	7·3
Complaints from neighbors	518	7·1
Financial issues	484	6·6
No caregivers	453	6·2
Others	363	4·9
Trash-house	314	4·3
Mental illness in the persons living with them	205	2·8
Abuse	151	2·1
Total	7340	100.0

Abbreviation: BPSD, behavioral and psychological symptoms of dementia; IPIST, Initial-phase Intensive Support Team for Dementia. The percentages above represent values for the total number of causes for difficulties collected.