



Facilitating Social Contact to Reduce Mental-Health-Related Stigma in Countries with Past Isolation Policies

Yoshii H*

Department of Health Sciences, Tohoku University, Japan

Editorial

While social contact might be the most effective intervention for reducing stigma-related attitudes in the short term [1], the greatest challenge is long-term reduction. It is also the hope of families of persons with mental illness. In countries that have isolation policies, thorough preparation was needed in advance of social contact for persons with mental illness. Psychiatric wards in Japan have the world's highest number of beds per capita [2], which owes to the country's past isolation policy. Japanese schoolchildren do not study about mental illness and everyday people have little awareness of it in their lives. The topic largely perplexes them. To better facilitate preparations for social contact, countries like Japan need to devise, on a national scale, original means of reducing stigma. In fact persons with mental illness have lower crime rates than those without mental illness. They are also far more likely to be victims, rather than perpetrators, of violent crime [3]. If we first communicate such facts to society, barriers to social contact will fall. Persons with mental illness should also continually demand legal rights similar to those in place for combatting gender discrimination and racial discrimination. England's "Time to Change" anti-stigma campaign found that boosting positive attitudes toward mental illness combated prejudice and exclusion [4]. This campaign has run awareness-raising ads on TV, in print media, on the radio, and online. We propose that countries that have had isolation policies adopt such effective campaigns. Decreasing stigma over the long term poses great benefits in preparing persons with mental illness for social contact.

References

1. Thornicroft G, Mehta N, Clement S, Evans-Lacko S, Doherty M, Rose D, et al. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *Lancet*. 2016; 358: 2110-2112.
2. OECD. 2014.
3. Hiroeh U, Appleby L, Mortensen PB, Dunn B. Death by homicide, suicide, and other unnatural causes in people with mental illness: a population-based study. *Lancet*. 2001; 358 :2110-2112.
4. Evans-Lacko S, Corker E, Williams P, Henderson C, Thornicroft G. Effect of the Time to Change anti-stigma campaign on trends in mental-illness-related public stigma among the English population in 2003-13: an analysis of survey data. *Lancet Psychiatry*. 2014; 1: 121-128.

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*Correspondence:

Yoshii H, Department of Health Sciences, Tohoku University, Graduate School of Medicine, Miyagi, Japan, Tel: 81-22-717-7954;

E-mail: hatsumi@med.tohoku.ac.jp

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