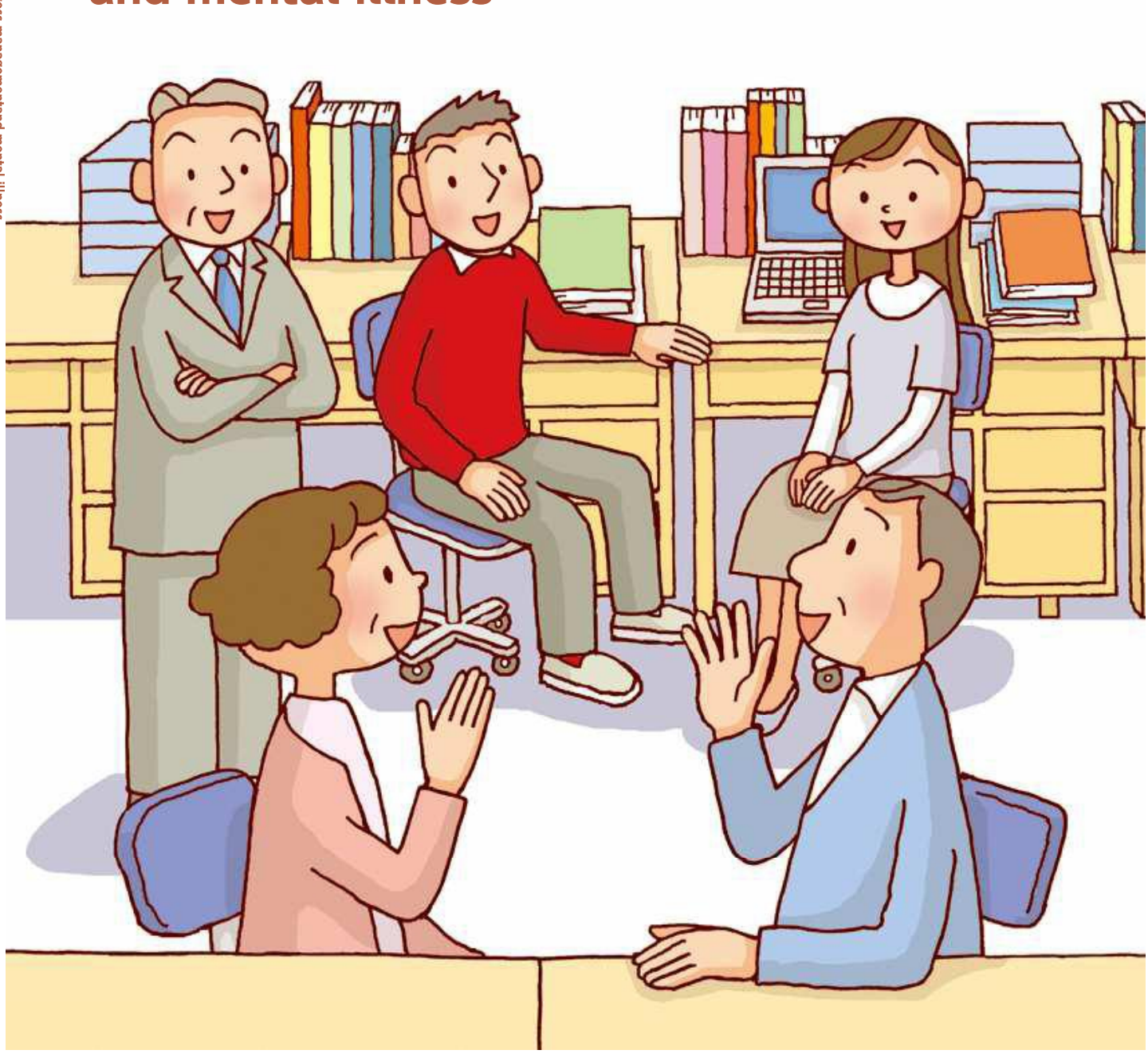
Mental Health Guide for Teachers

Knowledge of stress management and mental illness



Japan Mutual Aid Association of Public School Teachers, Shizuoka Branch
Education Welfare Division, Shizuoka Prefecture Board of Education

Contents

Mental Health Guide for Teachers

Contents

★This booklet was created based on the "Mental Health Guide for Teachers" (Supervision: Yoshihiko Morotomi, Meiji University Professor / Hiroshi Ohno, President, Center for the Development of Cognitive Behavior Therapy Training; Published by: Tokyo Hoki Publishing).

Introduction

Currently, the mental health of teachers has become a major issue. Approximately 80% of teachers taking sick leave cite mental illness as the reason. Many eventually resign after their leave, and a significant number return to work only to take leave again.

Amidst the changes brought about by the COVID-19 pandemic and the growing diversification of values among students, parents, and society, those working in the education field are involved in a wide range of tasks and responsibilities which include not only teaching but also classroom management, event planning, extracurricular and club activities, collaboration with parents, PTAs, and the local community, which puts them at risk of experiencing excessive stress. Hence, it is essential for each individual to take mental health seriously.

Mental health measures in the workplace generally involve self-care done by individuals and line care support provided by supervisors to their subordinates. However, because schools have fewer managerial staff (such as principals), mutual support among teachers is even more crucial than in other professions. This booklet introduces information useful for mental health, taking into account the present realities in the education field.

We hope that all teaching staff will gain a better understanding of mental health "prevention" and "coping measures" so they can have a vibrant and authentic interaction with students.

Are you utilizing the "Stress Check System"?

Implementation of this system has been made mandatory for employers once a year since December 2015 in accordance with revisions in the Industrial Safety and Health Act.
It is possible to find out what kind of stress a person is experiencing by answering questions related to stress (items related to the three areas of "work stressors," "mental and physical stress reactions," and "surrounding support").
If the stress check results indicate that the person is "highly stressed," a doctor's advice may be received through consultation if desired(See P11).

Approximately 80% of all staff on sick leave The number of people on leave due to "mental illness" shows no tendency to decrease

Teachers suffering from mental illness has become a problem. Approximately 80% of those on sick leave are due to mental illness. Mental health is a major challenge for teachers.

Increase in the number of people taking sick leave due to "mental illness"

When thinking about the mental health of teachers, there is data that should draw some attention. Figure 1 shows the trends in the number of people taking sick leave due to mental illness. The number of people taking sick leave due to mental illness continued to increase until around 2008, and the trend remained at a high level for some time, but began to increase again from fiscal year 2021.

While the proportion among all teachers is at 0.77% (as of fiscal year 2023), or fewer than 1 in 100, this figure represents only those who have been formally diagnosed with a mental illness by a physician and placed "on leave" through administrative measures. It does not include those on short-term sick leave or those who "are frequently absent" due to mental health issues* that have not been diagnosed as a "mental illness."

If these individuals were included, the number of teachers suffering from mental illness or mental health issues would likely be much higher. This may be something that all teachers working in the field experience on a daily basis.

Furthermore, "mental illness" accounts for as much as 74% of reasons for taking sick leave (see Figure 2).

In other words, the majority of those on sick leave are affected by mental illness, underscoring the critical importance of mental health as a key health issue among teachers.

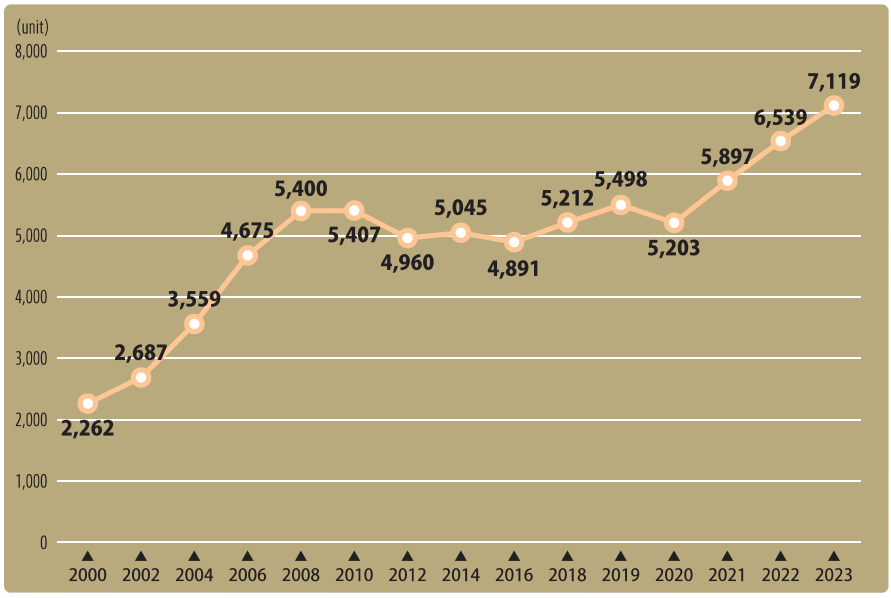
*This refers to a broad range of mental and behavioral issues that may affect workers' physical and mental health, social functioning, and quality of life, including not only mental illness and suicide classified under mental and behavioral disorders, but also stress, severe worries, anxiety, and other mental and behavioral issues (Ministry of Health, Labour and Welfare, "Guidelines for Maintaining and Promoting the Mental Health of Workers).

What causes stress for teachers?

A report commissioned and analyzed by the Ministry of Health, Labour and Welfare, based on survey results from the Ministry of Education, Culture, Sports, Science and Technology, shows the types of stress experienced by teachers and school staff. While the order differs depending on the type of school, the top work-related stressors and concerns were "long working hours," "workplace relationships," "dealing with parents, PTA, etc.," and "insufficient holidays and leave" (see Table 1).

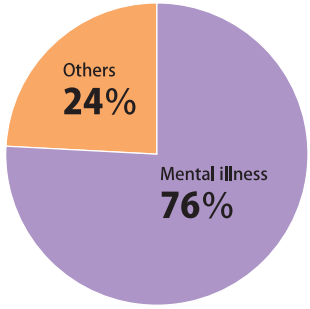
Furthermore, other studies* have cited the increase in young teachers and total class hours, as well as more time spent on extracurricular club activities in junior high schools as contributing factors to the long working hours among teachers. The retirement of the generation that saw mass hiring is also cited as a contributing factor, as the age distribution of teachers has become increasingly polarized between younger and more experienced staff.

Figure 1 Number of people taking sick leave due to "mental illness"



Created based on the "Survey on the Personnel Administration Status of Public School Teachers" (Ministry of Education, Culture, Sports, Science and Technology)

Figure 2 Breakdown of reasons for sick leave



Created based on the FY2022 "Survey on the Personnel Administration Status of Public School Teachers" (Ministry of Education, Culture, Sports, Science and Technology)

Additional responsibilities have also emerged in recent years, such as adapting to remote learning in response to the COVID-19 pandemic, supporting students who refuse to go to school, strengthening personal information protection and management as well as handling increased administrative tasks, which are all likely contributing to higher stress levels among teachers.

*Fiscal Year 2016 Survey on Teachers' Working Conditions, Ministry of Education, Culture, Sports, Science and Technology

Table 1. Contents of work-related stress and concerns

	Elementary School	Junior High School	High Schoo
1st	Long working hours **45.3%**	Long working hours **45.7%**	Workplace relationships **41.4%**
2nd	Dealing with parents, PTAs, etc. **42.0%**	Insufficient holidays and leave **42.0%**	Insufficient holidays and leave **36.2%**
3rd	Workplace relationships **38.0%**	Workplace relationships **39.4%**	Long working hours **34.5%**

"Survey and research project report commissioned by the Ministry of Health, Labour and Welfare and Ministry of Education, Culture, Sports, Science and Technology regarding the working and social conditions for understanding the actual situation of death from overwork, etc. (Survey of teaching staff)" (FY 2017)

*Based on responses from 14,813 Elementary School teachers, 7,406 Junior High School teachers, and 3,265 High School (full-time) teachers who responded that they had work-related or non-work-related stress or concerns.

New appointments and transfers also cause stress due to new environment

Looking at people on sick leave due to "mental illness" by attribute, will show the situation at schools.

Looking at teachers on sick leave due to "mental illness" by attribute provides insight into conditions in school settings.

Figure 3 shows incidence rates by age group, indicating higher rates among those in their 40s and younger. The same survey by the Ministry of Education, Culture, Sports, Science and Technology shows that 46% of those on sick leave due to "mental illness" had worked at their school for 6 months to less than 2 years, indicating that new teachers and those transferred are more susceptible to stress in new environments (see Figure 4).

Figure 5 shows incidence rates by school type. The rates are relatively lower in high schools and higher in secondary education schools, special needs schools, and elementary schools. In schools prior to high school, which accepts a more diverse range of children, teachers may face challenging situations in providing support to students with developmental disorders or those who refuse to go to school, as well as in responding to both individual and group needs and dealing with their parents. The physical demands of the work may also be a contributing factor particularly in special needs schools.

Figure 6 shows incidence rates by job category. The rates are relatively low among administrators such as principals and vice principals, and higher among teaching staff. This does not necessarily mean that administrators experience less stress, but rather reflect the reality that due to the nature of their roles, they are less likely to take sick leave.

In any case, the incidence rate is increasing among teachers of all ages, schools, and occupations, indicating that stress is widespread in the school workplace.

Figure 3 Incidence of sick leave due to "mental illness" by age group

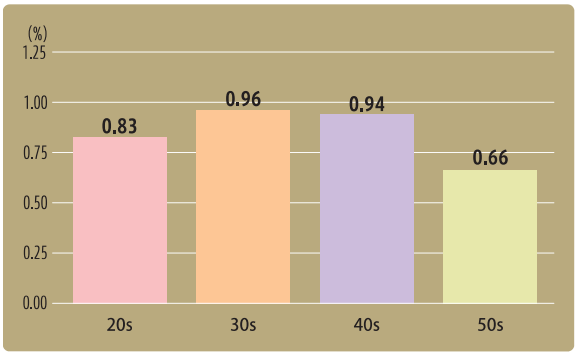


Figure 4. Length of service at current school at the time sick leave due to mental illness was granted

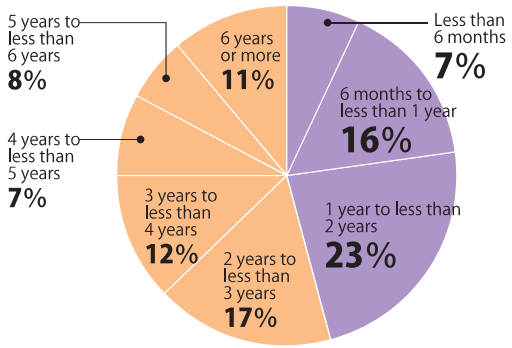


Figure 5 Incidence of sick leave due to "mental illness" by school type

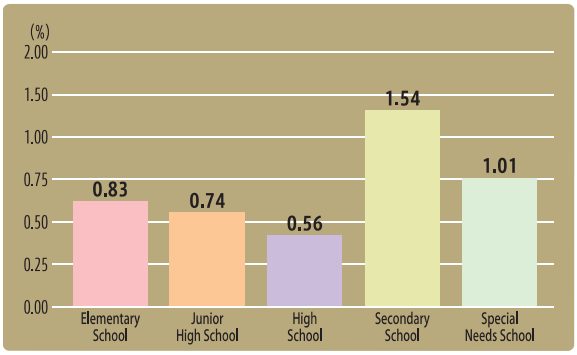
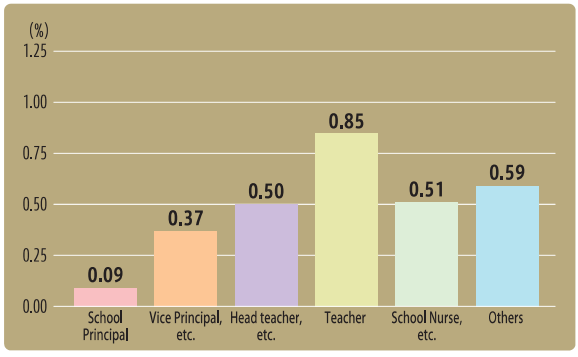


Figure 6 Incidence of sick leave due to mental illness by job type



Created based on the "Survey on the Personnel Administration Status of Public School Teachers 2023" (Ministry of Education, Culture, Sports, Science and Technology)

Why are mental health disorders increasing? 4 major stresses that put pressure on teachers

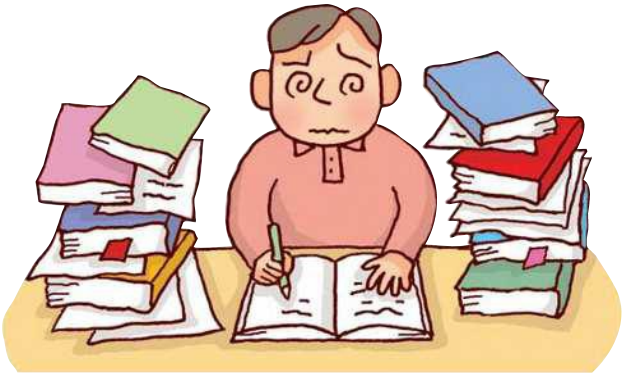
Why are mental health disorders among teachers increasing?
Here are some examples of stress commonly experienced by teachers.

Changes in job content and workload

Arriving at school before 8:00 in the morning, preparing for the next lesson in between classes. Students come by during lunch breaks, leaving little time to eat properly, and in the evening there are extracurricular and club activities to supervise. There are still notebooks and journals to check, assignments to grade, and on top of that, an increasing number of documents to submit and administrative tasks to complete. At the same time, "work style reform" policies require staff to leave school by a certain hour, and in order to prevent personal information leaks, there is only limited work that can be taken home…

Many teachers spend their days like this. Many younger teachers in particular, who are still getting used to their work, as well as mid-career teachers responsible for numerous administrative duties, may find themselves constantly pressed by daily tasks, leaving them with little mental space.

Due to curriculum reforms and administrative changes, the number of reports and documents to be submitted has increased. Furthermore, new surveys and paperwork are often introduced when social issues arise, which means more administrative work compared to the past. Meanwhile, the number of staff in schools has not increased significantly, and in some cases, staffing shortages are supplemented by retired teachers.Although many become educators because they enjoy teaching and interacting with students, a growing number of teachers feel stressed with the increasing non-teaching responsibilities that they have to deal with.



Dealing with students who are experiencing increasing difficulties

Children's attitudes have also changed dramatically. One teacher commented, "Kids nowadays don't make eye contact when they're being scolded."

These changes among students are thought to be related to broader changes in families and society. From the perspective of preventing child abuse, an increase has been observed in "parenting approaches that emphasize praise," and a growing social tendency to interpret strictness as harassment. Children who have been praised but rarely corrected may have little tolerance for being admonished, and may even perceive warnings intended to guide them as "violence." In such situations, teachers and staff, particularly those who take a firm but caring approach to guidance, may find it increasingly difficult to do their work.

Changes among parents and the difficulties in handling them

Parents have also changed significantly. One that symbolically reflects this shift is the term "monster parents," referring to those who aggressively criticize or make excessive demands of schools. Just as "customer harassment" has become a recognized issue, the increase in such difficult-to-handle parents has placed a heavy psychological burden on teachers and staff, making them more susceptible to mental health problems.

Behind this is the spread of the notion that "school education = service industry". In the past,

parents and teachers were "partners" who worked together in raising children. However, an increasing number of parents are now evaluating the quality of educational services as "consumers" and are demanding improvements in them. Consequently, when something goes wrong, the approach is to "take responsibility" before "resolving the problem."

Changes among parents and the difficulties in handling them

Even when teachers and staff are troubled by issues involving students or parents, support from colleagues and administrators can help reduce stress.

However, the environment in the faculty room has also changed considerably. A sense of ease has diminished, and scenes of teachers casually exchanging information or discussing concerns with each other over tea after school seem to be gradually disappearing.

Furthermore, the stance of managers has changed from before. Therefore, an increasing number of teachers are left alone feeling "isolated" when problems arise.

Current state of concerns faced by teachers

Job characteristics of a teacher

- Lacking a sense of accomplishment (less positive feedback, difficult to see work results)
- No limit to work
- Individual differences in the amount of work depending on the school, region, or division of school duties
- School culture, local culture, and teacher culture vary depending on the school where one is assigned, etc.

Affecting factors

- Diversification of children
- Diversification of parents
- Changes in regional strength
- Dealing with children with mild developmental disorders
- Infiltration of cram schools
- Changes in the school system
  Increase in office work
  Introduction of integrated learning
  Evaluation method for teachers
- Social climate such as teacher bashing, etc.

Situation of teachers

- Required to handle any problems or behavior that children have
- Responds to requests from parents
- Community outreach, etc.
- Overtime work and increasing administrative tasks
- Increased evaluation and administrative intervention from management
- Increased workload, individualism in the faculty room due to the existence of evaluation, etc.

Occurrence of worries / problems

- Relationship with children
- Relationship with parents
- Relationship with management
- Feeling of inadequacy due to busyness
- Loss of confidence
- Loss of self-esteem
- Loss of identity as a teacher
- Feeling pressure to be evaluated (having obsessive thoughts), etc.

Increased anxiety, Increased stress, Increased fatigue, Insomnia, Apathy, Lack of appetite, Attention deficit due to increased fatigue and stress, Feeling unwell, etc.

Depressive symptoms, Neurotic symptoms, Physical symptoms, etc.

Created with some modifications from (Otake / Morodomi, 2009)

Warning❶ Having problems with sleep

A sleeping disorder in which a person wakes up before dawn is called "early morning awakening." In addition, if symptoms like "having difficulty in falling asleep" or "sleep-onset insomnia," which involves frequently waking up even after falling asleep, persist for a long period of time, there may be underlying symptoms such as mild depression or anxiety disorder (see P32).

Warning❷ Feeling unwell in the morning

The psychological symptoms of depression, such as "feeling depressed and not feeling like doing anything," etc., are characterized by being worse in the morning (especially in the morning) and becoming less severe in the evening. A situation where a person who usually reads the morning paper doesn't feel the urge to read it, or can't remember the content even after reading it, could be a warning sign.

Warning❸ Stopped paying attention to clothes and makeup

Don't have the motivation to dress properly or wear makeup. Feeling low for no clear reason. Becoming irritated over small things. If such conditions continue for more than two weeks and begin to interfere with work, they may be signs of mental health conditions such as depression.

Warning❹ Legs seem to freeze when reaching the front of the workplace

Unable to step forward when arriving at the workplace or classroom, despite feeling fine otherwise, and being afraid to go inside. When certain situations or events become extremely distressing like this and begin to interfere with work, there may be a possibility of "adjustment disorder" (see P34).

Warning❺ Feeling the urge to use the restroom

Consistently developing stomach pain and needing to use the restroom partway through a train ride may indicate irritable bowel syndrome (IBS). Disruptions in the autonomic nervous system, often caused by stress or irregular daily routines can lead to ongoing constipation or alternating episodes of diarrhea and constipation. A characteristic feature is that no structural abnormalities are found even after medical examinations at a hospital.

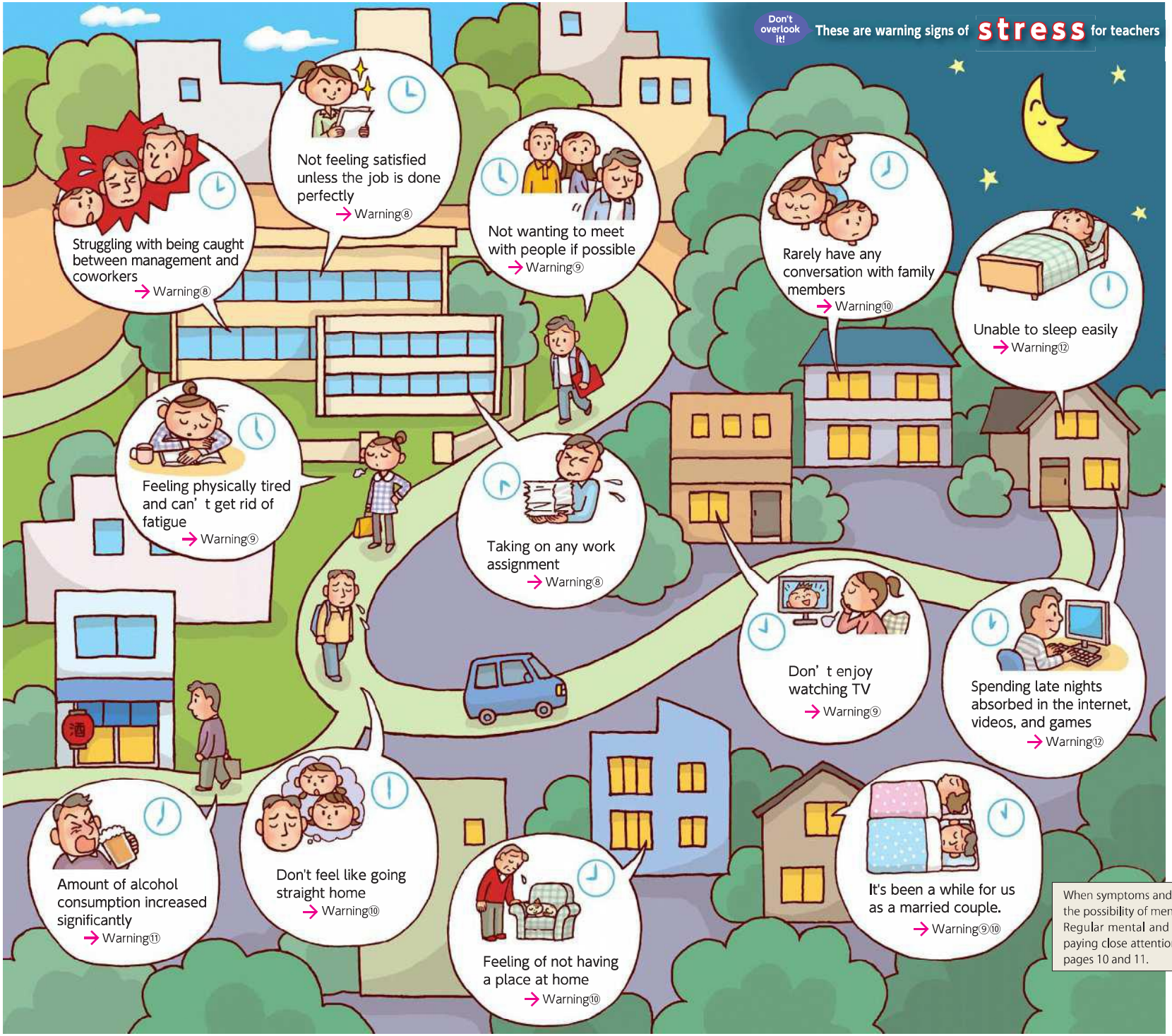
Warning❻ Concerned about others' gaze

Constantly feeling like "someone is watching" or "being whispered about," could be a sign of a mental illness such as schizophrenia (see P36). Consider consulting a psychiatrist to find relief from this distressing condition as soon as possible.

Warning❼ Loss of appetite / feeling down

When experiencing prolonged periods of appetite loss for no apparent reason, or feeling persistently low that it starts to interfere with work, there may be underlying conditions such as psychosomatic illness or depression. If symptoms persist, consult with a family physician as early as possible.

→ Continued on next page



When symptoms and conditions like those in page 6 to 9 persist for a long time, the possibility of mental illness such as depression lurking behind is undeniable. Regular mental and physical condition checkup is recommended as well as paying close attention to these signs of stress. Make use of the check sheets on pages 10 and 11.

→ Please refer to pages 30 to 39 for details on mental illness.

Warning⑧ Workplace stress

Prolonged workplace stress due to difficulties in relationships with colleagues or excessive workload could eventually lead to mental health problems. It is important to try to improve the situation by seeking support from others, both for workplace relationships and workload issues. Even "perfectionists" can also benefit by learning how to effectively ask for help (see P15), which can prevent burnout.

Warning⑨ Decline in motivation / excessive fatigue

When feelings like "not wanting to meet people" or "being tired and unable to recover" linger on for more than two weeks and begin to affect work, there may be an underlying condition such as depression or other physical or mental health disorder. First, make sure to get enough sleep and take time to rest properly.

Warning⑩ Family troubles

Good family relationships can help increase tolerance to stress, but when they break down, they can become a source of stress, placing a strain on mental and physical health and potentially affecting work and other areas of life. It is important to address problems at home early and not ignore or avoid them. Consulting external support services for mental health issues may also be an option.

Warning⑪ Excessive alcohol consumption

It has been found that individuals with alcohol dependence (see P37), who continue to consume large amounts of alcohol over an extended period, have a very high risk of developing depressive states or depression. Furthermore, those who are in a depressive state or have depression may tend to turn to alcohol, which can lead to alcohol dependence.

Warning⑫ Sleep / disrupted rhythm

Irregular lifestyles, such as staying up late, can disrupt the sleep-wake cycle and easily lead to sleep disorders. In particular, prolonged exposure to blue light from smartphone screens, or staying up late into the night watching videos or playing games on a computer, can easily disrupt sleep duration and timing. It is important to prioritize sufficient sleep and maintain a regular sleep schedule.

Early detection is important! Stress check sheet for teachers

Continuing stress can lead to mental health disorder. Using the "Stress Check Sheet" to monitor stress status is advised. Furthermore, it is also recommended to check if any colleagues have the same situation.

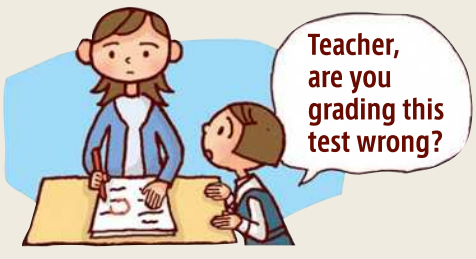
Check your stress level using the "Self-Check Sheet"

"Early detection" and "early response" are just as important as "prevention" in mental health measures. However, mental health disorders and mental illnesses are difficult to notice as they do not have clear symptoms like injuries. It is not uncommon for the problem to become more serious if left untreated.

First, in order to measure your current stress level, please check the appropriate items on the following checklist. The higher the number of applicable items, the more stress the person has accumulated, hence the higher the risk. Regular check should be done and careful attention should be given if the number of applicable items has increased since the last time.

Mental Health Self-Check Sheet

At school (Month / Day)			In daily life (Month / Day)		
Increased tardiness, early leaving, absence without permission, etc.	☐	☐	Feeling tired more easily than before	☐	☐
The number of "careless mistakes" at work has increased	☐	☐	Recently become more irritated and angry	☐	☐
Feels that work efficiency has decreased	☐	☐	Feeling dizzy, having palpitations	☐	☐
Feels less motivated to work	☐	☐	Don't have much appetite lately. Or binge eating and drinking	☐	☐
Became unable to organize and clean up	☐	☐	The amount of indulgent items such as cigarettes, coffee, and alcoholic beverages, etc., has increased	☐	☐
Conversations in the faculty room have decreased	☐	☐	Lavish spending of money has increased	☐	☐
Started to find it troublesome to talk to students	☐	☐	Having trouble falling asleep, waking up in the middle of the night	☐	☐
Became more irritated, venting emotions on students	☐	☐	Feel the urge to call someone for some trivial matters	☐	☐
Started to find it troublesome to communicate with managers and co-workers	☐	☐	Worrying more about small or insignificant things	☐	☐
Find it increasingly difficult to communicate with parents	☐	☐	Have been concerned about what others think lately	☐	☐



Catch danger signs in the faculty room with the "Co-worker Check Sheet"!

It is desirable to not only take care of one's own mental health, but also the mental health of colleagues. If a colleague in the faculty room develops mental health problems, it will also have an impact on children. Being able to recognize and support a colleague who is unwell helps create a comfortable work environment and contributes to maintaining healthy educational activities.

Please check the appropriate items on the checklist below if you have concerns about someone in the faculty room. If there are numerous checkmarks, please reach out for some kind of support, such as consulting with the manager or a trusted colleague, or by talking to the person in question.

Co-worker Mental Health Check Sheet

At work

- ☐ Increased tardiness, early leaving, absence without permission
- ☐ "Careless mistakes" during educational activities have become more noticeable
- ☐ Sense of responsibility towards work has decreased, and have been delegating tasks to others.
- ☐ Lost the desire and motivation to engage in educational activities
- ☐ No longer organize the desk and clean up
- ☐ Cases of not meeting deadlines for submitted documents, etc. has increased
- ☐ Conversations with colleagues have decreased
- ☐ Complaints from outsiders, including parents, have increased
- ☐ Have become more likely to vent emotions on students
- ☐ Started saying things like "I want to quit" my job

In words and deeds

- ☐ Disorder is apparent in appearance and behavior
- ☐ Have been observed looking sleepy, dozing off in the faculty room
- ☐ Face looks pale and unwell
- ☐ Sometimes smelling of alcohol in the morning
- ☐ Repeatedly saying words such as "tired,""sluggish," etc.
- ☐ Become more emotionally intense (or facial expressions have become dull)
- ☐ Often lost in thought, talking and laughing to oneself
- ☐ Increasingly acting in a way that doesn't seem appropriate, and saying things that don't make sense
- ☐ Increased consumption of indulgent items such as cigarettes, coffee, etc.
- ☐ Have become noticeably thinner

Using stress checks for early detection

The "Stress Check System" (see P1) is implemented to help prevent mental health problems among workers by raising awareness of individual stress levels, promoting improvements in the work environment, and supporting the creation of a more comfortable workplace.

When a stress check is conducted, the results show information about "your own stress level," "physical and mental reactions," "work-related stress factors (quantity and quality)," "level of social support," etc. Physical or mental reactions, such as being easily irritated, having trouble sleeping, etc., are signs of stress. Upon recognizing these signs, the results should be used to identify potential causes, such as interpersonal relationships or workload, and to apply this understanding to address the issue.

While the result report also includes advice, regularly practicing the stress management (self-care) methods introduced from page 12 onward is effective. Furthermore, when there are worries or other concerns, it is important not to keep them to yourself but to consult with others.

Stress countermeasures for teachers: 3 important points

The daily life of a teacher is extremely demanding, coping with busy workloads, classroom management, and dealing with parents. Three key points for stress countermeasures (stress management) to cope with stress and prevent burnout are introduced here.

3 stress management points to bear in mind to be able to continue as a teacher for life

While being a teacher is an extremely rewarding job, it also involves being surrounded by a wide range of stressors (sources of stress). Such stress partly arises because engaging with people is a fundamental aspect of the teaching profession, and it cannot be completely eliminated as long as interaction with others continues.

To continue working as a teacher in an environment where stress persists, it is important to have an awareness of "stress management." Rather than trying to eliminate stress, the idea is to cope with it effectively (manage it).

Here, three key points of stress management considered important for teachers are introduced. Stress management includes not only self-care carried out individually, but also receiving support from others. Details are explained on other pages, so these three approaches should be kept in mind when learning methods of stress management.

Stress management Point 1 Creating a faculty room where people can share their concerns

To address the various problems that arise in schools, it is essential for teachers to support one another and respond to each issue not as individuals but as a team. To this end, it is important to regularly share concerns and build relationships in which colleagues can share their worries and support each other through difficulties.

Unlike companies and other organizations, schools have fewer managers and are often described as a "flat (nabebuta-type) organization," where staff relationships are on an equal footing. Because of this characteristic, the effectiveness of line care by management tends to be relatively limited, making it important for teachers to actively support one another as part of stress management.

In order to create a faculty room where people can feel free to voice their concerns and consult with each other, teachers should not harbor thoughts like "if I fail, it's over," or "I don't want to show my weaknesses to others." Instead, aim to be "good at being helped," and ask for help from others around before becoming distressed.

Furthermore, it is also desirable for managers to create an environment for the workplace. As the main pillar of the school, administrators should always pay attention to the welfare of teachers, and create a system in which they can seek advice at any time if they feel something is wrong.

P14~17 Go to "Let's create a faculty room where people can share their concerns / a faculty room that promotes support for each other!"

Stress management Point 2 Having stress relief techniques that can be done anywhere and right away

It can be said that teachers are always surrounded by people, whether in the faculty room or in the classroom, making it difficult to have time and space for themselves. Furthermore, since teachers are unable to bring their irritated or depressed moods into the classroom, they tend to push their stress internally.

In order to improve this vicious cycle, it is recommended to have some stress relief methods that can be done in a short amount of time, regardless of place. The golden rule for protecting mental health is not to let frustration and depression accumulate, but to release them as quickly as possible and in small increments.

P18～22
Go to “Stress control techniques①
These can be done right away! Stress relief methods for teachers”

Stress management Point 3 Make sure to get enough sleep even when busy

An effective form of stress management that can be started today is simply to “get enough sleep.” Lack of sleep not only has a significant negative impact on mental health, but is also a risk factor for developing lifestyle-related diseases such as diabetes and hypertension. No matter how busy a person is, it is essential to make sure to get enough sleep to avoid feeling tired the next day.

One school apparently created a rule that “teachers must go home by 5:00 PM,” no matter how busy they are. Consequently, teachers’ expressions became much more relaxed than those of other school’s teachers who have similar concerns regarding classroom management and dealing with parents. Although it may be difficult to leave school at 5:00 PM every day, a "no overtime day," at least once a week should be implemented so teachers can rest at home.

If it is difficult to let go of the feeling that “good teachers work even if it means sacrificing sleep,” it should be reframed as “good teachers get enough sleep, which provides peace of mind and enables them to bring smiles to children’s faces.” Finally, it is important not to rely on alcohol, such as nightcaps, to fall asleep.

P23
Go to “Column: If a nightcap becomes indispensable, don't hesitate to go to a hospital!”

Let's create a faculty room where people can express their concerns /a faculty room that promotes support for each other!

In order to protect the mental health of teachers, it is essential for all teachers to have the consciousness to support and deal with each other's concerns, etc. What kind of ideas are needed to create a faculty room where people are able to support and help each other?

Personal relationships among teachers are special and complex

In general, interpersonal relationships account for the largest proportion of stress experienced at work. According to the "Survey on Industrial Safety and Health (Actual Conditions Survey)" conducted by the Ministry of Health, Labour and Welfare, approximately 30% of respondents cite "interpersonal relationships" as a cause of "strong anxiety, worries, or stress related to work or working life." (See Figure 1)

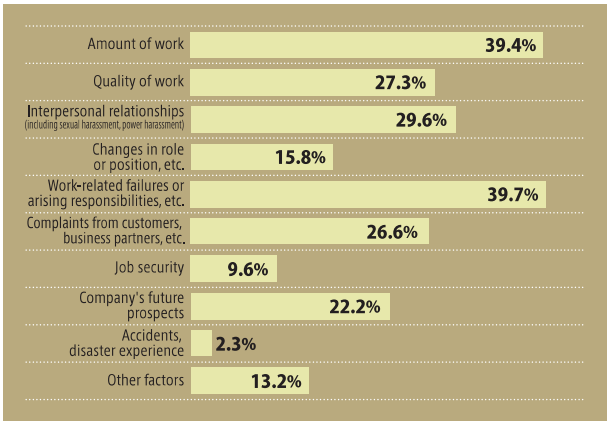
In the case of teachers, workplace relationship is characterized by being multidirectional and multilayered (see Figure 2). Aside from maintaining a hierarchical relationship with managers and younger teachers, and a horizontal relationship with colleagues, they are also expected to play a leadership role with students. At the same time an equal and cooperative relationship is required with their student's parents who are also the children's educators.

Furthermore, since schools function as hubs for the local community, interaction with local residents is inevitably important. Human relationships required of teachers are not limited to within the school, but also involves collaboration with related organizations and groups such as the Board of Education and PTA.

In this way, teachers have to work through extremely complex human relationships and through constant dialogue. Before being a professional in teaching subjects, a teacher has to be a professional in human relations with high communication skills.

However, in reality, many teachers lack confidence in their communication skills. This is understandable, because as students, they may have learned how to teach subjects in university teaching courses, but they have not learned interpersonal skills. Consequently, they sometimes find themselves stuck in classroom management, dealing with parents, teaching subjects, etc.

Figure 1 Percentage of workers by type of severe anxiety, worries, and stress related to work and professional life (Multiple answers are allowed, up to three main items.)

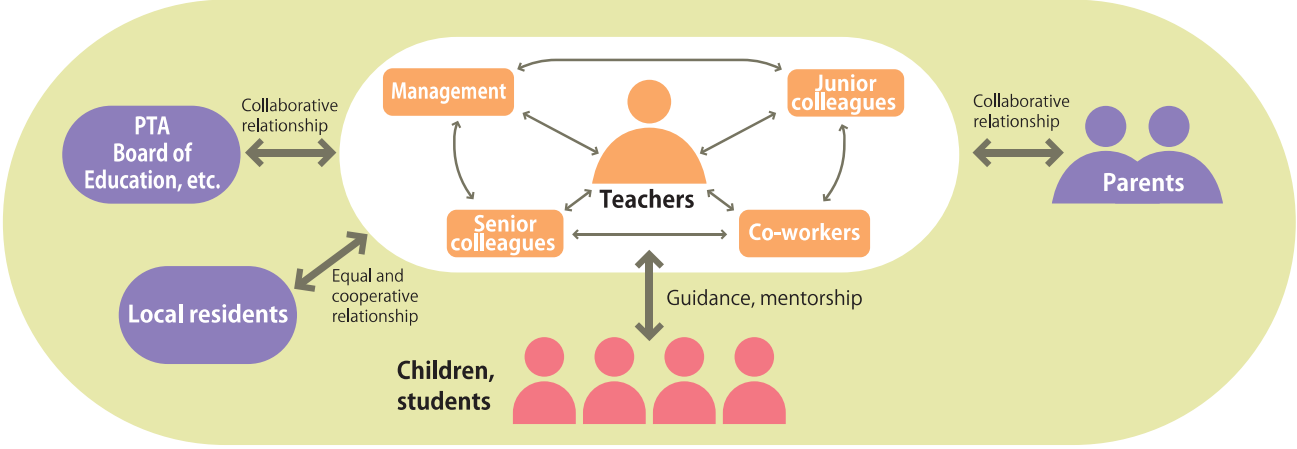


Created based on the "Survey on Industrial Safety and Health" in 2023 conducted by the Ministry of Health, Labor and Welfare

Many school problems cannot be handled by individuals

On the other hand, in recent years, many of the problems that occur in schools have reached a level that teachers cannot deal with individually due to increased workloads, higher and more diverse demands from parents on schools, and changes in children. However, the teaching staff organization is a flat (nabebuta-type) structure without vertical connections such as department heads,

Figure 2 Human relationships surrounding teachers



section managers, or supervisors. Since each teacher is basically responsible for a single classroom alone, such as a homeroom or class teacher, it is difficult to create opportunities to consult with others, and teachers tend to keep their concerns to themselves.

In order to change this situation, it is necessary to create a faculty room environment where teachers can confide in each other and share their concerns on a regular basis, and to establish a system in which problems are shared across the entire school and solutions are developed as a team.

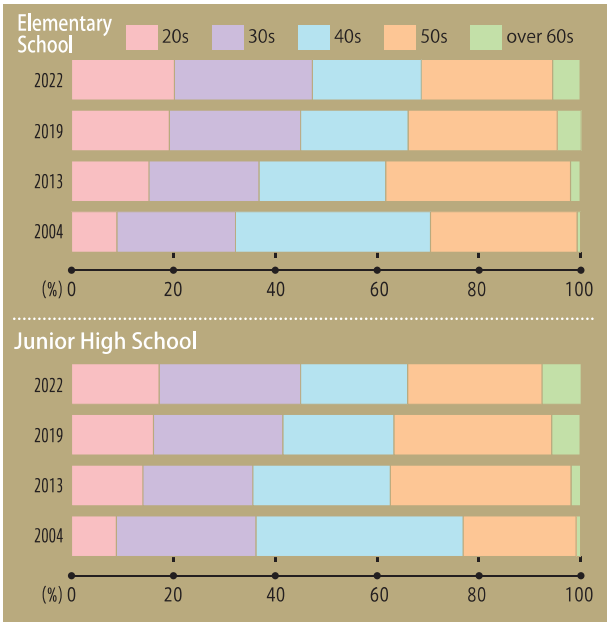
"Unreliable" relationships deepen feelings of isolation

Changes in the situation surrounding management may also be affecting the connections among teaching staff. The increasing workload of school administrators has likely reduced opportunities for teachers to seek their guidance. Additionally, it has been widely observed that, following the COVID-19 pandemic, some younger faculty members struggle with interpersonal communication. This hesitation may make it even more difficult for them to take the initiative in seeking advice. In schools where an atmosphere of reluctance to rely on administrators has taken hold, faculty members may find it harder to stay motivated.

Furthermore, the lack of mid-career teachers, who play the role of connecting senior and newer teachers, may also be contributing to difficulties in building connections among teachers(see Figure 3). Not having a senior colleague around whom they can easily rely on when there is a problem can lead to a feeling of isolation especially for new teachers.

A workplace where it is difficult to seek support, or confide one's concerns to managers, seniors or co-workers, can be said to be a stressful workplace where it is easy to keep problems to oneself, consequently deepening the sense of isolation.

Figure 3 Changes in the age composition ratio of teachers in elementary and junior high schools



Created based on the Ministry of Education, Culture, Sports, Science and Technology's "School Teachers Statistical Survey Report"

Become "good at being helped"

It is not only a lack of teamwork, but also taking on too much work alone that can harm mental health. In particular, when individuals feel they must handle everything on their own and tend to carry excessive workloads, or when they are perfectionistic and find it difficult to rely on others, they are more likely to become overworked.

Hence, the capacity to ask for help (Help-seeking behavior) is an essential ability to continue as a teacher. The "ability to express concerns" and "ability to easily ask for assistance," in other words, being "good at being helped," prevents burnout and protects one's mental health.

Table 1 on page 17 measures your "help-seeking behavior." Please check them and take it as an opportunity to reflect. Furthermore, for those who feel increasingly isolated, with no one around who can help, fill out the "List of Support Resources" in Table 2. If there is even one person who can listen to your concerns, ask that person first for support.

Managers need to have leadership and counseling mindset

A principal's presence is of great significance for teachers. Elementary and junior high school teachers in particular, rely on and have high expectations for their principals, so the degree to which the principal understands and protects them is directly linked to the motivation of each teacher. In order to improve the cohesiveness of teachers, it is important for principals to open up themselves and talk about their thoughts and their expectations from teachers at every opportunity.

It is also important to have a counseling mindset, to make it easy for anyone to seek advice for any concerns. It would also be effective to actively chat with young teachers on a regular basis, and to create regular opportunities to have discussions with multiple teaching staff. Creating an environment where they feel comfortable expressing their true feelings and concerns, will make it possible to prevent their mental health from deteriorating, even if they are trying to cope with problems concerning classroom management or dealing with parents.

Do you have false assumptions?

For teachers who find it difficult to seek help, a high or low level of self-esteem may be a contributing factor. Many teachers who have excessive self-esteem are men in their 40s and 50s, who take pride in their own experience and abilities, which gets in the way and tend to prevent them from seeking advice even if confronted with problems. Furthermore, many teachers who have low self-esteem are young teachers, who get stuck in classroom management or dealing with parents, and are unable to ask for help out of fear that they will be seen as incompetent or be abandoned by the school's principal or assistant principal.

In many cases, this is due to "irrational beliefs." They may be suffering from unnecessary constraints they have placed on themselves, such as "It's embarrassing for a veteran teacher to ask a junior teacher for help" or "I'll be incompetent if I can't do it myself."

Sometimes people need to stop, examine their thoughts, and try to change their thinking from irrational beliefs to "rational beliefs" (constructive, developmental ways of thinking).

From "irrational beliefs" to "constructive and growth-oriented thinking"

Examples of irrational beliefs	→	Examples of constructive thinking
● If I fail, it's over ● If I complain, I'll be abandoned ● Be regarded as incompetent		● There's a lot to learn from failure ● Expressing concerns and supporting each other increases the motivation of all teachers

To create a faculty room that promotes "support for each other"

At first, there may be feelings of embarrassment or awkwardness about consulting someone. However, since everyone are teachers, quite a lot will actually have the same concerns. Just by having the courage to express one's concerns, the relationships and environment surrounding oneself will change into something completely different.

When it comes to work-related matters, if possible it is best to talk to someone in management, such as the principal or assistant principal, but if it is hard to do so, talking to a close colleague may make it easier. The colleague can then relay the information to management, which may result in improvements in working conditions.

To continue enjoying a rewarding job being a teacher for a long time, make the first step by taking the courage to voice your concerns.

To create an environment that makes it easy to express concerns

One way to create an environment where teachers and staff can effectively express their concerns is to hold support sessions between teachers once a month under the guise of a "school case review meeting," with the grade level leader or the teacher who provides educational consultation taking the lead. At the review meeting, each person, starting from the moderator, talks for about 5 minutes about what they are currently concerned about and what they are having trouble with, followed by a strategy meeting to resolve the issue for about 15 minutes for each problem. The solution should be simple and specific, and must list things that the person can easily do.

The two main points of continuity consist of not requiring any preparation in advance and having everyone talk about their own problems. During the review session, the moderator should take the initiative to talk about things that are not going well in his or her class. By doing so, teachers are able to talk about their own problems and concerns without feeling small or inferior. It is important to avoid criticism and make the meeting a place where people can feel at ease and get useful hints.

Using the Board of Education and external support services

The Board of Education in each prefecture provides consultation services as part of mental health measures for teaching staff. A variety of consultation methods are available, including telephone consultations, in-person appointments by reservation, and web-based consultations. These services can be used in cases where it is difficult to seek help within the school, or when consultation outside the school is preferred.

Furthermore, there are public support services aside from the Board of Education for those who wish to consult about mental health, such as the Ministry of Health, Labour and Welfare's "Kokoro no Mimi." "Kokoro no Mimi" also provides a wide range of information on mental health, in addition to consultation services, making it a useful reference for mental health measures.

"Kokoro no Mimi" (Ministry of Health, Labour and Welfare)
https://kokoro.mhlw.go.jp/

Table 1 "Good at being helped" Self-diagnosis Sheet

*Please check the most applicable items

Thoughts about getting help		Check
1	I want advice and assistance from co-workers and managers to solve my problems.	
2	I want someone who will listen to me when I'm in trouble.	
3	I want someone who will work with me to solve my problems.	
4	I don't consult with people unless I find myself in extreme circumstances.	
5	I want to solve everything by myself without relying on co-workers or managers.	
6	I find help and advice from colleagues and managers to be of little use.	
7	I want to continue to do well with the help of people around me.	

Hesitation about getting help		
8	I think anyone would feel bothered if asked for help.	
9	When I'm in trouble, I want my colleagues and managers to leave me alone.	

About learning guidance		
10	I would like someone to talk to me about my learning guidance.	
11	I would like to receive appropriate advice from others regarding my own learning guidance.	
12	I would like to receive encouragement from my co-workers and managers as I work diligently on my learning guidance.	

About classroom management and how to interact with children		
13	I would like someone to talk to me about classroom management or how to interact with children.	
14	I would like to receive appropriate advice from others regarding classroom management or how to interact with children.	
15	I would like to receive encouragement from my colleagues and managers as I work diligently on classroom management and how to interact with children.	

About self-esteem as a teacher		
16	I consider myself a valuable teacher, at least as good as anyone else.	
17	I have various good qualities and abilities as a teacher.	
18	As a teacher, I sometimes feel like a loser.	
19	I can do my job as a teacher as well as anyone else.	
20	I don't have much to be proud of as a teacher.	
21	I view myself positively as a teacher.	
22	I am generally satisfied with myself as a teacher.	
23	Sometimes I think I'm a completely useless teacher.	
24	I think I'm a useless teacher in all sorts of ways.	

Diagnosis

1～9 The more checkmarks for the 4 items 1, 2, 3 and 7, makes you "good at being helped." The more checkmarks for the 5 items 4, 5, 6, 8, 9, makes you "bad at being helped."

10～15 The more checks you have, the more likely you are to get help if you need it.

16～24 The more checkmarks for the 5 items 16, 17, 19, 21, and 22, the higher your self-esteem and self-confidence.

Partially modified based on Shuichi Tamura's "Psychological Research on Teachers' Help-Seeking Preferences" (Kazamashobo)

Table 2 "List of aid resources"

When you are in distress, try writing down the names of people who you feel would listen to your concerns and support you.

Relationship with you	The name of the person who can be your ally
Teacher in the same grade	Teacher
Teacher in the same school	Teacher
Principal or vice principal	Teacher
Parents (guardians)	Mr. / Ms. (san)
Mentor	Teacher
Teacher I worked with before	Teacher
Former principal, vice principal	Teacher
Teachers I met during training and study sessions	Teacher
Fellow teachers	Teacher
Friends, acquaintances, lovers	Mr. / Ms. (san)

Relationship with you	The name of the person who can be your ally
Husband, wife, parents	
Online adviser	Mr. / Ms. (san)
Special needs education coordinating teacher	Teacher
School counselor	Mr. / Ms. (san)
Education center	—
Board of Education	—
Doctors, etc., at hospitals, clinics	—
Experts such as psychologists, lawyers, etc.	—
Others	

Created based on（Yoshimitsu/Morotomi,2009）

Stress control technique ①
These can be done right away!
Stress relief methods for teachers

In order to prevent and relieve stress, it is also effective to try shouting out loud or moving your body to let out pent-up emotions, such as anger, etc. Here are eight stress-relieving techniques that can be done right away.

The key is to relieve stress bit by bit or in small increments

Stress relief methods that take time or require special equipment are not suitable for teachers who are busy and spend most of their day at school.

Furthermore, it is not uncommon for teachers to have to change their mindset depending on the situation, such as constantly interacting with students during class hours, etc. Rather than trying to relieve stress all at once during the holidays, using part of the break time between classes to relieve stress in small increments, if possible, can be considered the secret to being able to last long in a teaching career.

Here are some ways to relieve stress that anyone can easily do and practice even at school. So let's learn to deal with stress well, and nurture our energies for tomorrow for the children's sake.

1 Complain with colleagues or friends

It's a simple but very effective way to relieve stress. If possible, vent your frustrations with co-workers who have similar work concerns. If you don't have a co-worker with whom you can reveal your true feelings, talk to someone you know, such as a family member or a friend from school, etc. It is very important to have someone to whom you can regularly confide your concerns.

2 Carry an aroma stick

Smelling your favorite scent is also an effective way of relieving stress. It is recommended to always carry an aroma stick in your bag or pocket. If it's a stick type, you can instantly smell it and feel refreshed even at work. You can also try changing the scent depending on your mood at the time. The scent of lavender is said to be effective when feeling discontented or irritated, and the scent of jasmine is effective when feeling depressed or having lost confidence.

3 Solo karaoke

Shouting as loud as you can is a very effective way to relieve stress, but that method would be difficult to do inside the school. Therefore, it is recommended to do "solo karaoke" on the way home from school. Choosing five or six songs that you want to sing while at school or songs that seem to help relieve stress, then stopping by a karaoke box on the way home and singing to your heart's content for about 30 minutes is one way to do it.

4 Changing clothes

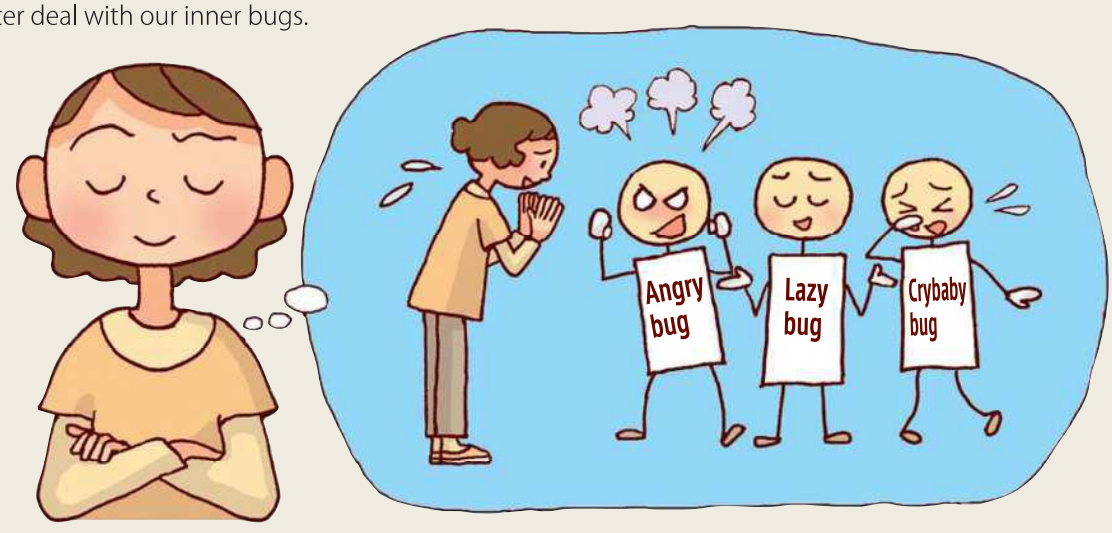
Just changing the way you dress, can brace you up, relax, and change your mood. If you're "feeling down," consciously wearing bright, colorful clothes can help you feel more energized. Also, wearing clothes that you don't usually wear once or twice a week, naturally changes the way you move and behave. You will be able to attend classes in a different mood than usual.

5 Turn your bad self into a "worm of the mind"

This method is a solution-focused approach called "externalization." For example, when you don't want to do teaching materials studies or look gloomy in front of the children, you may feel guilty and think, "I'm a bad teacher." At times like this, try not to think of "yourself" as being at fault for feeling like this, and blame it on the work of "worms" or "bugs" that have attached themselves to your mind.

By externalizing the problem and thinking about "yourself" and "the problem" separately, you can deal with the problem in front of you without denying yourself. When you are not in the mood, imagine that the "lazy bug" has taken possession of you, and when you are irritated, imagine that the "angry bug" has invaded your mind, and then think of ways to better deal with these bugs.

The important thing is not to try to eliminate the externalized "worms of the mind." Let's think of ways to better deal with our inner bugs.



6 Tear paper while screaming

Try tearing up discarded paper, such as newspapers, advertising papers, etc., with your hands while screaming "Ahhh!!" out loud. By actually tearing them up while screaming out loud, you will feel much better and relieved. Also, instead of just tearing up paper, it's also effective to write down everything you don't like on a piece of paper, tear it up into small pieces, and throw it away. This “tearing paper” method also helps children relieve stress, so it can also be used in educational consultation settings.

7 Hit a cushion or stuffed toy animal

Teachers are unable to fight back against abusive language from children and students due to their position. This of course is very stressful.

One way to release the pent-up anger inside is to vent your anger on things like cushions, stuffed animals, etc., that are no longer needed. Some people may feel guilty about this method, so it might be better for them to choose other methods.

Relieve stress bit by bit inside an empty toilet with nobody around.

8 Setting quotas for having a breather and rest

A teacher's work is busy and diverse, so there is no end to the work unless there is a break somewhere. In particular, serious-minded teachers with a strong sense of responsibility tend to set high quotas for themselves.

Why not take advantage of such earnestness and create a "breather quota"? For example, you can rent a DVD to watch once a week, go for a drive to a hot spring or recreational area once a month, travel overseas once a year, etc. on a weekly, monthly, yearly, or lifetime basis. Set a relaxing schedule early and work toward achieving your quota. Think of taking a breather as work, and taking a rest as work, and take time to loosen up the tension that comes with everyday work.

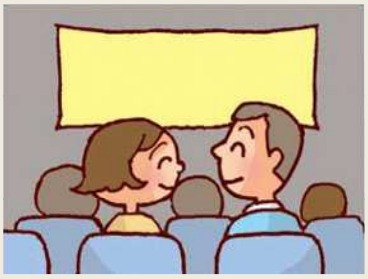


Table 1 My "breather" schedule

●Write down the "breather" you want to do this week.

●Write down the "breather" you want to do this month.

●Write down the "breather" you want to do this year.

●Write down what play or leisure activity you want to try at least once in your lifetime.

If a nightcap becomes indispensable, don't hesitate to go to a hospital!

There are a lot of teachers who are so busy that they are forced to work even after coming home and on holidays, resulting in chronic sleep deprivation. However, lack of sleep is mental health's biggest enemy. Similar to making "taking breaks a routine", a fixed wake-up time each morning should be set, along with a set amount of sleep time needed to restore both mental and physical energy.

Although the appropriate amount of sleep is 6 to 8 hours according to the Ministry of Health, Labour and Welfare's "2023 Sleep Guidelines for Health Promotion," there is no need to adhere strictly to this range. If less than six hours of sleep is sufficient to fully relieve fatigue, the daily required sleep time should be set accordingly. And make sure to get enough sleep no matter how busy you are.

Some people drink alcohol to sleep, but a nightcap is not recommended. A nightcap makes your sleep shallow and makes you more prone to depression (see pages 32 and 33). Consult a psychiatry or psychosomatic department in a medical institution when having sleep disorders such as being unable to sleep, waking up many times during the night, having shallow sleep, or waking up early in the morning. You may use sleeping pills as needed while adjusting your lifestyle.

Furthermore, there are ways to improve sleep onset, such as avoiding caffeine intake after dinner, taking a lukewarm half-body bath before bedtime, and waking up at a fixed time to get morning sunlight exposure. Make sure to get a good night's sleep by using relaxing methods that suit you, such as reading, listening to music, or stretching.

Stress control techniques ② Ways to manage stress to prevent burnout

Learning how to deal with worries or concerns can prevent mental health deterioration. Here are two ways to manage stress.

The idea of "coping well" with one's own concerns

No human being can live a trouble-free life. In reality, there is no one who is completely free from worries. Hence, when feeling overwhelmed by stress, instead of trying to "get rid" of your worries, it is important to change your mindset and think of them as a part of yourself and try to "cope with them." Being able to deal with your worries better, lightens up your depressed mind and enables you to live life positively.

Here are two techniques to help you deal with your worries. Use this as a reference for self-reflection and to organize your thoughts.

Stress management methods 1 Viewing oneself objectively

When faced with problems, it may be easy to become convinced that the inability to overcome them is due to one's own weaknesses or lack of ability. Ideally, such worries would lead to overcoming the problem, but in many cases, repeatedly dwelling on them becomes a habitual pattern, making it difficult to break free from it.

Feeling depressed, unable to concentrate, or unable to stop worrying about a problem no matter how much thought is given to it can be described as a state of being controlled by the problem (a state of "identification" with the problem).

In order to escape from such a state, there may be attempts to behave as if there are no problems, or to ignore the issues causing concern and get by (a state of "separation" from the problem). This is ideal if it leads to a resolution, but is merely postponing the issue if it does not. Over time, the problem may worsen and stress may become more severe.

In managing stress, it is effective to acknowledge worries while preventing emotions from taking over, rather than trying to control or ignore them. By objectively observing oneself as experiencing worries and distress, and simply recognizing and accepting, "this is how I'm feeling right now," it becomes possible to create distance from negative emotions such as worry and suffering (a state of "de-identification" from problems).

The important point is to simply acknowledge and observe whatever arises, without judgment. In this way, if it becomes possible to accept one's weaknesses and shortcomings as part of oneself, negative feelings will likely diminish.

① A state of being controlled by worries (identification with worries)

② A state of behaving as if there are no worries (separation from worries)

③ A state of objectively observing oneself along with the emotions of worry (de-identification from worries)

Stress management methods 2 Creating a "place for worries" to organize the mind

"Furthermore, there are ways to improve sleep onset, such as avoiding caffeine intake after dinner, taking a lukewarm half-body bath before bedtime, and waking up at a fixed time to get morning sunlight exposure.

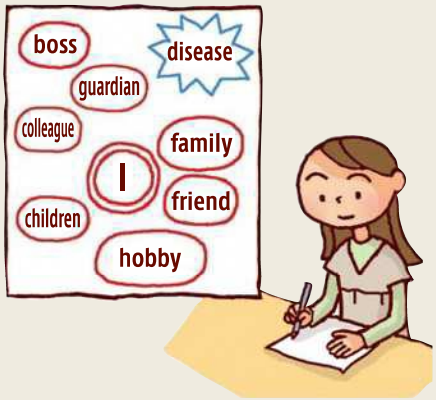
The aim of this method is to create "space" in your mind by "organizing" it, which has become a mess due to worries. This will help in breaking free from the grip of worry and restore energy to your mind.

The specific method for doing this is shown below, so please give it a try.

1 Ask yourself what you are worried about and what your "concerns" are.

2 Visualize the space in front of you, such as the top of your desk or the wall, as your "mind room." It would be an ideal to use a piece of paper about B4 size as your "mind room" and write down specific details.
First, write "I" in the center. Then, list (write down) each of your "concerns" as shown in ③ below.

3 Consult with your mind and place the "concerns" that came to mind in ① one by one in the appropriate positions around the "I" you wrote in ②. Place them at the corresponding position from "I" on paper, like "I want to keep my family and friends close to me as much as possible," or "I don't think I can resolve this problem for a while, so let's keep it away for the time being." You can place it somewhere else depending on the "concerns" that come up later. The trick is to do it slowly and carefully, without rushing, until you feel calm. It might be a good idea to take a deep breath every time you list one thing that "concerns" you.



4 Once you have listed (written down) all your "concerns," place the paper 1 to 2 meters away and look at it for a while. Feel "your presence watching" all your "concerns." When you are able to put down all the things that bother you, you can say out loud, "I don't have a single worry anymore." Being able to savor your "mental space," enables you to regain your energy.

Stress control techniques ③ Controlling your thinking "habits"

Each one of us have our own "habits" in our way of thinking. If you become aware of these "habits" and are careful not to take them too far, you will be able to avoid feeling bad and be able to change your mood or feelings more easily.
For more details, please refer to "Mental Skill Up Training" (https://www.cbtjp.net).

Recognizing the "habits" in the way we think

It is said that people who are prone to stress have a characteristic way of perceiving things and thinking. This is like a mental "habit," so to speak, that could make a person feel depressed and be more likely to fall into mental health problems such as depression if this tendency becomes strong. Hence, caution is required. The following are specific examples and "habits" of thinking when we tend to fall into negative thinking. First of all, it is necessary to look back and see if you have become too entrenched in this "habit" of thinking.

Patterns and examples of thinking habits that tend to lead to negative thinking

Habit❶ Biased conceptions become stronger

Making arbitrary inferences and making decisions based on assumptions, even when there is little evidence.

Example:

That teacher hates me because I didn't say hello.

Habit❷ Making black and white clear

Unable to tolerate ambiguity, always makes black and white clear, and makes extreme judgments about what is good or bad.

Example:

If I can't do ○○, I'm disqualified as a teacher.

Habit❸ Start paying attention to some things only

Focus only on things they are interested in and jump to conclusions.

Example:

Lately, my stomach hurts and I don't feel well. Must be a serious illness.

Habit❹ Quick to make rash judgements

Takes only a few facts and make the same conclusion about everything.

Example:

If I fail at this, I'm sure nothing I do will work.

Habit❺ Have been remembering only the bad things

Underestimates and forgets what went well, and focuses on the unpleasant things that catches one's own interest.

Example:

Points out only things that went bad so far (even if some actually went well)

Habit❻ Easily becomes self-critical

Think it's their own fault when something bad happens and blames self for it.

Example:

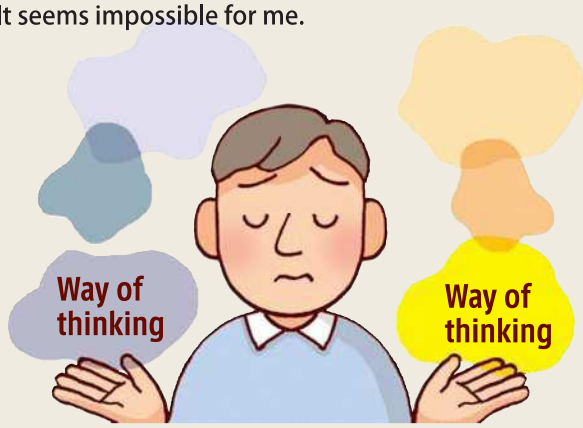
It's all my fault that my students are behaving badly.

Habit❼ Become pessimistic easily

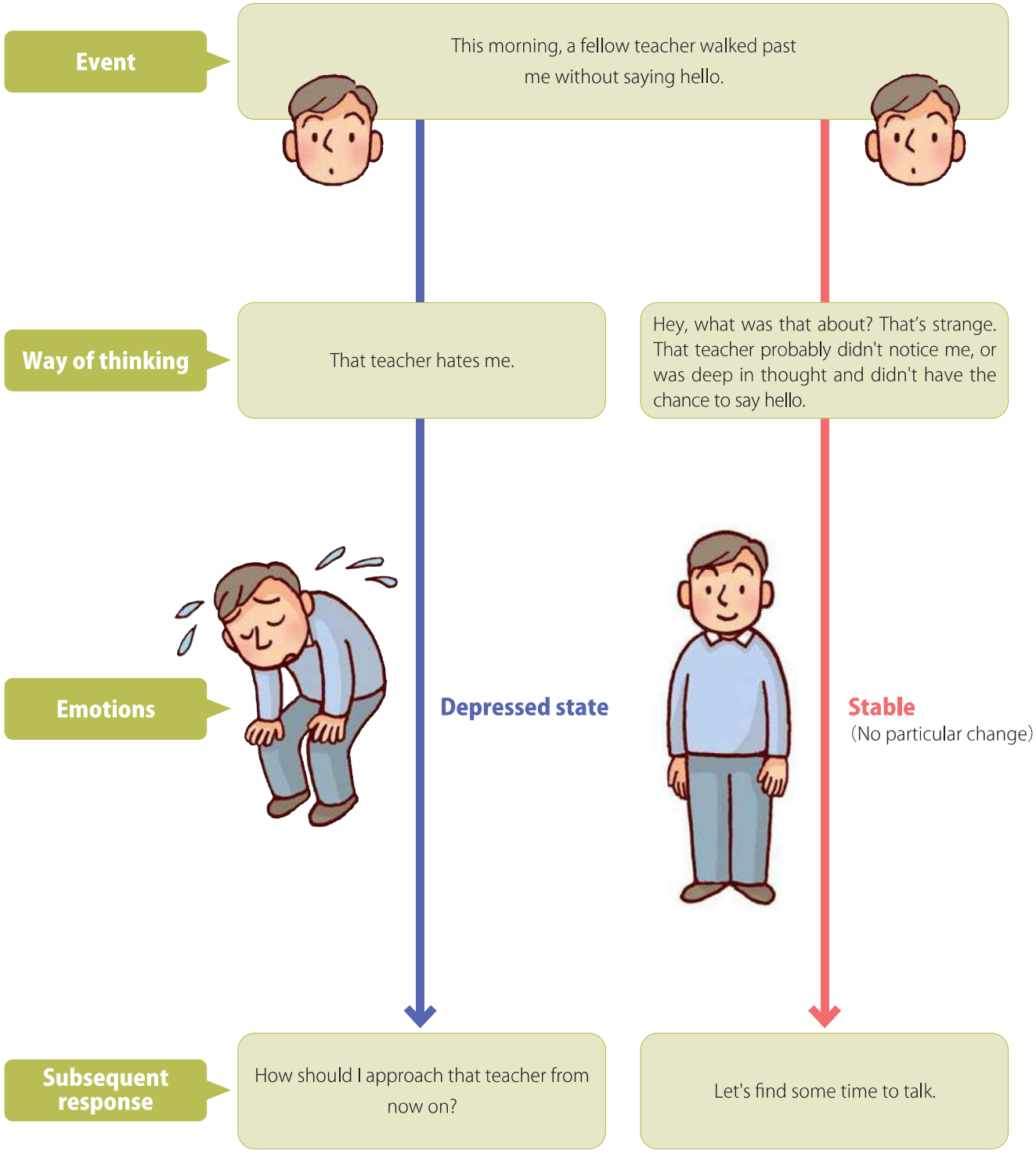
Make pessimistic predictions on self, thus limiting actions, and fail as predicted.

Example:

I thought I would fail, and I did.
It seems impossible for me.



Example:Actions can vary greatly depending one's way of thinking even for the same event.



How to control your thinking "habits"

As shown in the example above, depending on how you think about the same event, you may feel a lot of stress or almost no stress. In order to control this thinking "habit," it would be helpful to first become aware of how you tend to think, which is a habit, and then go into the process of rethinking it.

When feeling anxious, depressed, angry, or having other negative emotions, try to calm down first, reconsider the problem at hand, and ponder if there is another way to think about it. It would be preferable to write it down on paper to be as objective as possible.

Stress becomes significantly reduced once you understand that the first thing you think is not the only way to perceive things.

Stress requires total care

There are lots of different causes of depression and anxiety, and solutions vary from person to person. It is important to create an environment that provides total care, including at work, with family, at medical institutions, etc., and to be considerate in how we interact with them.

A total care environment where you don't have to worry alone.

Maintaining an environment that provides total care, at work, at home, and at medical institutions is important, as depression and anxiety often cannot be improved by one person alone.

A total care environment that reduces depression and anxiety

Care provided by oneself (Self-care)

Care provided by workplace supervisors (Line care)

1. Regularly observe subordinates and colleagues for anything unusual or out of the ordinary.
2. When a subordinate or colleague seems to be acting a bit strange, talk to them and create an opportunity for them to seek advice.
3. Become a listener and take time to listen carefully. Don't rush to resolve the problem.
4. Act as a liaison between health staff and human resources / labor personnel within the workplace to resolve issues.

Care by family

- Recommend treatment
- Recommend rest, etc., through family support

Care provided by health management personnel in the workplace

- Care provided by industrial physicians, hygiene managers, public health nurses, human resource / labor personnel, etc.

Care provided by specialized institutions outside the workplace

- Care provided by medical institutions, public health centers, mental health welfare centers, etc.

Understand your own feelings and the feelings of those around you

When suffering from painful feelings, your perspective becomes narrow and you may be hurt by casual conversations or actions in your relationships with family, friends, or at work, or conversely may even be comforted by them. Being able to understand what kind of words and interaction with people who suffer from depression or anxiety will hurt or give encouragement, will develop the way you engage with yourself as well as those around you in a better direction.

When interacting with someone who is depressed or anxious

❶Don't worry too much

If you worry too much about hurting the other person by saying something insensitive, your words and actions may become awkward. This increases the anxiety of the other person.

❷ Don't encourage

When we see someone close to us get depressed, we think, "I want to do something about it," and the tendency is to give encouragement. However, saying "do your best" can put pressure on some people. All that is needed is to respect the person's pace and watch over them carefully.

❸ Don't pursue the cause too much

When the person and those around work together to pursue the cause of the problem, it can sometimes lead to its solution. However, this can sometimes turn into a pursuit for the bad guy, consequently likening someone to blame as the bad person. It is important not to think too much about the causes of your depression or anxiety.

❹ Delaying important decisions

Sometimes people rush to conclusions to feel better as quickly as possible. When having strong feelings of anxiety, thoughts become biased, making it difficult to make objective decisions. Create an environment where you can delay important decisions until your symptoms have resolved.

❺ Get some rest

A person who is depressed or anxious, tend to think, "I can't be lazy," and push oneself too hard. In times like these, it is most effective to take a break and refresh. Talk to the person in question, and try to find some free time while getting support from your school and family.

When recommending a medical institution…

It is important to be persistent and persuasive when suggesting to someone suffering from depression or anxiety to consult a doctor. Speak in a way that makes it easier for the person to accept, such as, "You look tired, I think you should go see a doctor." Or talk specifically about what the person might think is the problem.

If the person does not want to see the doctor, a family member or friend can go to the hospital and consult with them. Although costs will be at own expense, and there is also the limitation of not being able to examine the person directly, it can give some idea as to how urgent the matter is and what steps can be taken.

A support system is also important for a smooth return to work

When suffering from depression or anxiety, it is often better not to force oneself to continue going to work, and taking a temporary leave of absence to recuperate at home may also be effective. The Ministry of Health, Labor and Welfare has created the "Support guide for workers absent from work due to mental health problems to return to workplaces", to help people return to their jobs smoothly after feeling better and able to resume work.

Support guide for workers absent from work due to mental health problems to return to workplaces ▶ https://www.mhlw.go.jp/content/000561013.pdf

In order to understand "mental illness"

Mental illnesses are hard to tell from the outside and may go unnoticed not only by those around but also the person suffering from it. Here are some basic knowledge to correctly understand and deal with mental illnesses that can affect anyone.

Mental illness is a disease that can affect anyone

Mental illnesses such as depression (mood disorders), anxiety disorders, and schizophrenia, as well as mental health conditions, are illnesses that anyone can suffer from. Depression, in particular, is an illness that is relatively easy to develop. According to the Ministry of Health, Labour and Welfare's "Patient Survey," the number of patients with "mood (affective) disorders (including bipolar disorder)" has increased by approximately 3.5 times in 2023 compared to 1996 (see Figure 1).

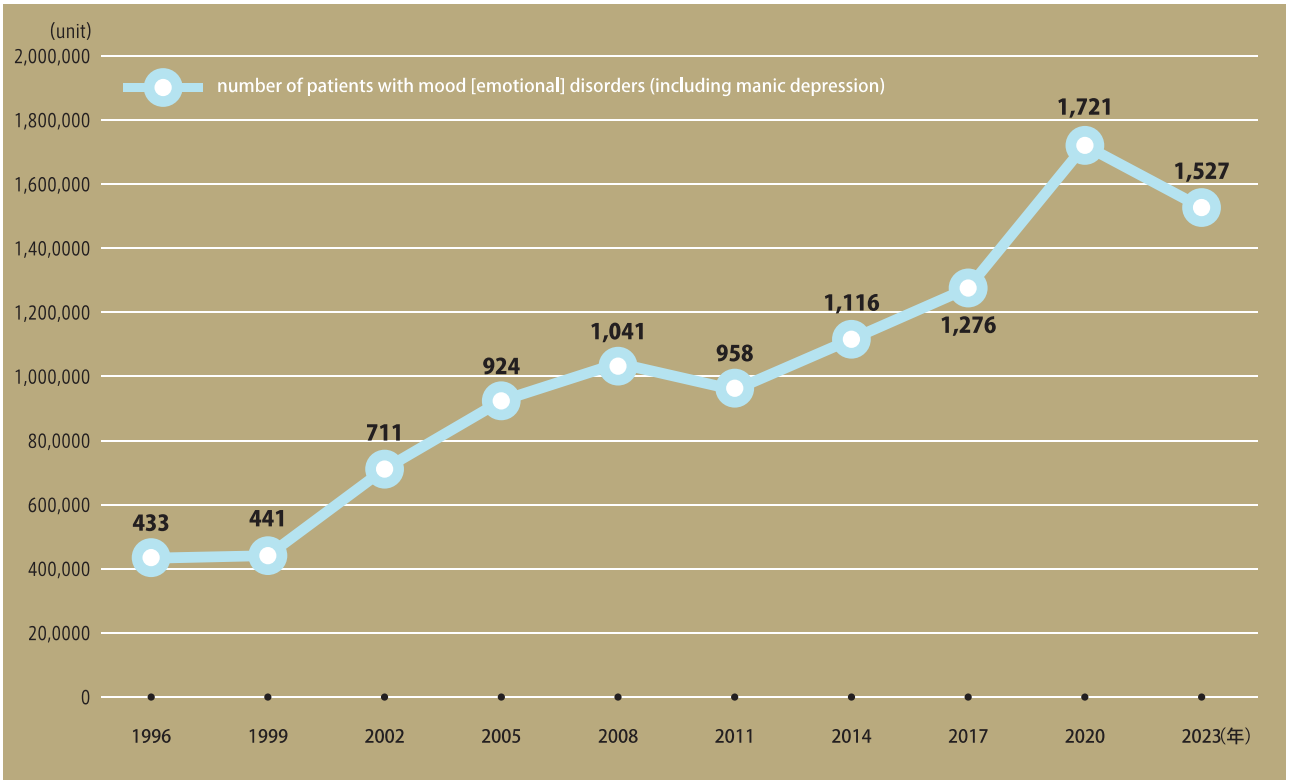
Furthermore, according to the Ministry of Health, Labour and Welfare's "Research on Epidemiological Studies of Mental Health," it is estimated that one in four people experience a mental disorder such as depression or anxiety disorder at least once in their lifetime, and that one in sixteen people experience depression at least once in their lifetime. There are various other mental illnesses besides depression, which has a large number of patients. Mental illness is a disease that can affect anyone.

Teachers in particular, should be careful about mental illness

As introduced in pages 2 and 3, the number of teachers taking sick leave due to mental illness is increasing. In today's educational environment, any teacher is at risk of suffering from mental illness such as depression, etc., and should deal with it. It is wrong to treat it as someone else's problem, or to dismiss people with mental illness as having a weak will or personal qualities. A workplace with such an environment not only worsens the symptoms of people suffering from mental illnesses, but also increases the number of people who develop mental illnesses.

Given that all teachers are at risk of suffering from mental illness, it is important to help and support each other for prevention and faster recovery.

Figure 1 Shift in the number of patients with mood [emotional] disorders (including manic depression)



From the Ministry of Health, Labor and Welfare's "Patient Survey"

Mental illness can manifest physically

Table 2 illustrates the various changes caused by depression (checkpoints for depression that people around can notice). As mentioned here, mental illnesses often only manifest as physical symptoms. Therefore, even the person themselves may not realize that they have a mental illness.

Furthermore, many teachers are serious-minded and methodical, so even when having worries or mental health issues, they often try not to show it, treating it as just their own problem, making it difficult for those around to see it.

For these reasons, it is easy for teachers to suffer from mental illness, and by the time those around them notice that something is wrong, the illness may have progressed considerably.

Suicide issues that need attention

In the worst cases, mental illness can lead to people taking their own lives. According to the Cabinet Office / National Police Agency's "Status of Suicides in 2022", the number one cause of suicide in 2024 was "health problems (44%)", which included "worries / impact of illness (depression)" having the highest value. The issue of suicide is discussed in detail on pages 40 and 41. Meanwhile, everyone should take care and be mindful of each other and make sure that no one commits suicide in the workplace.

Understanding colleagues with mental health issues

A "rework program" has been established to support teachers returning to work from sick leave due to mental health issues such as mental illness (see p. 39). The program involves gradual, step-by-step training to support recovery, including workplace reintegration training such as attending the assigned school three days a week for half-day shifts. Even after a full return to work, there remains a risk of relapse for some time..

The individual participating in the program often tends to feel pressure and anxiety about having to return to work quickly, as well as emotional distress. In such situations, when colleagues are able to support one another with a sense of mutual understanding ("it could happen to anyone"), recovery can proceed more smoothly, and it may also contribute to a reduction in the number of employees taking sick leave. For this reason as well, it is important to develop an understanding of mental illness.

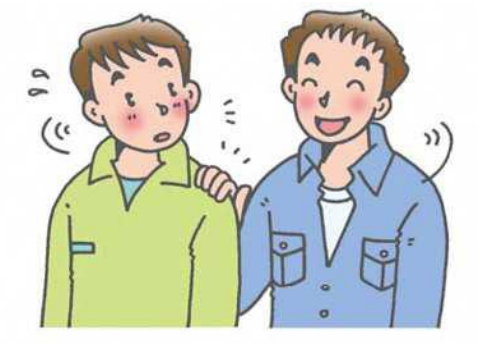


Table 2 Checkpoints for depression that people around will notice

1	Daily activity	☑ Talking less	
		☑ Being irritated	
2	Relationship with others	☑ Tends to withdraw into oneself	
		☑ Relations with others deteriorate	
		☑ Become timid	
3	Work related	☑ Work speed slows down	☑ Decreased concentration
		☑ Decreased efficiency	☑ Increased mistakes
		☑ Decreased motivation	☑ Increased tardiness and absence from work
		☑ Not feeling well in the morning or after taking day off	
4	Physical symptoms appear	☑ Sleeping disorder	☑ Loss of appetite
		☑ Whole body fatigue	☑ Headache, eye pain
		☑ Stiff shoulders	☑ Stomach pain, diarrhea, constipation
		☑ Having palpitations, shortness of breath	☑ Irregular physical complaints (resisting medical treatment)

From "Curing depression" (Yutaka Ono, author/PHP Shinsho)

Basic knowledge regarding mental illness①
Depression (mood disorder)

Of all the mental illnesses, depression (mood disorder) is one that needs the most attention. This mental illness tends to affect serious-minded individuals with a strong sense of responsibility, and teachers are more likely to suffer from it.

What is depression (mood disorder)?

Depression is a disease where a person feels depressed, loses the motivation to do anything, loses interest in things around, as well as having difficulty in daily life.

In a state of lack of psychological energy, obvious physical symptoms also appear. It is classified as a "mood disorder", a mental illness in which "mood" is a central issue.

With regards to its cause, mainstream idea in recent research shows that "a problem is occurring in the transmission of information between nerve cells in the brain." It is thought that during depression, brain networks related to brain chemicals such as "serotonin" and "noradrenaline" may not be functioning properly.

Symptoms of depression as seen by others around

Although the main symptoms of depression seen by those around are the ones illustrated on page 33, the most obvious symptoms that people notice are behavioral changes. Common issues include "tardiness, absenteeism, and leaving work early," "feeling lethargic and absent-minded," "dramatic decrease or increase in talking with others," "increase in self-denial expression or statements," or "often cancelling appointments at the last minute." Observing these behavior in people who are usually serious-minded and compliant to rules, may be a sign of depression.

Treatment and handling of depression

People with depression need rest and treatment. First of all, a consultation should be made with a specialist (or a family doctor, if it is difficult), to receive treatment with medicine, etc., and taking time to rest the mind and body through reducing workload. If a specialist determines that a long-term leave is necessary, it is advisable to consult with the manager at work and take a sick leave as soon as possible.

Depression is a disease that tends to recur and become chronic, and if aggravated will cause a person to suffer from relapses as time goes by. It is necessary to treat it properly when it first occurs, and control stress to prevent it from recurring. Hence, it is important to consult with a doctor regarding treatment. Furthermore, it is advised to refrain from discontinuing prescribed medication without permission.

Leaving the busy workplace must be very difficult to do, but getting support from others around and recovering properly is the most efficient method in the long run.

"Atypical depression," in which a person's distress is difficult to recognize

"Atypical depression" is a form of depression that differs from typical, conventional depression. While a person may feel depressed and unable to work in the workplace, they are able to function as usual during holidays or periods of sick leave and may also enjoy hobbies and other activities.

Because motivation for things they like can remain, they may engage in activities such as traveling while on sick leave. Consequently, people in the workplace and others around them may be inclined to think that it is "simply a matter of weakness or laziness," when in fact the individual is suffering from depressive symptoms. Characteristic features include mood improvement through enjoyable experiences even when feeling extremely depressed, tendencies toward hypersomnia, overeating and weight gain, a feeling of heaviness in the limbs, and being easily offended in interpersonal relationships.

Regarding workplace responses, it is important to listen to the individual's concerns while considering appropriate measures in consultation with managers, occupational health staff, the attending physician, etc.

Main symptoms of depression

Symptoms of depression appear both mentally and physically. Although the main symptoms are listed in the "Depression Checklist" below, the following nine depressive symptoms are characteristic of depression. Furthermore, there are cases where only physical abnormalities appear, especially for teachers who try hard to appear cheerful or energetic in front of children, these physical symptoms are often the only symptoms of depression (masked depression).

❶ Depressed mood

A person may feel depressed or irritated, such as feeling melancholic, sad, or hopeless. These symptoms are often stronger in the morning and improve in the afternoon. However, the feeling of depression may also be hidden behind physical complaints such as increased irritability, fatigue, etc.

❷ Loss of interest or joy

Loss of interest in hobbies and leisure activities that used to be enjoyable, and everything you do feels bland.

❸ Decreased or increased appetite

In general, depression causes a decrease in appetite, but in some cases, appetite increases, such as craving for sweets. A person may also lose weight rapidly due to loss of appetite, and feel like "no matter what you eat, it feels like chewing sand."

❹ Sleeping disorder

Insomnia is also a typical symptom of depression. Not only does a person have trouble falling asleep, but often wake up in the middle of the night or early in the morning, like 3:00 or 4:00 a.m. On the other hand, hypersomnia may occur, such as having an extremely long night's sleep or feeling sleepy during the day. Appetite and the desire for sleep are essential needs for human survival, and it is strongly advised to consult a specialist if the "lack of appetite and sleep" condition continues for more than two weeks.

❺ Psychomotor disorders (strong feeling of agitation / restriction of movement)

Body movements may slow down, talking becomes less and your voice may become soft (psychomotor inhibition). On the other hand, it may become hard to sit still from being so agitated and keep talking as if being urged to do so.

❻ Easily getting tired / loss of energy

Energy level and productivity will drop and even daily tasks like getting dressed will become more difficult. You can no longer read the morning paper, and lose interest in things like makeup, etc.

❼ Strong feeling of guilt

Faulting oneself for almost no reason, or feeling guilty of remembering trivial incidents from the past. As the symptoms worsen, you start to think that you are the cause of all the bad things around you.

❽ Decline in thinking ability and concentration

The ability to focus becomes distracted and thinking ability deteriorates, consequently repeating mistakes that would have never happened before, or being unable to think and decide, even for insignificant matters.

❾ Having thoughts of death

As depression becomes more severe, it is not uncommon for those suffering from it to believe that they would be better off dying from the pain. They may become pessimistic about the future or feel guilty and even become haunted by thoughts like "it would be better to just leave this world."

Created based on (Yutaka Ono, author/PHP Shinsho)

Depression checklist

- ☐ 1. I tend to feel depressed and find it difficult to feel cheerful.
- ☐ 2. I feel worse in the morning than in the evening.
- ☐ 3. Tears start to fall for some reason / I'm easily moved to tears.
- ☐ 4. Having difficulty sleeping / waking up in the middle of the night.
- ☐ 5. I can't enjoy my favorite food.
- ☐ 6. I have recently lost weight.
- ☐ 7. I get tired easily / I can't seem to do the things I used to be able to do.
- ☐ 8. I don't have any basis and I don't have confidence in myself
- ☐ 9. I don't feel any hope in my life / I feel like the same things will continue to happen over and over again
- ☐ 10. I can't make decisions right away
- ☐ 11. I feel useless
- ☐ 12. I sometimes think I'd be better off dead
- ☐ 13. I don't want to meet people anymore
- ☐ 14. I often change appointments at the last minute
- ☐ 15. I feel like my mental agility has slowed down
- ☐ 16. Thoughts run through my head for a long time
- ☐ 17. I feel like the holidays go by too quickly

Created based on (Morotomi, 2009)

Basic knowledge regarding mental illness② Adjustment Disorder/Anxiety Disorder(anxiety-related condition)

"Adjustment disorder" refers to a condition in which specific situations or events are experienced as distressing, such as being unable to enter a classroom due to feeling frozen with fear, which leads to difficulties in work and other functioning. "Anxiety disorders" involve anxiety symptoms that arise in response to stress, which may also manifest as physical symptoms or behavioral changes.

Adjustment disorder

This is a mental health condition that is increasing among teaching staff. Specific situations or events in the workplace can become a significant source of stress for the individual, leading to persistent low mood, anxiety, irritability, and other psychological symptoms, as well as physical symptoms such as insomnia, loss of appetite, sweating, palpitations, and shortness of breath. While the symptoms are similar to those of depression, the condition improves once the stressor is removed, and is therefore considered a clearly identifiable "stress response."

While medication is used in treatment, the condition often improves if the source of stress is removed. It is thought to arise when a person's adaptive capacity is no longer sufficient to cope with the stressor, and support such as adjusting the environment, helping the person become accustomed to the situation, and enhancing their adaptability is important for recovery.

Anxiety disorder (anxiety-related condition)

Anxiety refers to fear without a clear object, but an anxiety disorder is a condition in which severe anxiety and anxiety-related physical symptoms (such as sweating, palpitations, rapid heartbeat, chest pain, headaches, and diarrhea) persist and interfere with daily life.

Typical anxiety disorders include the following:

● Panic disorder

Although the main symptoms in anxiety disorders are characterized by strong feelings of anxiety and fear, one of the most common symptom is panic attack.

People with panic disorder tend to be afraid of going out or riding the train, for fear of "what to do when having an attack," which can interfere with daily life.

● Generalized anxiety disorder

Generalized anxiety disorder is a condition in which a person continues to feel vaguely and strongly anxious without a specific cause. For no particular reason, feelings of extreme anxiousness about natural disasters, accidents, illness, etc., and symptoms such as palpitations and dizziness may appear. It is not a rare disease, with more patients suffering from it than panic disorder.

● Social Anxiety Disorder (SAD)

Extreme anxiety is experienced in front of others, such as worrying "what if I embarrass myself," and physical symptoms such as nausea, trembling, and dizziness may occur. The nervousness or stage fright that anyone may feel in situations where attention is focused on them becomes so intense that it interferes with daily life.

Although it may sometimes be mistaken for a personality issue, it is a mental disorder that can be treated and improved.

● Obsessive Compulsive Disorder

Obsessive-compulsive disorder is a condition in which certain words, numbers, or painful images compulsively pop into a person's mind over and over again. Other symptoms include repeatedly washing hands or checking the door to the extent that it interferes with daily life. Most people suffer because they are unable to stop this behavior even though they are aware that their symptoms are irrational.

● Substance/medication-induced anxiety disorder

This is an anxiety disorder caused by substance use, such as excessive intake of alcohol or caffeine, or by medications used in treatment. Since excessive caffeine intake can trigger strong anxiety, those who recognize this tendency should try gradually reducing their intake.

Treatment and coping with anxiety disorders

Treatment primarily involves medication and counseling. Medications include antidepressants, anti-anxiety medications, and sleep aids. Counseling provides support through approaches such as cognitive behavioral therapy, which aims to reduce stress and help individuals cope with anxiety and fear by gradually becoming accustomed to anxiety-provoking situations and by modifying patterns of extreme thinking (cognitive distortions).

Overcoming difficulties through small steps and gradually regaining confidence contributes to recovery.

* Physical symptoms such as palpitations and shortness of breath seen in anxiety disorders may also be caused by conditions such as hyperthyroidism, arrhythmia, or anemia, which can in turn lead to anxiety. If physical symptoms are present, an initial consultation with an internal medicine physician should be sought.

How to recognize the signs of anxiety

It is necessary to consult with a mental health specialist if having severe anxiety that interferes with daily life, as mentioned above. However, when having moderate anxiety, it is important to accept it as a "mental message" forewarning of some dangers ahead, such as a buildup of mental and physical fatigue, etc. When feeling any "signs of anxiety" as shown below, it would be better to first consider whether you are feeling more stressed or burdened than you realize, and use these as an opportunity to re-evaluate your condition and face the problem.

Signs of anxiety

Physical reaction

- ◎Having palpitations
- ◎Feeling dizzy
- ◎Face turning red
- ◎Sweating
- ◎Having muscle tensions, etc.

Mood or emotion

- ◎Becoming nervous
- ◎Getting irritated
- ◎Feeling unbearably worried
- ◎Causing panic, etc.

Behavioral aspect

- ◎Avoiding situations that might cause anxiousness
- ◎Leaving the place when feeling anxious
- ◎Repeatedly checking things to make sure they are done perfectly
- ◎Limiting things so that danger does not occur, etc.

Way of thinking about things

- ◎Exaggerate the danger being faced
- ◎Underestimate one's own strength
- ◎Thinks that support cannot be expected from those around
- ◎Ends up thinking the worst case scenario, after much thought

Created based on "Curing Anxiety Disorder" (Author: Yutaka Ohno/Gentosha Shinsho)

Did you know? Adult developmental disorders

Developmental disorders* are often thought of as disorders unique to children, but they may not be noticed until after they become full-fledged members of society. Particular attention should be given to Asperger's syndrome, as it can sometimes be accompanied by mental illnesses such as depression and addiction.

*What is a developmental disorder? A "developmental disorder" is defined as "autism, Asperger syndrome and other pervasive developmental disorders, learning disabilities, attention deficit hyperactivity disorder, and other similar brain function disorders whose symptoms usually appear at a young age." (Definition taken from Article 2 of the Developmentally Disabled Persons Support Act)

What is Asperger's Syndrome

Asperger's syndrome is one type of "autism" in a broad sense. Although there is no delay in intellectual development such as language, etc., it has three characteristics, namely "social impairment", "communication impairment", and "imaginative impairment" (see table 1). It is said that the way they use their bodies is often awkward and clumsy. Since there is no intellectual delay, the disability is not as noticeable as a child. However, in many cases, when a person with Asperger's syndrome gets a job and starts working, the disability causes problems in the workplace or on the job and that is when the person and those around become aware of the problem for the first time.

Table 1 Three characteristics of Asperger syndrome

1	**Social impairment**	Difficulty in making small talk / staring at others for long periods of time or not making eye contact / indifference to clothing and appearance / inability to speak appropriately to the situation / inability to read and respond appropriately to other people's feelings / not being able to know common sense, etc.
2	**Communication impairment**	Inability to read meanings and nuances contained in words / can only take words literally and cannot understand humor or figurative expressions / inability to express emotions well / having difficulty concentrating on a conversation when there is noise
3	**Imaginative impairment**	Extremely picky and have trouble with schedule changes or switching feelings or mindset / inability to pay attention to things not interested in / have a tendency to want to stick to routines, habits, and time.

* If you have the above characteristics and it clearly interferes with daily life, it should be viewed as a "disability" and consultation with a medical institution should be considered. However, even when having these characteristics, there will be no problem as long as the environment in which the person is in does not cause problems for the person or those around, and does not interfere with their daily lives.

Basic knowledge regarding mental illness③
Schizophrenia

Schizophrenia is a disease where a person loses the ability to organize thoughts, making it difficult to perceive reality.
It is a common disease that affects 1 in 100 people, and treatment methods are progressing.

"Schizophrenia" - loss of coherence of thoughts

As the name implies, "schizophrenia" is a disease in which it becomes difficult to organize a person's thoughts. In our daily lives, we perceive reality by "integrating" a variety of information in our own way. However, in schizophrenia, this "integration = unity of thought" is lost, so the world around them is perceived as something different. It was formerly known as "seishin bunretsu byō" (the Japanese term for schizophrenia at the time), but in 2002 it was renamed "tōgō shitchō shō" (schizophrenia).

The incidence rate is 0.7 to 1% of the population. In other words, it affects approximately 1 in 100 to 140 people, and is therefore not a rare disease.

Emotional instability due to auditory and visual hallucinations

Symptoms of schizophrenia can be broadly divided into "positive symptoms" and "negative symptoms."

Positive symptoms include auditory and visual hallucinations, such as ``Everyone is saying bad things about me,'' ``I hear someone's voice giving orders in my head,'' and ``I'm being trapped by someone's conspiracy.'' They are driven by fear and can lead to emotional instability.

On the other hand, with negative symptoms, the person loses motivation as well as the ability to do normal daily activities such as taking a bath, grooming, etc., and tends to become withdrawn.

Recent research has confirmed that when auditory or visual hallucinations occur, the parts of the brain responsible for hearing and vision become excited. In other words, even if the person is not actually being spoken ill of, it is thought that the person in question is hearing the voice "in real life." Therefore, the person is not aware that the auditory hallucinations are due to the illness.

Seek early medical attention with support from those around you

The cause of schizophrenia is believed to be trouble within the brain, but the mechanism is still not clearly understood.

In many cases, preceding symptoms such as "not being able to sleep," "feeling lightheaded," and "feeling excited" are seen just before the symptoms of a mental disorder appear. Consulting with a doctor at an early stage when noticing a change in behavior, etc., will make the subsequent progress better. The person affected is often unaware of the illness, so it is important for those around them to offer gentle support and help facilitate access to medical care when unusual changes are noticed.

Live a social life with treatment and support from those around you

There are three main types of treatment for schizophrenia: drug therapy, psychotherapy, and lifestyle therapy. In addition to stabilizing brain function through medication, psychotherapy may also be performed to help the patient psychologically face the illness and accept treatment. Depending on the condition, rehabilitation treatment such as day care may be provided.

In the past, it was thought that it was impossible for people with schizophrenia to return to society after onset, but today it has become possible to alleviate the symptoms, and many patients are able to lead a social life. Support and deep understanding from those around are key to having a stable social life,.

People around should avoid being misguidedly optimistic or carelessly making comments like "you're overthinking," etc., and instead try to encourage consulting with a specialist as soon as possible, and thereafter continue to treat them in the same manner as before.

Basic knowledge regarding mental illness④
Alcoholism

Those who have developed a drinking habit and cannot stop at their own volition, may be suffering from "alcoholism."
In recent years, the relationship between depression and suicide has attracted attention.

Knowing that "it's wrong" but can't stop doing it

A condition in which a person knows that it's not right, but does not have the will to stop drinking and losing self-control is called "alcoholism." The number of patients nationwide is said to reach 800,000, making it one of the more prevalent mental illnesses.

Continuous drinking in large quantities (more than 3 cups) is dangerous

Although it varies with each person, it is said that men who continuously drink the equivalent of 3 cups or more of Japanese sake every day, will become alcohol dependent in 10 to 15 years, and 5 to 10 years for women. When developing a "mental dependency" on alcohol, where it is difficult to calm down without having a drink and think about alcohol all the time, or a "physical dependency," where hand tremors or insomnia is experienced, it is necessary to completely stop drinking alcohol in order to recover. There will be no other option other than alcohol abstinence. Before that happens, it is important to set aside one or two alcohol-free days every week.

Also associated with depression and suicide

Once thought to be a problem of those who have weak will or personality, alcoholism has come to be treated medically as a mental illness in recent years. It is known that many patients with alcohol dependence also suffer from depression, and the suicide rate is also high. Even if there is no dependency in the first place, there is a strong relationship between alcohol and depression, and alcohol is considered a risk factor for suicide. It is best to take prompt action, such as seeing a specialist, etc., when alcoholism is suspected.

Alcoholism checklist

Male version (KAST-M)

Answer with yes / no

	Have any of the following happened in the last 6 months?	yes	no
1	I eat three times a day, almost regularly	0	1
2	I have been diagnosed with and treated for diabetes, liver disease, or heart disease	1	0
3	I often can't sleep without drinking alcohol	1	0
4	Sometimes I don't go to work or miss an important appointment because of a hangover	1	0
5	I have felt the need to stop drinking	1	0
6	I have often been told that I'm a better person if I don't drink alcohol	1	0
7	I have drunk alcohol before while hiding it from my family	1	0
8	When I run out of alcohol, I experience sweating, shaking hands, irritability, insomnia and other difficulties	1	0
9	I have had morning sake and lunchtime sake	1	0
10	I think I can live a better life without drinking	1	0
	Total score		points

Total score of 4 or more: Suspected alcohol dependence group
Total score of 1 to 3 points: Caution group (normal group if only 1 point due to question item 1)
Total score of 0 points: normal group

Female version (KAST-F)

Answer with yes / no

	Have any of the following happened in the last 6 months?	yes	no
1	I often can't sleep without drinking alcohol	1	0
2	Have you ever been told by a doctor to refrain from alcohol?	1	0
3	Even when I think of not drinking alcohol at least for today, I often end up drinking	1	0
4	Have you ever tried to reduce or stop drinking alcohol?	1	0
5	I have drunk alcohol before while doing work, housework, or taking care of the children	1	0
6	People around me started doing the work I was doing	1	0
7	I have often been told that I'm a better person if I don't drink alcohol	1	0
8	Have you ever felt guilty about your drinking?	1	0
	Total score		points

Total score of 3 or more: Suspected alcohol dependence group
Total score of 1 to 2 points: Caution group (normal group if only 1 point due to question item 6)
Total score of 0 points: normal group

Created based on the website of the National Hospital Organization Kurihama Medical Center

When there is a risk of having mental illness

Many people are reluctant to see a psychiatrist or psychosomatic doctor due to their pride as faculty members or misunderstandings about mental illness. However, it is important to receive appropriate treatment from a specialist as soon as possible in order to cure mental illness.

To make a consultation with a medical institution

Medical departments that specialize in mental illnesses include psychiatry and psychosomatic medicine. However, those who are reluctant to see a mental health specialist such as a psychiatrist, should first consult with a family doctor. Based on a person's treatment history, a referral can be made to a specialist in psychiatry or psychosomatic medicine if necessary. The important thing is to consult a medical institution as soon as possible if "something feels wrong."

Medication is the main treatment for mental illness

Mental illness is treated using medication as the main treatment method, coupled with psychotherapy (psychological treatment). Many people are reluctant take drugs that affect the brain, including sleeping pills, but alcohol is a much more addictive drug, so it is important to take the medication properly during the treatment process. However, when feeling unwell, or having doubts about the effectiveness of the medicine, or experiencing any abnormalities from its effects, it is necessary to consult and report the matter to a physician.

Furthermore, if the doctor's treatment plan of prescribing several types of antidepressants alone seem unsatisfactory, a second opinion from another specialist may be a better alternative.

Regarding drug therapy

For example, psychotropic drugs are primarily used in treating depression and are mainly divided into the following groups and used depending on the therapeutic purpose.

These psychotropic drugs are generally prescribed in combination, rather than individually, depending on the symptoms. Some people fear that psychotropic drugs are "strongly addictive" and "continuous use will alter a person." However, psychotropic drugs do not

Dealing with medicine effectively

Psychotropic drugs that are currently in use do not cause long-term physical damage, nor are there any concerns about dependence or addiction. However, many people seem to be reluctant to take drugs that affect mental function. Consequently, some people may refuse to take their medication, reduce their dosage, or stop taking them, which can delay mental illness recovery. When in doubt or having concerns about using drugs, careful consultation with a physician should be made and terminating medication at will should be avoid.

On the other hand, it is also important not to rely too much on drugs or have too high expectations for them. Antidepressants take 2 to 3 weeks from the time you start taking them before they become effective, and they do not work better if you take a lot.

Dealing with medication more effectively is to use it to feel better and perform well. As much as possible, it is recommended to use as few types of drugs for a single patient.

have such strong effects and only acts to normalize the balance of chemicals in the brain. Furthermore, even though it is simply called depression, the symptoms will vary between individuals, hence the drugs prescribed will also be different. The prescription will also change depending on the patient's progress. Therefore, it is common for patients with the same depression to be prescribed different types and doses of medications.

Types of psychotropic drugs

Antidepressants
Primarily used to elevate a depressed mood and restore normal state

Mood stabilizing drugs
Calms an excited mood caused by manic-depressive state

Anti-anxiety drugs
Relieves recurring anxiety and tension

Antipsychotic drugs
Controls over-excitement and extremely strong anxiety

Sleeping pills
Suppresses symptoms such as difficulty falling asleep, waking up during the night, and frequent nightmares, and helps in having a deeper sleep by reducing tension during sleep.

About psychotherapy (psychological treatment)

Psychotherapy is a method of alleviating distress by organizing feelings with facts through conversation, and is also called psychological treatment or psychotherapy. The individual's tendencies in thinking, behavior, and relationships (such as the positioning of one's own and others' characters in the group and the types of people with whom one often interacts), which are formed by the individual's life experiences, are sorted out and reviewed from a third-party perspective. The aim is to reduce stress by learning techniques for "coping" and "getting through" worries and stress.

Psychotherapy includes "cognitive therapy and cognitive-behavioral therapy," in which a person learns and corrects his or her thinking and perception habits; "behavioral therapy," in which the person is gradually confronted with specific behaviors and conditions that cause anxiety and relearns about the behaviors and their consequences; and "interpersonal therapy", in which excessive anxiety in interpersonal relationships is eliminated and the person is trained to behave appropriately.

Just like chronic diseases such as diabetes, mental illnesses such as depression can become chronic or have a risk of recurrence. Even after recovery, learning about one's thinking and perception habits and making improvements to reduce stress can be effective in preventing the illness from recurring.

"Rework programs" to prevent relapse and support a smooth return to work

Boards of education and other organizations provide support for teachers who have taken leave due to mental illness or mental health difficulties, helping them return to work through "rework programs." While program details vary depending on the board of education, participants can choose and apply for a program that suits their needs in terms of location, duration, and content. For information on available programs, consult the school principal or the board of education, or refer to the board of education's website.

Those wishing to participate are required to inform the school principal and complete the necessary procedures, such as submitting application documents through their school.

Major medical institutions and organizations with psychiatry and psychosomatic medicine

Mental health portal site for workers "Kokoro no Mimi" (Ministry of Health, Labor and Welfare)

- Information page for medical institutions such as psychiatry, psychosomatic medicine, etc.
  https://kokoro.mhlw.go.jp/facility/
- Specialized counseling institutions / consultation counter information page
  https://kokoro.mhlw.go.jp/agency/

Japan Psychiatric Hospitals Association
https://www.nisseikyo.or.jp/

Japanese Association of Neuro-Psychiatric Clinic
http://www.japc.or.jp/

"Kokoro mo mente shiyou" - Mental health site to support young people (Ministry of Health, Labor and Welfare)

- Consolation counter page **https://www.mhlw.go.jp/kokoro/youth/**

About suicide prevention - to prevent the loss of precious lives

Depression and other mental illnesses and mental health disorders can worsen, and in the worst case, may lead to "suicide". What can we do to prevent tragedies such as the suicide of a colleague?

Trends in the number of suicides in Japan

In 2024, the number of suicides in Japan was at 20,320. Roughly 60 people take their own lives every day. Figure 1 shows trends in the number of suicides in Japan. While the number exceeded 30,000 from 1998 onward, it fell below 30,000 in 2012 and has shown a declining trend in recent years. By age group, the highest number is among those aged 60 and over, while those in their prime working years, in their 40s and 50s, also rank high. Notably, there has been a slight increase among those aged 19 and under.

By motive, "health problems" was the most common reason, but the breakdown shows "depression" at 40%, "schizophrenia" 9%, "alcoholism" 2%, and "other mental illness" at 14%, and those caused by mental illness account for approximately 65% of the total (Figure 3). This shows that mental health measures are very important in preventing suicide.

Page 41 introduces the Ministry of Health, Labour and Welfare's "Ten Guidelines for Suicide Prevention," which summarize key risk factors requiring particular attention. If someone nearby meets several of these criteria, careful attention should be given, and support provided to help connect them with professionals, such as facilitating access to medical care. This may serve as a useful reference.

Figure 1 Trends in the number of suicides by age group in Japan

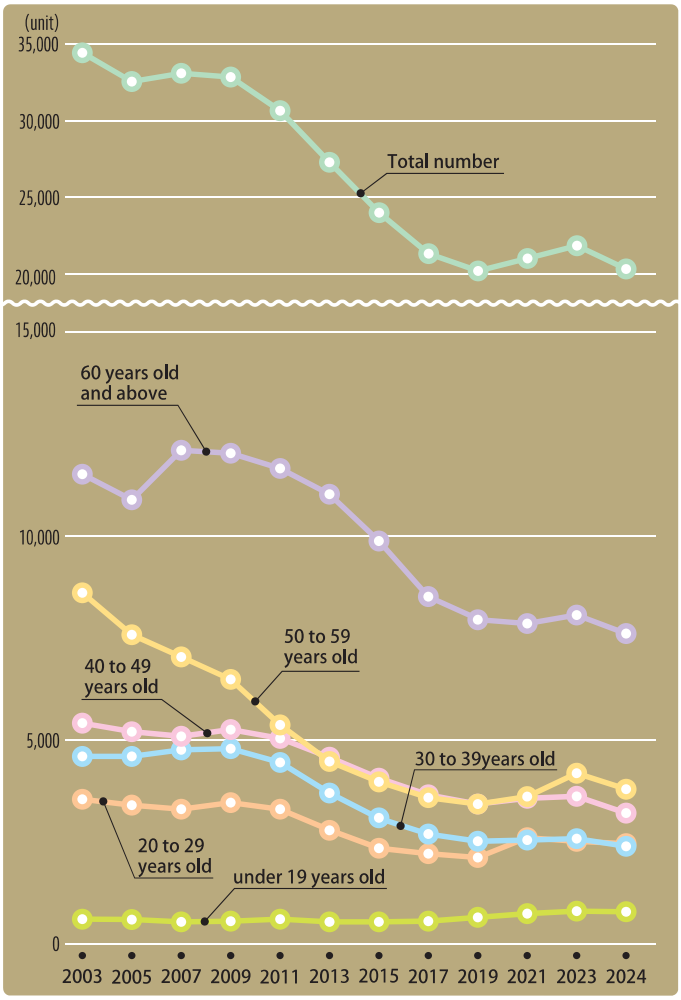


Figure 2 Motive for suicide

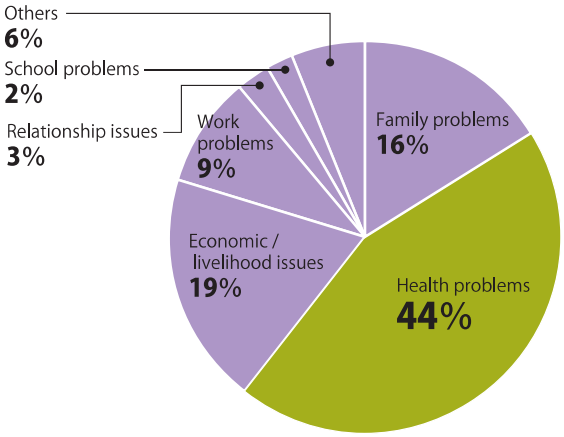
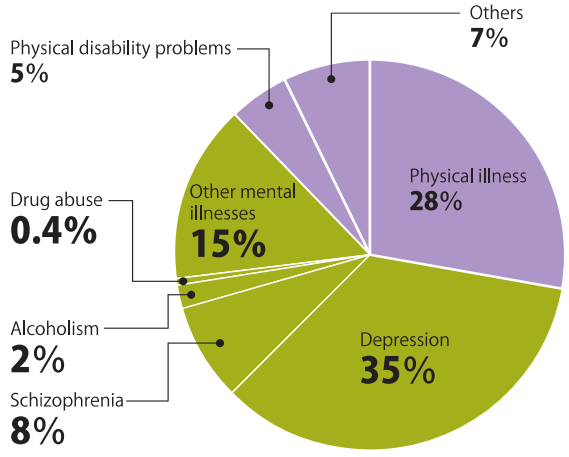


Figure 3 Breakdown of motivations for "health problems"



Figures 1 and 2 were created based on "Situation of suicides in 2022" by the Ministry of Health, Labor and Welfare / National Police Agency
Figures 3 was created based on "Situation of suicides in 2020" by the Ministry of Health, Labor and Welfare / National Police Agency

10 points for suicide prevention

❶Watch out for symptoms of "depression"

Depression is a major cause of suicide. If you experience any of the symptoms described in this booklet, be aware that worsening symptoms may lead to suicide.

❷Prolonged physical discomfort of unknown cause

Mental illnesses such as depression often manifest as physical ailments. It is not uncommon for people with so-called "masked depression" to be unaware that they are depressed, so be careful if physical discomfort persists.

❸Increased alcohol consumption

Many depressed patients increase their alcohol consumption because drinking alcohol temporarily makes them feel better. Increased alcohol consumption also puts them at risk of losing self-control due to intoxication.

❹Unable to maintain safety and health

Desperate behavior often precedes suicide, such as those with diabetes who stop taking care of their health, and serious-minded people engaging in deviant behavior.

❺Sudden increase in workload, major failure, loss of job

Overwork, such as long hours of overtime work, can lead to "suicide due to overwork." Another danger is when those who have been so devoted to work makes a big mistake at work, or loses the job, and loses their sense of self-worth.

❻Lack of support at work and at home

The suicide rate for those who are unmarried, divorced, or widowed is more than three times higher than for those who are married with families. Caution should be taken by individuals who don't have anyone nearby to rely on or consult with.

❼Losing something that a person holds dear or valuable

When a person loses something of special value, such as a death in the family, or a scandal at work, etc., the risk of denying everything about oneself and committing suicide increases.

❽Suffering from a serious physical illness

When those in their prime of life develop a serious illness that drastically alters the meaning of their lives,

❾Talking about suicide

Many people who commit suicide confide in someone about their suicidal thoughts, such as "I want to die," shortly before they commit suicide. This is a sign that they are calling out for help from someone close to them, so please take time to listen.

❿Attempted suicide

A person who has attempted suicide before is more likely to do it again. Furthermore, self-harm behaviors that do not actually lead to death, such as "shallow slitting of the wrists" or "taking a little too much medication," should be taken as signs of suicidal behavior.

Created based on "Prevention and Response to Suicide in the Workplace," Ministry of Health, Labor and Welfare

When noticing something unusual about a colleague, etc.

In some cases, people with mental illnesses are not even aware of their condition. For this reason, it is important for those around to be aware and to take the appropriate measures. Furthermore, people who are attempting suicide are often feeling more isolated, so take time to support them by talking, asking about their worries, etc. as described below.

①Try calling out

Some psychiatrists have described suicide as a "disease of isolation." Hence, a situation in which a person is unable to communicate with those around is undesirable. When a colleague is acting strangely, try saying something like, "You don't seem well lately. What's wrong?" When listening, it is important to have an attitude of acceptance, accepting the other person's concerns and thoughts, rather than offering encouragement.

②Work with others around you

It is important to create an atmosphere of support throughout the workplace, consulting with surrounding teachers and managers as needed. If the situation is considered serious, consult with family members as well.

③Recommend consultation with a medical institution or specialized institution

When suspecting that a person has a mental illness, make a suggestion to visit a medical facility or consult with a specialized institution. Furthermore, if the person refuses to make the consultation, someone around can contact the specialized institution and receive advice.

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