



Out of The Net
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OUT OF THE NET

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Policy recommendation for the Hikikomori Syndrome Prevention in the educational environment

Intellectual Output 5



UNIVERSITÀ
DEGLI STUDI
DI PADOVA



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Introduction

The project “Out of the Net” is addressed to prevent the phenomenon of social withdrawal and of Hikikomori syndrome through creative and socializing artistic and robotic activities.

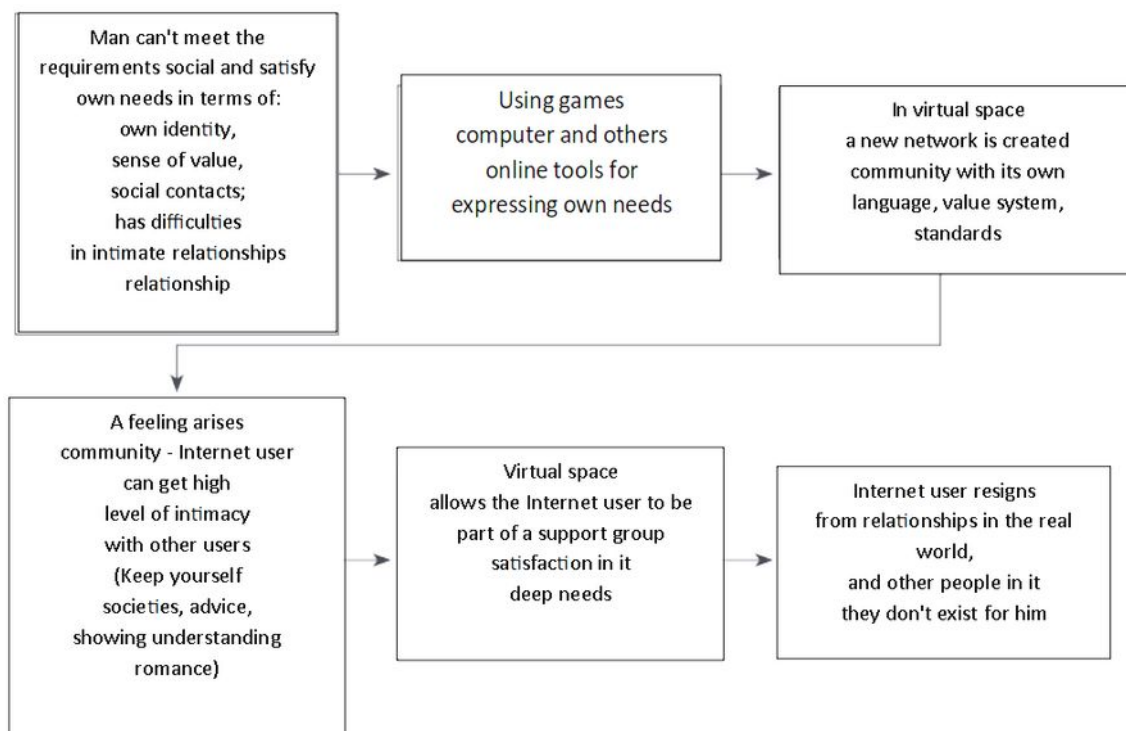
Hikikomori Syndrome consists of prolonged and severe social withdrawal. The term Hikikomori defines teenagers retreating from all real-life social interactions. These young persons rarely leave their homes and have no friends or family members with whom they interact. Instead, they have a very active online life: the virtual world is the place where they feel accepted. Usually, these young people have experienced social pressure and fear, so they have started to gradually isolate themselves, rejecting contact with everyone, from classmates to family members. Virtual progressively substitutes reality during the fundamental developmental phase of personal identity.

This syndrome has been firstly identified in Japan, but nowadays this adaptive social distress affects all the economically developed countries in the world. It is important to act for early prevention to limit the psycho-social consequences of social withdrawal.

As identified by the researches, the withdrawal is gradual and is connected with the perceived social pressure toward assimilation to certain superficial values. The project aims at training teachers to identify the premonitory signs of withdrawal and to develop creative and socializing artistic and robotic activities as a way to strengthen the social skills, to express the personal potential and to prevent Hikikomori syndrome.

Technological addictions – Theoretical Issues

Numerous explanations for the emergence of technological addiction are cited in the literature on the subject. Of these, it is worth noting the **theory of compensation**



Source: based on the Young, Yue, Ying, 217

The theory of compensation emphasizes the role of a defense mechanism – compensation. It works like rewarding yourself for shortcomings or defects. It gives temporary pleasure, but repeated behavior may cause the subconscious association of a given defect with a reward to become established and make it difficult to remove it. Man directs his activity towards achieving goals similar to those he has failed to achieve previously (Kozielecki, 2000). When engaging in various online activities, young people also seek to compensate for their own identity, self-esteem and social contacts. On the Internet, they create their own social network, e.g. by visiting gaming websites or FaceBook. During some online activities, they develop a high level of intimacy with other network users, and this creates a sense of community that has its own language, system of values and standards. Participation in a virtual community makes the physical world and other people (family, friends, acquaintances) irrelevant (Young, Yue, Ying, 2017). By exchanging messages on the Internet, its compulsive users make up for what they lack in the offline world (Caplan, High, 2006).

In 2016, a research team led by M. Brand attempted to develop a model based on the interaction of Person-Affect-Cognition-Execution (I-PACE) factors (Brand et al., 2016). This model comprehensively captures the mechanisms of Internet use disorder. It assumes that there is a set of basic factors, such as personality or psychopathology, which are a risk factor for the development of the disorder, but only in the presence of other variables, such as lack of competence to cope with stress.

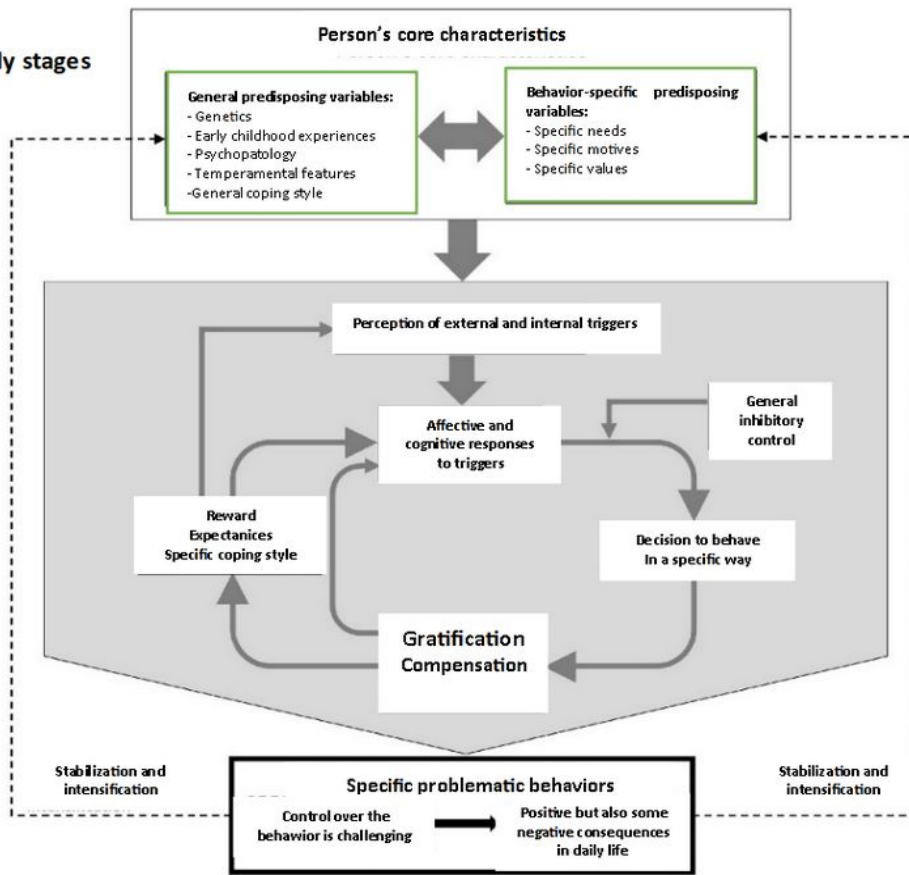
This model comprehensively describes the role of individual variables and analyzes the mechanisms of the disorder (Fig.2). In some simplification, the I-PACE model can be described as assuming that with certain predispositions and in the presence of emotional and cognitive reactions to both internal and external stimuli, cognitive control and decision-making are disturbed, resulting in (over)use of the Internet and related with it the consequences.



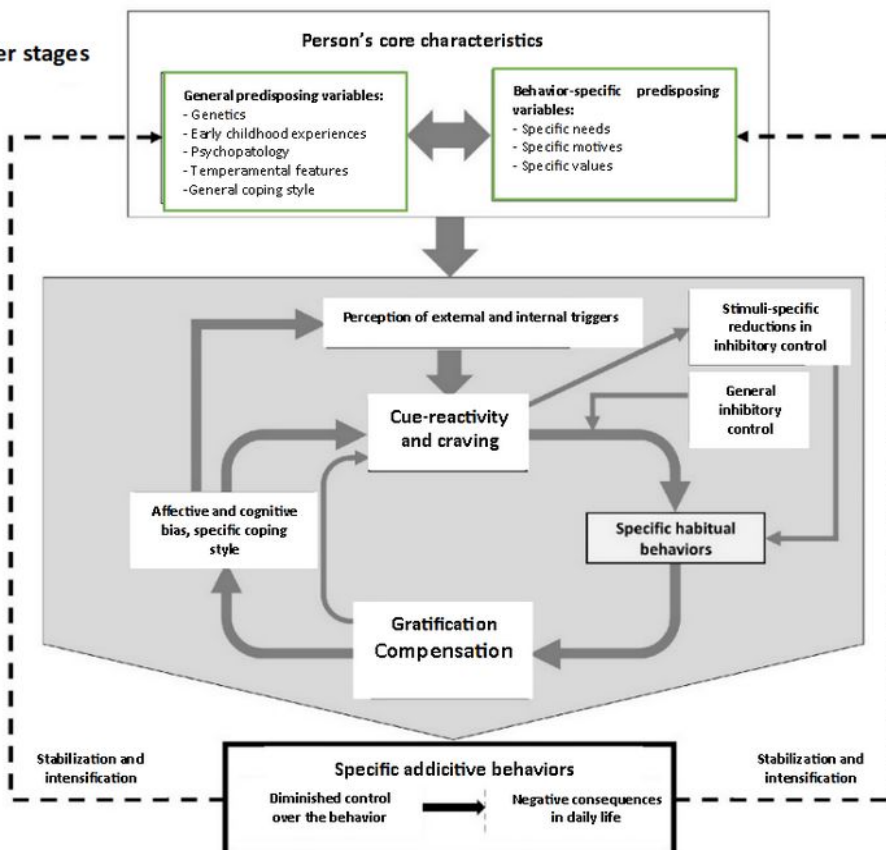
Fig. 1. Differentiating environmental aspects, individual reactions of the person, and consequences of repeated specific behaviors over time. The revised I-PACE model concentrates on the person's reactions and consequences involved in developing addictive behaviors.

Fig. 2. The revised I-PACE model for addictive behaviors. Figure A shows early stages of the development of addictive behaviors. Figure B illustrates later stages of the process and factors contributing to the maintenance of addictive behaviors. Bolder arrows indicate stronger connections/accelerated mechanisms (next page)

B. Early stages



A. Later stages



Hikikomori policy development

Voluntary social withdrawal refers to all those situations in which children and young adults, mostly male and coming from families of all social strata, decide to withdraw from social life for long periods (Ranieri, 2016; Kato et al., 2020). They lock themselves up in their own homes or rooms, without having any kind of physical contact with the outside world (Ranieri, 2016; Kato et al., 2020). The only activities carried out during the retreat are only through the use of the web and social networks (Kato et al., 2020), for which there are marked associations between social withdrawal, psychopathological symptoms and/or problematic use of the Internet (Kato et al., 2020). This phenomenon has been particularly investigated in the Japanese context and is indicated with the term "Hikikomori" (Saito, 1998). The behavior of self-confinement in one's room is caused by a strong feeling of social shame towards one's peers and a sense of performance inadequacy with respect to the demands of the context. Social withdrawal involves abandoning school attendance, taking refuge in solitary and compensatory activities and often the inversion of the sleep-wake circadian rhythm. However, it does not yet constitute a specific syndrome included in the Diagnostic and Statistical Manual of Mental Disorders - Fifth edition (DSM-5) (APA, 2013). In 2019, Kato and colleagues proposed some possible diagnostic criteria and defined hikikomori syndrome as isolation within one's home that has lasted for more than six months. Today the phenomenon is no longer closely linked to Japanese culture, but has spread to many countries (Kato et al., 2012) including Italy suggesting that the phenomenon needs attention (Sarchione et al., 2015). It is therefore important to investigate the prevalence and factors associated with social withdrawal, in order to identify the most fragile subjects and identify adequate therapeutic approaches to improve their treatment and prognosis. In addition to the boys definable as Hikikomori, it is in fact possible to observe adolescents who show signs of discomfort and who could be candidates for voluntary social withdrawal. Currently, no study has provided comprehensive data on the prevalence of voluntary social withdrawal among European adolescents.

National laws and activities related to Hikikomori and its prevention



Poland

Educational policies aimed at prevention and dealing with the hikikomori phenomenon

1. Program Active forms of counteracting social exclusion. New dimension 2020
2. The program "National Program for Combating Poverty and Social Exclusion 2020. A new dimension of active inclusion
3. Act of July 7, 2017 amending certain acts related to family support systems (Journal of Laws, item 1428)
4. Addictions to e-activities among young people: diagnosis and determinants.
5. Report Prepared by: Małgorzata Styśko-Kunkowska and Grażyna Wąsowicz

Official statistics of people with the hikikomori syndrome

There is no such statistics due to the inconsistency of the term 'hikikomori' and non-recognition of the term at an official level

Popular communities on social media

- Epidemia depresji i cierpienia
- Drogowskazy: o skutkach izolacji wśród dzieci i hikikomori, japońskim wirusie samotności
- <http://blog.ozonee.pl/hikikomori-dotarlo-do-polski-co-to-jest/>
- „Hikikomori. Syndrom wycofania społecznego”, Marek Krzystanek, <http://www.poradnia.pl>
- „Narkomani internetu”, Violetta Ozminkowski współpracuje Agata Budny, Adrian Todorczuk, w: <http://polska.newsweek.pl>

Diagnosis and popularization of the problem

The problem also exists in Poland. The first case was diagnosed in 2001 by a psychiatrist from Katowice, Marek Krzystanek, and it was described in the book "Crises, catastrophes, cataclysms in a psychological perspective", in the chapter devoted to diseases plaguing modern civilization. The title: "Hikikomori. The shadow of the city" speaks for itself. You can hear more about the problem thanks to the film "Suicide Room" made in Poland. Undoubtedly, the character of Dominik Santorski, created on the screen, would require a detailed diagnosis, but his behavior certainly contains many elements characteristic of hikikomori. It is also worth paying attention to the social reality outlined in the film - parents who are busy with intense work, deeply immersed in their world, do not understand what is happening to their son. The school reality also fosters alienation and is largely moving to the Internet. Dominik, harassed online, accused of homosexuality, escapes from the real world, locking himself in his room and avoiding direct contact with people. On the Internet, he meets Sylwia, who introduces him to the virtual suicide room, which is disastrous for Dominik.

Support for addicted youth

- <https://www.centrumdobrejterapii.pl/kontakt/>
- Małopolska Psychological Assistance Center
- Malopolska Center for the Prevention and Treatment of Addictions.
- NZOZ

Programmes for teachers:

<https://www.kbpn.gov.pl/porta1?id=8190909>

INTERVENTION AT EDUCATIONAL LEVEL

Teachers

There are specialized institutions where teachers learn, raise and have sociotherapy for children with behavioral disorders, and thus computer-dependent children in social isolation. Teachers have special preparation in the field of sociotherapy, social rehabilitation and therapy of emotional disorders of children and adolescents. Students who have a certificate of the need for special education due to the risk of social maladjustment have 2 additional hours of sociotherapy at school. There is also a possibility of therapy in psychological and pedagogical counseling centers that closely cooperate with schools. A child may be given home tuition

Work with parents

Problems with addiction are dealt with by special state and private centers for combating addictions. The therapy includes meetings with parents and family therapy. Parents are educated by psychological and pedagogical counseling centers as part of group and individual meetings.



Educational policies aimed at prevention and dealing with the hikikomori phenomenon

The Hikikomori syndrome and the social withdrawal are usually considered in the general context of early school leaving, even if these students have different characteristics. A first MOU has been signed in 2018 between Piemonte Region, Italian Ministry of Education and Hikikomori Italia Association for “promotion of culture and the definition of intervention strategies on the emerging phenomenon of voluntary social withdrawal – Hikikomori”. The aim was to increase awareness about this theme and collect information and practices for defining strategies of educational intervention. This has led to the definition of a Technical Committee from the Ministry of Education for defining national guidelines for supporting the educational rights of students in condition of voluntary social retirement. See: Memorandum of Understanding between the Region, the Piedmont Regional School Office of the Ministry of Education, Universities and Research and the Hikikomori Italia Genitori Onlus Association for the promotion of culture and the definition of intervention strategies on the emerging phenomenon of voluntary social withdrawal - Hikikomori.

http://www.regione.piemonte.it/governo/bollettino/abbonati/2018/46/attach/dgr_07727_1050_19102018.pdf

Official statistics of people with the hikikomori syndrome

Official statistics are not yet available, since the phenomenon is too recent. However, a first demographical survey about the hikikomori syndrome in Italy has been made by the Italian association Hikikomori Italia (see the following link https://www.hikikomoriitalia.it/p/the-first-statistical-data-on_26.html) Other information can be found in the first surveys that have been developed recently, such as the research project by Unita Funzionale Salute Mentale Infanzia e Adolescenza della Az. USL 8 Arezzo (UFSMIA), which showed that in their sample (Ranieri et al., 2015), the phenomenon of school and social withdrawn seemed to affect the 1% of the school population in the age range of 12-16 (mean age: 14,5 years), with a light prevalence of male students (about 59,3%).

References: Ranieri F, Andreoli M, Bellagamba E et al.: *Adolescenti tra abbandono scolastico e ritiro sociale: il fenomeno degli “hikikomori” ad Arezzo. Il Cesalpino 2015a; 14: 13–17.* Crepaldi, M. (2019). *Hikikomori: i giovani che non escono di casa. Hikikomori, 1-124.*

Popular communities on social media

They are related to the main association on this topic in Italy, the Hikikomori Italia:

- Website: <https://www.hikikomoriitalia.it/>
- on Facebook <https://www.facebook.com/HikikomoriItalia>
- on Instagram: <https://www.instagram.com/hikikomoriitalia/>
- on Youtube <https://www.youtube.com/channel/UCdfuMjhHrZd0OeLnKOVfhog>

Supporting activities

The work with socially withdrawn adolescents requires a multifocal approach involving several operators: in parallel with psychotherapy and parental training activities with parents, home-based interventions should be envisaged or using computer technologies, if the adolescent is not willing to leave home but agrees to talk to a psychologist, individual and small group workshop activities

with the aim of facilitating access to real interpersonal relationships, exercises to facilitate school and social reintegration. A careful assessment of the degree of Internet addiction should also be carried out using appropriate diagnostic tools. The ministry of Education has created a technical Committee for defining national guidelines for students in a condition of voluntary social withdrawal.

Organisations that provide versatile support of students, teachers and parents

The Hikikomori Italia Association has a specific group for parents, the Hikikomori Italia Genitori.

<https://www.hikikomoriitalia.it/p/onlus-parents.html>

Programmes for teachers

Other associations offer opportunities for professional development on the topic of hikikomori and voluntary social retirement for teachers. For example:

<https://www.centro-hikikomori.it/corsi-docenti-urs.html>

<https://www.igeacps.it/corso/seminario-online-hikikomoriconoscere-prevenire-e-affrontare/>

They are mainly focused on increasing awareness about the phenomenon of voluntary social withdrawal and the hikikomori syndrome

INTERVENTION AT EDUCATIONAL LEVEL

Teachers

At the moment the only official intervention at educational level is the aforementioned Memorandum of Understanding between the Region, the Piedmont Regional School Office of the Ministry of Education. The teachers and schools can use some strategies to tackle the withdrawal issue according to the individual needs of the students:

- Interventions supporting the right to education and training on the basis of Regional Law n. 28/2007
- Personalisation and differentiation of the student's educational pathway on the basis of Law n. 53/2003 and of the current pedagogical principles, sanctioned and recognised at constitutional, national and transnational level (guarantee of the educational success of each individual, removal of obstacles to inclusion and participation)
- Activation of an "autonomous" Home Education pathway, decided by the school
- Derogation from the maximum number of absences provided for in the legislation, in cases of special educational needs

Psychologists

The schools in their autonomy can decide to activate a psychological desk. Even if they are not specialized in the treatment of this syndrome, the school psychologists can represent an important first intervention to face the social anxiety and the first signs of social withdrawal. In the last years, the psychotherapeutic approach to the Hikikomori syndrome and to the social withdrawal has begun to consider the home visiting as possible intervention in the most severe cases. Specific courses have been activated (usually held by the association Hikikomori Italia) to provide psychologists with competences on the intervention with these young patients. A multifocused approach is often promoted (individual, family, socialization).

Work with parents

As identified by the association Hkikomori Italia, the family can implement different modes of intervention:

- Acknowledging the distress value the child's suffering
- Giving priority to the child's well-being over fulfilling social obligations, as would be the case with a physical illness
- Lowering expectations of the son/daughter and leaving more room for the expression of personal passions
- Seeking psychological help for the whole family, or at least for both parents.
- Take an interest in the son/daughter's passions, even if they are online (e.g. video games), giving them value and investigating their relationship with new technologies, paying greater attention to their online activities
- Constantly seek a two-way dialogue that is as constructive and empathetic as possible,
- Empower the child and have an equal relationship with him/her: do not treat him/her as someone who needs to be constantly helped or educated.
- Involve him/her in family decisions and strategies that concern him/her, trying to be as sincere and transparent as possible.
- Accept their social needs and take action to promote their expression and fulfilment.
- Seek dialogue with institutions and third sector organisations that can support the family, with a view to strengthening the intervention network.



Lithuania

Educational policies aimed at prevention and dealing with the hikikomori phenomenon

- Law on the protection of minors against the detrimental effect of public information;
- Law on the provision of information to the public;
- Rules of the control of sensitive information not to be published and of the dissemination of limited public information in public computer networks, approved by the Government of the Republic of Lithuania;
- Guidelines for using smart devices and the internet.

Official statistics of people with the hikikomori syndrome

In Lithuania there is no such statistics due to the inconsistency of the term “hikikomori” and non-recognition of the term at the official level.

Popular communities on social media

- Children Support Center
- www.didelimaziekranai.lt
- www.svarusinternetas.lt

Supporting activities

There are children daily care centers and summer camps for children in Lithuania.

Organisations that provide versatile support of students, teachers and parents

- „Safer Internet Centre Lithuania: draugiskasinternetas.lt II”
- www.pvc.lt – it is a non-governmental organization that has been providing psychological assistance to families and children experiencing psychological difficulties since 1995.
- „Children Support Center“ runs the following programs:”Big Brothers”, ”Big Sisters”, ”Step Two”, ”Positive Parenting”, and ”Parent Line”.
- www.didelimaziekranai.lt – the project aims to develop the media literacy of Lithuanian teachers and senior students
- Child line – “Vaikų linija” (vaikulinija.lt) - emotional support to resolve difficulties, disagreements with friends, parents, or teachers.
- Parent line – “Tėvų linija” - provides telephone consultations of professional psychologists to parents, adoptive parents, guardians, and grandparents.

Programmes for teachers

- <https://www.bepatyciu.lt> – A campaign initiated by Child line (“Vaikų linija”), the main goal of which is the prevention of violence and bullying.
- <https://www.bepatyciu.lt/tevam/apie-elektronines-patycias>

INTERVENTION AT EDUCATIONAL LEVEL

Teachers

<https://www.vaikolabui.lt/pedagogams/>

<http://www.stepgrupes.lt/pirma-karta-lietuvoje-step-m-programamokytojams/>

Psychologists

Priklausomybė nuo interneto | Vaikų linija (vaikulinija.lt)

Vaikų priklausomybė nuo kompiuterio | Specializuota psichologinė pagalba! (seimospsichologas.lt) – a paid service, where trainings and consultations take place. The memo “WHEN THE COMPUTER BECOMES A BEST FRIEND ...” for parents, published by the State Mental Health Center.

Work with parents

Digital Ethics Center. Its goal is the well-being of whole society, especially children and young people, in the digital world. Here you will find reliable, research-based information and expert advice on when and how the use of technology is beneficial and when it may pose a threat to your health, safety or reputation. One of the activities of the “Digital Ethics Center” is training for parents and children, the aim of which is the well-being of the whole society, especially children and young people in the digital world. Lectures for organizations - on skills that determine personal productivity, on the social responsibility and sustainability of the information and communication technology (ICT) sector, and on childcare workers - on the digital well-being of families.



Spain

Educational policies aimed at prevention and dealing with the hikikomori phenomenon

- Organic law of education (December 2020)- Organic Law 3/2020, of December 29, which modifies
- Organic Law 2/2006, of May 3, on Education.

The organic law is a national framework and then most of the regions have autonomy in the educational field (except the autonomous cities of Ceuta and Melilla):

- Decree 5/2018, that establishes the model of educational, vocational and professional guidance in the Community of Castilla y Leon.
- ORDER EDU / 939/2018, that regulates the "2030 Program" to promote inclusive quality education through the prevention and elimination of school segregation due to socio-educational vulnerability.
- Agreement 29/2017 of June 15 of the Junta de Castilla y Leon approving the II Plan of Attention to Diversity in Education of Castilla y Leon 2017-2022
- Decree 23/2014, that establishes the framework of government and autonomy of the educational centers supported with public funds that impart non-university education in the Community of Castilla y Leon.
- ORDER EDU/987/2012, that regulates the organization and functioning of educational guidance teams in the Community of Castilla y Leon
- ORDER EDU/1054/2012, that regulates the organization and functioning of the guidance departments of the educational centers of the Community of Castilla y Leon
- Order EDU/1152/2010 to regulate the educational answer to students with specific needs, from early childhood to High school education in the educational centers of Castilla and Leon.
- ORDER EDU/1603/2009, that establishes the templates to be used in the psychopedagogical evaluation process.
- DECREEE 51/2007, that regulates the rights and duties of students and the participation and commitments of families in the educational process, and establishes the rules of coexistence and discipline in the Educational Centers of Castile and Leon

Official statistics of people with the hikikomori syndrome

There are no official statistics but a study carried out by the Institute of Neuropsychiatry and Addictions of the Hospital del Mar (Barcelona). The study reported 164 cases of Hikikomori in Spain in 2014. It has been published in the Journal of Social Psychiatry, and the researchers have stated that "this syndrome is underestimated in Spain due to the difficulty of accessing these people and the lack of specialized home care teams". There are certain differences between the cases of Hikikomori in Spain regarding to those described in Japan. Most Spanish patients suffer associated mental disorders, such as psychotic disorders (34.7%), anxiety (22%) or affective disorders (74.5%), which is known as secondary Hikikomori. The primary Hikikomori is the one that does not present comorbidity with other psychological disorders. Most cases in Spain, according to the study above, concern men and most of those affected live with the family, half of them having higher education studies.

Popular communities on social media

- Spanish Association of Mutual Help against Social Phobia and Anxiety Disorders.
- Social anxiety, support groups
- Association of people affected by anxiety disorders. Social anxiety

Supporting activities

- **Schools develop ordinary actions** aimed at preventing the appearance of this syndrome, being reflected in the following documents that are compulsory in all educational centres:
- **Welcome plan:** aimed at students newly incorporated to the school in order to facilitate their adaptation and inclusion in the new school.

- **Diversity Care Plan:** it includes the measures taken by the school to give answer to educational needs that may arise along the schooling years.
- **Tutorial Action Plan** in order to prevent and intervene in the different aspects that may affect the socio-educational development of students: acceptance, expression, conflict resolution, self-acceptance, self-esteem...
- There are also **extracurricular activities** that enhance socialization and outdoor activities, those activities are often organized by city councils but are implemented at school, such as theatre groups, sports activities (football, basketball, skating, volleyball, swimming...), dancing lessons, crafts and arts, Spanish signs language courses for children, storytellers, guitar lessons.
- **The Castilla y León symphony orchestra** in its social foundation, has some musical instrument teaching and choral singing programs forwarded to children living in vulnerable social environments and also to children with disabilities.
- **Programs for improving the coexistence** in schools are compulsory in each school including the development of educational programs for managing conflict resolutions and the Development of emotional intelligence. All schools, from infant to high school levels, have a coexistence coordinator, that is a teacher, and in many schools there are “school mediators”, students who intervene in the resolution of conflicts between equals. Training programs for both teachers and mediator students. They also act both as detectors of problems of social isolation, bullying, etc as well as preventive and palliative intervention in conflictive situations of social relationship between equals.

Organisations that provide versatile support of students, teachers and parents

- <https://www.asociacionrea.org/>
- <https://fundacionpersonas.es/>
- <http://elpuentesaludmental.org/>
- “Association Open Minds-Asociacion Mentas Abiertas” (Madrid)
- “AMTAES, Asociacion Espanola de Ayuda Mutua contra Fobia Social y Trastornos de Ansiedad”.

Programmes for teachers

There are courses for teachers, organized by the Teachers’ training centres, about attention to diversity, although there aren’t any training courses regarding specifically the Hikikomori syndrome. In case of need, teachers on service can communicate their training needs, so they may be admitted to courses, including the ones about this topic, from the Teachers’ training centers, by filling in the following form: <https://www.educa.jcyl.es/conivenciaescolar/es/apoyo-formacion>

INTERVENTION AT EDUCATIONAL LEVEL

Teachers

Absenteeism program: teachers detect and intervene in cases of absence from school. Once detected that a pupil is not coming to school, the case is followed by the school itself and supported by social services professionals in order to determine the reasons for truancy. When there are social phobia causes or other similar, mental health services will also be involved.

Psychologists

All infant and primary schools are assigned an Educational Guidance Team formed by educational psychologists, pedagogues or psychopedagogues and social workers. In secondary and high schools there is a specific Department for educational guidance, integrated by an educational

psychologist, pedagogue or psychopedagogue and by secondary school teachers. This Team is widespread in all educational centers supported by public funds. The region of Castilla y Leon also counts with provincial teams for attention to students with behavioral disturbances, which are specialized educational guidance teams in existence since 1992. Many of the cases on which these teams intervene are related to "social phobia", the term used to refer to subjects who are susceptible to presenting diagnostic characteristics which could be related to the Hikikomori phenomenon. These Guidance teams intervene at request of educational centres in the school context, together with families, developing individual intervention plans.

The intervention and support offered by this teams to schools and families are different, depending on the casuistry:

- Active resistance to leaving home: in this case the educative intervention is limited and is performed together with the paidopsychiatry services and through the families.
- Avoidance and flight behaviours, which are sometimes accompanied by verbal and physical aggression, that manifest themselves in schools as serious behavioural disorders.
- Behaviours of social non aggressive isolation, which imply a very important affectation in the daily school/family activities. In any case, the intervention of these specialized teams is carried out on "single case" models, so that both the enquiry on the manifestation of the problem and the strategies to solve it are individual.

Work with parents

Most schools count with parents' associations, integrated by the families with children in the school. Together with the Educational guidance team they use to promote, as an ordinary activity, "Schools of parents" where they afford topics such as prevention of drugs, regulated use of the Internet, prevention of bullying, positive parenting, ways to establishing rules in early ages, promoting social skills development. In the "Schools of parents" topics are flexible, adapted to the participants' interests and needs. The Regional Ministry for Family issues and promotes preventive programs for parents. Intervention with families is present all throughout the educational process. When there are difficulties, the model of intervention is the systemic model, that includes not only the educational field but also the socio-familiar field, neighborhood, social services, health services and a synergy among all of them.

Other important information

The Guidance Team for attention to students with behavioral disorders of Valladolid participated in 2002 in the preparation of a specific questionnaire for the detection of social phobia in school environments, carrying out a sampling among the school population of the province of Valladolid in order to study the prevalence of social phobia, since it is considered a hidden phenomenon in schools and therefore not afforded. The doctors involved were Carmen Ballesteros Alcalde and Asuncion Bartolome. The questionnaires for detection of social phobia in school environments are in Spanish and not specifically about the Hikikomori syndrome even if closely related to it and could be translated and shared in case the partners would show an interest in them.



Bulgaria

Educational policies aimed at prevention and dealing with the hikikomori phenomenon

Hikikomori syndrome was mentioned in an article on general psychology and in a forum to promote "News" and psychological culture back in 2015, professionals signal, but the public is poorly informed. The manifestations of the syndrome are correlated with the Autistic sector and with social deficits and disorders, but there are no data from a study of adults, there are no data for children. Under the terms of COV19, the Ministry does not have a special policy for counteracting isolation, but has developed a mechanism for healthy training: Measures to prevent mental (mental, social and emotional) health are not covered by regulations. However, at the state level, fragmentary prevention measures can be found in regulations.

Official statistics of people with the hikikomori syndrome

No national statistics are available and no research data have been found for Bulgaria on early diagnosis. In the health sector of the National Statistical Institute, there is no module for monitoring social exclusion in the digital age. For comparison - There are parameters "Social exclusion due to poverty", depending on the economic conditions of the environment, but the parameter "social isolation or digital dependence" is not currently noted in regulations or in health and education policies. There is no information in the analyzes and programs of the National Center for Public Health and Analysis about conducted research or markers for an existing problem, therefore no prevention program is developed.

Popular communities on social media

Friends of Japan in Bulgaria is the only open group dedicated to Hikikomori.

Supporting activities

In the conditions of COV 19, due to the long social isolation, telephones are available nationwide for additional support. Psychological support at the national level is represented through the network of "School Psychologists" - an informal organization covering all psychologists and pedagogical counselors working in schools and / or other educational institutions. In addition, there is a developed and working network of specialists for prevention and psycho-social rehabilitation at the Ministry of Health with a National network of rehabilitation and support centers. Both private and public organizations work in the network. The non-governmental sector is also active. Covered by specialists are the larger regional cities: Varna, Sofia, Ruse, Plovdiv, Veliko Tarnovo, Dobrich, Yambol. In the Republic of Bulgaria a license regime is applied for psychological support and prevention. There are currently 10 licensed centers

Some of them:

[http://www.solidarnost-bg.org/;](http://www.solidarnost-bg.org/)

<http://phoenixhouse.bg/>

www.bilani.bg

www.novo-nachalo.net ;

NGO:

Social Innovators <https://www.social-innovators.eu>

Educational mediation in Bulgaria... – EPALE <https://epale.ec.europa.eu>

Launching project "Trained, motivated, sensitive..." <http://ravnovesie.eu>

Organisations that provide versatile support of students, teachers and parents



There are great opportunities in teacher training in Bulgaria. At the National level there is a National Education Register of organizations that offer training. The register includes formal (University) and non-formal forms of education. There are also portals for support and exchange of activities and good practices "From teacher to teacher" and the portal of the Association "Parents" for activities for support from parents to parents. KITE LTD. is a private company in the field of education and innovation. The company's team has its own opportunities for activities and partnerships in each of the above structures.

Conclusions and recommendations

Hikikomori is a social disease that has plagued the body of civilization for several decades. This phenomenon seems to have been present in Japan since the 1970s under the name of tōkōkyōhi (school avoidance) and is now defined as hikikomori. In recent years, there has been an increasing media coverage of this term and a kind of promotion of an isolated lifestyle in the mass media in Japan.

Hikikomori also owes its media popularity to several crimes committed by people struggling with this condition. However, the vast majority of hikikomori patients are not aggressive. Rather, these people are characterized by inertia and falling into a depression-like lethargy.

Prevention of addictions to new technologies is a relatively new area. The disorders themselves have been studied for about 20 years.

After analyzing the available sources, it can be concluded that:

1. The common risk factor for the development of problem behaviors, substance addictions and behavioral addictions are deficits in the area of psychosocial skills, mainly: low competences to cope with stress and emotions, low social competences, low self-esteem.
2. E-addiction prevention programs should consist of a generic part for all risky behaviors (development of psychosocial skills) and a part specific to the Internet (e.g. related to use, with cognitive distortions related to the use of the Internet)
3. Preventive actions in the area of e-addiction should be implemented at an early stage of a child's development.
4. Developing the parenting skills of parents and guardians - both in the generic area and in the area related to the use of new technologies.
5. Information strategies should not be the first-choice strategy in the development of prevention programmes. In e-addiction, information strategies should not be limited to informing about the dangers resulting from the use and abuse of new technologies. Information strategies should be psychoeducational about how and when to use the Internet.
6. Short guides for parents and teachers should be developed and distributed on what to do and what not to do and what it can be used for - in relation to the use of new technologies (e.g. what to use the Internet with a child, how to spend time together with a child, etc.)

The key recommendations are as follow:

1. **Intervention and Early Detection:** Utilize strategies like school-based screening programs, mental health assessments, and community outreach initiatives to identify individuals at risk of becoming hikikomori early. Establish systems of support that offer individuals and their families prompt guidance, counseling, and intervention.
2. **Psychological well-being Administrations and Backing:** Dispense assets to upgrade psychological well-being administrations explicitly customized for hikikomori people. Create specialized treatment programs that incorporate social skills training, cognitive behavioral therapy, psychotherapy, and peer support groups. In order to address the underlying psychological issues that lead to social withdrawal, provide mental health services that are both affordable and readily available.
3. **Programs for Reintegration:** Develop and carry out reintegration programs that aid hikikomori in reintegrating into society. Social skills development, vocational training, and employment opportunities should be the main focuses of these programs. Create pathways for reintegration and skill development by working with educational institutions, employers, and vocational training centers.
4. **Family Assistance:** Establish family support programs that give parents and caregivers the information, abilities, and resources they need to help hikikomori people. In order to assist families in creating an environment that is understanding and supportive, offer counseling, parenting workshops, and support groups.
5. **Community Engagement and Outreach:** Encourage community-based initiatives that reduce social isolation and encourage social inclusion. To create opportunities for social interaction, leisure activities, and skill-building workshops, cultivate partnerships with volunteers, peer support networks, and local community organizations. In order to reestablish their social connections, encourage hikikomori individuals to participate in volunteer work and community projects.
6. **Awareness and Education:** Coordinate instruction and mindfulness programs about hikikomori into school educational plans, instructor preparing projects, and local area training drives. Advance getting it, compassion, and early discovery of possible cases among teachers, guardians, and local area individuals. Address misinterpretations and decrease disgrace through media crusades, public discussions, and online assets.
7. **Exploration and Information Assortment:** Put resources into research drives to all the more likely comprehend the fundamental causes, risk factors, and long haul results of hikikomori. To support the development of evidence-based policies and the implementation of programs, gather comprehensive data on prevalence, demographics, and associated factors. Support multidisciplinary research coordinated efforts to investigate inventive arrangements and treatment draws near.

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