

Symposium | Cross-Cultural Adaptation of Foreigners : [Symposium 107] Mental health and well-being of foreign nationals: Future prospects seen from a comparison of community activities in Japan and the United States

📅 Sun. Sep 28, 2025 2:50 PM - 4:20 PM JST | Sun. Sep 28, 2025 5:50 AM - 7:20 AM UTC 🏢 Session Room 8 (Meeting Room 1)

[Symposium 107] Mental health and well-being of foreign nationals: Future prospects seen from a comparison of community activities in Japan and the United States

Moderator: Shuichi Katsuragawa (Mental Health Clinic, Toho University Sakura Medical Center), Janice Yusze Tsoh (Department of Psychiatry and Behavioral Sciences, University of California San Francisco School of Medicine)

[SY-107]

Mental health and well-being of foreign nationals: Future prospects seen from a comparison of community activities in Japan and the United States

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[SY-107-01]

From a survey on mental health and related needs of foreigners living in Japan

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[SY-107-02]

Racial Identity Struggles and Access to Care: Mental Health Consultations for Nikkei Latin Americans in Japan

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[SY-107-03]

Immigrant Generation and Mental Health Service Utilization Among Asian American Communities in California

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[SY-107-04]

INFORMED-Living Well: Outcomes of a Multilingual Program to Promote Emotional Wellness in Asian Americans Living in California

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[SY-107] Mental health and well-being of foreign nationals: Future prospects seen from a comparison of community activities in Japan and the United States

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Keywords : Social psychiatry、Transcultural psychiatry、Well-being、Mental health、Community

Globally, the number of international migrants has surpassed 300 million in 2024, intensifying stressors such as acculturation, social isolation, healthcare access barriers, and financial and legal hardships. These challenges heighten vulnerability and mental health needs. This symposium aims to discuss the evolving mental healthcare needs and community-based efforts to address these needs in Japan and the United States.

While Japan's total population is expected to fall below 100 million in the future, the number of single elderly people and foreign residents is increasing, with foreign residents projected to exceed 10 million by 2050. The number of foreign residents reached a record high of 3.8 million at the end of 2024, with wages about 30% lower than those of Japanese people, and an estimated 60% unable to speak Japanese. Population-based data suggest many foreign residents suffer from economic difficulties and loneliness, increasing the need for mental care and support. Chinese, Vietnamese, Koreans, and Brazilians are among the largest immigrant groups in Japan, with one in five foreign residents living in Tokyo and its vicinity.

In the United States, immigrants have reached over 51 million, constituting 15% of the total U.S. population. One in four immigrants reside in California, where immigrants make up 27% of the state's population, with Mexicans, Chinese, Vietnamese, and Asian Indians among the top immigrant groups. Asian Americans have been documented as one of the racial groups that utilize needed mental health care the least.

This symposium will introduce and discuss examples of the latest efforts in Japan and the United States in addressing the growing immigrant mental health needs and community-based efforts to provide support.

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[SY-107-01] From a survey on mental health and related needs of foreigners living in Japan

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Keywords : Social psychiatry、Immigrant、Well-being、Mental health、Japan

Objective: Japan's declining birth rates, aging population, and labor shortages have led to rapid immigration growth. This study investigated the mental health and well-being of immigrants in Kawaguchi City, Saitama Prefecture.

Method: Collaborating with community organizations supporting immigrants, we conducted an online survey from April to June 2024 among adult immigrants (18+) who had lived in Japan for over three months and resided, worked, or studied in Kawaguchi City. Participants completed the survey in Chinese, English or Japanese. Mental health symptoms were assessed by the Patient Health Questionnaire (PHQ4), a score of 3+ indicated elevated depressive or anxiety symptoms over the past 2 weeks. Multiple logistic regression identified correlates of elevated PHQ4 scores.

Results: The study sample (N=185) included 64% under age of 40 (age range: 18-79), 48.2% were women, and 79% were Chinese nationals. Over half (58%) reported very good health and 17% self-reported a mental health condition (predominantly anxiety disorders and depression); 40% had elevated PHQ4 scores. Most (86%) were unaware of the resources for or never thought about seeking mental health care. Correlates of elevated PHQ4 score included age under 30 compared to those who were 30-39 (Odds Ratio [OR]=3.17 [95% Confidence Interval [95%CI]: 1.03, 9.72) or 40-49 years old (OR=4.11; 95%CI: 1.07, 15.73), who were divorced or widowed (OR=12.33; 95%CI: 1.72, 88.30), self-reported a mental health condition (OR=7.33; 95%CI: 2.45, 21.95) and more experiences of discrimination (OR=1.08, 95%CI: 1.003, 1.16). Protective factors included good self-rated health (OR=0.24, 95%CI: 0.35, 0.14), higher perceived social support (OR=0.34, 95%CI: 0.18, 0.63), and higher acculturation (OR = 0.94, 95%CI: 0.89, 0.99).

Conclusions: Findings highlight strengths and vulnerabilities associated with self-reported depression and anxiety symptoms. Most immigrants were unaware of mental health

resources despite prevalent elevated symptoms. Early intervention, community education and greater awareness of accessible mental health support are crucial.

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[SY-107-02] Racial Identity Struggles and Access to Care: Mental Health Consultations for Nikkei Latin Americans in Japan

*Eriko Fukui¹, Masunari Onozaka², Takashi Kawashimo², Akiko Maruyama², Sachio Miura³, Takahiro Nemoto^{4,1} (1. 1)Department of Neuropsychiatry, Toho University Faculty of Medicine (Japan), 2. 2)Shoin University Faculty of Nursing (Japan), 3. 3)NPO MAIKEN (Japan), 4. 4)Department of Psychiatry and Implementation Science, Toho University Faculty of Medicine (Japan))

Keywords : identity、migrants、social support

With ongoing globalization, Japan's foreign resident population reached 3.58 million as of June 2024. International migration can cause stress not only for migrants but also for their descendants, who may face delayed language development, bullying, and discrimination.

Nikkei—Japanese Brazilians with ancestral roots in Japan who have migrated back—are particularly vulnerable to mental health issues linked to racial and identity conflicts. However, effective interventions for this group remain limited. The study protocol was approved by the Ethics Committee of the Faculty of Medicine, Toho University.

This report describes mental health consultations conducted for Nikkei Latin American residents in Japan, in collaboration with NPOs and multicultural centers in Tokai and northern Kanto. Each 45-minute session was supported by interpreters as needed. Over four years, 329 consultations were held; 66% of consultees were women, and 63% required interpretation. Adolescents accounted for 28% of participants, followed by mothers in their 30s–40s.

Many adolescents, though raised in Japan, experienced unstable caregiving and lacked a sense of belonging. Identity struggles and anxiety about the future were common. Even in adulthood, underdeveloped ethnic identity contributed to psychological vulnerability. Mental health issues in this population reflect a complex mix of biological, psychological, and social factors. Supporting their well-being requires attention to both language accessibility and cultural identity.

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[SY-107-03] Immigrant Generation and Mental Health Service Utilization Among Asian American Communities in California

*Phillip Yang¹, JiWon Choi¹, Joyce Cheng², Susan Stewart³, Feng Ming Li¹, Stephanie H Yu¹, Sonia Picht¹, Andreea Seritan¹, Nancy Burke⁴, Tung Nguyen¹, Janice Tsoh¹ (1. University of California, San Francisco (United States of America), 2. Chinese Community Health Resource Center (United States of America), 3. University of California, Davis (United States of America), 4. University of California, Merced (United States of America))

Keywords : Mental Health Services、Asian Americans、Acculturation、Emigrants and Immigrants、Help-Seeking Behavior

Background. Asian Americans are among the least likely to access mental health services. Later generations of Asian Americans experience worse mental health outcomes than their first-generation immigrant counterparts. The 1.5 generation, who immigrate before adulthood, are thought to face unique acculturation stressors due to being caught between two cultures. Prior research often overlooked generational factors in mental health service utilization. This study aims to fill the gap by exploring mental health help-seeking among first, 1.5, and second-or-higher (2nd+) generation Asian Americans.

Methods. We analyzed baseline data collected between March and June 2024 during enrollment in “INFORMED-Living Well”, a text messaging intervention with optional lay health educators’ outreach designed to promote mental health care decision-making among Asian American adults in California (n=613). Multivariable logistic regressions were used to assess associations between immigrant generation and six forms of mental health help-seeking in the last year: talking to family/friends, looking up information, seeking spiritual help, consulting a mental health professional, seeing their family doctor, or doing nothing. Analyses were adjusted for sociodemographic characteristics, language, living situation, service awareness, service need, well-being, social support, and discrimination.

Results. Compared to 2nd+ generation immigrants, first-generation immigrants had significantly higher odds of seeking spiritual help (aOR=3.18, CI=1.15-8.80) and seeing a mental health professional (aOR=3.95; CI=1.02-15.31), and lower odds of doing nothing (aOR=0.25; CI=0.08-0.82). The 1.5 generation respondents had higher odds of seeing their family doctor (aOR=3.22; CI=1.13-9.16). No generational differences were found for talking to family/close friends or looking up information.

Conclusion. Second+ generation Asian Americans were less likely to utilize formal and spiritual mental health support and more likely to forgo help altogether. These findings

highlight the importance of generational factors in addition to language and cultural contexts in developing targeted interventions and policies to improve mental health outcomes and service accessibility for Asian immigrants.

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[SY-107-04] INFORMED-Living Well: Outcomes of a Multilingual Program to Promote Emotional Wellness in Asian Americans Living in California

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Keywords : Cultural psychiatry、Immigrant mental health、Mental health disparities、Community-based intervention、Asian American mental well-being

BACKGROUND: Asian Americans, the fastest-growing immigrant group in the United States, experience significant mental health disparities and use mental health services the least among racial groups. Culturally and linguistically tailored interventions are critically needed.

METHOD: We evaluated a 6-week "INFORMED-Living Well" program in a non-randomized preference trial to enhance informed mental health decisions, resource awareness, and emotional well-being among Asian American adults in California. Participants chose their preferred language (English, Chinese, Korean, Hmong or Vietnamese) and intervention: text messages only (Text-Only) or text plus lay health educator outreach (Text+LHE) via 2 Zoom sessions and 2 follow-up calls. Outcomes at 8 weeks were compared using generalized linear mixed models, adjusting for individual-, interpersonal-, and community-level covariates.

RESULTS: From March to June 2024, 616 Asian American adults enrolled; 112 (18.2%) chose Text+LHE. The mean age was 41.6 years (18-85), 64.6% were female, 75.0% were immigrants, and 49.0% spoke limited English. The sample included 26.6% Chinese, 27.4% Hmong, 20.8% Korean, 20.5% Vietnamese, and 4.7% other Asians. One-third (32.7%) reported elevated depressive and anxiety symptoms (PHQ4 score >2) at baseline. Retention rate was 93.0%. At week 8, 92.0% recommended the program (Text-Only: 91.2%; Text+LHE: 95.3%; $p>0.05$). Text+LHE participants had higher odds of knowing the

988 suicide and crisis lifeline (OR: 5.99, 95%CI: 3.36, 10.68) and where to get help for mental health issues (OR: 1.93, 95%CI: 1.02, 3.67), but no differences in decisions about help-seeking or PHQ4 scores.

CONCLUSIONS: The multilingual “INFORMED-Living Well” program, using text messaging with or without LHE support, was well-received. The addition of LHE support shows promise in raising awareness of mental health resources but did not yield differences in decision-making or clinical mental health symptoms. Future research should incorporate a randomized controlled trial with a preference-informed complementary trial design to optimize methodological rigor and participant engagement.