Mental Health and Diversity:

What Do Secondary Students at International Schools In Japan Worry About?

Andrea Carlson
Aichi Prefectural University

Japan is not yet a society in which diversity is well understood and accepted, and this may have ramifications for the emotional well-being of children and young people with diverse backgrounds and identities. To date, little research has focused specifically on the mental health of international and multi-heritage adolescents in Japan and their experiences seeking psychosocial support, and this paucity of research has consequences for the development of initiatives and interventions to support these young people. This exploratory study, the first in a larger investigation of mental health support and psychological crisis provision in international schools in Japan, asked 50 middle-school and 30 high-school students attending an international school about the types of things they worry about. The findings indicate that female students are generally more worried than male students, high-school students are more worried than middle school students, and that mixed-heritage Japanese students are more worried about some issues related to emotional well-being than are students from other backgrounds. Because of the small number of students involved in this study, findings are best viewed as indicating very tentative trends. Larger-scale, in-depth research is needed regarding challenges to the mental health of culturally-diverse youths in Japan and the availability of support in schools and the wider community.

現在の日本は、多様性が十分に理解され、受け入れられている社会であるとはいえない。そのため、多様な背景やアイデンティティを持つ子供たちや若者たちの情緒的ウェルビーイングに影響を及ぼしている可能性がある。現在に至るまで、国際的・民族的に多様な背景を持つ日本在住の若者のメンタルヘルスと彼らの心理的サポートに関する経験に特化した研究はほとんど行われていない。そのため、このような若者たちを支援するための新たなサポート体制や治療方針を構築することが困難な状況にある。日本のインターナショナルスクールにおけるメンタルヘルスサポートと心理的危機に対する支援について、初めて大規模に行わ

れた探索的研究がある。この研究では、あるインターナショナルスクールに在籍
する中学生50名、高校生30名に対し、どのような事柄について不安を抱いてい
るのか調査している。研究結果によると、一般的に女子生徒の方が男子生徒より
も、高校生の方が中学生よりも不安を抱く傾向にあるという。また、民族的に多様
な背景を持つ日本人生徒（両親の一方が日本人で、もう一方が日本以外の文
化的背景を持った人である生徒）は他の背景を持つ生徒に比べ、情緒的ウェル
ビーイングに関する問題に対して、より不安を感じる傾向にあるということがわか
った。研究の対象となった生徒数は少ないが、おおよその傾向を知ることができ
るという点で、この研究は価値あるものだといえる。日本に住む文化的に多様な
若者たちのメンタルヘルスに関する問題に取り組むため、そしてより広範なコミュ
ニティや多くの学校においてサポートを提供するために、さらなる大規模で、詳
細な研究が必要とされている。

Worldwide, the number of mental health problems in children and young people is high. Suicide is estimated to be the second leading cause of death globally among young people ages 15 to 29 (World Health Organization, 2016), and the third leading cause among 15 to 19 year olds (World Health Organization, 2019). Half of all mental health conditions begin by 14 years of age, and most remain undetected and untreated (Kessler et al., 2007). Twenty percent of children and adolescents will, each year, experience some type of challenge to their mental health (Boulter & Rickwood, 2013), and 10% of children ages five to 16 will have a diagnosable mental health problem. Although, in Japan, suicide among adults has been decreasing in recent years, the rate of suicide for youths has remained high (Motohashi et al., 2016), remaining flat or increasing slightly among junior high school students between 2009 and 2016. Among high school students, the rate has fluctuated more, but did not drop below 200 deaths by suicide a year between 2009 and 2018. For both age groups, among females of secondary school age, concerns related to health, including depression, were the leading cause, followed by school concerns. Among male secondary students, school concerns were the leading cause, followed by health concerns, including depression (Cabinet Office, 2018). In 2018, suicide was the leading cause of death for young people ages ten to 19 ("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 the young people who are in the greatest need (Takeuchi, et al., 2011). In addition, while the importance of mental health education for children, youths, parents, and educators is also accepted, implementation of these programs in schools and the community are

relatively rare in Japan and elsewhere (Ojio et al., 2015). This is significant because, in addition to causing pain and suffering in childhood and adolescence, without appropriate awareness, treatment, and support, there is a risk that mental health problems will continue into adulthood, limiting opportunities for individuals to lead happy, fulfilling lives.

The exploratory study described in this paper investigated the types of issues secondary students at an international school worry about. In this first part of the paper, I describe mental health support in diverse communities, barriers to support, and the role of schools. In the second part of the paper, I describe the study and its findings and then outline possible implications.

Mental Health Support and Diverse Communities

Japan is not yet a society in which diversity is well understood, tolerated, or normalized, and marginalizing behavior such as bullying, harassment, and stigmatization have serious ramifications for the emotional well-being of children and young people with diverse backgrounds and identities (Kirmayer, 2012). Moreover, although the need for school and community-based initiatives to promote greater acceptance of diversity is certainly understood, well-developed programs are the exception rather than the rule, with the outcome that children who learn or interact with the world differently, who identify as LGBTQ+, who are leading fragile lives, and/or who are culturally diverse may be unfairly burdened by stressors caused by marginalization. In regard to culturally diverse students, Tokunaga has observed: "given the absence of multicultural education approach in Japanese Ministry of Education, Culture, Sports, Science, and Technology policies, most schools do not value notions such as social justice, equity, and diversity in their educational practices towards immigrants" (2018, p. 5). So, while the complex, nuanced, multi-faceted intersections of our identities are undoubtedly something to be celebrated, they are also not always well understood and the negative mental health outcomes among people with diverse backgrounds and identities are an indication that society is not yet tolerant and inclusive.

The burden created by marginalizing behavior is evident. People with disabilities and learning differences in Japan and elsewhere are more likely than the general population to have poorer mental health (National Guideline Alliance, 2106). LGBTQ+ youth are more likely to have suicidal ideation and attempt to die by suicide than their heterosexual and/or cis-gender peers (Kann et al., 2018). In Japan, members of both exisiting ethnic minority "oldcomer" communities and "newcomer" communities, foreigners who arrived in Japan since the 1970s, experience significant

challenges to their emotional well-being (Gilmour et al., 2019). Among the old-comers, *Zainichi*, Korean residents, who trace their roots to Japanese colonial rule, have long faced marginalization. The suicide rate between 2010 and 2014 was 2.46 times higher for *Zainichi* Korean women of all ages than for their Japanese peers (Gilmour et al., 2019). Although the suicide rate for *Zainichi* Korean men has been decreasing in recent years, in 2015 it was more than double that of Japanese men (Ueda et al., 2019). Increasing racism and hate speech, together with socioeconomic disparities between Korean and Japanese residents, are considered to be contributors to these high suicide rates (Gilmour et al., 2019). Mental health concerns are also evident in the recent incidence of suicide among individuals from "newcomer" communities, such as those from Nepal and Vietnam (Sakagami et al., 2014).

Yet, in spite of the high rates of suicide among some long-term and short-term diverse communities, Japan's Basic Act for Suicide Prevention does not yet include initiatives specific to culturally diverse groups (Gilmour et al., 2019). This is noteworthy in regard to Japan's multicultural youth, given that in Tokyo one in eight individuals who turned 20 in 2017/18, has an international background (Yoshida, 2018) and in light of the expected increase in international residents in coming years. Gaps in provision have consequences not only for how individuals are able to access support for chronic and acute mental health issues, but may also have the outcome that individuals and families are less likely to receive appropriate support following a crisis, such as a natural disaster or sexual assault, than are members of the majority Japanese population.

Barriers to support

Despite a need for mental health support globally, children and young people generally, as well as those from diverse communities, may be at risk of not receiving the support they need. This may be due in part to their reluctance to seek support because of stigma or lack of knowledge about mental illness (Cheng et al., 2018; Gopalkrishnan, 2018; Jorm, 2012; Zachrisson et al., 2006), as well as oversubscription of services (Campbell, 2016). For young people from diverse communities, differences in language or culture and lack of easily accessible information about the types of support which may or may not be available create additional barriers to receiving support for challenges to their mental health in Japan (Fortier, 2016; Kawauchi & Ogasawara, 2015; Kayama, 2010).

Research in countries such as Australia, Canada, and the United States shows that people with diverse backgrounds are often (a) in acute stages of psychological distress when they visit a mental health professional as they are slow to seek mental

health support (Gopalkrishnan, 2018), and (b) more likely to terminate contact with mental health professionals early than the general population (Gary, 2006). Diverse communities may also be inadequately supported due to a lack of culturally-competent professional support which recognizes the dimensions that influence an individual's personal identity, including race and ethnicity, language, sexual orientation, gender and gender identity, age, disability, learning difference, socioeconomic status, education, religious and spiritual orientation, and whether they live in an urban or rural setting (Kirmayer, 2012; Sue, 2006). In countries with multicultural populations, there is widespread recognition that mental health provision must be culturally competent in order to be ethical and effective. Countries with traditionally less diverse populations, such as Japan, are not as likely to train mental health professionals to be competent in working with people from a range of backgrounds.

The Japanese context is made more complex by the country being in a transition in terms of how mental health support is understood. For the past two decades, depression, anxiety, and other psychological problems have been viewed within a medicalized framework, with pharmacological approaches to treatment being the most common form of therapy, and the value of psychotherapeutic approaches has only quite recently become recognized (Kitanaka, 2012; Kudo Grabosky et al., 2012). The number of licensed clinical psychologists in Japan has grown from 7,085 in 1999 to 37,249 in 2019 (Koueki Zaidanhoujin Nihon Rinshou Shinri-shi, 2019) and the number of school counselors has increased from about 8,400 in 2004 to almost 24,000 in 2014 ("Sukuuru caunseraa-tou," 2014), yet accessing professional mental health support may still be somewhat difficult—particularly in more rural areas and when there are language or cultural barriers.

Additionally, not knowing if, when, and where to seek support can inhibit parents from contacting a mental health professional (Kawanishi, 2009). Finding appropriate mental health support is perhaps particularly complex as psychological problems can be difficult to diagnose, and it is not uncommon for a child or young person to experience more than one challenge to their psychological well-being—such as an eating disorder alongside depression. In an earlier study (Carlson, 2017), the complexity of navigating the search for mental health support was documented in interviews with eight non-Japanese mothers (all but one married to Japanese men) living outside the greater Tokyo area. Asked about their experiences finding support for their children, although the mothers escribed a variety of challenges to their children's mental health—including depression (due to being bullied or other life events), disordered eating, social anxiety, and bipolar disorder—the narratives of the families were nearly identical, with distress, isolation and lack of information being central to

their experiences.

The Role of Schools

Because of the prevalence of mental health problems in children and young people and due to the amount of time they spend in school, the role of the school in supporting families in navigating psychosocial support has come to be seen as central in recent years (Werner-Seidler et al., 2017). In the case of families with diverse linguistic and cultural backgrounds, the school may be a particularly important resource for psychosocial support, both in terms of provision available at the school and through the school acting as a liaison to mental health professionals and others in the local or wider community. The importance of this role may also be crucial in international schools or other schools with large numbers of multicultural students as a number of families may be relatively new to the country and therefore not yet steeped in the language and culture, and perhaps not aware of options regarding psychosocial support in the local community (Inman et al., 2009).

For children and youths, this lack of support may be a significant issue as they may share the same concerns—and perhaps have additional worries—about their well-being and challenges to their mental health as their majority-group peers, but are potentially less likely to have a voice in the majority community with which to express these concerns. A lack of voice does not, however, equate to a lack of need for support. Although very little research has to date been carried out regarding the mental health needs of students attending international schools in Japan, in 2006 TELL (formerly Tokyo English Lifeline), sought to learn more about the mental health needs of these students and, at the same time, raise awareness of the TELL lifeline (an English language emergency telephone counselling system) among multicultural youths. Staff from TELL's School Awareness Program visited nine international schools in the Tokyo and Yokohama area and conducted questionnaires of 1,895 middle and high school students from a range of cultural backgrounds. TELL found that nearly 5% of the respondents, or 95 students, indicated that they are *always* worried about suicide, 6% of the students reported that they *always* worry about depression, and 8% *always* worry about their self-esteem (TELL, 2008).

As with international schools, little is known about issues related to the mental health of culturally diverse students attending Japanese schools or regarding students attending heritage schools, such as Korean, Brazilian, or French Schools, for example, or students learning in homeschool or community school environments. Likewise, little is known about the mental health of culturally diverse students who do not attend school.

This dearth of information about the emotional well-being of culturally diverse children and young people in Japan has ramifications for the preparation and deliver of diversity-sensitive support in schools and the wider community. That is, without knowing what is troubling multicultural young people, it is difficult to know what initiatives and interventions are most appropriate to support them.

I located the research described in this paper in an international school, as opposed to other types of schools, for two reasons. First, with the exception of the study carried out by TELL more than a decade ago, to my knowledge no formal research into these issues has as yet been done in these schools. Second, international schools are unique in that they are comprised of students, staff, and parents from a wide range of cultural and linguistic backgrounds.

This diversity can be seen in the following list of characteristics common to international schools:

- Transferability of students' education across international schools
- A moving population
- Multinational and multilingual student body
- An international curriculum, such as the International Baccalaureate
- International accreditation
- A transient and multinational teacher population
- Non-selective student enrollment
- Usually English or bilingual instruction

(International Association of School Librarianship, 2020)

This description does not, of course, capture the depth or complexity of individual student identities. That is, in addition to being multicultural, a student may be gender nonconforming, on the Autistic spectrum, or diverse in a number of other ways. Also not included in this description is that international schools in Japan are private and tuition costs are considerable. Therefore, the option of sending a child to an international school is not accessible to all families. For families who can afford to pay the school fees, making the decision to send their child to an international school may in itself be complicated for various reasons, including consideration of possible gains and losses for the child related to cultural identity, language, friendship groups, further education, and future employment. The fact that international schools are private also means that they are not representative of the all multicultural residents in Japan in terms of social class.

The Study

The study describes here is the first part of an exploratory, qualitative investigation of mental health needs and available support in international schools in Japan. This part of the

research focuses on the types of issues a group of secondary school students at an international are most worried about.

My aim in carrying out this research was to gain a sense of the situation in one international school in order to compare the results with those of the study carried out by TELL (2008). Additionally, the findings from the study described in this paper will inform a subsequent investigation of mental health provision and psychological crisis planning at international schools.

International schools in Japan consist of those which are unaffiliated and those which are members of the Japanese Council of International Schools (JCIS). The exploratory study described here investigates issues related to the emotional well-being of students at one JCIS member school. The study builds on the research carried out in 2006 by TELL (2008) in inquiring about the concerns of international school students in middle school and high school.

Procedure

With permission from school management, middle school and high school students at an international school in an urban location were invited to answer a questionnaire about the types of things they worry about. For each participant, written informed consent was obtained from both parents/guardians and the students themselves.

In addition to basing the questionnaire on the instrument used by TELL, I also modelled the format for collecting student responses on their approach by inviting TELL staff and Lifeline volunteers to visit the school to give two workshops, one to all of the middle school students and the other to the entire high school student body. The workshops were each 30 minutes long, and included a PowerPoint presentation about the TELL lifeline, followed by age-appropriate help-seeking role plays of teenagers talking to TELL volunteers on the telephone about issues including depression, relationship problems, and bullying, and ending with a question and answer session. The students then broke into groups of 12 to 15 students by age and had small group discussions in classrooms with TELL Lifeline counselors for 20 minutes. The groups in which students and parents had given informed consent then answered the survey, and the groups in which parents and students had not given consent wrote feedback about the TELL help-seeking workshop. Students were not made aware of who had given consent and who had not, and school staff were not present during the small group discussion or while students were answering the questionnaire or the workshop feedback form.

Fifty middle school students from grades 6, 7, 8, and 9 answered the

questionnaire. Of these students, 33 were female and 17 were male. Thirteen students were Japanese, 12 students were mixed-heritage Japanese, and 25 students self-identified as international (which in this context usually means identifying with a nationality other than Japanese). Thirty high school students from grades 10, 11, and 12 answered the questionnaire. Of these students, 17 were female and 13 were male. Nine students were Japanese, 8 students were mixed-heritage Japanese, and 13 students identified themselves as international. The broad categories of Japanese, mixed-heritage Japanese, and international were included in the questionnaire in order to ensure the anonymity of the students who answered it.

The Questionnaire

The questionnaire (see Appendix) was adapted from the TELL (2008) instrument and asked students both forced choice and open-ended questions. In Part One of the questionnaire, students indicated on a five-point Likert scale how often they worry about 38 issues, including academic success, the future, cyberbullying, relationships, family problems, sexual orientation, body image, cultural identity, depression, eating concerns, anxiety, self-esteem, and suicide. For each question, students were asked to choose one of the following responses:

(1) Never; (2) Not Often; (3) Sometimes; (4) Frequently; and (5) Always. In Part Two, students answered the questions: "What are your biggest worries at the moment?" "What causes you the most stress?" and "Are there any issues you would find hard talking to your teacher, parents, or school counselor about?"

The Likert scale questions were placed in the first part of the survey in order to give students a chance to understand the focus of the research and to consider their answers to the open-ended questions. It should be noted, however, that having these questions first may have had some influence in terms of the comments students wrote.

The original TELL questionnaire was updated and expanded to include ten additional items, including cyberbullying, social media pressures, sleep, and mental illness. Two spaces were also provided for students to write in additional items. Open-ended questions were kept the same as those asked in the TELL questionnaire.

Results

To maintain consistency with the TELL study, answers of (3) "Sometimes," (4) "Frequently," and (5) "Always" were grouped as "worried" in analyzing the data.

Overall, the results were similar to the findings from the TELL survey (2008):

1. Students were most worried about the future and academic issues.
2. Female students were more worried than male students.

3. High school students were generally more worried than middle school students.
4. Some students were very concerned about issues related to physical and emotional well-being.

However, the results differed somewhat from the TELL survey when broken down by cultural background:

5. Mixed-heritage Japanese students were more worried about some issues related to emotional well-being than students from other backgrounds.

The overall similarities between the two studies can be seen in Figures 1 and 2.

Figure 1

"Worried" Results for All Students (TELL, 2008, p. 9)
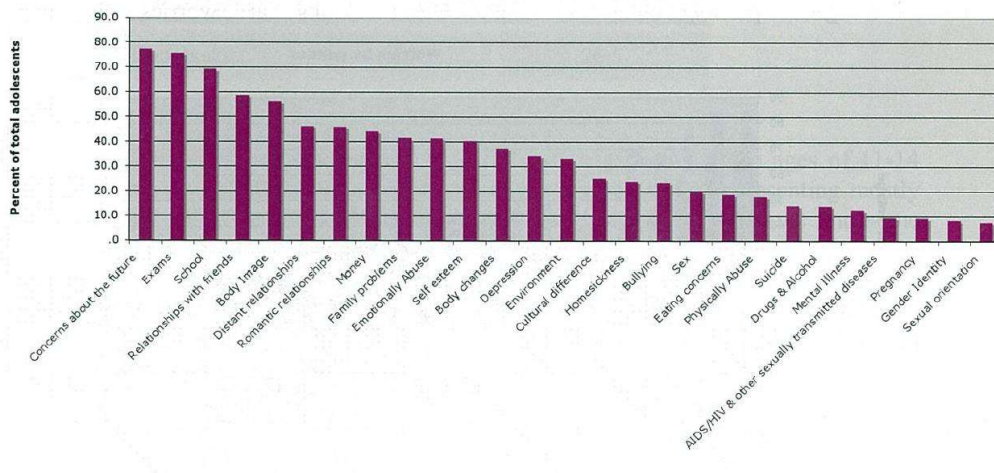

Most Common Worries

Although the order is different of frequency, in both the TELL study and the current study, students report that they are most worried about "Concerns about the future," "Exams," and "School," as shown in Table 1.

Table 1

A Comparison of Results from the TELL Study and the Current Study

Worry	% Total students	
	TELL Study (1,895 Students)	Current Study (80 Students)
The future	77	77
School	69	70
Exams	75	67

Figure 2

" Worried" Results for All Students (Current Study)
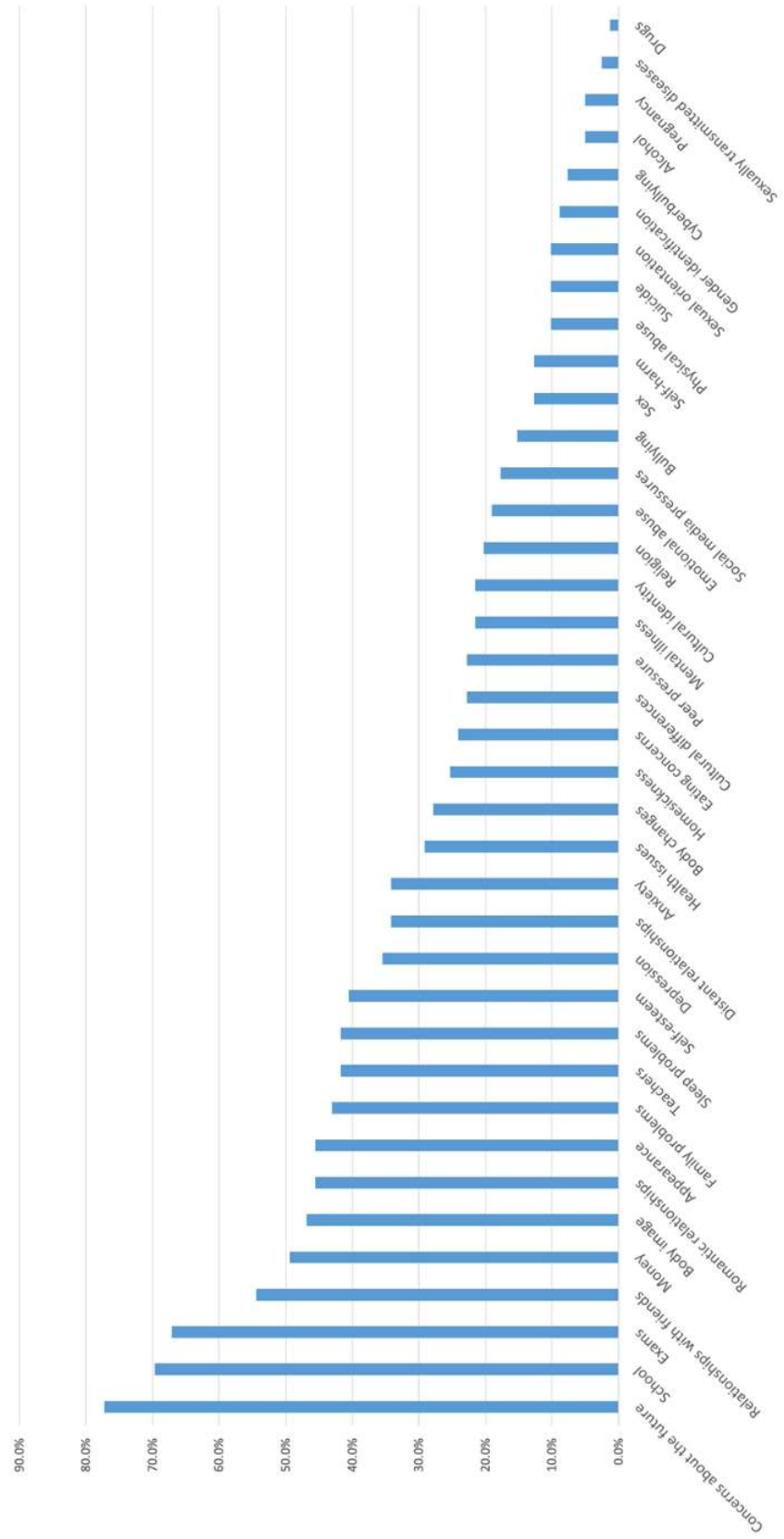
Worries by Gender

As was the case in the TELL study, female students were more worried about most of the items than were male students as is shown in Figure 3.

Male students reported worrying to a much greater degree about "Exams," "Money," "Gender Identification," and "Cyberbullying" than did female students. Overall, however, female students appear to worry more than their male peers, as shown in Table 2.

Table 2

Items Having the Greatest Differences in Degree of Worry by Gender

Worry	% Total Students		
	Females	Males	Difference
Depression	46	14	32
Relationships with friends	64	36	28
Family problems	52	25	27
Romantic relationships	54	29	25
Anxiety	42	18	24
Health issues	38	14	24
Emotional abuse	26	4	22

Worries by Age

High school students were more worried than middle school students, as seen in Figure 4. Exceptions were seen with regard to "Relationships with Friends," "Eating Concerns," "Bullying," and "Cyberbullying," which were of greater concern to middle school students.

Issues related to academics were of greater concern to high school students than middle school students, as were items related to physical appearance and self-perception. The greater degree to which high school students worried about some items is shown in Table 3.

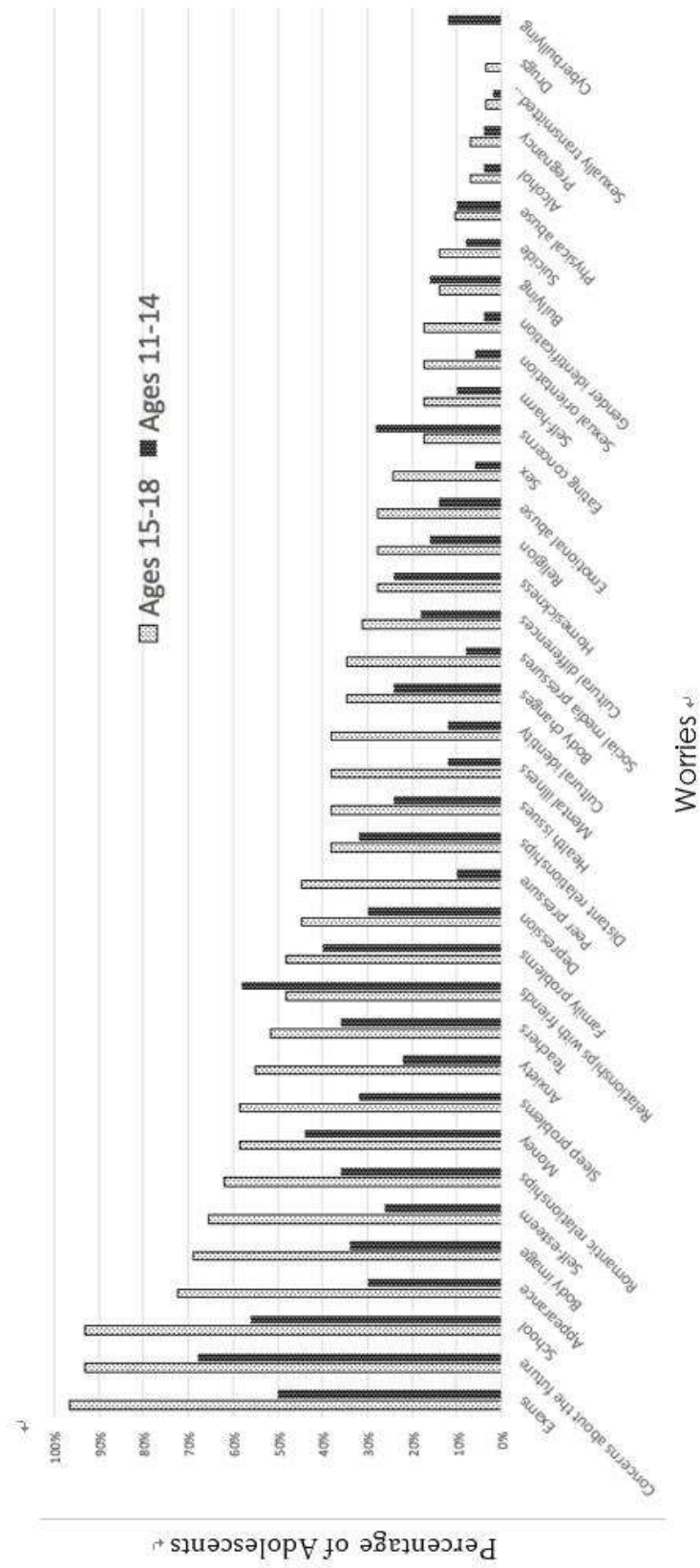### Degrees of Worry About Physical and Emotional Well-being

A smaller number of students worried, some deeply, about issues specific to physical and emotional well-being, as shown in Figure 5.

The issues related to physical and emotional well-being about which students appear to be worried—anxiety, sleep problems, depression, and self-esteem—are also represented and reflected in answers to the open-ended questions, described later.
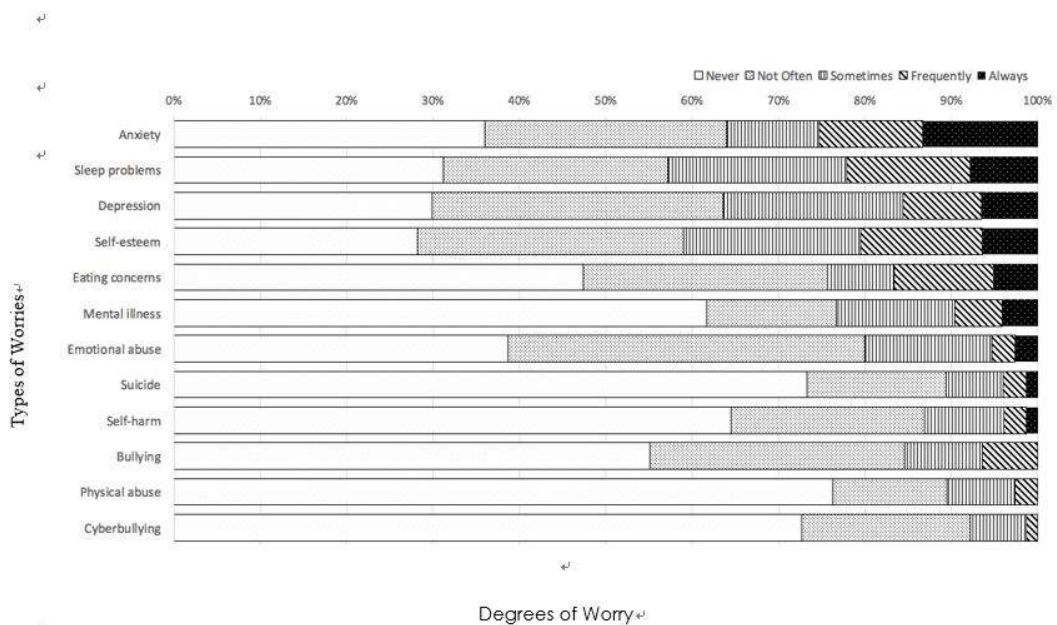
Figure 3

A Comparison of Worries by Gender
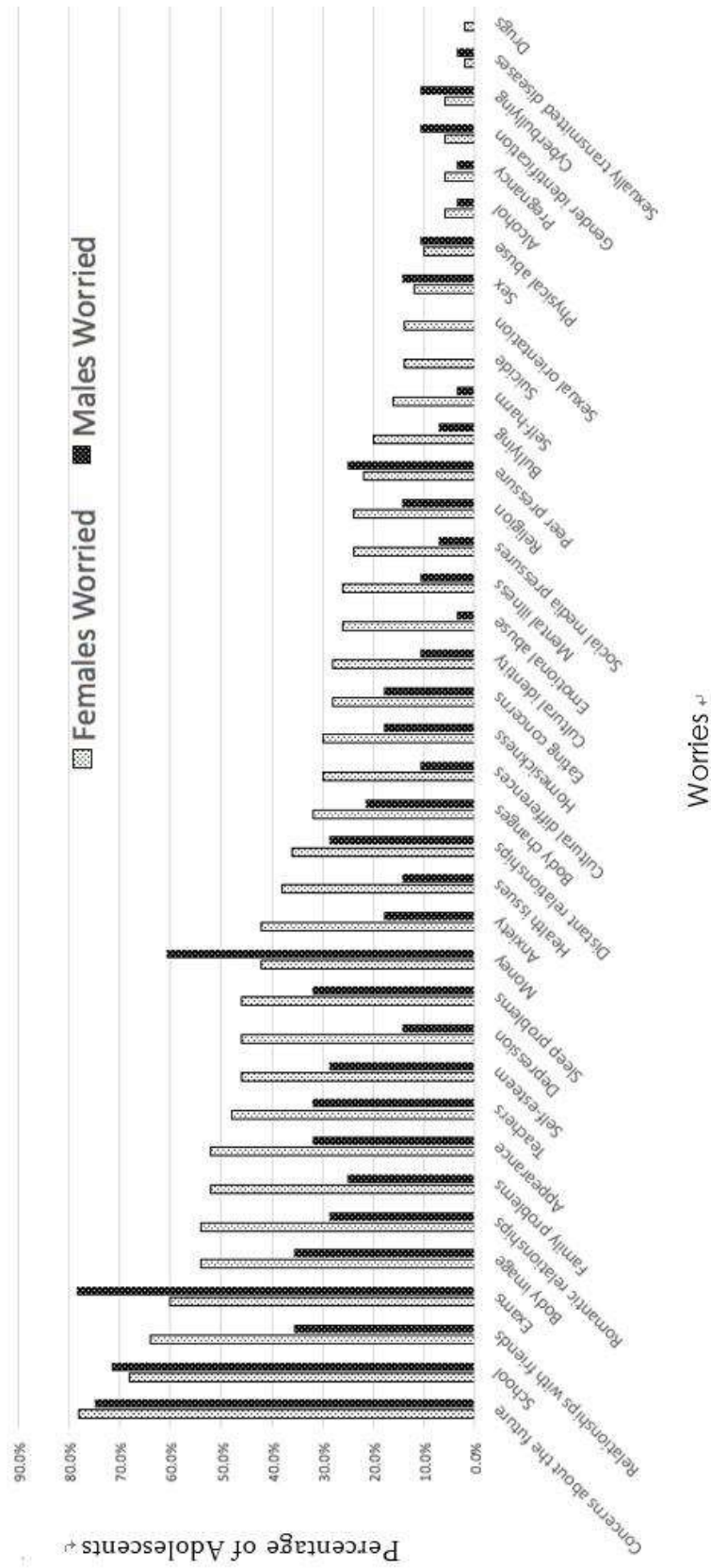
Figure 4

A Comparison of Worries by Age

Table 3

Greatest Differences in Worries by Age

Worry	% Total Students		
	15-18 y.o.	11-14 y.o.	Difference
Exams	97	50	47
School	93	68	25
Appearance	93	56	37
Body image	72	30	42
Self-estee	69	34	35

Figure 5
Degrees of Worry Related to Physical and Emotional Well-being
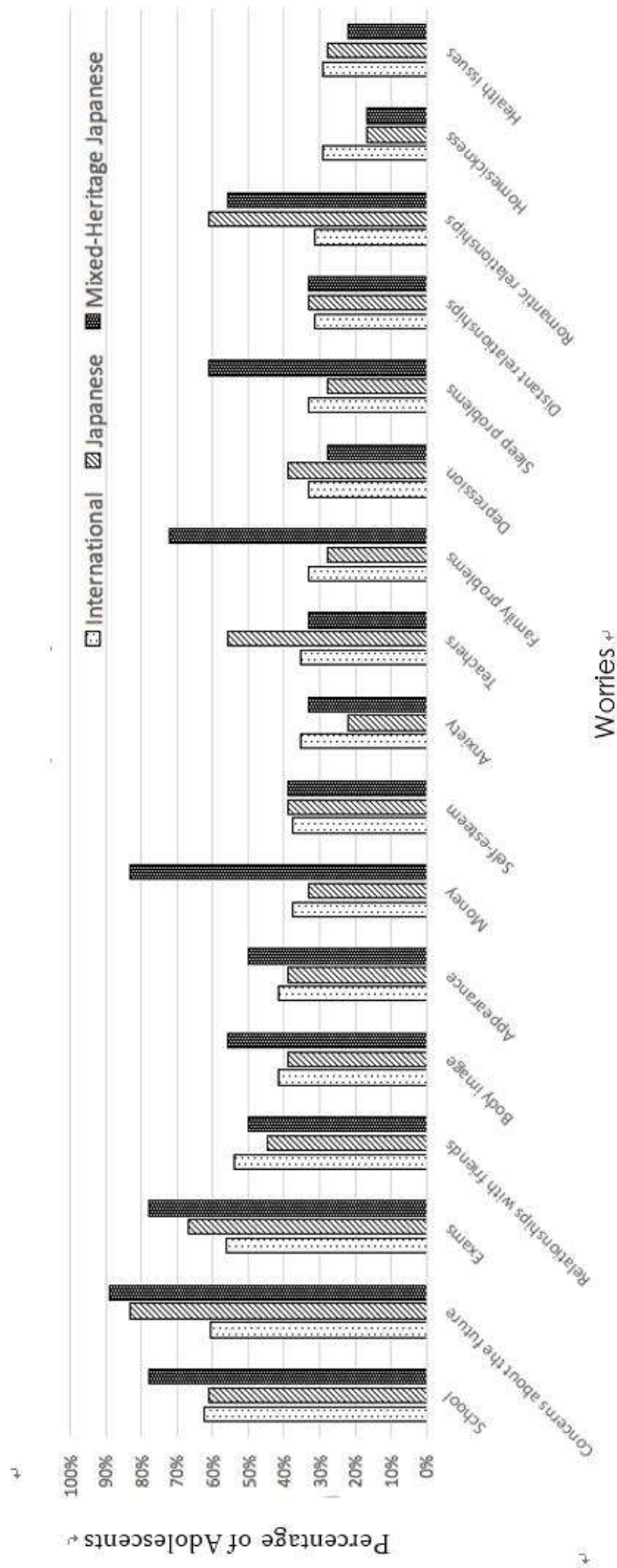

Worries by Cultural Background

To ensure anonymity, respondents were asked to identify their cultural background in terms of being "International," "Japanese," or "Japanese and Another Country" as can be seen in Figure 6.

Some differences were seen regarding what students from different backgrounds worried about. "Mixed-Heritage Japanese" students were more worried than the "International" and "Japanese" students about the highest frequency items, as shown in Table 4.

There was also variation between the groups regarding other items. Mixed-heritage Japanese were more worried than Japanese and international students about the items in Table 5.

Figure 6

Worries by Cultural Background

Table 4

Most Common Worries by Cultural Background

	% Total Students		
Worry	International	Japanese	Mixed-Heritage Japanese
School	63	61	78
the future	60	83	89
Exams	56	67	78

Table 5

Mixed-heritage Japanese Students' Major Worries

	% Total Students		
Worry	International	Japanese	Mixed-Heritage Japanese
Money	38	33	83
Family Problems	33	28	72
Sleep Problems	33	28	61
Self-harm	8	6	28
Suicide	6	6	22
Sexual Orientation	6	6	22
Gender Identity	4	6	22

International students were more worried than the other two groups about quite different issues, as shown in Table 6.

Japanese students were more worried than the other two groups about just one item.

Table 6

International Students' Major Concerns

	% Total Students		
Worry	International	Japanese	Mixed-Heritage Japanese
Religion	29	6	6
Homesickness	29	17	17
Cultural Differences	27	11	17
Cultural Identity	23	17	17

Table 7

Japanese Students' Major Concern

| | % Total Students | | |
| | International | Japanese | Mixed-Heritage Japanese |
Worry			
Teachers	35	56	33

Responses to Open-Ended Questions

Students wrote extensively in their responses to the open-ended questions. None of the questions was left unanswered by any student, and although some answers were brief, a quarter of the students used the back of their paper to complete their answers. In several cases, students commented that they had never told anyone about some part of what they were writing. Responses were consistent with results from the ranking questions in terms of worries by age and gender.

The responses are summarized in Table 8. Answers to questions 1 and 2 have been combined, as they were quite similar in content. A qualitative analysis was carried out by first searching for themes in the open-ended responses and then counting the numbers of students who mentioned the themes in their answers.

From answers to the open-ended questions, I have created short composite descriptions of three students. To ensure anonymity, details have been altered.

"Juna"

Juna is a 16-year-old high school student. She privately identifies as male to female transgender. Juna's mother is South American and her father is Japanese. Juna has come out to a few close friends and feels very well supported by the school's student support staff. However, she has not come out to her mother and father, as she believes her parents will not accept her being gender nonconforming due to their strong religious beliefs. Juna reports feeling hopeless and trapped, and says she feels increasingly anxious and depressed.

"Ben"

Ben is a 15-year-old middle school student. His family moved to Japan a few years ago due to his father's job. Ben describes the atmosphere in his family as being negative and emotionally abusive. He worries that his brother may be suicidal, but he is concerned that people may think negatively about his brother if tells anyone about his fears. Because he does not speak Japanese, he is not able to access support in his local community easily.

Table 8

Reponses to Open-Ended Questions

Middle School students (50 responses)
Q1: What is your biggest worry at the moment?   *Q2: What causes you the most stress generally?*
▪ Many students: School, exams, grades, keeping up, academic pressure   ▪ Some students: The future, family issues, sleep, time management, friendship issues, *juku* [cram school], extracurricular activities, parents adding extra work, being easily stressed   ▪ Two students: Suicide, death
Q3: What issues, if any, would you find it hard to talk to your teachers, parents, or school counselor about?
▪ Some students: Bullying, relationships with friends, relationships, social problems   ▪ A few students: Personal life, family   ▪ Others: Suicide; having a good life; LGBTQ issues because I am not out; going back to America.
Q4: What other things, if any, would you like to mention related to your emotional well-being?   The following responses have been shortened and paraphrased to protect anonymity.
▪ Feeling like my parents hate me.   ▪ Toxic family relationships.   ▪ My family's money problems.   ▪ Coming out as bisexual to my family.
High School students (30 responses)
Q1: What is your biggest worry at the moment?   *Q2: What causes you the most stress generally?*
▪ Many students: School, exams, grades, academic pressure, the future, university   ▪ Some students: Academic workload, sleep, amount of stress   ▪ Others: Depression; easily get depressed, mentally weak, stress from friendships; family fights; maintaining my health so I can finish the International Baccalaureate; too much pressure to get into a good and famous college; being at my house; no time to relax; disappointing my family; self-hatred
Q3: What issues, if any, would you find it hard to talk to your teachers, parents, or school counselor about?
▪ A few students: Depression and anxiety   ▪ Others: Suicide; body image; happiness level and anxiety; comparing myself with others; financial problems; self-worth; pressure from teachers to succeed; family issues; self-hatred
Q4: What other things, if any, would you like to mention related to your emotional wellbeing?   The following responses have been paraphrased to protect anonymity.

- I went through a kind of depression and did not eat very much.
- Most nights I cannot sleep because of stress about school and exams.
- I have self-destructive coping mechanisms.
- I cannot handle myself emotionally.
- I often feel lonely.
- I struggle with self-control and lack of commitment.

"Mareka"

Mareka is a 17-year-old high school student. Her mother is Japanese and her father is European. Mareka describes herself as having low self-esteem and as feeling that her worth is less than that of her peers. She reports that academic pressure is causing her to feel a great deal of stress and that she has started having panic attacks and severe anxiety. She is concerned that her parents, who she describes as very high achieving, do not understand the seriousness of her struggles. Mareka would like to receive counseling, but she believes that, due to their concerns about stigma, her parents would be opposed to her seeing a mental health professional.

Discussion

Among the 38 items on the questionnaire, there are items which are stressors, conditions which may trigger stress, and those which may perhaps be viewed both as stressors and as negative mental health outcomes. Possible sources of stress include, among others, "Concerns about the Future," "School," "Exams," "Bullying," "Family Problems," and "Emotional Abuse." Among the items which may be considered both stressors and negative mental health outcomes are "Anxiety," "Depression," "Self-harm," "Sleep Problems," "Eating Disorders," and "Suicide."

In the following section, the five primary findings are outlined and discussed.

Finding 1: Students Were Most Worried About the Future and Academic Issues

As with the TELL study (2008), students reported that they are most worried about the future and about academic concerns, followed by relationships with friends, body image, romantic relationships, their appearance, and family problems. This result is very similar to findings from research with adolescents in Japan (Cabinet Office, 2015) and other countries (Vassallo & Swami, 2019), and has implications both for students' learning and for their physical and emotional well-being (Pascoe et al., 2020). According to the American Academy of Child and Adolescent Psychiatry (2019), school demands, changes in appearance, relationships with friends, and family problems, among others, are all common sources of stress, and may be made worse by a lack of

resources to cope.

In the context of the international school, that 77% of all students worry about the future is perhaps not surprising in light of decisions these students may need to make in the multicultural context of their lives with regard to where they go and what they do after leaving high school. Decisions may include, for example, whether to return to a country which they may no longer consider "home" or stay in Japan where they may feel somewhat "other." Following "Concerns about the future," 69% of students reported worrying about "School" and 67% about "Exams." Concerns about academics in the international school context are also unsurprising given that the course of study at these schools tends to be challenging and rigorous. The prevalence of worries about the future and academic issues points to the importance of gathering information about how students are, individually and as a group, coping with these issues, as well as to providing training aimed specifically at helping students manage academic pressure and stress. In a multilevel meta-analysis of 54 studies carried out in the United States, for instance, van Loon and colleagues (2020) concluded that targeted, school-based interventions may be effective in alleviating school-related stress, particularly for students who self-select or participate following a screening, due to higher levels of motivation. In the international school context, having culturally-sensitive programs in place to help students acquire and develop tools to manage their school-related stress—including coping skill training, stress management, and mindfulness (Hess et al., 2017), may be beneficial.

Finding 2: Female Students Were More Worried Than Male Students

Female students worried more than their male peers about a number of items, which is also in line with the TELL study (2008). Deserving particular attention is that 46% of female students were worried about "Depression" and 42% about "Anxiety," which is consistent with research reporting gender differences related to psychological distress, anxiety, and depression, with girls having a greater tendency to develop cognitive vulnerabilities, such as rumination (Jose & Brown, 2008). Some research has found that girls are three times as likely as boys to experience depression (Geiger & Davis, 2019) and are affected twice as often by major depressive disorder (Schlack & Petermann, 2013), and because of this vulnerability, early intervention may be particularly important to reducing the mental health burden of female students.

Finding 3: High School Students Were More Worried Than Middle School Students

High school students being more worried than middle school students is also consistent with the TELL study (2008) and with research showing that older

adolescents have higher rates of worry and of mental health issues than younger adolescents (Merikangas et al., 2010). Some studies have found a six-fold increase between the ages of 15 and 18 in the rate of depression (McCarthy et al., 2011), and a two-fold increase in mood disorders between adolescents from the 13-to-14-year-old age group to the 17-to-18-year-old age group. For both male and female students, developing tools for managing worry and stress at an early age may lead to better mental health outcomes (Salerno, 2016), highlighting the value of age-appropriate programs in mental health literacy, depression and anxiety prevention, and stress management, resilience, and mindfulness training.

Finding 4: Some Students Were Very Concerned About Issues Related to Physical and Emotional Wellbeing

Consistent with the TELL study (2008), a number of students are worried, some deeply, about aspects of their physical and mental health. Thirty-seven percent of all students reported worrying about "Anxiety," and, of those, 13% responded that they *always* worry about this issue. Forty-three percent of students worry about "Sleep," 38% about "Depression," 41% about "Self-esteem," 25% about "Eating Disorders," 24% about "Mental Illness," 21% abut "Emotional Abuse," 12% about "Suicide," and 15% about "Self-harm." Additionally, although no students responded with 5(Always) to worrying about "Bullying," "Physical Abuse," or "Cyberbullying," some students are worried about these issues: 18% responded with "Sometimes" or "Frequently" regarding "Bullying," 12% regarding "Physical Abuse," and 10% regarding "Cyberbullying."

Students who were the most worried reported being concerned about stressors, such as "Family Problems" or "Exams," as well as to items pertaining to mental health, such as "Depression" or "Anxiety." That is, students who responded more often with 4 (Frequently) or 5 (Always) to items such as "Exams," "Bullying," or "Family Problems" were more likely to respond with a 4 or 5 to items related to mental health, such as "Depression," "Anxiety," or "Self-harm." In addition, in response to open-ended item 3, "*What issues, if any, would you find it hard to talk to your teachers, parents, or school counselor about?*" students most often described issues which were personal in nature, such as anxiety, depression, suicide, financial concerns, family problems, and concerns about coming out as LGBTQ+. The sensitive and highly personal nature of these issues points to the importance of safe spaces for students to share concerns about their emotional well-being and physical safety with trusted adults.

With regard to the greater tendency for female and older students to worry and for some students to be particularly concerned about their emotional and physical

well-being, equipping these students with information about mental health and with skills and tools may be particularly important (Punukollu et al., 2020). Depression and anxiety preventative programs are thought, for instance, to have potential benefits, particularly if offered early, as such program are more "likely to produce better outcomes than treatment delivered when rigid patterns of cognition and behaviour have already been established and are engrained" (Werner-Seidler et al., 2017, p. 32).

Finding 5: There Was Variation Regarding What Students from Different Backgrounds Worried About

It is perhaps not surprising that students who identified as international were more worried about "Religion," "Homesickness," "Cultural Differences," and "Cultural Identification" than the other two groups. Students who identified as Japanese were more worried about "Teachers," and this could be due in some degree to a cultural gap between themselves, as Japanese, and teachers, most of whom in international schools are likely to come from outside of Japan. Students who identified as mixed-heritage Japanese were generally more worried than 'Japanese' and 'International' students about "Money," "Family Problems," "Sleep Problems," "Self-harm," "Suicide," "Sexual Orientation," and "Gender Identity." Regarding concerns about money, it is possible that the mixed-heritage Japanese students come from families that are less financially well off than those of their Japanese peers and, compared to a number of families who are living in Japan on a shorter-term basis, are less likely to have their school fees paid by a parent's employer. Regarding the greater degree to which mixed-heritage Japanese students reported worrying about issues related to their mental health and well-being, this may be influenced by the small number of such students who answered the survey. Regardless of this, the differences between the three groups draws attention to the possible role that cultural background, and corresponding lived experience, might play in student worries and to the need to provide culturally-sensitive, targeted support to students from different backgrounds (Kirmayer, 2012).

Choosing appropriate interventions for a diverse student body may be challenging as there is still a lack of evidence regarding how effective particular initiatives are over time (Bywater & Sharples, 2012), and with higher quality studies showing less positive results (Mackenzie & Williams, 2018). One reason for this is that ethical and practical considerations make carrying out randomized controlled trials about issues related to mental health very difficult (Erbacher et al., 2015).

Recommendations

Themes from this preliminary study suggest a need for in-depth research investigating both the mental health needs of culturally diverse youths in Japan and the mental health provision currently available in schools and the wider community. In addition to more extensive research about the types of challenges culturally-diverse children and youths face, the findings of this study highlight the need to ensure that several elements are in place in schools and the community:

First, schools need ways of knowing about the emotional well-being of their students, and evidence-based interventions for supporting these students.

Second, safe ways and safe spaces are needed where diverse children and youths can let appropriate adults know about problems they are experiencing or concerns they have, such as abuse, bullying, or their fear of disclosing their sexual orientation or gender identity. Moreover, opportunities should be provided for adults to learn about these issues and about the resources which are available for support.

Third, diversity-literacy programs providing information, training, and practice in being allies to people of all ages in schools, the community and the workplace could be useful in reducing the stigma attached to being culturally diverse.

Fourth, multilingual forums for the sharing of information and resources regarding best practices in mental health support among Japanese, international, and other types of schools are needed to promote joined-up working among people from different professional and cultural communities.

Fifth, 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 would be helpful in reducing barriers to a range of types of support. This database needs to be accessible to teenagers.

Conclusion

The aim of the exploratory study described in this paper was to provide a snapshot of the types of issues middle and high school students at an international school worry about. In this, we see students who feel pressure to achieve academically, and who are worried about a range of issues, including family relationships, body image, gender identity, and self-esteem. In addition, we see some students who appear to be, to varying degrees, worried about some aspects of their physical and emotional well-being. The findings, although the scope of the study was very limited, point to the importance of schools regularly gathering information from students about their worries and concerns and to the value of incorporating age-appropriate,

culturally-sensitive mental health literacy programs into the curriculum. The findings also highlight a need for schools to have both programs for early, targeted prevention and diversity-sensitive mental health provision in place, along with strong ties with specialist mental health support in the wider community. Larger scale and more in-depth research is warranted regarding the mental health of culturally-diverse youth and the availability of psychosocial support in schools and the wider community.

References

American Academy of Child and Adolescent Psychiatry. (2019). Stress management and teens. (Report No. 66). https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF -Guide/Helping-Teenagers-With-Stress-066.aspx

Boulter, E., & Rickwood. D. (2013) Parents' experience of seeking help for children with mental health problems. *Advances in Mental Health*, *11*(2), 131-142. https://doi.org/10.5172/jamh.2013.11.2.131

Bywater, T., & Sharples, J. (2012). Effective evidence-based interventions for emotional well-being: Lessons for policy and practice. *Research Papers in Education 27*(4), 389-408. https://doi.org/10.1080/02671522.2012.690242

Cabinet Office. (2015). *White paper on children and young people 2015 (summary).* https://www8.cao.go.jp/youth/english/policy_2015.html

Cabinet Office. (2018). *White paper on children and young people 2018 (summary).* https://www8.cao.go.jp/youth/english/policy_2018.html

Campbell, D. (2016, October 23). NHS figures show "shocking" rise in self-harm among young people. *The Guardian.* https://www.theguardian.com/society/2016/oct/23/nhs-figures-show-shocking -rise-self-harm-young-people

Carlson, A. (2017). Considering social, emotional and mental health support for multicultural/international children and teenagers in Japan. *The Journal of the Faculty of Foreign Studies*, *Aichi Prefectural University. 49*, 163-176.

Cheng, H., Wang, C., McDermott, R. C., Kridel, M., & Rislin, J. L. (2018). Self-stigma, mental health literacy, and attitudes toward seeking psychological help. *Journal of Counseling and Development*, *96*(1), 64–74.

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention.* London, UK: Routledge.

Fortier, J. P. (2016). Improving healthcare for foreigners in Japan: Lessons from Japan and abroad. *Journal of the Japan Academy of Nursing Evaluation*, *5*(2), 81-87.

Gary, F. (2006). Stigma: Barrier to mental health care among ethnic minorities. *Issues in*

Mental Health Nursing, 26(10), 979-999.

Geiger, A. W., & Davis, L. (2019). *A growing number of American teenagers–particularly girls–are facing depression.* Factank: News in the Numbers. https://www.pewresearch.org/fact-tank/2019/07/12/a-growing-number-of-american-teenagers-particularly-girls-are-facing-depression/

Gilmour, S., Hoshino, H., & Dhungel, B. (2019). Suicide mortality in foreign residents of Japan. *International Journal of Environmental Research and Public Health, 16*(17), 3013. https://doi.org/10.3390/ijerph16173013

Gopalkrishnan, N. (2018). Cultural diversity and mental health: Considerations for policy and practice. *Frontiers in Public Health, 6*, 179.

Hess, R. S., Shannon, C. R., & Glazier, R. P. (2017). Evidence-based interventions for stress in children and adolescents. In L. A. Theodore (Ed.), *Handbook of evidence-based interventions for children and adolescents* (pp. 343–353). New York, NY: Springer.

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*(2), 80-99.

International Association of School Librarianship. (2020). http://www.iasl-online.org

Japan sees worst suicide rate for those under 20 in 2018. (2019, July 16). *Kyodo News.* https://english.kyodonews.net/news/2019/07/66faf0a7d6c1-school-issues-behind-many-youth-suicides-in-2018-govt-paper.html

Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *American Psychologist, 67*(3), 231–43.

Jose, P. E., & Brown, I. (2008). When does the gender difference in rumination begin? Gender and age differences in the use of rumination by adolescents. *Journal of Youth and Adolescence, 37*(2), 180–192. https://doi.org/10.1007/s10964-006-9166-y

Kanehara, A., Umeda, M., Kawakami, N., & World Mental Health Japan Survey Group. (2015). Barriers to mental health care in Japan: Results from the World Mental Health Japan Survey. *Psychiatry and Clinical Neurosciences, 69*(9), 523–533. https://doi.org/10.1111/pcn.12267

Kann. L., McManus, T., & Harris, W. A. (2018). *Youth risk behavior surveillance — United States, 2017* (Morbidity and Mortality Weekly Report, 67, 8).Centers for Disease Control and Prevention.   http://dx.doi.org/10.15585/mmwr.ss6708a1external icon

Kawanishi, Y. (2009). Mental health challenges facing contemporary Japanese society: The "lonely people." Kent, UK: Global Oriental.

Kawauchi, K., & Ogasawara, M. (2015). The language barrier in healthcare settings in regional Japan: Assessing the need for trained medical interpreters. *Kyushu Communication Studies, 13*, 98-113.

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), 117–125. https://doi.org/10.1093/sw/55.2.117

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry, 20*(4), 359–364. https://doi.org/10.1097/YCO.0b013e32816ebc8c

Kirmayer, L. J. (2012). Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Social Science and Medicine, 75*, 249–256.

Kitanaka, J. (2012). *Depression in Japan: Psychiatric cures for a society in distress*. Princeton, NJ: Princeton University Press.

Koueki Zaidanhoujin Nihon Rinshou Shinri-shi Shikaku Nintei Kyoukai [Japan Clinical Psychologist Qualification Association]. (2019). *"Rinshou shinri-shi" shikaku shutoku-sha no suii [Changes in the number of "clinical psychologist" qualification holders]*. http://fjcbcp.or.jp/shitokusha

Kudo Grabosky, T., Ishii, H., & Mase, S. (2012). The development of the counseling profession in Japan: Past, present, and future. *Journal of Counseling and Development, 90*(2), 221-226.

Mackenzie, K., & Williams, C. (2018). Universal, school-based interventions to promote mental and emotional well-being: What is being done in the UK and does it work? A systematic review. *BMJ Open, 8*(9).   https://doi.org/10.1136/bmjopen-2018-022560

McCarthy, J., Bruno, M., & Fernandes, T. (2011). Evaluating mental health literacy and adolescent depression: What do teenagers "know"?. *The Professional Counselor. 1*, 133-142.

Motohashi, Y., Sakisaka, K., Kaneko, Y., Fujita, K., & Ochi, M.   (2017). *Launch of the new general principles of suicide prevention policy in Japan*. Japan Support Center for Suicide Countermeasures. https://jssc.ncnp.go.jp/file/pdf/SPR2017_1_3.pdf

Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication—Adolescent supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry, 49*(10), 980–989.

https://doi.org/10.1016/j.jaac.2010.05.017

National Guideline Alliance (UK). (2016). *Mental health problems in people with learning disabilities: Prevention, Assessment, and Management.* (NICE Guideline, No. 54). National Institute for Health and Care Excellence (UK). https://www.ncbi.nlm.nih.gov/books/NBK401811

Ojio, Y., Yonehara, H., Taneichi, S., Yamasaki, S., Ando, S., Togo, F., Nishida, A., & Sasaki, T. (2015). Effects of school-based mental health literacy education for secondary school students to be delivered by school teachers: A preliminary study. *Psychiatry and Clinical Neurosciences*, *69*(9), 572–579. https://doi.org/10.1111/pcn.12320

Pascoe, M. C., Hetric, S. E., & Parker, A. G.   (2020). The impact of stress on students in secondary school and higher education. *International Journal of Adolescence and Youth*, *25*(1), 104-112. https://doi.org/10.1080/02673843.2019.1596823

Punukollu, M., Burns, C., & Marques, M. (2020). Effectiveness of a pilot school-based intervention on improving Scottish students' mental health: A mixed methods evaluation. *International Journal of Adolescence and Youth*, 25(1), 505-518. https://doi.org/10.1080/02673843.2019.1674167

Sakagami, Y., Uwatoko, T., & Takeuchi, J. (2014). International students' mental health issues at Kyoto University: A retrospective cohort study. *Journal of International Student Advisors and Educators*, *17*, 7-18.

Salerno, J. P. (2016). Effectiveness of universal school-based mental health awareness programs among youth in the United States: A systematic review. *The Journal of School Health*, *86*(12), 922–931. https://doi.org/10.1111/josh.12461

Schlack, R., & Petermann, F. (2013). Prevalence and gender patterns of mental health problems in German youth with experience of violence: The KiGGS study. *BMC Public Health*, *13*, 628. https://doi.org/10.1186/1471-2458-13-628

Sue, S. (2006). Cultural competency: From philosophy to research and practice. *Journal of Community Psychology*, 34(2), 237-245.

Sukuuru caunseraa-tou haichi kasho-suu, yosan-gaku no suii [The number of locations with school counsellors, etc., and their budget]. (2014).   Ministry of Education, Culture, Sports, Science, and Technology. http://www.mext.go.jp/component/a_menu/education/detail/__icsFiles/afield file/2014/11/14/1341643_1.pdf

Takeuchi, T., Kojima, Y., & Fujita, A. (2011). Koukou-sei no mentaru herusu ni kan suru jissen chousa: Mentaru herusu to soudan-e no ishiki to tasuke tankatsu koudou no kanren [Study of high school students' mental health: The relation between mental health and consciousness toward guidance and help-seeking

behavior]. *Ouita Daigaku Kyouiku Fukushi Gakubu Kenkyuu Kiyou* [The Research Bulletin of the Faculty of Education and Welfare Science, Oita University]*, 33*(2), 163-177.

Tokunaga, T. (2018). *Possibilities and constraints of immigrant students in the Japanese educational system: Background paper commissioned for Global Education Monitoring Report 2019, UNESCO*. Paris, France: UNESCO Publishing.

TELL. (2008). *Tokyo English Lifeline School Awareness Program annual report*. (2008).

Ueda, M., Yoshikawa, K., & Matsubayashi, T. (2019). Suicide by persons with foreign background in Japan. *PloS One, 14*(2), e0211867. https://doi.org/10.1371/journal.pone.0211867.

van Loon, A. W. G., Creemers, H. E., & Beumer, W. Y. (2020). Can schools reduce adolescent psychological stress? A multilevel meta-analysis of the effectiveness of school-based intervention programs. *Journal of Youth and Adolescence, 49*, 1127–1145. https://doi.org/10.1007/s10964-020-01201-5

Vassallo, S., & Swami, N. (2019). *Tweens and teens: What do they worry about?* (LSAC Annual Statistical Report 2018 Chapter). Australian Institute of Family Studies. https://aifs.gov.au/publications/tweens-and-teens-what-do-they-worry-about

World Health Organization. (2016). *Youth suicide*. https://www.who.int/mental_health/prevention/suicide/suicideprevent/en.

World Health Organization. (2019). *Suicide*. https://www.who.int/news-room/fact-sheets/detail/suicide

Yamaguchi, S., Foo, J. C., Nishida, A., Ogawa, S., Togo, F., & Sasaki, T. (2019). Mental health literacy programs for school teachers: A systematic review and narrative synthesis. *Early Intervention in Psychiatry, 14*(1), 14-25. https://doi.org/10.1111/eip.12793

Yoshida, R. (2018, January 10) Coming of age: 1 in 8 new adults in Tokyo are not Japanese, ward figures show. *The Japan Times*. https://www.japantimes.co.jp/news/2018/01/10/national/coming-age-1-8-new-adults-tokyo-not-japanese-ward-figures-show

Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical Psychology Review*, *51*, 30–47. https://doi.org/10.1016/j.cpr.2016.10.005

Zachrisson, H. D., Rödje, K., & Mykletun, A. (2006). Utilization of health services in relation to mental health problems in adolescents: A population based survey. *BMC Public Health*, *6*(34). https://doi.org/10.1186/1471-2458-6-34

Appendix
Questionnaire for Middle and High School Students

Your Grade: 6   7   8   9   10   11   12

Male ___ Female __

Japanese ____   Japanese & Another Country ____   International ____

Part One

For each of the following issues, please indicate by circling whether you:
Never (1); Not often (2); Sometimes (3); Frequently (4) or Always (5)
worry about the issue.

How often do you worry about the following issues?

	Never	Not often	Sometimes	Frequently	Always
1. Concerns about the future	1	2	3	4	5
2. Exams	1	2	3	4	5
3. School	1	2	3	4	5
4. Relationships with friends	1	2	3	4	5
5. Body image	1	2	3	4	5
6. Distant relationships	1	2	3	4	5
7. Romantic relationships	1	2	3	4	5
8. Money	1	2	3	4	5
9. Family problems	1	2	3	4	5
10. Emotional abuse	1	2	3	4	5
11. Self-esteem	1	2	3	4	5
12. Body changes	1	2	3	4	5
13. Depression	1	2	3	4	5
14. Environment	1	2	3	4	5
15. Cultural differences	1	2	3	4	5
16. Homesickness	1	2	3	4	5
17. Bullying	1	2	3	4	5

	Never	Not often	Sometimes	Frequently	Always
18. Sex	1	2	3	4	5
19. Eating concerns	1	2	3	4	5
20. Physical abuse	1	2	3	4	5
21. Suicide	1	2	3	4	5
22. Alcohol	1	2	3	4	5
23. Mental illness	1	2	3	4	5
24. Sexually transmitted diseases	1	2	3	4	5
25. Pregnancy	1	2	3	4	5
26. Gender identification	1	2	3	4	5
27. Sexual orientation	1	2	3	4	5
28. Cyberbullying	1	2	3	4	5
29. Health issues	1	2	3	4	5
30. Social media pressures	1	2	3	4	5
31. Self-harm	1	2	3	4	5
32. Anxiety	1	2	3	4	5
33. Cultural identity	1	2	3	4	5
34. Peer pressure	1	2	3	4	5
35. Religion	1	2	3	4	5
36. Teachers	1	2	3	4	5
37. Drugs	1	2	3	4	5
38. Appearance	1	2	3	4	5
39._____	1	2	3	4	5
40._____	1	2	3	4	5

Part Two

Please answer the following questions in English, Japanese or both. You may write as much as you like. Please use the back of the paper if you need more space to write.

1. What is your biggest worry at the moment?

2. What causes you the most stress generally?

3. Are there any issues you would find it hard to talking to your teachers, parents or school counselor about?

4. Is there anything else you would like to mention related to your emotional
    wellbeing?

Thank you very much for answering these questions.