

*Video learning
for reduction of prejudice
toward schizophrenia*

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Schizophrenia in Japan

- 734 thousand patients in Japan (2002)
 - (=0.57% of total population)
 - In 2002, the Japanese Society of Psychiatry and Neurology (JSPN) and the national family organization, Zenkaren, succeeded in changing the name of 'schizophrenia in order to diminish its stigmatizing effect.
 - 精神分裂病 (spirit disruption disease)
- ↓ (2002)
- 統合失調症 (thought integration disorder)
 - There has been positive effects of the name change, but there are still prejudice and stigma

Purpose

The traditional Japanese culture often stigmatizes schizophrenia patients and their families. Reduction of general people's prejudice toward schizophrenia is an important factor for the patients who try to live in the local community with sufficient quality of life. Reduction of the prejudice can be achieved by a short educational session.

Method

- The present study measured effects of a one-hour video education session to 82 undergraduate university students.
- Two types of experimental conditions were randomly assigned:
 - Group A: Patient narration video listening
 - Group B: Psychiatrist explanation video listening.
- The effects were measured by Attitude toward Mental Disorder Scale (AMD: Higashiguchi et al. 1997/ 2003) at the pre-test and the post-test.

Social Distance Subscale

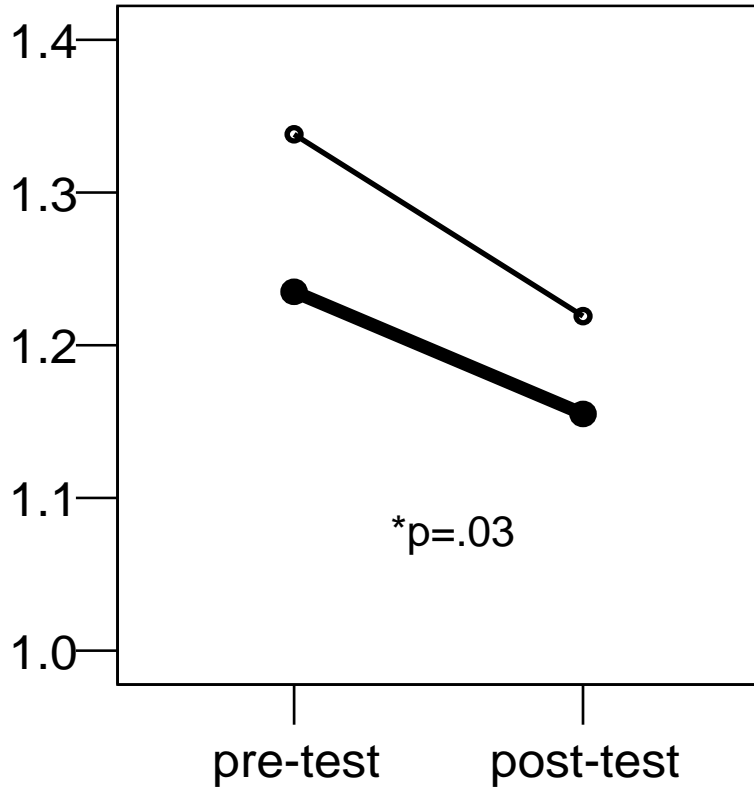
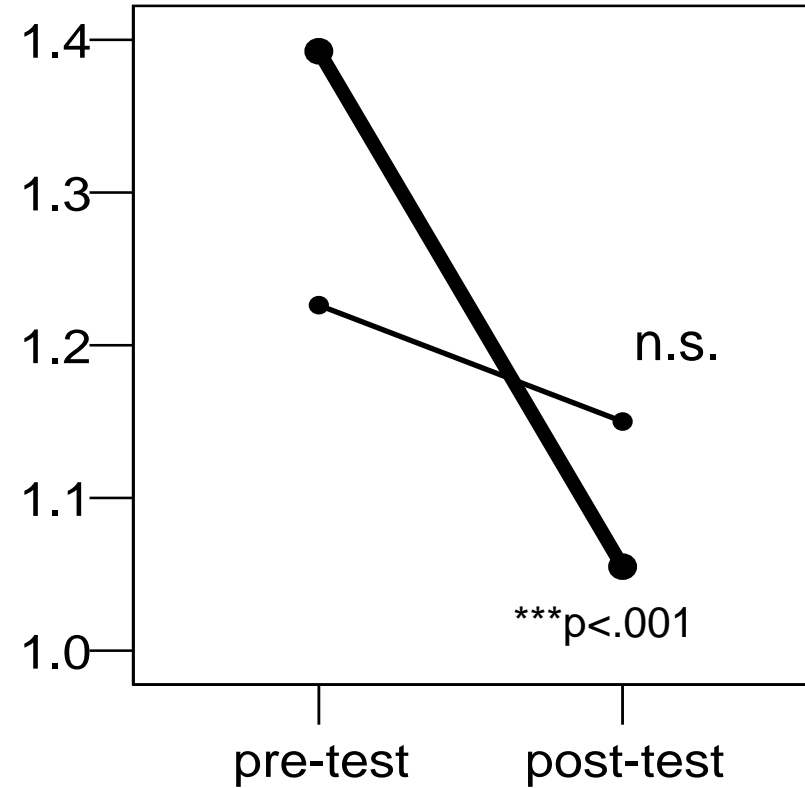


Image Subscale



— Patient discourse condition (n=40)

— Psychiatrist explanation condition (n=42)

Fig.1 Reduction of prejudice toward schizophrenia⁵

Comparison of Two Groups

The Social Distance Scale of AMD was significantly improved in both Groups. However, the Patient Image Subscale of AMD was improved only in Group A. The importance of patients' concrete presentation by narratives is discussed.

Social Distance Subscale

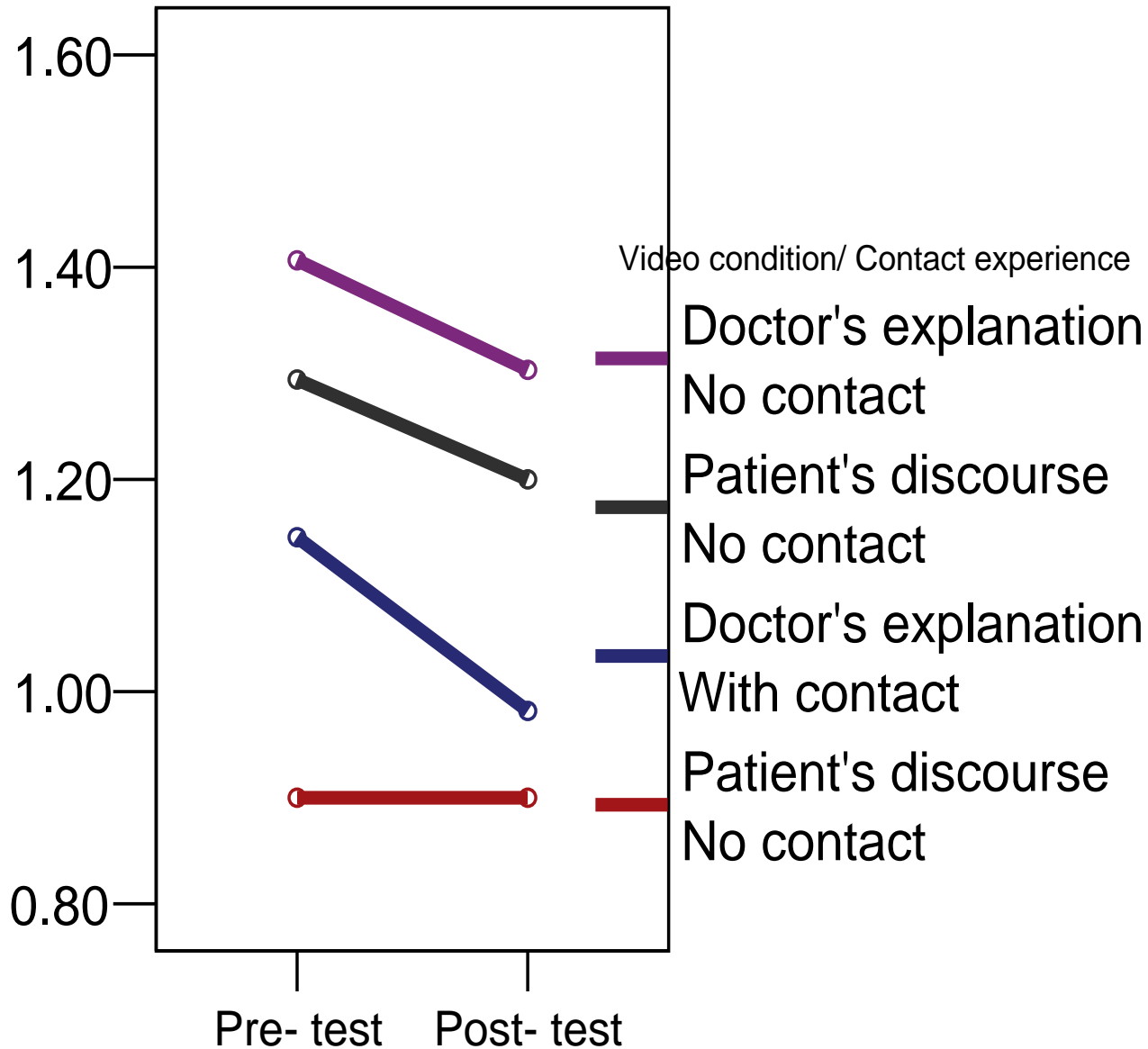
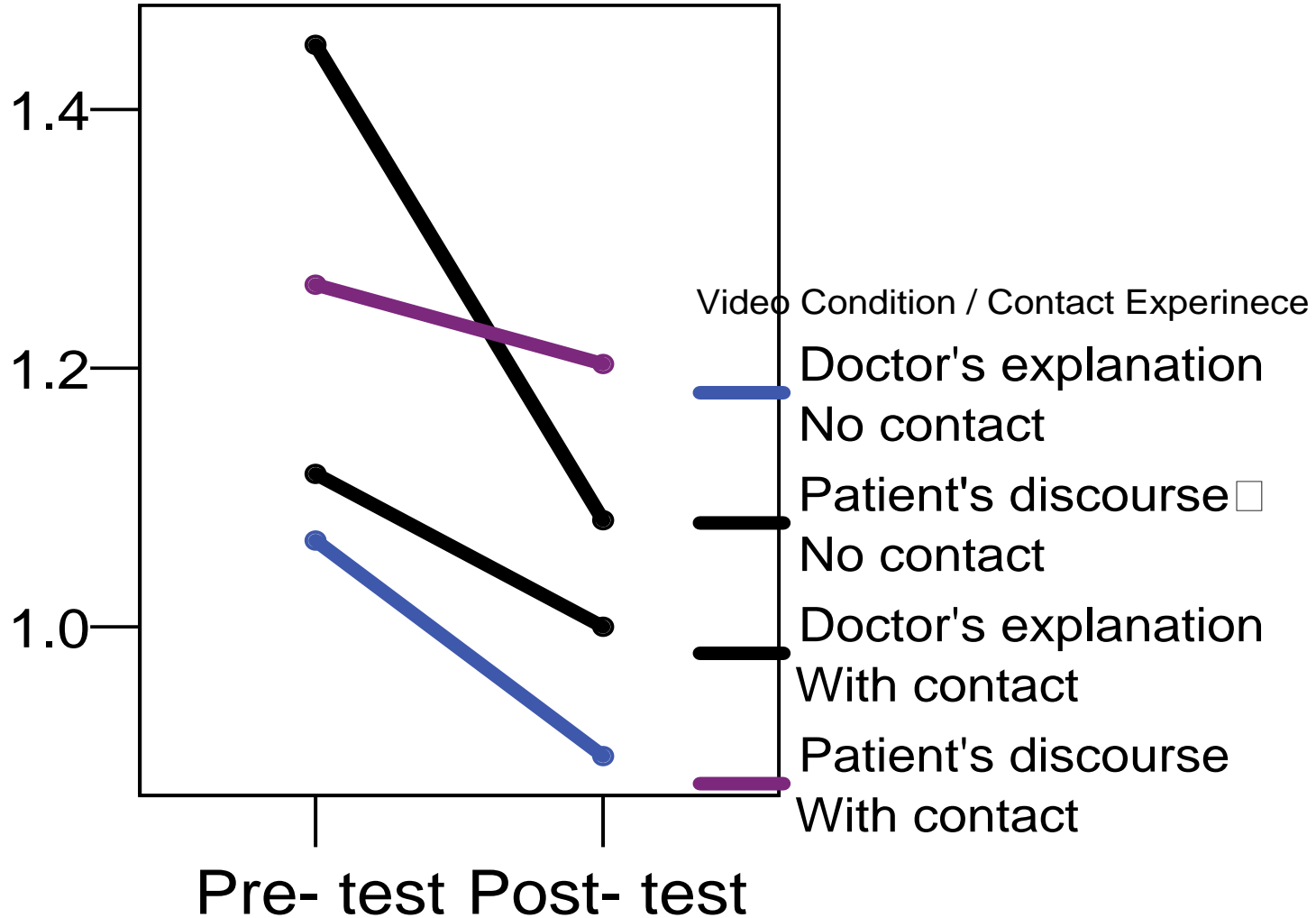


Image Subscale



Preventive education as primary and tertiary education

- Education
 - (1) Knowledge
 - (2) Awareness/ Value/ Attitude
 - (3) Skill

Prevention (Caplan, 1964)

- (1) Primary prevention
- (2) Secondary prevention
- (3) Tertiary prevention

EASES Model of preventive education for reduction of stigma

- **効 : Effective results**
- **楽 : Amusing contents**
- **安 : Simple & non-expensive preparation**
- **近 : Easy access to materials**
- **短 : Short time**

References

- 北岡(東口)和代 (2001) 精神障害者への態度に及ぼす接触体験の効果 精リハ誌, 5 (2), 142-147. (Kitaoka-Higashiguchi, K. (2001) Effects of contact experiences on attitudes toward the mentally disordered. *Japanese Journal of Psychiatric Rehabilitation*, 5 (2), 142-147.)
- Ritterfeld, U & Jin, S-A. (2006) Addressing media stigma for people experiencing mental illness using an entertainment-education strategy. *Journal of Health Psychology*. 11, 247-267.
- Sartorius, N., & Schulze, H. (2005). Reducing the stigma of mental illness. Cambridge University Press.
- World Psychiatric Association (2002). Schizophrenia: Open the door. Author (こころの扉を開く 医学書院 2002)