

Table 2: Staff awareness regarding the social support needs of patients (N = 199)

		Highly	sometimes	none	unknown
Interpersonal Relationships & Life Skills	use of public institution	4.0%	15.1%	69.3%	11.6%
	management of household expenditure	9.0%	21.1%	60.3%	9.5%
	performance of community service	3.5%	17.6%	48.7%	30.2%
	execution of trash separation	4.5%	19.1%	60.3%	16.1%
	preparation of food	9.5%	38.7%	42.2%	9.5%
	relationship with potential employers and colleagues	18.6%	42.7%	32.2%	6.5%
	relationship with family and friends	11.1%	56.8%	24.6%	7.5%
	relationship with neighbors or other community members	5.5%	34.2%	36.7%	23.6%
Living Conditions	relationship with co-workers	9.5%	45.2%	35.2%	10.1%
	adapting to changes in one's daily environment	14.1%	32.2%	30.7%	23.1%
	adapting to changes in residential environment	8.0%	24.1%	47.7%	20.1%
	practicing fire prevention	2.5%	14.1%	73.9%	9.5%
Physical Well-being	cleaning one's room	6.0%	17.6%	60.8%	15.6%
	dietary habits	8.5%	35.2%	46.2%	10.1%
	excessive smoking or alcohol drinking	4.5%	24.1%	61.8%	9.5%
	problems associated chronic medical illness or disability	9.5%	39.7%	41.7%	9.0%
Mental Health	burden of support and care placed on the patient's family	6.5%	30.2%	45.7%	17.6%
	chronic mental health conditions	8.0%	50.8%	32.2%	9.0%
	ideation or actual self-injury	4.5%	18.6%	63.8%	13.1%
	ideation or actual violence towards others	4.5%	14.1%	67.3%	14.1%
	compliance with psychiatric medication and outpatient treatment	5.5%	19.6%	69.8%	5.0%
	mistrust of drug use and treatment policy	3.5%	33.7%	55.8%	7.0%
Community safety	property management	9.5%	18.1%	49.2%	23.1%
	attitude toward at-home sales	3.5%	22.1%	55.8%	18.6%
	attitude toward natural disasters	4.0%	27.6%	52.3%	16.1%
	attitude toward crimes	1.0%	16.6%	65.8%	16.6%

Fostering effective and healthy interpersonal relationships is thought to be a critical component for improving the quality of community life of psychiatric patients in Japan. In our study, however, approximately 70% of patients reported experiencing difficulty in maintaining healthy interpersonal relationships with family and friends. Moreover, a large number of patients reported difficulty in other items requiring strong interpersonal skills. These included looking for a job (64.7%), interacting productively with coworkers (65.5%), and relating with neighbors (63.2%). Meanwhile, a large number of support staff perceived their patients as having difficulty with maintaining interpersonal relationships with family and friends (67.9%). Other items regarding interpersonal relationships were also listed at the top of staff members' perceptions of patient needs. As Killaspy [13] suggested trusting and stimulating relationship between clients and professionals were most important. In this study both patients (71.4%) and staff members (67.8%) shared the belief that interpersonal relationships were important issues in patients' ability to adapt to community life. Patients did use support services to address these difficul-

ties, particularly support with interpersonal relationships: 61% of patients received support for relationships with family and friends, 58% received support for obtaining a job, 51% received aid in improving relationships with coworkers, and 36% received support in improving relationship among neighbors. Despite having received this support, few patients (26.4%) thought that the support oriented towards relationships among neighbors was helpful. As such, our data suggest the need for new community interventions aimed at improving interpersonal relationships among these patients.

Many patients also reported difficulties in dealing with chronic medical conditions (78.1%) or in improving dietary habits (69.1%) and in abstaining from excessive smoking or drinking (69.5%). Though Crawford et al [14] suggested that both service users and providers have reported that delivering continuity of care to people with severe mental illness should be a service priority, the staff members we interviewed failed to perceive these as significant needs in their patients. In improving dietary habits, it appears that patients require more support (60.8%

Table 3: Patients' difficulties in addressing risks and challenges (N = 199)

		highly	some times	never
Interpersonal Relationships & Life Skills	use of public institution	8.8%	27.7%	63.5%
	management of household expenditure	20.2%	42.6%	37.2%
	performance of community service	16.9%	34.8%	48.3%
	execution of trash separation	11.2%	39.6%	49.1%
	preparation of food	21.3%	43.1%	35.6%
	relationship with potential employers and colleagues	23.2%	41.5%	35.4%
	relationship with family and friends	25.3%	51.1%	23.7%
	relationship with neighbors or other community members	17.1%	46.1%	36.8%
	relationship with co-workers	21.6%	43.9%	34.5%
Living Conditions	adapting to changes in one's daily environment	32.4%	45.1%	22.5%
	adapting to changes in residential environment	18.1%	45.7%	36.2%
	practicing fire prevention	11.9%	25.0%	63.1%
	cleaning one's room	14.3%	40.5%	45.2%
Physical Well-being	dietary habits	25.1%	44.0%	30.9%
	excessive smoking or alcohol drinking	28.9%	40.6%	30.5%
	problems associated chronic medical illness or disability	29.9%	48.2%	22.0%
	burden of support and care placed on the patient's family	17.8%	48.1%	34.1%
Mental Health	chronic mental health conditions	22.8%	35.3%	41.9%
	ideation or actual self-injury	25.4%	23.8%	50.8%
	ideation or actual violence towards others	13.9%	27.0%	59.0%
	compliance with psychiatric medication and outpatient treatment	14.0%	24.7%	61.3%
	mistrust of drug use and treatment policy	11.0%	26.5%	62.4%
Community safety	property management	23.4%	26.6%	50.0%
	attitude toward at-home sales	14.8%	38.0%	46.3%
	attitude toward natural disasters	13.7%	41.9%	44.4%
	attitude toward crimes	8.6%	42.2%	49.1%

users' difficulty, 43.7% staff's recognition of support needs) in education and adherence to the dietary regimen rather than support in food preparation per se (51.8% user's difficulty, 48.2% staff's recognition of support needs). In decreasing cigarette and alcohol consumption, new strategies are needed because few of the patients (18.6%) surveyed felt the support services they were receiving were working.

Many community center patients found it difficult to deal with mental health risks because patients tended to report these as being lower-priority needs. For example, dealing with mental health conditions (7th of 26 needs), avoiding self-injury (18th of 26), restraining from violence towards others (25th of 26), adhering to medication and outpatient treatment regimens (22nd of 26), and abstaining from illicit drugs (24th of 26) were listed as low-priority by many patients. Staff members tended to recognize these as problems to a greater extent than the patients themselves. The reason for this may be that, on the one hand, staff members worry about mental health problems of their patients, while on the other, patients may lack awareness about their own mental health issues.

The major challenge identified by patients in the area of life skills was in the management of household expenditures (62.8%). Additionally, over half of the patients reported difficulty in food preparation (64.4%), in cleaning one's room (54.8%), or in trash separation (50.8%), while fewer than 40% of patients reported difficulty in managing other risks and problems. Staff members did not fully appreciate the extent to which these issues were challenging their patients. While 58% of patients reported difficulties in managing household expenditures, only 30% of staff members thought their patients needed support in this domain. Similarly, patients' needs were reported as significantly higher level than staff perceptions in the domains of using public institutions (user's difficulty 29.1%, staff's recognition of support needs 19.1%), trash separation (user's difficulty 43.2%, staff's recognition of support needs 23.6%), practicing fire prevention (user's difficulty 57.8%, staff's recognition of support needs 30.2%), and cleaning one's own room (user's difficulty 46.2%, staff's recognition of support needs 23.6%). These results suggest that patients with mental disorders living in the community require practical support related to performing the tasks of daily life in addition to the con-

Table 4: Social support services received by patients (N = 199)

		received support
Interpersonal Relationships & Life Skills	use of public institution	35.7%
	management of household expenditure	45.2%
	performance of community service	26.1%
	execution of trash separation	35.2%
	preparation of food	52.8%
	relationship with potential employers and colleagues	58.3%
	relationship with family and friends	61.3%
	relationship with neighbors or other community members	36.2%
	relationship with co-workers	51.3%
Living Conditions	adapting to changes in one's daily environment	39.2%
	adapting to changes in residential environment	32.2%
	practicing fire prevention	25.6%
	cleaning one's room	37.7%
Physical Well-being	dietary habits	44.2%
	excessive smoking or alcohol drinking	29.6%
	problems associated chronic medical illness or disability	61.8%
	burden of support and care placed on the patient's family	41.7%
Mental Health	chronic mental health conditions	53.3%
	ideation or actual self-injury	32.2%
	ideation or actual violence towards others	31.2%
	compliance with psychiatric medication and outpatient treatment	45.2%
	mistrust of drug use and treatment policy	47.7%
Community safety	property management	35.2%
	attitude toward at-home sales	22.6%
	attitude toward natural disasters	26.6%
	attitude toward crimes	25.1%

Table 5: Degree to which patients viewed support services as helpful at addressing their risks and challenges

		very helpful	helpful	not so helpful
Interpersonal Relationships & Life Skills	use of public institution	54.9%	31.0%	14.1%
	management of household expenditure	52.2%	37.8%	10.0%
	performance of community service	26.9%	42.3%	30.8%
	execution of trash separation	31.4%	40.0%	28.6%
	preparation of food	52.4%	35.2%	12.4%
	relationship with potential employers and colleagues	42.2%	42.2%	15.5%
	relationship with family and friends	44.3%	38.5%	17.2%
	relationship with neighbors or other community members	26.4%	37.5%	36.1%
	relationship with co-workers	42.2%	45.1%	12.7%
	Living Conditions	adapting to changes in one's daily environment	39.7%	42.3%
adapting to changes in residential environment		34.4%	42.2%	23.4%
practicing fire prevention		29.4%	43.1%	27.5%
cleaning one's room		34.7%	38.7%	26.7%
Physical Well-being	dietary habits	36.4%	38.6%	25.0%
	excessive smoking or alcohol drinking	18.6%	37.3%	44.1%
	problems associated chronic medical illness or disability	37.4%	45.5%	17.1%
	burden of support and care placed on the patient's family	36.1%	44.6%	19.3%
Mental Health	chronic mental health conditions	36.8%	45.3%	17.9%
	ideation or actual self-injury	26.6%	40.6%	32.8%
	ideation or actual violence towards others	27.4%	46.8%	25.8%
	compliance with psychiatric medication and outpatient treatment	45.6%	43.3%	11.1%
	mistrust of drug use and treatment policy	34.7%	46.3%	18.9%
Community safety	property management	44.3%	34.3%	21.4%
	attitude toward at-home sales	22.2%	40.0%	37.8%
	attitude toward natural disasters	30.2%	41.5%	28.3%
	attitude toward crimes	24.0%	28.0%	48.0%

Table 6: Differences between staff perception of patients' support needs and their difficulties (N = 199)

		staffs' recognition of support needs	users' difficulty
Interpersonal Relationships & Life Skills	use of public institution	19.1%	29.1% *
	management of household expenditure	30.2%	57.8% **
	performance of community service	21.1%	23.1%
	execution of trash separation	23.6%	43.2%* *
	preparation of food	48.2%	51.8%
	relationship with potential employers and colleagues	61.3%	53.3%
	relationship with family and friends	67.8%	71.4%
	relationship with neighbors or other community members	39.7%	48.2%
	relationship with co-workers	54.8%	48.7%
Living Conditions	adapting to changes in one's daily environment	46.2%	39.7%
	adapting to changes in residential environment	32.2%	30.2%
	practicing fire prevention	16.6%	29.6%* *
	cleaning one's room	23.6%	46.2%* *
Physical Well-being	dietary habits	43.7%	60.8%* *
	excessive smoking or alcohol drinking	28.6%	44.7%* *
	problems associated chronic medical illness or disability	49.2%	64.3%* *
	burden of support and care placed on the patient's family	36.7%	42.7%
Mental Health	chronic mental health conditions	58.8% *	48.7%
	ideation or actual self-injury	23.1%	32.2%
	ideation or actual violence towards others	18.6%	25.1%
	compliance with psychiatric medication and outpatient treatment	25.1%	36.2%*
	mistrust of drug use and treatment policy	37.2%	34.2%
Community safety	property management	27.6%	32.2%
	attitude toward at-home sales	25.6%	28.6%
	attitude toward natural disasters	31.7%	34.7%
	attitude toward crimes	17.6%	29.6%* *

*p < 0.05

** p < 0.01

ventional support focused on mental health issues specifically. Few patients were satisfied with the support they were receiving through the community centers. As previous studies have suggested, unmet needs are a strong predictor of less favorable health perceptions and a lower quality of life [15,16]. Addressing this disconnect between patient needs and service provision is important. It will be necessary to enhance linkages and collaboration between community center staff and other mental health and social service professionals in Japan.

There were several limitations of this study. Participants of this study did not live exclusively in the community, and they all utilized community support center services. It is likely that this study underrepresented the most highly functioning patients as well as the most reclusive or lowest

functioning patients, as both may be less likely to utilize community support center services. Additionally, our sampling strategy was not randomized; for purposes of convenience and to decrease recall bias, we only surveyed the first twenty registered patients who attended each centre following the commencement of the study. Though we selected 10 community support centers in consideration of characteristics diversity, generalizability of the study findings is limited because of the small sample size. Mitigating these limitations, however, was the fact that none of the patients or staff members who were approached declined to participate, and the number of missing values in each item was insignificant.

Conclusion

Results of this study suggest that social services geared towards specific tasks of daily living form an important component of comprehensive care for psychiatric patients living in community settings in Japan.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

HM and HT originated the project and develop questionnaire, HM wrote the manuscript, HT and TT reviewed the manuscript. All authors read and approved the final manuscript.

Acknowledgements

The authors thank all staffs and users of social support centers which participated in this study, all members of psychiatric emergency system committee in Japanese Federation of Mental Health and Welfare.

Although Japanese Welfare and Medical Service Agency funded this study, it takes no role in this study.

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IV. 研究班名簿

平成 18 年度
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平成 19 年度
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平成 20 年度

厚生労働科学研究費補助金（障害保健福祉総合研究事業）
精神障害者の自立支援のための住居確保に関する研究
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厚生労働科学研究費補助金（障害保健福祉総合研究事業）

「精神障害者の自立支援のための住居確保に関する研究」
平成 18 年度～20 年度 総合研究報告書

発行日 平成 21（2009）年 3 月
発行者 「精神障害者の自立支援のための住居確保に関する研究」
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