否定的感情の度合い(旧項目) (0から8)

| | 1回目平均 | 2回目平均 | 効果 | 標準偏差 | 回答者数 | |
|---|---|---|---|---|---|---|
| 1日研修 | 4.30 | 3.42 | -0.88 | 0.93 | 14 | t = -3.5527, df = 13, p-value = 0.003538 |
| 半日研修 | 3.23 | 2.98 | -0.24 | 0.65 | 11 | t = -1.2385, df = 10, p-value = 0.2438 |
| 差 | | | | | | t = 2.0212, df = 22.76, p-value = 0.05517 |
| | t = 2.4061, df = 22.827, p-value = 0.02463 | | | | | |
| 話し合い | 4.33 | 3.46 | -0.87 | 1.12 | 15 | t = -3.0133, df = 14, p-value = 0.009304 |
| ポスター | 4.42 | 4.04 | -0.38 | 0.67 | 6 | t = -1.3746, df = 5, p-value = 0.2277 |
| 差 | | | | | | t = 1.2501, df = 15.555, p-value = 0.2298 |
| | t = -0.1365, df = 7.498, p-value = 0.895 | | | | | |

病気に関する科学的知識(旧項目) (0から11)

| | 1回目平均 | 2回目平均 | 効果 | 標準偏差 | 回答者数 | |
|---|---|---|---|---|---|---|
| 1日研修 | 7.53 | 8.41 | 0.88 | 1.65 | 17 | t = 2.1997, df = 16, p-value = 0.04287 |
| 半日研修 | 6.71 | 8.00 | 1.29 | 3.27 | 17 | t = 1.6296, df = 16, p-value = 0.1227 |
| 差 | | | | | | t = 0.4628, df = 23.666, p-value = 0.6477 |
| | t = 1.0745, df = 24.643, p-value = 0.293 | | | | | |
| 話し合い | 7.06 | 7.19 | 0.13 | 2.00 | 16 | t = 0.2505, df = 15, p-value = 0.8056 |
| ポスター | 5.60 | 6.93 | 1.33 | 2.55 | 15 | t = 2.0218, df = 14, p-value = 0.06274 |
| 差 | | | | | | t = 1.4612, df = 26.508, p-value = 0.1557 |
| | t = 1.9135, df = 25.589, p-value = 0.06693 | | | | | |

障害者の生活に関する知識(旧項目) (0から6)

| | 1回目平均 | 2回目平均 | 効果 | 標準偏差 | 回答者数 | |
|---|---|---|---|---|---|---|
| 1日研修 | 3.32 | 4.65 | 1.32 | 1.13 | 17 | t = 4.8245, df = 16, p-value = 0.0001868 |
| 半日研修 | 3.81 | 4.38 | 0.56 | 1.00 | 16 | t = 2.2547, df = 15, p-value = 0.03953 |
| 差 | | | | | | t = -2.0524, df = 30.88, p-value = 0.04869 |
| | t = -1.1899, df = 30.966, p-value = 0.2431 | | | | | |
| 話し合い | 3.21 | 3.89 | 0.68 | 1.53 | 14 | t = 1.663, df = 13, p-value = 0.1202 |
| ポスター | 3.09 | 3.82 | 0.73 | 1.13 | 11 | t = 2.1419, df = 10, p-value = 0.05785 |
| 差 | | | | | | t = 0.0917, df = 22.939, p-value = 0.9277 |
| | t = 0.3118, df = 18.725, p-value = 0.7586 | | | | | |

表1　自己受容を測定する項目

| | | |
|---|---|---|
| | 1 | 私は、自分は自分とわりきることができる。 |
| ＊ | 2 | 私は、できれば今の自分と違う自分になりたい。 |
| | 3 | 私は、理想通りではないが、自分というものが好きだ。 |
| ＊ | 4 | 私は、何か失敗すると、自分はだめな人間だと思うことがよくある。 |
| ＊ | 5 | 私は、人に誇るものが何もない。 |
| | 6 | 私は、自分に自信がある。 |
| | 7 | 私は、今の自分に満足している。 |
| | 8 | 私は、人から必要とされていると思う。 |
| | 9 | 私は、人のために役にたっている。 |
| ＊ | 10 | 私は、自分のことが嫌いだ。 |
| ＊ | 11 | 私は、他の人がうらやましい。 |
| ＊ | 12 | 私は、自分に失望することがよくある。 |
| ＊ | 13 | 私は、誰からも必要とされていない。 |
| ＊ | 14 | 私は、自分には嫌なところがあるので、自分が嫌いだ。 |
| | 15 | 私は、自分が存在していること自体に意味があると思う。 |
| | 16 | 私は、今の自分を大切にしている。 |
| | 17 | 私は、自分の一つの面がだめだからといって、自分全体がだめだとは思わない。 |
| | 18 | 私は、欠点があっても、自分が好きだ。 |

（但し、＊印のついた項目は逆転項目）

表2　他人に受容されていると感じる度合いを測る項目

| | |
|---|---|
| 1 | 私には、欠点よりも長所を認めてくれる人がいる。 |
| 2 | 私には、あなたはあなただと認めてくれる人がいる。 |
| 3 | 私には、私を好きだと思ってくれている人がいる。 |
| 4 | 私には、私を大切にしてくれる人がいる。 |
| 5 | 私には、何か失敗しても励ましてくれる人がいる。 |
| 6 | 私には、私を理解してくれる人がいる。 |
| 7 | 私には、私を必要としてくれる人がいる。 |
| 8 | 私には、私の存在を認めてくれる人がいる。 |
| 9 | 私には、私をいつも支えてくれる人がいる。 |
| 10 | 私には、私を暖かく見守ってくれる人がいる。 |
| 11 | 私には、私を信頼してくれている人がいる。 |
| 12 | 私には、私の言うことに耳を傾けてくれる人がいる。 |
| 13 | 私には、一緒にいると気持ちが休まる人がいる。 |
| 14 | 私には、私の悩みや心配事をわかってくれる人がいる。 |
| 15 | 私には、私が困っている時に元気づけてくれる人がいる。 |

表１　質問Ａ（参加した当事者が地域の中でどのような偏見と差別を受けているか）に対して挙げられた意見

＜就労のこと＞

・長期間入院したので働けなくなってしまった
・病気であることがわかると企業が雇ってくれない
・就労先が限られてくる
・基本給が安い

＜友達づきあいのこと＞

・病気のことを隠しているので気楽に友人と話ができない
・付き合っている友人から、関係ないところで「精神病なんだから一生病院に入っていろ」と言われたりする
・友人に病気の話をしたら付き合えなくなってしまった

＜日常生活のこと＞

・アパートの追い立てを食らってしまう
・欠格条項がある
・税金の問題で弁護士や税理士に相談しても精神病があることがわかると、「あなたとはお話しできない。責任ある方を呼んで下さい」と言われる

＜一般市民の態度に関すること＞

・気楽に精神科にかかりづらい、特別に扱われてしまう
・社会から「危険」というふうにみられてしまう

＜身内とのこと＞

・家族の態度が悪い
・離婚につながる
・家族に冷たくされる
・薬で眠いせいなのに怠けている、といわれる
・無理矢理家事をやらされた

＜医療スタッフとのこと＞

・主治医が理解をしてくれない
・主治医から「一生病院通い」だと言われている
・スタッフ、専門家といわれている人の対応に「あれっ」て思う。病院の売店の人とか
・医者や心理などスタッフの人に、人間としては対等なんだという意識を持って欲しい
・専門家や病院関係の人のほうが「患者」と決めつけてかかる
・赤ちゃん言葉を使うのはやめてほしい
・一般の人は慣れてくると、ごく普通なんだと認めてくれるが、医療従事者はそんなこと　がなく、どこか見つける。これが一番の差別だと思う
・何で主治医が男女交際を禁止するのかって、そういうことがすごく不思議

表２　質問Ｂ（偏見や差別を除去するために周囲に手伝って欲しいことは何か）に対して挙げられた意見

・マスコミやメディアにはあまり頼りたくない
・こういう人は生きずらいという理由を、偏見を持たれていることでつらいってことを、もっとメディアとかに取り上げてほしい
・もしやって頂けるんだったら、キチンと教育機関を設けて病院スタッフを集めて、一から教育し直すという事をしてほしい。長年やってきたスタッフほど威張りくさっている
・まず自分が障害者である事を隠してはいけないと思う所から入った方がいい。自分で精神障害者であることを明らかにしていくことが非常に大切な一歩じゃないかなと思う
・理解してもらうために自分のことを自分の言葉で語れるようになれることも必要で、そのような場があることの情報提供が必要
・小学校の授業などで精神障害者の作業所に見学に行くとか、そういうことを地道にやること。カミングアウトしている人たちが一緒に小学校へ行って遊ぶということをやりたいと思っている
・実際に触れ合うって言うか、皮膚感覚で精神障害者だってことを知っている人がどれだけいるか。皮膚感覚を大切にして、あまり頭から入っていくのではなく、地道な努力を繰り返していくほかないんじゃないかなって思う

# Research on Measures to Remove Stigma Against the Mentally Disabled

Chief Researcher:
Professor Mitsumoto Sato, Tohoku Fukushi University Psychiatric Course

Regardless of recent advancements in psychiatry and mental healthcare techniques, discrimination and stigma against mental disorders and the mentally disabled are deeply seated in society and form a major risk factor that may inhibit the return to society of people who have or had mental disorders. Hence, we must create and implement a concrete strategy for the removal of such discrimination and stigma.

The task of our research group can be summarized into the following four approaches:

1. To clarify the difference in perception about mental disorders and the mentally disabled between different populations
2. To propose concrete measures that can reduce discrimination and stigma against schizophrenia
3. To reduce stigma by changing the Japanese denomination of schizophrenia from *seishin-bunretsu-byo* (split mind disease) to *togo-shiccho-sho* (integration disorder)
4. To assess the stigma against facilities for the mentally disabled and develop measures to remove such stigma

In 2001, each of these four approaches was taken by one of our four. Specifically, they carried out—

1. A survey among the members of the Japanese Association of Mental Health
2. A control study on the effect of short-term intervention in three regions (Tokachi, Sendai and Miyagi)
3. A survey on the reaction of the mentally disabled to *togo-shiccho-sho*, our final proposal for the new Japanese denomination of schizophrenia
4. A survey on the local situation in terms of stigma against 1,215 private mental hospitals as well as group homes they created

These activities clarified how mental health specialists perceived mental disorders and the mentally disabled and how neighboring inhabitants reacted to the construction of new facilities for the treatment and rehabilitation of the mentally disabled. As a result, we are now able to develop more effective programs for the removal of stigma. On the other hand, there is a growing need for assessing the perception of people with or without mental disorders about the change in the Japanese denomination of schizophrenia. Assessment is also increasingly necessary in the area of outcome of the change.

# Research On Methods To Remove Stigma Against Schizophrenia

Researcher:
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Abstract

In many countries, empirical studies are needed for the development of effective, concrete measures that can break down social discrimination and stigma against schizophrenia, and Japan is no exception.
The most effective strategy seems preventing stigma formation. Results of our students survey carried out immediately after the Ikeda primary school case in June 2001 (in which a man allegedly killed eight children with knife at a school in Osaka), we believe, opened a way toward the development of new measures for the prevention of stigma formation because, while the survey had some methodological restrictions, the results suggested that the students' attitudes against the mentally disabled worsened due to media reports about the case and that practical exercises for students might be effective in protecting them from negative influence of those reports.

In addition, as the first step in proposing a practicable program for the removal of stigma against schizophrenia in regional mental health sites, we conducted short-term interventions one to three times in 2001 in Sendai, Tokachi and Okayama. The subjects (home helpers in Sendai, high-school students in Tokachi and district welfare officers in Okayama) were chosen in accordance with specific requirements in each area. The intervention consisted of lectures by medical professionals and speeches by patients on their experience, and small-group activities with patients were added in Okayama. Effectiveness of each short-term intervention was measured through the analysis of the change in the subjects' knowledge and attitudes after the intervention and differences from the control group. The information on the change and difference was obtained through the survey using a questionnaire.

While the surveys and intervention programs were slightly different among the regions, their results can be summarized as follows.

1. Even a short-term intervention limited to lectures can improve the subjects' knowledge on schizophrenia and attitudes against patients to a certain extent. (All areas)
2. The subjects' knowledge before intervention and their changes after intervention may differentiate depending on who they are. (All areas)
3. Effectiveness of a lecture intervention improves when accompanied by natural contact experience with patients in the form of small-group activities. (Sendai and Okayama)
4. Many subjects find it useful to attend the lecture by the patient. (Tokachi)
5. The more intense the stigma is, the more effective the intervention can be. (Sendai)

Results of this research suggested that we might be able to facilitate stigma removal by providing a quality forum where patients and subjects meet in a short-term program that can widely be introduced to local healthcare sites. In addition, we can continuously accumulate more effective evidences by integrating results obtained in the three areas into one through sophisticated analysis techniques, and by using more rigorous study design.

## Sendai Research I

Purpose

The purpose of this research was to evaluate the impact of media reports about the Ikeda primary school case on the subjects (students of a welfare university and students of a medical

school and a nursing school of another university) shortly after the case occurred on June 8, 2001.

Methodology and results

At the welfare university, hereafter called the F University, a total of 388 students of the first to fourth grades were attending a class of "children's welfare" in 2001 and we asked 328 of them to fill our questionnaire on June 25. As a result, we collected filled questionnaire from 270 students. In addition, we asked the same to 150 students attending classes teaching psychiatry-related things on June 27, June 28 and July 2 and collected filled questionnaire from all of them.

At another university, hereafter called the T University, we asked all medical school students of third to sixth grades and all nursing school students of first to third grades to fill our questionnaire. At the medical school, we could collect filled questionnaire from 89 per cent of 116 students of the third grade, 97 per cent of 84 students of the fourth grade, 51 per cent of 84 students of the fifth grade, and 25 per cent of 100 students of the sixth grade. At the nursing school, we could collect filled questionnaire from 96 per cent of 79 students of the first grade, 99 per cent of 81 students of the second grade, and 76 per cent of 76 students of the third grade.

The questionnaire included the following questions:

- Do you think that the mentally disabled has almost no ability to control themselves?
- Do you think that it is dangerous for society if a mentally disabled person lives alone or together with friends with the same disease?
- Do you think it shameful if one of your family members is mentally disabled and your friends know that?

To a total of 10 questions like these, the subject can reply by marking one of three alternative answers: "I think so", "I do not think so" and "I do not know".

Results

At the F University, survey results suggested that the students' perception about the mentally disabled worsened as a whole after the Ikeda case. While the students who were attending psychiatric classes had a relatively positive perception about the mentally disabled before the case, they were influenced by media reports more negatively than those who were attending the class of children's welfare.

At the T University, survey results suggested that nursing school students were more vulnerable to the influence of media reports compared with medical school students. Within nursing school students, those who did not experience practical exercises were less immune to the influence of media reports compared with those who had already experienced the exercises. Within medical school students, the experience of practical exercises had no association with survey results.

Comments

We recognized that students' perception on mentally disabled people tended to worsen as a result of exposure to media reports that discussed the knife attack in the context of the murderer's history of mental disorders. Results of the survey at the F University suggested that scientific lectures might not be effective enough to sustain positive perception on the mentally disabled. At the T University, survey results suggested that students in nursing course were more

vulnerable to negative influence from media reports compared with medical students. However nursing students' perception improved as a result of practical exercise. It is probably because nursing exercises concentrate on care for people with schizophrenia in contrast to scientific knowledge and symptomatic analysis taught to medical students..

On the other hand, it should be noted that there were some methodological restrictions in this research including—

- Students' perception on the mentally disabled was retrospectively studied.
- Changes in perception after intervention may quickly be lost.
- Most nursing students were female and the majority of medical students were male.

In order to remove stigma against the mentally disabled, it was considered necessary to—

- Improve media reports on crimes committed by the mentally disabled
- Improve educational programs for people working in medicine, healthcare and welfare.
- Develop concrete measures to improve ordinary people's attitudes against the mentally disabled

## Sendai Research II

Purpose

The purpose of this research was to analyze the effect of short-term intervention by prospectively follow and compare changes in knowledge and attitudes of home helpers, who are considered to play a key role in community care for the mentally disabled from now on, in a control group and an intervention group. Home-helpers in the intervention group participated in a program designed to remove stigma against the mentally disabled.

Subjects and methodology

Research subjects were 59 home-helpers in the intervention group and 43 in the control group. Intervention group helpers participated in a series of three meetings held in October, November and December.

In the first meeting, after small-group discussions on stigma and discrimination against people with schizophrenia, the participants attended a lecture by a psychiatrist on topics including morbidity, symptoms, progression, prognosis, cause, pathology, treatment and rehabilitation.

In the second meeting, another psychiatrist delivered a lecture about what caregivers should be careful during the acute phase involving hallucination and delusion and the chronic phase characterized by negative symptoms. In small-group discussions following the lecture, the participants talked about the type, cause and removal measures of stigma and discrimination.

In the third meeting, a patient gave speech on stigma and discrimination.

A baseline survey was conducted for both the both groups. The intervention group filled our questionnaire after the three meetings.

Results

In the baseline survey, we picked up the subjects who were exposed to media reports about people with schizophrenia and asked them what images they had about those people. Many respondents chose sympathetic image samples such as "treatment and support are needed", "they suffer from symptoms such as voice", "they are depressed and likely to commit suicide", and "people with a serious disease". However, respondents who chose "they may commit a crime" and "violent or dangerous" were not small in number.

"How many people in 10,000 are struck by schizophrenia during their lifetime?" To this question, the number of correct answers significantly increased in the intervention group after being exposed to educational programs.

In both the control group and the intervention group, many respondents selected "stress" or "mental trauma and shock" as the cause of schizophrenia. After intervention, however, the number of respondents who selected "psychogenesis" increased in the intervention group.

Asked to choose one from "medication", "psychotherapy", "combination of medication and psychotherapy", "no treatment" and "I don't know" as the best treatment for schizophrenia, overwhelmingly large number of respondents selected "combination of medication and psychotherapy" in the both groups. No significant change was observed after intervention.

In order to understand the respondents' general knowledge about schizophrenia, we asked them nine questions that should be answered with "yes" or "no". Before intervention, no significant difference was observed between the two groups. After intervention, however, significant differences were observed in the answers to the following four questions: "Does schizophrenia strike one person in 100 people during lifetime?" "Is schizophrenia caused by stress?" "Is schizophrenia a disease of the brain?" "Is a person with schizophrenia likely to become violent?"

Comments

We selected home-helpers as our research subject for two reasons. One is that home help service and training of home-helpers are increasingly important in the care of the mentally disabled. Another is that Sendai City has an advanced home help service system for the mentally disabled and offers various conveniences to our research. The purpose of our research was to confirm how effective short-term intervention could be in improving helpers' knowledge on and attitudes against mentally disabled people. Research results showed that even short-term intervention could achieve a certain effect when it was repeated three times or so.
Compared with an ordinary citizen, a home-helper contacts the mentally disabled for a longer time and therefore may give a bigger impact on him or her. It is therefore meaningful to expose the helper to a training program such as the one we used this time for intervention. In addition, we found that helpers with a negative view on self-reliance of the mentally disabled tend to improve their own attitudes more quickly and deeply than those who are optimistic about self-reliance. This finding may be useful when a training program has restrictions in terms of time and money and must select trainees for whom the program can be most effective.

In this research, we confirmed through the analysis of the questionnaire that the intervention improved attitudes of home-helpers. In future, however, it would be necessary to understand what benefits the mentally disabled receive from improvements in helper attitudes. For this purpose, the degree of patients' satisfaction should be included as an index for intervention effectiveness.

## Tokachi Research

Purpose

The purpose of this research was to confirm the effectiveness of educational intervention in young generations with poor knowledge and experience in connection with mental disorders.

Subjects

Our hypothesis was that early educational intervention into ordinary citizens might be effective in reducing stigma against schizophrenia. High school students of the first grade (15-16 years of age) were considered to be the youngest group of people who can understand our questionnaire.

Methodology

We exposed high school students to two educational lectures on schizophrenia. The students filled our questionnaire before and after the lectures and we compared their answers with those from a control group.

In the first lecture, some members of a patient advocate group talked about their life stories, experience of the disease and its treatment, current lifestyle and activities, opinions about the disease, etc. In the second lecture, a psychiatrist explained about schizophrenia from a medical viewpoint (patient statistics, symptoms, possible causes, incidence, treatment, rehabilitation, medication, prognosis, relation with crime, etc.).

The questionnaire was based on the Alberta model with some changes and additions. The survey was conducted in two public high schools in Tokachi. At the H High School, the first survey using a questionnaire was conducted late September of 2001. The intervention group attended the lectures on November 15 and 21 and filled the same questionnaire at the end of November. At the O High School, the surveys were conducted in almost the same schedule as the H High School.

Results (H High School)

In the H High School survey, the subjects were 15 or 16 years of age and consisted of roughly the same number of males and females. Their intellectual interests in mental disorders were relatively high even before the survey.

The students had few experiences of contact with the mentally disabled. But such experiences increased after being exposed to the lectures. This means that the students were unaware even though they contacted people with mental disorders because such people lived in a social atmosphere where they must hide disorders.

As for the incidence of schizophrenia, many students selected "I don't know" as the answer, and other students generally regarded the incidence lower than reality. After the intervention, the number of correct answers showed a significant increase.

Majority of students answered that schizophrenia had psychogenetic causes. After intervention, the increased number of students selected "physical factors" as the answer. Also increased was the answer "stress" regardless of the psychiatrist's emphasis on physical factors in his lecture. It is not deniable that the students believed stress as the cause of schizophrenia due to the

psychiatrist's poor communications ability. Nevertheless, we consider that the students were under an overwhelming influence of a patient's speech in which his subjective experience of stress was very realistically described.

After intervention, significant improvements were observed in the following seven items focusing on knowledge and misunderstanding about schizophrenia:

- Best treatment method
- Effectiveness of treatment for the prevention of violence
- Split personality
- Etiology (brain disease)
- Tendency for violence
- Morbidity
- Necessity of medications

However, significant improvement was not observed in four items including "stress" factor.

Looking at a group of questions that probe the students' resistance to or emotional prejudice against having relations with people suffering from schizophrenia, we found improvements only in the following four items after intervention.

- I am afraid to talk to people with schizophrenia.
- I am afraid of the mentally disabled because their behaviors are unpredictable.
- I cannot understand behaviors of the mentally disabled at all.
- The mentally disabled is dangerous if he or she lives alone in an apartment.

Even the short-term intervention of this time was effective in improving these items. Hence, relatively short exposures to a speech and normal attitudes of a person with schizophrenia were considered useful in improving these stigmatic views.

On the other hand, significant improvement was not observed in the following items even after intervention.

- I am embarrassed if our class would have a student with schizophrenia.
- I can be friendly with a student with schizophrenia.
- I would be ashamed if my friends noticed that our family had a member with schizophrenia.
- I would support a plan to create a group home for people with schizophrenia in our neighborhood.
- I am sorry for people with mental disorders.
- The mentally disabled cannot keep compliance with medication schedules and other rules to maintain their health because of a lack of an ability to control themselves.
- The mentally disabled must stay in hospitals because they may injure others.
- Mental hospitals do not respect patients' opinions in making decision on outing or stopping out.
- People with mental disorders should be allowed to stay in hospital for life.
- People with mental disorders should not have children so that they can avoid heredity.
- Abnormal behavior of the mentally disabled last only for a short period.
- Self-help activities are impossible for the mentally disabled.
- Legal action is necessary for preventing the repetition of an offence.

In contrast to the items that showed significant improvements, these items were difficult to improve with a short-time contact with people with mental disorders. In other words, it was a restriction for the intervention we did this time.

Asked about what helps to remove stigma against people with schizophrenia, 63 per cent of the students mentioned the patient's speech, compared with 31 per cent who mentioned the psychiatrist's lecture.

Results (O High School)

At the O High School, the students were 15 or 16 years of age and consisted of roughly the same number of males and females. In overall, their intellectual interests in mental disorders were lower than students of the H High School.

Many of the O High School students replied that they had almost no experience in encountering people with mental disorders including schizophrenia. As for the incidence of schizophrenia, many respondents selected "I don't know" as the answer. While the students who selected the correct answer increased after intervention, the rate of increase was not so high as at the H High School students.

Like the H High School, the number of O High School students who mentioned "stress" as the cause for schizophrenia increased significantly after intervention. However, the increased number of O High School students mentioned "physical abuse", "mental trauma or shock", "breakdown of social values" and "failed childcare". This means that the students did not correctly understand etiology of schizophrenia.

In the items for probing the respondents' knowledge and misunderstanding about schizophrenia, significant improvements were confirmed in "best treatment method", "effectiveness of treatment for the prevention of violence", "split personality", "morbidity" and "people with schizophrenia are mentally retarded or deficient". However, no significant improvement was observed in other six items including "stress factor". Also, no significant improvement was observed in "etiology", "tendency for violence" and "necessity of medications" probably because O High School students were not very interested in mental disorders before intervention, compared with H High School students. In addition, O High School students did not concentrate on the lectures because they were delivered in a big room to a large number of students. Furthermore, the time between the intervention and the second survey was about one month, compared with a week at the H High School.

On the other hand, no significant improvement was observed in the following items even after intervention.

- I am embarrassed if our class would have a student with schizophrenia.
- I would be ashamed if my friends noticed that our family had a member with schizophrenia.
- I would support a plan to create a group home for people with schizophrenia in our neighborhood.
- I am afraid of mentally disabled people because their behaviors are unpredictable.
- I cannot understand mentally disabled people's behavior at all.
- The mentally disabled cannot keep compliance with medication schedules and other rules to maintain their health because of a lack of an ability of controlling themselves.
- People with mental disorders should be allowed to stay in hospital for life.
- The mentally disabled is dangerous if he or she lives alone in an apartment.
- People with mental disorders should not have children so that they can avoid heredity.
- Self-help activities are impossible for the mentally disabled.

Asked about what helps to remove stigma against, 54 per cent of the students mentioned the

patient's speech, compared with 18 per cent who mentioned the psychiatrist's lecture.

In summary, wrong knowledge about schizophrenia could be corrected even with relatively short lectures (100 minutes in total). However, effectiveness was not at a satisfactory level and a question remained whether the effectiveness is sustainable. For psychological resistance to exchange with people with schizophrenia, the type of intervention used this time achieved just a nominal improvement. We therefore must study new ways of intervention that may be more effective. A notable point is that speeches by people with schizophrenia were extremely effective in removing stigma.

Comments

In reviewing the results of this research, we had an impression that students' understanding of schizophrenia did not reach a satisfactory level because of time restriction. Etiological explanation was particularly difficult to understand because even the nature of schizophrenia was not fully clarified in a scientific sense. Also, short-term intervention was not very effective in removing stigma and discrimination from students' mind. We considered it necessary to let them have diverse contact experiences with patients over a long period. For example, visiting patients' houses, working places, rehabilitation facilities, self-help groups, day-care houses and hospitals may be very useful.

Through the research, we once again confirmed that hearing directly from patients is indispensable for the removal of stigma. However, patient speeches definitely include their bad experiences with treatments and hospitals. This time too, patients talked about terrible side effects and long, forced hospitalization without informed consent. We need to recognize that psychiatric treatment itself has been generating negative image of the disease and helping stigma to spread. Fighting stigma can never be effective without upgrading quality and transparency of psychiatric treatment.

**Okayama Research**

Purpose

The purpose of this research is to confirm the effectiveness of short-term intervention by prospectively following and comparing a control group and two intervention groups.

Subjects

The subjects of this research were 234 district welfare officers in Okayama Prefecture. The subjects were divided into three groups of which each consists of 78 officers. The first group was exposed to conventional training programs. The second was also exposed to conventional training programs, but they were immediately followed by "contact experience". The third group was the control.

Methodology

Conventional training programs consisted of a lecture by a psychiatrist and speeches by mentally disabled people. The 45-minute lecture covered issues including incidence of mental disorders, conventional social view on mentally disabled people, the role of moderate depression in causing mental illness, and attitudes that can reduce stress of mentally disabled people. Speeches by patients covered topics such as "I was happy thanks to my family's support", "I wanted recognition as an individual" and "before and after the onset". Each speech

lasted for 15 to 30 minutes.

A training program called "contact experience" was carried out in the form of small-group activities each of which consisted of five to seven welfare officers, two or three supporters who were mentally disabled, and one or two mental health specialists. A group of these people sat in a circle, got acquainted with each other, and discussed various matters.

In the process of getting acquainted with each other, two participants formed a pair and introduced themselves to each other for one minute. After this, a pair member introduced his or her partner to the rest of the group for one minute. Then all group members stood up and shook hands with everybody in the group. The process until this point took about 25 minutes.

In the process of discussion, a welfare officer was appointed as the chair and another as the owner. Discussion lasted about 50 minutes on the theme of "How do I live if I was struck by mental disorders". After the discussion, all the small groups got together and the owner of each group explained what was discussed within the group to all participants. The "contact experience" took 1.5 hours as a whole.

Results

In the group exposed to conventional training programs, significant changes were observed in the following items in the post-training questionnaire.

- A person with schizophrenia does not have "split personalities".
- I am not so ashamed as before even if a member of my family was diagnosed with schizophrenia.
- I do not feel so strongly as before that I cannot get married with a person with schizophrenia.

However, in the group exposed to conventional training plus "contact experience", significant changes were observed in many more items.

- A person with schizophrenia does not have "split personalities".
- Schizophrenia is not a brain disease.
- Schizophrenia is caused by stress.
- Within 100 persons with schizophrenia, 44.9 persons can return to normal life. (Before the trainings, the answer was 32.4 persons.)
- Within 100 persons with schizophrenia, 30.7 persons can return to work. (Before the trainings, the answer was 19.8 persons.)
- Schizophrenia is caused by mental trauma or the like. Heredity does not have much influence.

- I feel more familiar with mentally disabled people than before.
- Even though I had a relative with mental disorders, I am not so concerned about it as before.
- Even though I needed to do something with a person with mental disorders in my daily life, I am not so concerned about it as before.
- I am not so afraid of speaking with mentally disabled people as before.
- It is not so embarrassing for me as before even if I had to share my office with the mentally disabled.
- I feel more strongly than before that I can be friendly with the mentally disabled.
- It is not so embarrassing for me as before even if I had to live with the mentally disabled.

- I am not so ashamed as before even though a member of my family was diagnosed with schizophrenia.

- I do not feel so strongly as before that I cannot get married with a person with schizophrenia.
- I am more supportive than before for a plan to create a group home for people with schizophrenia.
- I feel more strongly than before that mentally disabled people generally suffer from many troubles.
- I feel more strongly that I can understand mentally disabled people whom I know.

Comments

Currently, training programs are implemented in many Japanese cities and towns so as to facilitate people's understanding of the mentally disabled. These programs generally consist of specialists' lectures as well as speeches by mentally disabled people on their experiences. The purpose of our research in Okayama was to clarify the effectiveness of a new training program that adds "contact experience" to such conventional programs.

Research results suggest the following three points.

- Conventional-style programs can be effective to a certain extent.
- Addition of the "contact experience" can facilitate understanding and shorten psychological distance from the mentally disabled more efficiently than conventional programs.
- However, observed changes were not so great as expected.

While the training program involving the "contact experience" proved more effective and promising than conventional programs, one time exposure of around 1.5 hours was not enough for releasing full potential of the new program.

## Conclusion

1. Research results in three sites

Research results in the three sites showed that even a short-term series of one to three educational programs consisting of speeches by psychiatrists and patients could be effective in improving knowledge and attitudes. Results of a Sendai research using home helpers as the subject might be encouraging for people designing such programs because the research results suggested that people with stronger stigma are more likely to improve than those with weaker stigma. However, all the research reports emphasized the limited effect of educational classroom speeches and the importance of the intervention program participated by patients as speakers.

A future approach could be psycho-educational in which scientific knowledge is shared through two-way communications between speakers and the audience. It is also necessary to carefully select information that should be provided and to focus on specific needs from the audience. In addition, we might have to study a possibility that a lecturer's posture over people with schizophrenia gives stronger impact on the audience than his or her speech itself. It is also important to include social resource tours in programs.

2. Patient participation in training programs

In Sendai, around 10 patients participated in a program. Compensation paid to them has an important meaning because it could be one of motivations for patients to do something with society. In fact, a Sendai program left a momentum there for creating a local self-help group later. In every site, no patient expressed regret for his or her participation.

3. Schizophrenia: A brain disease or stress?

An interest thing commonly observed among research results from all the sites was that, after intervention, more people understood schizophrenia as a disease caused by stress and less people understood schizophrenia as a brain disease. This phenomenon can be interpreted as a result of patient's speech that realistically described strong stress experienced during the acute phase. In other words, participants might have reduced their own stigma by sympathizing with patient's suffering from stress, rather than by externalizing schizophrenia from patient as an objective brain disease outside the patient's responsibility. From a medical point of view, it is important to emphasize that schizophrenia can be treated because it is a biological disease. However, this phenomenon may suggest the importance of an approach based on Japanese mentality that reduces uneasy feeling about a person by recognizing his or her share of common feelings.

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分担研究報告書

# 精神障害関連施設に対する偏見とその除去に関する研究

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研究要旨

わが国の精神障害者に対する施策のなかで，１９９１（平成３）年，公衆衛生審議会精神保健部会は「地域精神保健対策に関する中間意見」において，「住民と精神障害者とが地域において共に生活を送るという考え方（ノーマライゼーション）に立って」と記し，その後，１９９４（平成６）年の同部会の「当面の精神保健対策について（意見）」のなかで，「精神障害者については，他の障害者に比べ偏見が存在するなど，ノーマライゼーションの実現に至る道のりにはなお課題が残されている」としたことは記憶に新しい。

精神障害者に対する医療・保健・福祉における偏見・差別につながる要因として，１９８８(昭和６３)年，宗像恒次らの東京都における精神障害や精神医療の世論調査結果を見れば，精神障害者や精神医療及び関連施設，精神障害者の生活について，一方では住民の否定的・消極的態度は減少しているように思われるが，しかし他方では，自分の家の近隣に精神障害関連施設ができることについて根強い反対論が見受けられ，それは精神障害関連施設に対する地域住民の反対と結びつきやすいことがわかる。

そこで，全国の民間精神科病院及び精神障害者グループホームに対する標記アンケート調査につづいて，平成１４年度は別紙アンケートによって，生活訓練施設・授産施設・福祉ホーム（Ｂ型も含む）・福祉工場について，施設の開設等にともなう住民の反対やその理由，それらに対する施設の対応，開設後における住民からの苦情や施設の対処と方法について調査し，精神障害者に対する偏見や差別のありようや，今後において精神障害者関連施設が必要とされる努力や行動について明らかにするものである。

## Ａ．研究目的

精神障害関連施設（生活訓練施設・授産施設・福祉ホーム・福祉工場・生活支援センター）において，施設の開設等にあたっての地域住民の理解を得るために行った方策，施設の開設時あるいは開設後の地域住民からの反対や苦情について，及びその事例とそれらに対する住民への対処手法について調査し，精神障害者や関連施設の円滑な地域受け入れと良好な住民との関係性を構築するため施設にとって必要と思われる努力や行動を明らかにする。ここで得られた知見は，精神障害関連施設に対する偏見の除去に有益であることはもちろん，地域における精神障害（者）についての正しい知識と理解の普及啓発活動にも役立つものである。

## Ｂ．研究方法

### １）アンケート調査の対象

全国精神障害者社会復帰施設協会の協力を得るとともに，全国精神障害者社会復帰施設名簿（平成１４年３月末現在）にもとづき，当該協会に未加入の施設についても調査した。調査対象施設は精神障害者生活訓練施設２５０か所，通所授産施設２１６か所，入所授産施設２５か所，小規模授産施設８４か所，福祉ホーム１２４か所，福祉ホームＢ型４５か所，福祉工場１５か所の計７５９精神障害関連施設である。

### ２）アンケート調査の内容

調査内容は，対象施設の属性，精神障害関連施設と病院との関係を含む地域の環境要因，施設か

ら地域住民への働きかけ,反対などの有無と理由,施設対応者の職分・職種と対応方法，施設開設後の地域住民とのトラブルや苦情の有無，施設や精神障害者が偏見や差別を受けた具体的事例，施設が地域の反対やトラブル・苦情に対処する際に配慮すべき内容に関する意見，施設が偏見や差別をなくするために取り組んでいる活動に関する２１問とした。地域の反対によって多大な支障が生じた困難事例，及び地域との関係で良好と思われる参考事例については別に聞き取りを行い，経過と状況を明らかにした。

3）アンケート調査の方法

調査方法は郵送留置方式で実施し，平成１４年１２月に，１）の対象施設７５９か所についてアンケート票を郵送し回収の返送を求めた。回答は後の事例調査のため任意に施設名，回答者，役職を記入してもらったが，回答者保護のため統計的に処理した結果を報告することとし，記述の回答及び事例においては調査目的の範囲で回答を記載し回答者保護に努めた。

C．調査の結果

1）回答数と回収率

有効回答数は４２７，回収率は５６．３％であった。

2）回答者のプロフィール

総回答数４２７の内訳は，精神障害者生活訓練施設１１１（３６．３％),精神障害者授産施設(入所・通所）１６８（３９．３％)，福祉ホーム（含B型）８８（２０．６％),福祉工場１０（２．３％）無効（１．４％）である。

開設年次別にみると，昭和６２年の精神保健法成立から平成６年までに設立されたのは１０２施設（２３．９％)，精神保健福祉法成立の平成７年から同法一部改正の平成１１年までの設立が１２０施設（２８．１％)，平成１１年以後が１９７施設（４６．１％）となっている。つまり，精神保健福祉法の成立によって施設開設数は従来に比べて倍増し，さらに同法の一部改正となった平成１１年以降は２倍増となって施設が設置されている。

設置者は，社会福祉法人１９５（４５．７％)，医療法人１８１(４２．４％),公立２１(４．９％)，財団法人１８（４．２％),社団法人８（１．９％)，その他３（０．７％）と，そのほとんどが社会福祉法人と医療法人となっている。

3）施設と病院の距離及び周辺環境

これら精神障害者関連施設と病院を設置場所の関係でみると，施設が同じ敷地又精神病院の隣接地にあるという施設は１９２（５０．０％)，町内（地域)に精神病院があるという施設は１３５(３１．６％）にのぼり，施設と病院が相互に近いところにあることがわかる。町内（地域）に精神病院がないとしたのは９８（２２．９％）施設であるが，これらの施設は病院との連携を保ちながらも，単独で地域に設置された施設と思われる。

施設に対する地域の反対について，これを年次別に見れば，まったく反対のなかった年はなく，各年にわたって１施設からから９施設の範囲で地域の反対が見受けられ，とりわけ精神保健福祉法改正で施設数が急増した平成１１年は１３施設（１４．４％）と他の年よりいっそう反対が多くなっている。地域の反対を受けた施設は，やはり設立数の多い通所授産施設（３６)，次いで生活訓練施設（３１)，福祉ホームの順となっている。施設規模としても地域で目立ちやすいからであろう。

施設の周辺環境は，旧くからの住宅地に在る施設が１９５（４５．７％)，市街化調整区域内に在る施設が８５（１９．９％)，比較的新しい住宅地に在る施設が８３（１９．４％)，商業地域又は工業地域内に在る施設が３５（８．２％）となっていた。地域から反対があったのは，旧くからの住宅地にある施設で，その数は反対があった施設の半数（４２施設・５１．２％）の割合を占めている。とはいえ，新しい住宅地あるいは市街化調整区域に設置される施設についても，それぞれ１６施設・１９．５％，１７施設・２０．７％となっており，商工業区域の６施設・７．３％に比べれば，新しい施設であり，そこに住民の関心も向くということであろう。

4）地域への働きかけと地域の反対

施設の開設にあたって何らかの方法で地域住民への働きかけを行ったとする施設は２８０(６５．

６%）にもなる。地域への働きかけとして行った内容を順にあげれば，町会長や民生委員への相談２２８（８１．４%），関係機関（病院・行政等）への協力依頼２０６（７３．６%），地域住民への説明会の実施１４９（５３．２%），戸別訪問・広報発行・看板設置１０６（３７．９%）である。

まずは地域の住民代表者として町会長に挨拶し，行政機関の理解も得て，必要なら住民説明会を実施し広報活動を行うという，他の商業関係施設でも用いられる一般的な方法である。にもかかわらず，地域からの反対を受ける施設は８６（２０．１%）と２割に達している。

精神病院に対する反対（３４%：平成１３年度調査）に比べれば低いとしても，２割が地域の反対に遭遇している。その主な理由は「精神障害者は事件・迷惑を起こすのではないか」という不安（６９［８０．２%］）がいちばんにあげられる。子供の施設や学校・通学路になっている（４２［４８．８%］），地域の町会・自治会からの反対の声があがったというのも同数あるが，何といっても施設に対する反対の要因として精神障害者への不安が大きいことがわかる。なかでも，精神障害者は事件・迷惑を起す恐れがあるのではないかという不安は，旧くからの住宅地に設置される施設に最も多く３３施設・４９．２%もあり，比較的新しい住宅地に設置される施設，市街化調整区域に設置される施設でも各１５施設・２２．４%あった。また商工業区域に設置される施設でも４施設・６．０%と，精神障害者に対する不安が低いわけではない。

アンケートの回答者は施設職員であるが，地域の反対する理由はいずれも精神障害者に対する不安に起因するものであり，それは施設職員が反対に対処するなかで住民から何らかの形で表明された結果であると解してよいものであろう。こうした反対への対応者は，施設関係者では施設長・事務長が多く，施設指導員等は少ない。この問いには無効回答が３７（４３．０%）と多く，確認はできなかった。反対に対する交渉であれば，対処者はことがらによって複数・多職種で関わらざるを得ないという事情が背景にあると推測される。

そこで地域の反対に，どのように対応したかについて見てみる。町会長・民生委員等との相談，住民説明会の実施が６７（７７．９%）と最も多く，次いで関係機関（病院・行政）への協力依頼が５１（５９．３%）が多かった。その一方で，設計変更・中止１５（１７．４%）を余儀なくされ，別の土地・建物を選定せざるを得なかった施設が１４施設（１６．２%）ある。このことは住民の反対に対する交渉の難しさを予感させる。

５）住民の反対運動への対処に際して大切なこと

住民の反対運動に遭遇した８６施設について，対処の際にどのような行動が大切であるか，その意見を「大切だと思う」「大切とは思わない」という問いで聞いてみた。反対には住民との人間関係をつくる工夫をする，反対には謙虚に耳を傾ける，行政・他施設・ボランティア・家族会等との協力が大切であるとする意見が多かった。反対にはまず行政が対応すべきであるとする意見については，大切だと思う・大切とは思わないとする回答が拮抗している。行政に対処を求めるのは住民のそれと変わらず，対住民交渉の難しさへの施設側のいらだちとも受けとめられる。それだけに，反対には地元の有力者に協力してもらうのが大切５５（６３．９%），大切とは思わない１５（１７．４%）となるのもうなずける。この問いでは１項目平均１２の回答保留があり信頼度を低いものにしているが，保留は交渉に決め手を欠いている結果というべきであろう。

６）地域住民からの反対がなかった理由

施設の２割が地域の反対に遭っているなかで，施設の側からみて地域の反対がなかった理由を聞いてみた。やはり，普段から地域住民に理解を得る活動をしてきた，関係機関（病院・行政）の協力があったから，事前に町会長・民生委員等との話し合いをもったから，とする意見が多かったが，そうは思わないという意見も平均で２０．１%，回答保留を加えれば４０．９%が，そうは思わない，もしくは回答保留となる。批判的に見れば，反対の一方の当事者である施設側にも住民が反対しなかった本当の理由はわからない，と言えなくもない。住民からの反対がなかった施設について

も，反対があった施設と同様に，住民に施設がどのようなものに映ったのか再考してみる必要がある。

7）その後の住民とのトラブル・住民の苦情

アンケートに回答した４２７施設のうち，施設開設後，今日までに住民とのトラブルになった経験，苦情を持ち込まれた経験について聞いてみた。ドラブル・苦情が「あった」施設は９０（２１．０％）である。ここでもやはり，旧くからの住宅地にある施設(５３施設・６０．９％)，比較的新しい住宅地にある施設（１６施設・１８．４％)，市街化調整区域にある施設(１０施設･１１．５％)の順でトラブルや苦情が発生している。商工業区域にある施設(８施設・９．２％)と比べてみればかなり多いことがわかった。施設の周辺環境との関係では，施設開設のその後にトラブル・苦情があった施設は，同じ敷地内に･隣接地にある施設，同じ町内に病院がある施設では６６施設・７４．１％と，地域に病院がない施設の２３施設･２５．８％より多くなっていた。住民から見れば，病院も施設も同じように見えるからかもしれない。

トラブル・苦情の内容は，施設の騒音・人声・雪・ゴミ処分・行事参加・施設職員の対応のいずれも「あった」に比べて「なかった」が上回っていたが，施設利用者の態度・行動（不潔・暴力・のぞき等）の行動について「あった」５２（５７．８％)，「なかった」２９（３２．２％）と，「あった」が上回った。これは障害者であるか否かを問わず，住民としての生活態度が問われている。施設において，社会的モラル・生活マナーのスキルトレーニングが必要ということにつながっている。なぜなら，新しい住宅地にある施設では，トラブルや苦情として通行の禁止・通行の制限を求められ，旧い住宅地にある施設では，トラブル・苦情がもとで住民の噂や悪口になるとした回答が，他の設問に対する回答に比べて，「なかった」より「あった」とする回答が多くなっているからである。

人の密度の濃い地域では，精神障害者のちょっとした行動が人の噂になり，悪口となって地域に流布されることもあるであろう。例えば煙草のポイ捨ては一般人でもその人のモラルを問われるが，精神障害者である，精神障害者であったということ，それだけで「精神障害者は」という偏見を含んだ特別の目で見られ，それが「精神障害者は事件・迷惑を起こす恐れがある」という住民の不安へ，容易に変化してしまうのである。

8）住民とのトラブル・住民苦情がない理由

一方，住民とのトラブル・住民からの苦情がなかったとする３３５施設に，その理由を聞いてみた。その理由として，「住民が施設や利用者を良く理解している」という回答が２０３（６０．６％）施設と最も多かった。しかし，「住民が施設や利用者と関係しないようにしている」という回答が３９（１１．６％）施設あり，「利用者への指導を徹底している」については「そう思う」１３６（４０．６％)，「そう思わない」１３３（３９．７％）と意見が分かれた。また，トラブル・苦情がないよう職員を指導している「そう思う」１５７（４６．９％）に対して，「そう思わない」１１１（３３．１％）と賛否が分かれる。なかでも，住民が施設利用者である精神障害者を理解している，住民が施設利用者である精神障害者と関係しないようにしているかは，支援の側に立つ職員が障害者に対してひいき目に見るか否かで意見が分かれるとすれば，施設の住民に対する日常的な関わり，住民の施設に対する見方をより具体的に，事例的に検証してみる必要があると思われる。

9）精神障害施設・利用者への差別・偏見

地域から見れば精神障害関連施設もそれを利用する精神障害者も同一に思われるかもしれない。そこで地域からする偏見や差別が，施設や利用する障害者に対してどのような行為として影響を与えているか，現実に起こりそうな９項目を設定して「あった」「なかった」という方法で回答を求めた。概して「あった」と回答した割合は低いが，「あった」内容は深刻である。なかでも，地域ではアパートや家を借りられないと７４施設(１７．３％）が，地域で何かあると施設や利用者が疑われると５９施設（１３．８％）が，施設や利用者に対する悪口や悪意をもった噂になると４８施設（１１．２％）が回答した。噂・悪口について，