

## EDITORIAL

## One every 15 minutes

For the last 11 years, one Japanese person has committed suicide every 15 minutes. This suicide rate, compiled by the National Police Agency, means that more than 30,000 suicides occur every year, a third of a million people in a decade. This astonishingly high rate, by far the highest for all developed nations, is more than twice that of the United States and five times the number of traffic-accident deaths in Japan. It is a clear indication of serious social and psychological problems that deserve immediate, sympathetic and effective solutions.

The term "epidemic" has been used frequently in recent months about influenza, but suicide has remained an unabating epidemic for much longer. Though last year's numbers were down 2.6 percent from 2007, the number of "econocides," people with economic problems who kill themselves, increased dramatically. In 2008, among those who gave a motive for killing themselves, the failure-to-get-a-job motive increased by 40 percent, while job loss as a reason for killing oneself climbed 20 percent. Depression and social pressures are chronic reasons.

Men in their 50s remained the largest group committing suicide in Japan, presumably sacrificing themselves to leave insurance money for their families. This so-called *inseki-jisatsu*, or responsibility-driven suicide, also applies to business executives and even school principals who want to atone for failures. Long accorded a special status in Japanese culture, this romanticized view of suicide as honorable needs to be changed. Suicide may appear to right wrongs or pay off debts, but in the long run, the direct economic costs together with the intangible

costs of emotional losses to family and friends are incalculably high.

The most common reason for younger people killing themselves was failure to find or keep a job. But many of those in their 20s and 30s have also lost their vision and hope for the future. As more people are laid off or fired, this knot of financial and psychological troubles will become even more tightly tangled. The number of suicides of people in their 30s has doubled since 1991, while the numbers of teenagers and twentysomethings committing suicide has risen steadily. The rate of depression and general despair must be substantially higher, since suicide attempts in other countries are estimated at 10 to 20 times actual deaths by suicide.

The government has dedicated ¥15.8 billion to suicide-prevention projects for fiscal 2009, but more must be done. The money goes to projects such as "societal efforts" to prevent suicide, more social studies, stricter monitoring of Web sites and safer barriers at train stations. Those efforts are all welcome, but in the meantime, frontline suicide call centers, such as Inochi no Denwa, can hardly find enough funding for a free-dial line, though they answer nearly 27,000 calls a year. There can be no one-size-fits-all solutions as far as suicide prevention is concerned.

Instead, because the reasons for committing suicide are so complex, detection, prevention and treatment must be flexible, humane and multi-directed. Easier access to help lines, clinics and counselors is a step that will help immediately. The number of psychiatrists and mental health professionals must be increased. Coverage for depression and other mental illnesses by public health insurance should be expanded and used more often.

Broader cultural awareness will help as well. Prejudices about depression, mental illness and serious life conflicts should be removed from the category of embarrassing topics and understood as needing open discussion. Long-held cultural attitudes about keeping feelings to oneself and toughing out

work pressures need to be updated to fit current realities. It is no coincidence that the most traditionally reserved and highly pressured group in Japanese society, working men in their 50s, have the highest rate of suicide.

Companies and workplaces can help by reducing stress in the workplace and introducing screening for depression and other serious mental issues during annual health checks. For those out of work, the most pressing concern is income, and yet reducing the stigma of job loss and changing ideas of material success can and do help to relieve pressure. The elderly, who also commit suicide in large numbers, need more community activities and less isolation. For young people, better monitoring by parents, teachers and supervisors is the best step toward prevention.

Suicide is partially preventable, but it takes concerted effort and flexible approaches. Other countries, such as Sweden, Finland and Australia have lowered their rates in recent years through awareness and dedication, but also by building a better system for clinical practice and training for professionals in primary care settings. In short, they spent their funding effectively. The Japanese government has limited budgetary resources, but suicide has remained an urgent, though under-recognized, problem for the last 11 years. It is time to devote more effort toward preventing next year's deaths.

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