

Supplementary Table 1. Extracted Data	Study Characteristics						Factors for Well-being		
Study Abbreviation (*Japanese publication)	Study Design	Study Area	Migrant Nationality	Number	Mental Health Variable	Epi Tool	Barrier	Facilitator	Policy recommendation related to international migrants
Students									
Kakefuda, 2004 * ¹⁶	Cross-sectional, Qualitative	Honshu	Brazilian	66	Adaptation Mental well-being	Questionnaire Interview	Low Japanese language skills, Low support from teachers or parents, Problems with studying	Good communication with Japanese or other Nikkei Brazilians, Having plan for after graduation or future	Creation of a mental health care system for foreign students.
Qu, 2013 ¹⁷	Cross-sectional	Tokyo	Chinese	194	Mental well-being	ECRS GHQ VIA	Attachment Anxiety, Attachment Avoidance, Length of Stay beyond one year	Cultural Identity	Improve intercultural communication between Asian countries to facilitate clinical interventions and prevention programs.
Sun, 2013 ¹⁸	Cross-sectional	Tokyo	Chinese	253	Psychological distress	Questionnaire GHQ-30 AAS TCI	Marginalization (loss of original culture but do identify with new one; a poor acculturation strategy), Harm Avoidance	Social support, Self-directedness	Foster a positive outlook between Japanese culture and Chinese culture; Mass media from both countries should aim to promote mutual understanding and acceptance.
Eskandrieh, 2012 ¹⁹	Cross-sectional	Sapporo	Chinese (40%) other Asians (32%) South Koreans (14%) non-Asians (14%)	480	Depressive symptoms	Questionnaire CES-D	Female, Masters degree student, Arts students, Self supporting, Living alone	None	Examination of the mental health condition of international students; Japan requires more conclusive evidence for the seriousness of mental health and should take appropriate action.
Murphy-Shigematsu, 2002 ²⁰	Qualitative	Nonspecific Japan	Unspecified Various	15	Psychological barriers	Counseling Sessions	Unrealistic post-migration expectations, Discrimination, Cross-cultural communication	Coping strategies, Support-seeking, Refocusing of goals	Multicultural training for university staff; Support systems for international students such as pre-departure and post-arrival orientations.
Guo, 2013 ²¹	Cross-sectional	Sapporo	Chinese	142	Social capital Mental well-being	Questionnaire ISCS SWLS ASSIS	Dependence on SNS for entertainment, Acculturative stress	Use of SNS for information seeking, social capital	Further studies on SNS use and acculturation.
Ozeki, 2006 ²²	Cross-sectional	Aomori City	Chinese-speaking (39) English-speaking (32)	71	Transcultural stress	Questionnaire GHQ-30	Finances, Being a Chinese-Speaker	Being an English-speaker	Provide support for Chinese speakers in terms information in native language and adapting to daily life in Japan.
Zheng, 2005 ²³	Cross-sectional	Tokyo	Chinese	161	Psychosocial impact	Questionnaire Open-ended questions	Studying medicine or social sciences; Migration from a SARS affected area of China	More than a year of residence; below age 31	Social discrimination against students during disease outbreaks should be minimized; A safe environment should be fostered for their recovery.
Kono, 2014 ²⁴	Cross-sectional	Sapporo	Chinese (166) South Korean (59) Other Asian (139) Non-Asian (64)	480	Depressive symptoms	Questionnaire CES-D	Lack of scholarship, Poor housing conditions	Sleep quality, Exercise	Authorities should make sure international students can support themselves and maintain their health.
Ma, 2007 * ²⁵	Cross-sectional	Kanto, Tohoku, Hokkaido	Chinese	267	Mental health status Psychosociological factors	Questionnaire GHQ SDS	Female, Feeling irritated daily, Uneasy characteristics, Low self-esteem	Emotional support network	Improve emotional support networks for international students; Further studies to compare student mental health status in Japan and China.
Matsuda, 2013 ²⁶	Cross-sectional	Kyushu	Chinese	199	Stress management	Questionnaire DHQ-28	Pre-contemplation and contemplation stage stress management	Maintenance stage stress management, Actively practicing stress management behavior	None
Hori, 2012 ²⁷	Retrospective, Case series	Ibaraki	Asian (66%) Russian (10%) European (7%) Latin american and African (5%) mixed	59	Depression, Adjustment disorder, Insomnia, and Schizophrenia	Medical records (diagnosed using ICD-10)	Stresses related to studying, Inter-personal relationship problems, Cultural stress	None	Preparations for emergency consultations by non-Japanese at health centers.

Wang, 2009 * ²⁸	Cohort study Qualitative	Tokyo, Ibaraki	Chinese	7	Mental stress	GHQ-30 Semi-structured interview	Weak personal relationships, Loneliness, Poor daily life management, Psychosomatic diseases	Comfortable lifestyle, Good relationship with others, Clear aim of studying abroad	Provide guidance for daily life management; Provide information about studying and future; Support the creation of communication networks.
Mizuno, 2000 * ²⁹	Cross-sectional	Kanto area, Tokai area, Chugoku area	Chinese (159) Korean (59) Taiwanese (46)	264	Mental support Help-seeking behavior	Questionnaire	Concerns about helper responsiveness, Living with spouse	Female, Experience with professional supports	Construct a more effective support system
Workers									
Lee, 2015 * ³⁰	Cross-sectional Comparative	Tokyo	Korean (66) Chinese (50) other Asian (8) non-Asian (2)	INTL (126) JP (150)	Job stress and mental health	Questionnaire	Overwork, Interpersonal relationship stress	None	A prevention-centered strategy is needed to address job stress.
Asakura, 2008 ³¹	Cross-sectional	Northern Kanto	Brazilian	313	Psychological symptoms	Questionnaire GHQ-12	Discrimination, Environmental hazards at work, Higher education (low-skill job mismatch), Higher Japanese level (can understand discrimination)	None	To improve the health of migrants: Establish policies and practices designed to decrease ethnic discrimination in the workplace; Improve education about diversity.
Onishi, 2003 ³²	Qualitative	Tokyo	Bangladeshi (13) Pakistani (7) Iranian (4)	24	Coping Strategies for Mental Well-being	Narrative analysis of Interviews	Perceived low social status, Societal disregard of their socio- economic background, Prejudice	Adapting to and accepting Japanese language and culture, Strong Muslim identity	Develop immigration policies that empower migrants as participants in society and potential Japanese citizens, not only to fill economic needs; Media should create more positive image of non-Japanese; Schools should develop cultural awareness and tolerance for diversity to foster a multi-cultural Japan.
Ohara-Hirano, 2000 ³³	Qualitative	Tokyo	Filipino	265	Stress	Categorization of Interview responses	Worry about sending money home, How family will use such money	Emotional support from family	It is important to consider how a migrant's cultural background informs their adjustment to living in Japan.
Date, 2009 ³⁴	Cross-sectional	Nagasaki City	Chinese	81	Depressive Symptoms	Questionnaire CES-D	Longer working hours, Age over 30 years	None	Health authorities should consider working time and age as important indicators for reducing depressive symptoms among foreign workers.
Ohara-Hirano, 2005 * ³⁵	Comparative Cross-sectional	Kanto	Filipino	in JPN (265) in KR (401)	Socio-economic strain, Depression	Questionnaire CES-D	Strain about family, Strain about future	None	Consider the background not only the host country but also the labor-exporting country to understand migrant mental health.
Cho, 2005 * ³⁶	Case series	Japan	Chinese (11) Indonesian (2) Vietnamese (1) Filipino (1)	15	Suicide	Secondary data (JITCO)	Male, Age over 30 years, Shorter stay in Japan (<8 months), Lack of communication	None	With rapid deterioration of mental conditions, the economic burden of foreign workers and possible feelings of failures should be taken into account; Appropriate psychiatric treatment is then required.
EPA Care Workers									
Ohara-Hirano, 2012 ³⁷	Cross-sectional	Indonesia	Indonesian	102	Mental Health Status	Questionnaire GHQ	Difficulty bringing family to Japan, Worry about national board examination	Strong motivations for working in Japan	More studies comparing Filipino and Indonesian EPA nurse mental health.
Nugraha, 2016 ³⁸	Cross-sectional	Japan	Indonesian	92	Mental Health Predictors	Questionnaire GHQ-12 MSPSS SCAS	Female, Feeling skills are underutilized, Fatigue	Social support, Job satisfaction, Sociocultural adaption, Confidence about passing the national board examination	Provide information to prospective care workers about working conditions in mother language to better prepare them physically and mentally for migration to Japan; Long-term follow-up studies are recommended.
Sato, 2016 ³⁹	Cross-sectional	Japan	Indonesian	71	Mental Health Status	Questionnaire GHQ-28	Female, Having passed the national board certification	Language support, Informational support	Sharing experiences gained by health facilities that have accepted EPA nursing staff previously; Establishment of an ongoing support system aimed at workers who have completed the national qualifications.

Yamamoto, 2018 * ⁴⁰	Cross-sectional	Japan	Indonesian (38) Filipino (26) Vietnamese (8)	72	Stress	Questionnaire SOC	Qualitative burden, Physical burden, Confusion about workstyle differences between Japan and the participant's country, Degree of skill utilization, Job suitability	Adjustment to life in Japan, Understanding Japanese language, Satisfaction of work and life, Higher sense of coherence	Consideration of job burden and workplace environment to improve sense of coherence.
Exclusively Women									
Paillard-Borg, 2018 ⁴¹	Qualitative	Tokyo	Filipino	3	Subjective Well-Being	Focus Group Interview	Japanese language, Isolation from family, Overwork	Religion, Connection with migrant community, Maternal Identity	Support for and education about the health of migrant women.
Shah, 2018 ⁴²	Cross-sectional	Kanto Area	Nepalese	189	Quality Of Life	Questionnaire WHOQOL-BREF	Differences in medical culture, Unwanted pregnancy, Abortion	Health education	Reproductive health education for migrants.
Mothers									
Martinez, 2017 * ⁴³	Qualitative	Northern Kanto	Brazilian	18	Mental health	Semi-structured interviews	Pregnancy and child rearing, Anxiety about work and income, Complications due to being a foreigner, Absence of social support	Equal and deeply connected family, Strength to continue working, Choosing the right conditions to settle down in, Religiosity	Understand the socio-cultural factors affecting the health; Provide intervention that lead pregnant and perperal Brazilian women to have appropriate health behaviors.
Kawasaki, 2014 * ⁴⁴	Systematic Review	Japan	Various	Study: INTL (15) JP (18)	Mental health status support	Systematic Review	Cross-cultural conflict, Dilemma, Lack of support, Isolation, Loneliness	None	Immigrant women need access to information and social support services, and help in coping with difficulties as immigrants.
Jin, 2016 ⁴⁵	Mixed-method	Kanto	Chinese	22	Depression Stress	Questionnaire EPDS SSS CCS	Unable to follow traditional birthing preparation, low socio-economic status	Social Support	Trascultural healthcare training in Japan, especially on Chinese birthing practices (Zuoyuezi and Yuezican) to reduce cross-cultural stress.
Kita, 2015 ⁴⁶	Systematic Review	Japan	Various	Study: INTL (1) JP (35)	Psychological Health	Systematic Review	Anxiety about birth in Japan, Lack of support, Social isolation, Language barrier, Lack of information, Racial discrimination, Limited access to health care, Low socio-economic status	Strengthening social-connectedness	Establishment of multilingual and culture-specific health services, strengthened social and support networks as well as support and political action.
Imai, 2017 ⁴⁷	Cross-sectional Comparative	Japan	Chinese (29) Korean (8) Vietnamese (5) Fiipino (5) Mixed	INTL (68) JP (97)	Depressive Symptoms	Questionnaire EPDS SSPS-P	Lack of support from partner or family, Low socio-economic status	None	Medical staff to encourage support from family and provide information about prepatory maternal services
Bunketsu, 2010 * ⁴⁸	Cross-sectional	Kanto	Chinese	132	Child-rearing stress	Questionnaire	Time limited due to childcare, Worry about their children after return to China, Difficulties in maintaining work and family balance, Loneliness	Talking with with Chinese friends, Making efforts to change their moode or perception, Patience	For prompt and effective harmonazation with Japanese society, Provide Childcare support with easy-to-use child care facilities, Chance of studing Japanese, Well-baby clinic conducted in Chinese
Shimizu, 2002 * ⁴⁹	Cross-sectional Comparative	Kanto, Chubu area	Brazilian (111) Chinese (70) Korean (29)	INTL (210) JP (625)	Parenting stress	Questionnaire	Difficulties with work and child rearing balance, Worry about child characteristics or language ability, Inadequacy of child care environment	Seek help for others	Establish a place to relieve stress speaking native language

Fujiwara, 2007 * ⁵⁰	Qualitative	Tokyo	Asian European Middle Eastern	9	Loneliness Isolation	Semi-structured interviews	Difficulties in verbal communication, Confusion with Japanese medical culture, Less support	Positive attitude by midwife towards interaction	Provide enough time for caring, Set-up translators or multi- language brochure
General Migrant Populations									
Shakya, 2018 ⁵¹	Cross-sectional	Central Japan	Nepalese	642	Mental Health Status	Questionnaire MSPSS PSS CES-D SCL-90-R	Needing a interpreter during visit to Japanese healthcare facility	Paying health insurance regularly, satisfactory self-rated health, longer stay in Japan	Interventions focusing on reduction of language barrier between migrants and health workers.
Koyama, 2016 ⁵²	Case Series	Osaka	American (5) Chinese (5) Australian (2) Taiwanese (2) Various	20	Mental Halth Consultation	Medical Records	Cultural differences, Japanese language barriers to describe symptoms	None	Sensitization of health care professionals to transcultural care by facilitating medical professional interpreters and liaison- consultation models. Government should introduce comprehensive social support of non-Japanese people.
Moon, 2007 ⁵³	Cross-sectional Comparative	Osaka	Korean (204)	KR (204) JP (221)	Subjective well-being	Questionnaire CGA TMIG-IC GDS-15	Korean ethnicity, Absence of sense of purpose of life	None	More pro-active ethnicity-specific support from existing community organizations and authorities.
Koyama, 2012 ⁵⁴	Case Series	Osaka	American (2) Australia (1) New Zealand (1) England (1)	5	Mental Health Consultation	Medical Records SDS STAI	Cultural differences, Japanese language barriers to describe symptoms, Unemployment	None	Promotion of transcultural medical interpreters for psychosomatic medicine and comprehensive social support system for non- Japanese by government.
Ichikawa, 2006 ⁵⁵	Cross-sectional	Tokyo Osaka	Afghan	55	Anxiety Depression Posttraumatic Stress	Questionnaire HSCL-25 HTQ	Detention by immigration authorities, Premigration trauma exposure, Living alone	None	Reconsideration of tightening of immigration policies in terms of both health and human rights.
Itoi, 2007 * ⁵⁶	Cross-sectional	Kanto	Cambodian	49	Acculturative stress	Questionnaire modified LASC-I	Female, Less education, Fewer Japanese language skills, Shorter length of staying in Japan, Lower occupational status	None	Improve the education systems, Japanese language education, an employment systems, develop a program to promote an education for the people in the host country
Fukaya, 2002 * ⁵⁷	Cross-sectional	Kanagawa prefecture	Filipino (43) Nikkei-Brazilian (38) Various	110	Acculturative stress Depressive symptoms	LASC-I CES-D ISEL-S	Less education, Shorter length of stay, Lower social support	Social support	Increase social support for foreign residents.
Ohara-Hirano, 2001 * ⁵⁸	Cross-sectional	Kyushu	Filipino (36%) Peruvian (9.4%) Chinese (9.4%) Indonesian (9.0%) Various	280	Depressive symptoms	Questionnaire CES-D	Non-western national origin, Migration to Japan for work or training	Western origin nationality, Migration to Japan for marriage, Live with family	Japanese society needs to set up support systems for finding jobs, improving daily life, and so on.
Lee, 2009 ⁵⁹	Cross-sectional Comparative	Japan	North Korean defector	in JP (30) in KR (51) JP (43)	Mental health and Quality of Life	BDI WHOQOL-Bref Semi-Structured Interview	Language fluency, Adopted nationality	Longer length of stay	Better monitoring of pervasive depression among refugees; Consideration of social support system and effective medical interventions for proper adjustment to Japan.
Brazilian 'Nikkeijin'									
Miyasaka, 2007 ⁶⁰	Cross-sectional Comparative	Northern Kanto Sao Paulo	Brazilian	in BRZ (100) in JP (107)	Mental Health Disorders	Medical Records	Living alone, Staying in Japan for short periods	Living with family, Having network of friends	Mental heath professionals should encourage building a network of friends and support systems.
Kondo, 2011 ⁶¹	Cross-sectional Comparative	Northern Kanto Sao Paulo	Brazilian	in BRZ (331) in JP (172)	Mental Health Status	SDQ	Adverse circumstances at home and at school while living in Japan	None	Further verification studies.

Asakura, 2006 ⁶²	Cross-sectional	Northern Kanto	Brazilian	265	Psychological disturbance	Questionnaire GHQ-12	Living alone, Longer stay in Japan, Lower economic status, Migration to Japan due to unsatisfactory socio-economic conditions in Brazil, Severe family life concerns	Moderate Japanese Language proficiency, Plans to return to Brazil as soon as possible	Provision of more information about Japan life, culture and working conditions prior to migration to form more accurate expectations and help with adjustment through consultation services; Government policy outlining treatment of foreign workers to stop discrimination and promote equal treatment; Change societal mindset to one of embracing diversity; Opportunities for advancement and job training, NGO and government support services for foreign workers will promote health and assimilation.
Tsuji, 2001 ⁶³	Cross-sectional	Northern Kanto	Brazilian	40	Mental Health Disorders	Medical Records	More distant descendant of Japanese	Japanese language ability, Length of stay beyond 5 years	Further studies on mental health of Brazilians.
Miyasaka, 2002 ⁶⁴	Cross-sectional Comparative	Northern Kanto	Brazilian	in BRZ (213) in JP (158)	Mental Health Status	Questionnaire SRQ-20	Being female, Being a smoker, Previously being a student in Brazil	None	Authors established a mental health network for Brazilians in Japanese migrant population centers that is proving useful.
Takenoshita, 2015 ⁶⁵	Cross-sectional	Northern Kanto	Brazilian	1252	Psychological Well-Being	Secondary Data Questionnaire CES-D	Being Female, Unemployed, Perceived discrimination	Bonding social capital (relatives live nearby)	None
Honda, 2005 * ⁶⁶	Cross-sectional	Kanto	Brazilian	150	Mental Illness, Risk Factors	Questionnaire SRQ-20	Living alone, Shorter periods of stay (< 5 years), Previous psychiatric problems, Lower Japanese ability, Culture conflict between Japan and Brazil	None	None
Tsuji, 2000 * ⁶⁷	Cross-sectional Comparative	Tochigi Bauru (Brazil)	Brazilian	BRZ (213) JP (157)	Depression	Questionnaire SRQ-20	Female, Under 30 years old, Being a student prior to immigration	None	None
Tsuji, 2002 * ⁶⁸	Cross-sectional	Tochigi	Brazilian	151	Depression	Questionnaire SRQ-20	Current findings: Not significant; Findings 2 years previous with same indicators: Female, Youth, Student prior to immigration	Longer staying in Japan (> 2 years)	None
Asakura, 2005 * ⁶⁹	Cross-sectional	Aichi	Brazilian	112	Psychosomatic distress	Questionnaire	Less time spent with parents, Difficulties in adapting to Japanese customs and social environment, Higher frequency being not understood by parents, Poorer adaption to school	Good relationships with Japanese friends, Good family relationships, More social support, Longer staying in Japan	Health promotion for ethnic minority students.
Otsuka, 2001 * ⁷⁰	Cross-sectional	Tochigi	Brazilian	163	Acculturation, Mental Disorders	Questionnaire	Living alone, Poor acculturation, Isolation from society, Low Japanese language skills, Shorter length of stay	Bicultural identity	None