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## Special Feature Article

### **Problem Awareness and Activities of the Sagamihara City Disabled Facility Murder Case Special Committee of the Japanese Society of Social Psychiatry**

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#### **Abstract**

The Japanese Society of Social Psychiatry regarded the murder at a support facility for persons with disabilities in Sagamihara City in July 2016 as a "social psychiatric problem". They organized the Sagamihara City Disabled Facility Murder Case Special Committee and released a statement in June 2017. Furthermore, from September 2020, the Society has reorganized the special committee and the issues related to it are being discussed.

In this paper, we report on the progress of discussions and awareness of the issues of this committee. We also indicate that excessive emotional labor may lead to hypoesthesia of supporters and, in turn, create a breeding ground for discrimination and prejudice against persons with disabilities.

**Keywords:** emotional labor, severe behavioral disorders, social psychiatry, eugenic thought

#### **Introduction**

On July 26, 2016, an incident occurred at the Tsukui Yamayuri-en

facility for people with disabilities in Sagami-hara City, in which a large number of people with disabilities living at the facility were killed and injured. This incident was a disaster with the highest number of victims of any murder case in Japan since the end of the war, with 19 people killed and 26 injured.

The Japanese Society for Social Psychiatry (JSSP) felt that this incident should not be discussed simply in terms of the perpetrator's psychiatric diagnosis and criminal responsibility, but should be considered a "social psychiatry issue" and that the society should express some kind of opinion.

Therefore, in April 2017, the JSSP organized a special committee to examine the incident from a social psychiatry perspective, and in June of the same year, the committee announced its opinion on the incident on the society's website and in the society's journal. Furthermore, in September 2020, six months after the perpetrator was sentenced to death, the JSSP again organized a special committee and has been holding discussions ever since.

In this paper, we would like to report on the progress of the discussions and the issues raised by the JSSP Special Committee on the "Yamayuri-en" Incident.

## **I. First "Yamayuri-en" Incident Special**

### **Committee and the Opinion of the Japanese Society of Social Psychiatry**

#### **1. Background to the establishment of the JSSP "Yamayuri-en" Incident Special Committee**

Nine months after the incident, Masafumi Mizuno, the director of the JSSP, suggested, "This incident contains many elements of psychosomatic medicine. Should we not organize a special committee within the society and publish the results of its discussions in a statement?". The committee members were chosen from among the society's members and included Shinji Shimodera, Shiro Suda, Hisako Taguchi, Hidehito Niimura, Hideyuki Nakane, Toshihiko Matsumoto, Sanae Maekawa, Masafumi Mizuno, and Nobuaki Morita. The author, who was also a member of the "Team for Investigating the Yamayuri-en Incident and Considering Measures to Prevent Recurrence" set up by the Social Welfare and War Victims' Relief Bureau of the Ministry of Health, Labour and Welfare after the incident, was appointed chairman of the committee.

At the first meeting of the committee, it was confirmed that this incident was an issue that the JSSP could not ignore for the following three reasons: First, the perpetrator of the incident had a very prejudiced view of people with disabilities and believed that they had

no value in life. Second, the perpetrator was a supporter who worked at a facility for people with disabilities, and the incident was committed by a supporter. Finally, the perpetrator had been involuntarily admitted to a psychiatric hospital five months before the incident.

## 2. The views of the academic society

After a series of face-to-face meetings and email discussions, the committee distilled its views into four main points. These are presented below.<sup>2)</sup>

1) Eliminating discrimination and prejudice and realizing a society of coexistence.

The prejudiced view of people with disabilities expressed by the perpetrator of the “Yamayuri-en” incident is a threat to human rights and is absolutely unacceptable. At the same time, however, such a view of people with disabilities is not unique to the perpetrator, but exists to varying degrees throughout society. Especially in recent years, economic supremacy and efficiency have become widespread in Japan, and there is a growing tendency to seek the value of individuals in terms of their productivity rather than their existence itself. The way society itself is structured may have had an impact on the formation of the perpetrator's

prejudiced worldview that cannot be ignored.

In order to overcome discrimination and prejudice against people with disabilities, we must create a society in which people with disabilities and others with various differences can live together in the same community and get to know each other. To achieve this, it is necessary to encourage children to deepen their understanding of people with disabilities through early contact with them in their daily lives and education, and to eliminate discrimination and prejudice.

2) Post-discharge support centered on and led by the people with mental disorders.

As indicated in the proposed amendment to the Act on Mental Health and Welfare for the Mentally Disabled (author's note: this proposed amendment was abandoned), it is important to establish a system that allows people who have been involuntarily hospitalized to receive continuous support after discharge, so that they do not become isolated in the community. However, if aftercare, which is provided to maintain and improve the health of people with mental disorders, ends up restricting their autonomy, it will be a deviation from the purpose of the Act on Mental Health and Welfare for the Mentally Disabled.

Support should be guided by the principle that psychiatric care and community mental health and social services are ultimately there to support the recovery of the person with mental disorders. Post-discharge support plans should be developed by a person with mental disorders and his/her supporters, starting from the person's own needs and exchanging opinions on an equal footing from each person's perspective, and, even after discharge, they should continue to work together to review the state of support and seek better support. The most effective way to prevent the isolation of people with mental disorders is to empower them to express their needs openly, to maintain a relationship of mutual trust with their supporters, and to build on this to connect with their families, workplaces, and local communities.

### 3) Support for supporters.

There are many reasons why this incident had such a great impact on society, but one that cannot be ignored is the fact that the perpetrator was a supporter who had been working in the field of welfare for people with disabilities, caring for them on a daily basis.

We must avoid jumping to conclusions because the background of the perpetrator's thinking has not been clarified, but it is possible that the

various problems faced by those working in the field of welfare for people with disabilities have contributed to the development of discriminatory attitudes towards people with disabilities. These include problems such as the chronic shortage of staff, which leads to a harsh working environment, and the constant need to suppress emotions, be tense, or be patient, which places a heavy mental burden on staff. The stress caused by these problems has the potential to psychologically isolate support workers and increase their affinity for prejudiced ideas.

The Act on Mental Health and Welfare for the Mentally Disabled has been revised, and it is expected that the responsibilities and workload of medical professionals and public health center staff involved in supporting people discharged from involuntary hospitalization will increase significantly. In order to improve the medical care and welfare of people with disabilities, it is necessary to create a working environment where supporters can provide support to people with disabilities with a sense of mental and physical ease and fulfillment, and to create a system that supports supporters and prevents them from becoming isolated, so that this increased burden does not lead to supporters becoming isolated or burnt out.

4) Expansion of human resources and budgets for psychiatric care and mental health and welfare.

In order to effectively implement patient-centered treatment and post-discharge support for patients, as well as a system of support supporters, it is necessary to have sufficient budgetary measures to provide adequate psychiatric care and community mental health and social services. For example, in recent years, psychiatric care has shifted from an inpatient to an outpatient focus, but outpatient care tends to be limited to consultations with a single doctor, and there is currently a situation where it is not possible to provide multidisciplinary team care, develop community support through multi-agency collaboration, or actively provide peer support (support from people with mental disorders).

Mental disorders are one of the five major diseases under the Medical Care Act, and in terms of disability-adjusted life-years (DALYs), a measure of the impact of disease on life expectancy and activities of daily living, depression is the most common disease in developed countries and the second most common disease in Japan after cancer. Nevertheless, the budget allocated to psychiatric care and community mental health and welfare is significantly lower than that for other diseases.

In this sense, further financial support should be provided to improve psychiatric care and mental health and welfare. Such measures would not only improve people's health, but also bring economic and social benefits in the long term.

## **II. Background to the Establishment of the Special Committee for the Second “Yamayuri-en” Incident and Subsequent Developments**

### **1. “Yamayuri-en” incident court decision.**

Almost two and a half years after the JSSP's position statement was published, on March 16th 2020, the court decision in the “Yamayuri-en” incident was handed down.

The verdict was death by hanging. The perpetrator withdrew the appeal by his defense counsel, and the death sentence was confirmed. The sentence, “The process of forming the motive is clear and comprehensible, without any morbid leaps, as it arose from the defendant's own work experience at the facility and from topics related to world affairs in which he was interested”, was thought-provoking. This is because the verdict suggests that the perpetrator's eugenic thought, which became the motive for the crime, may have been cultivated through “the defendant's own work experience at the facility in question”.

## 2. Interim Report of the Tsukui Yamayuri-en User Support Verification Committee.

Three months before the aforementioned court decision, at the end of 2019, an accusation was made to Kanagawa Prefecture that “abusive acts such as physical restraint may have been carried out in support of the disabled at Yamayuri-en”. In response to this accusation, Kanagawa Prefecture decided to establish the Tsukui Yamayuri-en User Support Verification Committee (hereafter, Verification Committee).

The Verification Committee is made up of three external experts, and the first meeting was held on January 10th, 2020. At a press conference following the second meeting on January 21, the committee reportedly indicated that it would be conducting a rigorous investigation of Yamayuri-en and its management body, Kanagawa Kyōdōkai, including pointing out the way in which physical restraint may have violated the Act on the Prevention of Abuse of Persons with Disabilities and Support for Caregivers. The verification committee subsequently held five meetings until February 19, and was scheduled to hold hearings with Kanagawa Kyōdōkai in March based on the results of its investigations to date, but this plan was postponed due to the impact of the coronavirus pandemic.

However, on May 18, shortly after the Verification Committee's “Interim Report”<sup>4)</sup> was submitted to the prefecture, the Standing Committee on Health and Welfare of the Kanagawa Prefectural Assembly was suddenly informed by the prefecture that the verification of the Yamayuri-en facility had been completed with the interim report, and that no final report would be prepared, effectively abolishing the Verification Committee. Furthermore, it is said that this was not communicated to the Verification Committee beforehand.<sup>1)</sup> This series of responses from Kanagawa Prefecture drew criticism from various quarters.

## 3. Resumption of the special committee on the "Yamayuri-en" incident at the Japanese Society for Social Psychiatry.

The interim report of the Verification Committee in May 2020 called a halt to the idea of ending the incident with the death penalty for the perpetrator. This was because the content of the report was consistent with the position of the JSSP in June 2017, which highlighted “3) Support for supporters”, suggesting that the field of disability welfare, which involves a great deal of emotional labor, may have influenced the perpetrator's eugenic thought.

With this in mind, the Yamayuri-en Incident Special Committee was reconvened in September 2020 at the

behest of Chairman of the Board of Directors Mizuno, with the following members: Chairman Toshihiko Matsumoto, Masafumi Mizuno (Chairman of the Board of Directors), Fusako Enokido, Shiro Suda, Hideto Niimura, Masaaki Nishio, Sanae Maekawa, and Nobuaki Morita.

However, the committee hit an unexpected snag at the first meeting. This was because all the committee members had been engaged in clinical practice and research in the fields of psychiatric care and community mental health and welfare, and were not familiar with the field of welfare for people with disabilities, such as the Tsukui Yamayuri-en. In particular, their clinical experience and knowledge of the severe behavioral disorders that cause problems for staff at welfare facilities was limited.

Therefore, the committee began by inviting experts (some of whom requested anonymity) familiar with severe behavioral disorders and the field of disability welfare to give lectures. The following is an outline of the lectures given by the committee.

1) Committee lecture (i): Doctor A (responsible doctor for medical treatment and education at a public medical institution).

Dr. A is a child psychiatrist who has been engaged in clinical work on severe behavioral disorders for many years as

a doctor in charge of therapeutic guidance at a public medical institution, as well as planning and managing training workshops on severe behavioral disorders and making policy proposals.

According to Dr. A., severe behavioral disorders are a group of behaviorally defined disorders characterized by the occurrence of direct harm (such as biting or head-butting), indirect harm (such as sleep disturbance, preoccupation with places or people, hyperactivity, growling, running out, or damage to property), or self-injurious behavior at a frequency and in a form that is not normally considered and that is significantly difficult to treat in a normal parenting environment. From a medical perspective, people with autism spectrum disorder who also have severe intellectual disabilities often have this disorder, and it usually becomes apparent in late adolescence to early adulthood and tends to persist over a long period of time.

In Japan, the existence of severe behavioral disorders was recognized from the 1970s as a “measure for children with severe intellectual disabilities and behavioral disorders”, and full-scale measures began in the late 1980s. Since 2005, the policy direction has shifted from the traditional approach of institutionalization to support for

community living, and since 2013, the dissemination and standardization of a multi-professional approach and multi-agency collaborative model in the community has been promoted through training for supporters of severe behavioral disorders and training in team medical care for severe behavioral disorders.

However, there are still disparities between facilities in terms of support for severe behavioral disorders. In facilities where psychosocial approaches such as behavior analysis and environmental structuring are not widely used, there is a tendency to increase the dosage of antipsychotics. There are also serious regional differences in the number of group homes and welfare facilities, and in the cooperation between medical institutions, welfare facilities and government agencies, and there is a situation where people are struggling to choose where to return. In particular, there is inadequate reimbursement for pre-discharge visits and community transition support, which are critical to the transition from health care facilities to the community, and the burden of support is heavy on health care facilities.

To support supporters, the medical institution has long provided individual supervision and psychological care for supporters in its own facility, and more recently has established a mailing list for medical institution staff from around

the country and regularly holds online study groups.

2) Committee Lecture (ii): Asako Kamihigashi (Mainichi Shimbun reporter).

Kamihigashi is a newspaper reporter who reported on the mysterious cancellation of the verification process by Kanagawa Prefecture in May 2020.<sup>1)</sup>

According to Kamihigashi, the interim report by the Verification Committee also pointed out that the facility had a poor record of evidence-based support, with a regular practice of locking residents in their rooms and physically restraining them for long periods of time, resulting in a lack of daytime activities for residents, as well as deficiencies in the external evaluation system. There were also cases of alleged staff violence against some residents. As we continued our investigation, it also became clear that there was a user who had been physically restrained at Yamayuri-en for a long period of time in the past, but who had now improved to the point of being able to work in a welfare-related job. In light of these facts, it is undeniable that the support provided at the Yamayuri-en facility may have lacked expertise, and that the governance of the Kanagawa Kyōdōkai that operates the facility, as well as the management responsibility of Kanagawa Prefecture as the facility's

founder, should be called into question. Kamihigashi argued that it was strange that the investigation had been halted.

However, Kamihigashi also pointed out that it is not enough to simply place the blame on Kanagawa Prefecture, Kanagawa Kyōdōkai, or the facility itself. This is because no media outlet had shown interest in or reported on this series of events in Kanagawa Prefecture until Kamihigashi wrote about them. In this sense, she said, the media's lack of interest and denial should also be questioned. She also pointed out that the general public is not completely uninvolved. According to a survey conducted by the Mainichi Shimbun in December 2019, there were 68 cases of opposition to the construction of welfare facilities for people with disabilities across the country, and the reasons given for the opposition included that the price of land would fall, that local safety would be threatened, and that the safety of children could not be protected. It is not only the perpetrators of the incidents who have prejudices and discriminatory attitudes towards people with disabilities.

Kamihigashi argued that instead of focusing on and being intimidated by the eugenic thoughts of the perpetrators, we should think about what each of us - the government, local authorities, advocates, the media, and ordinary

people - can do to support people with disabilities.

3) Committee Lecture (iii): Daisei Kinoshita (Professor, Faculty of Human Sciences, Musashino University).

Kinoshita is a researcher who used to work at the National Center for Persons with Severe Intellectual Disabilities, Nozominosono, and was involved in research on people with intellectual disabilities. He is currently a university lecturer involved in the training of social caseworkers.

According to Kinoshita, in welfare facilities for people with disabilities, informal rules are tacitly created among staff to manage the support situation, and it is easy for support to be provided in a way that neglects the rights of each individual, such as forcing many users to follow a uniform daily routine or to behave in a certain way. Particularly when it comes to supporting people with intellectual disabilities, what the person expresses does not necessarily mean their intentions or wishes, and there is a risk that their intentions and wishes will be mistranslated into something that is convenient for the support staff when they are translated into 'needs' through the filter of the support staff.

In addition, Kinoshita also pointed out that the quality of support staff has declined over the years. In recent years, social work has become an unpopular

field, and there is a serious shortage of human resources. Due to the low wages, there are not enough job applicants, and when hiring, it is not possible to select people based on their abilities or motivation. As a result, even if they gain experience, their expertise does not improve, and a vicious cycle of low wages not improving is said to occur.

To change this situation and improve the quality of support, Kinoshita argued that it is necessary for the government and facility operators to improve the working environment and employment conditions, publicize the rewards and attractiveness of welfare work, and develop a monitoring and external evaluation system.

4) Committee Lecture (iv): Takashi Okawa (Director of the social welfare corporation DOAIKAI Teran Hiroba).

The Teran Plaza is a welfare facility for people with disabilities that opened in 1992 with a capacity of 70 people, and 95% of the users are said to have severe behavioral disorders. Okawa is the director of the facility.

Okawa presented the case of a person who was accepted from Yamayuri-en. He was a man in his late 20's, not good at eating or bathing, and had a history of resisting help and acting out, always with a stern expression on his face and acting out by pacing the hallway and suddenly hitting the staff. Due to this, he was regularly subjected to long

periods of physical restraint at Yamayuri-en. However, after he moved to Teran Plaza, his behavioral disorders became less noticeable, and he even started working in the workshop five days a week instead of being physically restrained.

The support provided at Teran Plaza was really interesting. First, a "diagnosis" (hypothesis) was made at the beginning of the support based on detailed behavioral observation and growth history information provided by the caregivers. Then, based on this "diagnosis", a space of experience was created, and the hypothesis was repeatedly revised and deepened, trying to get closer to the true "intentions" of the users. As a result, when a process such as "intention -> persistence -> difficulty in executing intention -> increased anxiety and agitation -> increased sensory sensitivity -> refusal of physical contact -> violence toward supporters" becomes evident, staff will discuss questions such as "what kind of care is needed to eliminate the persistence that is preventing the execution of intention?" and "what kind of words are best to absorb the person's anxiety and agitation?"

Okawa insisted that Teran Plaza was not a "final abode" for people with disabilities, but was a "transitional facility" at best. Based on the premise of a "humane" lifestyle in the local area,

the facility offered a variety of daytime activities, including “working”, “shopping,” “homecoming”, “relieving frustration (going out for a drink)”, “relaxing (going to the onsen)”, and “dressing up”, all of which were designed to be part of users' daily lives. Above all, it was impressive to see how the staff were enjoying their work.

5) Committee Lecture (v): Hidetsugu Nozaki (Medical Advisor, Social welfare corporation DOAIKAI).

As the director and chairman of the board of Juaikai Hospital, a public interest incorporated foundation that specializes in medical care for people with intellectual disabilities, Nozaki is a pediatric neurologist who has been involved in the clinical treatment of severe behavioral disorders for many years.

According to Nozaki, people with intellectual disabilities who also have severe behavioral disorders have long been “medical refugees” who are unable to access medical care. Of course, there were also cases where they were treated in psychiatric hospitals, but there were disadvantages. For example, it cannot be denied that the over-sedation caused by antipsychotic drugs and the decline in ADL increased the gap with community life and led to long-term hospitalization in medical institutions. In addition, many people with severe intellectual disabilities have various

physical medical complications, including congenital malformations, but they are often turned away from psychiatric care with the response that “we can't handle their physical health”, and it is not uncommon for them to end up as medical refugees.

In recent years, however, the situation is said to be improving. The advent of atypical antipsychotics, or the increased options for antiepileptic drugs and drugs for the treatment of attention deficit hyperactivity disorder, have made it possible to use drug therapy that does not cause over-sedation. In addition, as the concept of autism spectrum disorder has become more widely understood, so too has the understanding of patients.

Nozaki says that when working with local welfare facilities, he emphasizes the sharing of information with facility staff. He has developed tools such as the “Basic Information Sheet”, “Health Management Sheet”, and “Living Situation Sheet” as common indicators for both medical institutions and welfare facilities, and uses them in his medical practice.

In this lecture, Nozaki made two specific proposals. One is to make education on intellectual disabilities, developmental disabilities, and severe behavioral disorders mandatory in pre- and post-graduate medical education. The other is to improve the working

conditions of welfare workers and conduct third-party evaluations of their working conditions, as well as to strengthen support for managers to prevent them from becoming isolated.

### III. Discussion in the Committee

The content of the committee lectures was all very shocking, and the committee members felt ashamed of their own lack of knowledge about severe behavioral disorders. Of course, the scope of what we can say about the field of disability welfare from the perspective of social psychiatry is naturally limited, but even so, it is possible to provide indirect support for the field of disability welfare. Based on this recognition, the committees' discussions to date can be summarized as follows

#### 1. Raising awareness of severe behavioral disorders.

Severe behavioral disorders have never been covered in the pre- or post-graduate medical education curriculum, and the term does not appear in psychiatric textbooks. However, there are cases where psychiatric care takes over from pediatric care for severe behavioral disorders, and even in psychiatric care institutions, there are people with severe intellectual disabilities who present the same problems, even if the term "severe

behavioral disorders" is not used, and the allied health professional staff provide care through various efforts. In this sense, it is important for psychiatrists to be aware of this term and to have an interest in and respect for the efforts of the allied health professional staff.

#### 2. Improving the environment surrounding supporters and support skills.

In dealing with various difficult problems, it is easy to fall into the trap of over-sedation through drug therapy or the abuse of behavioral restrictions, but it is possible to minimize the use of medication and behavioral restrictions by making full use of behavior analysis, environmental structuring, parent training, disability care management, and other methods. In addition, it is important to create a work environment where members of the support team can exchange opinions on an equal footing regardless of job type or position, and develop various support methods.

#### 3. Financial security to enable careful support for severe behavioral disorders.

It is also necessary to ensure that medical institutions can receive medical fees that will enable them to actively promote community transition with local welfare facilities. The current "Inpatient Care Management Fee for

Severe Behavioral Disorders” is only applicable to a limited number of wards. Therefore, there is a need for an effective system of “Inpatient Care Management Fee for Severe Behavioral Disorders” that can be applied to acute and emergency wards at general psychiatric medical institutions.

#### 4. Ensuring transparency and openness in support for people with disabilities.

In difficult support situations, the relationship between supporter and user can easily become rigid and take on a managerial and closed aspect, and there is a risk that the convenience of supporters will be prioritized to the detriment of the human rights and dignity of users. To avoid this, it is necessary to have an effective external evaluation and supervision system that improves the content of the support and the working environment of the staff.

#### 5. Human Resource Development and Raising Awareness in Society.

In order to attract people who are motivated to work in the field of welfare for people with disabilities, it is first necessary to improve the working conditions of welfare facility staff. At the same time, there are also facilities that provide high quality support, and it is also important to evaluate such “unknown good practices” academically and widely disseminate their methods.

It is also necessary to raise awareness among the general public through education and the mass media about the situation of welfare for people with disabilities in Japan, including the difficulties faced by people with disabilities and the efforts made by those who support them, and to arouse interest in this issue in society as a whole.

#### Conclusion

We should not dismiss the "Yamayuri-en" incident as a rare crime committed by a person with an eccentric personality and strange beliefs. Rather, we should take this opportunity to recognize that excessive emotional labor in support settings not only harms the health and well-being of users, but also causes supporters to become insensitive to human rights, and can even become a hotbed of discrimination and prejudice against people with disabilities, and have a negative impact on social security. Of course, we would like to conclude this article by affirming that emotional labor in disability services is by no means a problem that can be ignored by psychiatric medical care and community mental health and social services.

Editor's note: This special feature article is based on the symposium held at the 117th Annual Meeting of the

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There is no conflict of interest to disclose in relation to this article.

Addendum: The academic society's position introduced in this paper was published on the Japanese Society for Social Psychiatry website on July 26, 2022.<sup>3)</sup>

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