

発表成果報告書

国際学術交流助成金に採択された方は、学会参加後 1 か月以内（ただし、助成決定時にすでに発表済みの場合は通知から 1 か月以内）に以下の資料をご提出ください。

① 発表成果報告書（本様式）、②発表抄録（英文）、③発表実績（ポスターやスライド等の写し）

【発表概要】（400 字程度）

アメリカのサンフランシスコで開催された the 11th WCCBT Congress に参加し、定時制高校生を対象とした抑うつ予防プログラム「MIRaES プログラム」の長期的効果に関する研究を発表した。本研究では、2019～2021 年に在籍した定時制高校生 688 名を対象に、介入前後および 4 年目の社会的スキルとうつ症状を測定し、社会的スキルの変化量とプログラム出席率が 4 年目の抑うつに及ぼす影響を重回帰分析により検討した。その結果、出席率と「関係維持」および「象徴化」の得点変化との間に有意な交互作用は認められず、プログラムを通じて習得したスキルの程度は長期的なうつ症状の改善を予測しなかった。本研究は、長期的な抑うつ予防効果を高めるためには、プログラムで学んだスキルを日常生活で継続的に活用できるよう支援することの重要性を示唆した。

【参加体験記】（800 字程度）

今回はアメリカ・サンフランシスコで開催された The 11th World Congress of Cognitive and Behavioral Therapies (WCCBT) に参加し、ポスター発表を行いました。国際学会への参加は初めてであり、私にとって英語での発表や質疑応答はとても緊張するものでしたが、実際に発表を終えてみると、非常に貴重で有意義な経験となったと思います。特に印象に残ったのは、私と同様に学校を基盤とした抑うつ予防プログラムを研究している研究者の方と意見を交換する機会を得られたことです。お互いに実施方法や検討点を話し合う中で、起こりやすい問題への対応方法や行っている工夫を知ることができ、自分ひとりでは気づかなかった視点や新たな課題を知ることができました。

さらに、参加したワークショップでは、講師による講義だけでなく参加者からも積極的に質問や意見が出され、活発に議論が展開されていました。このような、研究者同士が自発的に意見を述べ互いの考えを共有することで議論を深めていく様子は大変印象的で、意見交流の中で様々な視点に触れることができたことも国際学会ならではの魅力であると感じました。一方で、ワークショップでの講義や議論が十分に理解できなかったり、質疑応答で伝えたい内容が満足に伝えられなかったりと、自身の英語力や心理学に関する知識の不足を痛感する場面も少なくありませんでした。この悔しさをバネに、今後はより一層英語力や専門知識を身につけ、国際的な研究交流に積極的に参加したいと思います。

最後に、今回の国際学会への参加を通して、自身の課題を認識するとともに、世界には同じテーマに取り組む研究者が数多くいることを実感し、研究への意欲が一層高まりました。この経験をもとに、今後は海外の研究者とも議論ができるような英語力や心理学の知識を獲得できるように、努力を続けていきたいと考えています。

Title: Long-term Effects of a Depression Prevention Programme for Part-time High School Students in Japan: Using the MIRaES Programme

Abstract Body:

The high prevalence of depression among part-time high school students in Japan is a matter of concern (Kira et al., 2017; Ministry of Education, Culture, Sports, Science and Technology, 2024). Part-time high schools are institutionalised to provide upper secondary education opportunities for young people unable to attend full-time high schools due to employment or other commitments (Ministry of Education, Culture, Sports, Science and Technology, 2013). In response to this situation, school-based depression programmes have gained attention. However, conventional programmes have not consistently demonstrated reductions in depressive symptoms (Kambara et al., 2021), nor have they yielded consistent evidence regarding long-term effects (Spence et al., 2005; Rice et al., 2024). For depression prevention programmes to yield substantive outcomes such as school adjustment, attendance, and graduation, long-term effects are essential, not merely short-term ones. This study therefore focuses on the MIRaES programme (Kambara et al., 2025), which has shown potential to prevent the worsening of depressive symptoms among part-time high school students and has been confirmed to prevent the decline in emotional control abilities, particularly during adolescence. This programme comprises four modules: assertiveness training, cognitive restructuring, anger management, and problem solving, aiming to suppress depressive symptoms through the acquisition of social skills. The present study therefore aims to examine the effect of the magnitude of skill acquisition through the MIRaES programme on long-term depression prevention.

The MIRaES programme was implemented for 688 students enrolled in evening high schools between 2019 and 2021. The programme comprised 12 sessions of 100 minutes each during the first year. Social skills (relationship maintenance and symbolisation) and depression were measured before and after the programme, and again in the fourth year. Multiple regression analyses were conducted, using the difference between pre- and post-programme social skills scores and programme attendance rate as independent variables, and fourth-year depression as the dependent variable. Programme attendance rate was categorised as high group (11 or more sessions attended) and low group (10 or fewer sessions attended).

The analysis revealed no significant interaction between attendance rate and the change in relationship maintenance scores ($\beta = 0.945$, $p = .375$) or the change in symbolisation scores ($\beta = 0.088$, $p = .935$) with respect to depression in the fourth year. This suggests that the degree of skill acquisition through the MIRaES programme does not necessarily predict long-term

improvement in depression. One possible reason for this is that the skills acquired during the post-programme period may not have been sufficiently utilised in daily life. Therefore, support to encourage real-life application is considered necessary to achieve long-term depression prevention effects.

Long-term Effects of a Depression Prevention Program for Part-time High School Students in Japan : Using the MIRaES Program

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Background

● What is a Part-time High School in Japan? ●

	Full-time High School	Part-time High School
Class Schedule	Daytime	Variable by student
School Days	Mon-Fri	Variable by student
Students	Regular	Working student Personal circumstances
Risk of depression	-	Higher

● Why is this important? ●

- School-based depression prevention programs have received increasing attention.
- However, conventional programs have not achieved consistent relief of depressive symptoms or long-term effects.

● Research Gap ●

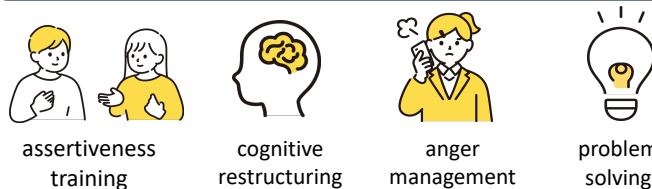
Long-term effects are essential for depression prevention programs to yield substantive outcomes.

This study focuses on the MIRaES program (Kambara et al., 2025)

What is the MIRaES program?

MIRaES aims to alleviate depressive symptoms through the acquisition of social skills.

12 sessions (100 min each) during the first year



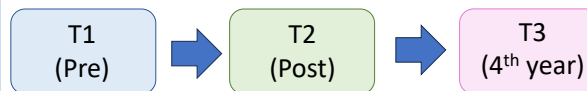
MIRaES helps prevent the worsening of depression and the decline in emotional control. However, the long-term effects have not been studied.

Methods

● Participants ●

688 part-time high school students enrolled between 2019 and 2021.

● Assessment Points ●



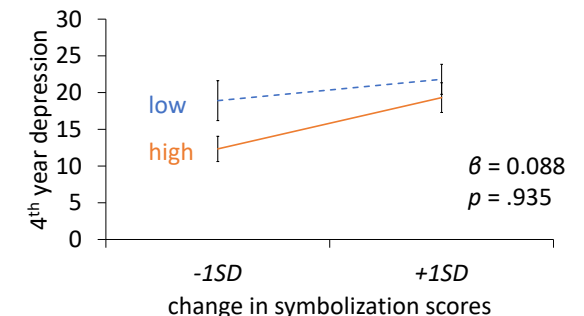
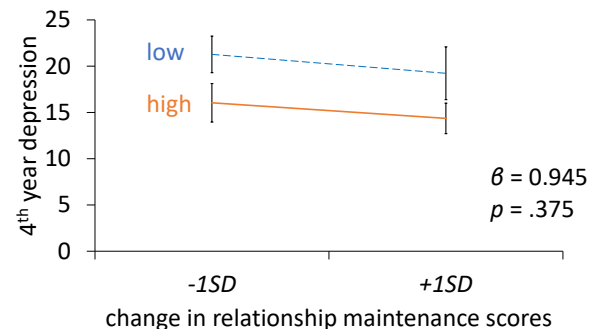
● Analysis ●

Multiple regression analyses

- Independent Variables
 - Change in social skills scores (T2-T1)
 - relationship maintenance scores/symbolization scores
 - Program attendance rate (high or low)
- Dependent Variables
 - 4th year depression (T3)

Results

No significant interaction between attendance rate and the change in relationship maintenance scores or symbolization scores with respect to 4th year depression.



Discussion

The degree of skill acquisition through the MIRaES program does not necessarily predict long-term improvements in depression.

● Possible reason ●

The skills acquired after the program ended were not fully utilized in daily life.

● What should we do? ●

We need to support that encourages real-life application is necessary to achieve long-term depression prevention effects.

TAKE-HOME MESSAGE

Skill acquisition alone may not be enough.

Support is needed to encourage participants to apply the skills they have acquired in their daily lives after the program.