

# An Overview of Non-School Mental-Health Support Systems for Children in Japan

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## Review Article

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## ABSTRACT

**Purpose:** Previous researches have provided an overview of the mental health support system in Japanese schools and have indicated that the mental-health support systems outside schools require attention. However, no previous study has comprehensively overviewed the Japanese mental-health support system. There are various types of facilities that focus on supporting children with mental health problems. The roles of these facilities and their relationships in communities should be publicized, as this might help the public obtain a comprehensive understanding of the mental health support system for children.

**Methods:** We chose every kind of facilities related to mental health for children in Japan and conducted the review narratively.

**Results:** The impact of education centers and governmental offices on children's mental health is limited; however, as a result of their size and the number of cases they address, child consultation centers have

a huge impact in regard to protecting mental health of children. Medical facilities such as psychiatric hospitals/clinics also play an important role in each region.

**Conclusion:** This report provides insight into the effectiveness of non-school mental health support systems for children and may provide a useful perspective for measuring the characteristics of support systems in other countries.

## INTRODUCTION

Mental-health problems among children represent an important global public-health issue because of their high prevalence, early onset, and huge impact on the children, their families, and communities [1]. The World Health Organization report "Caring for Children and Adolescents with Mental Disorders" states that up to 20% of children and adolescents worldwide have a disabling mental illness. In the United States, among the children aged 5-14 and 15-17 years, 5.1% and 5.6% are reported to have some degree of disability, and among them, 3.9% and 4.0% have cognitive difficulties [2]. This indicates that a large number of children have mental health problems.

## LITERATURE REVIEW

Early detection, assessment, and communication between healthcare professionals may have a significant impact on the children's mental health outcomes and their general health and well-being [3]. Schools promote the concept of achieving ideal performance and can help support a substantial number of children and young people who experience mental health problems [4]. Schools can also promote positive mental health and resilience, thus, providing children and young adults the resources to buffer negative stressors. For many children who come from vulnerable homes and communities, and who have few additional support sources, school-based interventions can have a significant effect [5]. Despite these possible interventions, mental-health support in schools has been neglected in most low and middle-income countries [6].

To identify an effective means of promoting mental health in schools, the present author previously analyzed the school-based mental-health support system in Japan, and the current situation of the Association of Southeast Asian Nations (ASEAN) countries regarding the provision of mental health support in schools [7]. Through these studies, we found that most Japanese schools have a full-time Yogo teacher (a school nurse), as well as three types of part-time mental-health specialists: school counselors, advisors, and social workers [8]. The strengths of the Japanese school mental health system include the provision of relatively high numbers of psychological consultations; most school counselors are clinical psychologists with master's degrees and are skilled in handling the mental problems experienced by students [9]. The weakness of the Japanese system is that there are no specialists for supporting students' academic and school lives; general teachers tend to adopt the role of Western countries' school counselors [10]. This is because most school counselors in Japan are clinical psychologists and

their approaches are mainly limited to psychological treatment. There are relatively few specialists in social support as compared to Western countries [11]. On the other hand, ASEAN countries mostly have professional guidance counselors who promote mental health in schools and tend to focus on supporting students who are experiencing problems in daily life [12]. Finally, the provision of medical and psychological care in schools is limited, but there seems to be a high interest in establishing specialized institutions with which each school can cooperate to provide such support for its students [13].

The above information is important for improving mental-health support systems in low and middle income countries. However, we also found that the mental-health support systems present outside schools require attention [14]. There are various types of facilities that focus on supporting children with mental health problems. The roles of these facilities and their relationships in communities should be publicized, as this might enable the public to comprehensively understand the mental-health support system for children.

The purpose of this article is to clarify the non-school-based mental-health support system in Japan and its historical development. Children in Japan face many problems related to mental health, such as child abuse, developmental disabilities, and school refusal. Therefore, several new facilities have been created to address these problems [15]. English-language research on these issues in the Japanese context is limited, and no previous report has comprehensively investigated the Japanese mental-health support system. The data presented in our report may be useful for low and middle-income countries that wish to create mental-health support systems for children in their communities [16].

### **Overview of the Japanese mental-health support system outside of schools**

In Japan, many facilities focus on supporting the mental health of children. Governments have established centers that target specific mental problems, such as social withdrawal and developmental disabilities. Prefectural- and municipal-level health bureaus also address mental health problems. Each region's committee of education provides consultation services for children. Meanwhile, child consultation centers play a significant role in protecting children's rights. Finally, psychiatric treatment facilities, such as psychiatric hospitals and clinics, are common throughout the country. In the following sections, we discuss the history and roles of the abovementioned facilities in local communities.

#### **Education centers**

In 1947, the Ministry of Education published a ministerial ordinance titled "Matters concerning the Establishment of an Educational Research Institute." This ordinance represents the origin of Japan's education centers. Although there is no national law defining and promoting education centers, each prefecture and several major urban cities have spontaneously established education centers. Specifically, all 47 prefectures and 20

designated cities have their own education centers. However, only 38 of the 62 major urban cities in Japan have an education center. The role of each education center is defined by the ordinance of the corresponding prefecture or major urban city; therefore, their roles and services can differ. However, they have four common main roles; 1) training the assigned teachers, 2) performing research related to education, 3) providing support for schools, and 4) conducting consultations for children who experience difficulties in schools or with their parents. Many education centers do not provide statistical data on consultation cases; however, the education center in Kagawa (which, with a population of approximately one million, is one of the smallest prefectures in Japan) reported 4,712 consultation cases in 2019. Of these cases, 14% concerned school refusal. Other major concerns were related to caregiving (12%), relationships with teachers (10%), and relationships with friends (8%), mental health problems (5%), concerns regarding future career (5%), and relationships with family members (5%). These data indicate that education centers play a certain role in supporting the mental health of children.

### **Child consultation centers**

The 1947 Child Welfare Act served as an initiator for the establishment of child consultation centers in Japan. Initially, this act aimed to protect children who had lost their parents in wars or who had been sold for money. However, after the postwar turmoil ended, the aim of these centers shifted to effectively supporting the welfare of children and protecting their rights. The role of these centers is similar to that of the child protection centers established in other countries. Currently, every prefecture and designated city must possess a child consultation center; major urban cities that are not designated cities can also possess such centers. The total number of child consultation centers nationwide was 210 in 2019. Although the role of the centers is defined as providing every kind of consultation required by children, the center now also focuses on domestic violence cases due to an increase in them. Child welfare officers are defined as officials who operate under the prefectural governors; they are appointed based on the following criteria: (i) a person who has graduated from a school or other facility designated by the Minister of Health, Labour and Welfare for the training of child welfare officers or employees of child-welfare institutions, or who has completed a training program in child welfare approved by the Minister of Health, Labour and Welfare; (ii) a person who has completed a course from a department specializing in psychology, pedagogy, or sociology, or other equivalent areas, under a university pursuant to the School Education Act, or under a university pursuant to the old ordinance for universities, and who has at least one year's experience in providing consultations and advice, guidance, and other assistance for the welfare of children or others in an institution specified by an ordinance of the Ministry of Health, Labour and Welfare; (iii) a physician; (iv) a certified social worker; (v) a person who has at least two years' experience of working as a social welfare secretary for child welfare services; or (vi) a person who is found to have abilities equivalent or superior to the persons listed in the

preceding items and who meets the requirements of the associated ordinance of the Ministry of Health, Labour and Welfare. The child consultation centers are comparatively large nationwide networks. In 2018, there were a total of 3,225 child welfare officers in Japan. Additionally, psychologists for children were also attributed to the centers, and by 2018, the number of such psychologists was 1,447. The centers are notable not only for their size but also for their function. Citizens who notice a suspected case of child abuse can report it to the local center. After the report, the center sends officers to investigate the case. If the child abuse case is serious, then the center can separate the child from his/her parents. The centers have special shelters to care for children in such cases. In 2019, the child consultation centers identified 35,739 cases of child abuse; in total, 148,406 cases of child abuse were identified by various institutes in the country that year. Thus, the child consultation centers identified 24% of the child-abuse cases found in the country, and also handled many other cases. The Japanese government has divided child abuse cases into four categories: physical abuse, sexual abuse, psychological abuse, and neglect, and in 2019, these accounted for 28.0%, 0.9%, 42.1%, and 29.0%, respectively; a particularity of child abuse in Japan is the very low rate of sexual abuse; in contrast, cases of psychological abuse and neglect are predominant. The high contribution of the child consultation centers in identifying and addressing these cases indicates that such centers play a significant role in supporting the mental health of children in Japan.

#### **Mental health and welfare centers**

In 1965, the Japanese government revised the Mental Health Law and began to establish health and welfare centers (initially, these centers were called “mental health centers”). All 47 prefectures (Tokyo Prefecture has three centers) and 20 designated cities have their own mental health and welfare centers, and the total number of centers in the country is 69 <sup>[17]</sup>. Mental health and welfare centers provide the following services: (i) disseminate knowledge and conduct research concerning mental health and the welfare of people with mental disabilities; (ii) undertake complex or difficult consultations or guidance in matters about the mental health and the welfare of people with mental disabilities, (iii) conduct the affairs of a psychiatric review board; (iv) among affairs pertaining to decisions regarding the application and the approval of grants, perform those that require specialized knowledge or skills; and (v) provide comprehensive support for the social and daily lives of persons with disabilities, provide opinions when municipalities are determining the necessity of grants to help provide comprehensive support for the social and daily lives of persons with disabilities, and cooperate with the municipalities in technical matters and provide other necessary assistance. The centers contribute to the mental health of children mainly by adopting a supporting role. Each mental health and welfare center facilitates consultations for specific issues such as depression, adolescent health, eating disorders, alcohol abuse, and gambling, and most centers have

established peer groups for specific mental diseases as mentioned above. However, in general, the mental health and welfare centers play an indirect role in supporting the mental health of children.

#### **Support centers for persons with developmental disorders**

In 2004, the “Law to Support Persons with Developmental Disabilities” was promulgated. Then, building on this law, the “Enforcement Ordinance Relative to the Law to Support Persons with Developmental Disabilities” was promulgated in 2005. Based on this ordinance, “Regulations Relative to the Enforcement of the Law to Support Persons with Developmental Disabilities” was promulgated in 2005 [18]. Through this series of laws, in 2006 “support centers for persons with developmental disorders” were established in all 47 prefectures and 20 designated cities. These centers play a central role in supporting children with disabilities by performing check-ups for developmental disabilities during early childhood, providing consultations for children determined to have developmental disorders, and managing children who wish to attend schools that provide special-needs education.

#### **Support centers for people with social withdrawal**

Social withdrawal (or hikikomori), which is defined as complete withdrawal from society for six months or longer, is becoming a major issue, especially in Japan. It has been estimated that there are over one million people in Japan who are socially withdrawn [19], of whom approximately 5% are less than 20 years of age. Furthermore, school refusal is also a major issue in Japan. In 2019, 181,272 students (0.8% and 3.9% of students in primary and secondary schools) refused to attend school [20]. Notably, it is estimated that many children who are socially withdrawn or refuse to attend school have mental-health problems. In 2009, in an attempt to provide support and treatment for these large populations who have disconnected from their communities, support centers for social withdrawal were established. Currently, all 47 prefectures have a support center for social withdrawal. This is not mandatory for designated cities; however, some large prefectures have several support centers; in total, there are 79 such centers nationwide [21]. These centers play a central role in supporting people who have disconnected from society by facilitating consultations for such people or their parents and providing a safe space, training programs, and peer-group interventions. This network of centers is relatively new compared to other institutes but plays a major role in supporting the mental health of children.

#### **Public health offices**

Public health offices have the longest history among the various local medical institutions in Japan. They were first established according to the Health Office Act in 1937 and were refined through the Community Health Act of 1994. During the postwar period of confusion, the level of public health in Japan was extremely poor, with a relatively high spread of sexually transmitted and other infectious diseases and food shortages. To improve the public-health situation, health offices were placed under the administration of prefectures or designated cities and

these offices supervised almost all areas of public health. With the introduction of the Community Health Act in 1994, the offices' main focus shifted to municipalities. The number of public health offices fell from 847 in 1994 to 470 in 2021 [22]. The current roles of the public health offices include (i) controlling designated infectious diseases such as tuberculosis, human immunodeficiency virus, and coronavirus disease 2019, (ii) controlling food-poisoning, and (iii) supervising municipal health offices. Mental-health issues are a relatively minor concern for public-health offices, especially since the establishment of the mental health and welfare centers.

### **Municipal health offices**

Municipal health offices operate at local governments' city/town/village levels. Their roles are also described in the 1994 Community Health Act, and they coordinate with public health offices to support community health. The main medical staffs in the municipal health offices include public-health nurses and dietitians, while public health offices employ various medical professionals, including medical doctors. Maternal and child health are the main focuses of municipal health offices; the services provided by the offices include health check-ups of children, provisions of polio and Bacillus Calmette–Guerin (commonly known as “BCG”) vaccinations for children, and the distribution of a mother-child handbook that is free-of-charge for pregnant women when they report their pregnancy to their local municipal health office. In 2021, there were 2,457 municipal health offices nationwide [23]. Municipal health offices also address mental health issues. Notably, municipal health offices are the solely accessible institutes for children living in remote areas. The staffs of municipal health offices occasionally provide visiting consultation services for children with mental health problems. Their main role in addressing mental health issues is to identify children with mental health problems and then refer them to specific institutions.

### **Psychiatric hospitals and clinics**

In Japan, there are 1,054 psychiatric hospitals and 1,760 psychiatric clinics. Although not every hospital/clinic can provide psychiatric treatment for children, it is relatively easy to access psychiatric treatment facilities for children in Japan. In many countries, mental health care is shifting from hospital-based to community-based settings; however, Japan still has a very high ratio of psychiatric care beds per capita when compared to member countries of the European Union; Japan had 258 beds per 100,000 population in 2018 [24], while in 2014 the European Union average was 68 beds per 100,000 population [25]. This large gap is mainly because, in Japan, many psychiatric care beds are used to accommodate older adults who need care. As a result of the large number and size of Japanese hospitals/clinics, psychiatric medical services have a huge impact on mental health treatment and support for children. In addition, Japan has developed various kinds of public facilities to support people with specific disabilities such as intellectual disabilities, autism, visual impairments, and severe disabilities. In 2012, these facilities were grouped under the designation of “medical facilities for children with disabilities” and “welfare

facilities for children with disabilities,” respectively. In 2019, there were 268 medical facilities for children with disabilities, and 260 welfare facilities for children with disabilities nationwide [26]. Many medical facilities, at least one in each prefecture, provide psychiatric treatment and services for children. Thus, these facilities play a central role in the psychiatric treatment of children.

## **DISCUSSION**

This is the first study to comprehensively overview the Japanese mental-health support system. Except for psychiatric hospitals and clinics, none of the institutes mentioned in this article have been reported on previously. Thus, we are certain that our paper provides a new perspective on mental health care in Japan. In a previous study, we reported on the mental-health support system in Japanese schools [27]. Combining the findings of that previous study with those of the present study can clarify how mental-health problems among children are handled in Japan. In short, the impact of education centers, which are operated by the Ministry of Education, is quite limited from the viewpoint of their role and the number of consultation cases facilitated. The role of governmental offices, such as public health offices and municipal health offices, is also limited. However, every prefecture or designated city must possess centers that target specific mental-health issues; such centers include support centers for persons with developmental disorders, support centers for people with social withdrawal, and mental health and welfare centers. The specific issues addressed by these centers are generally neglected by psychiatric hospitals/clinics. Meanwhile, child consultation centers, as a result of their size and the number of cases they address, have a huge impact in regard to protecting the mental health of children.

## **CONCLUSION**

Child consultation centers have teams that can investigate family situations and that have the power to separate children from abusive or neglectful families. They also have shelters for accommodating such children. Medical facilities such as psychiatric hospitals/clinics also play a large role in each region. The Japanese health service is free-to-access, which means that patients and their family members can access hospitals and clinics regardless of their socioeconomic status; they can choose the hospitals and clinics that they trust. In addition, every prefecture has at least one hospital that focuses on mental illness or cognitive disabilities concerning children.

To the best of our knowledge, there is no existing report that provides an overview of all mental-health support systems for children available in each country. As each country or region has its strengths and weaknesses, such information would be important for the development of an optimal mental-health support system for children. We believe that our report may provide a useful perspective for measuring the characteristics of support systems in



other countries, and the consequent findings may help clarify how school-based mental-health services for children can be improved.

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N/A

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All contribution to this manuscript belong to AN.

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