Assessment, Diagnosis, Intervention – A Psychological Intervention in Hong Kong

22&23/11/2017

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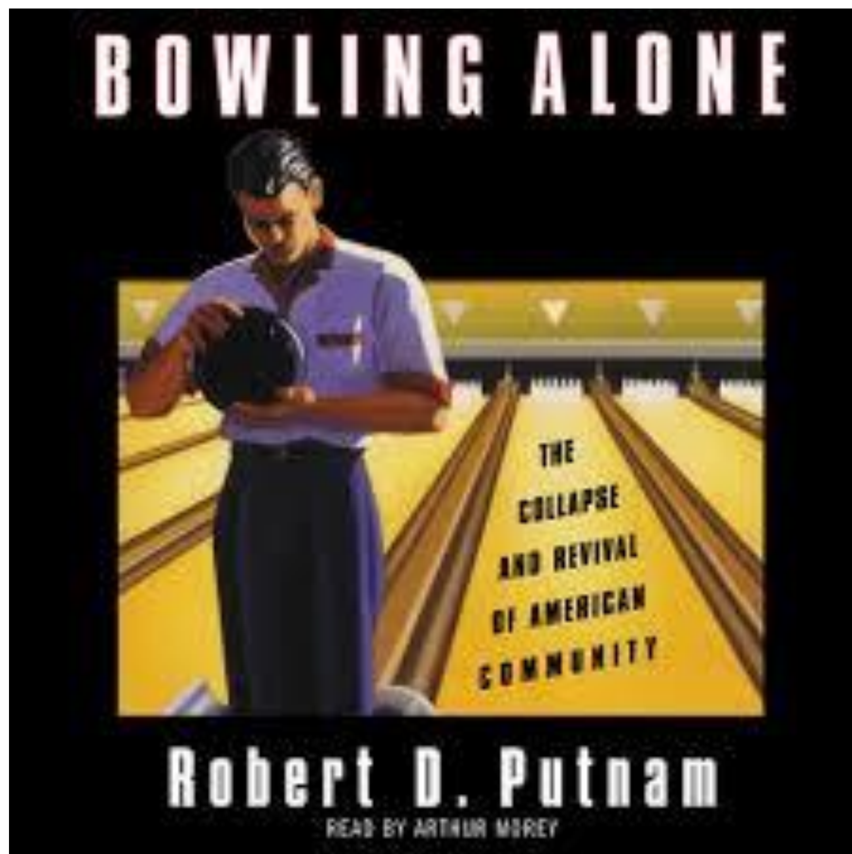
Disclaminer

MODERN BIPOLAR DISORDER



Putnam surveys the decline of social capital in the United States since 1950. He has described the reduction in all the forms of in-person social intercourse upon which Americans used to found, educate, and enrich the fabric of their social lives. He argues that this undermines the active civil engagement, which a strong democracy requires from its citizens.

下流社會一詞是日本社會學家三浦展於其2006年著作《下流社會：新社會階級的出現》中所提出的。大意為於全球化之趨勢下及社會階級的變動中，中產階層漸漸失去其特徵及優勢並下沉為下層社會的一群。

探討下流化的成因，三浦展認為是兩種大因素構成，一是全球化加速的資本主義的惡性競爭，配合日本的長期不景氣，因此正職的終身雇用工作變得稀少，大量年輕人收入不穩定又沒未來的低薪勞動派遣工作導致對人生的自我半放棄，若是想要從M型社會的一端跳到另一端得到有前途的工作，需要極大程度的拚勁和努力。[1]

Consequences be prolonged withdrawal

Increase risk of mood, anxiety, psychotic disorders;

Suicide (by far, 3 cases have happened in HK)

YLL & DALY (The disability-adjusted life year)

Reduce available human capital; and

Physical assaults on parents (possible worse outcome) .

OUR WORK IN HONG KONG, SAR CHINA SINCE 2010

Stage ONE - Identifying

- Who are socially withdrawn youths?
- How many are there in Hong Kong?

Stage TWO - Understanding

- How much do we know about socially withdrawn youths?
- What we do not know about socially withdrawn youths?

Stage THREE - Intervening

- How to engage those vulnerable socially withdrawn youths?
- What kind of socially withdrawn youths need help?
- What kind of interventions can be provided for help?

To achieve these……

We conducted **FOUR** studies in the research:

1. **Systematic review of studies on the issue**
2. Cross-sectional telephone-based survey
3. Qualitative Interviews of socially withdrawn youths
4. **Evaluation of a Multicomponent Intervention Program for Socially Withdrawn Youths – A pilot stduy**

(1) Systematic review

Key Review

ANZJP

Youth social withdrawal behavior (hikikomori): A systematic review of qualitative and quantitative studies

Australian & New Zealand Journal of Psychiatry
2015, Vol. 49(7) 595–609
DOI: 10.1177/0004867415581179

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Tim MH Li and Paul WC Wong

(1) Systematic review

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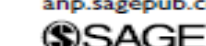


Tim MH Li and Paul WC Wong

Abstract

Objective: Acute and/or severe social withdrawal behavior among youth was seen as a culture-bound psychiatric syndrome in Japan, but more youth social withdrawal cases in different countries have been discovered recently. However, due to the lack of a formal definition and diagnostic tool for youth social withdrawal, cross-cultural observational and intervention studies are limited. We aimed to consolidate existing knowledge in order to understand youth social withdrawal from diverse perspectives and suggest different interventions for different trajectories of youth social withdrawal.

Method: This review examined the current available scientific information on youth social withdrawal in the academic databases: ProQuest, ScienceDirect, Web of Science and PubMed. We included quantitative and qualitative studies of socially withdrawn youths published in English and academic peer-reviewed journals.

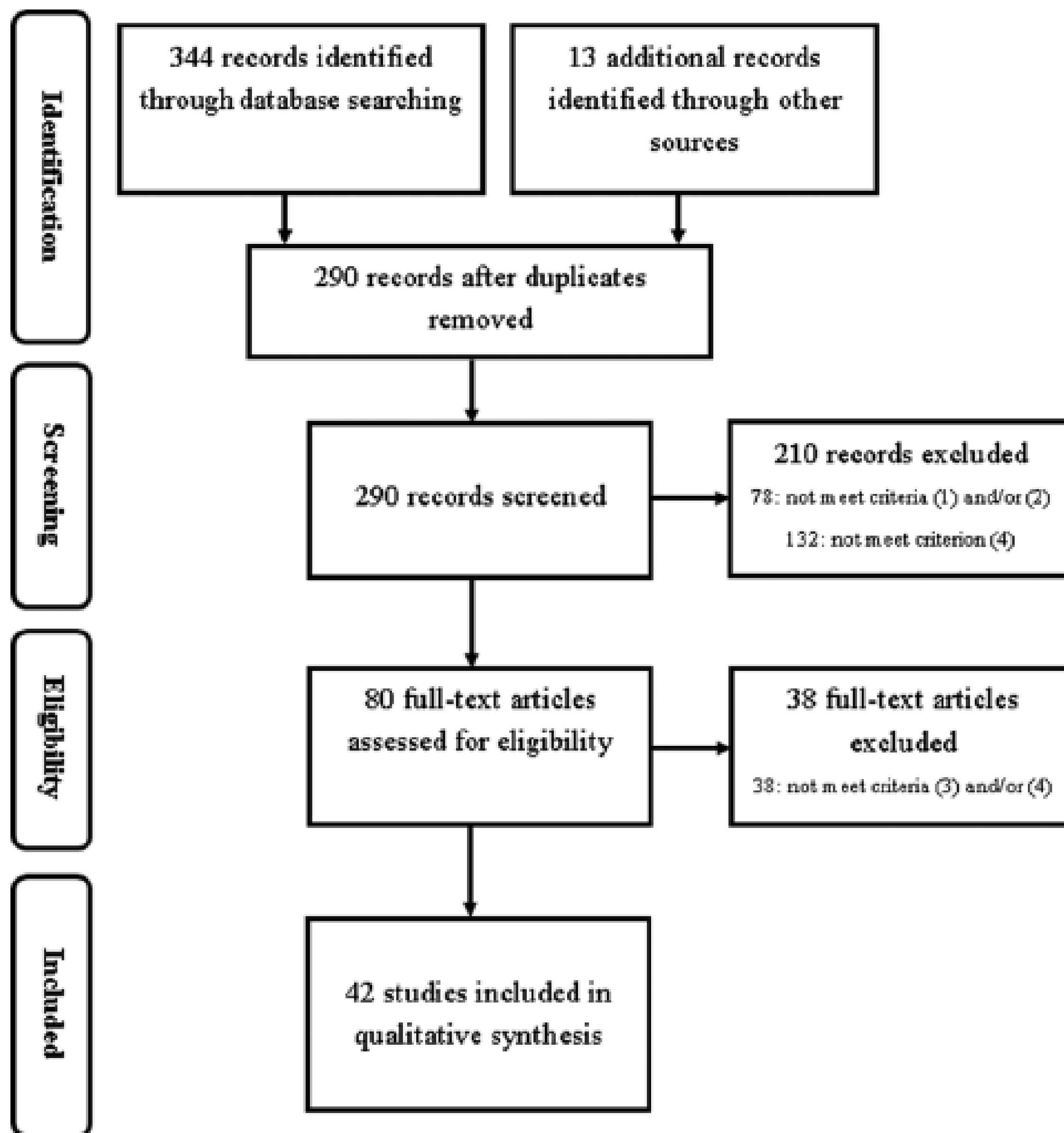
Results: We synthesized the information into the following categories: (1) definitions of youth social withdrawal, (2) developmental theories, (3) factors associated with youth social withdrawal and (4) interventions for socially withdrawn youths. Accordingly, there are diverse and controversial definitions for youth social withdrawal. Studies of youth social withdrawal are based on models that lead to quite different conclusions. Researchers with an attachment perspective view youth social withdrawal as a negative phenomenon, whereas those who adopt Erikson's developmental theory view it more positively as a process of seeking self-knowledge. Different interventions for socially withdrawn youths have been developed, mainly in Japan, but evidence-based practice is almost non-existent.

Conclusion: We propose a theoretical framework that views youth social withdrawal as resulting from the interplay between psychological, social and behavioral factors. Future validation of the framework will help drive forward advances in theory and interventions for youth social withdrawal as an emerging issue in developed countries.

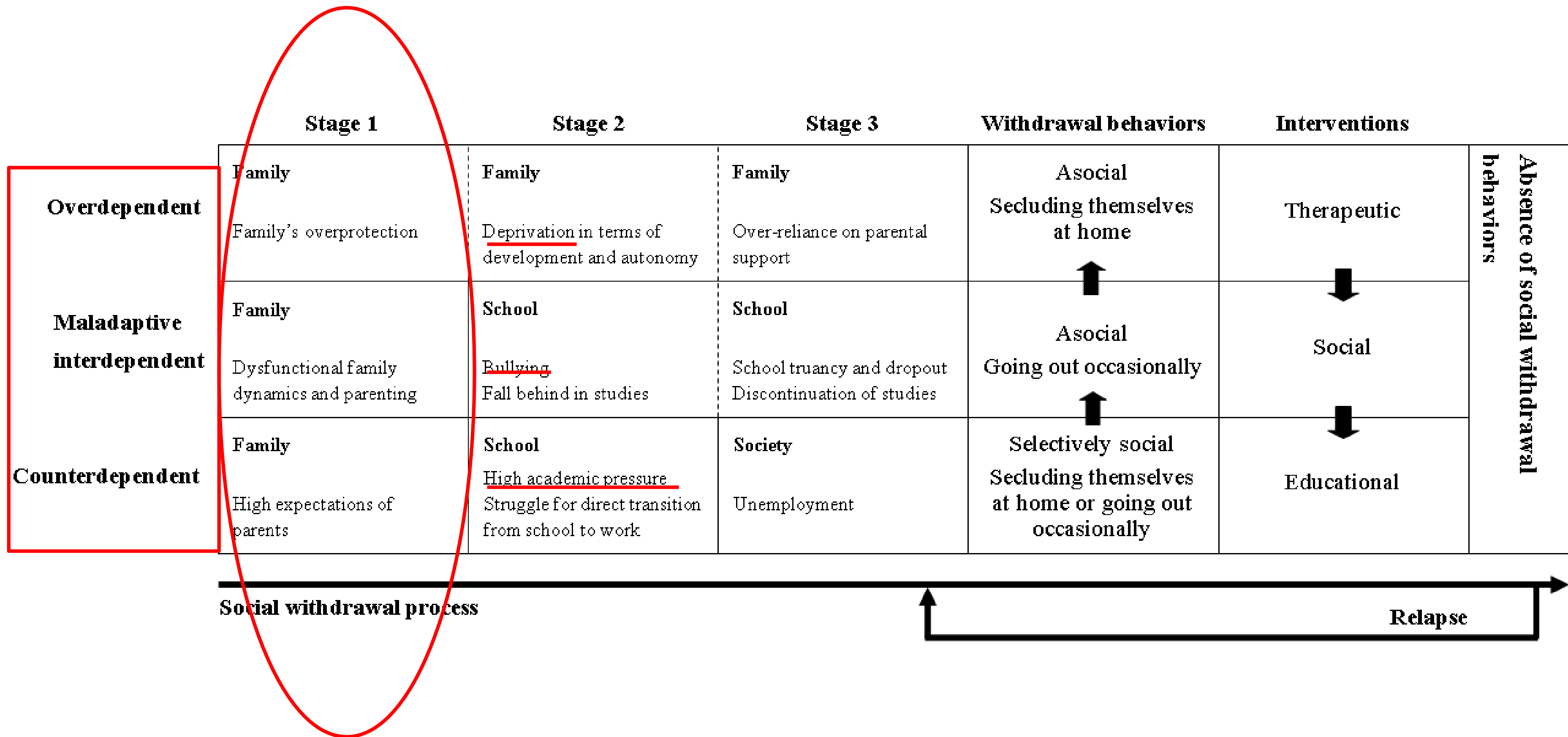
Keywords

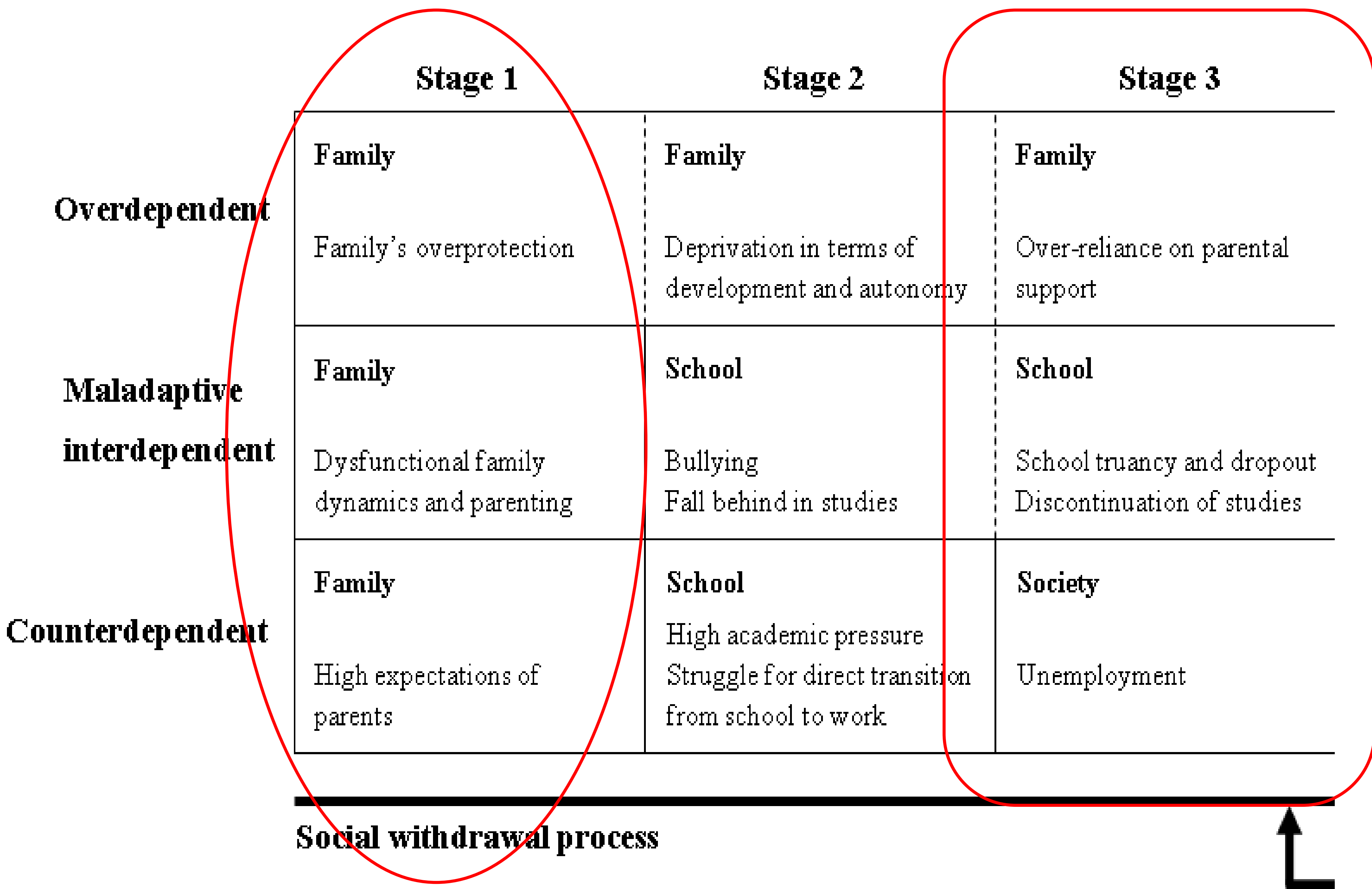
Youth social withdrawal, hikikomori, contemporary youth issue, attachment, psychosocial development

Figure 1. Flow diagram of the systematic literature search illustrating the flow of information through the different phases of the review and mapping out the number of records identified, included and excluded.



Our proposed framework – THREE types of withdrawn youth




Stage 1
Stage 2
Stage 3
Overdependent
Family
Family's overprotection
Family
Deprivation in terms of development and autonomy
Family
Over-reliance on parental support
Maladaptive interdependent
Family
Dysfunctional family dynamics and parenting
School
Bullying
Fall behind in studies
School
School truancy and dropout
Discontinuation of studies
Counterdependent
Family
High expectations of parents
School
High academic pressure
Struggle for direct transition from school to work
Society
Unemployment
Social withdrawal process

2. A Cross-sectional survey

Article

I | J | S | P

International Journal of
Social Psychiatry
1–13
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DOI: 10.1177/0020764014543711
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The prevalence and correlates of severe social withdrawal (*hikikomori*) in Hong Kong: A cross-sectional telephone-based survey study

Paul WC Wong[1], Tim MH Li[1], Melissa Chan[2], YW Law[1], Michael Chau[3], Cecilia Cheng[4], KW Fu[5], John Bacon-Shone[6] and Paul SF Yip[1,2]

- Prevalence rate: around 1.9% for >6 months; n=20,000 - 40,000
- Related problematic behaviours: Self-harm, and bullying;
- The rate is similar to Japan.

Social withdrawal behavior – the dependent variable. The pattern of social withdrawal behaviors was assessed using the proposed research diagnostic criteria for *hikikomori* developed by Teo and Gaw (2010). These include (1) spending most of the day and nearly every day confined at home; (2) persistently avoiding social situations (such as going to school or working) and social relationships (such as friendships and contact with family members); (3) experiencing significant interference with academic, work, family and social functioning as a result of withdrawal and (4) feeling irritable, ashamed or worried about the situation while it is going on. Participants were also asked whether they had been diagnosed with social phobia, major depressive disorder, schizophrenia or avoidant personality disorder. In terms of duration, the rating options presented to participants were 0–3 months, 3–6 months, 6–12 months and more than a year. They were also asked whether or not they consider their behavior to be problematic.

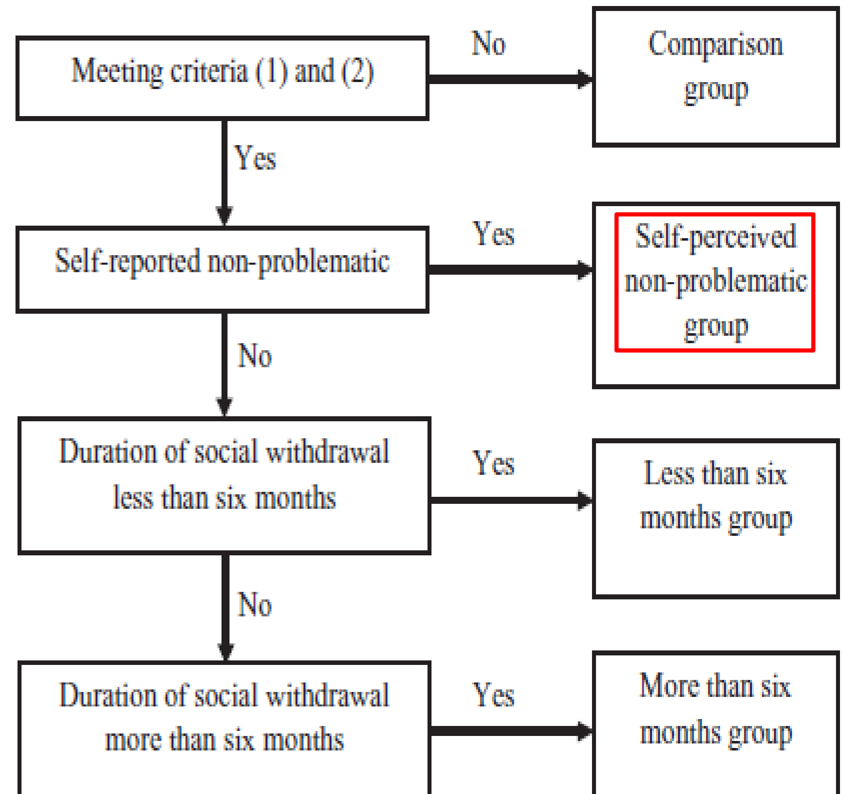

Figure 1. Categorization of the three social withdrawal groups and the comparison group.

Table 1. Characteristics of the participants based on the proposed research diagnostic criteria for *hikikomori*..

Variables	No. of Participants (%)	No. of Participants (%)	No. of Participants (%)	No. of Participants (%)	No. of Participants (%)
	All Participants, (*n* = 1,010)	Met Criteria 1*, (*n* = 372)	Met Criteria 2*, (*n* = 146)	Met Criteria 3*, (*n* = 123)	Met criteria 4*, (*n* = 101)
Diagnosis of the listed disorders					
Yes	25 (3)	11 (3)	9 (6)	8 (7)	2 (2)
No	985 (97)	361 (98)	137 (94)	115 (94)	99 (98)
Duration of symptoms					
No symptom	479 (48)	0 (0)	0 (0)	0 (0)	0 (0)
0–3 months	141 (14)	87 (24)	39 (27)	37 (30)	55 (55)
3–6 months	21 (2)	12 (3)	9 (6)	7 (6)	10 (10)
6–12 months	17 (2)	8 (2)	8 (6)	4 (3)	7 (7)
More than a year	51 (5)	31 (8)	27 (19)	15 (12)	15 (15)
Non-problematic	298 (30)	233 (63)	62 (43)	59 (48)	14 (14)
Gender					
Male	542 (54)	166 (45)	81 (55)	59 (48)	54 (54)
Female	468 (46)	206 (55)	65 (45)	64 (52)	47 (46)
Age, years					
18<	262 (26)	106 (29)	40 (27)	29 (24)	28 (28)
18–24	473 (47)	165 (45)	66 (45)	50 (41)	44 (44)
24>	273 (27)	100 (27)	40 (27)	44 (36)	29 (29)
Educational level					
Above Form 3	789 (78)	270 (73)	100 (69)	98 (80)	79 (78)
Form 3 or below	218 (22)	101 (27)	46 (32)	25 (20)	22 (22)
Marital status					
Never married	949 (94)	345 (93)	138 (95)	111 (90)	96 (95)
Separated/divorced	7 (1)	2 (1)	1 (1)	1 (1)	1 (1)
Currently married	52 (5)	24 (7)	7 (5)	11 (9)	4 (4)
Living arrangement					
Living alone	23 (2)	9 (2)	2 (1)	5 (4)	3 (3)
Lived with someone including parents	883 (88)	311 (84)	132 (90)	95 (79)	85 (84)
Lived with someone but not parents	97 (10)	49 (13)	12 (8)	21 (17)	13 (13)
Employment status					
Employed	395 (39)	128 (34)	45 (31)	48 (39)	34 (34)
Unemployed	30 (3)	18 (5)	8 (6)	6 (5)	7 (7)
Economically inactive (student)	585 (58)	226 (61)	93 (64)	69 (56)	60 (59)
Monthly income					
HKD6000 or above	369 (37)	119 (33)	45 (31)	45 (37)	30 (30)
Below HKD6	12 (1)	3 (1)	0 (0)	1 (1)	2 (2)
No income	30 (3)	18 (5)	8 (6)	6 (5)	7 (7)
Student with no income	585 (59)	226 (62)	93 (64)	69 (57)	60 (61)

Table 5. Significant unadjusted and adjusted odds ratios estimated from ordinal logistic regression, significant factors with levels of social withdrawal.

Variables	Unadjusted OR (95%CI)	Adjusted OR (95%CI)
Gender		
Male	1	1
Female	0.6 (0.3–0.9)*	0.6 (0.3–0.9)*
Age		
18<	1	1
18–24	0.6 (0.3–1.0)*	0.5 (0.3–1.0)*
24>		
Educational level		
Above Form 3	1	1
Form 3 or below	2.3 (1.4–3.8)**	2.3 (1.4–3.8)**
Employment status		
Employed	1	1
Unemployed	5.0 (1.9–13.4)**	6.4 (2.3–17.6)***
Economically inactive (student)	1.5 (0.9–2.6)	1.7 (1.0–2.9)
Monthly income		
HKD6000 or above	1	1
Below HKD6	n/a	n/a
No income	4.7 (1.8–12.4)**	6.0 (2.2–16.4)**
Student with no income	1.4 (0.8–2.5)	1.6 (0.9–2.7)
Psychological variables		
GHQ-12 total score	1.1 (1.0–1.1)*	1.1 (1.0–1.1)**
Hikikomori diagnostic criterion 3		
Not met	1	1
Met	3.9 (2.2–6.6)***	3.8 (2.2–6.7)***
Behavioral variables		
No. of Internet addiction symptoms	1.3 (1.1–1.5)***	1.3 (1.1–1.5)***
Lifetime risk behaviors		
Injure self intentionally		
Absence	1	1
Presence	2.3 (1.3–4.3)**	2.3 (1.2–4.3)*
Gambling		

Table 5. (Continued)

Variables	Unadjusted OR (95%CI)	Adjusted OR (95%CI)
Absence	1	1
Presence	0.5 (0.3–1.0)*	0.4 (0.2–0.8)**
Unintended pregnancy		
Absence	1	1
Presence	6.0 (1.7–20.6)**	8.6 (2.4–31.4)**
Abortion		
Absence	1	1
Presence	7.5 (1.6–34.5)*	11.1 (2.3–54.0)**
Compensated dating		
Absence	1	1
Presence	4.3 (1.7–10.8)**	4.2 (1.6–10.7)**
Bully others		
Absence	1	1
Presence	2.4 (1.3–4.5)**	2.0 (1.1–3.9)*
Negative life event categories		
Job	1.4 (1.0–2.0)*	1.5 (1.0–2.0)*
Social communication and relationship variables		
Means of expressing distress		
Face to face	0.6 (0.5–0.8)***	0.6 (0.5–0.8)***
Phone	0.7 (0.6–0.9)*	0.8 (0.6–1.0)
Forum	1.6 (1.2–2.3)**	1.6 (1.1–2.2)*
Means of contacting others		
Face to face	0.8 (0.7–1.0)*	0.8 (0.7–1.0)
Phone	0.8 (0.7–1.0)*	0.8 (0.7–1.0)
Instant message	1.2 (1.0–1.4)*	1.2 (1.0–1.4)*
Social communication and relationship variables		
Size of social network in Facebook		
150 friends or above	1	1
Below 150 friends	1.8 (1.1–3.0)*	1.7 (1.0–2.8)

CI: confidence interval; GHQ: General Health Questionnaire; OR: odds ratio.
Adjusted OR was controlled by age and gender; n/a: adjusted OR was not obtained because of no subject in the category; when OR = 1, the category in a categorical variable is the reference group to the other category(ies).
*$p < .05$ **$p < .01$ ***$p < .001$

Abstract

Background: Severe social withdrawal behaviors among young people have been a subject of public and clinical concerns.

Aims: This study aimed to explore the prevalence of social withdrawal behaviors among young people aged 12–29 years in Hong Kong.

Methods: A cross-sectional telephone-based survey was conducted with 1,010 young individuals. Social withdrawal behaviors were measured with the proposed research diagnostic criteria for *hikikomori* and were categorized according to the (a) international proposed duration criterion (more than 6 months), (b) local proposed criterion (less than 6 months) and (c) with withdrawal behaviors but self-perceived as non-problematic. The correlates of social withdrawal among the three groups were examined using multinomial and ordinal logistic regression analyses.

Results: The prevalence rates of more than 6 months, less than 6 months and self-perceived non-problematic social withdrawal were 1.9%, 2.5% and 2.6%, respectively. In terms of the correlates, the internationally and locally defined socially withdrawn youths are similar, while the self-perceived non-problematic group is comparable to the comparison group.

Conclusions: The study finds that the prevalence of severe social withdrawal in Hong Kong is comparable to that in Japan. Both groups with withdrawal behaviors for more or less than 6 months share similar characteristics and are related to other contemporary youth issues, for example, compensated dating and self-injury behavior. The self-perceived non-problematic group appears to be a distinct group and the withdrawal behaviors of its members may be discretionary.

Wong, Paul WC, et al. "The prevalence and correlates of severe social withdrawal (hikikomori) in Hong Kong: A cross-sectional telephone-based survey study." *International journal of social psychiatry* (2014): 0020764014543711.

3. A qualitative study

Article

Qualitative Social Work
0(00) 1–19

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Withdrawal experience and possible way-outs from withdrawal behavior in young people

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- Three reasons for stop being withdrawn:

1. Rebalancing one’s ideal self with reality;
2. Reestablishing relationships with tuned-in people; and
3. Regaining momentum in life.

Table 1. Background of participants.

	No. of participants
Gender	
Male	22
Female	8
Age	
14–17	8
18–22	14
23–29	8
Withdrawal duration	
3 to 6 months	2
6 months to 1 year	13
1 to 2 years	6
2 to 3 years	2
More than 10 years	1
Uncertain	6
Program stages	
In contact with the social workers for less than 3 months	9
In the intervention program in the center for more than 3 months	8
Finished the program	13

1. Why did you decide to stay at home?
2. What do you think about staying at home for a long time?
3. How did the social workers in the organization engage you?
4. Why did you decide to go out/stop staying at home?
5. What difficulties do you think you will encounter when you get back into society?

I can do nothing, but I don't care. No one will bother me and I feel very relieved. I always play online games and obtain victories, which is not achievable in real life. However, I can do it in online games, so I feel very smart.

If I stayed at home, people would not know that I had nowhere to go and that I had no friends. Thus, I wouldn't feel embarrassed when staying at home.

I think it's better to stay at home, take a break and think through my future path. Ever since I was a kid, everything has been arranged tightly; I never had a chance to stop for a while. Now I really want a break.

Many people think that staying at home will not be boring because it was all fun and no work was needed. I really believed this at the beginning [of my social withdrawal]. However, after a year, I could no longer stand [staying at home]. I wasn't interested in the computer games that I had loved. I didn't understand why I stayed at home.

BRILL

SOCIETY & ANIMALS (2017) 1-14

Animals & Society Institute

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Efficacy of a Multicomponent Intervention with Animal-Assisted Therapy for Socially Withdrawn Youths in Hong Kong

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4. A pilot intervention study

Non-AAT component

Inquiry hotline

Referral to further clinical assessment (IQ test, assessment for Asperger's Syndrome, BDI assessment) when required

Individual counselling

Support group

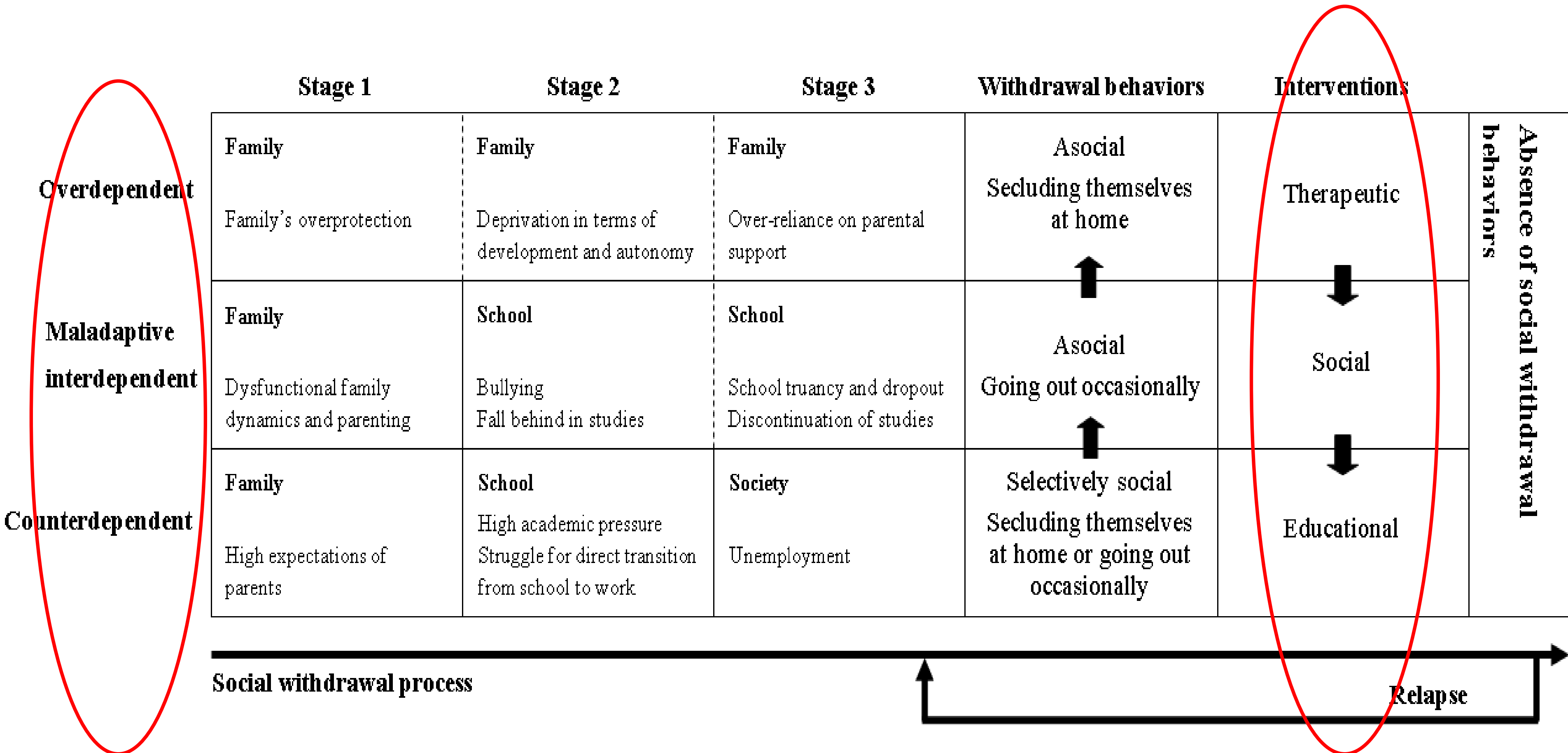
AAT component

AAT (individual counselling and small group activities)

AAI (social gatherings with dogs and volunteers from several dog visitation agencies, voluntary work with pet grooming, animal visitations and home visits with a therapy dog)

Employment training (pet grooming)

A Conceptual framework of youth social withdrawal



Withdrawal behaviors and Motivation

Withdrawal behaviors and thoughts		Motivation to abstain from withdrawal behavior
Asocial in the reality Secluding themselves at home	Suspension of experience	Desire to move forward
⬆		
Asocial in the reality Going out occasionally	Defriending spiral	Reconnection with tuned-in people
⬆		
Selectively social in the reality Secluding themselves at home or going out occasionally	Private status	Compromise between self and reality

Li, T. M.H.(2015) Doctoral Thesis, The University of Hong Kong

3 levels of intervention: therapeutic, social and educational

	Withdrawal behaviors	Interventions	Expected outcomes
More than three months' group	Asocial Secluding themselves at home	Therapeutic (Animal-assisted therapy)	Enhanced self-esteem
	Asocial Going out occasionally	Social (Social activities)	Reduced social anxiety
Less than three months' group	Selectively social Secluding themselves at home or going out occasionally	Educational (Job trainings)	Enhanced perceived employability

RM programmes

Programmes	Level
Hotline enquiries School preventive group	
Case outreach/Engagement AAT Counseling CP assessment	Therapeutic
Dog gathering Support groups	Social
Pet grooming Practicum & placement Job referral	Educational

RM Programmes

- Enquiry hotline
- Individual counseling
- Clinical assessment
- AAT(individual counseling and small group activities)
- Support group
- Pet grooming skills workshops / training
- Practicum/placement
- Parent group (2017 newly added)

Enquiry Hotline

- Initial Screening (~aged15-25; Eastern Kowloon; certain type of M.I./ M.R.; non-violence; drug-addiction; doubled service)
- Initial Checking (Client's & Family motivation)
- Initial contact (Service delivery time; initial attempt)

Engagement (most challenging part) & Individual Counseling

- Pre case engagement (前期評估)

About 1-1.5 month engagement period with 5 assessment interviews to determine case open or not

- Open a file

Primary target is youth, not family

Persistently intervene

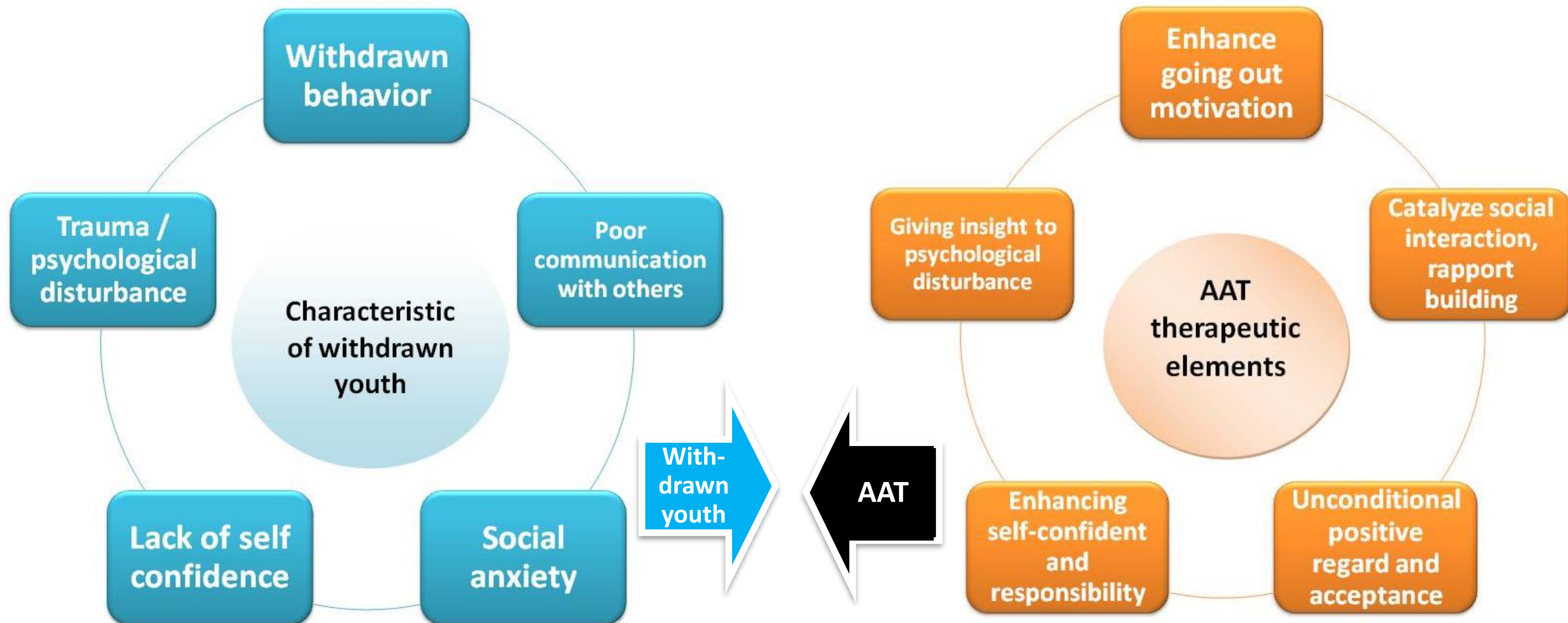
Home visit & others

Rendering AAT if appropriate

Clinical Assessment

- Diagnose client's mental state when necessary and refer client out for suitable service
- (Sometimes) seek 2nd opinion from clinical psychology or psychiatry doctor in order to understand client existing mental problems (a difficult decision)

AAT(individual counseling and small group activities)



AAT outreaching

Social workers bring "Fat Fat" home visit social withdrawn youth to provide counseling and AAT.

Ppt slides developed by Zion

Pet grooming skills workshops / training

- Hold 4 sessions every month
- 3 functions

1. Skill training for client who wants to develop such career
2. Work attitude training (under comfort environment) for client who prepares to go to work
3. Encourage client constantly go out to enjoy meeting with animals

Professional-led support group

- Different kinds of interest groups to attract clients to keep contact with each other
- Provide preforms for clients to show their ability and receive others'(mentors, peers) feedback

Practicum

- Skill and work attitude training (under supervision) for client who prepares to go to work
- With cash subsidy
- Job placement: welfare centre, pet clinic, food shop

Findings (2010-2012)

- 68 cases successfully completed the pre and post questionnaires.

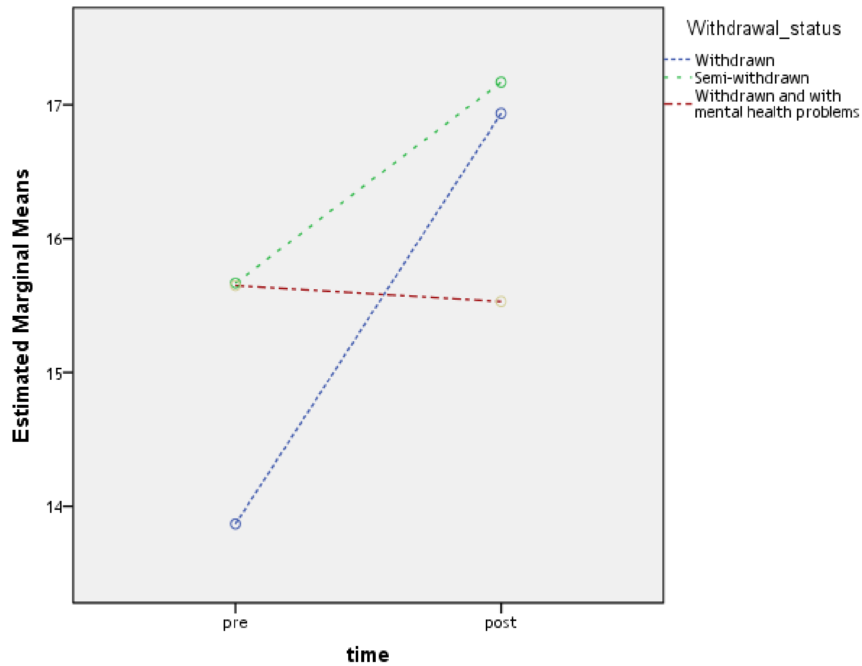
- Profile of the cases
  - male: female = 5.6:4.4
  - age range: 14 to 30 years old(beyond target age range due to limited alternative resources)
  - employment status: 88.6% were unemployed among those not studying and eligible to enter labour market
  - 50% living with either one of their parents or relatives
  - Around 55% withdrawn for more than 1 years

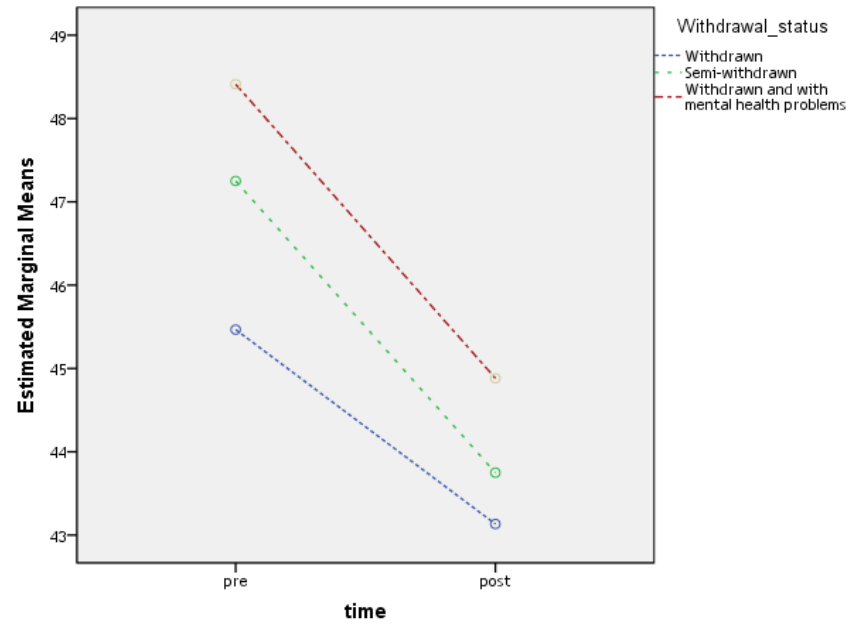
duration of problem

	f	%
Less than 3 months	13	19.1
$\geq$ 3 months to $<$ 6 months	8	11.8
$\geq$ 6 months to $<$ 1 year	8	11.8
$\geq$ 1 year to $<$ 2 years	16	23.5
$\geq$ 2 year to $<$ 3 years	7	10.3
$\geq$ 3 year	16	23.5
Total	68	100.0

Type of mental health problems

	f	%
Depression / depressive symptoms	6	42.9
Early psychosis	2	14.3
General anxiety disorder	2	14.3
Social anxiety disorder	1	7.1
Asperger syndrome	1	7.1
Hyperactivity	1	7.1
Mild mental disability	1	7.1
Total	14	100.0


Estimated Marginal Means of RSES
Estimated Marginal Means
time
pre
post
Withdrawal_status
Withdrawn
Semi-withdrawn
Withdrawn and with mental health problems


Estimated Marginal Means of IAS
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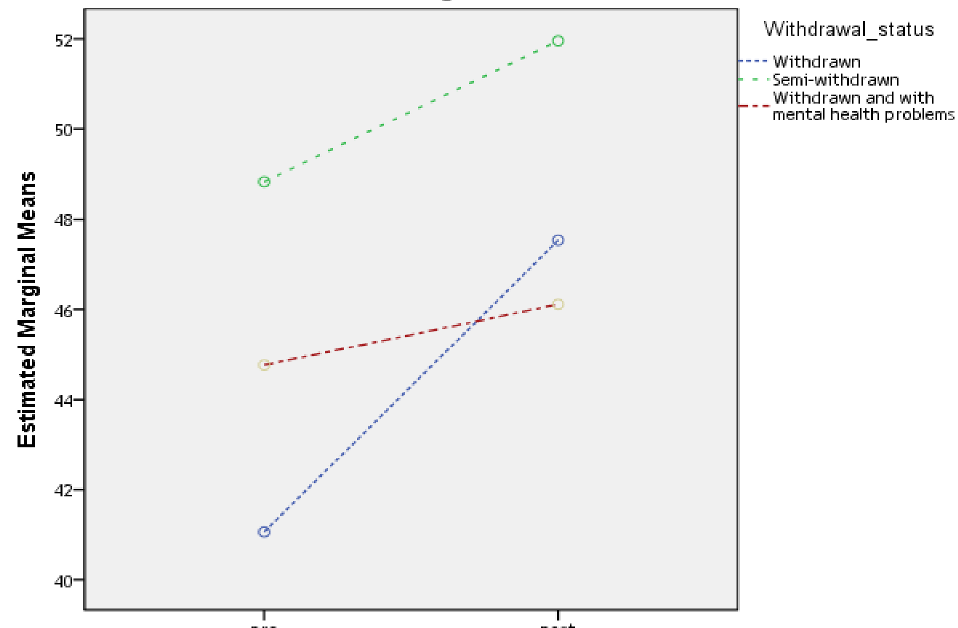
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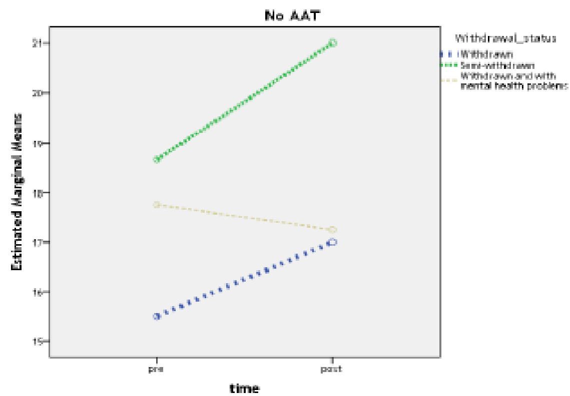
Semi-withdrawn
Withdrawn and with mental health problems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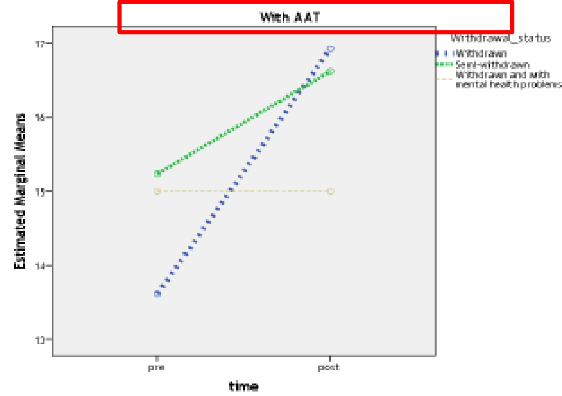
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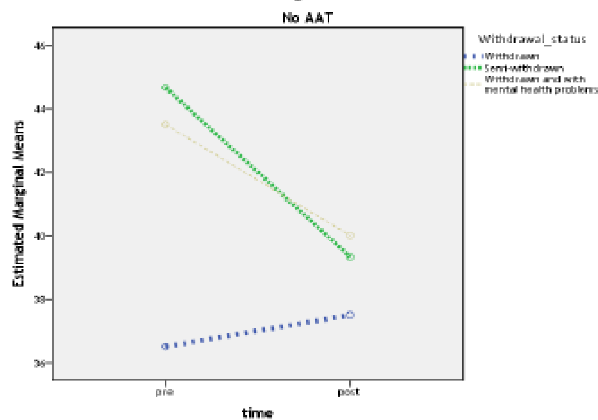
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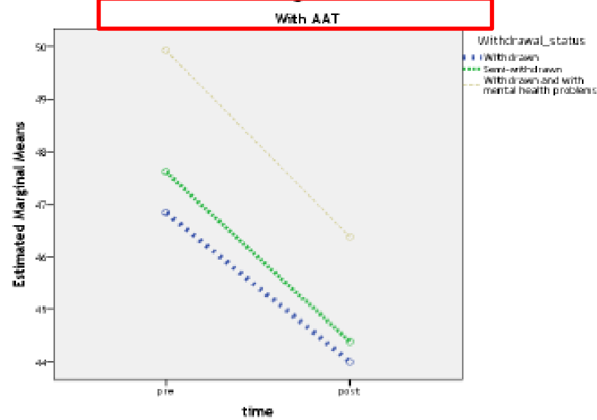
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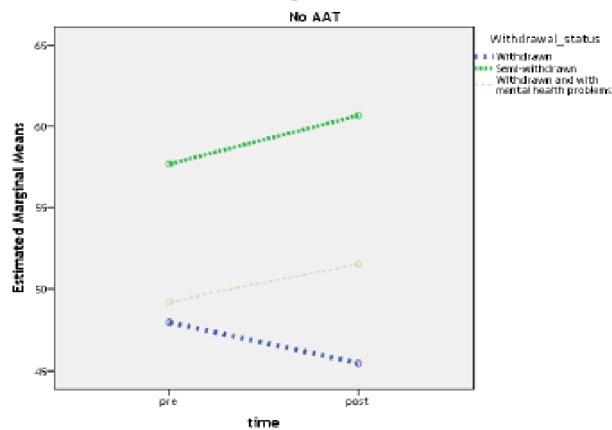
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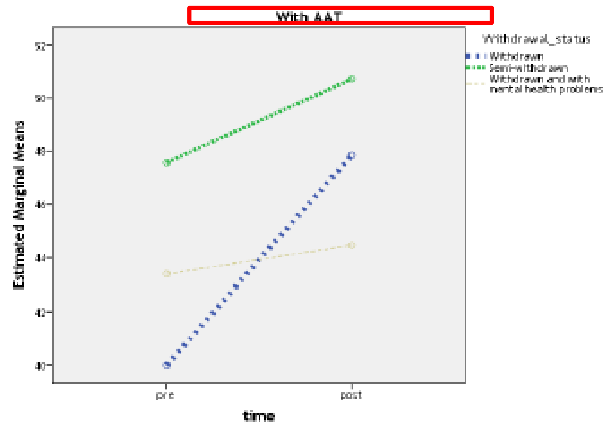
Estimated Marginal Means of PESES
With AAT
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Withdrawn
Semi-withdrawn
Withdrawn and with mental health problems

Conclusion

The interviews in this study provided a platform for young people to share their withdrawal experiences. Young people experience and express distress and frustration while they are socially withdrawn, and some wish to be helped. This particular subgroup of the NEET population is a relatively new youth phenomenon and given the trend of its prominence in many developed countries, it should not be trivialized; more (and more appropriate) prevention works, engagement strategies, and intervention services should be devised to match the distinctive characteristics and needs of this group of young people. To reach out and help them, we advocate that current social work practice should be developed to incorporate more innovative outreaching approaches and strengthen interdisciplinary collaboration with other professionals and stakeholders in the future.

Original Article

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Characteristics of socially withdrawn youth in France: A retrospective study

Nicolas Chauliac[1,2], Audrey Couillet[1,3], Sophie Faivre[1], Nassima Brochard[1] and Jean-Louis Terra[1,4]

Abstract

Background: Poor social interactions have been recognized as a symptom since the beginnings of psychiatry. As far as socially withdrawn youth (SWY) are concerned, studies were mostly conducted on patients seeking care. Our psychiatric outreach team called Psymobile was able to reach SWY patients who were not seeking mental health care.
Aims: To identify the clinical and socio-demographic characteristics of SWY patients referred to our Psymobile unit.
Method: We carried out a retrospective study on the records of patients aged 18–34 years, who were referred to Psymobile for 'withdrawal', between April 2012 and December 2015.
Results: In total, 66 patients were included in the study. SWY are predominantly male (80%) from large families or single-parent ones. About 42% had no prior contact with a mental health professional before being referred to Psymobile. The mean duration of withdrawal is 29 months. In all, 42% of SWY use cannabis and 73% present disorders of the sleep–wake schedule. About 71% maintain relations with their families and 73% go out occasionally. They are mostly diagnosed with schizophrenia (37%) or mood disorders (23%).
Conclusion: Over one-third of Psymobile patients aged 18–34 years were referred on grounds of social withdrawal. Our data may illustrate more accurately the situation of youth social withdrawal amid the general population than data from help-seeking patients or online questionnaires.

Keywords

Social withdrawal, *hikikomori*, young adult, psychiatric outreach team, retrospective study

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Fiorenzo Ranieri

When social withdrawal in adolescence becomes extreme: the "hikikomori" phenomenon in Italy

Gdy wycofanie społeczne przybiera postać skrajną: zjawisko „hikikomori" we Włoszech

Department of Mental Health – Unità Funzionale Salute Mentale Infanzia e Adolescenza (UFSMIA), Italian National Health Service, Arezzo, Tuscany, Italy
Correspondence: Fiorenzo Ranieri, c/o UFSMIA Az. USL 8 Arezzo, Via Curtatone 56, 52100 Arezzo, Italy, e-mail: fiorenzo.ranieri@usl8.toscana.it

Abstract

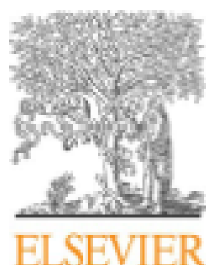
"Hikikomori syndrome," or extreme social withdrawal, determines a refusal to go to school or work where one's life style is centred around the home. In Japan *hikikomoris*, also called "family hermits" or "bedroom hermits," were first identified in the late seventies. In the West (USA, France, UK, Spain, Italy) clinical psychologists are treating an increasing number of adolescents and young *hikikomoris*. Over the last few years, the *Unità Funzionale Salute Mentale Infanzia Adolescenza* (UFSMIA) in Arezzo has received a number of requests for treating young people who present strong similarities with *hikikomoris* as well as teenagers in early adolescence "on their way to social withdrawal." The signs of the syndrome are largely similar to the Japanese description, with some differences linked to the Italian cultural context. As to treatment, a single clinical approach (e.g. individual or family psychotherapy) has not given the expected results. By combining different approaches it may be possible to create a network able to stimulate the subject's resources and those of his or her family. Findings reveal the need to develop more in depth clinical knowledge on this social withdrawal syndrome and create new protocols which will be useful for future psychological and psychotherapeutic programmes.

Key words: hikikomori, extreme social withdrawal, adolescent mental health, psychotherapy

Our way forward

- Exploring the situation in China's main cities (completed interviews with social workers and conducted web-based survey)
- Developing a empirical-driven assessment tool (as far as we know, two of them will be in press soon)
- Refine and expand our intervention study (we have stage III now that is refined according to our theoretical framework)
- Cross-cultural comparison studies

Asian Journal of Psychiatry 30 (2017) 175–176



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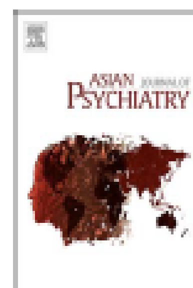


Letter to the Editor

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

The situation of hikikomori (severe and prolonged social withdrawal) appears to have changed from a culture-bound phenomenon in Japan to an international concern. We agree with this observation and would like to share our experience in China in support of this assessment.

China has experienced rapid development and many individuals residing in cities are experiencing lifestyles similar to those in high-income countries such as Japan. To examine the situation of hikikomori in China, where there are no services for socially withdrawn individuals and where little attention is paid to them, we conducted a novel survey through Chinese social media platforms. We utilized Weibo, one of the most popular microblogging and social media sites in China, as the main recruitment platform. Using Weibo's paid advertising service, survey invitations were sent to 206,139 users who were 13–39 years old and whose IP addresses were located in Beijing, Shanghai, or Shenzhen.

We assessed the severity of withdrawal behavior through three survey items: (1) physical isolation or withdrawal to a particular place; (2) lack of social connectedness and interaction; and (3) duration of social withdrawal for three months or more (Teo and Gaw, 2010; Wong et al., 2015). Participants were classified into physically isolated only group (meeting criteria 1 and 3 only), asocial only group (meeting criteria 2 and 3 only), and hikikomori group (meeting all three criteria). We also examined the respondents' online and offline social behavior (Williams, 2006), parent-child relationship (Liu et al., 2011), dependence and interdependence characteristics (Hashimoto and Yamagishi, 2013), and risk behaviors (Li and Wong, 2015a).

THE DIFFICULTIES FACED IN OTHER REGIONS

In sum

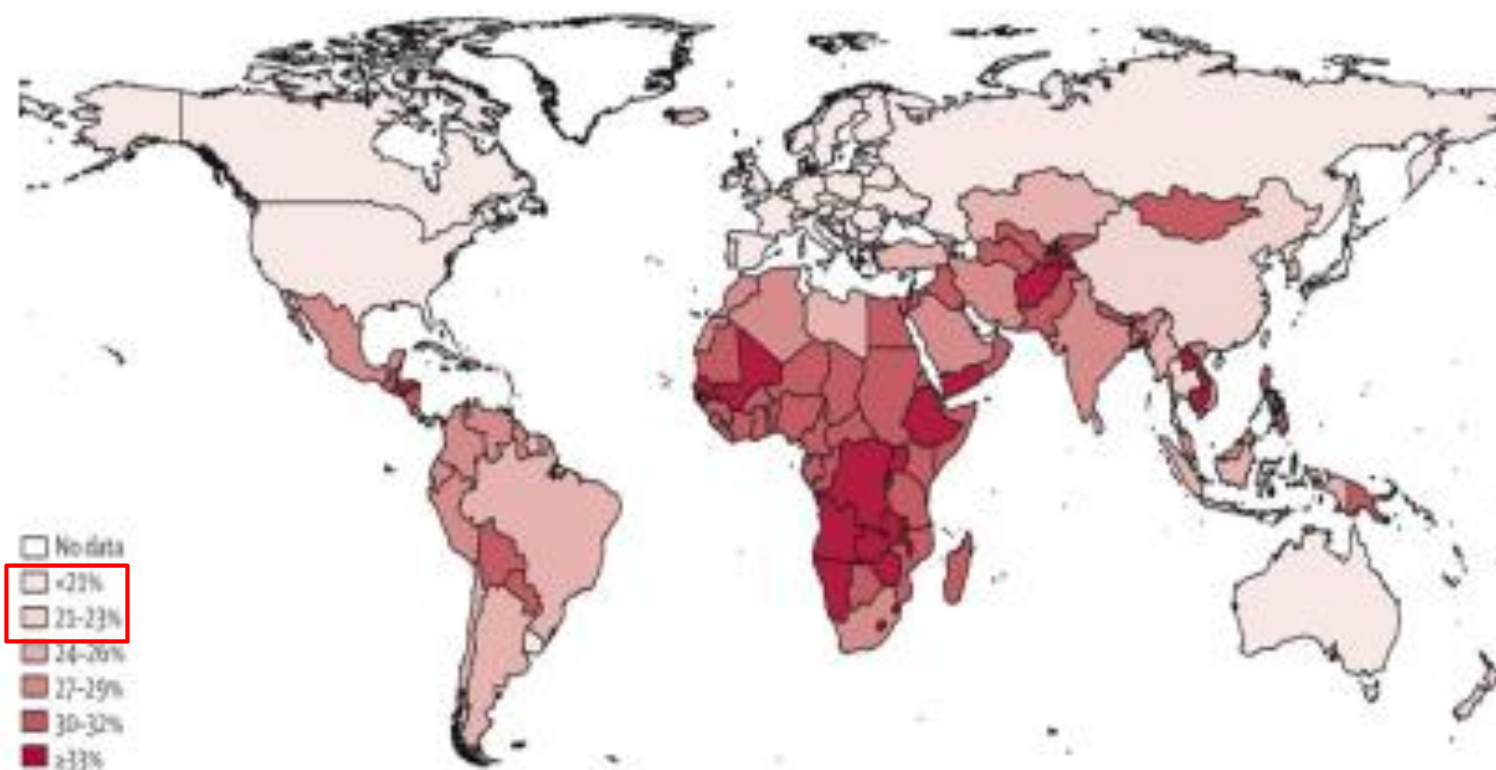


Figure 1 Distribution of people aged 10-24 years as a proportion of the population by country. Population estimates are for 2010 and were taken from the UN World Population Prospects report (2008 revision).<ce:cross-ref refid="bib2"> <ce:sup loc=...

Susan M Sawyer , Rima A Afifi , Linda H Bearinger , Sarah-Jayne Blakemore , Bruce Dick , Alex C Ezeh , George C P...

Adolescence: a foundation for future health

The Lancet Volume 379, Issue 9826 2012 1630 – 1640 http://dx.doi.org/10.1016/S0140-6736(12)60072-5

Adolescent mental health 3

The new life stage of emerging adulthood at ages 18–29 years: implications for mental health

Jeffrey J Arnett, Rita Žukauskienė, Kazumi Sugimura

Since 1960 demographic trends towards longer time in education and late age to enter into marriage and of parenthood have led to the rise of a new life stage at ages 18–29 years, now widely known as emerging adulthood in developmental psychology. In this review we present some of the demographics of emerging adulthood in high-income countries with respect to the prevalence of tertiary education and the timing of parenthood. We examine the characteristics of emerging adulthood in several regions (with a focus on mental health implications) including distinctive features of emerging adulthood in the USA, unemployment in Europe, and a shift towards greater individualism in Japan.

Lancet Psychiatry 2014; 1: 569–76

This is the third in a Series of three papers about adolescent mental health

Clark University, Worcester, MA, USA (J Arnett PhD); **Institute of Psychology,**

USA: five features of emerging adulthood

The USA was the context for the origin of the theory of emerging adulthood, which was based on 300 interviews with people aged 18–29 years in various parts of the country.[5,6] Arnett[5,6] proposed five features as distinct (although not unique) to emerging adulthood: identity explorations, instability, self-focus, feeling in-between, and possibilities or optimism.

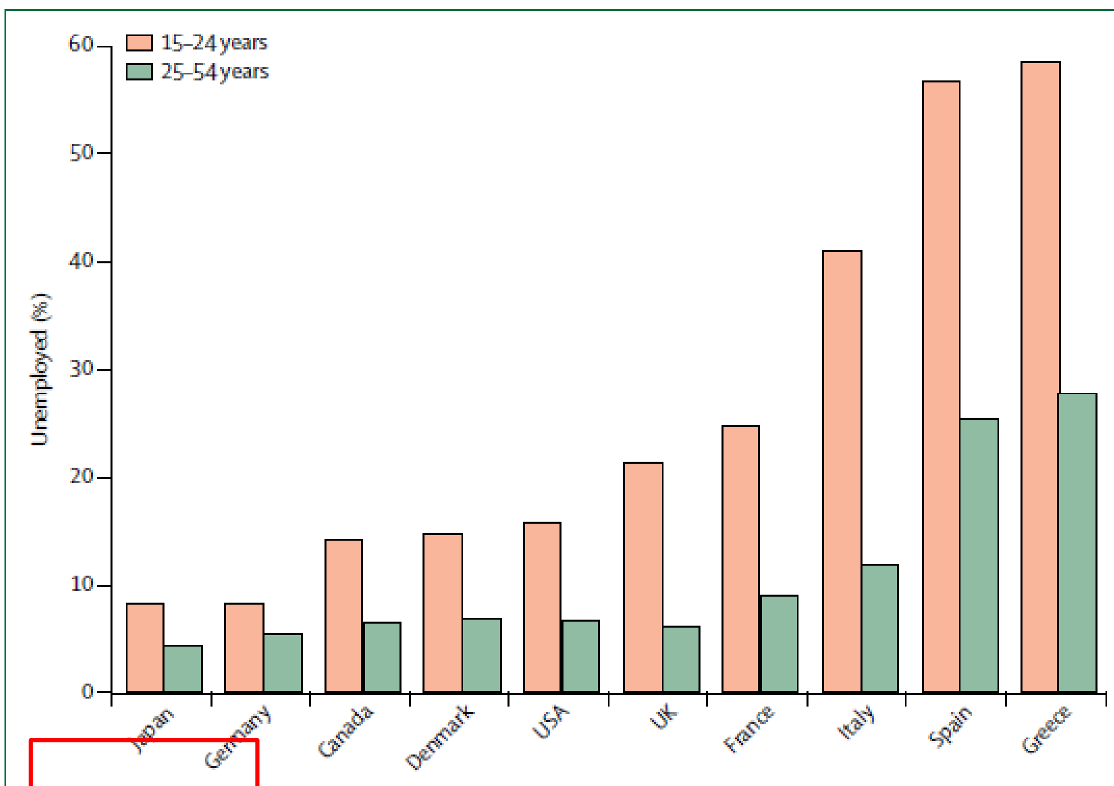
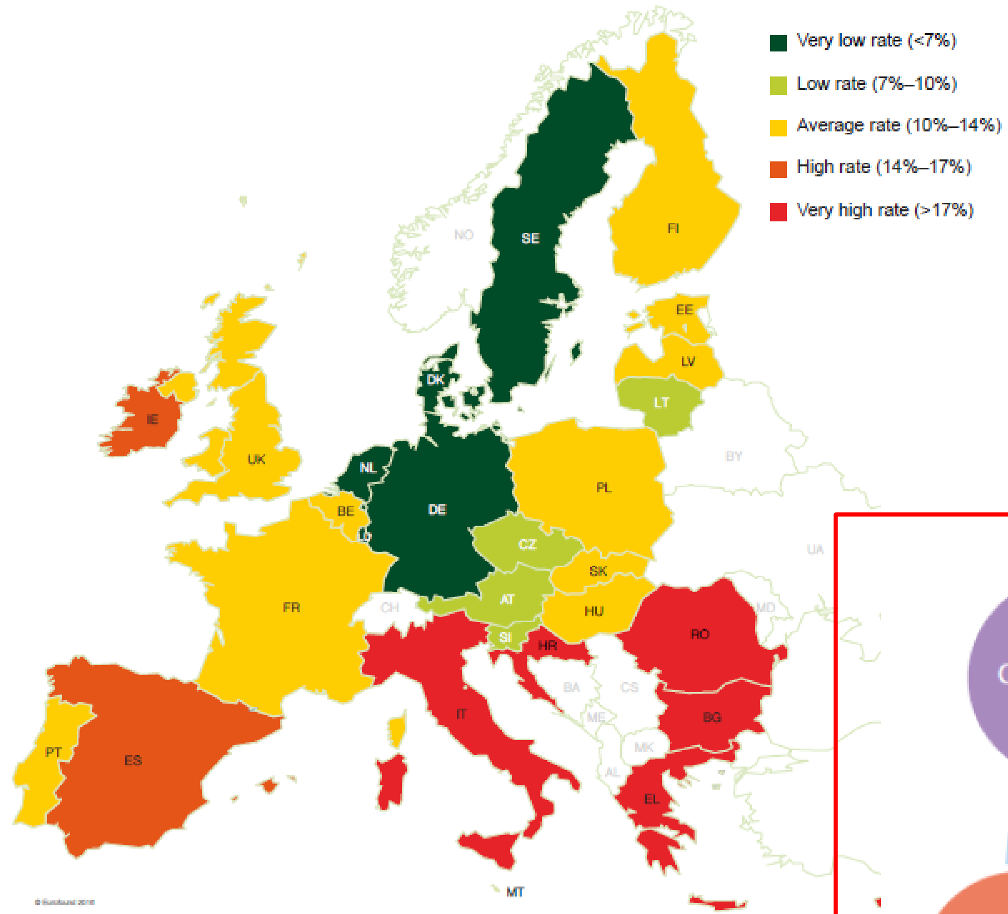


Figure 3: Unemployment in selected developed countries in 2013
Percentage of people aged 15–24 years and aged 25–54 years who are unemployed. Data derived from OECD (2014).[27]

people in Europe remain remarkably affluent, safe, and healthy. Nevertheless, it might be that if the economic downturn continues, the patience of youth could become exhausted and turn angry, especially in southern Europe, the most economically troubled region.

Figure 2: NEET rate, 15–24 years, EU28, *2015* (%)



Source: Eurostat.

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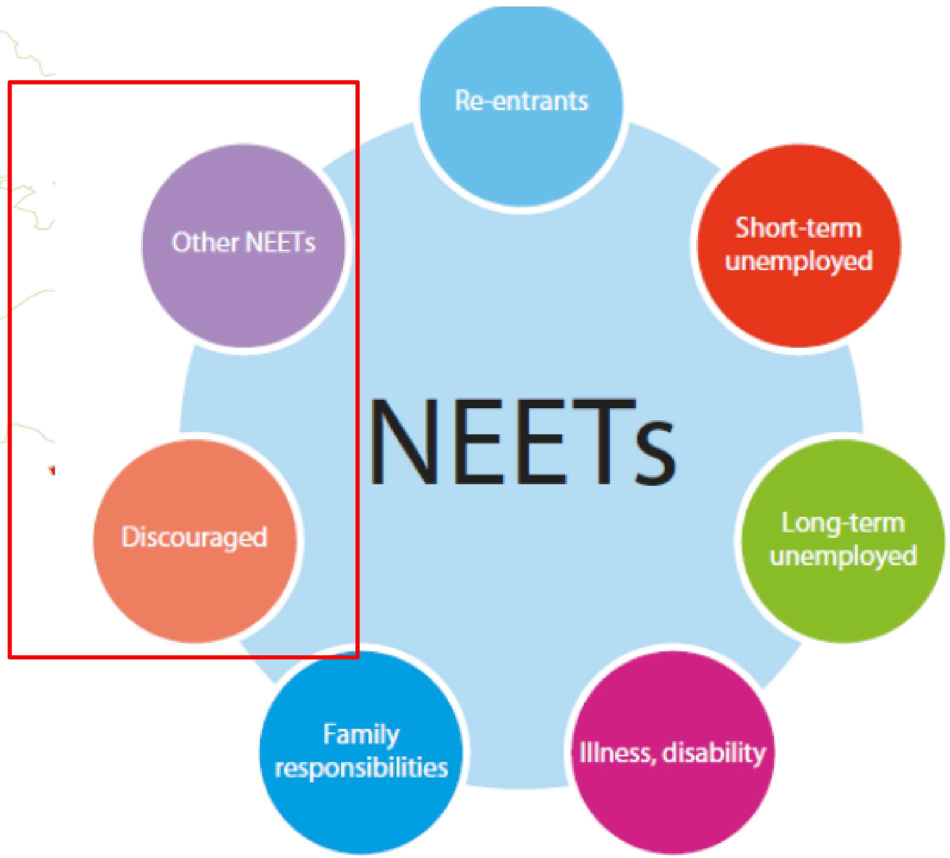
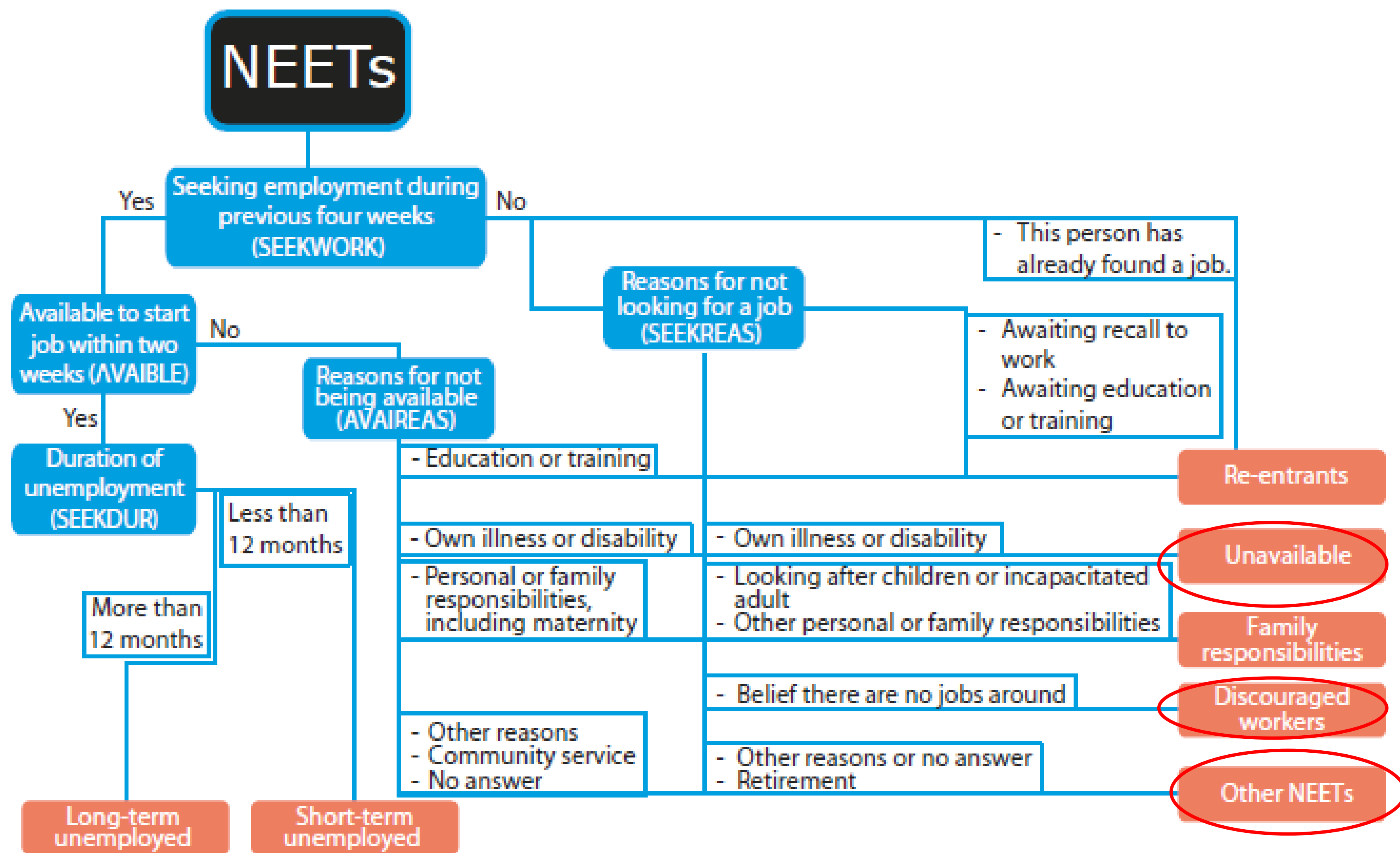
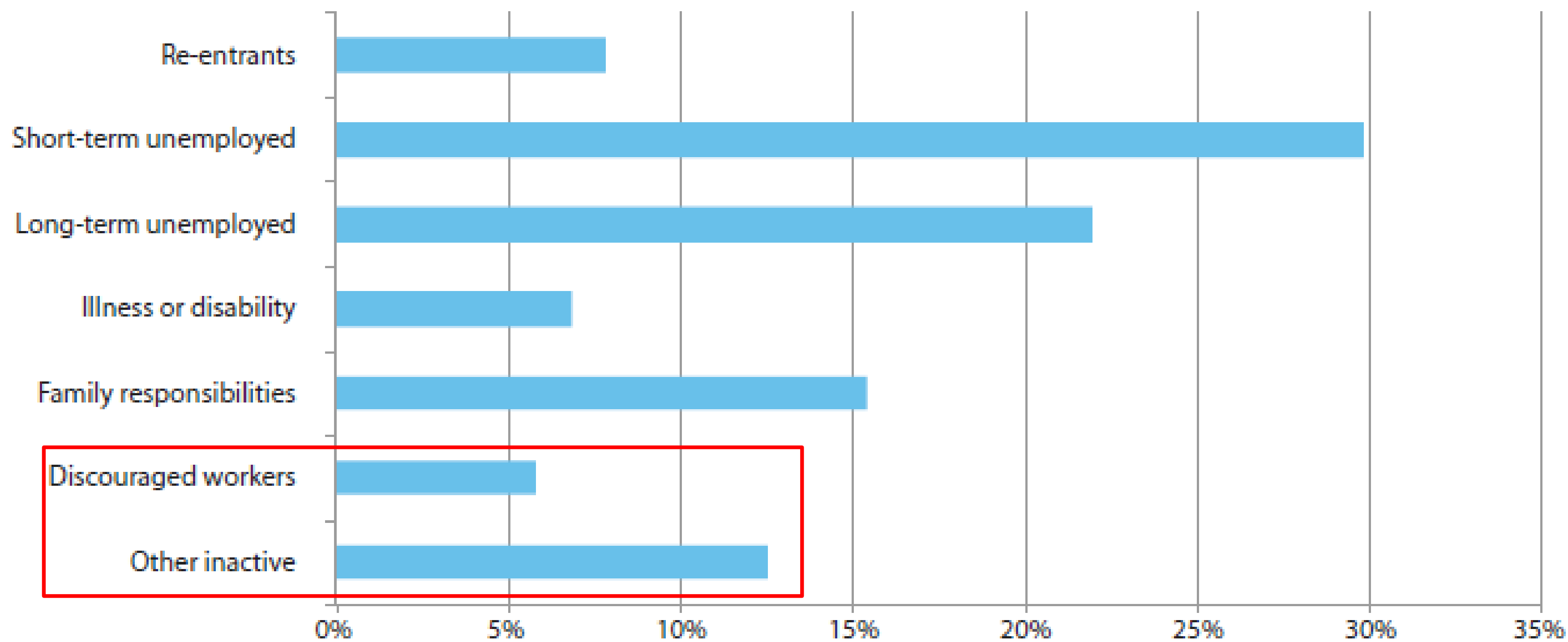


Figure 14: Operationalisation of the disaggregation of the NEET indicator



Source: Eurostat, EU Labour Force Survey.

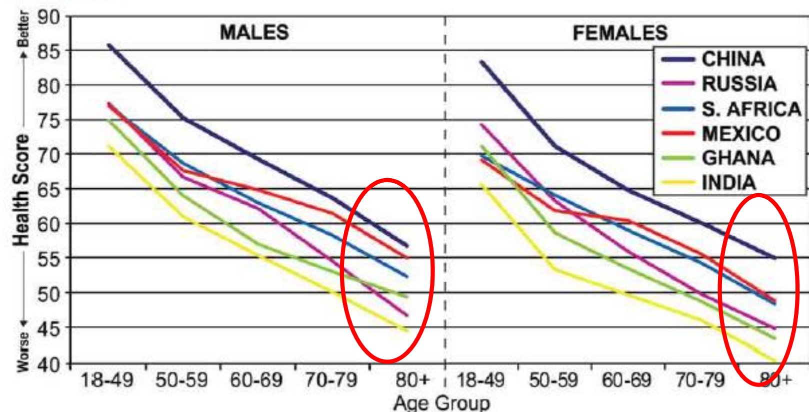
Figure 15: Disaggregation of NEETs aged 15–24, EU28 (2013)



Source: Eurofound elaboration based on EU Labour Force Survey 2013.

WHY SO SERIOUS?

Overall Health Status Score in Six Countries for Males and Females: Circa 2009



Notes: Health score ranges from 0 (worst health) to 100 (best health) and is a composite measure derived from 16 functioning questions using item response theory. National data collections conducted during the period 2007-2010.
Source: Tabulations provided by the World Health Organization Multi-Country Studies Unit, Geneva, based on data from the Study on global AGEing and adult health (SAGE).

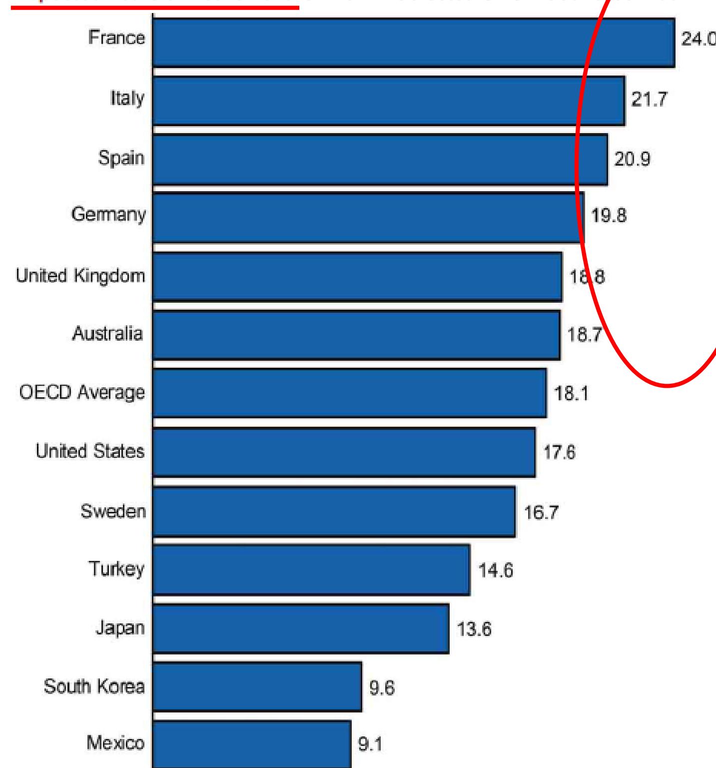
Figure 14.

Living Arrangements of People Aged 65 and Over in Japan: 1960 to 2005

Note: Percentages living with child(ren) include small numbers of people living in unspecified arrangements.
Sources: Japan National Institute of Population and Social Security Research. *Population Statistics of Japan 2008*.
Available at: http://www.ipss.go.jp/p-info/e/psj2008/PSJ2008-07.xls.

Figure 13.

Expected Years of Retirement for Men in Selected OECD Countries: 2007



Note: OECD average is for 30 OECD member nations.
Source: Organization for Economic Cooperation and Development. *OECD Society at a Glance 2009*. Available at: http://public.tableausoftware.com/views/Retirement/LFEA.

Global Health and Aging

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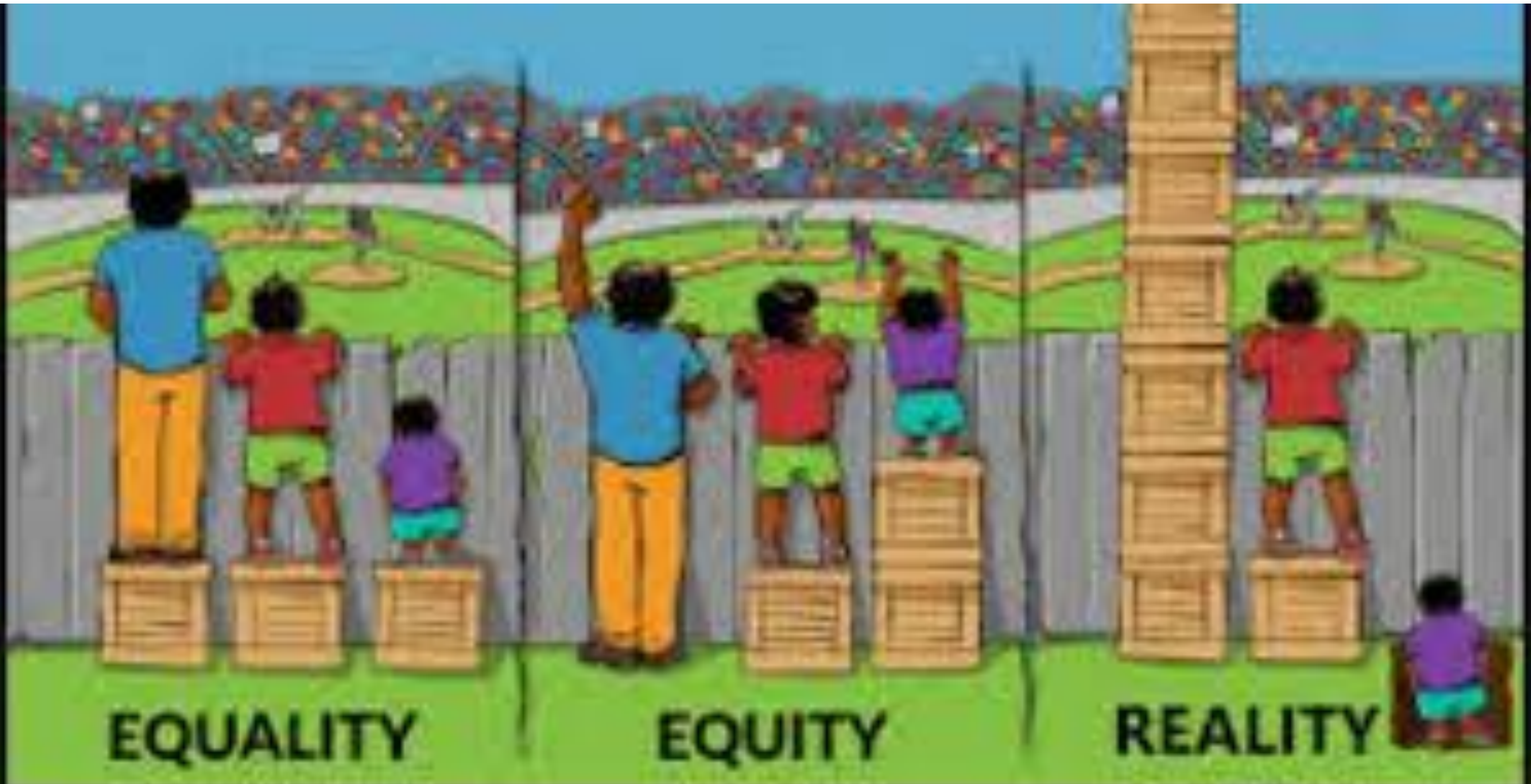
U.S. Department of Health and Human Services
World Health Organization


EQUALITY
EQUITY
REALITY

Acknowledgements

We thank all the colleagues from the Chinese Evangelical Zion Church, Hong Kong SAR for their efforts in providing animal-assisted interventions for withdrawn young people and allowing us to learn from their practical experiences and wisdom. Special thanks to all the participants for sharing their social withdrawal experiences with us.

The End

Thank You –

paulw@hku.hk

Q&A