

# Measures Taken by the Government for Improving Mental Health of Children —Through promotion of Sukoyaka Family 21—

JMAJ 46(10): 452–459, 2003

Kiyomichi FUJISAKI

*Managing Director, Medical Cooperation Department,  
Japan International Cooperation Agency (JICA)*

**Abstract:** Problems of mental health in the field of child health are increasingly significant in the 21st Century of Japan. The measures to be taken by the Government to tackle them are all depicted as well as those taken by other concerned parties in the Sukoyaka Family 21 that has been planned and promoted by the Ministry of Health, Labor and Welfare. In fact, to solve the children's mental health problems, the roles of concerned parties such as the people (residents), public entities, professional organizations, and civilian organizations are more significant than those of the Government—although the Government plays its proper and unique parts. Sukoyaka (meaning “healthy and happy” in Japanese) Family 21 is a vision to clarify issues both pending and new, and to present major initiatives to be taken in the early 21st century (2001–2010) concerning the issue of maternal and child health based on the achievements made to date. It is also a national campaign, which is to be jointly promoted by the various parties and organizations concerned after having established certain objectives for each of the issues. Four major agenda items have been agreed and being worked on: ① Stepping up health care measures and promoting health care education for the adolescents: ② Assuring safety and comfort during pregnancy and childbirth, and supporting for infertility: ③ Maintaining and improving the standards of child health care and medical service: ④ Promoting trouble-free mental development of children and alleviating anxiety about child rearing.

**Key words:** Sukoyaka Family 21;  
National campaign for Maternal and Child Health;  
Mental health of children

## Introduction

As a result of continued efforts made by con-

cerned parties various indicators of children's health show that Japan is already at the top level globally in the 20th century.

---

This article is a revised English version of a paper originally published in the Journal of the Japan Medical Association (Vol. 126, No. 4, 2001, pages 553–558).

However, this achievement is only limited to physical health of children and their mental health is not improved comparably – rather it has even been widely recognized as a serious social problem since the late 20th century. It is cautioned that the situation will be worse if effective measures are not to be taken.

The Ministry of Health, Labor and Welfare of Japan is now tackling the issue of children's mental health with its full efforts. Sukoyaka (meaning "healthy and happy" in Japanese) Family 21, which sets out the vision for maternal and child health for the early 21st century and operates as a national campaign as well, started January 1st, 2001 and encompasses all the measures being taken by the Ministry. It is the author's view that within the sphere of maternal and child health in the 21st century we need to realize "mental health is important" rather than "mental health is important, too", and therefore it's time for us to set mental health as the central issue.

It should be noted that the aforementioned approaches must be undertaken as quickly as possible to prevent the unfavorable state from becoming even worse, although the solution can hardly be realized only by the efforts from the sector of maternal and child health since the problem of children's mental health is a reflection of the complex environments of the modern society surrounding them, including their parents' mental conditions.

This article first outlines Sukoyaka Family 21, then refers specifically to its efforts to tackling children's mental health, and finally touches upon the role of the Government or Ministry of Health, Labor and Welfare in promoting such undertakings. And refer to the full report of Sukoyaka Family 21 for further information.

## What Is Sukoyaka Family 21?

### • Vision and national campaign

Sukoyaka Family 21 is a vision to clarify issues both pending and new, and to present major initiatives to be taken in the early

21st century (2001–2010) concerning the issue of maternal and child health based on the achievements made to date. It is also a national campaign, which is to be jointly promoted by the various parties and organizations concerned after having established certain objectives for each of the issues (Figure). A Report on Sukoyaka Family 21 (referred as Report hereafter) was formulated on November 17, 2000 by its planning committee in Ministry of Health, Labor and Welfare and the national campaign started on January 1, 2001.

### • Issues agreed for Sukoyaka Family 21

The following four major agenda items have been agreed and being worked on in the 21st century:

- ① Stepping up health care measures and promoting health care education for the adolescents;
- ② Assuring safety and comfort during pregnancy and childbirth, and supporting for infertility;
- ③ Maintaining and improving the standards of child health care and medical service; and
- ④ Promoting trouble-free mental development of children and alleviating anxiety about child rearing.

Each agenda item consists of three parts – Recognition of Problems, Direction of Initiatives and Specific Initiatives, and the Specific Initiatives constitute the central substance of the national campaign.

It should be noted, however, that issues not included in the above four agenda items are not insignificant. These major agenda items are carefully selected as the focused target of the national campaign to prevent the activities resulting in Christmas-tree type initiatives.

### • Promotion measures for Sukoyaka Family 21

The national campaign incorporates unique promotion measures. Achieving every agenda item set out in Sukoyaka Family 21 requires to draw contribution from citizens as well as the organizations and parties involved in health care, medical services, welfare, education, and

Agenda Item	① Stepping up health care measures and promoting health care education for the adolescents	② Assuring safety and comfort during pregnancy and childbirth, and supporting for infertility	③ Maintaining and improving the standards of child health care and medical service	④ Promoting trouble-free mental development of children and alleviating anxiety about child rearing
Principal Targets for Year of 2010	<ul style="list-style-type: none"> <li>• Suicide incidence among teenagers (To decrease)</li> <li>• Sexually transmitted disease morbidity rate among teenagers, /TD&gt; (To decrease)</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal mortality rate (By half)</li> <li>• Arrangement of perinatal medical care networks ((2005) All prefectures)</li> <li>• Arrangement of counseling centers specializing in infertility ((2005) All prefectures)</li> </ul>	<ul style="list-style-type: none"> <li>• Perinatal mortality rate (To maintain the highest level in the world)</li> <li>• Infant mortality rate due to SIDS (By half)</li> <li>• Infant mortality rate (aged from 1 to 4) (By half)</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of mothers who lack confidence in childcare (To decrease)</li> <li>• Rate of mothers who are breast-feeding at babies one month after delivery (To increase)</li> </ul>
Parents	Supervision Period	Pregnant~Puerperal Period	Child-rearing Period	Child-rearing Period
Children	Adolescent Period	Fetus Period	Neonate~Infant~Child Period	Neonate~Infant~Child Period

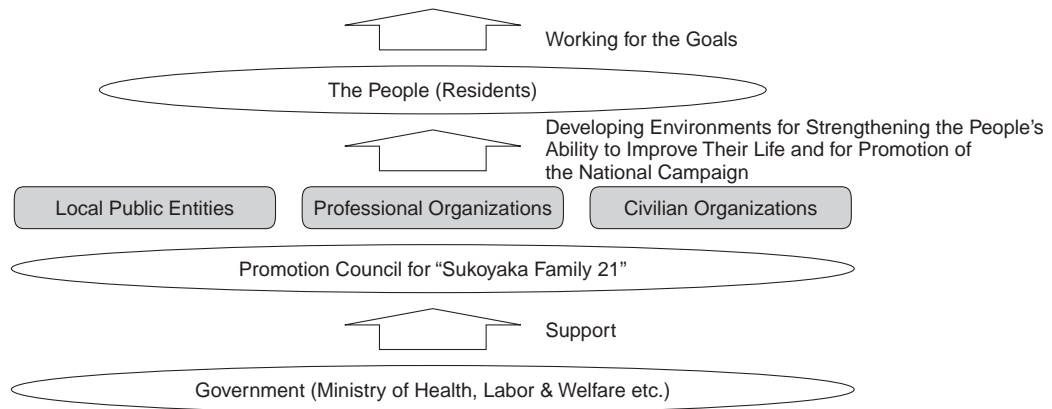


Figure National campaign for maternal and child health in the early 21st century 2001–2010

labor services from their respective positions. Therefore, the Report illustrates ways as promotion measures in which the people (residents), local public entities, the Government, professional organizations, and civilian organizations can contribute to each agenda item and sets goals by clarifying their implementation period and specific objectives to be achieved.

• **Establishment of a promotion council for Sukoyaka Family 21**

In order to effectively adjust and promote the initiatives discussed above, a Promotion Council for Sukoyaka Family 21 (Table 1) was established on April 20, 2001 at the center of this project, which amalgamates the action plans of the related parties, reports on the

progress, and supervises exchanges between the related parties. The council provides information and gathers opinions via the Internet, and conduct activities to pave the way for promotion of the national campaign through national rallies. Prefectural and municipal governments are establishing similar mechanism and formulating action plans.

**Sukoyaka Family 21 and Mental Health of Children**

Mental health of children is one of central issues Sukoyaka family 21 is promoting. Out of four agenda items ① Stepping up health care measures and promoting health care education

Table 1 Promoting Trouble-Free Mental Development of Children and Alleviating Anxiety about Child Rearing

The people (residents)	<ul style="list-style-type: none"> <li>• Make efforts to realize a society that is considerate of parents involved in child-rearing, and realize a community in which child-rearing responsibility is shared and parents are not isolated</li> <li>• Make efforts to create a society in which fathers can participate in child-rearing and mothers can bring up their children while working</li> </ul>
Local public entities	<ul style="list-style-type: none"> <li>• Provide systematic child-rearing support information through the use of Maternal and Child Health Handbooks, etc.</li> <li>• Promote measures to address child-rearing anxiety by specialized personnel (employment of child psychiatrists, midwives, counselors, etc.)</li> <li>• Carry out medical check-ups for parents and infants by paying attention to mental problems as part of the provision of child-rearing support</li> <li>• Build a care system for the high-risk population from the perinatal period through after discharge from the hospital</li> <li>• Develop child abuse preventive measures as part of maternal and child healthcare activities in the community</li> <li>• Promote activities by linking the issues of child-rearing anxiety and child abuse between municipal projects (medical check up, etc.) and prefectural projects (measures for mental health and alcoholism)</li> <li>• Set up a consultation window concerning child-rearing and establish a support network</li> </ul>
The Government	<ul style="list-style-type: none"> <li>• Develop screening methods that can be introduced as part of medical check-ups (child-rearing anxiety, mental problems of the child, maternity blues/postpartum psychosis)</li> <li>• Prepare a manual (prevention of child-abuse, early detection, and child-abuse examples as part of maternal and child healthcare)</li> <li>• Prepare a guide book aimed at offering support for child-rearing</li> <li>• Deal with mental health issues of children or mothers in the perinatal period at the National Center for Child Health and Development</li> </ul>
Professional organizations	<ul style="list-style-type: none"> <li>• Improve counseling functions so that obstetricians and pediatricians can deal with the mental issues of parents and children</li> <li>• Promote ties between obstetricians and pediatricians through prenatal visits</li> <li>• Alleviate child-rearing anxiety and provide support by encouraging pediatricians to cooperate with other institutions</li> <li>• Provide learning opportunities for parties involved with maternal and child healthcare (community health nurses, midwives, nurses, school health/nurse teachers, child-care specialists, teachers, etc.) concerning mental health and child abuse</li> </ul>
Civilian organizations	<ul style="list-style-type: none"> <li>• Implement community measures to avoid “isolated parents and children”</li> <li>• Promote child abuse prevention activities</li> <li>• Promote counseling for child-rearing anxiety</li> </ul>

for the adolescents and ④ Promoting trouble-free mental development of children and alleviating anxiety about child rearing are focusing on mental health of children. This article deals only with ④ Promoting trouble-free mental development of children and alleviating anxiety about child rearing because of limited space. Citation from the Report will be indicated in double quotation marks.

### 1. Recognition of problems

In the first place, the issue of parent-child

mental health manifesting as child abuse is described under Part 1 Recognition of Problems as follows:

“The issue of the mental health of children has been attracting widespread attention in recent years. There is a growing necessity for the health care and medical treatment sector to take necessary action, including preventive measures. It is particularly important to take up the issue of parent-child mental health as a part of the maternal and child healthcare, as it will also lead to the prevention of psychological

problems in children during adolescence. Two major problems exist in the mental health aspects of maternal and child health care; 1) the anxieties of parents about child-rearing and the relationship between parental stress and the mental state of the child, and 2) child abuse within the parent-child relationship.”

“Unfortunately, however, the parties involved in community health care and medical services who are responsible for maternal and child health have not necessarily responded fully to the anxieties of pregnant women and mothers, the mental problems of the child, parent-child problems including child abuse, and support for the basis of living for parents who are in the process of child rearing.

Taking comprehensive initiatives on a national scale for the purpose of eliminating anxiety among mothers concerning pregnancy, childbirth, and child rearing, helping them enjoy child rearing without constraint but with a sense of assurance, letting them love their children, and facilitating the healthy mental development of children can be considered an extremely important measure for maternal and child healthcare for the 21st century.”

In other words the above quotation stresses the significance and necessity of mobilizing all the resources and systems of maternal and child health sector, both during pregnancy and after birth, in order to improve the environments which may lead to anxiety about rearing children and child abuse. It also places an emphasis on the preventive effects on mental health problems of children. The lines point out further that since the alleviation of anxiety about rearing children can be made possible through the comprehensive community based supports, consolidation of local infrastructures for assisting child rearing, notably social welfare system, is important.

## 2. Direction of initiatives

The Report argues under Part 2 Direction of Initiatives that it is necessary to restructure the maternal and child health care system which

has been developed for caring their physical health, into what encompasses the problems of their mental health.

“As discussed above, it is necessary to construct a care system from the standpoint of mental problems targeted at child rearing throughout pregnancy, childbirth, puerperal, and child rearing, and to watch over the growth of one human being in an optimal environment. To do this, the flow of maternal and child healthcare services in the community which starts by issuing a maternal child health handbook and the flow of the community medical services which start from medical check ups on pregnant women must be integrated, and a consistency in providing care before and after childbirth must be assured. In particular, in order to respond to the psychological problems of parents and children, healthcare and medical institutions in the community must change their routine work centered around the detection of disease and screening into one in which they are always conscious of psychological issues. In promoting such system, studies on granting subsidies for facility costs, personnel costs, operation costs, etc. as well as measures for medical treatment fees will also be necessary.”

As is stated in the Report, at a community level, both medical and health service providers are required to pay attention to mental aspects of their clients in their everyday works, which is paradigm shift being necessitated. Also an adjustment of the remuneration scheme under social medical insurance system and the grant mechanism from the central government is considered necessary as prerequisite for such changes.

## 3. Specific initiatives

Following Part 2 Direction of Initiatives the Report mentions about concrete activities in obstetric, neonatal and pediatric medical services as well as community health services under Part 3 Specific Initiatives. It refers to pediatric medical services as follows:

“In addition to the diagnosis and treatment of diseases, pediatric departments should strive to provide care and give counseling, by observing the parent-child relationship, the psychology of mothers, the cooperative relationship between husband and wife, and the effects of these elements on the psychology and development of their child. They should strengthen ties with maternity departments through prenatal visits, and maintain close ties with child psychiatrists and health care and welfare organizations in the event of the discovery of a case requiring support from such institutions.

When we consider the situation in which a great number of children visit outpatient departments for the child, it is hard to believe that specialists (child psychiatrists, psychologists, etc.) alone can provide sufficient services. Therefore, the parties involved in pediatric health care should set up a system that can cope with problems related to child psychology.”

#### **4. Clarification of the contents of initiatives that can be taken by the respective organizations and setting goals**

##### **• Clarification of the contents of initiatives that can be taken by the respective organizations**

The Report illustrates the initiatives that can be taken by concerned persons and parties in such categories and order as the people (residents), local public entities, the Government, professional organizations and civilian organizations (Table 1) regarding their daily intervention in mental health aspects through community medical and health services. Pediatricians and other medical organizations’ initiatives are listed under the group of professional organizations. It should be noted that these lists are just illustrations prepared by the Planning Committee and a wider range of creative initiatives to be set forth by the concerned persons and parties is desirable.

##### **• Setting indicators and target**

The Report comes out with 16 indicators to articulate the goals for the agenda item of ④. Promoting trouble-free mental development

and alleviating anxiety about child rearing (Table 2). They are made up of three levels;

① Indicators concerning healthcare standards reflect the healthcare standards of residents, including the level of QOL to be attained. They also indicate the direction that the residents and related organizations should be targeting;

② Indicators concerning residents’ voluntary activities reflect the tasks to be taken up by individual residents in attaining the respective agenda items. They include indicators regarding the healthcare activities and lifestyles of parents and families and those involved with learning such as knowledge and techniques;

③ Indicators concerning the initiatives of the Government and related organizations reflect the initiatives that can be taken by them for the purpose of improving resources and the environment in such areas as project implementation, offering services and facility improvement. The indicators also function as monitoring the progress of undertakings made by professional organizations such as Japan Medical Association.

It should also be noted that the indicators were established to target the country as a whole, and therefore individual professional organizations, civilian organizations, and public entities should set their own indicators according to their respective situations.

#### **Measures Taken by the Government**

##### **• Promotion of Sukoyaka Family 21**

The way the Government tackles the issue of parent-child mental health is in accordance with the measures taken by the Government in the Report saying as follows:

“The government will strive to accumulate scientific knowledge by way of gathering necessary information and conducting surveys and research, developing health education and general education materials and holding seminars for the parties concerned. This will be intended



Table 2 Target of the Initiatives for Each Agenda Item

4. Promoting trouble-free mental development of children and alleviating anxiety about child rearing		
Index	Current status (baseline)	Target by 2010
<b>① [Indicators concerning healthcare standards]</b>		
4-1 Death toll of child abuse	<sup>*5</sup> (2000) 44 children	To decrease
4-2 Number of abused children who were reported to child guidance centers and others by law dealt with at child guidance centers	<sup>*6</sup> (2000) 17,725 cases Note: Total number of cases	To decrease via an increase
4-3 Rate of mothers who lack confidence in childcare	<sup>*2</sup> (2000) 27.4%	To decrease
4-4 Rate of parents who recognize they abuse children	<sup>*2</sup> (2000) 18.1%	To decrease
4-5 Rate of mothers who have time to spend with children in a relaxed mood	<sup>*2</sup> (2000) 68.0%	To increase
<b>② [Indicators concerning residents' voluntary activities]</b>		
4-6 Rate of mothers who have someone to consult with about childcare	<sup>*2</sup> (2000) 99.2%	To increase
4-7 Rate of fathers who participate in childcare	<sup>*2</sup> (2000) Participating often: 37.4% Participating sometimes: 45.4%	To increase
4-8 Rate of fathers who play with children	<sup>*2</sup> (2000) Playing often: 49.4% Playing sometimes: 41.4%	To increase
4-9 Rate of mothers who are breast-feeding babies at one month after delivery	<sup>*4</sup> (2000) 44.8%	To increase
<b>③ [Indicators concerning the initiatives of the Government and related organization]</b>		
4-10 Rate of secondary medical care areas or institutions with a system for following up high-risk infants who have been discharged from perinatal medical institutions	<sup>*1</sup> (2001) 85.2% Note: Ratio of public health centers	100%
4-11 Rate of those who are satisfied with infant medical examinations	<sup>*2</sup> (2000) 30.5% Note: Medical examinations at public health centers or health centers	To increase
4-12 Rate of self-governing bodies where infant medical examinations are conducted by emphasizing childcare support	<sup>*1</sup> (2001) 64.4%	100%
4-13 Rate of child consultation centers with full-time pediatric psychiatrists	<sup>*3</sup> (2001) 3.3%	100%
4-14 Number of institutions where short-term treatments are conducted for children with emotional disorders	<sup>*3</sup> (2000) 17 (15 prefectures)	All prefectures
4-15 Rate of public health centers which give support to group activities of parents who are concerned about childcare and who abuse children	<sup>*1</sup> (2001) 35.7%	100%
4-16 Rate of pediatricians who are skilled enough to handle mental problems of parents and children	<sup>*7</sup> (2001) 6.4%	100%

<sup>\*1</sup> Health/labor science research (comprehensive studies of families and children, etc.)

<sup>\*2</sup> Survey on the Degrees of Infant Health

<sup>\*3</sup> Investigated by Ministry of Health, Labor and Welfare

<sup>\*4</sup> Infant physical development survey

<sup>\*5</sup> Investigated by the National Police Agency

<sup>\*6</sup> Social welfare administration report

<sup>\*7</sup> Investigated by The Japan Pediatric Association

to help the people (residents) to jointly tackle each agenda item as a community issue, and to help local public entities and the related organizations to provide active support for such

activities. In addition, the government will present goals and direction, deal with public education/PR/information supply activities, as well as with the improvement of various sys-

tems and foundations, and encourage active participation of related organizations, so as to develop Sukoyaka Family 21 as a national campaign.”

• **Specific Initiatives**

The measures the Government take to tackle parent-child mental health problem are two-holds. Those directly cope with the mental aspects are listed in a table showing concerned groups' measures under Table 1.

On the other hand, there are Government's measures dealing indirectly with the mental issue. These include supporting the formation of an attachment between mother and child through establishing a support system such as sharing of the room by mother and newborn, and the use of residential style delivery facilities under the agenda item ② Assuring safety and comfort during pregnancy and childbirth, and supporting for fertility, and maintaining and improving pediatric medical services system through raising medical remuneration for pediatric medical services under the agenda item ③ Maintaining and improving the standards of child health care and medical service. Such indirect measures for parent-child mental health have a wide and profound impact on child mental health.

Furthermore, other Government's effort such as New Angel Plan also contributes to the betterment of child mental health through alleviating anxiety about and stress of child-rearing by means of increased support for child-rearing as part of the strategy against Japan's declining birth rate.

• **Role of concerned parties more significant**

The measures taken by the Government for child mental health, as described above, show that they do not constitute a major portion

within a set of overall measures taken by related groups. The roles of other four concerned parties such as the people (residents), public entities, professional organizations, and civilian organizations are more significant than that of Government, and which represents the very essence of Sukoyaka Family 21.

In other words, there is reality that many issues and problems of maternal and child health exist that cannot be solved solely by enforcing uniform measures nationwide with the Government's subsidy. And, therefore, the national campaign promoted by concerned persons and parties together became necessary and clarifying the measures to be taken by them and depending on their voluntary participation became the uniqueness of its promotion measures.

**Conclusion**

This article discussed how the Government tackles with mental health of children by introducing Sukoyaka Family 21. The conclusion is that the roles of concerned parties such as the people (residents), public entities, professional organizations, and civilian organizations are more significant than those of the Government—although the Government plays its proper and unique parts.

All the measures taken in Sukoyaka Family 21 should not terminate in a short period of time but be persistent and built into daily activities and services offered by all the concerned. The author really wishes the Japan Medical Association and others in the medical community to work together for the promotion of Sukoyaka Family 21 until the year 2010.