Article

An Exploratory Study of Psychological Crisis Intervention in International Schools in Japan

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Abstract

The effects of trauma and psychological crisis on children and young people are profound both in terms of negatively impacting student academic achievement and of having ramifications for psychological outcomes, such as depression, anxiety, and disruptive behavior. In response to this, the role of the school in providing crisis prevention, intervention, and response has grown in importance over the past three decades, and with this growth has come recognition that response must be designed and delivered in a manner which is inclusive of all students. The aim of the small, exploratory described in this paper was to gain an initial and general understanding of the type of provision in place for psychological crises in international schools in Japan. Findings suggest that these schools may encounter the same types of barriers and challenges that are reported by schools in the school-based psychological crisis response literature: uneven representation in development of crisis plans and in membership on crisis teams, a prioritizing of intervention and response over planning and prevention, and a lack of mental health professionals on staff. Implications regarding the need for greater psychoeducation for all stakeholders and opportunities for schools to share resources and expertise are discussed.

Keywords:

School crisis, psychological trauma, multicultural, international schools, Japan

Introduction

Children and young people come to be in psychological crisis for a number of reasons, including trauma due to abuse, bullying, violence, war, or natural disasters, experience of illness, death or suicide, struggles with emotional problems or mental illness, as well as threats to health, such as the Covid-19 pandemic. Globally, mental health issues and incidents of psychological crisis among children and young people are high, and suicide is estimated to be the second leading cause of death globally among young people ages 15 to 29 (“Suicide”, 2019). In the United States, data from the National Youth Risk Behavior 2019 Survey shows that among students in 9th to 12th grade attending private and public schools, 18.8 percent of students reported that they had seriously considered suicide during the previous 12 months, 15.7 percent of reported having made a plan, 8.9 percent of students reported having made at least one suicide attempt, and 2.5 percent of students reported they had attempted suicide and required treatment from a doctor or nurse (Ivey-Stephenson et al, 2020). In Japan, youth suicide has remained high in recent years, and in 2018 it was the leading cause of death for

young people ages ten to 19 ("Japan sees", 2019). In 2019, death by suicide increased from 20,283 deaths in 2018 to 22,389 in 2019 for youths under 19 years of age (National Police Agency, 2019).

The effects of psychological crisis have been well documented both in terms of negatively impacting student academic achievement and in regard to how internalizing or externalizing trauma may have ramifications for psychological outcomes, such as depression, anxiety, and disruptive behavior (Olinger Steeves et al, 2017). The role of the school in providing crisis prevention, intervention, and response has grown in importance over the past three decades, and with this growth has come recognition that response must be designed and delivered in a manner which is inclusive of all students. This awareness comes from research indicating that children and young people who are diverse due to being multicultural, having a disability or learning difference, or are diverse in terms of their sexual orientation or gender identity have an increased risk of facing challenges to their mental health (Erbacher et al, 2015; Kirmayer, 2012). Additionally, research suggests that adolescents, and particularly youths with diverse backgrounds, are less likely to seek assistance for psychological problems than are adults, and are more likely to terminate treatment early (Zachrisson et al, 2006), and these young people may be potentially less able to access support due to barriers related to language, culture, lack of information, fear, and stigma (Cheng et al, 2018; Fortier, 2016; Gary, 2006; Gopalkrishnan, 2018).

Ensuring access to diversity-competent psychological support and trauma response in schools for diverse children and youths is increasingly relevant to the current Japanese context, and this can be seen in the degree to which Japan is diverse. One in eight individuals who turned 20 years old in 2017/18 in Tokyo has an international background (Yoshida, 2018), with an increase in the non-Japanese population expected in order to help Japan meet its need for labor. In terms of sexual orientation and gender identity, a 2018 survey of 60,000 people in Japan aged 20-59, 8.9% of respondents reported that they identify as LGBTQ+ (Dentsu Diversity Lab, 2019). And, in 2019, 22,389 school age students in Japan have some type of learning difference (National Institute of Special Education, 2019). Trauma response in schools, therefore, must be inclusive of and sensitive to the needs of all students (Sue, 2006).

Psychological Crisis Support in Schools

The opportunity for schools to play an increasingly important role in supporting the physical safety and social, emotional, and psychological wellbeing of their students is due in part to the amount of time children and adolescents spend in school and to the multifaceted understanding of youth's functioning in the school setting, as well as to school professionals being in roles to potentially help students and their parents navigate psychosocial support both within the school and in the wider community (Okuyama et al, 2017; Werner-Seidler et al, 2017; Yohannan & Carlson, 2018). It is generally recognized that to be effective, schools must have in place crisis plans which include provision for preparedness, prevention, response, and both short and long term recovery with close regard to both mental health and physical safety, as well as to have crisis teams which are able to work together to

ensure that crisis provision is delivered appropriately and effectively (Okuyama et al, 2017). The PREPaRE model was developed in the United States and is an example of a school-based approach to crisis response which been implemented in a number of schools. PREPaRE stands for: Prevent and prepare for psychological trauma; Reaffirm physical health and perceptions of security and safety; Evaluate psychological trauma risk; Provide interventions and Respond to psychological needs; and Examine the effectiveness of crisis prevention and intervention. Similarly, the PPD-8 (Presidential Policy Directive), also a U.S. initiative, was developed in 2011 and articulates response in terms of 'before', 'during', and 'after', with specific measures in place for each of three tiers, depending on need. In this model, at Tier One, universal interventions are provided. At Tier Two, early intervention in provided, such as PTSD prevention through approaches based on CBT (Cognitive Behavioral Therapy), for students who have been assessed as being vulnerable. At Tier 3, higher-intensity targeted intervention is provided, through links with community-based mental health services.

Currently, although the need for schools to have in place programs to respond to trauma and psychological crisis is well understood and well-articulated frameworks have been developed (such as PREPaRE and PPD-8) and some evidence based interventions have been identified (TF-CBT and Trauma Focused CBT, for example), and although gains have been made over the past two decades in developing and implementing crisis-response models and approaches, schools are at a disadvantaged due to several factors.

One factor is that, although the number of clinically effective interventions for trauma are increasing, there are gaps in evidence-based guidance for schools about effective school-based interventions, making it difficult for schools to make decisions regarding the implementation of effective policies and practices. An example is seen in the difficulty in carrying out experimental studies in school-based suicide prevention interventions. Due to ethical reasons, it would be unthinkable to conduct a study using randomized control groups, and therefore few studies regarding effectiveness of suicide prevention interventions are evidence based (Olinger Steeves et al, 2017), although a small number of interventions, such as 'SOS Signs of Suicide', a depression screening intervention, have been evaluated as being best practice measures in school suicide support. While a small number of evidence-based interventions for use in schools exist, most school crisis prevention studies are descriptive in nature, and investigations of the details of school crisis plans are limited, as are those which examine staff members' feelings of preparedness (Olinger Steeves et al, 2017).

Despite the dearth of evidence-based research, there are aspects related to school response to trauma and crisis about which experts appear to largely agree. The following three points are underpinned by a common theme, the need for psychoeducation.

First, research suggests that schools place greater attention on physical than psychological safety. While a greater emphasis on ensuring effective response to student psychological needs is thought to be critical, several issues appear to make this difficult. First, research in Japan and other countries has emphasized the need

for training of school-based mental health specialists in crisis response and for a deeper understanding of professional development strategies that can help staff acquire skills that translate into improved outcomes for students. Related to this, given the limited number of mental health professionals who are working in school settings on a daily basis, the benefits of and need to train teachers and paraprofessionals to deliver psychological support following a traumatic incident has also been highlighted (Okuyama et al, 2017), particularly as research indicates that non-clinical staff may be effective in supporting students experiencing trauma. However, few rigorous investigations of trauma informed interventions that carried out by teachers have been carried out to date (Stratford et al, 2020). More research is also needed examining effective collaboration between teachers and school mental health professionals in supporting student mental health.

Second, and also related to the lack of priority given to psychological safety, school-based crisis response literature has pointed to a need for stakeholders to understand that academics and mental health and very closely linked, and to play an active role in advocating for implementation. To facilitate this, research has emphasized the value all stakeholders, including school leaders, receiving psychoeducation training to understand the importance of effective and coherent school response to trauma and crisis (Jorm, 2012). Additionally, the importance of sharing safety and crisis response resources with members of the school community on an online, easily accessible webpage has been highlighted, as well as the need for school policies, such as those regarding memorials for students or staff who have died by suicide, to be understood and communicated sensitively and clearly to stakeholders due to issues surrounding contagion effects (Erbacher et al, 2015).

Third, research has shown that schools tend to prioritize intervention and response over the planning and prevention components in the school crisis plan, at the detriment to the effectiveness of the the school crisis response (Cowan and Rossen, 2013). Taking the PPD-8 framework as an example, during the 'before' phase of the program, attention would be paid, across the entire school, to trauma awareness, bullying prevention, threat assessment, the training of key staff, and assessing and promoting mental health through regular screenings. Students identified as needing support would be linked to early intervention or, if needed, to targeted intervention. When schools opt not to include a planning and prevention stage to their crisis plan, opportunities to be proactive in this way may be lost. The importance of school-wide data collection and of the need to know which students are at risk and to have an active and deliberate psychological triage evaluation process in place has been noted as being critical to effective crisis response.

Considerations in Planning for Psychological Crises in International School Settings in Japan

Although, to my knowledge, there have to date been no studies which have focused specifically on psychological crisis among culturally diverse children and adolescents in Japan, a recent survey found that among secondary students attending an international school, 41% reported worrying about self-esteem, 36% about depression, 36% about anxiety, and 22% about mental illness (Carlson,

2020). An earlier survey found that nearly 5% of almost 1,800 international school students reported being always worried about suicide (TELL, 2008). Against this backdrop, in contrast to countries such as Finland or Australia, measures related to suicide prevention are made in a top-down manner, and Japan's Basic Act for Suicide Prevention not yet including initiatives specific to culturally diverse groups or the LGBTQ+ community (Gilmour et al, 2019).

As literature regarding trauma intervention is sparse for some populations, schools adapting interventions to fit the culture of the population has been suggested by some researchers (Yohannan and Carlson, 2018). In this context, there is the question of how schools which exist outside of the mainstream educational system respond in the event of a crisis, given that the school governance may be autonomous from the local and national boards of education and that the schools may vary in the degrees to which they have relationships with individuals and organizations in their local communities.

In Japan and elsewhere, international schools are in a somewhat unusual position in terms of providing psychological support to diverse school communities. On the one hand, teachers and student support staff at these schools tend to come from a range of cultural, linguistic, and academic backgrounds, perhaps increasing opportunities for students and their families to potentially benefit from a range of therapeutic approaches to treating mental health issues and responding to trauma. At the same time, however, because schools are attended by children from a variety of cultural backgrounds, school support staff must be highly skilled in working with families who may have varying attitudes and beliefs about mental health and psychological crisis provision (Annandale et al, 2011; Inman, et al, 2009; Kayama, 2010), potentially creating challenges to supporting students whose parents may have very different beliefs and attitudes about psychological support for their children.

The diversity of faculty and student support staff at international school may also have ramifications in terms of preparedness of staff to liaise with community mental health providers and to be knowledgeable about medical, psychological, and legal resources and networks in the wider local and national communities. A possible lack of connectedness to support outside the school could then inform the degree to which these schools are able to navigate decisions surrounding possible avenues of support in the event of a traumatic event or psychological crisis (Bywater & Sharples, 2012; Hess et al, 2017; Mackenzie & Williams, 2018; Salerno, 2016; van Loon et al, 2020).

The exploratory study described in this paper investigated the psychological crisis provision ten Japan School Council of International School member schools have in place.

The Study

The aim of this study was to gain an initial and general understanding of the types of provision in place for psychological crises in international schools in Japan. As, to my knowledge, this research is the first to focus on psychological crisis provision in international schools in Japan, the study's design was exploratory in nature and fell within a qualitative framework.

Participants

The twenty-seven heads of schools 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. After providing 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

None of the items in the survey ask for details about the respondent and their role in the school or about the school's name, size, or location. Due to the number of schools participating in the research, however, and to the relatively small size of the international school community, questions regarding specific types of psychological crisis incidents were not included in order to better preserve anonymity.

Survey questions were adapted from an instrument developed by Nickerson and Zhe (2004).

Results

In response to the first question, *'Q1: Has your school experienced a crisis within the past three years?'*, five schools reported having experienced a crisis in recent years while five reported that they have not.

As shown in Table 1, with regard to actions the five schools took directly following the crisis, contacting parents was mentioned most frequently, followed by contacting emergency services and providing psychological first aid. One school described moving students to different location and another school reported contacting English-speaking community mental health professionals.

Table 1
Q2: In the most severe crisis that has happened within the past three years, what has your school done during or immediately after the crisis?

		%	
1	*Community emergency services contacted*	*23.08%*	*3*
2	*Students evacuated from school building*	*0.00%*	*0*
3	*Students moved to another location in the school or classroom*	*7.69%*	*1*
4	*School closed for any length of time*	*0.00%*	*0*
5	*Parents contacted*	*38.46%*	*5*
6	*Physical first aid provided to students by school staff/crisis team*	*0.00%*	*0*
7	*Psychological first aid provided to students by school staff/crisis team*	*23.08%*	*3*
8	*Other*	*7.69%*	*1*

In response to '*Other*', a school elaborated that, 'community mental health workers (English speaking) sought out to support after a death.'

In regard to actions schools took in the days and weeks following a crisis, holding meetings with teachers and/or administrators and debriefings with school staff were mentioned most often, followed by meetings with parents, students, and members of the community and brief psychological services for individuals or groups and by debriefings for students and parents, as can be seen in Table 2, below.

Table 2
Q3: In the most severe crisis that has happened within the past three years, what has your school done in the following few days/weeks after the crisis? (Please check all that apply.)

		%	
1	Parent/Student/Community meetings	12.00%	3
2	Teacher/Administrative meetings	16.00%	4
3	Brief psychological services		
	a. group	4.00%	1
	b. individual	0.00%	0
	c. both	8.00%	2
4	Generic psychological debriefing	8.00%	2

5	Standardized debriefing that follows a specific format, model, or manual	4.00%	1
6	One of the following specific standardized debriefing models:	0.00%	0
	a. Critical Incident Stress Debriefing (CISD)	0.00%	0
	b. Psychological Debriefing (PD)	0.00%	0
7	Who participated in the debriefings?		
	a. Students	8.00%	2
	b. School Staff	16.00%	4
	c. School Parents	8.00%	2

In response to the fourth question, *'Q4: Did your school evaluate how it responded to the crisis?'* three of the five schools answered that they had assessed their responses.

Regarding the fifth question, *'Q5: Does your school have a school crisis plan in place for incidents such the unexpected death of a student or member of staff, suicide, abuse, trauma, natural disasters, etc.?',* seven of the ten schools reported that they do currently have a crisis plan in place.

As shown in Table 3 below, in response to the sixth question, although the school was most often involved in the creation of the crisis plan, other individuals and groups were also sometimes asked to participate.

Table 3
Q6: Which institution(s) were involved in creating the school crisis plan? (Please check all that apply.)

		%	
1	Local government (in cooperation with relevant institutions and agencies)	15.38%	2
2	School	53.85%	7
3	Parents (or parent representatives)	7.69%	1
4	Students (or student representatives)	0.00%	0
5	Other	23.08%	3

Regarding *'Other'*, the US Consulate; a Japan Council of International School Professional Development weekend; and NOVA (National Organization for Victim Assistance), Council of International School Crisis Training, and The Jane Group were mentioned.

In terms of the focus for the crisis plan, only one school mentioned placing a focus on preventing crises, while minimizing impact during the crisis and responding following the crisis were reported by all schools, as shown in Table 4, below.

Table 4
Q7: What is the focus of the plan? (Please check all that apply.)

		%	
1	Preventing crises before they happen	6.67%	1
2	Efforts to minimize the impact of the crisis while it is happening	46.67%	7
3	Responding to the crisis after it has occurred	46.67%	7
4	Other	0.00%	0

With respect to how general or specific the content of the school crisis plan is, as seen in Table 5, all but one school reported having detailed plans in place.

Table 5
Q8: Is the school's crisis plan... (Please check one.)

		%	
1	General in nature using the same response for every type	14.29%	1
2	Includes specific response techniques	85.71%	6

In response to question nine, *'Q9: Does your school have a current crisis intervention team?',* five of the ten schools answered that they do have a crisis intervention team. Of these schools, four reported the team taking a school-based approach, while one school has a community-based team, with participation from professionals in the community. Regarding *'Other'*, one school mentioned the participation of legal consultants, as needed.

In terms of crisis team membership, all schools reported the participation of the principal, followed by the school counselor, and then the assistant principal, superintendent and school nurse. Regular teachers and auxiliary personnel were each mentioned by just one school.

Table 6
Q10: Who are the members of the crisis team? (Please check all that apply.)

		%	
1	School Psychologist(s)	0.00%	0
2	School Counselor(s)	17.39%	4
3	School Social Worker	0.00%	0

4	Principal(s)	21.74%	5
5	Assistant Principal(s)	13.04%	3
6	Superintendent	13.04%	3
7	Local Public Officials	0.00%	0
8	Students	0.00%	0
9	Parents	0.00%	0
10	Regular Education Teacher(s)	4.35%	1
11	Emergency Services Personnel	0.00%	0
12	Community Mental Health Personnel	0.00%	0
13	School Nurse(s)/Medical Personnel	13.04%	3
14	Special Education/Resource Teacher(s)	0.00%	0
15	Auxiliary Personnel (bus drivers, custodians, hall monitors, etc.)	4.35%	1
16	Other	13.04%	3

With respect to *'Other'*, schools listed Head of Operations, Facilities, Student Services; Business Manager; and Communications Department and Building Management Supervisor

In terms of activities undertaken by the crisis team, types of tasks were fairly evenly reported by all schools, as seen in Table 7, as follows.

Table 7
Q11: Are individuals on the crisis team assigned to conduct the following activities? (Please check all that apply.)

		%	
1	Crisis team leader/coordinator	14.29%	4
2	Provider(s) of psychological services and psychological first aid	10.71%	3
3	Media contact interacting with and providing information to the media	10.71%	3
4	Liaison between emergency services personnel and the school	14.29%	4
5	Direct and assist teacher's efforts	10.71%	3
6	Track, direct, and guide students towards help and safety	10.71%	3
7	Contact and provide information to parents reuniting them with children	14.29%	4

8	Director of physical first aid efforts until community services arrive	14.29%	4

With regard to question twelve, *'Q12: Does your school evaluate the crisis team's response?',* three of the five schools replied that they do assess responses carried out by the crisis team.

The survey also included open-ended questions asking what schools found to be most and least effective with regard to psychological crisis provision and about possible barriers they have experienced in responding to crisis events. The questions and responses are shown below.

Q13: In your opinion, what aspects of the approach your school has in place to respond to psychological crises are most effective?

"We are a big community and rely on this value to deal with a crisis."

"Support of all members of the community."

"Sequential, specific roles and responsibilities are well-defined."

"Our plan does not address psychological crises, but accidents and natural disasters (medical, earthquake, fire, intruders)."

"Crisis team - ability to work as a group to resolve the matter."

Q14: What, if anything, do you think could be improved in the way your school responds to psychological crisis?

"There needs to be a crisis plan for death, illness, or other psychological crises, especially given that the crisis in the last three years was the death of a student in an accident."

"A part time or full time counselor available to support students, staff and parents."

"We need a plan to deal with crises."

"More training and keeping process current."

"Meeting on a regular basis to be more proactive if/when a crisis arises. Debrief following a crisis."

Q15: What, if any, barriers does your school face in responding to incidents of psychological crisis?

"Planning, staffing, scheduling."

"No trained professionals in this area to support."

"Money, staffing"

"Not having a full time counsellor on staff."

"We don't have a school psychologist or director of student support that could lead in this area."

Findings and Implications

In the following section, findings and their implications are briefly outlined and discussed with regard to the focus of school crisis plans, representation of school and community members in developing the crisis plan and membership on the crisis team, and challenges created by limited resources and barriers to outside support.

Finding One:
Schools reported having little representation by members of the school and wider community in developing the school crisis plan and membership on the school crisis team. Psychological crisis literature has pointed to the value of ensuring that stakeholders from the community and school are represented in creating the crisis plan and that the school crisis team is inclusive of individuals from both within the school and from the wider community. The literature also highlights the importance of being inclusive with regard to ensuring that representation is inclusive of diversity.

In the Japanese international school context, ensuring that the school crisis planning includes people from both inside and outside the school may be challenging given possible language barriers and differences in beliefs and attitudes around what constitutes appropriate responses to psychological crisis (Carlson, 2020). An additional barrier may be the degree to which international school staff are or are not familiar with how students experiencing psychological crisis are supported in Japanese schools and the wider society and knowledgeable about cultural and legal considerations surrounding response to trauma in Japan.

This, in addition to other barriers, may account for the lack of diversity among crisis team members, as well as the somewhat transitory nature of the international school community. However, in the context of schools which are outside of the Japanese educational system, working together to create a crisis plan or as members of a crisis team with people from a range of relevant professional backgrounds who are not part of the school community – including community mental health professionals, social workers, physicians, local public officials, members of law enforcement, among others - could be an opportunity for the school to strengthen its relationships with support in the local and wider community. Similarly, given the great diversity within international school communities, inviting participation from students and parents in creating and/or updating a school crisis plan is an opportunity to ensure that there is understanding and buy-in about the plan from the school community.

Finding Two:
With regard to the extent to which schools report focusing on preventing crises before they occur, making efforts to minimize the impact of the crisis while it is happening, and responding to the crisis after it has occurred, only one school reported that they focus on prevention. As was discussed earlier, school-based crisis response research indicates a tendency for schools to focus less often on planning and prevention measures and more on issues related to intervention and

response, although the literature suggests schools achieve more effective trauma response outcomes when they are proactive in terms of planning and prevention.

Prevention being given less importance by schools may be related to several factors including, first, to the degree to which schools have the time, staff, resources, and community support to be proactive in planning and preparing for a potential crisis. Comments by school staff regarding barriers to psychological crisis provision, for instance, suggest that not having mental health professionals on staff may contribute to difficulty in being able to be proactive in their response to crises. As this is an issue schools commonly report experiencing, suggestions have been made in the literature regarding the value of sharing expertise and resources across schools in order to enable those schools which do not yet have well developed crisis response programs to support their students and staff in the event of a crisis.

Second, the literature has also pointed to the value of providing psychoeducation regarding the importance of planning and prevention for school stakeholders. This also may be viewed as an opportunity to collaborate with other schools, such as other Japan Council of International School member schools and/or with other schools outside the Japanese school system, such as non-affiliated international schools, Brazilian schools, North Korean Schools, and alternative schools, as well as schools in the Japanese system, to prepare and share psychoeducation resources and materials.

Finding Three:
Lack of resources, including time, money, and not having mental health professionals on staff, was described by schools as being a barrier to effective crisis response, and perhaps requiring schools to cope with fewer resources than they consider optimal. This is an issue which schools have also referred to in regard to the types of approaches they take to support student mental health and emotional wellbeing, as well as in regard to their relationships with community mental health professionals.

However, this may also be another opportunity for international schools, with perhaps other schools outside the Japanese school system and Japanese schools, to collaborate and share expertise, information, and practical types of support related to trauma and psychological crisis response. In 2016, for example, a group of special education teachers at international schools formed an organization called SENIA Japan (Special Education Needs in Asia, Japan). The group holds an annual conference and other events, and has ties to the wider SENIA group, which encompasses all of Asia. Similarly, international schools are very actively organized around the issue of child protection. At present, however, the international school community does not have an organization devoted primarily to issues surrounding student mental health and supporting children and young people in the event of psychological crises, and particularly in light of the burden placed on students across all school settings, creating a network to consider the issues discussed in this paper may be particularly timely.

Conclusion

The aim of the small, exploratory study described in this paper was to provide a basic understanding of the psychological crisis provision which is in place in ten international schools in Japan, and to gain an awareness of the ways in which schools view this provision to be effective as well as the challenges staff feel their schools are experiencing in supporting their students. The findings, although extremely limited, highlight points to consider with regard to planning psychological crisis response at schools which are outside of the Japanese educational system and are attended by multicultural students, and in which staff may be primarily from outside Japan. Larger scale and more in-depth research is warranted regarding the psychological wellbeing of culturally-diverse youth and the availability of culturally-sensitive response to trauma and psychological crisis in schools and the wider community.

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