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Activating Strategies to Fight Hikikomori Condition

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Hikikomori Prevention

Protocol

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1. Introduction–Skill Up

More and more young people are closing the door to their rooms. An action that contains a message of self-exclusion and non-participation in real life. Hikikomori is an extremely complex condition in which a person withdraws from society and remains isolated at home for more than six months. It is a condition caused by an intertwining of physical, social and psychological conditions that can have different levels of severity. The restrictions of the pandemic period have reinforced the problem of social isolation and the hikikomori phenomenon to the point that a previously almost unknown term has become in common use.

"Anyone," says Tamaki Saito, among the first psychiatrists to address the phenomenon, "can become hikikomori". The reasons may be attending a problematic school, being bullied, failing an entrance test, a difficult relationship with parents or the pressures of social achievement typical of economically developed capitalist societies. These factors combined can lead to closing the door to one's room without being able to open it for months or years.

All of us, teachers, educators and parents are part of the hikikomori phenomenon. We are responsible for it in negative terms: we may fail to glimpse the early symptoms, fail to listen or act wrongly. Or, and this is the goal Hikikomori Prevention Protocol of the Outside project, we can consciously decide to be responsible for the hikikomori phenomenon in positive terms: that is, we can search for methods, practices and solutions that can make a concrete contribution to understanding, preventing and reducing a phenomenon that has not only a personal but above all a social impact.

1.1. Definitions

According to the Oxford Dictionary[1], a protocol is a system of fixed rules and formal behavior used at official meetings, typically between governments, ensuring that interactions follow a standardized procedure. Additionally, in specialized contexts, a protocol can refer to the original version of an agreement, such as a treaty between countries, or an additional part added to an existing agreement. In computing, a protocol is a set of rules that control how data is sent between computers, ensuring reliable and orderly communication. In scientific and medical fields, a protocol outlines a plan for conducting experiments or treatments, providing a standardized method to ensure consistency and reliability in research and healthcare practices. Therefore, there are four types of protocols as listed below:

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[1]Oxford University Press. (n.d.). Protocol. In *Oxford Learner's Dictionaries*. Retrieved July 24, 2024, from https://www.oxfordlearnersdictionaries.com/definition/english/protocol

1. Diplomatic protocols for official meetings and interactions[2].

2. Legal protocols referring to original agreements or treaties[3].

3. Computing protocols governing data transmission[4].

4. Scientific and medical protocols for experiments and treatments[5].

1.2. Protocols for Mental Health

Aligned with scientific and medical protocols, in the context of psychology and psychological research, a protocol, as defined by the American Psychological Association (APA), encompasses various elements crucial to the study and understanding of phenomena.[6]. It comprises the original notes meticulously recorded during or immediately after a session or trial, capturing the essence of participants' verbalizations throughout the process. These notes serve as a valuable resource, providing insight into the nuances of human behavior and thought processes as observed in real-time interactions. Additionally, a protocol extends to encompass case histories and comprehensive workups, offering a detailed account of individual experiences, backgrounds, and contributing factors. A protocol entails the formulation of treatment plans, outlining strategies and interventions tailored to address specific psychological concerns or conditions. By adhering to protocols, researchers and practitioners can systematically document, analyze, and respond to psychological phenomena, ultimately advancing our understanding and enhancing the efficacy of interventions within the field. A protocol for a psychological phenomenon provides a structured framework for understanding, addressing, and researching the phenomenon in a systematic and ethical manner.

Within mental health, there are several subtypes of protocols that address specific aspects of diagnosis, treatment, and management. These subtypes help clinicians tailor their approach to different conditions and patient populations. Some examples of subtypes of mental health protocols include:

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[2]Pshtyka, V. V. (2011). Diplomatic protocol as a tool of international economic relations. *Baltic Region*, 4, 86-89. https://doi.org/10.5922/2079-8555-2011-4-11

[3]Cortes, A. C. (2000). Business protocol: A public relations approach. *Corporate Communications: An International Journal, 5*(3), 140-143. https://doi.org/10.1108/13563280010377527

[4]DataScientest. (2024, April 23). Network protocols: Definition, operation and types. Retrieved July 24, 2024, from https://datascientest.com/en/network-protocols-definition-operation-and-types

[5]University of Southern California Libraries. (n.d.). Protocols. In *Health sciences research guides*. Retrieved July 24, 2024, from https://libguides.usc.edu/healthsciences/protocols

[6]American Psychological Association. (n.d.). Protocol. In *APA Dictionary of Psychology*. Retrieved July 24, 2024, from https://dictionary.apa.org/protocol

1. Diagnostic Protocols: These protocols outline the criteria and procedures for accurately diagnosing various mental health disorders, such as depression, anxiety, schizophrenia, etc. They may include structured interviews, assessment tools, and criteria from diagnostic manuals like the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders).[7]

2. Treatment Protocols: These protocols specify evidence-based interventions and therapies for different mental health conditions. They may include guidelines for medication management, psychotherapy techniques and alternative treatments.[8]

3. Crisis Intervention Protocols: These protocols provide guidelines for managing mental health crises, such as suicidal ideation, psychotic episodes, or severe anxiety attacks. They outline steps for assessment, de-escalation, and referral to appropriate levels of care, such as emergency services or psychiatric hospitalization[9].

4. Cultural Competency Protocols: These protocols emphasize culturally sensitive and responsive care, taking into account the diverse backgrounds and beliefs of patients. They provide guidelines for assessing cultural factors, adapting interventions accordingly, and fostering trust and rapport in therapeutic relationships.

5. Rehabilitation Protocols: These protocols guide the process of rehabilitation and recovery for individuals with severe and persistent mental illnesses. They may include vocational training, social skills development, and support services aimed at promoting independence and community integration.

6. Preventive Protocols: These protocols focus on preventing the onset or recurrence of mental health problems through early intervention, education, and community-based programs. They may include screening protocols for at-risk populations, psychoeducation initiatives, and resilience-building interventions.

These subtypes of protocols serve to enhance the quality of mental health care by providing clinicians with structured frameworks for assessment, treatment, and support across different contexts and populations.

1.3. The Positioning of OUTSIDE Hikikomori Protocol

The term Hikikmori, as we all know, expresses two concepts: hiku, "to pull back," and komoru, "to withdraw." Those who retreat have difficulty managing their emotions and,

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[7]American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).

[8]World Health Organization. (2024). Psychological interventions implementation manual: integrating evidence-based psychological interventions into existing services. Geneva: World Health Organization

[9]Suicide Prevention Resource Center. (n.d.). Crisis protocols. https://sprc.org/resource-type/fact-sheet/

above all, a lack of trust in society. Is it possible to act in advance? Is it possible to help young people express their emotions and rebuild a trusting relationship with family, school and society as a whole? We researchers of the Outside project believe that it is possible to foster the inclusion of young adults who exhibit characteristics of social isolation through educational pathways based mainly on the key-competence "personal, social, and learning-to-learn skills." We also believe that it is possible to improve the skills of ADU trainers through the use of methodologies and tools that help trainers recognize signs of isolation and engage boys and girls who may become hikikomori in educational experiences.

National governments and international bodies have long since begun to implement prevention strategies and protocols to identify at-risk individuals and implement interventions that can curb the progression of social withdrawal. Community-based support networks, interdisciplinary collaborations between health, educational, and social services use different approaches to support hikikomori and their families.

Project Outside's Hikikomori Prevention Protocol incorporates the assumptions and goals of the Cultural Competence Protocols and Prevention Protocols. In fact, the Hikikomori Prevention Protocol adapts to different socio-cultural contexts and takes into account the different sensitivities and life histories of boys and girls at risk. Its purpose is to provide guidelines for building trusting relationships that can stem the onset of the phenomenon. As a result, the Hikikomori Prevention Protocol has characteristics that also make it akin to the Prevention Protocols in which extreme importance is given to the involvement of all the people who are part of the boys' lives: parents, family members, friends, teachers and all the territorial communities that can help prevent the onset of attitudes or actions of closure and rejection of relationships with the world around them.

The research activity of the Outside project focused on the critical analysis of protocols and best practices for the prevention of the hikikomori phenomenon tested at the European level.

The Hikikomori Prevention Protocol thus serves to understand what has been done and how it has been done. It can be compared to a kind of toolbox from which to draw to find the most effective tool for identifying the phenomenon and finding effective intervention solutions.

1.4. Inventory of Relevant Good Practices and Assessment Tools

Below are the best practices and initiatives selected by each Partner participating in the Outside Project.

HIKIKOMORI ITALIA PARENTS-PROTOCOL[10]: The association Hikikomori Italia Genitori Onlus was founded in 2017 due to the needs that emerged from hundreds of families within the Facebook group Hikikomori Italia Genitori, created by Marco Crepaldi, a social psychologist and scholar of the hikikomori phenomenon. To investigate and obtain answers to the hikikomori problem, scientific texts were used and hundreds of life stories were analyzed in addition to direct contact with psychiatrist Tamaki Saito, Professor in Social Psychiatry and Mental Health at the Faculty of Medicine of the University of Tsukuba in Japan and the world's leading expert on the phenomenon.

The association's main goals are:

● development of awareness and skills for managing children's social withdrawal
● reconnection of individuals in social withdrawal to social life experiences, through indirect action carried out through parents
● development of relationships between the association and services in the area
● implementation of actions to raise awareness of agencies and citizenship
● dissemination of knowledge and expertise
● enlargement of the number of recognized cases.

https://www.hikikomoriitalia.it/p/metodo-di-intervento-associazione.html

GRUPPO ABELE PROJECT NINE ¾:[11] In 2020, the Gruppo Abele Onlus Association in Turin detected an increase in requests for help, through its Reception Service, from parents for situations of children they define as "internet addiction," often misinterpreted as the cause of self-isolation, and/or school dropout, which more often than not can be traced back to behaviors of social withdrawal behavior. As this is a growing youth phenomenon, the Association launched a project in June 2020, "Nine ¾," which seeks to provide a concrete response to families who cannot find answers to their children's closure and isolation.

OUT OF THE NET Erasmus+ Project: As part of the Erasmus+ Project OUT OF THE NET (KA 201 No. 2020-1-PL01-KA201-082223) some good practices on the prevention of Hikikomori syndrome in the educational environment have been developed to offer interested teachers and educators possible training activities that can be implemented.

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[10]**Associazione Hikikomori Italia Genitori ONLUS.** (n.d.). **Il nostro metodo di lavoro in 6 STEP.**https://www.hikikomoriitalia.it/p/gruppo-genitori.html

[11] **Rondi, M.** (2022). **Hikikomori: il ritiro sociale in adolescenza. Capire, prevenire, intervenire.** Gruppo Abele.https://www.gruppoabele.org/it-schede-537-hikikomori_giovani_eremiti_del_disagio

QUESTIONNAIRE - 25 (HQ-25 M).[12] The questionnaire is highly relevant and easy and straightforward to use. Developed by Takahiro A. Kato, Yudai Suzuki, Kazumasa Horie, Alan R. Teo, and Shinji Sakamoto, the 25-item Hikikomori Questionnaire (HQ-25) is designed to assess social withdrawal after at least 6 months of symptoms. This instrument can rapidly assess social withdrawal at an earlier stage to help detect and potentially prevent hikikomori.

1.5. Inventory of Relevant Protocols:

Existing national and European initiatives that address Hikikomori or related phenomena

- https://outofthenet.altervista.org/
- https://www.sciencedirect.com/science/article/abs/pii/B9780128197493000063?via%3Dihub
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10286723/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6469640/
- https://www.mdpi.com/2227-9067/10/10/1669
- https://onlinelibrary.wiley.com/doi/10.1111/pcn.13499
- https://www.hikikomoriitalia.it/2024/01/
- https://www.amahikikomori.it/
- https://www.fondazioneveronesi.it/magazine/articoli/neuroscienze/hikikomori-fenomeno-in-crescita-tra-gli-adolescenti#section-0
- https://www.gruppoabele.org/it-schede-537-hikikomori_giovani_eremiti_del_disagio
- https://www.gruppoabele.org/documenti/schede/report_hikikomori_rev_aggiornamento16_01.pdf
- https://www.regione.piemonte.it/web/temi/istruzione-formazione-lavoro/istruzione/inclusione-scolastica/hikikomori-istituzioni-fianco-delle-famiglie#

1.6. The Significance of OUTSIDE Hikikomori Protocol

The Hikikomori phenomenon began to be observed and studied in Japan in the late 1980s. Hundreds of thousands of fathers and mothers were losing all contact with their child despite the fact that he was only a few meters away from them. After a study conducted in 2003 by the Japanese Ministry of Health, Hikikomori was officially recognized and considered something other than a mental disorder.

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[12] Takahiro A. Kato MD, Yudai Suzuki, Kazumasa Horie, Alan R. Teo, Shinji Sakamoto (2022). TOne month version of Hikikomori Questionnaire-25 (HQ-25M): Development and initial validation, Psychiatry and Clinical NeurosciencesVolume 77, Issue 3 p. 188-189.https://doi.org/10.1111/pcn.13499

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In 2013, Mami Suwa and Koichi Hara, two researchers from the medical school at Nagoya University, documented how, in most of the observed cases of Hikikomori, no associated psychopathology was present. This finding led them to assume that social withdrawal was not caused by pre-existing psychopathology. As a result, today, only 30 percent of Japanese psychiatrists believe that cases of Hikikomori can be diagnosed using the criteria of the Diagnostic and Statistical Manual of Mental Disorders. Since 2017, media attention to the phenomenon has also increased in Europe. Articles about it are multiplying and spreading rapidly on the web and in the mainstream media. It follows that on the one hand this attention is positive, as it helps to raise awareness of the phenomenon among a growing number of people, but on the other hand it has led to the proliferation of sometimes misleading and deficient information. All this has led, in those who need to understand the theoretical assumptions and truly effective strategies for intervening in the first signs of distress, to a certain disorientation and, above all, the impossibility of accessing accredited and beneficial information quickly. The work of the 4 partners (Mission Empathy srl; Skill Up Srl; Poderìo Training & Research; Puhu Arastirma ve Danismanlik) involved in the drafting of the Hikikomori Prevention Protocol was precisely to critically analyze and select the most reliable knowledge and practices for proper prevention of the phenomenon.

It is important to note that although OUTSIDE's Hikikomori Prevention Protocol deals with a complex phenomenon, we are not providing a set of strategies and interventions reserved exclusively for researchers, psychologists, or experts in the field. Our goal is to provide guidelines, ways of guidance to educators, teachers, families, and the boys and girls who are beginning to disappear from society. The Protocol allows for a quick yet comprehensive understanding of the hikikomori phenomenon, the underlying causes, behavioral patterns, and potential interventions that everyone can delve into and readjust depending on their specific goals and different contexts and levels of involvement.

The Hikikomori Prevention Protocol, in short, is a tool for understanding the prevention of a phenomenon that we cannot afford to underestimate.

2. General Principles and Purpose of the Protocol-Mission Empathy

2.1. Aims and Objectives of the Protocol

The Hikikomori Prevention Protocol has an important macro-objective: to contribute to the protection of health. Health depends on many interdependent variables that have physical, psychological, relational and environmental origins.
Institutions in every country are committed to protecting and defending health as an individual good and especially as a collective asset. The Hikikomori phenomenon is not a disease but is about health; it is not an exclusively individual problem but is one that health

and educational institutions, local communities, and families must take charge of because the withdrawal of preadolescents, adolescents, and young adults from school or work has an impact on the well-being of society as a whole. It affects, that is, all of us.

The aim of the Protocol is to make a useful contribution in terms of information, suggestions and guidelines to:

- Quickly recognize the phenomenon from the earliest signs
- Activate targeted interventions for the purpose of prevention
- Put into practice specific interventions to counter the phenomenon in its advanced stages
- Pay attention to erroneous beliefs

- Disseminate correct and up-to-date information that promotes the adoption of appropriate methods of intervention

The key word of the Protocol is "prevention." Indeed, the most difficult and crucial stage concerns prevention from the earliest indications of self-exclusion. What is often mistaken for a momentary crisis is instead the prelude to a condition that is likely to stabilize and become difficult to reverse if action is not taken in a timely manner and before the isolation becomes chronic.

The Prevention Protocol is therefore a tool that serves to gain awareness and information about the hikikomori phenomenon and, above all, to find operational solutions that can be successfully readapted to one's specific context.

We are convinced that through a shared path, the outcome of which is the Prevention Protocol, it will be possible to carry out fundamental actions that promote better management of the hikikomori problem in different European countries.

Who is the Prevention Protocol intended for? What kind of target audience will benefit from it?

The primary beneficiaries are EDA teachers/trainers, who will be able to use the Protocol as a guideline for recognizing and addressing the problem of isolated young adults or NEETs, who often exhibit characteristics and symptoms that may be indicative of isolation.

Other target groups could also use the Protocol: trainers and training agencies from all sectors, employment agencies, Job Centers, work guidance centers, NGO workers, family members of at-risk youth, and all those who work in the field of helping and caring for people.

2.2. Commitment of the OUTSIDE Consortium

The Prevention Protocol was born out of the interdisciplinary collaboration of four different companies, Mission Empathy srl, Skill Up srl, Poderìo Training & Research and Puhu Arastirma ve Danismanlik operating in three different European countries, Italy, Spain and Turkey.

The collaborative effort included an inventory of existing protocols in each country, an analysis of European initiatives aimed at addressing the problem of hikikomori and the strategies adopted, and a careful evaluation of the real effectiveness of each initiative. All the work of analysis, evaluation, and identification of strategies for the prevention and containment of the Hikikomori phenomenon converges within this Protocol and makes it a useful tool for those who wish to expand and update their knowledge or strengthen their skills in order to implement sensible and effective care and support interventions.

The co-design work that produced the Prevention Protocol was born from the 'meeting of different companies united by the use of inclusive methodologies, expertise on emotional intelligence, and a great attention to diversity.

Mission Empathy, an Italian partner, works in the field of educational and socialization interventions aimed at hospitalized patients with the goal of triggering positive emotions through empathy; offers emotional support training activities for families and caregivers; and participates in the implementation of scientific research projects to demonstrate the effect of positive emotions on reducing the use of pain killers and days of hospitalization for patients. Its staff has long experience in training on empathy and active listening. In addition, for years Mission Empathy and its consultant Maurizio Chiamori, who has a long and proven track record on hikikomori, have been supporting Social Entities and numerous high schools to address the problem. Through lectures, debates, seminars and webinars, they illustrate the peculiarities of this social phenomenon, proposing reflections, presenting good practices and researching solutions.

Skill Up, the second Italian partner, is involved in the development of innovative and inclusive methods for training, with a focus on the inclusion of young people with fewer opportunities and the design and implementation of training events based on emotional intelligence for relational development. Youth and young adults are thus among the main target audiences for the work of the Skill Up team, which supports, in particular, young workers at different stages of their professional lives and students at risk of dropping out of school. Skill Up also has extensive experience in EDA training with a particular interest in soft skills assessment and Emotional Intelligence development.

Poderío is a Spanish multidisciplinary training company with a staff of experts in coaching, emotional intelligence, soft skills, pedagogy, and international relations. It is a new organization but with a team of extensive professional experience in formal and nonformal training and project management dedicated to mental health. In addition to its work with companies, public institutions and associations, Poderío is involved in the training of disadvantaged, low-skilled and young people.

PUHU (Projects for Utility and Humanity) is a research and training company that has focused on two main fields: social sciences and technology. PUHU offers solutions for individuals, communities, companies and institutions through the expertise of its staff and

consultants in anthropology, psychology, philosophy and coaching. PUHU has fielded a structured methodological approach based on solid scientific foundations. It was precisely because of the specific scientific input that a partner from Turkey, which is not a member country, was brought in; PUHU has the academic background that was crucial to the collaborative drafting of the Prevention Protocol.

The drafting of the Protocol was the result, therefore, of a complementary partnership: all societies work primarily in adult education, Mission Empathy has strong know-how on the problem of Hikikomori and has as a societal goal the mission to help people with illness, Skill Up has extensive experience in soft skills training and Erasmus+ project management, Poderio has strong expertise on inclusive methodological approaches for people with mental health problems on its staff, and PUHU has a strong academic structure that enables the staff to provide relevant scientific input.

The skills and experiences of each of the four societies involved have thus found excellent harmonization in the research, drafting, and revision activities of the Prevention Protocol.

2.3. Validity

This Hikikomori Prevention Protocol, based on an agreement made between all the companies that collaborated in its drafting, is valid for 5 years from the date of its first public appearance (social pages, newsletters, web platforms, events, seminars, etc.). The Hikikomori phenomenon is a social phenomenon that evolves over time. Scientific research reaches new results, bibliographies on the topic expand, socio-cultural conditions in a country are subject to constant change, and solutions identified today may no longer be applicable tomorrow. We found that limiting the validity of this Protocol to a time frame of 5 years is a reasonable decision and capable of suggesting that those who intend to inform themselves about the phenomenon should continually update themselves.

2.4. Sustainability

The Hikikomori Prevention Protocol is an entirely digital document, and there are no paper printouts. We believe that dematerialization is an important tool for achieving environmental goals. In fact, digitizing a document contributes to a reduction in demand for natural resources, decreases waste generation, and can lead to a significant decrease in energy consumption. The most obvious benefit is the decrease in paper use, which has a direct impact on deforestation. All partner contact-targets will be sent the link to download the materials, and this ensures the full sustainability of the Protocol.

In addition, much of the communication interactions required to draft the Protocol took place online through the Google Suite, an email Group (Groups), an archive (Drive), an audio-video communication medium (Meet), an agenda (Calendar) and a Survey system (Forms). All are sustainable interactive and collaborative modes.

Communication and dissemination

The four partners that have collaborated in the co-design of the Hikikomori Phenomenon Prevention Protocol undertake, each through their own means and their own network of clients and stakeholders, to disseminate the information contained in the document.

The partners will disseminate the contents of the Protocol through personal and professional contacts and digital channels (social media, news on their websites, etc.).

The dissemination activity of the Protocol will have a more intensive initial part followed by a communication phase based on professional relations: EDA trainers will be contacted, then stakeholders, clients and the whole community of trainers until reaching the audience of potential end-users, through a series of tools: mailing lists, Newsletters, Events, Linkedin and Facebook contacts of partners, contacts with networks of trainers, the Facebook Page and Linkedin profile of the project, EPALE and Erasmus+ Result Platforms.

In addition, the final transnational event organized in Cordoba will be an opportunity to present The European Hikikomori Prevention Protocol.

3. Prevention & Intervention – PUHU

This section will focus on the prevention and intervention measures for hikikomori. Before delving into these topics, it is crucial to understand the differences between promotion, prevention, early intervention, and intervention in mental health. Although they are used interchangeably, promotion and prevention are two distinct topics. **Mental health promotion** focuses on enhancing positive mental health factors across populations before specific problems arise. Mental health promotion aims to enhance protective factors and healthy behaviors to prevent mental disorders, fostering supportive environments that uphold basic rights crucial for mental well-being.[13]

Researchers and policy-makers often face the initial challenge of defining clear boundaries for developing individual strategies in this field, where prevention involves measures to stop a problem before it occurs. **Prevention** focuses on identifying and mitigating risk factors, promoting healthy behaviors, and creating supportive environments, aiming to reduce the likelihood of mental health issues arising. Prevention of mental disorders is typically viewed as part of a broader mental health promotion strategy, highlighting their distinct yet interconnected nature. These approaches span various strategies aimed at reducing the incidence, severity, or disability associated with mental disorders, including primary prevention targeting the general population and selective prevention focusing on higher-risk individuals or subgroups to mitigate mental health issues' onset or impact within public

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[13] Youth.gov. (n.d.). Mental Health Promotion and Prevention. Retrieved from
https://youth.gov/youth-topics/youth-mental-health/mental-health-promotion-prevention

health strategies aimed at fostering positive mental health and preventing mental health problems..[14]

Early intervention involves promptly providing specialist support to individuals showing early signs of mental illness, aiming to improve diagnosis, treatment, and referrals to specialist services. This approach, which broadly refers to intervening at the earliest signs of a problem to prevent or mitigate its negative impacts, focuses on identifying and addressing issues at their initial stages, aiming to prevent the escalation of symptoms like social withdrawal. In the context of mental health, these programs and strategies aim to enhance long-term mental and physical health outcomes, community involvement, and socioeconomic well-being.[15]

Early intervention is indeed a concept that applies across various age groups and it is not limited to children and youth. Still, regarding the target group of the OUTSIDE Project, we will address early intervention in youth and children. Early intervention is crucial for youth and children due to its significant developmental impacts on long-term mental health outcomes, including promoting resilience, addressing psychosocial stressors, and enhancing mental well-being from early childhood through young adulthood. Despite its importance, the field of early intervention in youth mental health remains incomplete, with historical prioritization of crisis management for adults leading to frequent emergencies among pediatric populations. Global disparities in community mental health services persist, especially affecting young individuals, highlighting the urgent need for enhanced models that integrate prevention and early intervention strategies through interdisciplinary collaboration in extended primary care settings..[16]

The term "intervention" refers to actions or methods aimed at altering the course or outcome of a condition or process, whether to prevent harm or enhance functioning, as defined by both the Merriam-Webster[17] and Oxford English[18] dictionaries. **Intervention** involves actions taken to address an existing problem. It is reactive and specific, aimed at individuals or groups already affected. Intervention includes treatment and support strategies designed to manage and resolve the issue, promoting recovery and reintegration. **Psychosocial interventions** leverage psychological or social actions to bring about changes in various outcomes—psychological, social, biological, or functional. The CONSORT-SPI

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[14] World Health Organisation. (2002). Prevention and promotion in mental health. World Health Organisation, 1–46.

[15] Victoria State Government. (n.d.). Early intervention in mental illness. Retrieved July 9, 2024, from https://www.health.vic.gov.au/prevention-and-promotion/early-intervention-in-mental-illness

[16] Colizzi, M., Lasalvia, A. & Ruggeri, M. Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care?. *Int J Ment Health Syst* 14, 23 (2020). https://doi.org/10.1186/s13033-020-00356-9

[17] Merriam-Webster. (n.d.). Intervention. In *Merriam-Webster.com dictionary*. Retrieved July 9, 2024, from https://www.merriam-webster.com/dictionary/intervention

[18] Oxford University Press. (n.d.). Intervention, n. In *Oxford English Dictionary*. Retrieved July 9, 2024, from https://www.oed.com/dictionary/intervention_n?tab=factsheet#125537

framework underscores the importance of mediators, explaining how these actions lead to specific outcomes, thereby distinguishing psychosocial interventions from other approaches like medical interventions. This emphasis on mechanisms of change is crucial in understanding how psychosocial interventions can effectively impact health and well-being.[19]

As the WHO declares, psychological interventions, effective for conditions like depression and anxiety, can be delivered by non-specialists such as community workers, volunteers, and peers, as well as individuals with university degrees but without specialized mental health training. To enhance accessibility, the WHO has published open-access manuals and resources for evidence-based psychological interventions, accommodating diverse populations and settings, including health, protection, and community contexts.[20]

In the context of hikikomori, prevention includes early identification of social withdrawal risk factors, as well as identifying general problems in social environments, and supporting parties involved in any relevant mental health issues. Programs to build social skills, resilience, and supportive environments in schools and communities are essential. Prevention focuses on education, awareness, and fostering social connections to mitigate the onset of severe social withdrawal. Intervention for hikikomori addresses individuals already experiencing this condition. It involves therapeutic approaches such as cognitive-behavioral therapy (CBT), social skills training, and family therapy to help individuals re-engage with society. Interventions are more intensive and personalized, addressing specific psychological issues to facilitate social reintegration.

In this section, we will provide a theoretical background for both prevention and intervention measures for hikikomori. While we will cover the theoretical background for prevention, our discussion on intervention will be more general. This is because intervention measures are intended for professionals, requiring specialized knowledge and training. Our aim is to equip readers with a foundational understanding of these concepts while emphasizing the importance of professional involvement in intervention practices.

3.1. Prevention

This section emphasizes the importance of raising awareness among families, parents, and educators. It outlines preventive measures and educational strategies to help recognize early signs of Hikikomori and promote healthy social engagement. Understanding the factors

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[19] Committee on Developing Evidence-Based Standards for Psychosocial Interventions for Mental Disorders; Board on Health Sciences Policy; Institute of Medicine; England MJ, Butler AS, Gonzalez ML, editors. Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards. Washington (DC): National Academies Press (US); 2015 Sep 18. 1, Introduction. Available from: https://www.ncbi.nlm.nih.gov/books/NBK321284/

[20] World Health Organization. (n.d.). Innovations in psychological interventions. Retrieved July 9, 2024, from https://www.who.int/teams/mental-health-and-substance-use/treatment-care/innovations-in-psychological-interventions

associated with conditions such as hikikomori syndrome can help in developing strategies to reduce their occurrence. By recognizing these factors, we can work towards diminishing the possibility of such conditions through proactive and preventive measures.

Age Factors

Adolescence marks a critical developmental stage characterized by myriad physical, psychological, and social changes. Adolescence, spanning from ages 13 to 19, with its roots often beginning in the preteen years, embodies a tumultuous yet transformative journey from childhood to adulthood. This transitional phase is characterized by profound physical and psychological changes, prompting adolescents to grapple with questions of identity, independence, and belonging.

Navigating through academic pursuits, friendships, sexuality, and substance use, teens confront a myriad of choices that shape their emerging sense of self. Egocentric tendencies are common, as adolescents focus inwardly amidst a swirl of insecurities and societal pressures. Anxiety about physical development and social acceptance looms large, alongside the emergence of serious mental health conditions. Divided into early, mid, and late stages, adolescence presents unique challenges at each juncture, demanding tailored support from parents and caregivers. Ultimately, the purpose of adolescence lies in facilitating the psychological and social metamorphosis necessary for individuals to transition into independent young adults, carving out their distinct identities and roles in society. [21]

Adolescence and Bronfenner's Ecological Theory

Bronfenbrenner's bioecological model stands out as one of the most comprehensive and valuable frameworks for understanding adolescent development in contemporary research. This model delves into both proximal factors like family, school, and peer influences, as well as more distant factors such as culture and public policy. It particularly highlights the advantages of considering the interactive and synergistic effects of multiple environments (mesosystems) in developmental studies and critiques current applications of ecological models.[22]

[21] Adolescence. (n.d.). Psychology Today.
https://www.psychologytoday.com/us/basics/adolescence#what-is-adolescence
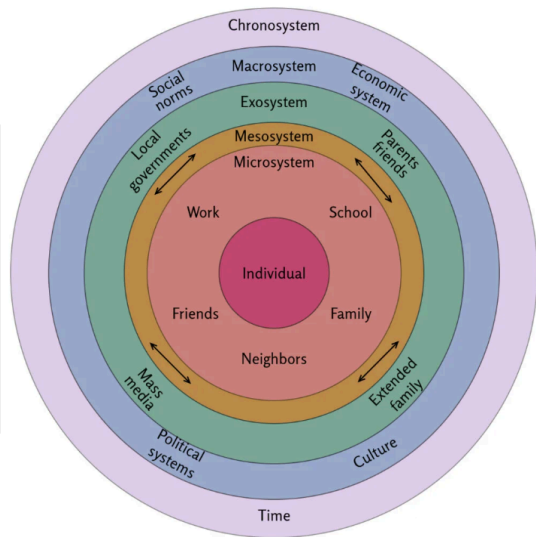[22] Governale, A., & Garbarino, J. (2020). Ecological Models of Adolescent Development. In The Encyclopedia of Child and Adolescent Development (pp. 1–12). Wiley. https://doi.org/10.1002/9781119171492.wecad302

Figure 2. Bronfenbrenner's ecological model

Understanding these foundational aspects of adolescence is essential for comprehending how avoidance behaviors manifest and impact adolescents' lives. These behaviors can serve various functions, including coping with stress, avoiding anxiety-provoking situations, or seeking relief from overwhelming emotions. By exploring the interplay between adolescence and avoidance behavior, we can gain insights into the underlying motivations and mechanisms driving these behaviors and develop strategies to support adolescents in navigating this challenging stage of development.

Adolescence and Mental Health

During adolescence, many mental health conditions that adults face can begin to surface, with one in five young adults experiencing a diagnosable disorder. Yet, teens may also grapple with transient feelings of anxiety, depression, or distress that are part of normal development. Distinguishing between typical challenges and clinical issues can be challenging, but seeking guidance from school counselors or mental health professionals is crucial when in doubt. Parents can play a vital role by recognizing early warning signs, fostering open communication, and seeking timely intervention, thus mitigating the escalation of mental health concerns and facilitating effective management or treatment ("Adolescence," n.d.)

Socioeconomic Factors

Research has shown that hikikomori, a condition marked by prolonged social withdrawal, is closely linked to socioeconomic factors like unemployment and household income. Over the past two decades, this phenomenon has been a significant concern in Japan, impacting individuals' mental and physical health negatively. Similar patterns have been observed in other countries, indicating its global relevance. For instance, studies have highlighted that economic instability, such as job loss, can significantly increase the likelihood of hikikomori

onset. However, recent data suggests that while unemployment rates and household incomes were correlated with hikikomori cases in the earlier years studied (2010-2015), this association weakened in more recent years. These findings underscore the complex interplay between societal factors and mental health, emphasizing the need for tailored interventions and further research to better understand and address this challenging issue.[23]

Society and Culture

Hikikomori, marked by severe social withdrawal and self-confinement, highlights deeper cultural and social issues within Japanese society. This phenomenon primarily affects young individuals and is influenced by Japan's collectivist culture, societal norms, and historical economic challenges. Understanding hikikomori requires examining these cultural factors, including high power distance, group loyalty, and employment expectations. This section explores how these elements contribute to hikikomori and emphasizes the need for further research to better understand and address this issue.

Hikikomori reflects the broader issues in Japan's collectivist culture, which emphasizes societal norms, group acceptance, and identity, often leading to social exclusion for non-conforming individuals. The cultural context includes high power distance, masculinity, and uncertainty avoidance, stressing obedience and politeness. Historical factors, such as the economic downturn in the 1990s, exacerbated unemployment and societal pessimism, influencing the hikikomori phenomenon. Additionally, the masculine ideal of the "salaryman" has been challenged, with hikikomori seen as a rejection of these traditional roles. Peer rejection, bullying, and familial neglect further contribute to the social withdrawal of young hikikomori. Some researchers argue that hikikomori may represent a form of rebellion against societal expectations. While the review suggests that collectivist cultural values are a common rationale for hikikomori, it highlights the need for more quantitative research to validate these sociological theories and explore the phenomenon in different cultural contexts.[24]

The article by Naveed (2019) identifies factors related to culture-bound theory in the socio-demographic orientation of hikikomori and the physical manifestation of 'opting out' by 'shutting in'. It compares these factors with the social expectation withdrawal of runaways, using Japan's position in Hofstede's cultural value indices: individualism (IDV), power distance (PDI), and uncertainty avoidance (UAI). The analysis suggests that cultural values, along with educational norms, peer behaviors, and employment expectations, influence how social withdrawal presents itself. Hikikomori, a phenomenon still prevalent in Japan, is analyzed in this context. The term 'culture-bound' refers to social behaviors or

[23] Nonaka, S., & Sakai, M. (2021). A correlational study of socioeconomic factors and the prevalence of hikikomori in Japan from 2010 to 2019. Comprehensive Psychiatry, 108, 152251. https://doi.org/10.1016/j.comppsych.2021.152251

[24] Guo, Z. (2022). A Review of Social and Cultural Causes of Hikikomori: Collectivism in Japan. Proceedings of the 2021 International Conference on Public Art and Human Development (ICPAHD 2021), 638(Icpahd 2021), 727–731. https://doi.org/10.2991/assehr.k.220110.139

trends triggered by a country's culture, and identifying these trends can help trace causes and potentially find solutions. The article does not offer solutions but explores societal factors contributing to hikikomori, contrasting it with runaway behavior in other cultures. Japanese young people's withdrawal into their rooms is seen as a reaction to the pressures of a collectivist, high power distance, and high uncertainty avoidance society, where social withdrawal is influenced by group loyalty, peer pressure, and employment stability expectations.[25]

The Role of School

The Role of the School in Children's Mental Health[26]

Schools profoundly influence children's development, second only to families. However, external pressures often lead schools to prioritize academic success over mental health initiatives. This can unintentionally exacerbate mental health issues among students. According to the United Nations Convention on the Rights of the Child[27], education should foster not only academic abilities but also respect for human rights, cultural identity, and the natural environment. Healthy, happy children learn better, suggesting that mental health promotion should be integral to school practices, fostering children's hearts and minds for their overall success and societal well-being.

Despite the recognized importance of mental health, compulsory standardized testing often dominates educational priorities, with significant time and resources allocated to test preparation. This focus can narrow the curriculum and undermine the development of students' broader skills and well-being. Public opinion, as reflected in surveys, supports a more holistic educational approach, emphasizing interpersonal skills and life readiness alongside academic learning. Integrating children's social, emotional, and cognitive development is crucial, requiring schools to adopt strategies that simultaneously enhance mental health, social-emotional capacities, and academic achievement in a balanced and comprehensive manner

The Role of Schools in the Identification and Prevention of Hikikomori

Schools play a pivotal role in the early identification and prevention of social withdrawal and hikikomori. As institutions where children and adolescents spend a significant portion of their time, schools are uniquely positioned to observe changes in behavior and provide support structures that can mitigate the risk of severe social withdrawal. By fostering an inclusive and supportive environment, implementing proactive mental health programs, and

[25] Naveed, A. (2019). Hikikomori: Applying culture-bound theory to acute social withdrawal. IAFOR Think. https://think.iafor.org/hikikomori-applying-culture-bound-theory-acute-social-withdrawal/
[26] Reupert, A. (2019). **The role of schools in promoting children's mental health.** Mental Health and Academic Learning in Schools, 6–25. https://doi.org/10.4324/9781315310930-2
[27] UN Convention on the Rights of the Child (2001). Article 29(1). The aims of education. Retrieved January 7, 2019, from www.refworld.org/docid/4538834d2.html

promoting strong connections between students, teachers, and parents, schools can serve as a frontline defense against the development of hikikomori. Based on the article "*Social withdrawal and academic achievement, intertwined over years? Bidirectional effects from primary to upper secondary school*,"[28] the role of schools in preventing social withdrawal and hikikomori can be framed as follows:

Social withdrawal among children, ranging from conflicted shyness to active isolation, presents a significant challenge rooted in various causes like social inhibition and failed attempts at social connection. This withdrawal, affecting 5% to 10% of children globally, overlaps with issues like social anxiety, victimization, and academic difficulties. The need-to-belong theory underscores the crucial role of school environments in nurturing social bonds and preventing the negative psychological consequences of social exclusion. Research highlights the bidirectional relationship between social withdrawal and academic achievement. Children experiencing higher levels of social withdrawal tend to perform less effectively academically due to reduced engagement and self-regulation. Conversely, academic success can mitigate social withdrawal by enhancing self-esteem and social status among peers.

For schools, creating inclusive environments that encourage peer interactions and provide support for socially withdrawn children is crucial. Strategies could include personalized learning approaches, teacher awareness programs, and peer support initiatives aimed at integrating withdrawn students into classroom activities. By addressing both the social and academic dimensions of a child's development, schools can play a pivotal role in fostering a supportive environment that reduces the risk of social withdrawal and its associated negative impacts. This approach not only aligns with educational goals but also supports the holistic development of students, promoting both social well-being and academic success within the school community.

Another article "*The relevance of educational contexts in the emergence of Social Withdrawal (hikikomori). A review and directions for future research*"[29] explores the phenomenon of hikikomori and questions why hikikomori emerged first in Japan and later elsewhere, attributing it to socio-economic changes, cultural factors like the concept of "amae" (dependence on mothers), and pressures from Japan's competitive education system. The economic crises in Japan in the 1990s also exacerbated the phenomenon, affecting psychological well-being and social roles.

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[28] Stenseng, F., Tingstad, E. B., Wichstrøm, L., & Skalicka, V. (2022). **Social withdrawal and academic achievement, intertwined over years? Bidirectional effects from primary to upper secondary school.** British Journal of Educational Psychology, 92, 1354–1365. https://doi.org/10.1111/bjep.12504

[29] Gianluca Coeli, Anna Planas-Lladó, Pere Soler-Masó, **The relevance of educational contexts in the emergence of Social Withdrawal (hikikomori). A review and directions for future research**, International Journal of Educational Development, Volume 99, 2023, 102756, ISSN 0738-0593, https://doi.org/10.1016/j.ijedudev.2023.102756.

Scholars differentiate between primary hikikomori (isolated without other psychiatric disorders) and secondary hikikomori (combined with other mental health issues). Factors contributing to hikikomori include individual traits, family dynamics, and societal pressures, especially within educational settings. Methodologically, the article reviews studies from various countries using qualitative, quantitative, or mixed methods. It discusses how these studies analyze the role of educational contexts in hikikomori emergence, exploring themes like school rejection, bullying, and the socio-economic impact on students.

The article reviewed various studies on hikikomori, focusing on its emergence and spread in relation to the educational context. It found a predominance of psychiatric and psychological perspectives in the literature, with limited attention to socio-cultural frameworks. Key themes included school refusal as a symptom of hikikomori, bullying, and peer rejection, the structure of the school system, societal and labor market transformations, and schools as places for recovery. The review identified gaps in empirical studies on hikikomori among students and highlighted the need for a deeper exploration of school settings and socio-economic contexts influencing the phenomenon.

In conclusion, schools occupy a critical position in both detecting early signs of social withdrawal and implementing effective prevention strategies. By fostering inclusive environments, promoting strong interpersonal connections, and integrating mental health support into educational frameworks, schools can significantly mitigate the risk of hikikomori among students. The reciprocal relationship between social withdrawal and academic achievement underscores the importance of holistic approaches that nurture both academic success and social well-being. Future research should continue to explore these dynamics across diverse sociocultural contexts to refine interventions that effectively support students' psychological health and educational attainment within the school environment.

The Role of the Parents/Family

The Role of Parents/Families in Children's Mental Health

"Parenting Is the Key to Adolescent Mental Health"[30] provides us with a review of the relationship between parenting practices and child development. It first refers to Plato's "The Laws", where he illustrates how parenting practices significantly affect child development by recounting how Cyrus the Great failed to raise competent children due to permissive caretakers who only praised them. Second, it emphasizes the importance of parenting even in non-human species, as psychiatrist John Bowlby's attachment theory highlighted. Bowlby detailed how parenting behaviors in birds and non-human primates create secure attachments, fulfilling fundamental needs similar to hunger satiation. Empirical evidence supports this theory; for instance, a recent meta-analysis found that

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[30] Rothwell, J. (2023). **Parenting Is the Key to Adolescent Mental Health** | Institute for Family Studies. https://ifstudies.org/blog/parenting-is-the-key-to-adolescent-mental-health

insecure attachment in early childhood strongly predicts major depression onset in children and adolescents. Parenting research flourished in the latter half of the 20th century, with significant contributions from psychologists like Eleanor Maccoby, Diana Baumrind, and G.R. Patterson. Their work emphasized the critical role of parenting practices, especially firm rules and parental control, in fostering socially competent and mentally healthy children. Baumrind's research identified authoritative parenting—combining warmth and responsiveness with firm discipline—as the most effective style, predicting desirable behavioral and personality outcomes in children.

Over subsequent decades, numerous studies have examined the link between parenting styles and mental health outcomes. Authoritative parenting consistently predicts fewer mental health issues and delinquent behaviors, while harsh, permissive, and neglectful parenting is associated with higher risks of these problems. A large-scale study using machine-learning algorithms concluded that parenting behaviors, such as warmth and expectations for family involvement, are more influential in predicting mental health symptoms than gender, intelligence, and child personality traits. Data from the National Longitudinal Survey of Youth (NLSY97), which followed nearly 9,000 children from adolescence into adulthood, further underscores the importance of parenting. The survey collected detailed data on parenting practices, including responsiveness, demandingness, family management, limit setting, and monitoring. The findings reveal that a positive parent-child relationship significantly improves adolescent mental health, independent of genetic factors, highlighting the enduring impact of parenting on youth mental health.

The Role of Parents/Families in Children's Social Withdrawal

Social withdrawal in adolescents, characterized by solitude or avoidance of social interactions, poses significant risks to their emotional and physical health. This withdrawal can lead to loneliness, peer rejection, lower academic achievement, and increased depression and anxiety. Social withdrawal is relatively stable across childhood and adolescence, with various forms such as inhibition and social disinterest. It is important to understand the factors that exacerbate or mitigate social withdrawal as children grow, especially given its impact on psychological adjustment and peer relationships.

"Adolescent social withdrawal, parental psychological control, and parental knowledge across seven years: A developmental cascade model"[31] examines two key parenting characteristics—psychological control and parental knowledge—and their transactional interactions with social withdrawal during adolescence.

Psychological control involves intrusive parental attempts to influence a child's thoughts and emotions through strategies like love withdrawal and guilt induction. High levels of

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[31] Lin, Hua et al. **Adolescent Social Withdrawal, Parental Psychological Control, and Parental Knowledge across Seven Years: A Developmental Cascade Model.** *Journal of adolescence (London, England.)* 81.1 (2020): 124–134. Web.

psychological control are typically associated with worse adolescent adjustment, particularly internalizing problems such as anxiety and depression. However, social withdrawal specifically has not been extensively studied in relation to psychological control among adolescents.

Parental knowledge, on the other hand, pertains to parents' awareness of their children's activities and whereabouts. While often linked to externalizing problems, some studies suggest higher parental knowledge is related to lower internalizing symptoms. The study explores how adolescent disclosure and parental monitoring interact over time, especially in the context of social withdrawal.

Using a developmental cascade model, the study investigates whether early social withdrawal evokes psychological control from parents and alters their knowledge level, and vice versa. The model examines whether these transactional effects continue through adolescence in a large, non-clinical sample. It also considers the potential influence of gender, given that social withdrawal is less acceptable for boys in Western cultures, possibly leading to different parental responses. The study includes both maternal and paternal behaviors, recognizing their contribution to the family climate and the impact of perceived parental control on adolescents. Understanding these dynamics can provide insights into the mechanisms by which adolescents become more or less socially withdrawn over time, highlighting psychological control as a potential target for parental intervention.

Social withdrawal can significantly impact relationships, academic performance, social competence, and adult adjustment across a lifespan. However, there is limited research on the longitudinal patterns of social withdrawal and its interaction with parenting during adolescence. This study examined how social withdrawal and parenting behaviors develop from early adolescence to adulthood. The findings indicate that the interplay between parental psychological control and social withdrawal remains relatively stable over time, with no significant differences based on adolescent gender. While parental knowledge did not directly predict social withdrawal, parents of socially withdrawn adolescents generally had lower levels of knowledge. Additionally, earlier parental psychological control was found to negatively influence later parental knowledge through its impact on social withdrawal. These results provide insights into the mechanisms that underlie the development and persistence of social withdrawal over time.

The Contributing Role of Family, School, and Peer Supportive Relationships in Protecting the Mental Wellbeing of Children and Adolescents[32] highlights the significant impact of childhood mental disorders globally, emphasizing their prevalence and long-term consequences on various aspects of life, including academic achievement, behavior, and social integration. It underscores the critical role of stable, supportive relationships,

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[32] Butler, N., Quigg, Z., Bates, R., Jones, L., Ashworth, E., Gowland, S., & Jones, M. (2022). **The Contributing Role of Family, School, and Peer Supportive Relationships in Protecting the Mental Wellbeing of Children and Adolescents.** School Mental Health, 14(3), 776–788. https://doi.org/10.1007/s12310-022-09502-9

particularly with parents and teachers, in promoting children's mental well-being and resilience against adverse experiences and stressors. Overall, fostering positive relationships during childhood is crucial for mitigating the onset and severity of mental health difficulties later in life.

The explores the significant role of family adult support, school adult support, and school peer support in promoting mental wellbeing among children and adolescents, highlighting their protective effects against low mental wellbeing. It emphasizes the additive benefits of multiple supportive relationships and underscores the gender and age differences in mental well-being outcomes, with older participants and females showing a higher prevalence of low mental well-being.

In the study examining the impact of various sources of support on mental well-being among children and adolescents, findings highlighted significant associations between levels of support and mental health outcomes. Participants with high levels of support from family, school adults, and peers exhibited the lowest prevalence of low mental well-being (LMWB). Conversely, those lacking support from these sources showed markedly higher odds of LMWB. Notably, peer support emerged as a crucial protective factor, particularly in the absence of strong family or school support. These findings underscore the cumulative protective effect of multiple supportive relationships and advocate for interventions that enhance supportive environments in both home and school settings.

3.2. Intervention

Diagnosing a psychological issue or mental disorder requires the expertise of relevant professionals such as psychologists, psychiatrists, or licensed therapists. If you or someone you know is exhibiting symptoms of Hikikomori, it is crucial to consult with these professionals rather than attempting to self-diagnose or self-treat. Professional diagnosis and treatment ensure that the care provided is accurate and based on evidence, which is essential for effective management and recovery. For guidance and support, reach out to qualified mental health practitioners or reputable organizations dedicated to mental health. Taking these steps is important for ensuring proper care and support.

This section focuses on strategies for professionals to identify and assist individuals who are undiagnosed or at risk of developing Hikikomori. It will discuss how to identify warning signs of Hikikomori and provide guidance on seeking support. This information is meant for general guidance only and should not replace professional consultation and intervention.

Warning Signs

Initially, hikikomori was perceived as a phenomenon exclusive to Japanese society; however, more recently, similar occurrences have emerged in numerous other countries and garnered widespread attention in the global media. In 2010, the Oxford Dictionary included a new

entry for "hikikomori," indicating its acknowledgment and relevance beyond the confines of Japanese culture.[33]

Reports indicate that hikikomori is often found alongside various psychiatric disorders. Currently, it remains unclear whether these psychiatric disorders precipitate hikikomori as a symptom or if hikikomori itself triggers the development of coexisting psychiatric conditions. Therefore, both scenarios are considered plausible. In the following section, we present a concise overview of comorbidity concerns within each psychiatric disorder associated with hikikomori-like symptoms.

Comorbidities[34]

1. **Schizophrenia and Psychotic Disorders:** In schizophrenia, individuals may withdraw physically due to hallucinations or delusions, such as feeling pursued by the Yakuza or fearing electromagnetic waves. Social withdrawal, a common negative symptom, can be difficult to differentiate from non-psychotic hikikomori, especially in cases of "simple schizophrenia" lacking hallucinations or delusions. The inclusion of schizophrenia in the hikikomori definition has been debated, with attention to physical withdrawal in prodromal-stage psychosis cases.

2. **Depression:** In depression and bipolar disorder's depressive phase, decreased motivation and anhedonia can manifest as withdrawal-like behaviors akin to hikikomori.

3. **Social Anxiety Disorder and Anxiety-related Disorders:** Social anxiety can lead to hikikomori, with *taijin kyofusho*, a fear of interpersonal interactions, and sharing similarities. Comorbidities with avoidant personality disorder are common among personality disorders.

4. **Post-Traumatic Stress Disorder and Trauma-related Disorders:** Hikikomori sufferers, especially those with truancy or bullying experiences, may exhibit symptoms resembling PTSD, although bullying alone might not meet diagnostic criteria.

5. **Autism Spectrum Disorder (ASD):** ASD-like tendencies, including social maladjustment and susceptibility to bullying, may contribute to hikikomori.

6. **Other Mental Illnesses and Neurodevelopmental Disorders:** Comorbidity with intellectual developmental disorder and adjustment disorder, particularly "idiopathic hikikomori," has been recognized.

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[33] hikikomori. Oxford Reference. Retrieved 4 Jul. 2024, from https://www.oxfordreference.com/view/10.1093/oi/authority.20110803095936483.

[34] Kato, T.A., Kanba, S. and Teo, A.R. (2019), Hikikomori: Multidimensional understanding, assessment, and future international perspectives. Psychiatry Clin. Neurosci., 73: 427-440. https://doi.org/10.1111/pcn.12895

7. **Suicide:** Hikikomori may precede suicide as individuals seek to escape reality, suggesting it as an alternative suicidal behavior. Research indicates hikikomori is a risk factor for suicide, warranting further investigation.

Figure 1. Hikikomori and Comorbidities

Location of *Hikikomori* in Psychiatry
(Bio-Psycho-Socio-Cultural Model)
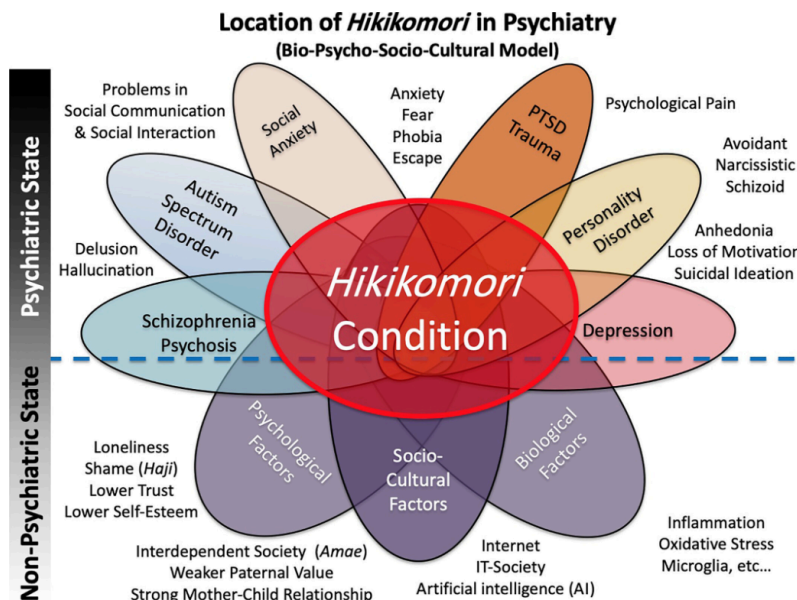
The complexity of hikikomori, emphasizes that it's not merely a matter of behavioral withdrawal but can involve underlying psychological conditions. Additionally, it points out the lack of long-term prognosis data for individuals experiencing hikikomori, indicating a need for further research and understanding of this phenomenon.[35]

Identification

In this section, we are going to refer to Dr. Alan Teo who developed *25 Item Hikikomori Questionnaire* (HQ-25) which is a self-administered assessment tool designed to evaluate severe social withdrawal associated with hikikomori and *The Hikikomori Diagnostic Evaluation* (HiDE) which is a clinician-administered, structured diagnostic interview, developed as a research tool to aid in the clinical diagnosis of hikikomori.[36]

Over the past few decades, hikikomori, a severe and prolonged form of social withdrawal, has become a significant issue in both clinical and public health fields. Hikikomori is typically defined as avoiding major social interactions or responsibilities (like school, work, and friendships) for at least six months. Initially recognized in Japan, hikikomori is now observed globally, including in North America and Europe. It affects about 1-2% of the population, particularly young men facing academic challenges, family issues, or other stressors, often leading them to spend excessive time isolated in their rooms. High levels of loneliness and

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[35] Suwa, M., & Hara, K. (2007). "Hikikomori" among Young Adults in Japan.
[36] Teo, A. (2023). Dr. Alan Teo. Retrieved from https://www.dralanteo.com

lack of social support are common, along with potential depression or other mental health issues.[37]

Tools for Assessing Hikikomori:

To standardize research and assessment, various tools have been developed:

- *Hikikomori Behavior Checklist:* A 45-item checklist for parents to assess their children's behavior and characteristics.
- *NEET/Hikikomori Risk Scale:* A 27-item scale evaluating attitudes towards work and social withdrawal.
- **Hikikomori Questionnaire (HQ-25):** The 25-Item Hikikomori Questionnaire (HQ-25) is a self-administered assessment tool designed to evaluate severe social withdrawal associated with hikikomori. Developed through comprehensive research, it includes items reflecting psychological traits and behaviors associated with hikikomori. Originally developed in both English and Japanese, the HQ-25 scores range from 0 to 100, with higher scores indicating more severe symptoms. The questionnaire was tested in a study with participants from both the general population and psychiatric settings in Japan. Items are scored on a scale from 0 (strongly disagree) to 4 (strongly agree), with higher scores indicating more severe symptoms. A score of 42 is recommended as the cutoff for identifying individuals at risk. The questionnaire assesses three primary factors: lack of sociality, isolation, and lack of emotional support. The scale's reliability and validity were confirmed through rigorous statistical analysis.

The HQ-25 is a valuable tool for assessing hikikomori, offering reliable and accurate results. It can help identify individuals at risk and guide interventions. Further research is needed to refine the tool and explore its use in different populations and settings. The full version of the HQ-25 is freely available and has been translated into English for broader use. You can reach out to the English HQ-25 User Agreement at https://docs.google.com/forms/d/e/1FAIpQLSffx_Yq4doM1ZJ25EWr1s0PBDfZM5qf-24au6YQP_0wY78CCQ/viewform. Additional information, including adaptations and testing in other languages, is available in open-access medical journal articles. For other validated translations please check out https://www.dralanteo.com/hq25

4. Guidelines–Poderio

In this section, we aim to provide practical tools for general use, tailored specifically for individuals at risk or their social environment. Our guidance is designed for all professionals,

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[37] Teo, A. R., Chen, J. I., Kubo, H., Katsuki, R., Sato-Kasai, M., Shimokawa, N., Hayakawa, K., Umene-Nakano, W., Aikens, J. E., Kanba, S., & Kato, T. A. (2018). Development and validation of the 25-item Hikikomori Questionnaire (HQ-25). *Psychiatry and Clinical Neurosciences*, *72*(10), 780–788. https://doi.org/10.1111/pcn.12691

teachers, parents, and adults who interact with young people, and young people themselves, to help both their peers and themselves. By recognizing and addressing these risk factors and potential causes early on, we can collectively work towards reducing the likelihood of these conditions through proactive and preventive measures.

THE TOOLKIT FOR INCLUSION

The Outside Project provides a toolkit for inclusion, and this section offers tools and resources for the inclusion of individuals affected by Hikikomori.

- **1.1. Guidelines**: A comprehensive document detailing the utilization of the inclusion toolkit. This guide provides details on how to effectively implement and leverage each component within the toolkit.
- **1.2 Modules:** There are two module program; four modules comprise the *Trainers - Awareness Program*, and four modules comprise the *Intervention and Support Program.*
- **1.3 Assessment Tool:** It is a crucial instrument for trainers and professionals to identify early signs, assess concerns, and tailor interventions among individuals affected by Hikikomori. The tool comprises two distinct survey instruments: the Hikikomori Potential and Concern Assessment Questionnaire (HPCAQ) and the Relationship, Learning, and Skill Questionnaire (RLS).
- **1.4 Translations:** The toolkit has been translated into Italian, Spanish, and Turkish. All the resources are readily accessible for free download on the project's official website

1.1 Guidelines

The "Guidelines for Inclusion" document provides a structured approach for understanding and addressing the comprehensive toolkit. The guidelines begin by defining the Hikikomori condition, detailing its characteristics and causes. It then navigates through the toolkit, starting with an assessment tool to evaluate severity and needs. Following are detailed toolkit modules tailored for trainers and individuals affected by Hikikomori: a trainer-awareness program to educate on recognition and support, and an intervention/support program offering practical strategies. Finally, the guide provides implementation guidance, emphasizing effective use of the assessment tool and integration of intervention strategies into practice, aiming to equip users comprehensively in addressing Hikikomori.

1.2 Modules for Trainers and Hikikomori Individuals

The toolkit comprises eight modules developed by the project partners, divided into two programs:

- **Trainer-Awareness Program**: Educates trainers and teachers about early signs and effective support strategies.
  - Module 1: When Silence Speaks: Understanding Disengagement
  - Module 2: Beyond the Screen: Identifying Screen Addiction)
  - Module 3: Hidden Potential: Recognizing Undiagnosed Neurodiversity
  - Module 4: Beyond the Shadows: Avoidance and Procrastination in Adolescence
- **Intervention and Support Program**: Provides practical tools for individuals at risk, their families, and support networks.
  - Module 1: From Isolation to Inclusion- Reengaging Disengagement
  - Module 2: Unplugged: Overcoming Screen Addiction
  - Module 3: Learning to Fly with your Mind: Supporting Undiagnosed Neurodiversity
  - Module 4: Me in Me: Values-Driven Strategies to Overcome Avoidance

The toolkit addresses Hikikomori through four primary categories:

- Disengagement: Withdrawal from social interactions and responsibilities.
- Addiction (Focus on Screen Addiction): Excessive use of digital devices leading to imbalanced daily activities.
- Procrastination and Executive Disorders: Habitual task delay and difficulties in task management.
- Undiagnosed Neurodiversity: Challenges arising from unrecognized neurodevelopmental differences.

1.3 The Assessment Tool

The toolkit includes a comprehensive assessment tool with two distinct survey instruments:

- Hikikomori Potential and Concern Assessment Questionnaire (HPCAQ): A Likert scale-based questionnaire to gauge social connections.
- Relationship, Learning, and Skill Questionnaire (RLS): Open-ended questions to explore relationships, learning, and skills, promoting a deeper understanding through dialogue.

Its objective is to understand participants' social connections and psychological well-being through two survey instruments. The Hikikomori Potential and Concern Assessment Questionnaire (HPCAQ) measures the relational lives of young adults, while the Relationship, Learning, and Skill Questionnaire (RLS) delves into their relationships, daily routines, and skills in detail. This facilitates the creation of effective interventions by educators and trainers.

1.4. Translations

All resources within the "Toolkit for Inclusion" have been meticulously translated from English into Italian, Spanish, and Turkish and are readily accessible for free download on the project's official website. These translations ensure that professionals, families and Hikikomori individuals can effectively utilize the toolkit in multiple languages, broadening its reach and impact.

The website is designed for ease of navigation, allowing users to quickly find and download the necessary resources without any charge. The translations cover all sections of the toolkit, including assessment tools, training modules, and support programs, ensuring comprehensive accessibility. To access the translated resources, simply visit the project website, locate the "Resources" or "Toolkit for Inclusion" section, select your preferred language, and download the materials in your desired format. For more information and to access the translated toolkit, please visit the project website: https://theoutsideproject.eu/

4.1. Guidelines for Teachers/Trainers

These guidelines outline strategies to enhance trainers' abilities in recognizing indicators of social withdrawal, engaging participants, and implementing preventive measures across Europe. This section is designed to equip trainers with essential steps and recommendations to promote the inclusion of young adults at risk of social isolation, particularly those showing early signs of hikikomori, through the comprehensive materials designed in OUTSIDE project.

Trainers will gain insights into effective training pathways focusing on key competencies such as personal, social, and learning skills. Whether you are a parent, teacher, friend, or psychologist dealing with someone who has hikikomori, it is a delicate task because you are dealing with someone who is disheartened, and disillusioned about interpersonal relationships. To avoid rejection, one must navigate the barriers they have erected against the social world, avoiding any forced or stubborn attitudes, and instead presenting oneself as a humble, empathetic, and non-judgmental interlocutor.

1.1. Guidelines

Before proceeding, it is recommended to carefully read the *Guidelines for Inclusion*. This guide document offers a structured overview of the project's framework and the components of its materials. You will obtain a comprehensive grasp of the project's structure, goals, and the ways in which each material contributes to those ends by becoming acquainted with the guidelines beforehand.

Attached below is the Inclusion Guidelines document: GUIDELINES TO THE TOOLKIT FOR INCLUSION

1.2 Modules for Teachers/Trainers

As mentioned earlier, the *Trainer-Awareness Program* comprises four modules designed to equip trainers or teachers with essential insights and skills to effectively address the Hikikomori condition.

The detailed module descriptions and strategies for trainers or teachers are provided below:

Module 1: When Silence Speaks: Understanding Disengagement

The module focuses on understanding the phenomenon of Hikikomori, which is characterized by voluntary social withdrawal among youth. Initially, hikikomori is defined as a disorder characterized by prolonged withdrawal from social and professional spheres, often stemming from feelings of inferiority and humiliation. The module explores various stages of social withdrawal across different age groups, emphasizing its complex nature compared to more outwardly expressed psychological conditions.

It also addresses differential diagnosis with conditions like schizophrenia, depression, schizoid personality disorder, and autism spectrum disorders, highlighting the challenges in diagnosing and treating Hikikomori. Practical strategies for intervention include therapeutic approaches like open dialogue and pet therapy, as well as support groups and mapped services to aid resocialization efforts.

Attached below is the document for Module 1 of the Trainer-Awareness Program: OUTSIDE - When Silence Speaks: Understanding Disengagement

Module 2: Beyond the Screen: Identifying Screen Addiction

The module "Beyond the Screen: Identifying Screen Addiction" addresses the pressing issue of screen addiction, particularly within the context of hikikomori, where individuals retreat into virtual worlds. It highlights various forms of addiction, such as gaming, cybersex, and cyber-relationships, prevalent among those using screens as an escape mechanism. Early signs like compulsive use and psychological effects such as anxiety and depression are identified, along with social impacts like isolation and difficulty in interpersonal relationships.

Underlying factors such as social pressures, neurochemical imbalances, and brain alterations are explored, all contributing to the development and perpetuation of screen addiction. Practical strategies are proposed, including assessment tools like the IAT, mindfulness-based therapies, and educational methods to support effective intervention and management of screen addiction.

Attached below is the document for Module 2 of the Trainer-Awareness Program: OUTSIDE - Beyond the Screen: Identifying Screen Addiction

Module 3: Hidden Potential: Recognizing Undiagnosed Neurodiversity

This module explores the multifaceted reasons behind the phenomenon of hikikomori, predominantly affecting young males who withdraw from society into isolation. It identifies several contributing factors: psychological pressure from parents, educational system incompatibility, severe bullying experiences, fear of disappointing family members, and social judgment. Emphasizing the diagnostic challenge, the module underscores the need for early detection to prevent prolonged isolation. It also discusses the role of neurodiversity, highlighting how undiagnosed conditions can exacerbate social withdrawal and the importance of inclusive approaches in education and societal settings to mitigate hikikomori risks effectively.

Attached below is the document for Module 3 of the Trainer-Awareness Program: OUTSIDE - Hidden Potential: Recognizing Undiagnosed Neurodiversity

Module 4: Beyond the Shadows: Avoidance and Procrastination in Adolescence (by PUHU)

The module delves into the complexities of social isolation in young adults, particularly the phenomenon of Hikikomori. It begins by defining Hikikomori, outlining its symptoms, diagnosis, and associated mental health conditions. Procrastination takes center stage, with a thorough examination of its causes, predictors, and potential connection to Hikikomori, highlighting potential similarities. The module emphasizes the significance of adolescence, as it plays a crucial role in both Hikikomori and procrastination.

Delving deeper, the module explores avoidance behavior, a common thread linking procrastination and Hikikomori. It examines the underlying motivations and consequences of avoidance in both contexts. The module emphasizing the need for further research to unravel the intricate relationship between Hikikomori and procrastination. This ongoing exploration is essential for developing effective interventions and promoting well-being among young adults.

Attached below is the document for Module 4 of the Trainer-Awareness Program: OUTSIDE - Beyond the Shadows: Avoidance and Procrastination in Adolescence

1.3 Final assessment tool

The assessment tool provides trainers and educators invaluable assistance in understanding participants' social connections and psychological well-being. These resources facilitate the creation of effective interventions by educators and trainers. It comprises two distinct survey instruments, which are included in the document "OUTSIDE Final Assessment Tool":

- The Hikikomori Potential and Concern Assessment Questionnaire **(HPCAQ)** measures social connections using a Likert scale, aiming to assess the potential and concerns related to hikikomori behavior.

- The Relationship, Learning, and Skill Questionnaire **(RLS)** utilizes open-ended questions to delve into individuals' relationships, daily routines, and skills in detail, providing a comprehensive understanding of these aspects.

Attached below is the document for the final assessment tool: Assessment Tool

4.2. Guidelines for Parents

The *Intervention and Support Program* is targeted towards Hikikomori individuals or those at risk, as well as their families, caregivers, and support networks. These modules offer practical tools, resources, and guidance to overcome barriers, develop coping strategies, and reintegrate into society. By recognizing and addressing risk factors and underlying causes early on, you can work towards reducing the likelihood of these conditions through proactive and preventive measures.

1.1. Guidelines

We advise you to thoroughly review the Guidelines for Inclusion before continuing. This instructional document presents a systematic outline of the project's framework and the elements of its resources. Familiarizing yourself with the guidelines in advance will provide you with a thorough understanding of the project's organization, objectives, and the role of the parents in each resource in achieving those objectives.

Attached below is the Inclusion Guidelines document: GUIDELINES TO THE TOOLKIT FOR INCLUSION

1.2 Modules for Hikikomori individuals

The *Intervention and Support Program* includes four modules:

Module 1: From Isolation to Inclusion: Reengaging Disengagement

The module focuses on addressing the phenomenon of Hikikomori through proactive strategies aimed at creating a protective system for adolescents at risk of social withdrawal. It provides crucial support to parents, offering alternatives and practical guidance to prevent school dropout. It also encourages creative initiatives, such as artistic workshops for teenagers, aimed at fostering emotional expression and social engagement. The program focuses on peer education and creating personalized educational plans, highlighting the important role of schools and families in early detection and providing continuous support for individuals with special educational needs, including those affected by Hikikomori.

Attached below is the document for Module 1 of the Intervention and Support Program: OUTSIDE -From Isolation to Inclusion- Reengaging Disengagement

Module 2: Unplugged: Overcoming Screen Addiction

The module provides crucial support to parents, offering alternatives and practical guidance to prevent school dropout. Furthermore, it supports creative initiatives such as art workshops for teenagers, which encourage emotional expression and social interaction. The module focuses on peer education and creating individualized education plans, emphasizing the important roles of schools and families in identifying and supporting special educational needs, including cases of Hikikomori.

Attached below is the document for Module 2 of the Intervention and Support Program: OUTSIDE - Unplugged: Overcoming Screen Addiction

Module 3: Learning to Fly with Your Mind: Supporting Undiagnosed Neurodiversity

This module is designed to help address school dropout and the hikikomori phenomenon by promoting reflective thinking in at-risk youth. The goal is to assist them in reshaping negative thoughts and fostering self-awareness and purposeful action. The module explains the continuous, automatic flow of thoughts and compares it with reflective thinking, which progresses in a structured manner to address uncertainties and guide decision-making. Through guided reflection exercises, participants learn to assess their choices critically, connect their school subjects to broader interests, and plan practical steps to achieve their objectives. This reflective approach aims to empower young people to overcome their challenges and find a balanced way forward.

Attached below is the document for Module 3 of the Intervention and Support Program: OUTSIDE -Learning to Fly with your Mind: Supporting Undiagnosed Neurodiversity

Module 4: Me in Me Values – Driven Strategies to Overcome Avoidance

The module covers various topics centered on adolescent behavior and personal development. It delves into the concept of Hikikomori in Japan, which involves extreme social isolation, and its potential connection to procrastination. The module examines adolescence from a bioecological perspective, emphasizing the importance of interconnected systems and the welfare of young individuals. It presents resources like the "Life Wheel" and the "Values Wheel" to assist adolescents in evaluating and enhancing their contentment and adherence to their own values. Lastly, behavioural activation is presented to address avoidance behaviors and promote adaptive and healthy coping strategies.

Attached below is the document for Module 4 of the Intervention and Support Program: OUTSIDE - Me in Me: Values-Driven Strategies to Overcome Avoidance

4.3. Guidelines for Peers

The "Intervention and Support Program" includes specialized modules designed to help individuals dealing with Hikikomori or those at risk of developing this condition. These modules provide a wide range of practical tools, valuable resources, and insightful guidance

to help participants overcome challenges, develop strong coping skills, and reintegrate successfully into society. Additionally, young people can use these modules to support both their peers and themselves. Here's a detailed breakdown of the main focus areas within each module:

- **Module 1: "From Isolation to Inclusion: Reengaging Disengagement"** is designed to help individuals reengage with the help of creative activities and family support. Peers can also use this module to advocate for early intervention and support their friends.

- **Module 2: "Unplugged: Overcoming Screen Addiction"** provides strategies for managing screen addiction to reduce isolation. Peers can use this module to encourage healthier habits among their friends.

- **Module 3: "Learning to Fly with Your Mind: Supporting Undiagnosed Neurodiversity"** provides structured reflective thinking exercises to help individuals address and reshape negative thought patterns. It fosters self-awareness and purposeful action, allowing you to connect academic subjects with broader interests and set practical goals. This can assist in overcoming isolation and achieving a balanced life. As a peer, you can use this module to support friends or classmates by encouraging critical thinking and helping them plan practical steps towards their goals. By facilitating these reflective processes, the module promotes personal growth and supports reintegration into social and academic settings.

- **Module 4: " Me in Me Values – Driven Strategies to Overcome Avoidance"** focuses on self-assessment and overcoming avoidance behaviors. It allows you to reflect on their values, set goals, and enable peers to support each other in personal growth and goal-setting.

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