

Considering Social, Emotional and Mental Health Support for Multicultural/International Children and Teenagers in Japan

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日本はますます文化的に多様な社会になっている。これまでに研究がほとんど実施されなかったが入手可能な研究によると、多文化的／国際的な子供とティーンエイジャーを含む多様なバックグラウンドを持つ個人の文化的に敏感なメンタルヘルス・サポートの明確な需要を示している。この研究ノートの目的は、特にこういったサポートが十分に配備されている東京／横浜エリア以外の場所を調査対象とする。この研究ノートでは日本で多文化環境を持ち合わせた10代の若者を持つ8人の母親の面接結果を示す。これらの質疑応答に基づき深く考察していく。

この研究は以下の質問の解答を求めるものである。

- ・多文化的／国際的な（外国に居住経験のある日本人も含む）中学校、高等学校生徒にとって最も関心のある問題のタイプは何か？
- ・自分の子供のために文化的理解のあるサポートを求める保護者はどのような経験を有しているか？
- ・日本国内で成功している学校およびコミュニティをベースにした異文化間メンタルヘルスプログラムと設備の特徴は何か？
- ・日本国内で多文化的／国際的な子供たちや10代の若者たちを支援しているメンタルヘルスケアの専門家たちはどんな経験を有しているか？
- ・学校や地域社会でこれら多文化的／国際的な子供たちや10代の若者たちを支援するメンタルヘルスケアサポートを提供するにはどうするのか？
- ・メンタルヘルスケアサポートで有効な技術の役割とは？

Introduction

Japan is becoming an increasingly culturally diverse society. While relatively few studies have been conducted so far, the available research shows a clear need for culturally-sensitive mental health support for

individuals with diverse backgrounds, including multicultural/international children and teenagers. The purpose of this research note is to provide some background regarding the need to investigate the availability of culturally-sensitive mental health support for diverse young people, particularly those outside the relatively well-resourced Tokyo/Yokohama area, and to consider this within the context of effective school and community-based mental health support programs and provision.

1. Social, emotional and mental health support in Japan

Japan is in a period of transition in terms of how children and adults with social, emotional and mental health problems are supported in schools and the community, and while gains are being made in school counseling and a range of community mental health interventions (Nonaka and Hirasawa, 2012; Setoya, 2012), there is still some inconsistency in preparedness to provide support (Kudo Grabosky, 2012). This inconsistency is not due to a lack of need, as evidenced by Japan's suicide rate being, among the highest in the world. It is a leading cause of death among youth ages ten to 24 (McCurry, 2014).

Alongside reforms which have seen a movement from inpatient to community-based care (Setoya, 2012), an important point in considering the development of mental health support in Japan is that counseling is relatively new and there is still some ambiguity regarding what counselors do and who is qualified to be a counselor (Kudo Grabosky et al., 2012). On the one hand, the number of Japanese Board Certified Psychologists doubled between 2006 and 2016 (Japanese Society of Certified Clinical Psychologists, 2016), and the number of school counselors tripled during the same time period (Japanese Ministry of Education, Sports, Science and Technology, 2015). However, despite this increase, opportunities remain for counselors to play a more integrated role in the school community and to support students with a broader range of issues, such as bullying and various forms of antisocial behavior.

Another key consideration in the discussion of mental health support in

Japan is the medicalization of psychiatry, which has been observed as having both negative and potentially positive outcomes. An increase in the number of publications, websites and support groups for mental health issues is taking place against a backdrop of continued reliance on medication as a form of treatment which, ironically, forces people to relinquish control and lose opportunities for reflection and growth (Kitanaka, 2012). Yet, Anthropologist Junko Kitanaka has described ways in which the medicalization of depression may have the potential of bringing about social transformation through a recognition of the social nature of depression, an increasing awareness of the stress caused by psychological labor, and the creation of links with other movements outside Japan concerned with psychological problems in the workplace (Kitanaka, 2012).

By insisting on how the biological is simultaneously social, this medicalization process may enable Japanese to finally overcome psychiatry's negative legacy of crude genetic determinism and instead to understand "depression" once more as something bodily, tangible, and familiar. (Kitanaka, 2012, 195)

Despite the high rate of depression in Japan, mental health services are underutilized, with concerns about social appearance and fears of being stigmatized or labelled contributing to this (Takahashi, 2015). Mental health literacy is seldom introduced in schools (Ojio et al., 2015), and for many families seeking support is entirely new and daunting territory:

The reality is that most people do not have any idea of where and when to seek help. In the meantime, they feel bewildered due to lack of information about mental illness. Dealing with the psychiatric system, which is unfamiliar to most people, throws families in general into an ocean of overwhelming uncertainty. (Kawanishi, 2006)

Seeking and receiving mental health support in Japan and elsewhere is further complicated in that, even in situations in which professional support

is readily available, mental health problems are often both difficult and time-consuming to identify and there may be more than one issue that the adult or child is dealing with, such as obsessive compulsive disorder (OCD) along with depression.

2. The need for culturally competent support for multicultural/international individuals

Japan is undergoing an additional type of transition as its population becomes increasingly diverse, and this makes preparedness to provide social, emotional and mental health support very relevant to individuals with multicultural or international backgrounds. While relatively few studies have been conducted so far, the available research shows a clear need for mental health support for multicultural/international people living here, including repatriated Japanese, foreign nationals who were born in Japan or moved here, and biracial Japanese.

Research has shown the need to take culture into account when considering the role of social determinants in health and healing as, in addition to potential difficulties caused by language, there may well be differences in cultural approaches to intervention and support (Gil and Drewes, 2005; Nippoda, 2012), and to the way specific problems, such as depression, are understood in a given culture (Kitanaka, 2012). There is a wide recognition in countries with diverse populations that in order for mental health provision to be both ethical and effective it must be culturally competent “in order to make health care services more accessible, acceptable and effective for people from diverse ethnocultural communities” (Kirmayer, 2012, 151). There is also a growing discussion regarding the need for professionals to be trained in carrying out culturally sensitive interventions, and for training to be critically assessed and evaluated.

According to the European Psychiatric Guidelines on Cultural Competency, cultural competence in mental health provision is defined in part as:

- *Cultural Competency as a skillset “that a clinician can employ to*

understand the cultural values, attitudes and behaviors of patients, especially those whose cultural background differs from that of the mental health professional”

- *Cultural Competence includes an awareness of the impact of the psychiatrists’ own ethno-cultural identity on their patients*

(Schouler-Ocak et al., 2015)

This need for culturally competent social, emotional and mental health support extends to multicultural/international children and teenagers in Japan, and what appears to be sparse availability of support does not indicate a lack of need.

3. Tokyo English Lifeline School Awareness Program research

Research carried out by Tokyo English Lifeline (TELL, 2008) is one of the few studies which has looked broadly at the mental health support needs of young people from diverse backgrounds in Japan. In 2006 and 2007, TELL’s School Awareness Program conducted workshops in nine international schools in Tokyo and Yokohama. At the end of the workshops, 1,895 Middle and High School students, from a range of countries and including Japanese and biracial Japanese, answered a questionnaire about the types of concerns which worry them the most. The study found that:

- Academic pressure and concerns about the future cause students the most worry.
- A significant percentage of students reported that they *always* worry about self-esteem (8.4%), depression (6.1%) and suicide (4.9%) (TELL, 2008).

The second point is cause for particular concern, but some help is available to these young people as in Tokyo a range cross-cultural mental health support and educational programs are available. Outside Tokyo, the situation appears to be quite different, and if finding support may be complicated

for Japanese families, it is perhaps even more confusing for families with diverse backgrounds. Two well-known and highly regarded English-language mental health organizations in Japan, *Tokyo English Lifeline* and *International Mental Health Professionals Japan*, provide online information and databases of therapists throughout Japan who offer counseling in English and other languages. A search on both sites, however, shows that the vast majority of support is in the Tokyo area. On the Tokyo English Lifeline site for example, Tokyo has 55 listings, Kanagawa has 12, Hyogo has 9, Osaka has 8 and Aichi has 6. Furthermore, among these listings, a number are only very loosely connected to social, emotional and mental health support.

4. Interviews with mothers of multicultural children

Given the need for mental health support for the growing number of culturally diverse families in Japan and the current unevenness in availability of support, I became interested in the experiences of families who seek support for their multicultural children. In order to determine the scope and framework for a broader, more in-depth study investigating the need for and availability of culturally-sensitive mental health support for multicultural and international adolescents, particularly those living outside the relatively well-resourced Tokyo/Yokohama area (JSPS 16K13556), I interviewed mothers about their experiences finding social, emotional and mental health support for their bicultural children.

The mothers I spoke to live in various parts of Japan, including Shikoku and Kyushu, and answered a post I submitted to email forums managed by *Tokyo English Lifeline's Exceptional Parenting Group* and *Bilingual Japan Special Interest Group*, inviting parents to participate in an interview about this topic.

From September 2011 to March 2012, I interviewed eight parents, all non-Japanese women, and all but one married to Japanese men. All of the women are long-term or permanent residents of Japan. Two of the women have daughters and the other six have sons. At the time of the interviews all of the children were in their mid to late teens. All of the children had

attended or were attending Japanese schools, but three children had moved to international schools. Social, emotional and mental health issues included depression (due to being bullied or other life events), bipolar disorder, general anxiety, eating disorders, social anxiety, unspecified learning differences, and obsessive compulsive disorder. Several children were experiencing more than one issue.

The interviews took place either on the telephone or Skype, and lasted between 45 minutes to three hours. Prior to each interview, I emailed the mother a description of the study and a short list of the types of things I hoped we would talk about. I also attached an ethical code, which assured anonymity and confidentiality, asked for permission to record the interview, and stated that participants have the right to ask that their material not be used in the study retroactively. After the interview, I contacted the parent by email to thank them for their help, and in four cases this led to an exchange of further email messages in which we continued our previous discussion. Therefore, while most of the interviews were spoken, a small amount of the material is from email.

The interviews were open-ended, and the approach fell within a qualitative, ‘auto-biographical’ framework in which the researcher seeks to learn about the person and the whole context of their lives in order to try and understand the experiences they describe. Such methods have become widely used in educational and social research and evaluation, as part of what has been termed a ‘narrative turn’ (Chamberlayne et al., 2000; Holliday, 2007; Schostak, 2007).

Following each interview, I transcribed the recording. The completed transcriptions were then analyzed for themes and patterns using a process outlined by Holliday (2007) for searching for divisions and headings within the corpus of data.

5. Themes from the interviews

I summarize below key points from interviews with mothers of multicultural teenagers in Japan about their experiences seeking support

for differences in their child's learning and/or for their child's emotional and mental health (such as depression, anxiety, bipolar disorder, and eating disorders). Patterns emerged which were common to most or all of the families:

1. They had suspected their child had a problem, but they did not know where to find support.
2. It took a long time (between one and five years) to find appropriate support.
3. When they were not able to find professionals in the local community who could help, parents had to find other options, including sending the child to live in another country.
4. They felt isolated, as they did not have others in their local community to talk to about what their family was experiencing.
5. The experience was painful and stressful for the child and the parents, and at times made the child's condition worse.
6. In some cases, paying for mental health support (such as trips to Tokyo for therapy) created a considerable financial burden for the family.

These patterns are illustrated briefly in the following quotes.

“We suspected our son had a problem, but we had no idea where to go for help.”
(Mother of a 16 year old boy)

All of the mothers I spoke to described the difficulty they had in finding support, despite having a Japanese spouse and/or being able to communicate well in Japanese. There appeared to be two issues. First, three of the mothers described feeling a sense of crisis, yet being overwhelmed and finding it difficult to take the first step to seek help. Second, mothers reported that it was extremely difficult to find answers regarding where to seek appropriate help.

“It took a long time to actually figure out what was going on.”

(Mother of a 19 year old boy)

Mothers reported that getting a correct assessment took a long time, more than five years for two of the families. For all of the families, finding a correct assessment meant visiting numerous doctors, psychologists and other specialists. Mothers described that in some cases assessments entailed tedious and tiring testing, and families sometimes began interventions they later realized were not appropriate for their child. They described the difficulty in getting a correct assessment and starting an appropriate intervention or therapy as being extraordinarily frustrating for them and for their child. Six of the mothers said that that this caused their children to be anxious and depressed, and that it became difficult to persuade their children to participate in future assessments.

“People who were in a position to help my daughter, couldn’t help or didn’t help.”

(Mother of a 17 year old girl)

Children in four of the families had been bullied, and in three cases support for the bullying was not given by the children’s schools. A common point raised in the interviews was that school counselors were in a position to teach skills to help children better deal with issues such as bullying or academic stress, but that they did not do this. Mothers mentioned that that some of the advice counselors gave the children was inappropriate and potentially very damaging. Mothers also reported that they felt that teachers did not have the knowledge or skills to support children with learning differences or mental health concerns.

“We have had to make do with what is here locally. We don’t have all the options we would like...”

(Mother of a 15 year old girl)

All of the mothers mentioned that to varying degrees they have had to make do with what they could find, and be creative in finding support. The

issue of being restricted in terms of options was also a problem for mental health professionals. A bilingual counselor I interviewed noted that having few multilingual or culturally competent counselors outside of the greater Tokyo area means that professionals also need to do things somewhat differently in their local communities. They cannot, for example, easily refer families to another counselor as there may not be one available in the local community.

“... so, we’ve had to figure out a lot ourselves and then make things happen...”
(Mother of a 16 year old boy)

All of the mothers described needing to do extensive research and become experts in order to know enough to explore options and make informed decisions.

“... and we have stepped on toes in the process.”
(Mother of a 15 year old girl)

Mothers described sometimes questioning advice or decisions made by teachers or other professionals. One mother commented that doing this sometimes put her in a difficult position with other parents of children in the class, and that her relationship with the parents was strained as a result. Research has shown that both Japanese and non-Japanese parents value and feel that they need trusting and collaborative relationships with teachers and other professionals, but that non-Japanese parents have a stronger need to be seen as equal partners with teachers and other professionals—and that this can cause problems in a traditional Japanese educational setting (Kayama, 2010).

“This one person has been so helpful. Everything has happened because of her. Honestly, I don’t know what would have happened without her.”
(Mother of a 18 year old boy)

All but two of the parents mentioned that there were one or two people who were either a catalyst for finding an appropriate intervention, or who provided some crucial information that helped the parents to begin finding answers.

“I don’t have other parents in my local community to talk to about this. I find a lot of information and most of my support online.”

(Mother of a 17 year old girl)

All of the mothers described spending a great deal of time searching for groups or organizations where they could find support and share information. Several mothers joined or created communities of online peers.

“It was one step at a time, and finally we have found something that is working well.”

(Mother of a 17 year old boy)

Mothers described finding a way forward as taking patience, dedication and some creative thinking. At the time of the interview, all of the mothers with the exception of two felt that their children were receiving very good support, and that their problems were either resolved or that their child was making appropriate progress.

These interviews are, of course, only a very small snapshot of the experiences of families of multicultural children with social, emotional or mental health problems. That there are few educational and mental health support networks currently available outside of the Tokyo area that addresses the needs of multicultural children is evident in the experiences described by all of the mothers. That is, it was surprising that regardless of the problem the parents described—bullying, depression, learning differences, anxiety, bipolar disorder, eating disorders—the parents told essentially the same story in describing their difficulties in finding appropriate support for their children. This points to the need for a deeper understanding of the issues related to support for multicultural/international children and young people in Japan. This also highlights the importance of working to find ways to ensure

that support is more widely available to diverse families who live outside the Tokyo area, and of making information about resources widely available and accessible.

6. Current research questions and scope

The interviews described here were useful in helping me to form questions and develop a framework for a mixed-methods study I will carry out from 2016 to 2019. The research will take place in a local international school and its wider community, and seeks answers to the questions within each of the following three areas:

A. Needs in the school and the community

- What are the types of issues that are of most concern to multicultural/international (including Japanese who have lived abroad) junior and senior high school students?
- What are the experiences of parents who seek culturally sensitive help for their children? In what ways has support been helpful or not helpful?

B. Support in the school and the community

- What are the characteristics of successful school and community-based cross-cultural mental health programs and provision in Japan?
- What are the experiences of mental health care professionals in Japan in providing support for multicultural/international children and teenagers?

C. Research on culturally competent support

- What can be learned from recent research investigating successes in schools and communities in providing mental health support to

multicultural/international children and young people?

- What can be learned from recent research investigating the roles technology is playing in mental health support?

This project provides an opportunity to do in-depth research in one international school and its local community over time, through first investigating student needs for support and then documenting the impact of the workshops and interventions the school implements as a result of the student needs questionnaire.

In the dissemination phase of the current project, findings will be shared through usual academic routes, as well as through presentations at international and Japanese school workshops and through a website with materials and resources. In addition, an online/print magazine-style booklet will be published to share information from the research with students and schools. Student writing or visual art related to topics such as cultural identity, bullying and dealing with academic pressure will also be included in the booklet. Including students' perspectives and creative voices will, hopefully, help to make the material interesting and meaningful to young people of all backgrounds.

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