

# Mental Health Provision in International Schools in Japan

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## Introduction

Globally, mental health problems among children and young people are critically high (Cabinet Office, 2018; Erbacher et al., 2015; “Suicide,” 2019), and the high rate of suicide among youth in Japan is a powerful indication that young people in this country are also struggling with issues which impact their emotional wellbeing (“Japan Sees,” 2019). While the urgent need for support for the mental health of children and young people is widely recognized, access to effective interventions tends to be the exception and not the rule (Kanehara et al., 2015; McCarthy et al., 2011), particularly for young people who are in the greatest need (Takeuchi et al., 2011). In addition, while the importance of mental health education for children, youth, parents, and educators is also accepted, implementation of these programs in schools and the community is relatively rare in Japan and elsewhere (Ojio et al., 2015). In addition to causing pain and suffering in childhood and adolescence, without appropriate awareness, treatment, and support, there is the risk that mental health problems will continue into adulthood, limiting opportunities for individuals to lead happy, fulfilling lives.

In recent years, due to the severity of this issue and to the amount of time children and adolescents spend in school, the role and importance of the school as a provider of mental health support and as a link between families and community-based mental health professionals has come to be widely recognized. In the case of culturally-diverse students, such support can be significant as these students and their families may experience challenges to their mental health, due to discrimination, bullying, and other marginalizing behavior (Gilmour, 2019), and may also encounter barriers to receiving

appropriate and necessary support, including those due to problems related to communication (Fortier, 2016; Kawauchi & Ogasawara, 2015), stigma (Cheng et al., 2018; Gary, 2006), and lack of culturally-sensitive support (Kirmayer, 2012; Sue, 2006).

To date, to my knowledge, no investigations have been conducted regarding mental health provision at international schools in Japan. Because international school students and their parents may be somewhat isolated in terms of their ability to find and access social, emotional and mental health support in their local communities, the school may play a particularly critical role. Little research has been carried out examining the mental health challenges faced by international school students, but studies in Japan (Carlson, 2020; TELL, 2008) and in other countries suggest female students (Geiger & Davis, 2019; Jose & Brown, 2008), high school-age students (Pascoe, 2020), and students who are diverse in in some respect (Gopalkrishnan, 2018; Kann et al., 2018) may be at higher risk of experiencing challenges to their emotional wellbeing. This then increases the importance of the school in providing interventions to help equip these students with skills, tools, and information about mental health, as well as in providing links to appropriate support in the local community.

Because of their context, international schools are in a unique position in regard to delivering mental health support to their diverse communities. International schools, for instance, tend to teach students from a range of countries or cultural backgrounds which means that in many cases school support staff must be highly skilled in working with students and parents who may have varying attitudes and beliefs about mental health and mental health provision (Inman et al., 2009; Kayama, 2010). Additionally, the degree to which student support staff are proficient in Japanese and knowledgeable about the availability of and approach to psychosocial support in Japan may vary, which could in turn impact the development of strong working relationships with community mental health professionals. This is made potentially more challenging by several factors, including a global lack of literacy regarding mental health (Jorm, 2012), complexity and confusion associated with diagnosing psychosocial problems (Kawanishi, 2009), and a

paucity of evidence-based psychosocial school-based interventions (Bywater & Sharples, 2012; Hess et al., 2017; Mackenzie & Williams, 2018; Salerno, 2016; van Loon et al., 2020; Werner-Seidler et al., 2017).

The exploratory study described in this paper investigated the types of mental health interventions and approaches international schools in Japan have in place and the relationships these schools have with community mental health professionals in their local areas.

## **The Study**

### *Aim*

The aim of this study was to investigate mental health support in international schools in Japan. As this is the first study to focus on this topic, the design was exploratory and fell within a largely qualitative framework.

The study had two research questions:

1. What policies, organizational structure, curriculum, support systems, and professional development do schools have in place to promote student emotional wellbeing and provide support for their mental health?
2. What relationships do schools have with mental health professionals and organizations in their local communities?

### *Participants*

The twenty-seven heads of Japan Association of International Schools member schools were invited to give permission for a member of the school administrative or student support staff to answer an online survey regarding mental health and psychological crisis provision at their school. Heads of school who agreed were asked to access the project website to give permission to participate and to then share an email message from me describing the research with one member of staff or to answer the survey themselves.

### *Informed consent*

Staff members were asked to visit the project website and read the informed consent page. With respect to privacy, items three to five stipulated:

3. *The online questionnaire is completely anonymous, and does not ask for specific information that could make it possible to identify me (such as where my school is located or the size of my school).*
4. *However, there is a possibility that an individual's identity may be inferred. Therefore, when publishing results, the researcher will use extreme care to represent the material in a manner such that identities cannot be inferred or guessed.*
5. *Findings will be handled extremely sensitively in all forms of writing and dissemination.*

After giving consent, respondents could continue to the next page and begin the first section of the survey. A total of ten schools participated in this research.

### *The Survey*

The survey consists of three sections, each corresponding to one of the research questions and containing both Likert-style and open-ended items. No questions ask about the respondent's role in the school or about the school's name, size, or location.

The first section of the survey was adapted from an instrument developed by Patalay et al. (2017). Part A of this section concerns types of interventions schools provide to support the mental health and emotional wellbeing of students, their parents/guardians, and school staff. Part B asks about the approaches schools take to supporting student mental health and emotional well-being and the focus of such provision in terms of target groups of students. The section contains twenty-five questions. Open-ended questions about the strengths and weaknesses of the interventions followed forced-choice items.

The second section asks staff to describe their school's relationships with

community mental health providers and any benefits and barriers in relation to working with professionals outside the school. This section has twelve questions, and as in the other sections, open-ended questions follow forced-choice items.

## Results

The first section of the survey is divided into two parts, with Part A focusing on interventions and Part B on approaches to mental health support.

### Section One, Part A: Interventions

*Types of interventions schools provide to support the mental health and emotional wellbeing of students*

Table 1 *To what extent does your school do the following activities for students?*

	Field	Min	Max	Mean	SD	Var	N
1	Social skills development (e.g. interpersonal skills training, conflict resolution)	2.00	4.00	3.50	0.67	0.45	10
2	Emotional skills development (e.g. emotion regulation, anger management)	3.00	4.00	3.50	0.50	0.25	10
3	Creative activity (e.g. arts, drama, music classes)	3.00	5.00	4.40	0.66	0.44	10
4	Physical activity (e.g. individual and team sports)	2.00	5.00	3.90	0.94	0.89	10
5	Signposting (e.g. leaflets, advice lines, websites)	1.00	3.00	2.40	0.80	0.64	10
6	Peer support (e.g. buddy systems)	1.00	4.00	2.90	0.94	0.89	10
7	Behavior support (e.g. sanctions, behavior management)	2.00	5.00	3.30	1.00	1.01	10
8	Designated space for well-being/mental health support (e.g. quiet rooms, time-out rooms, multi-sensory rooms, etc.)	1.00	3.00	2.00	0.77	0.60	10
9	Infrastructure for extra-curricular activities (e.g. playground, music/drama room)	2.00	5.00	3.90	1.14	1.29	10
10	Individual therapy (e.g. counselling with a professional)	1.00	5.00	3.00	1.18	1.40	10

11	Group therapy (e.g. group counselling with a professional)	1.00	3.00	1.60	0.80	0.64	10
12	Mindfulness (e.g. meditation, breathing exercises, relaxation techniques)	1.00	4.00	2.80	0.87	0.76	10
13	Anti-bullying program	1.00	4.00	2.30	1.19	1.41	10
14	Risky health behavior program (e.g. substance abuse, smoking, drinking)	1.00	5.00	2.40	1.43	2.04	10
15	Mental health literacy and education (e.g. lessons on the topic of depression)	1.00	5.00	2.89	1.52	2.32	9
16	Suicide awareness and prevention	1.00	4.00	2.30	1.42	2.01	10
17	Online awareness and safety	1.00	5.00	3.00	1.34	1.80	10
18	LGBTQ+ & Ally support	1.00	4.00	2.60	1.20	1.44	10
19	Diversity literacy and education (e.g. workshops about multicultural identity)	1.00	5.00	2.40	1.43	2.04	10

Social and emotional skill development, creative and physical activities, and infrastructure for extra-curricular activities were the most commonly offered activities. Designated space for well-being/mental health support were least common. Greatest differences between schools were found regarding individual therapy, risky behavior program, and mental health literacy and education.

Additional activities were also mentioned by school staff, these being Wellbeing Curricula at both primary and secondary levels, school trips and camps that develop social skills, and Middle School service learning.

In response to ‘other comments’, staff wrote:

“We do a great job (in my opinion) meeting the needs of individual students. We struggle more with the systematic ways in which we identify and progress monitor students’ needs.”

“We are a small school and are beginning to develop some of these with the support of experienced staff.”

“As a small school, many of these systems are not formalized as we do not have counseling staff. We work together as a big family to identify potential issues and support as we can.”

*Types of interventions schools provide to support the mental health and emotional wellbeing of parents/guardians*

Table 2 *To what extent does your school do the following activities for parents/guardians?*

	Field	Min	Max	Mean	SD	Var	N
1	Information and resources (e.g. leaflets, information evenings, advice lines, websites)	1.00	4.00	2.80	0.98	0.96	10
2	Mental health literacy and education (e.g. presentation on the topic of depression)	1.00	4.00	2.00	1.00	1.00	10
3	Training (e.g. parenting programs)	1.00	5.00	2.40	1.20	1.44	10
4	Counselling and support (e.g. family therapy, individual work with parent)	1.00	3.00	2.00	0.77	0.60	10
5	Referrals to professional support outside the school (e.g. psychotherapists)	1.00	4.00	2.90	1.22	1.49	10

Information and resources and referrals to professionals outside the school were the most common activities reported, with mental health literacy and education and counselling and support being the least. Greatest differences between schools were seen in training and referrals to outside professionals.

Other initiatives mentioned were:

“The PTA has increased its outreach to help parents transition in and out of school, but that hasn’t been tied to the work we do in Student Services.”

“We’ve increased our team to include a Portuguese liaison so that our growing Brazilian community has better access to understanding and connecting with the school. We also have a parent, who is a psychologist from Brazil, volunteering to work with students 1/week.”

*Types of interventions schools provide to support the mental health and emotional wellbeing of staff*Table 3 *To what extent does your school do the following activities for teachers?*

	Field	Min	Max	Mean	SD	Var	N
1	Training and education (e.g. educating staff about mental health problems, identification)	1.00	3.00	2.50	0.67	0.45	10
2	Supervision and consultation (e.g. advice or supervision from mental health professional)	1.00	4.00	2.50	1.02	1.05	10
3	Counselling and support (e.g. provision for school staff to deal with stress and personal difficulties)	1.00	3.00	2.00	0.89	0.80	10
4	Well-being program (e.g. provision for improvement of staff well-being, social activities)	1.00	5.00	2.40	1.11	1.24	10
5	Referrals to professional support outside the school (e.g. psychotherapists)	1.00	4.00	2.40	1.28	1.64	10

Regarding activities for teachers, little difference was seen between interventions. The least common activity was counselling and support. The greatest variance between schools was seen in referrals to professional support outside the school.

Additional comments and descriptions included:

“There isn’t a structured support system set up for staff, rather the support is provided on an individual basis by the school counselors when approached by faculty/staff.”

“The concept of wellbeing, through our support lens, has widely been about social connectedness rather than about mental health support. We make referrals to staff who request them, but in general we staff members who have training in mental health and are good listeners carry a heavy load/sometimes burden of staff members asking for mental health support from us.”

“Our counselor and nurse both have budgeted supervision that allows them to access their own mental health/training support.”



**Section 1 Part B: Approaches**

The first question in this section asked about the degree to which the school prioritizes mental health provision.

Table 4 *In your school what is the level of priority given to mental health provision and support for emotional wellbeing?*

	Field	Min	Max	Mean	SD	Var	N
	Level of priority given to provision for student mental health and emotional wellbeing at your school	2.00	5.00	3.40	0.92	0.84	10

Although none of the schools answered ‘Not a priority’, variation is seen in the importance staff report their schools place on mental health support.

The second question asked staff about types of support.

Table 5 *In supporting student mental health and emotional wellbeing to what extent does your school focus on:*

	Field	Min	Max	Mean	SD	Var	N
1	Children with already identified mental health problems	1.00	5.00	3.50	1.12	1.25	10
2	Children with learning differences	3.00	5.00	4.00	0.77	0.60	10
3	Children starting to develop problems	2.00	5.00	3.60	1.02	1.04	10
4	Preventing problems from arising	2.00	4.00	3.30	0.78	0.61	10
5	Pro-actively promoting well-being	2.00	5.00	3.20	1.08	1.16	10

Schools put the greatest focus on supporting children with learning differences, and preventing problems from arising and pro-actively promoting well-being are focused on the least. The largest variance between schools is seen in support for children with already identified mental health problems.

Table 6 *In supporting student mental health and emotional wellbeing to what extent does your school focus on:*

	Field	Min	Max	Mean	SD	Var	N
1	Individuals with specific problems	2.00	5.00	3.80	0.87	0.76	10

2	The class level	2.00	4.00	3.10	0.70	0.49	10
3	The whole school	1.00	4.00	2.80	0.87	0.76	10

Schools reported focusing more on targeted support than on class or school-wide support.

The survey asked about three additional topics:

*T1: Mental Health Support Policy*

Regarding having a specific policy related to provision for student mental health and emotional wellbeing, three of the ten schools reported that they have a policy in place and that it was developed by the school.

*T2: Mental Health Professionals on Staff*

Regarding full time or part-time members of staff involved in support for mental health and emotional wellbeing support in the school, six schools reported having a school counselor, six schools reported having a learning support/SEN support staff member, and one school reported having a school psychologist. Staff also wrote in other professionals: Student Services Coordinator (licensed school psychologist), Speech and Language Pathologist, EAL (English as an Additional Language). Three schools mentioned teachers and two schools mentioned school administrators. One school noted that counsellors and clinical psychologist are not members of staff but provide regular sessions at the school.

*T3: Gathering of Student Information*

Regarding whether the school regularly gathers information about student emotional wellbeing and mental health, two of the ten schools reported that they collect information about all students through surveys and questionnaires.

This section also contained the following three open-ended questions:

*Q1: In your opinion, what are the most effective forms of support your school provides for the mental health and emotional wellbeing of students?*

“We are working to expand our services right now with a Wellbeing Curriculum being developed from Pre-K through grade 12. Students are then either identified or identify themselves as needing more support.”

“The belief that happy children learn and so first we need emotional stability before any ‘academic’ learning can be successful. Students are not on a strict academic programme but are allowed to work out their own schedules to fit into their daily rhythm as long as agreed upon outcomes are achieved.”

“A part time counselor; Integration and application of the IB Learner time allocation for learning needs.”

“Our student support services—counseling, learning support, health office.”

“Multi-faceted Interventions.”

*Q2: What, if anything, do you think could be improved in the way your school supports the mental health and emotional wellbeing of students?*

Three people mentioned the need to have a mental health professional on staff. Other comments included:

“I feel strongly we should expand our services to two counselors in order to better be proactive regarding mental health.”

“Recording of observations and gathering of evidence on students. Full time counselor or support staff trained in mental health and well-being.”

“We need to look at the systemic influences that inhibit thriving and wellbeing. There are too many mechanisms in place that negatively impact both students and teachers.”

“Put in place more preventative provisions.”

*Q3: What barriers may your school face in supporting student mental health and emotional wellbeing?*

In response to this question, staff at several schools mentioned barriers created by financial constraints, particularly for smaller schools. Other topics

were also mentioned:

“Lack of staffing to provide the mental health counseling needed by some of our students, along with the lack of available/immediate resources outside of school.”

“Space, staffing, and schedule, all three working against us.”

“The attitude towards mental health in Japan.”

“Increased pressures to document and report without taking away other less essential practices.”

“Inefficient or excessive assessment practices.”

“Under-reporting ie. student may not disclose the need for help, proactively.”

“Lack of parent support ie. parents may find mental health a touchy or foreign subject.”

## Section Two: School Relationships with Community Mental Health Providers

The first question in this section asked if the school has sought mental health support for students from community mental health providers outside the school. Staff at each school reported that the school has done so.

The next questions asked about these relationships.

Table 7 *What kind or kinds of community mental health providers have you contacted?*

		%	
1	Clinical Psychologist	36.84%	7
2	Psychotherapist	15.79%	3
3	Mental Health Social Worker	10.53%	2
4	Psychiatrist	21.05%	4
5	Other	15.79%	3
		100%	19

The most common relationship reported is with clinical psychologists.

In response to the question, ‘Does your school have collaborative relationships with any community mental health providers?’, eight schools replied that they do have such relationships.

The next two questions asked about the types of information shared between the school and community mental health providers.

Table 8 *What types of information does the school provide the community mental health providers?*

		%	
1	Evaluation reports	17.24%	5
2	Individualized education plans	17.24%	5
3	School intervention plans	17.24%	5
4	School intervention progress	17.24%	5
5	Grade reports	10.34%	3
6	Attendance reports	13.79%	4
7	Other	6.90%	2
		100%	29

Evaluation reports, individualized evaluation plans, school intervention plans, and school intervention progress are the most common types of information shared by the schools.

Table 9 *What types of information do the community mental health providers share with the school?*

		%	
1	Diagnostic impressions	15.63%	5
2	Psychological evaluation reports	18.75%	6
3	Medication information	15.63%	5
4	Treatment plan	15.63%	5
5	Suggestions for school interventions	21.88%	7
6	Treatment progress	12.50%	4
7	Other	0.00%	0
		100%	32

The most common information shared by community mental health professionals are suggestions for school interventions and psychological evaluation reports. Information about treatment progress was reported the least often.

The next two questions asked about barriers and benefits to collaboration.

Table 10 *What have your school found to be the barriers to collaboration?*

		%	
1	Community providers are not accessible	11.54%	3
2	Communication difficulties due to language	19.23%	5
3	Not enough time	11.54%	3
4	Different diagnostic systems	11.54%	3
5	Different treatment systems	11.54%	3
6	Parents do not consent to collaboration	15.38%	4
7	Community mental health providers do not consent to collaboration	3.85%	1
8	Lack of knowledge about how to collaborate effectively	3.85%	1
9	Cost of using community mental health providers	7.69%	2
10	There are no barriers	0.00%	0
11	Other	3.85%	1
		100%	26

Communication difficulties due to language and parents do not consent to collaboration were the most commonly reported barriers. Community mental health providers do not consent to collaboration and lack of knowledge about how to collaborate effectively were the least commonly mentioned barriers.

Additional responses described language and context barriers:

“Expense for families and availability of services.”

“Having time and the distance between our school and most of the community health providers.”

Table 11 *What have your school found to be the benefits to collaboration?*

		%	
1	Improves mental health outcome	15.38%	4
2	Integrates treatment plans across multiple settings	15.38%	4
3	Provides students with services not available in school	30.77%	8
4	Avoids duplication of services	7.69%	2

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5	Improves student academic outcomes	15.38%	4
6	Assesses students across multiples settings	15.38%	4
7	There are no benefits	0.00%	0
8	h. Other	0.00%	0
		100%	26

All eight schools reported that provides students with services not available in school as being a benefit to collaboration with professionals outside the school. Avoid duplication of services was the lest common benefit reported.

School staff also responded to two open-ended questions:

*Q1: In your opinion, what aspects of the relationships your school has with community mental health providers are most effective?*

“We routinely collaborate around psychoeducation reports and recommendations to better support students at school.”

“Providing support both within the school and outside of the school.”

“This is an area that we are looking to improve and expand. I don’t know how students attending Japanese schools access mental health support, but we’ve found doctors reticent to share information or collaborate with us. We are working hard at opening these lines of communication.”

*Q2: What, if anything, do you think could be improved in your school’s relationships with community mental health providers?*

“Meetings. Conversations about shared goals.”

“Greater consistency with external providers in terms of quality.”

“More interactions with them, however, time and distance is a barrier to that.”

## Discussion

In the following section, four primary findings and their implications are outlined and discussed.

### Finding 1: Interventions and Approaches

Although a number of common points exist among schools in terms of interventions they provide students, parents/guardians, and staff, variation is seen in the extent to which mental health support is a priority and in the degree to which schools provide interventions related to individual therapy, risk management behavior program, and mental health literacy and education. Differences are also seen in the degree to which schools reported that they focus on students with already identified mental health problems and proactively promote wellbeing. These differences may, of course, be due to variations in student need for mental health support among schools or to constraints resulting from availability of resources. The variety seen in interventions and approaches highlights an opportunity for schools to potentially expand their provision by sharing experiences and expertise in a structured and systematic manner. This may be particularly pertinent in the case of interventions such as literacy programs for diversity, mental health, and LGBTQ+ & Allies related topics, as well as for suicide awareness as research in Japan (Carlson, 2020; TELL, 2008) and in other countries has shown that these topics are of particular concern to some young people. A similar opportunity may exist with respect to sharing information and resources related to interventions for parents/guardians and staff.

### Finding 2: Information about Students

Of the ten schools, two reported regularly gathering information from students about their emotional wellbeing, with one school commenting that they plan to formalize this process during the current academic year. Little research has been carried out investigating psychosocial concerns among international school students, but results from two studies suggest that secondary school students feel considerable stress related to a range of academic and personal issues. Consistent with a survey of nearly 2,000 students attending international schools in the Tokyo area (TELL, 2008), more recent research has found that a number of international school students worry about aspects of their physical and mental health. In a survey of 80 middle and high school international school students, thirty-seven percent



of students reported worrying about ‘anxiety’, and of those thirteen percent responded that they *always* worry about this issue. Forty-three percent of students worry about ‘sleep’, thirty-eight percent about ‘depression’, forty-one percent about ‘self-esteem’, twenty-five percent about ‘eating disorders’, twenty-four percent about ‘mental illness’, twenty-one percent about ‘emotional abuse’, twelve percent about ‘suicide’, and fifteen percent about ‘self-harm’ (Carlson, 2020). These findings suggest that there may be value in gathering information about the emotional wellbeing of students in terms of planning and preparing interventions.

#### Finding 3: School Mental Health Professionals

Some schools reported being challenged, to varying degrees, by constraints which may make it difficult to have school counselors or other mental health professionals of staff and, in turn, may require schools to make due with fewer resources than they consider optimal. This also points to the possible value of sharing social support and mental-health related resources, information, and know-how across international schools in Japan, as well as across the wider multicultural and Japanese communities. An opportunity also exists for schools to use both asynchronous and real-time platforms to provide in-school interventions, such as counseling and mental health literacy programs, among others.

#### Finding 4: Relationships with Community-based Mental Health Professionals

Although most schools reported having relationships with community mental health professionals, staff reported that a range of barriers make it difficult to work in an active and collaborative manner with these professionals. Communication difficulty due to lack of Japanese proficiency was described as a primary challenge, followed by constraints caused by time and distance. Parents not consenting to a collaborative relationship between the school and community mental health professional was also a barrier for some schools, and may suggest the value of having a mental health education program in place for parents/guardians. These findings point to the value of developing community-wide multilingual forums for sharing of

information and resources regarding best practices in mental health support among Japanese, international, and other types of schools in order to promote joined up working among people from different professional and cultural communities. The findings also indicate that an online, easily accessible multilingual database with information and contact details for organizations providing support for a range of topics, including suicide, physical and emotional abuse, sexual violence, bullying, diversity and inclusion, and LGBTQ+ related topics could be potentially helpful toward reducing barriers to a range of types of support.

## Conclusion

The aim of the exploratory study described in this paper was to provide a snapshot of the types of mental health support and psychological crisis provision in place in ten international schools in Japan, and to gain an understanding of the ways in which school staff see this provision to be effective as well as the challenges staff feel their schools are experiencing in supporting their students. Larger scale and more in-depth research is warranted regarding supporting the mental health of culturally-diverse youth and the availability of psychosocial support in international schools and their wider communities.

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