

# Hikikomori Symposium - The Singapore Experience

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# Introduction to REACH West

NUHS

National University  
Health System



# Introduction to REACH

- REACH is a community mental health service providing early assessment and intervention for students
- Staffed by psychiatrists, psychologists, psychiatric nurses, occupational therapists, medical social workers

# Agenda

- Hikikomori/social withdrawal in Singapore
- Case vignettes
- Reflections about services and service gaps

# Prevalence of Hikikomori in Singapore

- No published papers on Hikikomori for Singapore
- Strong interest in Hikikomori roundtable and symposium might suggest that social withdrawal is not an uncommon phenomenon



# Otaku / 宅男



# Unknown Singaporean Hikikomori

Hajimemashite, I am 18 years old now. My birthday is on 29 October.

I live in a HDB. I am a private person. I use the PC for up to 14 hours a day during holidays and I do this since Secondary 1, which is why I feel like I am a teenager in a 60 year old body because of this sedentary lifestyle. **Although I am a teenager, I still feel that I think like a 14-15 Years old in some areas like socialising/talking with other people, compared to the people around me.**

For example, I need to invite one of my friends to my house/to the arcade to be considered a "socialising moment" which is something a child or pre-teenager age (12-14) would do.

I am an only child; and because of my low self-confidence, I am a hikikomori.

# Social isolation, loneliness and their relationships with depressive symptoms

- 1,942 community-dwelling adults (21yo and above)
- 504 (26%) reported being isolated
  - Out of which, 443 (88%) do not report feeling lonely
- Poorer social connectedness with friends and with relatives are associated with elevated depressive symptoms
- Those who report higher loneliness score have elevated depressive symptoms

Ge, L., Yap, C. W., Ong, R., & Heng, B. H. (2017). Social isolation, loneliness and their relationships with depressive symptoms: A population-based study. *PloS one*, 12(8), e0182145.



# Presentation of social withdrawal in SG

- School refusal
  - Legal
    - Singapore compulsory education act
      - Compulsory primary school education
    - Secondary schools have to account to Ministry of Education for registered students who are not in education, employment or training (NEET)
  - Cultural
    - Meritocratic society
    - Education as a key driver of social mobility

# Presentation of social withdrawal in SG

- National Service (NS)
  - Legal
    - Compulsory for males\* aged 16.5-40 years under the Enlistment Act
    - NS defaulters are liable for jail term and fine
  - Pre-enlistment medical screening
    - Declare mental illness/psychiatric condition
    - Review by psychiatrist
  - Possibility of getting exempted from NS if there is clinical documentation from psychiatrist of severe house-boundness due to psychiatric condition

# Presentation of social withdrawal in SG

- Internet / Gaming addiction
  - Usage location
    - Home is a popular gaming location
    - Fast home fibre-optics / broadband speeds
  - Online purchase and download of games
  - Anime, manga, online novels and drama
  - Parental concern over excessive time spent on games and mobile phones, typically leading to decline in academic performance and social withdrawal

# Pathological Video-Gaming among Singaporean Youth

- 2,998 primary and secondary school students
- 8.7% were classified as pathological gamers
- Pathological gamers are more likely to:
  - Spend twice as much time playing (averaging 37 hours/week)
  - Poorer social competence
  - Decreasing time with family and friends in past year because of games
  - Neglecting self-care to play games

Choo, H., Gentile, D., Sim, T., Li, D. D., Khoo, A., & Liau, A. (2010). Pathological video-gaming among Singaporean youth.

# Presentation of social withdrawal in SG

- Mental health disorders
  - Psychotic disorders
  - Anxiety disorders
  - Mood disorders
  - Development disorders
  - Personality disorders
  - Stress related disorders



# Case Vignettes

# The Japanese Hikikomori Phenomenon

The psychologically impaired	Young people suffering from various conditions that require psychiatric intervention
Otaku	The socially inept: 'oddballs', 'geeks', 'nerds'
Alternative scene	Those unwilling to conform to existing structures and who search out alternatives
The lonely	Isolated young people who are often seeking sociability and relationships
Anxious travellers	Young people undergoing difficult transitions either objectively or subjectively.

**Figure 2** *Variations in the hikikomori experience*

Furlong, A. (2008). The Japanese hikikomori phenomenon: acute social withdrawal among young people. *The sociological review*, 56(2), 309-325.

# Case of X, 16 year old Chinese Male



**“I don’t  
know how  
to operate  
the door”**

# Presentation

- Poor school attendance since upper primary
- Skips school to use the computer
- Anxious with people and in crowds
- Failing almost all subjects
- Socially disengaged in school, no friends
- Stopped going to school since July 2016
- Hardly talks to family members
- Poor personal hygiene
- Irregular sleeping patterns
- Stays in room all the time
- Father treated at IMH for visual and auditory hallucinations and paranoid delusions

# Services

- Referred to REACH in November 2016 and diagnosed with social anxiety disorder with schizoid personality traits
- Referred for psychotherapy and parents referred to the family service centre
- Home therapy sessions in early 2017 and reviewed by psychiatrist at home in April 2017
- Impression of schizophrenia with predominately negative symptoms, possible hallucinations and decline in self-care and functioning
- Referred to early psychosis intervention programme
- Caseworker from Singapore Association of Mental Health to provide caregiver support



# Challenges

- Early psychosis intervention programme is a hospital-based programme
- Unwilling to go to the hospital for treatment, defaulting multiple hospital appointments
- Mother does not think that X's condition is serious, willing to wait for him to make his own decisions
- Mother withdrawal of X from school, reducing access to supportive services
- Overwhelmed mother
  - Sole bread-winner
  - Husband with mental health challenges
  - 7-year old daughter with language and learning difficulties

# Case of T, 17 year old Filipino Male



**“I am  
original  
and edgy”**

# Presentation

- Playing games excessively since 13 years old
- Strained relationship with father due to gaming
- Self-harm, suicidal ideations, erratic school attendance since 2015 and stopped attending school since Jan 2017. Triggered by rejection from a girl.
- Dresses completely in black with anti-Semitic designs, cannot fit in with others who follow mainstream fads
- Likes American black culture and aspires to study in the United States, then work and live in Japan
- Has a Youtube game channel with 10,000 subscribers
- Family history of autism spectrum disorder

# Services

- Seen by KKH psychiatrist and referred to autism clinic
- Referred to REACH in October 2015 and diagnosed with adjustment disorder and internet gaming disorder
- Referred for psychotherapy and parents referred for family therapy
- T was unwilling to attend therapy so REACH supported school counsellor in managing his school behaviours
- Agreed to attend therapy from Nov 2016 to Apr 2017
  - Opened up about his fear of intimacy with others due to experiences of betrayal by online girlfriend
  - Hopes to let go of the past, experience life and “not be the same edgy, anti-Semitic youth”
- Withdrew from school in middle of 2017 with plans to relocate to the US

# Challenges

- T's complex presentation
  - Social withdrawal
  - Excessive gaming
  - Strained family relationships
  - Low mood with suicidal thoughts
  - Self harm
  - Risk of harm to others
  - Autistic traits
  - Counter-culture beliefs and practices
  - Distrust of mental health services after feeling betrayed by school and hospital professionals



# Social withdrawal in Singapore

- Multi-factorial
- Do not be tempted to look at it from purely the lens of your profession or preferred approach
- Consider biological, psychological and social factors

# Many Helping Hands

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- School counselling services
- Community mental health services
- Social service organisations
  
- Primary care physicians
- Hospital mental health services
- Private mental health providers

# Organization of Services and Service Gaps

- Socially isolated may not be willing to engage in institution-based services
- Resource intensive to deliver face-to-face services at the home
- Personnel who make home visits might not be adequately equipped to handle complex presentations
- Challenges in coordinating between various service providers

# REACH community mental health model

- For students who are referred to REACH service, the REACH caseworker provides case management
- REACH caseworkers have the mental health training to address comorbid psychopathology
- Coordinates efforts between hospital, school, community agencies and family

# Summary

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- The socially isolated are among us in Singapore but they present under various guises
- Complex biological, psychological, and social issues might underlie the social withdrawal
- Be prepared to address issues that surface
- More innovative methods or specialized services could be developed to address current service gaps



# Q&A

