Considerations Regarding School-based Mental Health Promotion and Provision at International Schools in Japan

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1. Introduction

The aim of this research note is to describe the need for research into mental health provision and psychological crisis planning in international schools in Japan in order to consider how student support professionals (school nurses, counselors, school psychologists, special needs teachers and coordinators, clinical psychologists, and others) provide social, emotional, behavioral and psychological support to a diverse population of students. Research is needed regarding:

- The policies, organizational structure, curriculum, support systems, and professional development schools have in place to promote student emotional wellbeing and provide support for their mental health.
- The plans schools have in place to prevent and respond to psychological crises, such as suicide, abuse, trauma, bullying, and natural disasters.
- The relationships schools have with mental health professionals and organizations in their local communities.

There are several reasons why it is important to investigate the approaches international schools in Japan are taking to promote mental health and emotional wellbeing and to respond to school crisis, these being:

- Mental health problems are a critically serious issue among children

and adolescents worldwide.

- The role of the school environment in the delivery of mental health interventions for children and adolescents is growing.
- There is a lack of evidence-based research documenting the effectiveness of school-based initiatives, creating a gap between practice and research.
- Considerations regarding the importance of employing cultural sensitivity when supporting the mental health needs of children and adolescents with diverse backgrounds.

I will briefly consider each of the above as follows.

2. Mental health problems in children and adolescents

Mental health problems in children and adolescents worldwide are already high, and they are increasing. In a given year, approximately 20% of children and adolescents will experience some type of mental health issue (Boulter and Rickwood, 2013) and one in ten children ages five to 16 will have a diagnosable mental health problem (WHO, 2014). Suicide is a leading cause of death among children and young people (WHO, 2017), and globally mental disorders and substance use are the leading cause of disability in youth (Erskine et al., 2017). In the United States in 2017, the Youth Risk Behavior Survey (YRBS) found that of 20,000 high school students, 31.5% percent reported feeling sadness and hopelessness over extended periods of time, 17.2% had seriously considered suicide, 13.6% had made a plan, and 7.4% had attempted to die by suicide in the past 12 months. There were increases in all four areas in the decade since the 2007 survey (Center for Disease Control, 2018). In Japan, one in 12 primary school students and one in four secondary school students suffer from depression, and suicide is the leading cause of death for young people ages ten to 19 (Poland and Lieberman, 2018).

Children and adolescents attending international schools in Japan also face challenges to their psychological wellbeing. 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 attending international schools 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 a significant percentage of students reported that they *always* worry about self-esteem (8.4%), depression (6.1%) and suicide (4.9%) (TELL 2008).

Yet despite these figures, young people are not receiving the mental health support they need (Young Minds Annual Report, 2015/16). A barrier to support is that young people often delay their first visit to a mental health professional, and stigma and lack of knowledge about mental illness are thought to contribute to this (Jorm, 2012). Another barrier to support is that mental health provision is not available in the community, or that services do not have the resources to support those in need. In the U.K., for example, although there has been a 25% increase in the number of children and adolescents who have been found to need support, the same percent are turned away by Children's and Adolescent Mental Health Services (CAMHS) due to oversubscription (Campbell, 2016). And, in the U.K. and elsewhere, this lack of access to mental health support results in parents turning to the family doctor for support which may be outside their area of expertise and may result in a more medicalized approach to treatment. In addition, greater barriers are experienced by people from diverse backgrounds, who are less likely to initiate treatment and more likely to terminate it early (Gary, 2005). Research in countries such as Australia, Canada and the United States shows that people with diverse backgrounds are often in acute stages of psychological distress when they visit a mental health professional as they are slower to seek mental health support (Gopalkrishnan, 2018), as described below:

> *Cultural meanings of illness have real consequences in terms of whether people are motivated to seek treatment, how they cope with their*

> *symptoms, how supportive their families and communities are, where they seek help (mental health specialist, primary care provider, clergy, and/or traditional healer), the pathways they take to get services, and how well they fare in treatment. The consequences can be grave—extreme distress, disability, and possibly, suicide—when people with severe mental illness do not receive appropriate treatment.*
>
> (United States Office of the Surgeon General, 2001)

3. Mental health promotion and provision in schools

Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s (WHO, 2014), and the early onset of mental health problems, together with a critical need for mental health support, has led many to believe that the school environment offers significant opportunities to promote emotional wellbeing and provide targeted and universal student mental health support. This is due to several factors, including the amount of time students spend at school, their growing independence from family, and the presence of counselors and other support staff. The school's relationships with and access to outside professionals—including clinical psychologists, mental health social workers, speech and language therapists and medical interpreters—and the position schools are in to partner with parents is also key, particularly as parents, not surprisingly, are often at a loss even in their own culture as to where to find support for their child (Kawanishi, 2009).

Schools, therefore, are often considered to be well placed to increase mental health literacy, combat stigma associated with mental illness, provide early identification of problems, and deliver psychological support and interventions. In countries, such as the United States, Canada, New Zealand, Australia, and a number of European nations, schools have been in this position for some time (Wei Med and Kutchner, 2012). For other countries, such as the U.K., this is a relatively new role.

In the U.K., between 2001 and 2016, there was a 68% increase in the number of young people being admitted to hospital due to injury from self-harm (Campbell, 2016). Research carried out by the WHO and the University

of Hertfordshire found that more than one in five 15 year olds report that they have self- harmed, with incidence being three times higher in girls. The study also found that self-harm increased by seven percent when students feel a lack of belonging or connectedness to their school community (Klemera, 2016).

This growing trend in poorer emotional wellbeing has prompted the U.K. government to put the onus on schools to ensure change. Following public demand for compulsory mental health education in primary and secondary schools, from 2020 schools are being told to extend existing personal, social and health education (PSHE) lessons to include age-appropriate delivery of mental health literacy regarding recognizing, among others, the signs of mental health struggles and ways to develop and build resilience. (Browman, 2018). There is concern, however, that without transforming school culture and integrating wellbeing into all aspects of the school community, lessons about mental health alone will not go far enough to make any real difference to children's wellbeing (Browman, 2018).

Similarly, in Europe, initiatives and policies reflect what is seen to be the importance of the schools' role in supporting the mental health of children and young people. At the EU level, the Child and Adolescent Mental Health in Enlarged European Union (CAMHEE), aims to support evidence-based practice through the sharing of information between European states. The European Joint Action on Mental Health and Wellbeing (2013–2016) addresses, among other things, issues in mental health promotion in schools. In the first study carried out across European countries, an online survey investigated approaches and interventions in 1,466 schools in ten European countries (France, Germany, Ireland, Netherlands, Poland, Serbia, Spain, Sweden, UK, and Ukraine) (Patalay et al., 2017). Findings from this study indicate that:

1. Schools more often employed universal than targeted approaches.
2. There was greater attention given to supporting children who already have mental health problems and/or learning difficulties than on proactive measures, although this varied by country.

3. Social skills development programs, behavior support, and creative activities were more often implemented than less-traditional practices, such as mindfulness and designated spaces for wellbeing.
4. Compared to primary schools, secondary schools provided less support for parents and more support for staff.
5. Rural schools have fewer resources than schools in urban settings.

4. A lack of evidence-based research regarding effectiveness of various school-based mental health interventions

Despite the growing position of the school to provide mental health and psychological crisis initiatives, there is still a lack of evidence regarding how effective particular initiatives are over time (Bywater and Sharples, 2012). One reason for this is that ethical and practical considerations make carrying out randomized controlled trials about issues impossible, such as in the case of violence and aggression (Nickerson and Brock, 2011). Similarly, in a disaster situation it would be unthinkable to withhold a potentially effective treatment from one group of children or adolescents.

The research base for school-based suicide prevention programs is also restricted, and this is primarily due to issues in implementation and evaluation.

> *"Although schools are an ideal location for addressing youth suicide risk, research on school-based suicide prevention programs has been limited by methodological problems, including the challenge of establishing control conditions, establishing suicide-related outcomes, and identifying the mechanisms of change".*
>
> (Erbacher et al., 2018)

In a review of school based suicide prevention programs, only two were found to have evidence of reducing suicide risk for students, and evidence-based best practices for school-based screening have not yet been established (Erbacher et al., 2018). Lack of empirical evidence about effectiveness of mental health programs puts the responsibility on schools to be proactive in

implementing best practice interventions. The authors (2018) suggest schools do this by working closely with mental health professionals to assure program effectiveness is monitored, and through collaborating with researchers who can conduct outcomes studies. This type of inter-professional team collaboration has been found to have various benefits (Borg and Palshaugen, 2018), but its plausibility in the case of international schools, which are often somewhat isolated from their local communities, is unclear. A related concern is that of implementation and fidelity. That is, even in the case of evidence-based interventions, there is the question of the extent to which the same gains will be found in other settings.

5. The need for cultural competence in school international school mental health provision and psychological crisis plans

Although there is a paucity of evidence-based research into the effectiveness of school-based mental health initiatives, there is even less research focusing on mental health support for students in international schools. What is known, however, is that cultural or diversity competent mental health support is central to supporting culturally diverse individuals of any age.

International schools in Japan and other countries are unique in that they are comprised of individuals from a wide range of cultural and linguistic backgrounds. This diversity is reflected in the criteria outlined by the International Association of School Librarianship (Web) as being necessary to be considered an international school.

- Transferability of students' education across international schools
- A moving population (higher than in national public schools)
- Multinational and multilingual student body
- An international curriculum (i.e. the International Baccalaureate)
- International accreditation (e.g. Western Association of Schools and Colleges)
- A transient and multinational teacher population

- Non-selective student enrollment
- Usually English or bilingual language of instruction

Although there are numerous advantages to being part of a diverse, multicultural school community, there are also challenges. Inman and her colleagues have observed: “Due to the multinational nature of of the student body, international schools are increasingly challenged by a transient and mobile family lifestyle, competing cultural practices, political upheavals, and limited personnel and professional resources” Inman et al (2009, p 81). Differences in language and culture may have a profound impact on the ability of students and their parents to access mental health support in the local community, which further increases the importance of and dependence on the school as a source of help. For many of the staff, students and their families, the school may be in a country in which they are not yet steeped in the culture or proficient enough in the language to talk about sensitive and personal issues. This may lead to a sense of isolation caused by not feeling able talk to others about what the individual or family may be experiencing, exacerbating an already difficult situation.

In her 2016 Keynote at the Annual Society for International Education and Training (SIETAR) Conference, Darla K. Deardorff adapted the ‘Golden Rule’ to reflect an intercultural competence model.

> *Do unto others as they would want you to do unto them.*
>
> (Deardorff, 2016)

For mental health support for diverse communities, Deardorff’s perspective of treating others as they would prefer to be treated is represented in cultural competency of mental health services.

> *Given our multicultural society and world, one can no longer be a competent or effective therapist unless one is also culturally competent. This competence should be viewed both as treatment processes and as a specific set of behavioral tools on the part of therapists. While they*

> *are not unique processes or tools, they are important in dealing with all clients; they are especially germane to working with those from ethnic minority or culturally diverse groups.* (Sue, 2006, p. 244)

It has been well established that for people with diverse backgrounds, support from a mental health professional who can provide culturally-sensitive counseling and other forms of support can be particularly important (Kirmayer, 2012). And, as there is wide variation in cultural approaches to mental health provision, it is necessary to recognize the role of social determinants in health and healing, as well as potential difficulties caused by language and communication styles. An understanding of differences in the way specific problems, such as depression, are understood and treated in a given culture is also critical. For mental health professionals and other student support staff at international schools, working effectively with a culturally diverse group of students and their parents entails having cultural competence in supporting families who may have a range of differing attitudes and beliefs about mental health. Regarding this, Inman and her colleagues write that:

> *These issues, in addition to the relative isolation from professional supports can create unique challenges for international school counselors' abilities to meet the guidance, preventive, remedial, and developmental needs of a multinational student body and negotiate relationships with parents and school personnel, while still fostering their own professional development.* (Inman et al., 2016)

Additionally, these staff members need an understanding of the cultural context of the host country in regard to beliefs about mental health and, preferably, relationships with mental health professionals in the local community and knowledge of the types of resources that may be available (Annandale et al., 2011).

It should be noted that cultural competence in mental health provision is not limited to race, ethnicity and language, but should also include the

dimensions of sexual orientation, gender and gender identity, age, disability, socioeconomic status, education, and religious/spiritual orientation. As an example, it has been well established that due to social marginalization and a range of other issues, transgender individuals (of all ages) face a significant risk of experiencing challenges to their emotional and mental wellbeing. Rates of depression and attempted suicide, for instance, are considerably higher among transgender youth than their cis-gender peers (Case and Meier, 2012), with family rejection being a key contributing factor. Recent research from around the world has contributed to our awareness of the value and importance of sensitive, diversity-competent emotional and mental health support for transgender children and adolescents and their families (Giammattei, 2015).

As in mental health provision for day to day support of a range of student mental health needs, cultural competency is also a crucial element in psychological crises plans in schools. Annadale et al (2011) describe two steps as being particularly important for schools to ensure that the needs of all members of the school community are included in the crisis plan:

1. Schools should carry out a needs assessment with families from diverse backgrounds, and ensure that students and their families are included in developing thee crisis plan.
2. Schools should ensure that crisis plans include concrete ways to strengthen cross-cultural communication, and that all teachers and staff receive training in this.

6. Conclusion

Although mental health problems are a critically serious issue among children and adolescents worldwide, little research has been done to date to learn about the approaches international schools in Japan are taking to promote the emotional wellbeing of students and to respond to incidents of psychological crisis. As culturally diverse students and their parents/guardians may experience barriers in accessing support in the

local community, the role of the school in the delivery of mental health interventions may be particularly important for those families who are not fluent in Japanese or well acquainted with Japanese culture. This places a considerable responsibility on school student support professionals, who must support the mental health needs of children and adolescents from a range of cultural and linguistic backgrounds, and at the same time help them to find appropriate support in the local community. Knowing more about the experiences of student support professionals working at international schools in Japan in supporting the social, emotional and mental health needs of diverse students will be useful to informing our understanding of what might be best practices in approaches to mental health support in this type of school.

References

Annandale, N., Heath, M. A., Dean, B., Kemple, A. & Yozo, T. (2011). Assessing Cultural Competency in School Crisis Plans. *Journal of School Violence*, 10 (1).

Borg, E. & Pålshaugen, Ø. (2018). Promoting Students' Mental Health: A Study of Inter-professional Team Collaboration Functioning in Norwegian Schools. *School Mental Health*, 1–13.

Broman, N. (2018). U.K.: New Government Plans for Mental Health Support and Education in Schools. *The International Educator*. https://www.tieonline.com/article/2422/u-k-new-government-plans-for-mental-health-support-and-education-in-schools. Accessed: September 23, 2018.

Bywater, T. & Sharples, J. (2012). Effective Evidence-based Interventions for Emotional Well-being: Lessons for Policy and Practice. *Research Papers in Education*, DOI: 10.1080/02671522.2012.690242

Case, K. A. & Meier, S. C. (2014). Developing Allies to Transgender and Gender-Nonconforming Youth: Training for Counselors and Educators. *Journal of LGBT Youth*, 11 (1), 62–82.

Campbell, D. (2016). NHS Figures Show 'Shocking' Rise in Self-harm Among Young People. *Guardian*. https://www.theguardian.com/society/2016/oct/23/nhs-figures-show-shocking-rise-self-harm-young-people. Accessed: October 10, 2018.

Center for Disease Control (2018). Youth Risk Behavior Survey.

Deardorff, D. (2016). Creating a Global Campus: Lessons Learned from Graduating Global-Ready Graduates. Keynote presentation at the *2016 Society for Intercultural*

Education Training and Research Conference, Nagoya, Japan.

Erbacher, T. A., Singer, J. B., Poland, S. (2015). *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge.

Erskine, H., Baxter, A., Patton, G., Moffitt, T., Patel, V., Whiteford, H., & Scott, J. (2017). The Global Coverage of Prevalence Data for Mental Disorders in Children and Adolescents. *Epidemiology and Psychiatric Sciences*, 26 (4), 395–402.

Gary, F. (2006). Stigma: Barrier to Mental Health Care Among Ethnic Minorities. *Issues in Mental Health Nursing*, 26 (10), 979–999.

Giammattei, S. V. (2015). Beyond the Binary: Trans-Negotiations in Couple and Family Therapy. *Family Processes*, 54, 418–434.

Gopalkrishnan, N. (2018). Cultural Diversity and Mental Health: Considerations for Policy and Practice. *Frontiers in Public Health*, *6*, 179.

Inman, A., Ngoubene-Atioky, A., Ladany, N., & Mack, T. (2009). School Counselors in International Schools: Critical Issues and Challenges. *International Journal for the Advancement of Counselling*, 31, 80–99.

International Association of School Librarianship (http://www.iasl-online.org)

Jorm A. F. (2012). Mental Health Literacy: Empowering the Community to Take Action for better Mental Health. *American Psychologist*, 67 (3), 231–43.

Kayama, M. (2010). Parental Experiences of Children's Disabilities and Special Education in the United States and Japan: Implications for School Social Work. *Social Work*, 55 (2).

Kessler R., Amminger G. P., Aguilar-Gaxiola S., Alonso J., Lee S., Ustun T. B. (2007). Age of Onset of Mental Disorders: a Review of Recent Literature. *Current Opinion Psychiatry*, 20 (4), 359–64.

Kirmayer, L. J. (2012). Cultural Competence and Evidence-based Practice in Mental Health: Epistemic Communities and the Politics of Pluralism. *Social Science & Medicine*, 75, 249–256.

Klemera, E., Brooks, F. M., & Chester, K. L. (2017). Self-harm in Adolescence: Protective Health Assets in the Family, School and Community. *International Journal of Public Health*, 62, 631.

Nickerson, A. B. and Zhe, E. J. (2004). Crisis Prevention and Intervention: A Survey of School Psychologists. *Psychology in the Schools*, 41, 777–788.

Patalay, P., Gondek, D., Moltrecht, B., Giese, L., Curtin, C., Stanković, M., & Savka, N. (2017). Mental Health Provision in Schools: Approaches and Interventions in 10 European Countries. *Global Mental Health*, 4.

Poland, S. & Lieberman, R. (2018). Comprehensive Suicide Prevention, Intervention

and Postvention in Schools. Workshop at the International School Psychology Congress, Tokyo, Japan.

Sue, S. (2006). Cultural Competency: From Philosophy to Research and Practice. *Journal of Community Psychology*, 34 (2), 237–245.

Tokyo English Life Line School Awareness Program Annual Report. 2008.

Young Minds Annual Report (2015/16).