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【青春期の健康・発達調査】
TEEN COHORT

Promoting mental health among young people in Tokyo

Atsushi Nishida, PhD
Research Center for Social Science and Medicine,
Tokyo Metropolitan Institute of Medical Science

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Founded by Tokyo Metropolitan Government since 1972

Many collaborations with the Tokyo Metropolitan Government

公益財団法人
東京都医学総合研究所
Tokyo Metropolitan Institute of Medical Science
TMiMS

Research Center for Social Science & Medicine

Our research aims

■ Developing evidence-based prevention strategies for child abuse, school bullying and adolescent mental health problems

■ Developing evidence-based early intervention programs for people with dementia and psychosis (RCTs)

■ Dissemination of new prevention programs based on implementation science

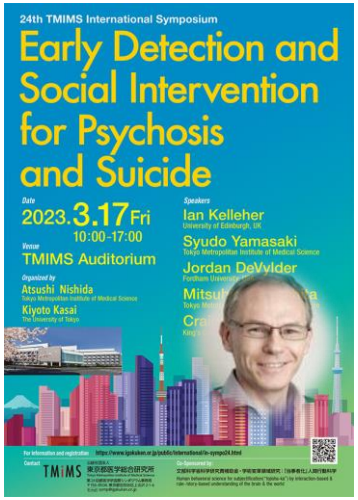
International collaboration between London and Tokyo:

Joint research of social determinants of youth mental health

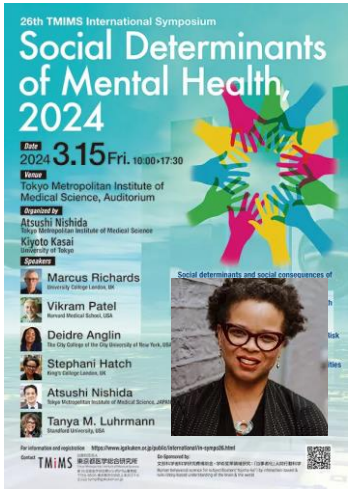
東京都医学総合研究所 TMiMS Research Center for Social Science & Medicine

KING'S College LONDON — Centre for Society and Mental Health

【青春期の健康・発達調査】 TEEN COHORT + REACH Risk, Resilience, Ethnicity, and AdolesCent Mental Health

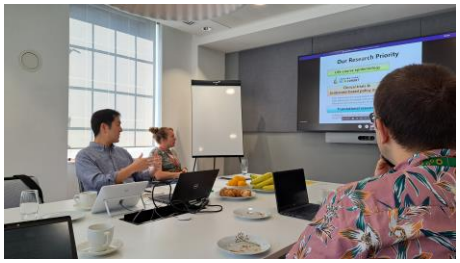


Prof. Craig Morgan



Prof. Stephani Hatch

@Tokyo

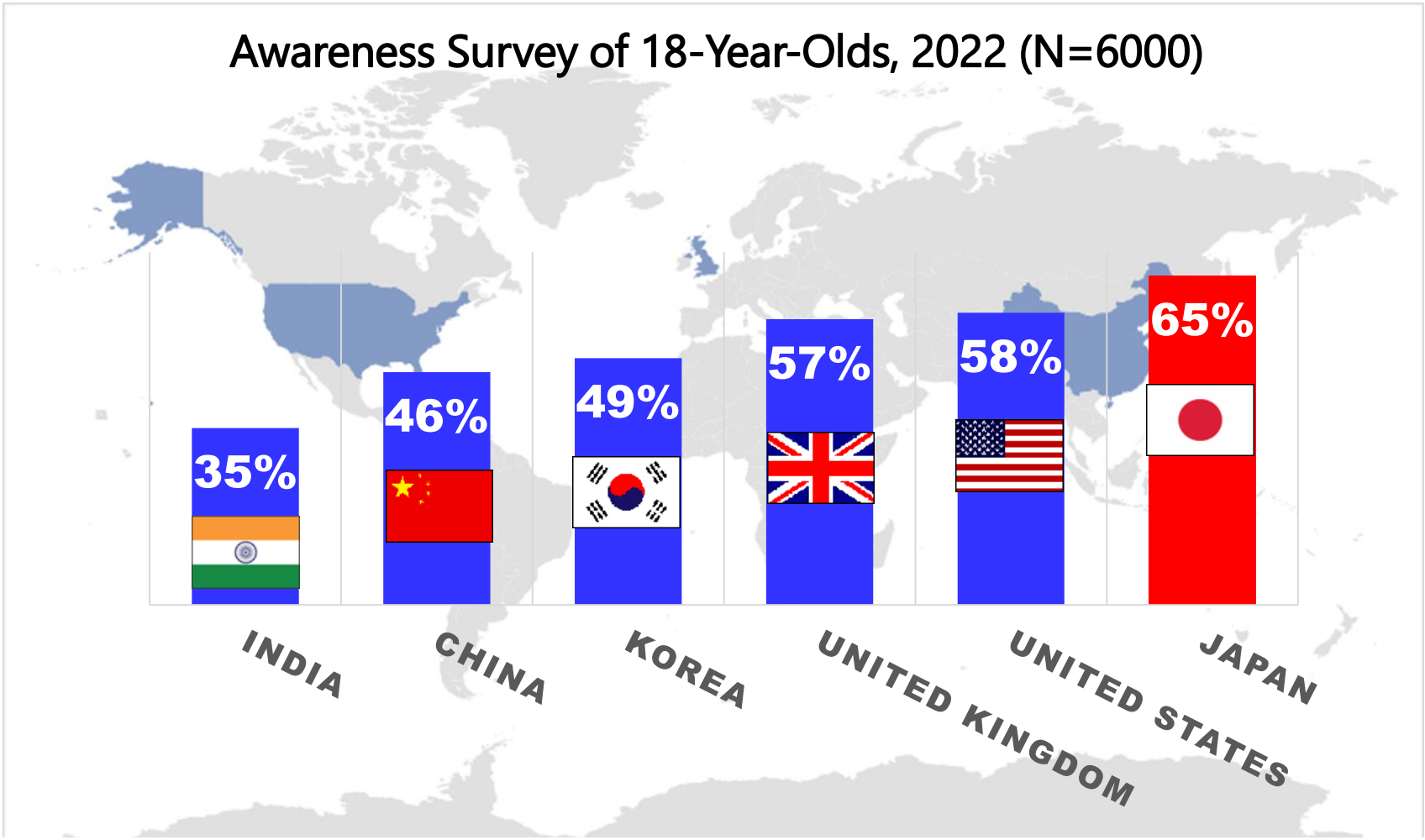


@London

Dr. Gemma Knowles

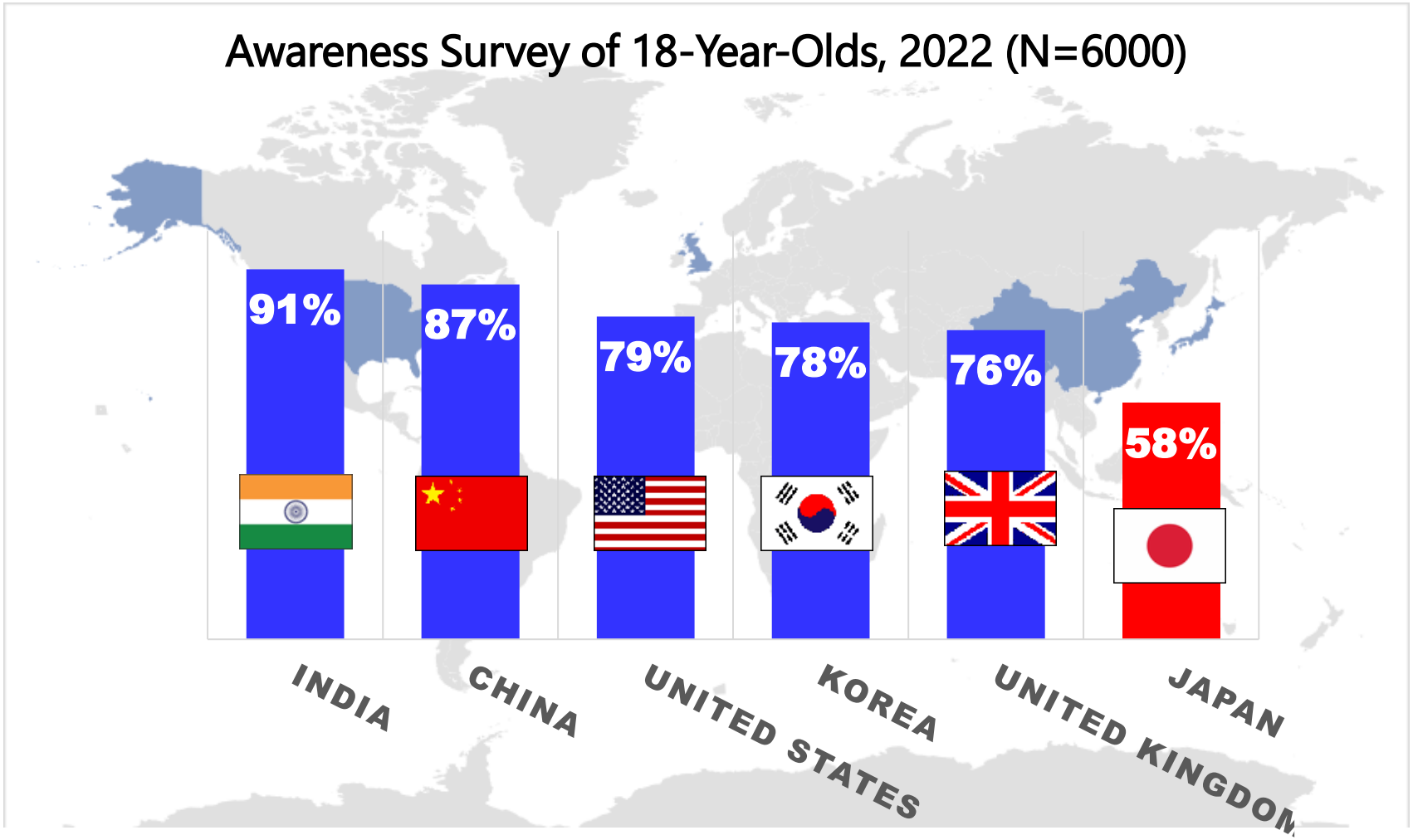
Youth Mental Health in Japan

I feel anxious and depressed in daily life %



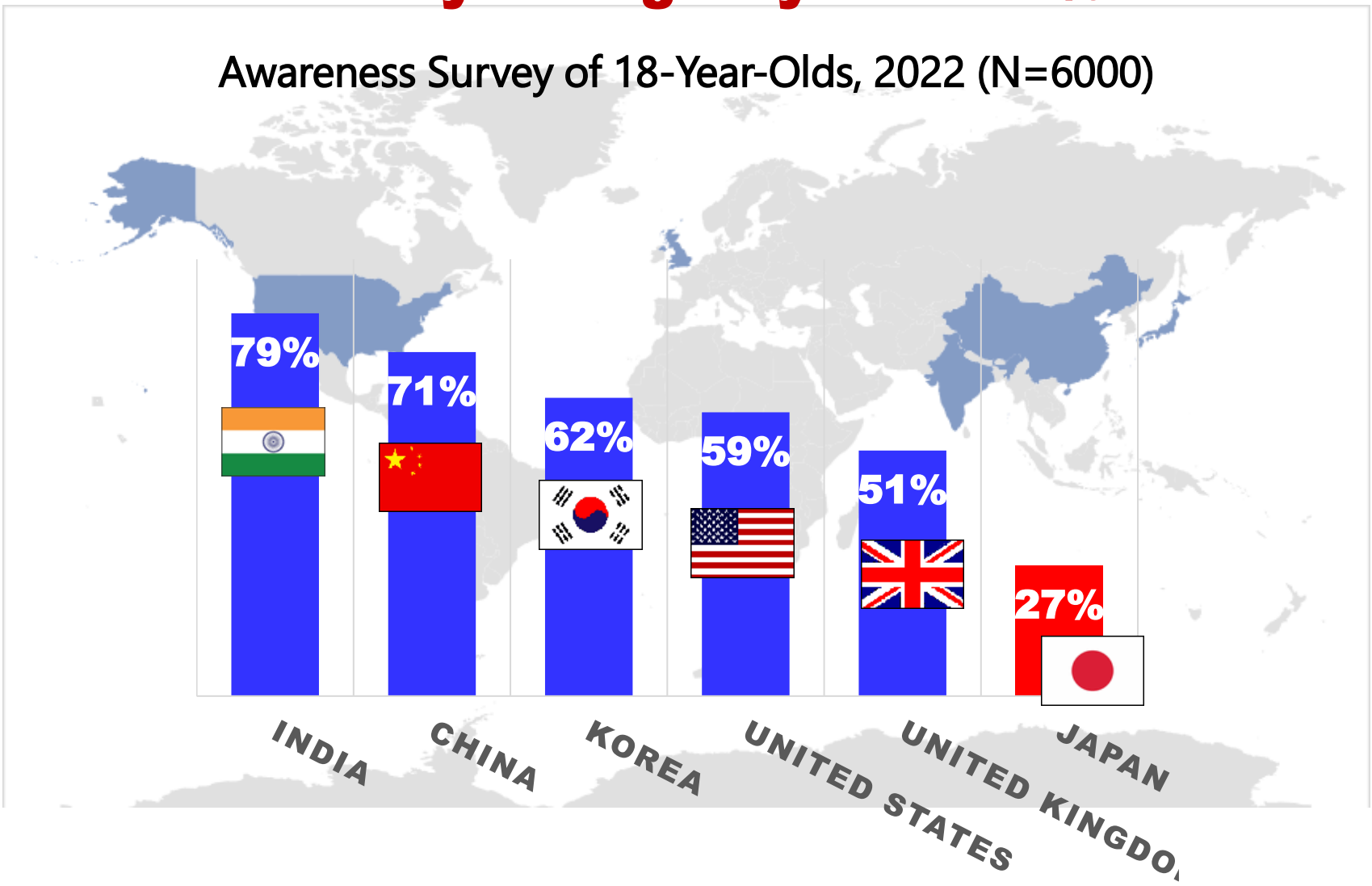
The Nippon Foundation, April 1, 2022

I look forward to my future %



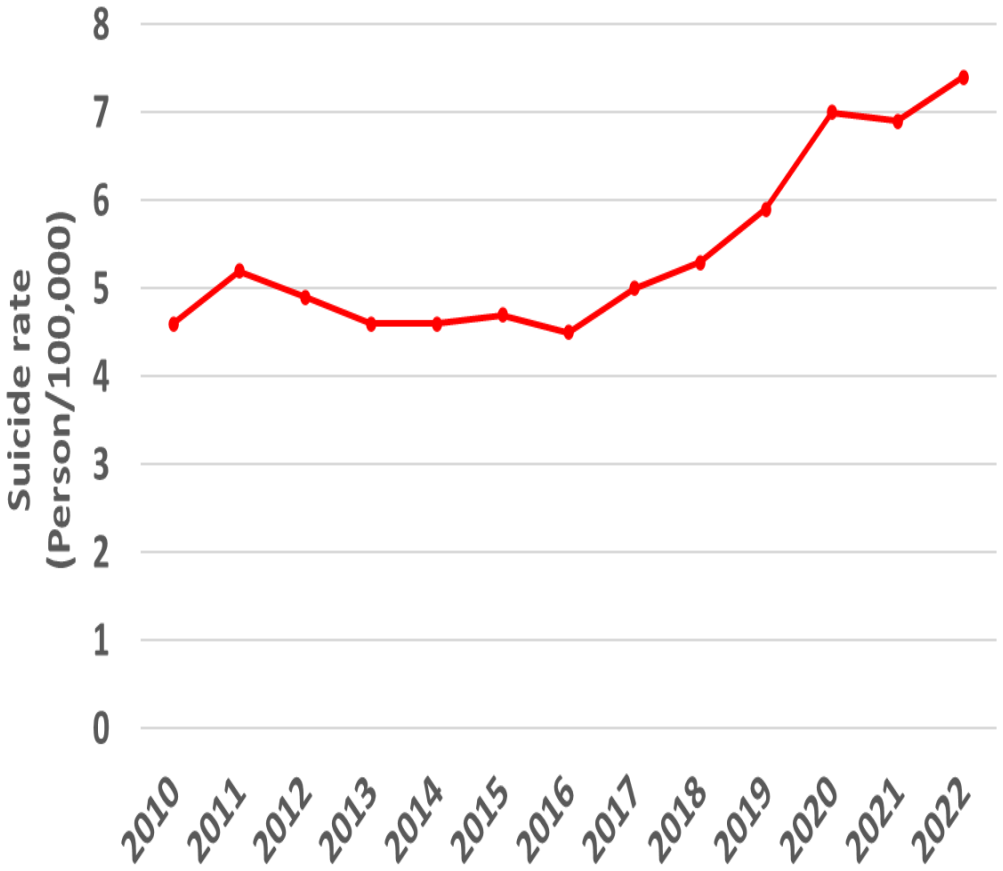
The Nippon Foundation, April 1, 2022

I believe that I can change my country and society through my actions %



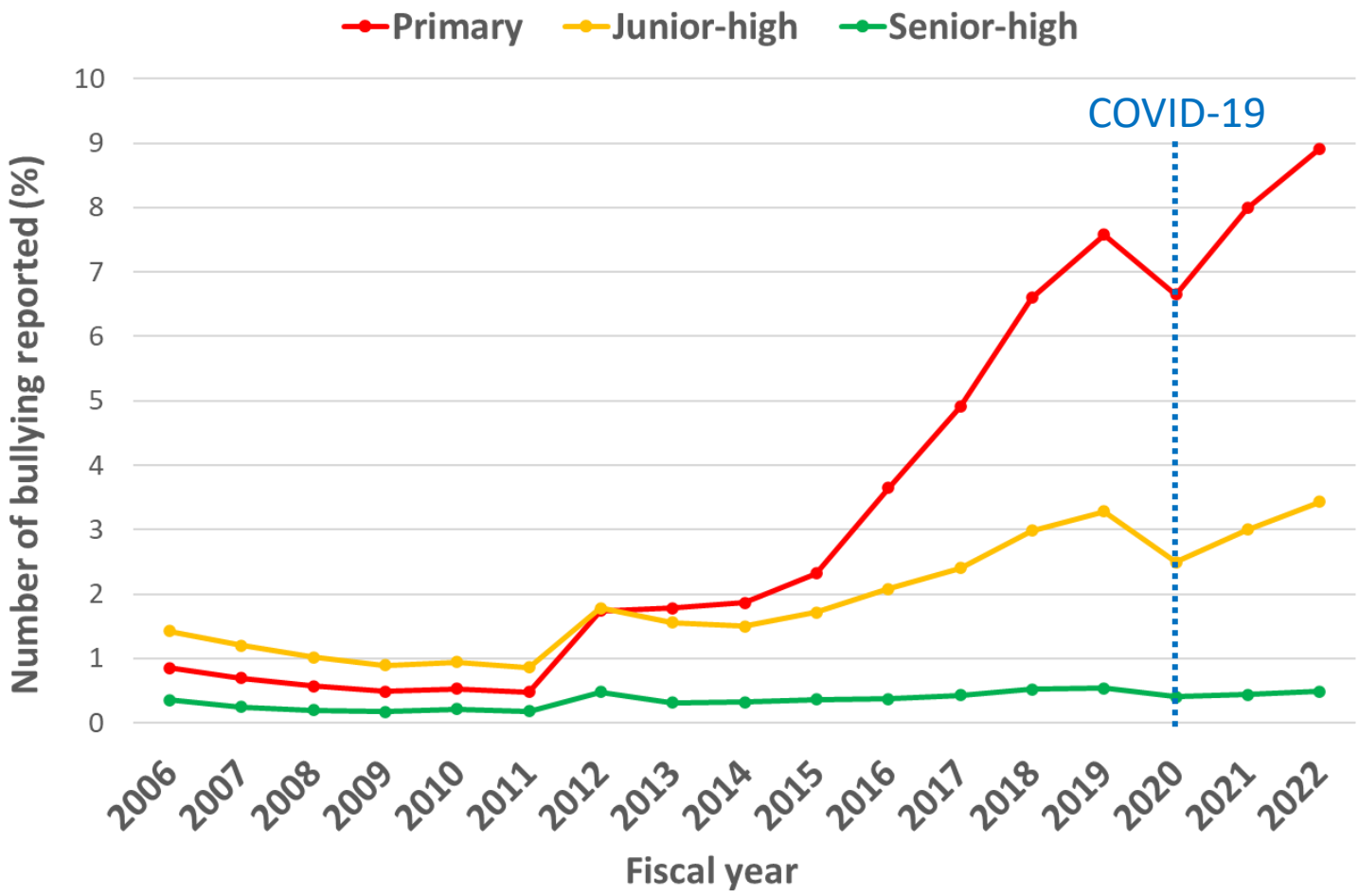
The Nippon Foundation, April 1, 2022

The Suicide Rate Among Aged 10-19 Adolescents in Japan



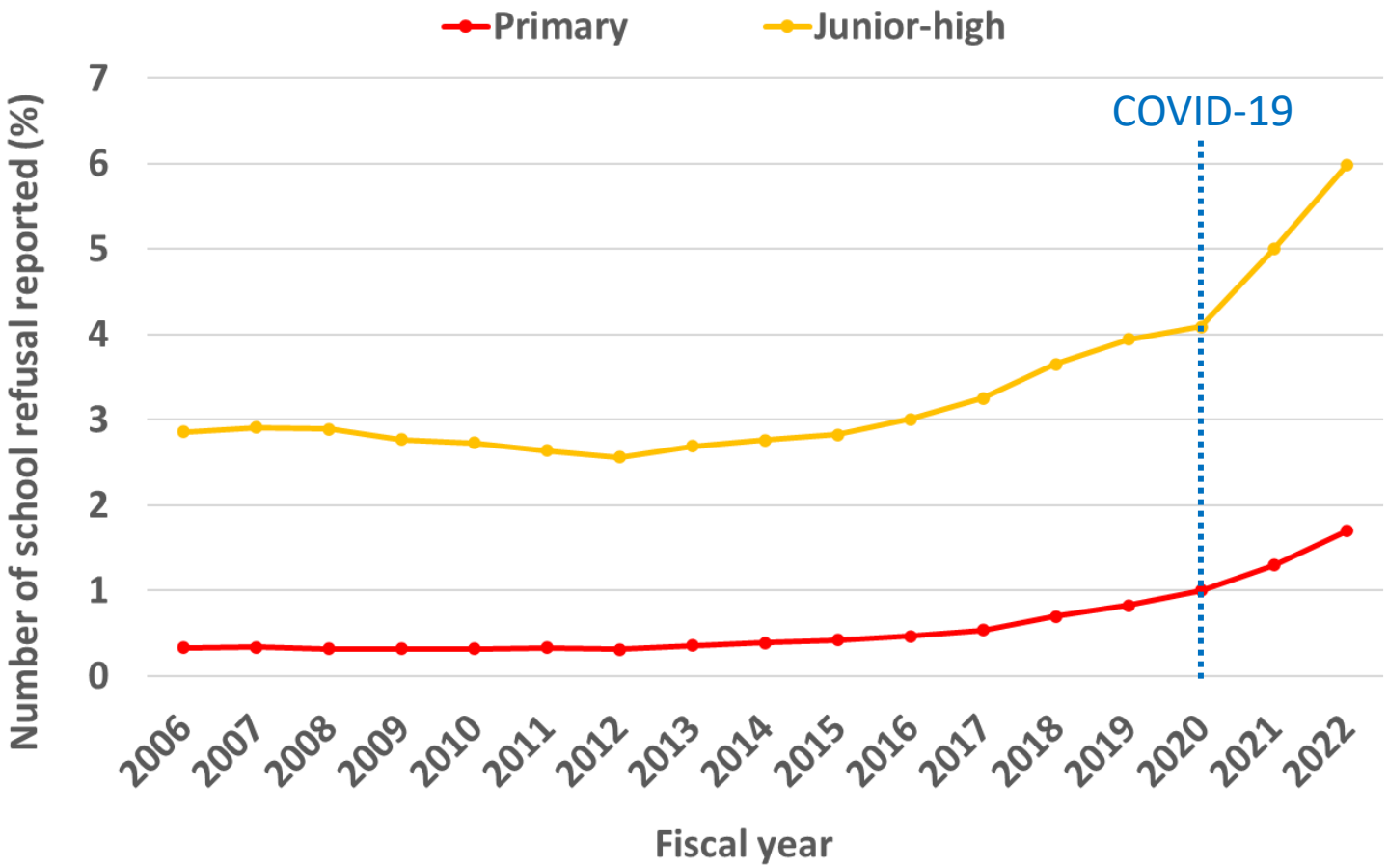
National Police Agency Statistics, 2022

Number of Bullying in Japan



Ministry of Education, Culture, Sports, Science and Technology, 2022

Number of School Refusal Cases in Japan



Ministry of Education, Culture, Sports, Science and Technology

International Journal of Epidemiology

IEA

International Journal of Epidemiology, 2019, 1–8
doi: 10.1093/ije/dyz033
Cohort Profile

Cohort Profile

Cohort Profile: The Tokyo Teen Cohort study (TTC)

Shuntaro Ando,[1,2*†] Atsushi Nishida,[2†] Syudo Yamasaki,[2] Shinsuke Koike,[3,4] Yuko Morimoto,[2] Aya Hoshino,[2] Sho Kanata,[5] Shinya Fujikawa,[1] Kaori Endo,[2] Satoshi Usami,[6] Toshiaki A Furukawa,[7,8] Mariko Hiraiwa-Hasegawa[9] and Kiyoto Kasai;[1,4] TTC Scientific and Data Collection Team

A **population-based birth cohort** study started from 2012

About **3,000** children who lived within the 3 municipalities in Tokyo. They were born between September 2002 and August 2004

Atsushi Nishida

Kiyoto Kasai

Mariko Hasegawa

Tokyo Teen Cohort Study: Progress

2012-2014	2014-2016	2016-2019	2018-2021	2022-2024
Age 10	Age 12	Age 14	Age 16	Age 20
Wave 1	Wave 2	Wave 3	Wave 4	Wave 5
Start	follow-up	follow-up	follow-up	In progress
100 %	95 %	84 %	83 %	Half of the survey has already been completed
N=3,171	N=3,007	N=2,665	N=2,616	
Elementary School	Junior High-School		High-School	University



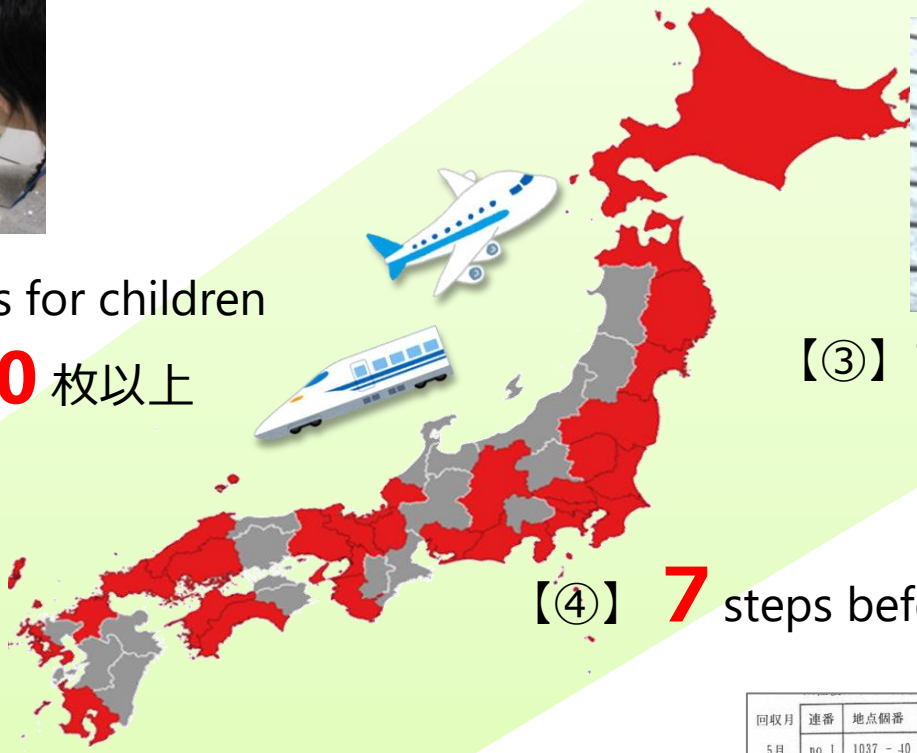


Efforts to maintain follow-up rate

【②】Birthday Cards for children

毎月 **200** 枚以上

【③】Training for interviewers



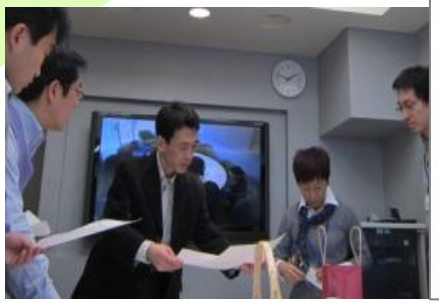
【④】 **7** steps before giving up follow-up

【①】

29 prefectures

Tracking households that have moved

85.7% of moved families continue to participate TTC.



回収月	連番	地点個番	調査結果※	状況
5月	no. 1	1037 - 40	永久拒否	多忙のため今後は協力できない。
5月	no. 2	1038 - 41	永久拒否	多忙のため今後は協力できない。
5月	no. 3	1039 - 57	転居	固定電話は不通。
5月	no. 4	1041 - 46	拒否	多忙、留置票のみでも協力できない。
5月	no. 5	1067 - 14	拒否	親子とも多忙、留置票のみでも協力できない。
5月	no. 6	1068 - 31	拒否	多忙、留置票のみでも協力できない。
5月	no. 7	1068 - 33	拒否	多忙、留置票のみでも協力できない。
5月	no. 8	1089 - 30	転居→遠方調査	連絡先は携帯電話+ﾒｰﾙｱﾄﾞﾚｽ。
5月	no. 9	1091 - 19	転居	連絡先は携帯電話+ﾒｰﾙｱﾄﾞﾚｽ。
5月	no. 10	1104 - 58	拒否	母親が病気療養中のため、協力できない。

Tokyo Teen Cohort data bank

10 yrs (First wave)

1,292 items

12 yrs (Second wave)

2,061 items

14 yrs (Third wave)

1,587 items

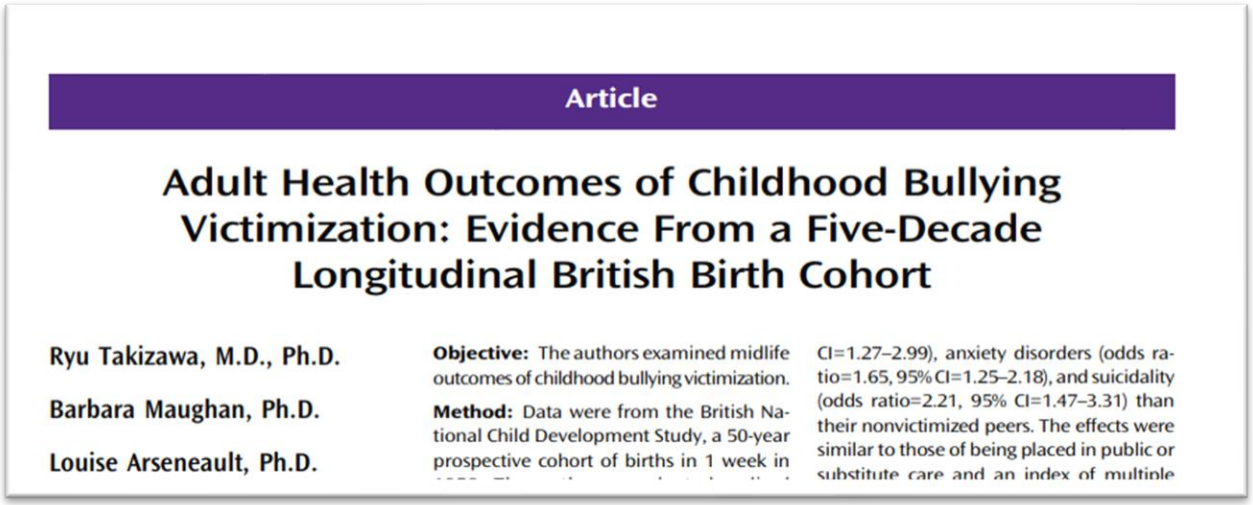
16 yrs (Fourth wave)

1,362 items

Total 6,302 items

including **birth records**、
school records、cognition (IQ) 、
family・school・community
environment etc.

Biomarkers: GWAS, hormone, natural trace ,
early aging markers etc.



Article

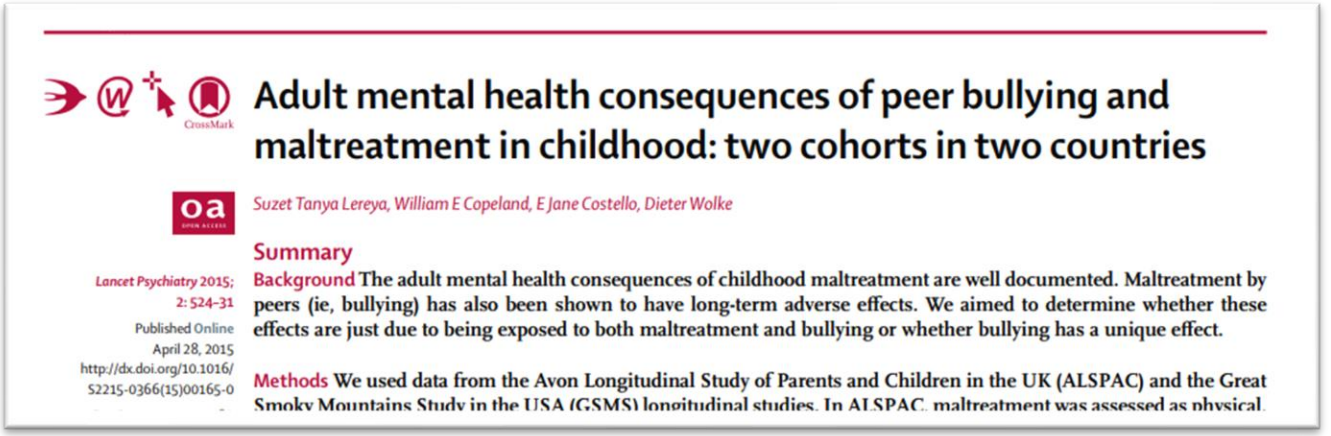
Adult Health Outcomes of Childhood Bullying Victimization: Evidence From a Five-Decade Longitudinal British Birth Cohort

Ryu Takizawa, M.D., Ph.D.
Barbara Maughan, Ph.D.
Louise Arseneault, Ph.D.

Objective: The authors examined midlife outcomes of childhood bullying victimization.

Method: Data were from the British National Child Development Study, a 50-year prospective cohort of births in 1 week in

CI=1.27–2.99), anxiety disorders (odds ratio=1.65, 95% CI=1.25–2.18), and suicidality (odds ratio=2.21, 95% CI=1.47–3.31) than their nonvictimized peers. The effects were similar to those of being placed in public or substitute care and an index of multiple



Adult mental health consequences of peer bullying and maltreatment in childhood: two cohorts in two countries

Suzet Tanya Lereya, William E Copeland, E Jane Costello, Dieter Wolke

Lancet Psychiatry 2015; 2: 524–31
Published Online April 28, 2015
http://dx.doi.org/10.1016/S2215-0366(15)00165-0

Summary

Background The adult mental health consequences of childhood maltreatment are well documented. Maltreatment by peers (ie, bullying) has also been shown to have long-term adverse effects. We aimed to determine whether these effects are just due to being exposed to both maltreatment and bullying or whether bullying has a unique effect.

Methods We used data from the Avon Longitudinal Study of Parents and Children in the UK (ALSPAC) and the Great Smoky Mountains Study in the USA (GSMS) longitudinal studies. In ALSPAC, maltreatment was assessed as physical

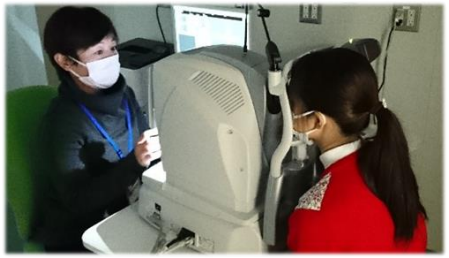
The impact of bullying victims may persist once the bullying has long stopped.

Both prevention of bullying and care for the after-effects of being bullied are needed.

Association between bully victimization in childhood and adolescence and biological ageing at age 20-year-old

Repeated assessments of bullying victimization

Child self-report and/or parent report



biological ageing assessed by OCT

【青春期の健康・発達調査】 TEEN COHORT

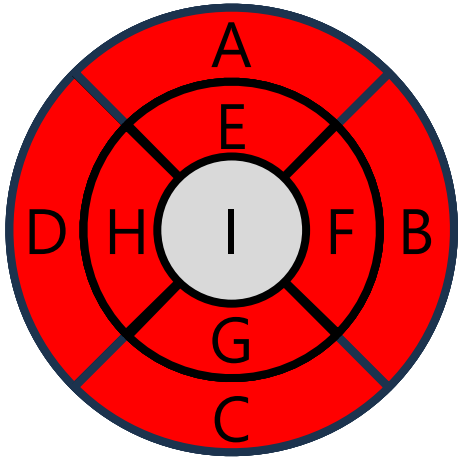
Bully victimization from age 10 to14 year-old and retinal thickness at age 20-year-old (n=269)

Age 10 Age 12 Age 14

Bully victimization

Poor school climate in high school

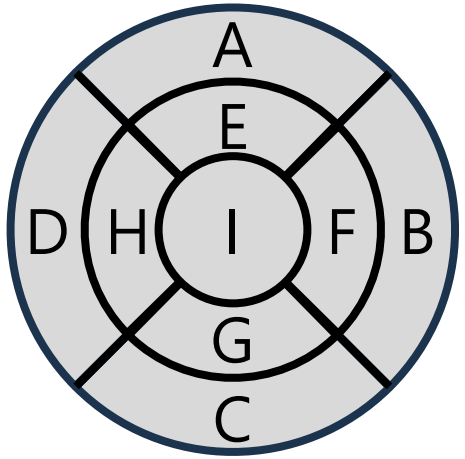
Age 16



Right Eye
Retinal thickness (Age 20)

Good school climate in high school

Age 16



School Climate Promotion Project in Tokyo

The Tokyo Metropolitan Government, the Tokyo Metropolitan Board of Education, and the Tokyo Metropolitan Institute of Medical Science are teaming up to launch a school climate improvement project in April 2024.

Program Development & Poirot Study (2024-2025) ⇒ cluster RCT (2026-2027) ⇒ Gov. policy

Promoting school climate and health outcomes with the SEHER multi-component secondary school intervention in Bihar, India: a cluster-randomised controlled trial

Sachin Shinde, Helen A Weiss, Beena Varghese, Prachi Khandeparkar, Bernadette Pereira, Amit Sharma, Rajesh Gupta, David A Ross, George Patton, Vikram Patel