

A needs assessment of psychiatric services for foreigners in Tokyo

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Abstract

Objective: This needs assessment aims to identify the current available services for foreigners seeking psychiatric care in Tokyo.

Methods: A scoping review was conducted to understand the current studies available about mental health of foreigners living in Japan and difficulties encountered in receiving psychiatric care while living in Japan. A search of facilities within Tokyo was made from the Himawari website issued by the Bureau of Health, Metropolitan Tokyo. Finally, the results of this search were compared with similar data obtained from facilities that showed on a google search as representative of searches foreigners in Japan are likely to make when seeking psychiatric care.

Results: The number of migrants in Japan has increased yearly and medical facilities with English and other languages are available yet language barriers are still common for foreigners in seeking care. Psychiatry and counseling services in Tokyo are not sufficient to provide treatment and care to foreign patients with mental health problems.

Conclusion: Medical facilities in Tokyo have a long way to go in making medical health care providers and staff ready to accommodate the demand for language assistance and address cultural differences' needs of different foreign nationalities.

Keywords: foreigners, mental health, English, migrants, medical facility, depression, suicide, foreign, residents, immigrants, psychiatry, hospital, Tokyo, Japan

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1 INTRODUCTION

Patterns of migration to Japan have rapidly changed over the past few years. In 2018, more than 2.7 million foreigners, including tourists arrived in Japan, marking the highest migration numbers in history. (1) Living and working in a new country is a major life event that can be stressful and can make people vulnerable for developing psychosocial illness with increased risk of mental illness such as anxiety and development of depression. (2) There are an estimated 264 million people with depression globally. Depression is a known risk factor for suicide, which is a leading cause of death in many countries. (3) Suicide studies in developed countries showed that 90% of suicides are caused by underlying mental disorder, and identifying these disorders is essential to suicide prevention strategies.(4) Identifying these disorders in new migrants is a particular challenge, since they may not properly understand or be able to engage with the health system if that system is not designed to incorporate their health needs.

Migrants tend to adjust and be optimistic of rebuilding their life in a new country, and although prolonged stay may help foreigners to stabilize their lifestyle and health, many are unable to adapt and understand well how the country operates. Adjustment issues, problems with languages and others difficulties can occur. Stress and difficulty adjusting to the new environment can lead to depression, which may potentially result to suicidal thoughts. (5)

Table 1 shows the total number of foreigners in Japan that are permitted to legally work in

Japan which were 1,460,463 in 2019. This shows an increase of 14.2% compared to the previous year of 1,278,670.

On the distribution of visa classes among long-term resident foreigners in Japan, it is estimated that 496,000 foreign residents hold legal resident visas. That is 8% increase from the previous year. The change is potentially due to higher numbers of highly skilled workers, international students and the acceptance of technical intern trainees through the growth of the technical intern training system. Holders of Designated activities visa ranked highest in increase, of 35.6% from the previous year of 35,615. The second highest increased number of visa status is Technical Intern Training visa, at 308,489 and third are those with Specialized or Technical field work visa of 276,770. (6)

Visa status		2018	2019	Change over the past year
Foreign nationals that are permitted to legally work		1,278,670	1,460,463	14.2%
Permanent residency, long-term residents and those with legal resident visa. No work limitation 身分に基づく在留資格		459,132	495,668	8%
1	Designated activities visa 特定活動	26,270	35,615	35.6%
2	Technical Intern Training visa 技能技術	257,788	308,489	19.7%
3	Specialized or Technical field work visa 専門的・技術的分野の在留資格	238,412	276,770	16.1%

4	Engage in Activity other than that Permitted by the status of Residence 資格外活動 (International students, 留学生)	297,012 (259,604)	343,791 (298,461)	15.7% (15%)
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Table 1 Total number of foreign residents working visa status in Japan, January 2019

The higher number of International students from 297,012 to 343,791 in the last year may be a result of universities providing more courses in English and through the Japan Study Program by the Ministry of Education, Culture, Sports Science and Technology Japan, which makes more places available for international applicants. International students who are able to speak Japanese are valuable to the current Japanese society as Japan aims for globalization and expansion to foreign markets. These students' age groups have higher risk and exposed to mental illness such as depression. Through this exposure and sensitive period of their age, it can lead to attempted suicide and completing suicide. (7)

Foreigners arrived through the revised Foreign Technical Intern Training Program implementation which started in November 1, 2017 was made by the government for promotion of global relationships with developing countries. It focuses on technical intern trainees to acquire skills that will be useful once they return to their home country and there have been policy changes to protect the rights and their working environment yet there are still problems that these workers could face. Some of these are, difficulty communicating in Japanese language, difficulty learning work tasks, adjusting to the new culture and tradition.

(8) Increased stress from such problems may lead to disturbed physical and mental health.

Hence, access to health care is one of the most important area where migrants face and barriers may exist to good health care. Consequent problems may make it difficult for foreigners to continue working for Japanese companies. It is predicted that the health system will face increasing demands related to health problems associated with their migration.(9,10)

1.1 Suicide mortality in foreign residents of Japan

Suicide in Japan has been the top 10 cause of death in Japan and comprises 2% of the total number of deaths per year.(11) In recent years, there has been a decline in the rate of deaths per year, potentially due to government initiatives in 2008 expanding mental health assessments for employees (12) , which might have contributed to the decline in the number of suicides in Japan. However, recent studies of suicide mortality among foreigners living in Japan showed Korean suicide rates remain higher than those of the Japanese population, while Chinese and other nationalities are similar to or lower than those of the Japanese population. (13,14)

The high suicide rate in Japan and exposure to such suicide acts periodically may be a risk factor for suicide by foreigners. (7,15,16) Through this, suicide can arise as an option when faced with a difficult situation that they are not able to solve on their own. Depression progress is sometimes hard to notice, and undiagnosed depression can lead to physical conditions and unidentified suicide risk. (17) For foreigners living in Japan this process of consulting mental

health experts may be complicated by the adequacy of health care services and their suitability for migrant populations.

1.2 Adequacy of health care services for foreigners in Japan

In medical facilities in Japan, websites of clinics and hospitals in Tokyo include an option for available languages to facilitate foreign patients, yet there is no assurance that these facilities would have complete services available for foreign patients whenever they come in for consultation. According to Shinjuku ward health care center, one of the biggest wards in which foreign residents reside, that although there are medical facilities that state English or other languages are available on their website, when specific staff are not on duty at the time the foreign patient comes in, they are not able to accommodate them. (18) There are often times they are not able to render care and would refer them to different clinic or hospital. (19) These kinds of cases suggest that there is a need to put more attention to medical facilities in Tokyo in order for foreigners to receive quality of care that they deserve as a resident in Japan like any other local Japanese with health insurance.

1.3 Objectives

This needs assessment aims to:

1. Describe the experiences of foreigners in receiving psychiatric care in Tokyo.
2. Compare the psychiatric services available for foreigners and local Japanese

3. Assess information available in google searches that a foreigner might use to search for a facility in Japan.

This study aims to have a clearer understanding of what is available for foreigners as they seek psychiatric service and treatment while living in Tokyo. Through this study I would like to promote a policy change for the medical facilities to have a standardized system where any foreigner will have no problem seeking treatment anywhere in Tokyo.

2 METHODS

2.1 Scoping review

This is an observational study which scoping review was conducted using PubMed, PsychINFO and Ichuushi (医中誌). These databases were searched between October to November 2019, and all published articles between 2000 and 2019 were retrieved, using the following keywords: foreigners OR foreign OR migrants OR migrant AND mental illness OR depression OR suicide AND immigrants OR residents AND Japan. Japanese keywords were used for the Ichuushi database: 外国人 OR 移民 OR 在日外国人 AND 精神科 OR メンタルヘルス OR うつ病 OR 自殺 AND 日本 OR 病院 OR 施設.

Migrants to Japan tend to cluster in just a few locations and Tokyo has the highest number of foreign workers compared to any other prefecture. They are mainly hired by manufacturing companies which composed 21.4% of total foreign workers in Japan. (20) Hence, this study is only focused in foreigners living within Tokyo.

The database search identified 1102 articles from PubMed, 40 from PsychINFO and 18 from Ichuushi. A total of 1160 articles were included. I selected 10 out of 1160 articles according to the following criteria:

1. Japanese and English articles
2. A research article, case report, brief report, expert opinion

3. The article describes the mental health conditions, difficulties receiving psychiatric care by foreigners in Japan.

Of the 10 articles reviewed, 9 articles were in English and 1 article was in Japanese. There were 5 quantitative articles, 3 qualitative articles, 1 mixed-methods article and 1 abstract only.

Studies that could not be obtained, were not research, not written in English or Japanese, non-mental health related, and studies from before the year 2000 were excluded.

2.2 Himawari search

The Himawari website was used to assess the number and quality of psychiatric facilities within Tokyo. The Himawari website is produced by the Tokyo metropolitan government, Bureau of Social Welfare and Public Health. This is an official site in which all medical institutions and pharmacies in Tokyo are listed to provide information to people residing in Tokyo. (21) A search was conducted on the regular Japanese version using the keyword 精神科 (psychiatry).

There is an automatic translation system within the website that offers languages in Korean, Chinese and English. I used the English version to limit the language to a language commonly used by migrants in Tokyo, and searched for the keyword, “psychiatry”. The Himawari Japanese version facilities search results were not all included but random selection of five facilities per ward was done by the researcher for detailed assessment. The Himawari English

version facilities search results were all included. The results from both the Japanese and English version were used to study the characteristics of each medical facility that was provided after the keyword search. Each facilities' website was assessed according to the following criteria: whether the facility's website was in English, availability of services in English, if there are specialists, generalist or psychiatrists that provides psychiatric care for mental health consultations, the opening hours and days, national health insurance were accepted or not, and if there are foreign staff or other available language such as English.

2.3 Google search

The google search engine was used to see the results that are commonly returned when someone seeks medical care in English. The keywords used were "Tokyo", "Psychiatry", "mental illness", "depression", "English", "mental health" and "suicide". Psychiatry clinics, counseling facilities and other related mental health related facilities were chosen up to the 5th page of the results between October to November 2019. Websites that did not show any relevance to the topic of interest and unrelated advertising were excluded.

3 RESULTS

3.1 Scoping Review

No	Author	Year	Key findings
1	Chang-ho Lee, Sung-kil Min, Woo-taek Jeon, Mika Kigawa, Michiya Sugawara (22)	2009	<p>Korean defectors living in Japan have higher Beck Depression Inventory scores and a poorer quality of life than Korean defectors living in Korea and Japanese Worker</p> <p>None of the Korean defectors living in Japan had sought help from mental health professionals and/or other health services</p> <p>Lack of help-seeking behavior may be due to a lack of mental health literacy or a strong stigma against psychiatric issues</p> <p>Language difficulty</p> <p>Difficulty adapting to the culture and society</p>

			Difficulty in obtaining employment and obtaining social support
2	Eiko Kobori, Yuko Maeda, Taro Yamamoto (13)	2017	<p>Language and communication difficulties</p> <p>Cultural difference</p> <p>Religious issues: “In general, despite the majority being Buddhist from birth, Japanese people lack a strong religious background and, due to this lack of understanding, we could not give sufficient psychological support to some non- Japanese patients.”</p>
3	Taeko Hamai, Ayako Nagata (23)	2017	<p>Hospitals considered interpreters to accompany foreigner patients. This is to avoid medical risks and accidents that may occur from miscommunication.</p> <p>Of the 274 hospitals surveyed, 4.7% had experiences of incidents due to language barriers when dealing with foreign patients</p>
4	Atsuko Koyama, Hirokuni Okumi, Hiromichi Matsuoka, Chihiro Makimura, Ryo Sakamoto, and Kiyohiro Sakai (24)	2016	<p>Underlying problems were cultural differences and communication difficulties due to a language barrier</p> <p>Non-Japanese patients complained of various types of psychological and physical symptoms</p>
5	Stuart Gilmour, Haruko Hoshino, Bibha Dhungel (14)	2019	Suicide mortality among Korean nationals living in Japan is higher than it would be in their home country

			<p>The suicide rate for Chinese nationals living in Japan is the same as it would be if they were living in China</p> <p>Suicide rate among men and women of other non-Japanese nationals living in Japan is lower than it would be in their home countries</p>
6	Qiongai Jin, Emi Mori , Akiko Sakajo (25)	2016	<p>Majority showed high risk for postpartum depression</p> <p>Moderate associations were identified for between depression scores and cross-cultural stressors derived from Japanese postpartum hospital routines and stress measured by visual analogue scale</p> <p>Social support could be a mediator for stress among new mothers</p> <p>Chinese immigrant mothers were very intent on following the practices of <i>Zuoyuezi</i> and that not being able to do so may have played a role in triggering stress</p>
7	Michiko Ueda, Kanako Yoshikawa, Tetsuya Matsubayashi (26)	2019	<p>Koreans displayed consistently high suicide rates from 1980 to the mid-2010s, which were nearly twice as high as those of the Japanese population</p> <p>Korean males and females in Japan had higher suicide rates than those in South Korea</p>
8	Kumi Kono, Sharareh Eskandarieh, Yoshihide Obayashi, Asuna Arai, Hiko Tamashiro (27)	2014	<p>Depressive symptoms were mostly seen among students</p> <p>Lack of sleep, low amount of exercise, no scholarship or housing condition were the reasons behind the depressive symptoms</p>
9		2018	Poor self-rated health

	Prakash Shakya, Masako Tanaka, Akira Shibauma, Masamine Jimba (28)		Unable and unwilling to pay for the national health insurance. Even though they get to register upon migration to japan
10	Atsuko Koyama, Minoru Niki, Hiromichi Matsuoka, Ryo Sakamoto, Kiyohiro Sakai, Rikako Jinnai, and Kanae Yasuda (29)	2012	<p>Cultural differences</p> <p>Language barriers</p> <p>Maladaptation to changes and culture shock</p> <p>Divorce rates is higher than those of Japanese couples</p>

Table 2 Scoping review results from PubMed, PsychINFO and Ichuushi

Table 2 shows the articles selected for the study that describes about the migration situation and difficulties encountered by foreigners in Japan.

Out of ten articles reviewed, one article described international students (study 8), another article was about pregnant Chinese women (study 6) and one included was about North Korean defectors (study 1). Seven articles were about language barriers (studies 1-4, 6, 9-10), six articles were about lack of social support systems (studies 1, 2, 4, 6, 8, 10), seven articles mentioned mental health problems and difficulty in accessing treatment, five discussed about cultural differences, and four articles tackled the need of intervention for facilities to adapt to the increasing demand of care for foreigner patients.

There were no currently available studies that specifically focused on the difficulty of receiving psychiatric care in Japan as perceived by foreigners living in Japan.

3.1.1 Language barriers

Language problems were experienced among foreigners living in Japan (studies 1-4, 6, 9, 10). Lack of understanding about Japanese language increased the anxiety of foreigners in Japan. Six articles described that language barriers contributed significantly to the stress level they experienced. There were occasions that difficulty in expressing their thoughts discouraged them in accessing mental health care support (studies 1, 2, 4, 6, 9, 10). In a health care setting, those foreigners who speak other than Japanese and English seeking care have trouble expressing themselves and felt they were not being fully understood by the medical workers (study 10). In terms of employment, foreigners have felt lesser opportunity and chances to further in their career because of their limitation in Japanese language.

3.1.2 Lack of social support

The presence of loneliness and isolation upon migration to Japan were identified from the selected studies (studies 1, 2, 4, 7, 8, 10). The lack of social support potentially contributed to poor mental health and low quality of life among foreigners who migrated to Japan (study 1).

Two studies by Koyama et al. (study 10) and Ueda et al. (study 7) describe how relationship problems have contributed stress and isolation of foreigners living in Japan. Foreigners finding Japanese partners are not uncommon and they settle in Japan longer than they initially planned

to but cases of divorce between foreigners and Japanese couples are high and affected their mental health (study 4). The inability of community services to provide equal support to foreigners when broken relationships arises between a Japanese partner may potentially be a contributing factor for mental health problems in foreigners.

On the other hand, visa status was also a problem for some foreigners. Kobori et al. showed that the visa status has constricted the possibilities of work foreigners can have such as having limited hours of work (studies 1, 2).

3.1.3 Cultural differences

Five articles talked about foreigners experiencing maladaptation due to cultural differences (1, 2, 4, 9, 10). They found that even though foreigners are happy to be in a country with many more opportunities and chances, difficulty in having deeper connections with the local community or Japanese have contributed to anxieties experienced by foreigners. Working is considered the top priority of Japanese and more time is spent with colleagues at work and usually ends only within the workplace which leaves foreigner workers have less connection outside of work (study 4).

3.1.4 Mental health problem and difficulty in accessing treatment

Mental health problems experienced by foreigners in Japan were mentioned in 7 studies (studies 1, 2, 4, 5, 7-9). Depression assessment was done among North Korean defectors living in Japan and they found that they manifested with severe depression yet did not seek care from any medical services due to low mental health literacy or stigma against psychiatric problems (study 1). It was said that the healthy migrant effect exists in foreigners migrating to Japan, yet as the duration of their stay prolongs it diminishes. Even though they can get used to the life in Japan, the longer they are exposed to stress the higher the possibility to lead to increase in suicide rates among foreigners, especially for ages 60 and above (study 2). Similar results of suicide mortality among foreigners are also discussed in Gilmour et al. and Ueda et al. (study 5, 7). The suicide rates among Koreans and Chinese are consistently higher than any other nationalities residing in Japan. There are multiple reasons behind the rates of suicide, one reason can be also of uncertain residency or visa status. This can be a risk of psychiatric problems (study 1).

3.1.5 Need for changing medical facilities

Change in medical facilities and health care services were recommended from four studies (studies 3, 4, 6, 9). Medical interpreters are needed to prevent misdiagnosis and other miscommunication problems between patients and health care providers. A study by Hamai et

al. mentions that 83.5% of 894 municipal hospitals in Japan need medical interpreters with proper training to avoid risk of medical incidents (study 3). Another study shows that there are currently only 46 certified psychiatrists and counselors by the Japanese Society of Transcultural Psychiatry advisers who deal with mental health of non-Japanese patients (study 4). (30) The small number of certified psychiatrist and counselors may not suffice the potential number of people needing care and treatment. There is a gap existing between the current mental health services for foreigners and services available for local Japanese and this needs immediate intervention.

3.2 Himawari search

I found 2228 facilities after searching for keyword “精神科” in Japanese. There were more than 10 facilities available per ward from 23 special wards in Tokyo, except in Arakawa-ku, where there were only four facilities.

There were 50 facilities that showed after searching “psychiatry” as the keyword in an English. 45 were chosen to study the characteristics of each facility because 5 were unable to be identified, possibly due to technical problems with automatic web translations provided by the Himawari website.

Table 3 shows the results from Himawari website, searched in the Japanese and English

version. Results from the Japanese version showed three facilities have mentioned in their website that they can provide services in English. 79.8% of the facilities were accessible even on weekends and 51.8% opened for evening hours, giving people more convenient access to health care and consultation options for workers. As mentioned earlier, there were three facilities that showed English services on their website, yet there was no specific mention of whether they have foreign staff who provide services. This could be an important factor that foreigners would want to know in considering selecting a medical facility. On the other hand, two facilities provided services in another language which was not specified but was written in English.

Facilities' acceptance of national health insurance was also an important part in selecting a facility for health consultation. Almost all of the 114 facilities (96.5%) accept national health insurance.

The English version search results showed that 97.8% of services were provided by a specialist or a psychiatrist. Although the search was conducted in English, once the websites of each facility were assessed, only 33.3% had an English version and only 28.9% mentioned that they provide an English service. Only a small number of facilities were also accessible during the evening (15.6%) and weekends (64.4%) compared to the facilities shown from the Japanese version results. The majority of the facilities showed through the English version search were general hospitals, followed by clinics that are located within the 23 wards of Tokyo Metropolitan area, however, there were only three facilities that mentioned whether they have

a foreign staff member who can assist foreign patients. This result shows that hospitals websites may not be updated or have not included preparations for foreign patients.

Criteria	Japanese version	English version
Specialist	64 (56%)	44 (97.7%)
Generalist	50 (43.8%)	1 (2.2%)
English language site	3 (2.6%)	15 (33.3%)
English language service	3 (2.6%)	13 (28.9%)
Open on weekends	91 (79.8%)	29 (64.4%)
Open on evening hours	59 (51.8%)	7 (15.6%)
Foreign staff	0	3 (6.7%)
Other languages available	2 (1.7%)	6 (13.3%)
Registered with national health insurance	110 (96.5%)	44 (97.8%)
Psychiatrist	64 (56.1%)	44 (97.8%)

Table 3 Himawari search results in Japanese version and English version, October 2019

Himawari's Japanese and English versions showed interesting results. There are less English websites and guidance in the results from the Japanese language search, while more English websites and services are found on the English version search, but the clinics found

in the English language search have less convenient opening hours. Only three from 114 facilities found in the Japanese language search indicated on their website that they can provide their service in English compared to 15 (33.3%) in the English search, but these three facilities did not match with any facilities from the English version results.

The English search identified a higher proportion of specialist psychiatrists than the number in the Japanese version, this may be due to the Japanese medical system allowing generalists to also see patients under the classification of “心療内科”, which is psychosomatic medicine.

3.3 Google search

I identified 17 facilities in the google search as shown in Table 4, yielding 13 clinics that provide mental health care, two general hospitals, and two counseling centers. In all facilities, care and treatment were given directly by specialists or psychiatrists. Websites were available in English or had an option for English version for 88.2% of the facilities. Treatment and counseling were given by foreign staff in six facilities which shows that the remaining 64.7% of the facilities services are possibly provided by a Japanese doctor that can speak English. Most of the facilities services are provided in English, and in addition, there were five facilities that indicated other language options for consultations such as Spanish, French, German, Chinese and Korean. Consultation fees tend to be expensive in private clinics. Only

11 facilities (64.7%) accepted national health insurance, compared to almost all of the facilities found in the Japanese and English Himawari search results. Consultation hours are available on the weekends for 82.4% of the facilities which is higher than that of the facilities from the Himawari English version search result (64.4%).

Criteria	Google search
Specialist	17 (100%)
Generalist	0
English language site	15 (88.2%)
English language service	14 (82.3%)
Open on weekends	14 (82.3%)
Open on evening hours	8 (47.1%)
Foreign staff	6 (35.3%)
Other languages available	5 (29.4%)
Registered with national health insurance	11 (64.7%)
Psychiatrist	17 (100%)

Table 4 Google search results for English Psychiatry in Tokyo, November 2019

Overall, there are various differences from the three types of search strategy. The

Himawari website offered thousands of facilities once searched in Japanese. It even picks up small private clinics and per ward results showed at least 10 facilities per ward, except Arakawa-ward which showed only four facilities. However, there were only 45 facilities available on an English language search of the Himawari website. Even the English version of the Himawari search was not able to find many services with English language support: 88.2% of facility websites from the Google search were in English compared to 33.3% of facilities searched from Himawari English version, and the facilities found in the Himawari search were not found in the google search. Another finding is there were only 11 facilities easily found in Google that are registered with national health insurance compared to nearly all the facilities in the Japanese Himawari search. The facilities foreigners actually find when they do a common search are less affordable than the majority of facilities in Tokyo, and less likely to be open on weekends and evenings.

4 DISCUSSION

The current study assessed the needs of foreigners in seeking psychiatric care in Japan and the important findings on the differences about medical facilities services.

The scoping review shows that foreigners living in Japan are experiencing language barriers, isolation and lack of support, difficulty adapting and difficulty in accessing medical facilities with foreign language options. Foreigners have greater difficulty establishing deeper relationships with local community and with Japanese people. This may be because of difficulty communicating in English or other languages, as well as cultural differences. The work culture and lifestyle also play a big factor in foreigners' adjustment upon migration. Longer period of stay in Japan means prolonged exposure to stress in work environment and in addition, inability to cope with changes might be contributing to psychiatric problems and suicide.

I found that there is still low awareness by the medical facilities about the support the foreigners are needing in seeking care and inadequate political actions done by the government regarding the risks of mental illness among foreign residents in

Tokyo. Even from the recent studies conducted about foreigner's migration situation, language barriers are still cited as a common problem among foreigners in seeking care. The results also showed that the majority of the local clinics and general hospitals have not been providing services in other languages nor have indications of foreigner friendly care. There is no standardized system regarding how and where to refer foreigners when they arrive at hospitals.

There is an insufficient dissemination of information to foreigners about mental health issues and treatments. Facilities that provide English services were primarily general hospitals and private clinics that target foreigners. The Himawari website merely shows clinics and options on where to seek but not a guideline on what steps to take when they need assistance. There were only 6 out of 17 facilities that indicated they had either foreign staff, therapists or psychiatrists, with the remainder of the facilities providing English language services by Japanese therapists or having translation services.

Therefore, this also needs additional assessment in the future for better guidelines for foreigners seeking counseling and psychiatric care.

The majority of medical facilities listed in the Himawari search accept national health insurance where foreigners can pay consultation and receive medication at a

minimum price. However, the facilities that appear in an English language google search were much less likely to accept national health insurance, indicating that the services foreigners are actually likely to access are much less affordable than those that are available to Japanese people. Private clinic counseling can be expensive. High google rating counseling facilities tend to set their service prices higher, and are commonly located in Tokyo metropolitan area. The high price for receiving psychiatric care could hinder foreigner patients in seeking and continuing treatment. Foreigners living in the outskirts of Tokyo and those who have income below average may have difficulties accessing good quality health care in English.

4.1 Limitations

This study has several limitations. First, this study was based on a single search by the researcher only. Further search strategy is needed to investigate the availability of hospitals and medical facilities that will suit the needs of foreigners according to their condition. Secondly, the search was only focused on medical facilities within Tokyo. Although Tokyo have the highest number of foreign residents, some could be seeking care in a different location from where they reside for privacy or personal convenience

reasons. Lastly, there are high number of foreigners who holds permanent residents and are long term residents. There is higher possibility of Japanese conversational ability among these residents, and because of this they do not need any Language support. On the other hand, foreigners could bring their friend who speaks Japanese or Japanese partners along to accompany them during the consultation. This may be acceptable for regular health consultations but this is an issue if it's about psychiatric consultations where foreign-patients have to talk about their emotions and thoughts.

Despite the limitations, the present study provides important results regarding the needs of foreigners in seeking general health care and psychiatric care in Japan. Even if foreigners have lived in Japan for a good amount of time, there are still language and cultural issues that hinders foreigners in seeking help in a local Japanese medical facility. The findings of this study strongly suggest the involvement of government and policy makers to make other languages readily available at any medical facilities, encourage facilities and medical providers to be prepared to aid the demand and to bring up to date the websites accordingly, as this is the utmost currently used method in searching information.

4.2 Recommendations

The government needs to accept more foreign health care providers and use of medical interpreters in order to accommodate the demand and improve individualized treatment and care.

To be an advocate in addressing the rising issues of mental illness among Japanese and foreigners in Japan, a political intervention is necessary in order to have a systematic standardized flow of referrals according to the needs of foreign patients. A commitment by the ministry of health in assessing and obtaining data from all facilities is important in order to produce a mental illness and suicide prevention strategy for all people residing in Japan. (31)

Health care providers, associations and the government should work together to set education, training and minimum standards for accommodating foreign patients that hospitals and clinics need to meet.

4.3 Conclusion

Regardless of increased globalization efforts by the government, there are still

language barriers for foreigners accessing social services in Japan. Mental health problems and social support is lacking among foreigners that have difficulty adapting to the Japanese culture. This might be the invisible starting point of a physical or mental health risk that needs attention.

Medical facilities, professionals and care providers need to have more exposure and a standardized system that will promote preparedness, flexibility and acceptance of foreigners with a variety of backgrounds. The mental health of foreign residents in Japan is a reflection of the health of the country, and urgent political action is necessary if Tokyo's growing population of foreigners are to experience all the benefits of Japan's universal health coverage system.

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6.1.1.1.1.1 Scoping review articles

No	Author	Year	Key findings
1	Chang-ho Lee, Sung-kil Min, Woo-taek Jeon, Mika Kigawa, Michiya Sugawara (22)	2009	<p>Korean defectors living in Japan have higher Beck Depression Inventory scores and a poorer quality of life than Korean defectors living in Korea and Japanese Worker</p> <p>None of the Korean defectors living in Japan had sought help from mental health professionals and/or other health services</p> <p>Lack of help-seeking behavior may be due to a lack of mental health literacy or a strong stigma against psychiatric issues</p> <p>Language difficulty</p> <p>Difficulty adapting to the culture and society</p> <p>Difficulty in obtaining employment and obtaining social support</p>
2	Eiko Kobori, Yuko Maeda, Taro Yamamoto (13)	2017	<p>Language and communication difficulties</p> <p>Cultural difference</p>

			Religious issues: “In general, despite the majority being Buddhist from birth, Japanese people lack a strong religious background and, due to this lack of understanding, we could not give sufficient psychological support to some non- Japanese patients.”
3	Taeko Hamai, Ayako Nagata (23)	2017	<p>Hospitals considered interpreters to accompany foreigner patients. This is to avoid medical risks and accidents that may occur from miscommunication.</p> <p>Of the 274 hospitals surveyed, 4.7% had experiences of incidents due to language barriers when dealing with foreign patients</p>
4	Atsuko Koyama, Hirokuni Okumi, Hiromichi Matsuoka, Chihiro Makimura, Ryo Sakamoto, and Kiyohiro Sakai (24)	2016	<p>Underlying problems were cultural differences and communication difficulties due to a language barrier</p> <p>Non-Japanese patients complained of various types of psychological and physical symptoms</p>
5	Stuart Gilmour, Haruko Hoshino, Bibha Dhungel (14)	2019	<p>Suicide mortality among Korean nationals living in Japan is higher than it would be in their home country</p> <p>The suicide rate for Chinese nationals living in Japan is the same as it would be if they were living in China</p>

			Suicide rate among men and women of other non-Japanese nationals living in Japan is lower than it would be in their home countries
6	Qiongai Jin, Emi Mori , Akiko Sakajo (25)	2016	<p>Majority showed high risk for postpartum depression</p> <p>Moderate associations were identified for between depression scores and cross-cultural stressors derived from Japanese postpartum hospital routines and stress measured by visual analogue scale</p> <p>Social support could be a mediator for stress among new mothers</p> <p>Chinese immigrant mothers were very intent on following the practices of <i>Zuoyuezi</i> and that not being able to do so may have played a role in triggering stress</p>
7	Michiko Ueda, Kanako Yoshikawa, Tetsuya Matsubayashi (26)	2019	<p>Koreans displayed consistently high suicide rates from 1980 to the mid-2010s, which were nearly twice as high as those of the Japanese population</p> <p>Korean males and females in Japan had higher suicide rates than those in South Korea</p>
8	Kumi Kono, Sharareh Eskandarieh, Yoshihide Obayashi, Asuna Arai, Hiko Tamashiro (27)	2014	<p>Depressive symptoms were mostly seen among students</p> <p>Lack of sleep, low amount of exercise, no scholarship or housing condition were the reasons behind the depressive symptoms</p>
9		2018	Poor self-rated health

	Prakash Shakya, Masako Tanaka, Akira Shibauma, Masamine Jimba (28)		Unable and unwilling to pay for the national health insurance. Even though they get to register upon migration to japan
10	Atsuko Koyama, Minoru Niki, Hiromichi Matsuoka, Ryo Sakamoto, Kiyohiro Sakai, Rikako Jinnai, and Kanae Yasuda (29)	2012	<p>Cultural differences</p> <p>Language barriers</p> <p>Maladaptation to changes and culture shock</p> <p>Divorce rates is higher than those of Japanese couples</p>