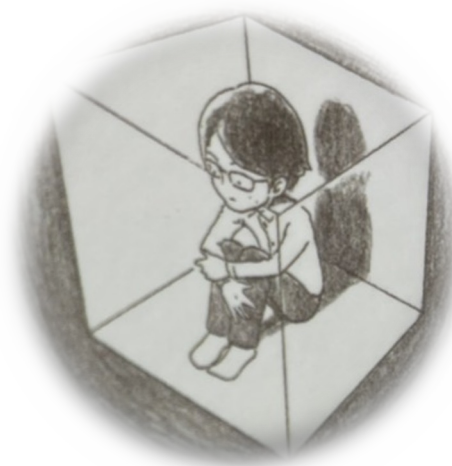


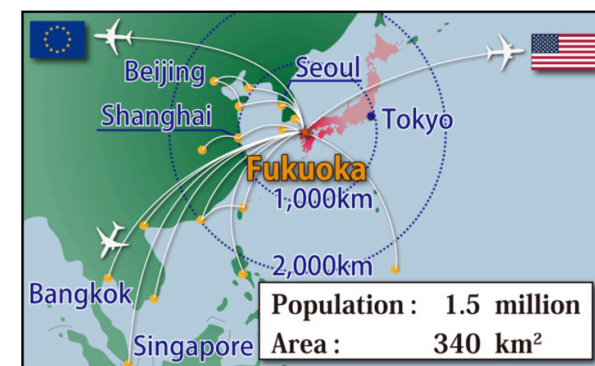
Hikikomori, COVID-19 and Novel Therapeutic Approach



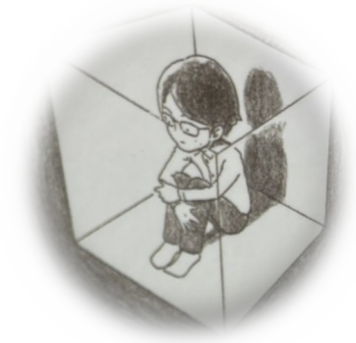
Takahiro A. Kato, MD, PhD

Associate Professor

Mood Disorder / Hikikomori Clinic, Kyushu University Hospital &
Department of Neuropsychiatry, Graduate school of Medical Sciences,
Kyushu University, Fukuoka, Japan



Today's Topic



- **What is Hikikomori**

- Japan and Worldwide
- COVID-19

- **Understanding Hikikomori (Hikikomori Research Clinic)**

- Psychological, Sociocultural and Biological Aspects

- **Intervention of Hikikomori**

- Step by Step Approach (Multi-dimensional Model)
- Family Intervention (MHFA-based)
- Novel approach (Animals, Robots and Avatars)

The casual Japanese word “Hikikomoru-ひきこもる” has been used to describe the behavior and/or condition of **shut-ins from non-pathological to severe pathological state since 1970s.**

Dr. Tamaki Saito initially used the word “Hikikomori-ひきこもり” in 1998.



Listed in Oxford Dictionaries Since October 2010

hikikomori

Pronunciation: /hi,kēkə'môri/

Definition of **hikikomori**

noun (plural)

(in Japan) the abnormal avoidance of social contact, typically by adolescent males.

- a person who avoids social contact.

Origin:

Japanese, literally 'staying indoors, (social) withdrawal'



How common is hikikomori in Japan?

Psychiatry Research 176 (2010) 69–74



Contents lists available at [ScienceDirect](#)

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres



Lifetime prevalence, psychiatric comorbidity and demographic correlates of “hikikomori” in a community population in Japan


Asuka Koyama ^{a,*}, Yuko Miyake ^a, Norito Kawakami ^b, Masao Tsuchiya ^{b,c},
Hisateru Tachimori ^a, Tadashi Takeshima ^a

The World Mental Health Japan Survey Group, 2002–2006

^a National Institute of Mental Health, National Center of Neurology and Psychiatry, Kodaira, Japan

^b Department of Mental Health, Graduate School of Medicine, the University of Tokyo, Tokyo, Japan

^c Hygiene and Preventive Medicine, Okayama University, Graduate School of Medicine, Dentistry and Pharmaceutical Sciences, Okayama, Japan



1.2%
(232,000?)

Koyama A et al. Lifetime prevalence, psychiatric comorbidity and demographic correlates of “hikikomori” in a community population in Japan. *Psychiatry Research*, 2010;176(1);69-74

Why won't 541,000 young Japanese leave the house?

Age 15-39

Japan's Cabinet Office Report 2016

By Emiko Jozuka, CNN

🕒 Updated 1056 GMT (1856 HKT) September 12, 2016



DEVELOPING STORY

LURING JAPAN'S YOUNG RECLUSES BACK TO LEARNING

CNN

10:40 PM GMT

@CNBRK

DOCTOR SAYS CLINTON WAS "OVERHEATED AND DEHYDRATED"

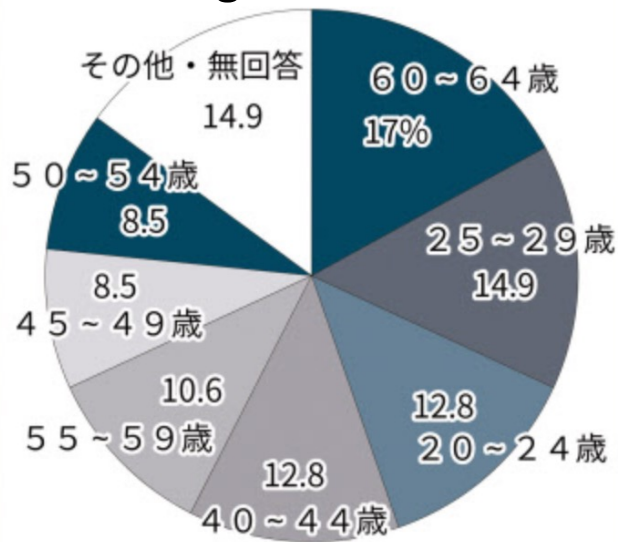
Source: CNN

Survey reveals 610,000 middle-aged people live as shut-ins

THE ASAHI SHIMBUN

March 29, 2019 at 18:30 JST

ひきこもりの状態になった年齢 Onset age of Hikikomori



(15-39 y.o.)

540,000

+

(40-59 y.o.)

610,000

1,150,000



JULIA NASCIMENTO

LIFESTYLE

The prison inside: Japan's hikikomori lack relationships, not physical spaces

BY ANDREW MCKIRDY

STAFF WRITER

The “8050 problem”

Individuals with hikikomori in their 50s living alone
with parents who are in their 80s

(Japan times, 1 June 2019)

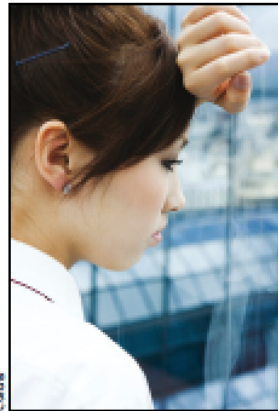
***Is
Hikikomori
only in JAPAN?***

Hypothesis Paper to Spread Hikikomori Worldwide

ひきこもりが世界拡大することを予測 (Kato Lancet 2011)



Research
Introduct
case v
Takahir
Tsuyoshi
Yatan P
Helal U
Ryohei



Are Japan's *hikikomori* and depression in young people spreading abroad?

Hikikomori, or severe social withdrawal, in Japan's young people has been a prominent public mental health concern since around 2000.¹ Another, more recent, concern is a syndrome dubbed "modern-type depression". This catchy name has quickly and widely spread to the public via Japan's mass media and internet-related media, yet there is no consensus guideline for its diagnosis and treatment, which has led to confusion when dealing with the disorder in clinical practice.

Modern-type depression is characterised by a shift in values from collectivism to individualism; distress and reluctance to accept prevailing social norms; a vague sense of

and Spain, leading to debate as to whether *hikikomori* is a culture-bound syndrome specific to Japan or a new form of maladjustment or psychiatric disorder.⁴

We did an international survey to investigate whether these syndromes exist beyond Japan.²⁵ Psychiatrists' responses to vignettes indicated that both *hikikomori* and modern-type depression are seen in various countries, and are more prevalent in urban areas, which might suggest that modernisation has an important role in the occurrence of these phenomena. Many respondents suggested that *hikikomori* and modern-type depression might not fit into current international diagnostic categories, and some felt that *hikikomori* could be seen as a form of internet addiction.

These reports provide a rational basis for epidemiological and ethnographic studies of *hikikomori* and modern-type depression in clinical and community populations in different countries. They might not simply be Japanese cultural phenomena; rather, they

- 5 Kato TA, Tateno M, Shinfuku N, et al. Does the 'hikikomori' syndrome of social withdrawal exist outside Japan? A preliminary international investigation. *Soc Psych Psychiatr Epidemiol* 2011; published online June 25. DOI:10.1007/s00127-011-0411-7.

Department of Error

Holmes D. Keizo Takemi: a catalytic charisma. *Lancet* 2011; 378: 1065. DOI:10.1016/S0140-6736(11)61387-1—In this Profile (published online Aug 30), the first sentence of the third paragraph should read: "Despite being the son of the famous physician and scientist Taro Takemi, who was head of the Japanese Medical Association for 25 years...". The second sentence of the sixth paragraph should read: "This inevitably led to Takemi also taking a close interest in health and welfare, particularly health-system reforms and later the introduction of the elderly care insurance system in 2000." These corrections have been made to the online version as of Aug 31, 2011, and to the printed Profile.

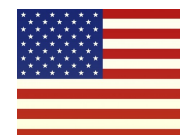
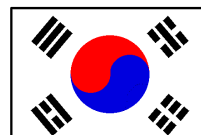
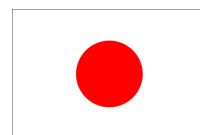
(Kato*, Shinfuku, Sartorius & Kanba, *Lancet* 2011)

diagnosed and treated.

Methods Two *hikikomori* case vignettes were sent to psychiatrists in Australia, Bangladesh, India, Iran, Japan, Korea, Taiwan, Thailand and the USA. Participants rated

chroned in the analysis. Respondents felt the *hikikomori* syndrome is seen in all countries examined and especially in urban areas. Biopsychosocial, cultural, and environmental factors were all listed as probable causes of *hikikomori*, and differences among countries were not significant. Japanese

Identification of the hikikomori syndrome of social withdrawal: Psychosocial features and treatment preferences in four countries



International Journal of
Social Psychiatry
1–9

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DOI: 10.1177/0020764014535758

isp.sagepub.com



Alan R Teo¹, Michael D Fetters², Kyle Stufflebam³,
Masaru Tateno⁴, Yatan Balhara⁵, Tae Young Choi⁶,
Shigenobu Kanba⁷, Carol A Mathews⁸ and Takahiro A Kato^{7,9}

Abstract

Background: Hikikomori, a syndrome of social withdrawal, has been studied in cases of hikikomori in Japan.

Aims: To identify individuals with hikikomori syndrome in four countries.

Method: Participants were recruited from a 6-month or longer period of social withdrawal associated with significant distress. Data were collected using the UCLA Loneliness Scale, Life Satisfaction Scale, and Treatment Preferences Index.

Results: A total of 36 participants were identified. Most individuals had high levels of loneliness ($M = 9.7$, $SD = 5.5$) and moderate to severe social withdrawal, with

4 *International Journal of Social Psychiatry*

Table 1. Sociodemographic characteristics of participants with hikikomori in four countries.

Characteristic	Total	Japan	USA	India	Korea	<i>p</i>
	(<i>n</i> = 36)	(<i>n</i> = 11)	(<i>n</i> = 11)	(<i>n</i> = 10)	(<i>n</i> = 4)	
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	
Male	29 (81)	10 (91)	7 (64)	9 (90)	3 (75)	.33
Age (years)						
18–21	11 (32)	2 (18)	2 (18)	3 (30)	4 (100)	}
22–30	11 (32)	3 (27)	4 (36)	6 (60)	0 (0)	
31–49	12 (35)	6 (55)	5 (45)	1 (10)	0 (0)	
Education level						
High school graduate or less	16 (44)	7 (64)	2 (18)	3 (30)	4 (100)	}
Some college or more	20 (56)	4 (36)	9 (81)	7 (70)	0 (0)	
Living situation						
Lives with others	32 (89)	10 (91)	8 (73)	10 (100)	4 (100)	}
Lives with no one	4 (11)	1 (9)	3 (27)	0 (0)	0 (0)	

How common is hikikomori in Hong Kong? (Telephone Interview)



1.9%

17,000 –
41,000

Hikikomori in the Mainland China (SNS survey)

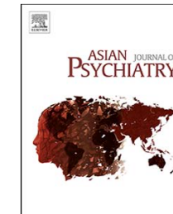
Asian Journal of Psychiatry 30 (2017) 175–176



Contents lists available at ScienceDirect

Asian Journal of Psychiatry

journal homepage: www.elsevier.com/locate/ajp



Letter to the Editor

Does hikikomori (severe social withdrawal) exist among young people in urban areas of China?



The situation of hikikomori (severe and prolonged social withdrawal) is an international concern. We agree with this observation and would like to report that China has experienced rapid development and many individuals in urban areas of China have withdrawn from society. To examine the situation of hikikomori in

JMIR MENTAL HEALTH

Liu et al

Original Paper

Reaching the Hard-to-Reach Youth: Harnessing Social Media to Explore Youth Social Withdrawal in 3 Major Cities in China

Lucia Lin Liu¹, MSW, PhD; Tim MH Li², PhD; Alan R Teo^{3,4,5}, MS, MD; Takahiro A Kato⁶, MD, PhD; Paul WC Wong¹, PsyD (Clinical)

¹Department of Social Work and Social Administration, Faculty of Social Sciences, The University of Hong Kong, Hong Kong, China (Hong Kong)

²Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hong Kong, China (Hong Kong)

³VA Portland Health Care System, HSR&D Center to Improve Veteran Involvement in Care (CIVIC), 3710 SW US Veterans Hospital Rd (R&D 66), Portland, OR, United States

⁴Department of Psychiatry, Oregon Health & Science University, Portland, OR, United States

⁵School of Public Health, Oregon Health & Science University and Portland State University, Portland, OR, United States

⁶Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan

Figure 1. Effectiveness funnel of Weibo.

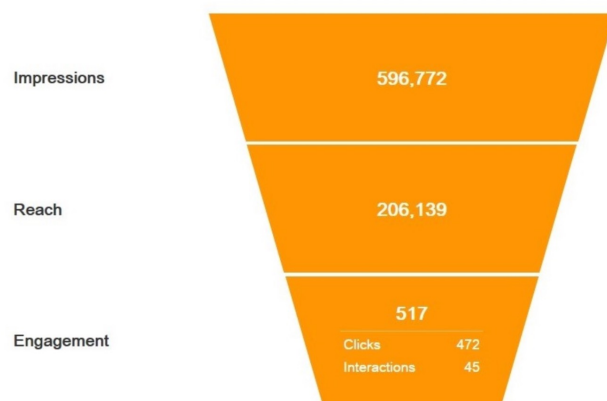


Table 1. Survey administration procedure and distribution of responses.

Media	Administration period	Additional remarks	
Weibo	Oct 19 to Oct 20, 2015	Charged by per 1000 impressions; because none of these impressions were transferred into responses, the advertising strategy was changed to the interaction rate from Oct 20 onwards	85
	Oct 20, 2015, to May 20, 2016	Charged by per click of the link	
WeChat groups	Feb 2 to Feb 22, 2016	During the period of Chinese New Year, the survey information was posted on several WeChat groups.	43
Wandianba website [22]	Apr 1 to Apr 30, 2016	The research team posted the survey information on several internet communication platforms that appeal to young people, including Mop, Hupu, Tianya, Baidu Tieba, and Wandianba. However, except for Wandianba, where the administrator approved the attempt to advertise the survey, other platforms immediately banned and deleted the messages posted	9

ars to have distinctive features (Teo and Gaw, 2010). Hikikomori while physically isolated individuals suffer from developmental The findings provide further empirical support to Li and Wong's in more psychological difficulties (Li and Wong, 2015a) and Kato in the act of "shutting in" (pp.xx, in press in World Psychiatry). study and the difficulty inherent in reaching socially withdrawn hikikomori in China. We are concerned about the phenomenon in

Wong et al. 2017
Liu et a. 2018

Is hikikomori global?



Figure: Presence of diagnosed cases of pathological social withdrawal in the world

(Wu et al. Lancet Psychiatry 2019)

HEALTH & WELLNESS

The Fight to Save Japan's Young Shut-Ins

Continued from the prior page

ological underpinnings of the condi-

九州大学病院
精神科神経科
ひきこもり外来

Hikikomori Research Clinic
Kyushu University Hospital
Fukuoka, Japan

hope to understand the social and bi- nesses, Japanese experts say. Only

about half of those with the condition would be diagnosed with a disorder in the U.S. psychiatric diagnostic manual commonly known as DSM-5, according to one survey of 4,134 Japanese residents published in *Psychiatry Research* in 2010. But large-scale survey data on hikikomori remains limited.

Dr. Teo, an American fluent in Japanese, has treated several hikikomori-like patients in the U.S. In 2010 he published proposed diagnostic criteria for the condition. It reported that hikikomori's core feature is social isolation. People should suffer for at least six months and should be unhappy about the isolation before being diagnosed with the condition.

Japanese experts point to strict parenting practices and pressure that children feel to succeed as contribut-



Yuta Onoda



Professor Kato Takahiro runs a series of diagnostic exams during an interview for hikikomori and depression.

Department of Neuropsychiatry, Kyushu University

Clinical and Research trial against Hikikomori/MTD in Kyushu Univ. (Fukuoka, Japan)

- Clarifying the biopsychosocial cause
- Development of evaluation tools (psychometrics and PC-oriented games)
- Intervention Tool Development (Group psychotherapy, etc..)

Hikikomori supports/intervention/research network in Fukuoka, Japan

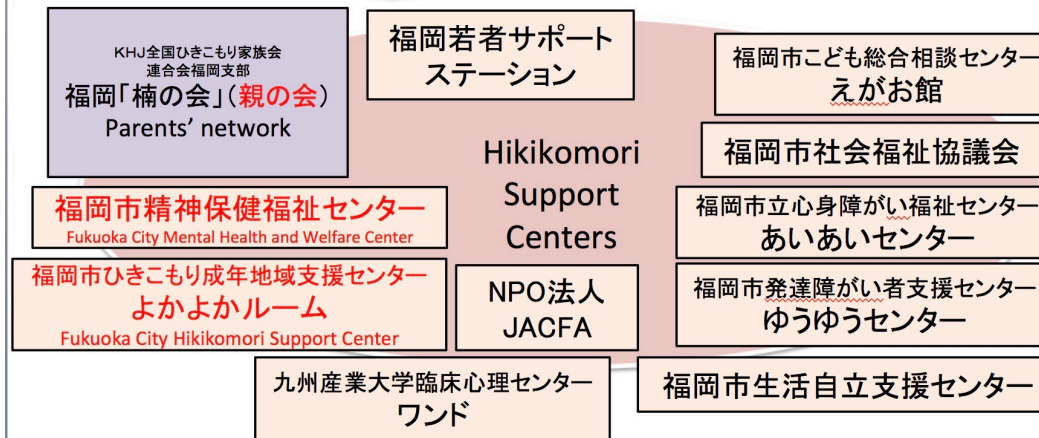


Hikikomori Line (Phone)
Web, e-mail
Parents' actions

ひきこもり専門相談室
(月1回金曜)

Kato visits Hikikomori
support center
once a month

Recruitment
Assessment
Feedback



Individual counseling
Group activities
Parents' supports
Job supports, etc..

More than 100 cases
introduced

Kyushu University Hospital
(Kato's Hikikomori Clinic)



世界初・九州大学病院「ひきこもり」研究外来での活動概要



Online Symposium of
The International
Hikikomori Research
Consortium
6 February
2021



ひきこもりは世界的に深刻な問題

世界初の国際HIKIKOMORIコンソーシアム会議 主催
(2021年2月6日WEB) 国際連携の重要性を認識

Kato et al. **Lancet** 2011

ひきこもりが世界中に
広がっていくことに警鐘
(ひきこもりの国際化を予測)

A 39-Year-Old "Adulthood": Understanding Social
Withdrawal in Japan

Takahiro A. Kato, M.D., Ph.D., Shigenobu Kanba, M.D., Ph.D., Alan R. Teo, M.D., Ph.D.

When asked why he rarely leaves his home, his primary explanation is that he does not want to be seen by others, particularly in light of his lack of accomplishments. Although the frequency with which he leaves home has fluctuated over the years, in general he leaves just once a month when he has an outpatient clinic appointment. He reports having a reversed sleep-wake cycle, and typically he is awake during the daytime only on clinic days.



Kato, et al.

Am J Psychiatry

2016 Feb

甘え・高齢化8050問題
への対応提案

Feature
Hikikomori

Mr X is a 40-year-old man who has spent half his life—the

Lancet Psychiatry

2018 Jan

九大病院専門外来
がハイライトに紹介された

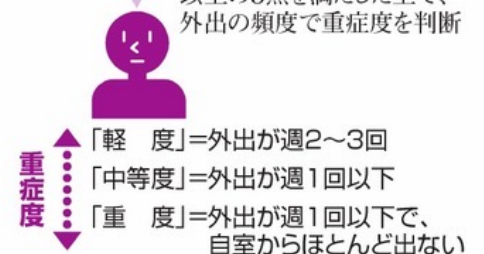
Defining pathological social withdrawal
for hikikomori

Kato, et al. **World Psychiatry** 2020

九大発 診断法を
国際標準として提案

- ① 自宅にとどまり社会的に著しく孤立
- ② 社会的孤立が少なくとも半年以上
- ③ 臨床的に意味のある苦痛、社会的、職業的などの領域で機能障害を起こしている

以上の3点を満たした上で、
外出の頻度で重症度を判断



Strengthening the prevention/support system for Hikikomori is essential in the COVID-19 era


Forced social isolation due to COVID-19 and consequent mental health problems: Lessons from *hikikomori*

doi:10.1111/pcn.13112

The COVID-19 pandemic has forced a worldwide lockdown with huge numbers of citizens confined to their homes,¹ often resulting in social isolation, which may lead to mental health problems. One of the best examples of consequences of severe social isolation is the condition known as *hikikomori* – a form of severe social withdrawal that was originally described in Japan in the late 20th century and has more recently been found worldwide.^{2–4} In the 2010 guideline on *hikikomori* by the Japanese Ministry of Health, Labour, and Welfare, the definition of *hikikomori* was described as an avoidance of social participation, which in principle has continued under the condition of being housebound for a period of more than 6 months.⁵

PCN Psychiatry and
Clinical Neurosciences

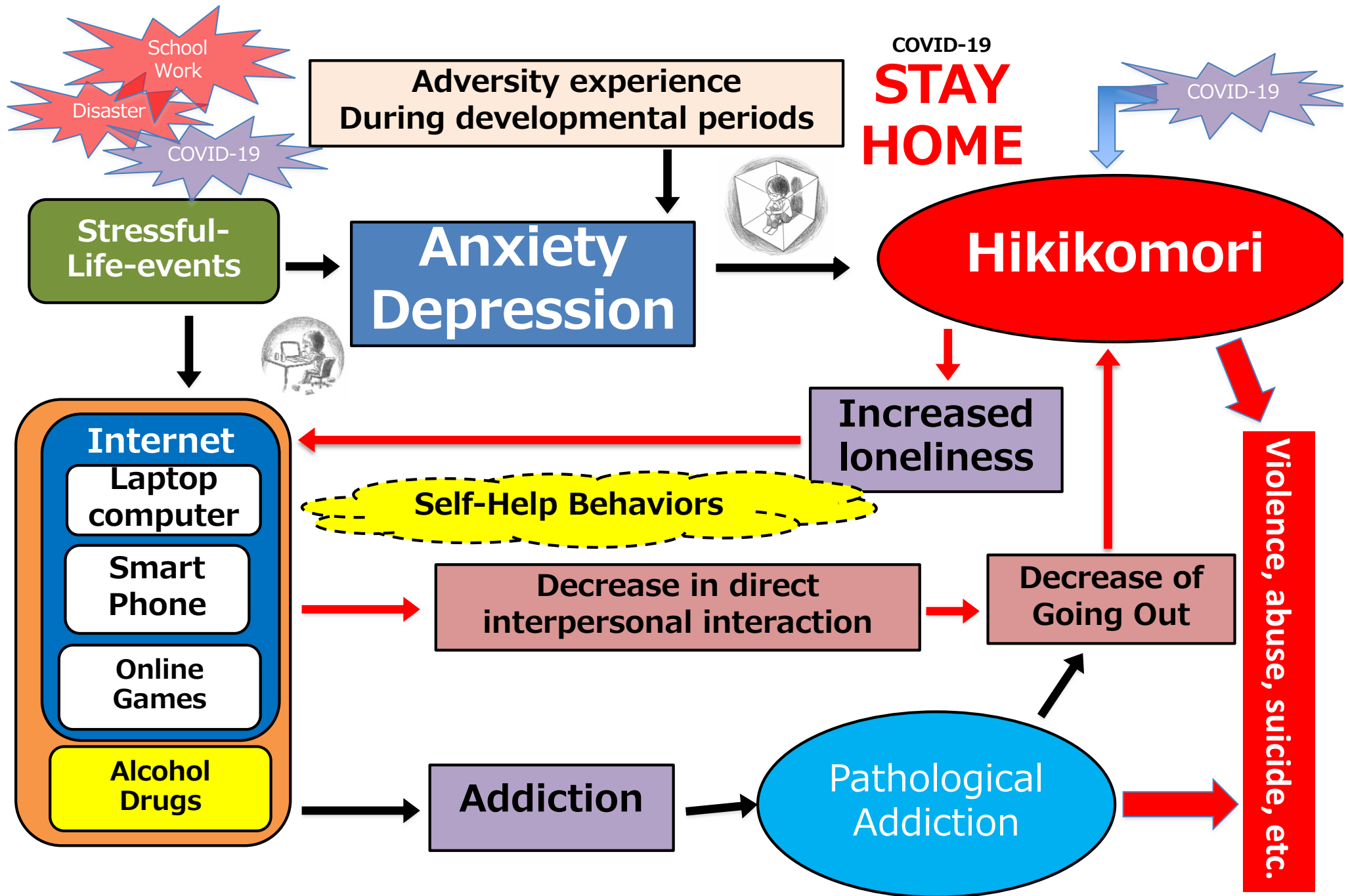
9. Mamun MA, Griffiths MD. First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: Possible suicide prevention strategies. *Asian J. Psychiatr.* 2020; **51**: 102073.
10. Kubo H, Urata H, Sakai M *et al.* Development of 5-day hikikomori intervention program for family members: A single-arm pilot trial. *Heliyon* 2020; **6**: e03011.

Takahiro A. Kato, MD, PhD ^{1,2} Norman Sartorius, MD, PhD^{2,3} and Naotaka Shinfuku, MD, PhD^{2,4}

COVID-19 may cause an explosion of Hikikomori globally.

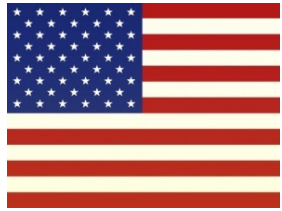
(Kato TA, Sartorius N, Shinfuku N. Psychiatry Clin Neurosci 2020 July)

The vicious cycle of anxiety, depression, loneliness, and hikikomori

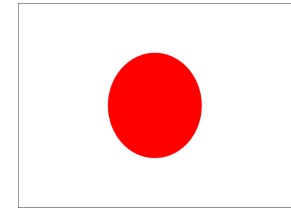


(Kato "Minna no Hikikomori" 2020: Curr Opin Psychiatry 2020, PCN 2020)

Do individuals with hikikomori
have mental disorders?



Results: Most Common SCID-I and SCID-II Diagnoses



Diagnosis	Total N=22	%
Avoidant Personality Disorder	9	41%
Major Depressive Disorder	7	32%
Paranoid Personality Disorder	7	32%
Social Anxiety Disorder	6	27%
Posttraumatic Stress Disorder	6	27%

5 hikikomori persons (22%) only in Japan have no psychiatric diagnosis!!!

Modern-Type Depression as an “Adjustment” Disorder in Japan: The Intersection of Collectivistic Society Encountering an Individualistic Performance-Based System

Takahiro A. Kato, M.D., Ph.D., Shigenobu Kanba, M.D., Ph.D.

mother, a stay-at-home mom, had high expectations for Mr. A's academic success and sent him to cram school from an early age. He participated in school sports clubs but spent the majority of his time playing video games. He was never enthusiastic about academics but did relatively well. After high school, he entered a well-known university and started to live alone. He had no specific aspirations in life, but, following others, he applied to some well-known companies. He accepted a job at a company that “happened to” offer him a career-track position.

For a few years, he did relatively well under a good mentor who guided him. In his fifth year, he was reassigned to a new division, where he was often required to express his own opinion, which he found difficult. His supervisor scolded him sharply at times, which is not uncommon in Japan but which left Mr. feeling unhappy and dissatisfied. Having been an A student, this was virtually the first time he had received a stern reprimand. He started experiencing headache, angst, and insomnia, and he frequently arrived late or was absent for work. He himself suspected depression and sought help at a psychosomatic medicine clinic, expressing his wish to take leave from work. His doctor granted a 3-month sick leave for “depressive state.”

Immediately, Mr. A felt well and would sometimes attend parties with coworkers, which led them to doubt whether he actually had depression. He also complained that his



married and had a son. When his wife returned to work and started complaining to Mr. A about not helping around the house, he began having difficulty being at home, experiencing headaches and lethargy. Around this time, he was reassigned again and was reprimanded by his new supervisor, triggering a feeling of heaviness and distress at work. He soon began skipping work again.

He voluntarily returned to the clinic, where he was diagnosed with “adjustment disorder.” He took leave and returned to work after several months, but similar episodes recurred. Given that his mental problem was situation dependent, his reputation at work and home suffered. He sought care at several mental health clinics, which mainly diagnosed “adjustment disorder” or “depressive state,” although some overdiagnosed his illness as major

depression and prescribed selective serotonin reuptake inhibitors, but with poor pharmacological outcome. At one clinic, he started group therapy to improve his interpersonal skills, but he soon quit, complaining that all the other participants were elderly. Eventually, he participated in a group-centered “Re-Work” program (see the discussion below). Being with others in similar situations helped Mr. A realize that he “could not blame everything on the company.” He is now able to lead a relatively uneventful working life without extended leave even though he sometimes skips work when he experiences excessive stress.

Japan has recently seen an increase in cases similar to that of Mr. A, especially among young adults, a syndrome referred to as “modern-type depression” (MTD) (1). Characteristics of

MTD include situation-dependent depressive state, blaming others, and strong avoidant tendencies (2, 3). Individuals with MTD display absenteeism from work or school, complaining

Modern-Type depression
(MTD)
among youth
may be a
“GATEWAY Disorder”
toward Hikikomori.

Modern Depression



Prolonged
Social
Avoidance

Hikikomori



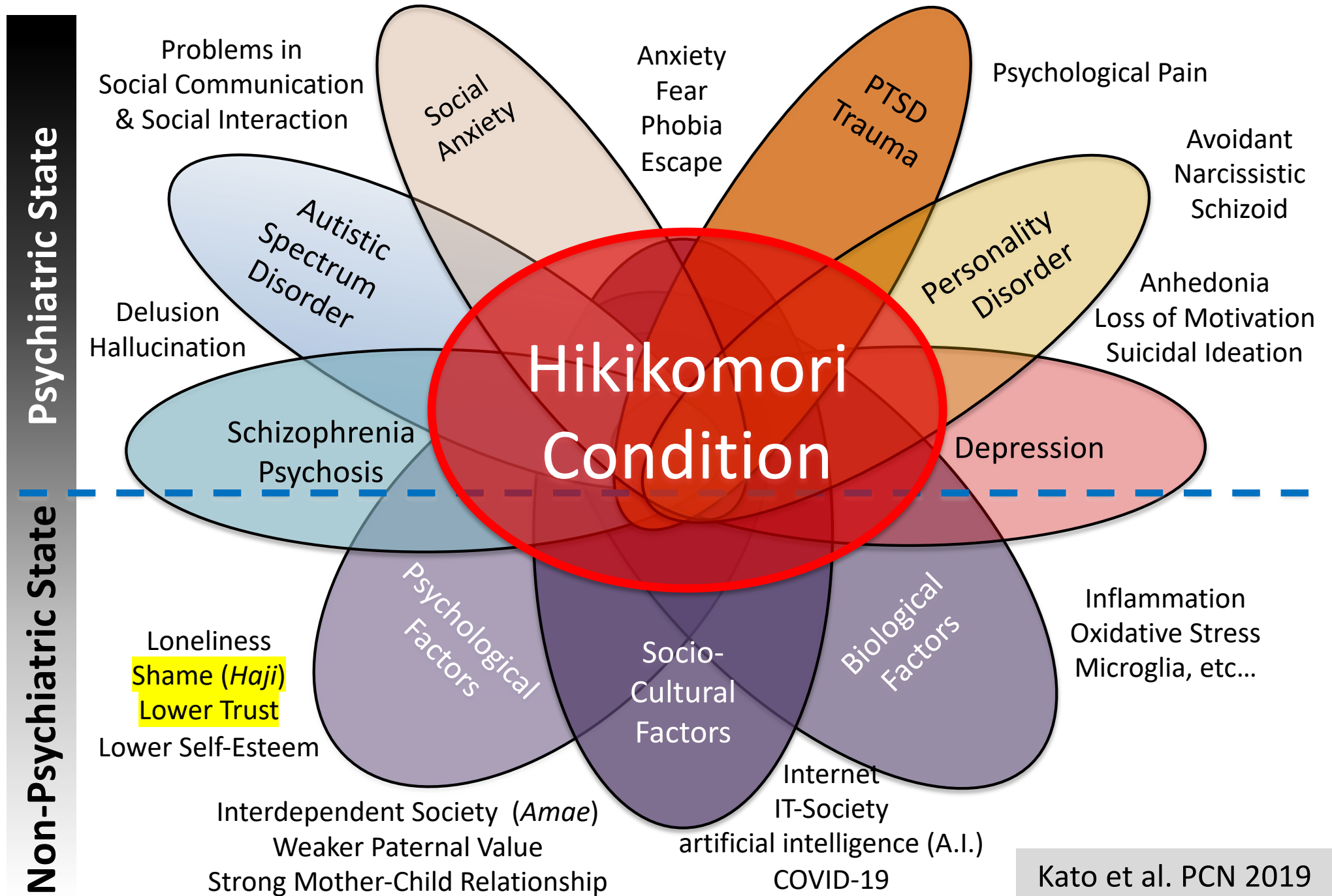
Depressed Feelings

Only At School/Workplaces

(Kato & Kanba, Am J Psychiatry, 2017 Nov & 2018 May)

Location of Hikikomori in Psychiatry

(Bio-Psycho-Socio-Cultural Model)



Biological Aspects of Hikikomori

SCIENTIFIC REPORTS

OPEN

Blood biomarkers of Hikikomori, a severe social withdrawal syndrome

Kohei Hayakawa¹, Takahiro A. Kato¹, Motoki Watabe², Alan R. Teo^{3,4}, Hideki Horikawa¹, Nobuki Kuwano¹, Norihiro Shimokawa¹, Mina Sato-Kasai¹, Hiroaki Kubo¹, Masahiro Ohgidani¹, Noriaki Sagata¹, Hiroyuki Toda⁵, Masaru Tateno⁶, Naotaka Shinfuku⁷, Junji Kishimoto⁸ & Shigenobu Kanba¹

Received: 27 November 2017

Accepted: 31 January 2018

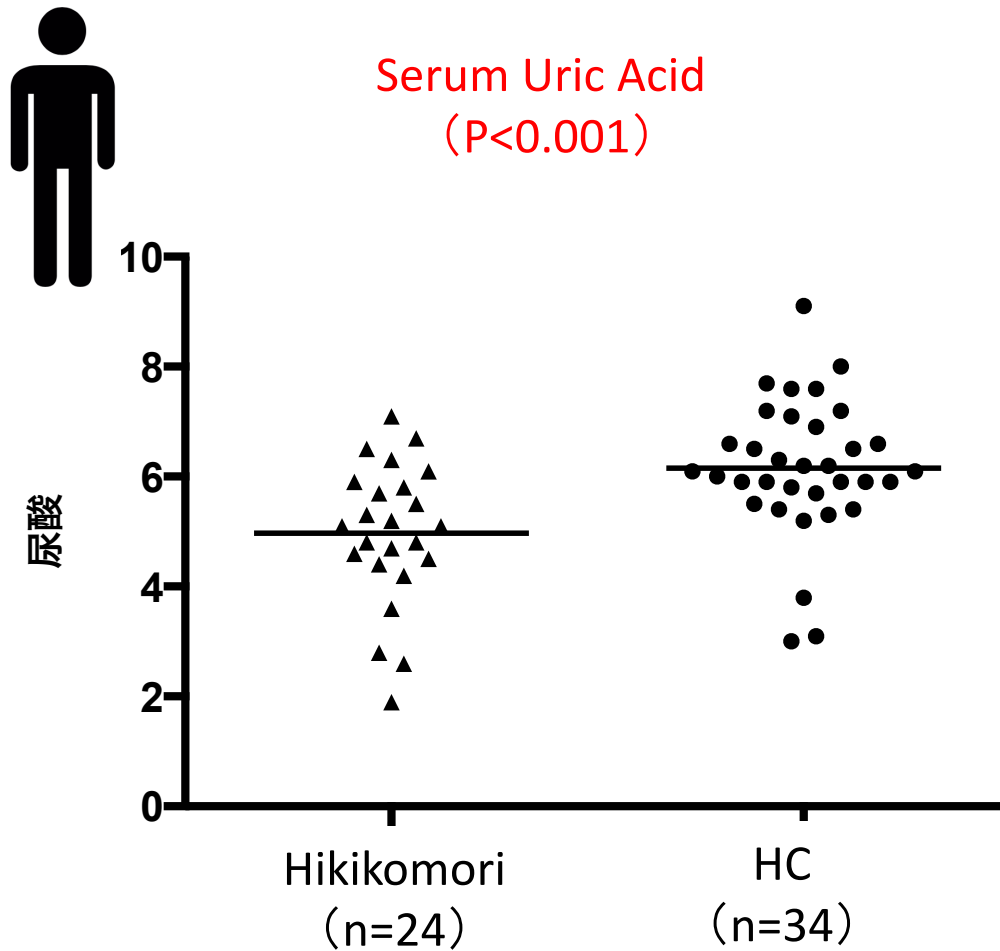
Published online: 13 February 2018

Hikikomori, a severe form of social withdrawal syndrome, is a growing social issue in Japan and internationally. The pathophysiology of hikikomori has not yet been elucidated and an effective treatment remains to be established. Recently, we revealed that avoidant personality disorder is the most common comorbidity of hikikomori. Thus, we have postulated that avoidant personality is the personality underpinning hikikomori. First, we herein show relationships between avoidant personality traits, blood biomarkers, hikikomori-related psychological features, and behavioural characteristics assessed by a trust game in non-hikikomori volunteers. Avoidant personality traits were negatively associated with high-density lipoprotein cholesterol (HDL-C) and uric acid (UA) in men, and positively associated with fibrin degeneration products (FDP) and high sensitivity C-reactive protein (hsCRP) in women. Next, we recruited actual individuals with hikikomori, and compared avoidant personality traits, blood biomarkers, and psychological features between individuals with hikikomori and age-matched healthy controls. Individuals with hikikomori had higher avoidant personality scores in both sexes, and showed lower serum UA levels in men and lower HDL-C levels in women compared with healthy controls. This is the first report showing possible blood biomarkers for hikikomori, and opens the door to clarify the underlying biological pathophysiology of hikikomori.

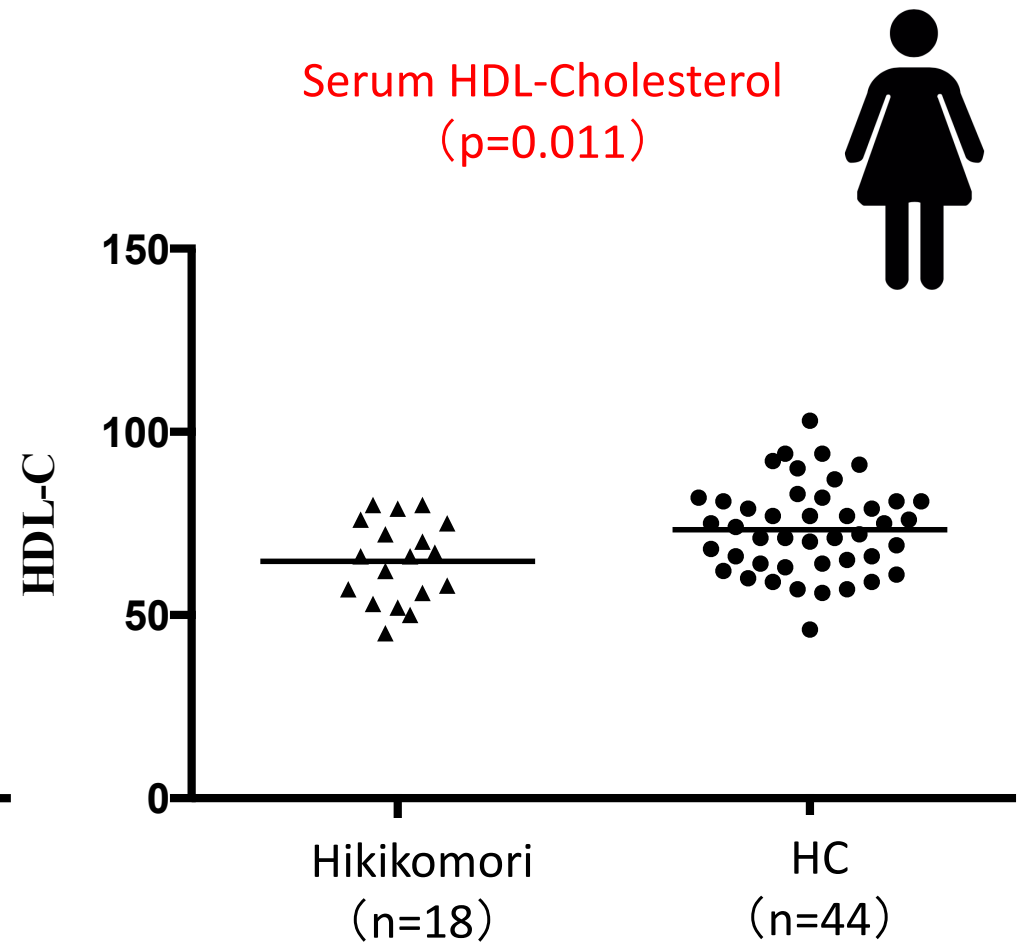
ひきこもり者の
初の生物学的エビデンス

Uric Acid (UA) and HDL-C (Possible Biomarkers of Hikikomori)

Male
Healthy Volunteers vs Hikikomori

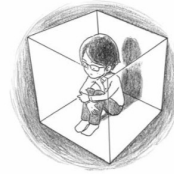


Female
Healthy Volunteers vs Hikikomori





Intervention of Hikikomori



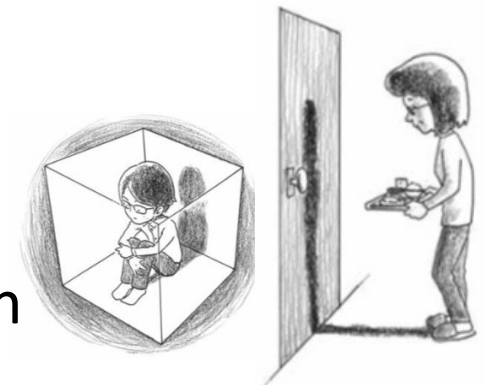
Huge GAP
between
Sufferers and Support Centers



Hikikomori Support Centers
Hospitals / Clinics

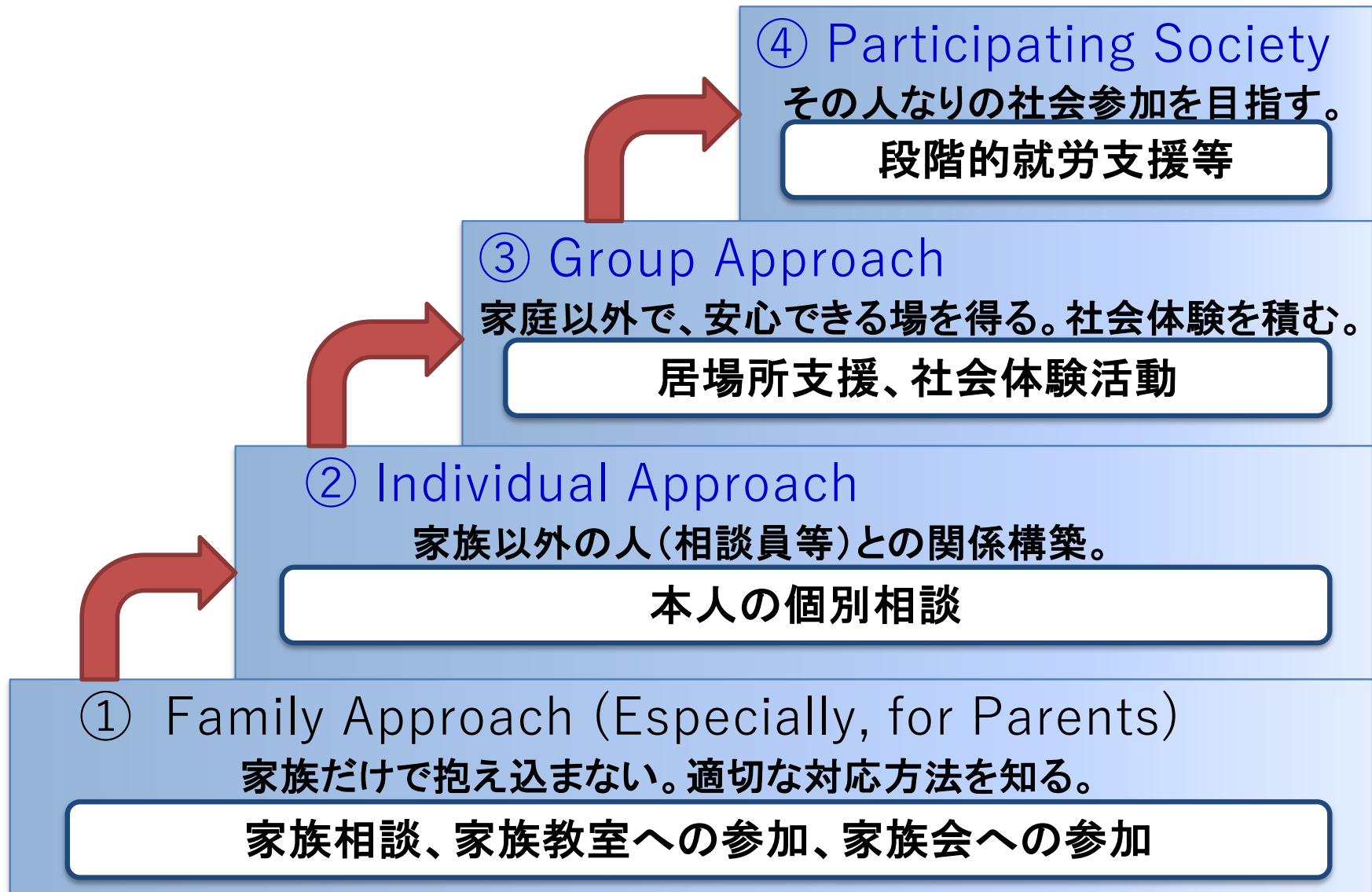
Hikikomori Support is Very Difficult!!

- Average of “**Start support**” after the onset of hikikomori is **about 4.4 years**. (Kondo, et al. 2010)
- Thus, the Japan’s Cabinet Office’s Guideline of Hikikomori (2010) empathized **the importance of Early Detection and Early Intervention** of Hikikomori.
- Each hikikomori support center (more than 60 centers in each prefecture and main larger cities in Japan) have tried to develop the system, using phone counseling (HIKIKOMORI LIFE LINE), etc.



No standardized intervention methods have been developed.

Step-By-Step therapeutic approaches against hikikomori



ひきこもり家族支援プログラム開発
Development of
Educational/Training Program
for Parents of Hikikomori
based on
MHFA (Mental Health First Aid)

国立研究開発法人日本医療研究開発機構 (AMED)・障害者対策総合研究開発事業
「社会的ひきこもりの長期化打開のためのエビデンスに基づく家族向け教育支援モデルの構築」

Development of Educational/Training Program

for Parents of Hikikomori

based on

MHFA (Mental Health First Aid)

@ Kyushu University Hospital

Funded by AMED, Japan



Mental Health First Aid Action Plan

Approach the person, assess and assist with any crisis

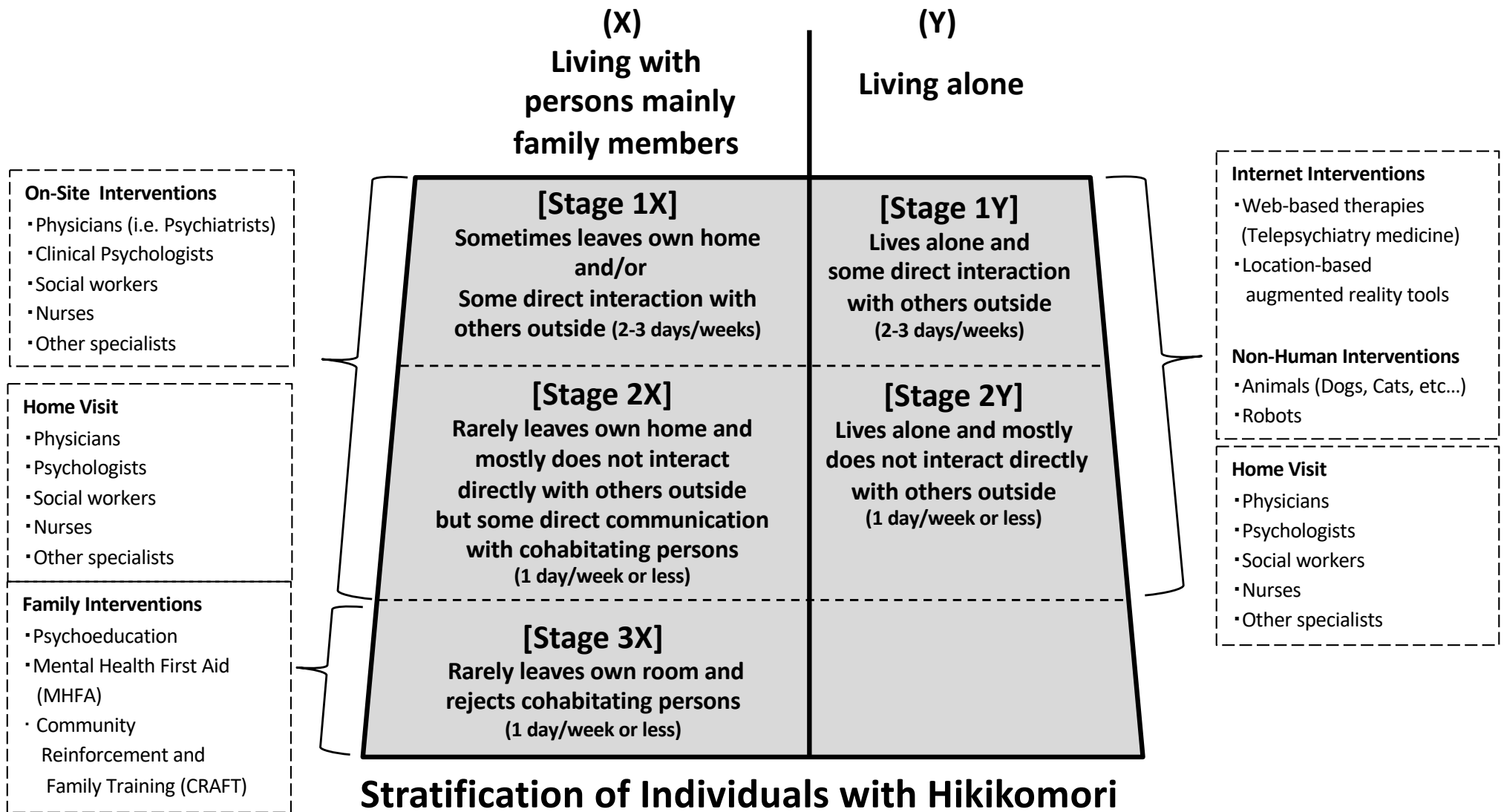
Listen and communicate non-judgmentally

Give support and information

Encourage the person to get appropriate professional help

Encourage other supports

Multidimensional Therapeutic Approaches Based on the Physical/Social Situation of Hikikomori



Innovative Approach against Hikikomori

Dogs and/or Cats rescue individuals with hikikomori?

South China Morning Post

HEALTH



Participants calling themselves Kwai (left) and Ah Ching play with dogs during a Chinese Evangelical Zion Church Social Service Division press conference. Photo: Edward Wong

THERAPY DOGS LEAD YOUNG TO OVERCOME SOCIAL FEARS

Animal interaction programme is proving an effective first step to help withdrawn residents defeat inhibitions and get back into work or study

Kathy Gao and Lai Ying-kit

Therapy dogs have proven to be very effective in bringing young, withdrawn Hongkongers out of their shells, University of Hong Kong researchers say.

Participants of animal-assisted therapy are more likely to go back to school or look for a job, rather than continuing to stay cooped up at home, surfing the internet, an HKU study shows.

Such therapy was particularly successful in raising the self-esteem of reclusive people who might otherwise shy away from engaging in social interaction that did not involve animals, the researchers said.

A psychiatrist explained that the animals could help because they were not "demanding or expecting certain achievements" from their human friends.

The two-year study examined 68 socially withdrawn subjects aged between 13 and 29. All were from a programme by the Chinese Evangelical Zion Church Social Service Division that had used animals to help more than 200 people with social inhibitions since 2010.

"About 80 per cent have either gone back to work or school," the division's general secretary Ng Yan-ho said.

In the project by HKU's social work and social administration department, the participants' employment rate rose from 7 per cent to about 55 per cent after they took part in the therapy.

One 18-year-old participant, who called herself Ah Ching, has banished the disillusionment created by her school life and is working to rebuild the social connections she has cut since Secondary Four.

Through contact with therapist dog "Fat Fat" and a class on pet grooming, Ah Ching said she now saw a need for change.

"I have overcome the fear of social contact," she said. "Now, I am more willing to say 'good morning' to strangers, which I had no courage to do in the past."

In her job as a restaurant bartender, which she secured last month, Ah Ching said she would try to show her care for others. "I would ask if my colleagues are angry, and make some food for them if they are," she said.

Ng said the therapy generally lasted about a year before the subjects were confident enough to go back to work or study.

A separate HKU survey found about 1.9 per cent of Hongkongers aged between 13 to 29, translating into 16,900 to 41,000 young people, were socially withdrawn.

The government has no service to help socially withdrawn people, who, according to psychiatrist Dr William Fan Tak-wing, tend to stay home and play online games to avoid social life.

Fan said animal-assisted therapy focused on how to interact with animals rather than talking about the problems those people faced. That made them more willing to talk to counsellors.

"But animals act only as a bridge between professional counsellors and the socially withdrawn," Fan, president of the Animal Therapy Foundation, said. "The most important thing is the advice counsellors give. The human-animal interaction is like a mirror reflecting problems they might have when interacting with others."

Now, I am more willing to say 'good morning' to strangers

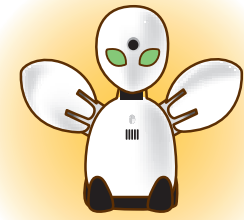
AH CHING

(This project has been organized by Prof. Paul Wai-Ching WONG.)

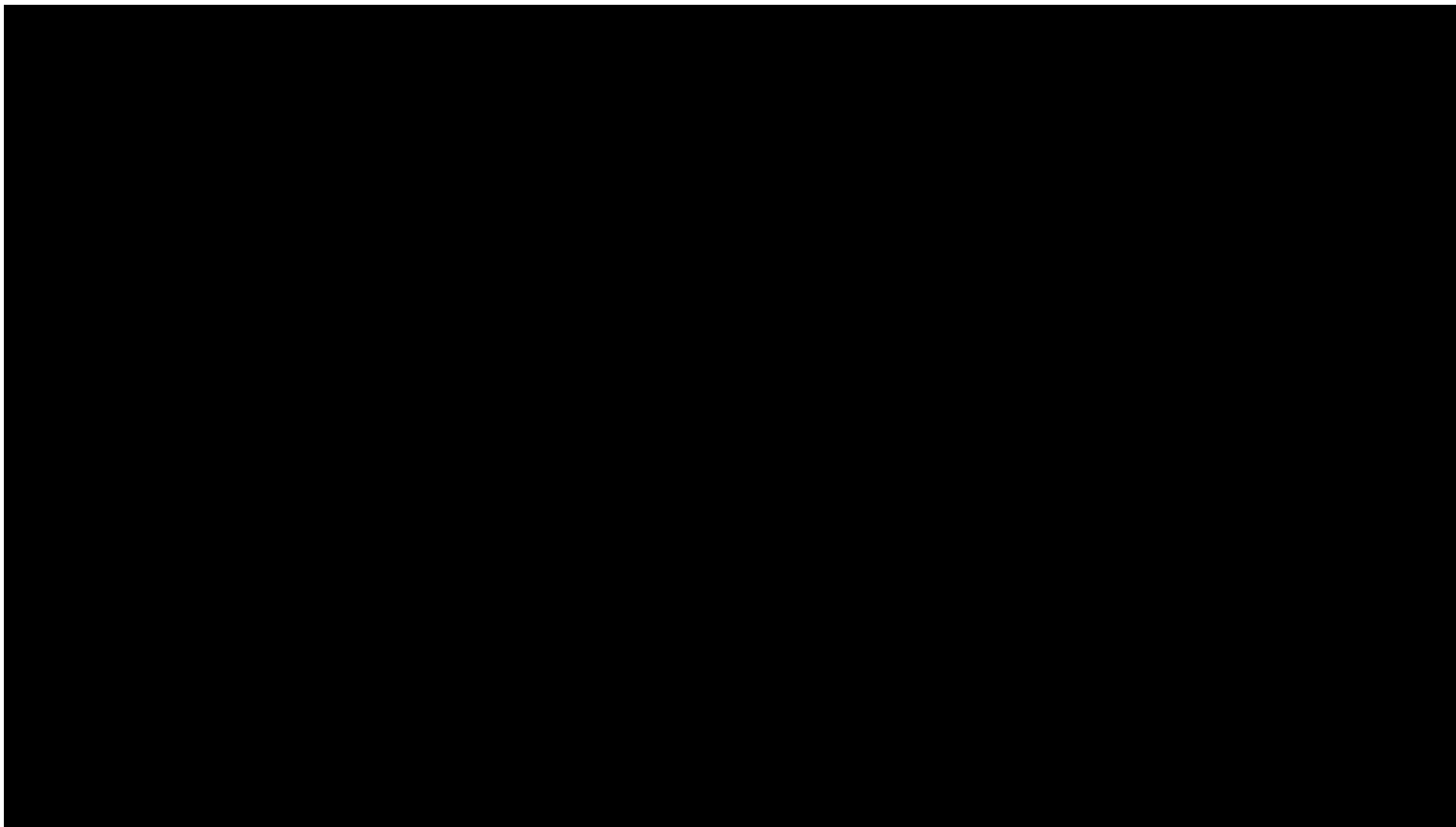
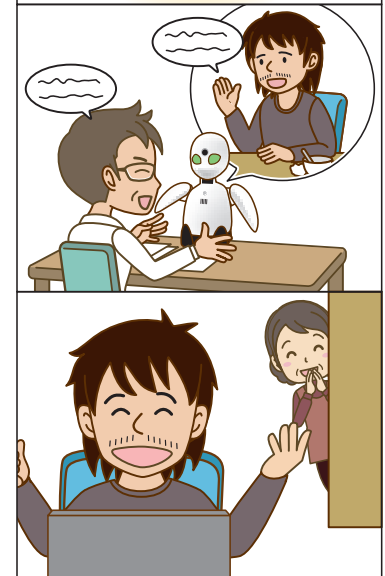
Future perspectives of robot psychiatry: can communication robots assist psychiatric evaluation in the COVID-19 pandemic era?

Yuichiro *Yoshikawa*^{a,*}, Hirokazu *Kumazaki*^{b,c,d,*}, and Takahiro A. *Kato*^{e,f}

Can Robots rescue shut-ins?



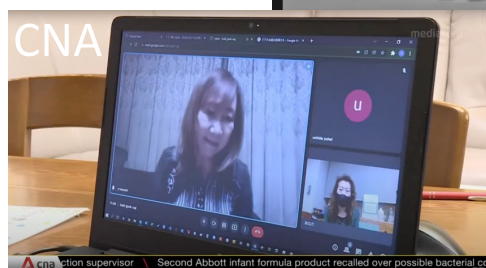
OriHime



View from the Eye of OriHime (iPhone, iPad and online PC)

1. Not observed/seen from others (Shadowing)
2. Verbal Communication with Mic
3. Non-Verbal Communication with Buttons

Metaverse (avatars) rescue hikikomori?



Prof. Hayashi
(Yamaguchi University)



Metaverse Project (Fukuoka-Prefecture)

JACFA-Job Support Station (Directors: Ms Michiko Asami/Ms Kumiko Asami)

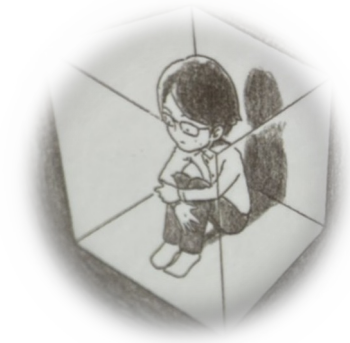
Yamaguchi University (Prof. Yuko Hayashi)

Digital Hollywood University (Prof. Keiji Mitsubuchi)

Kyushu University (Takahiro A. Kato)

Possible solution against Shame (恥) with persons with hikikomori

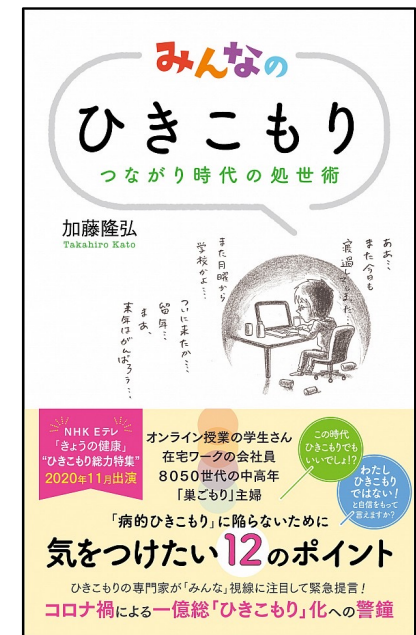
Summary



- **What is Hikikomori**
 - Japan and Worldwide
- **Understanding Hikikomori (Hikikomori Research Clinic)**
 - Psychological, Sociocultural and Biological Aspects
- **Intervention of Hikikomori**
 - Step by Step Approach (Multi-dementional Model)
 - Family Intervention (MHFA-based)
 - Novel approach (Robots and **Avatars**)



<https://www.hikikomori-lab.com/>



(Minna no Hikikomori, 2021)