

Mental Health Behind Japan's Economic and Social Productivity

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Abstract

This article describes the impacts given by depression as mental health disorder and suicidal behavior towards Japan's economy and social productivity. Depression and suicide have become one of the main causes of mortality among other health conditions in Japan. Both depression and suicidal behavior are non-communicable, yet both can influence psychological states of other people near the patient. Depression and suicidal behavior are challenging for countries with high mortality caused by suicide, especially towards those who also have ageing population like Japan. Hence, this article will analyze further costs faced by Japan along with reviewing policies taken to overcome their mental health challenges. This study uses qualitative descriptive design with case study method. This study also uses secondary analysis to answer mentioned challenges. Result shows that Japan faces economic loss to sustain their mental health expenses and psychological expenses for the family left by the victims of depression and suicide, as suicide trend is popular among adults and youths in Japan. Depression and suicidal behavior can also affect individual's productivity. The authors expect that this can be used to give broader knowledge on non-traditional contemporary global issues.

Keywords: *Depression, Japan, Mental Health, Suicide*

Introduction

Japan has a long history of suicide in their society. Starting off as a culture known as *seppuku* or *hara-kiri*, a method used by samurai during 12th to 18th century in order to prevent dying in the hands of enemies and as a punishment for self from committing failure, suicide had been considerably acceptable as social sanction up until now. The long history of suicide is one of the reasons of why suicide is common in Japan compared to other countries that consider suicide as highly unacceptable by any means. Although Japanese are more tolerant to suicide cases, on the context of clinical depression, this issue is stigmatized. Suicide by depression is seen as taboo despite how Japanese people have better tolerance towards suicide compared to other nations. Japanese usually see people with mental conditions as problematic. The latter worsens Japanese relationship with improving their mental health issues since common suicide that happen in modern Japan are mostly not inspired by honor of the victims' families, but rather stress and depression.

The rate has been declining since 2016 to 2018. Japan had improved their mental health facilities to overcome depression epidemic in their citizens. Efforts to reform mental health system had been done gradually since the government published

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National White Paper of Suicide Prevention which is the cause of their stable declining suicide rate throughout the past decade. The White Paper consists of recommendations for public and private institutions to raise suicide awareness among their members and when to seek help. This is impactful since suicide among older people are mainly caused by stress due to worsening economic condition started from Asian crisis in the late 1990s and has been the leading source of stress in Japan's depressed patients. Though the number has lessened, it does not eliminate the problem completely.

Mental health facilities in Japan are not complemented with psychological aid—in some cases, depressed patients are only given with medical remedies on massive doses of psychiatric drugs to pacify them without therapies, making it hard for patients to recover since they only receive physical help only (Kawanishi, 2014). The declining numbers are also coming from elderlies and middle-aged men, which are the two majority of leading suicide groups in Japan. Based on the data in 2018, suicide is still a trend in younger Japanese (Japan Ministry of Health Labour and Welfare, 2018). In 2018, the number of suicide among children and teenagers were highest in the past 30 years since 1986. Suicide prevention has not been specifically targeted for youths, as the number is insignificant (260 deaths in 2018), yet it is still necessary since the number still stays high since 2012. In 2017, suicide becomes the leading factor of mortality among Japanese age 15 to 29. If the number stays stagnant or rises in the future, Japan's regeneration problem will be at danger.

Demographic regeneration is important for economy and social development. According to Leibenstein (1954), transition in demographic condition can affect the population structure in countries that will impact the size of a country's workforce (Leibenstein, 1954). This claim is also backed by modern study from Headey and Hodge (2009) that found population growth has significant impact towards economic growth in high-income countries (Headey & Hodge, 2009). Most high-income countries are described to have relatively slow economic growth due to the slow growth of their people regeneration. In correlation to suicide, death rate threatens population growth hence harms the quantity of a country's human resources and its regeneration. World Health Organization (2013) also considers depression to be one of human disability that interferes with work quality; which in large number can become dangerous to economic development especially to countries with low population growth like Japan. With the following consequences, depression and suicide have become burden to development for their significant interference to workforce quality and quantity. For this reason, this study aims to analyze the future consequences if no significant actions would be taken and what the Japanese government can do to prevent the number going higher or stagnant from socio-economic dimension. This article also tries to review Japan's current policy on suicide prevention and in overcoming depression epidemic to provide complete analysis on the issue.

Literature Review

Several researches have been conducted to study the impact of suicide and clinical depression to Japan's productivity. One of the most famous is a study conducted by Okumura and Higuchi (2014) that analyzes depression and suicide impact as burden to Japan's economy from direct expenses perspective (Okumura & Higuchi, 2016). The methodology used in this study is a top-down costing approach based on Japan's health statistic. Several indicators are analyzed, including direct medical cost, depression, and suicide-related expenditure for preventive and repressive initiatives funded by the government, and workplace cost (i.e. how much business institutions had lost from the death and disability of their employees). The time of period of this study was in late 2000s to early 2010s. The research studied 2 million Japanese depressed patients to understand the cost of direct medical care for depressed patients and employer's loss in productivity. The result is quite high and comparable to other heavy diseases such as AIDS and cardiovascular diseases. This article mainly provides the cost of clinical depression in numbers.

While Okumura and Higuchi studied the direct cost to clinical depression burden, another study conducted by Elliot Oblander, Sojung Carol Park and Jean Lemaire (2016) provided suicide lethality analysis to demographic burden in Japan and South Korea (Oblander, Park, & Lemaire, 2016). Indicators include life expectancy at various ages (including life expectancy at birth), causes of suicide, and both countries' demographic structures. The methodology used by this research is multiple decrement techniques in quantitative design to calculate the impact of mortality rate caused by suicide towards Japan and South Korea's life expectancies in multiple levels of age. In Japan, the authors analyzed that economic factors contribute greatly to population growth, hence to its economic condition, especially among workers. This had come to conclusion that the life expectancies between working age (20-44) are decreased to 2.55% of the current life expectancy rate at the time the study was conducted.

Both studies study the same topic and aim to understand economy loss from the topic, however the dimensions are merely different. The mentioned studies above used different methodologies, focus, and designs to each other, including to this study. This study tries to analyze Japan's case with depression and suicide and the socio-economic productivity cost that comes within. This paper also tries to estimate what suicide and depression could do to Japan's productivity at the current time of this study is conducted and the future with their deficit in population growth. This paper studies similar topic with economy loss as its central focus, but rather in qualitative dimension which is different than the previous studies. The studied period is also different; this paper focuses on studying the past decade from 2006 to 2018.

Method

To answer the consequences that come from depression and suicide toward

Japan's socio-economic productivity, this study is using a qualitative research design with case study method on articles addressing Japan's general mental health problem and its consequences after the era of mental health reform. This study also uses secondary analysis data technique by using primary sources that have been validated by the authors in several forms, with Japan's suicide and depression phenomenon as sample. Data are mostly taken from reports published by Japan's Ministry of Health, Labor, and Welfare, National Police Agency of Japan, National Statistics Agency of Japan, and reports from international institutions such as United Nations bodies and OECD statistics agency. Articles from reputable journals, news, and bulletins are also obtained from Asia Pacific Journal, Elsevier, Routledge, BioMed Central, Japan Times, Nippon Foundation, and PubMed for follow-up measures. The searched keywords include, but not limited to, clinical depression, suicidal behavior, Japan's suicide report (in determined period and by age, gender, and causes categorization), Japan's clinical depression report, cost of Japan's mental health problems, productivity rate, life expectancy rate, socio-cultural influence to suicide trend, financial pressure, and suicide prevention policy. Picked sources are in English only with an exception for the official reports published by the Japanese government agencies to ensure data's legitimacy.

Result

1. Suicide Rate

Based on the data that have been obtained from Japan's police agency report, it can be found that Japan's suicide rate has been averagely declining for years since the government enacted mental health reform policy in 2006 and the latest revised guideline published in 2017.

Table 1. Suicide Rate Number per Year (2014-2018)

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	32155	33093	32249	32845	31690	31451	27858	27283	25427	24025	21897	21321	20835
Male	22813	23478	22831	23472	22283	21241	19273	18787	17386	16681	15121	14826	14285
Female	9342	9615	9418	9373	9407	10210	8585	8496	8041	7344	6776	6495	6550

Source: (Japan National Police Agency, 2017)

Table 1 shows the suicide number from 2006 to 2018. The number is based on general suicide population from all ages and sexes. The number keeps decreasing annually since the enactment of National White Paper of Suicide Prevention in 2006 even though the number fluctuated in the first few years of its enactment. In particular, male suicide rates are mostly 100% higher than female suicide rates. Numbers are spiking every time economic downturn came to effect in Japan. For example, the suicide rate rose in 2008 to 2009 where global economy crisis that hit United States and West Europe (then the rest of the world). In 2011, massive earthquake hit Japan, resulting economic disruption which triggered the number to

rise again especially among females. Other than having the suicide prevention countermeasures took full action in 2012, the rise of Abenomics (an economic design after Prime Minister Shinzo Abe took office) also plays role in the declining suicide rate. Sex segmentation in the chart is essential to understand that most men are the victims to suicide, partly because Japanese society is a patriarchal society.

Another suicide rate category that will be analyzed is based on age. Age is an important factor to determine the demographic condition in the future. Based on data provided by Japanese government, suicide rate among senior citizens and middle aged people are constantly decreasing from 2006. However, the suicide number among teenagers under 19 and young adults age 20 to 29 are still fluctuating. In 2006, suicide number from people age 70 and above is not available, as well as suicide data by age in 2018 has not been provided yet by the government.

Table 2. Suicide rate based on age in Japan

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
<19	623	548	611	565	552	622	587	547	538	554	520	567	
20-29	3395	3309	3438	3470	3240	3304	3000	2801	2684	2352	2235	2213	
30-49	9505	12142	9820	9995	9761	9508	8397	8294	7647	7156	6563	6371	
50-69	18366	12756	11333	10055	10428	10922	9644	9200	8506	7952	7257	6930	
>70	0	6397	6058	6072	6074	6114	6072	6318	5965	5910	5245	5182	

Source: (Japan National Police Agency, 2017)

Table 2 shows the rate of suicide in Japan from 2006 to 2018. Suicide rate based on age data in 2018 is still not provided by the National Police Agency. As it can be seen above, the suicide rates among middle aged and early senior citizens are also fluctuating in the first few years of the beginning of the white paper enactment and consistently decreasing after 2009. The rates in young adult category (20-29) and late senior citizen category (70+) are also decreasing but have more fluctuation than middle aged and senior citizens' rates. Unlike those categories, suicide rate among children and teenagers (Under 19) is relatively stagnant from 2006 to 2017. This is because the suicide prevention program heavily targets business institutions (as written in Japan's Suicide Prevention White Paper article 85 year 2006) where stress from work often triggers young adults to middle aged citizens to develop depression and commit suicide. Currently there is no suicide prevention program specifically made to target children and teenagers in Japan.

Japan's National Police Agency shows the motives and causes from documented suicide in 2017. In Japan, found dead bodies are required to undergo autopsy by the police and responsible forensics, including suicide victims' bodies.

Hence, it is easier in Japan to track the number of suicide with some of the victims leaving notes or hints before they committed suicide. The highest cause is health issues which is 40 percent the same highest cause from the previous years. High number of health issues as cause and motive to suicide in Japan is mainly because the leading suicide victims are senior citizens; most of them are associated with depression and other health conditions that motivate them to end their lives sooner. Second highest cause of suicide in Japan is about 20 percent unknown or undocumented. It is around 5300 suicide cases in 2017. The third highest is economic and life problems amount 13 percents. This factor also explains the high number of suicide among working citizens and retiring early senior citizens. Same goes to work problem factor that motivate working groups in young adults and middle aged citizens is about 7 percents. Gender issues is around 3 percents a unique factor that has slightly significant pattern in Japan's suicide rate. The numbers are declining from last year's rate in each factors, with school problems as an exception. It is about 1 percent compare to other issues. This also explains the stagnant and fluctuating rate of child suicide in Japan with the same period (Inoue et al., 2007).

Based on the explanation from Japanese police agency report, some victims committed suicide due to health disorders and diseases that are not related to depression, while most of others die from complications of depression and other diseases. This factor implicates Japan's expenditure in health budget as the correlation between the two is strong in Japan (Inoue et al., 2007). Other factors, such as economic and life issues, family, and work problems are the pressures that trigger suicide among working age group. Meanwhile, issues such as gender and school problem factors are seen to have minor contribution. However, the impact is quite significant since both factors are popular among children, teenagers, and young adult. The latter will be discussed further in the discussion section.

2. Policy

Japan has done a lot to reduce their high suicide rate since 2006. The white paper provides manual and regulations that regulate suicide and depression prevention scheme. The Japanese government works with several agents in supporting their effort to overcome this issue, such as mental health institutions, mental health awareness-based nongovernment organizations, and universities. These suicide countermeasures are mostly targeting institutional reforms. Based on handouts provided by Ministry of Health, Labor, and Welfare, the amendment of White Paper of Suicide Prevention in 2012 regulates mental health institutions to provide training and workshops for mental health workers in order to increase their skills at taking care of depressed patients. Japan fully acknowledges that battling depression is their number one challenge in reducing suicide rate, as stated in the white paper: "Each victim had four risk factors on average at the time of suicide and depression was the highest factor on the risk chain leading to suicide". Unlike in other

common mental health institution that use interconnected psychologists and psychiatrists' services, Japan's mental health care system relies on psychiatrists and primary care physicians, meaning that the use of psychologists in curing depressed patients is absent or rarely (Takahashi, Tsukue, Kawasaki, Watanabe, & Seki, 2013).

The White Paper then got amended in 2016 by adding suicide awareness program. Business institutions are required to provide suicide prevention guidelines to raise awareness about depression and suicidal behavior. This is because although mental health care institutions already have adequate services, the likelihood of depressed patients to access the treatment were few. Most middle aged and older men, among whom there is a high prevalence of suicide, still have a deep-rooted prejudice against going to be seen at a psychiatric hospital/clinic, and so referrals need to be made in ways that take into consideration such public sentiment. The reform heavily discusses business institutions and employers to have mental health-friendly working system, including countermeasure trainings should be equipped to their members. This is because most suicide victims came from workforce categories that are vital to Japan's economy.

Discussions

1. Causes

Clinical depression and suicide in Japan are mostly found among adults and older people. Japan's National Police Agency has compiled notes and hints that uncover causes behind high suicide rate. The reasons may vary: health issues are the leading factor of Japan's cause of suicide. This factor is the leading cause of suicide in late senior citizens. Often, Japanese ill senior citizens are left with improper treatment which once relied on the care of their family to face a lonely death from either depression or other health conditions (Leng, 2014). Japanese society no longer view parents' wellbeing should be taken care by their children and relatives. Some studies found that two-third of ill Japanese elderly who committed suicide were depressed, while some others were not associated with depression (Kiriakidis, 2015). Experts speculate that lonely feeling also played role in depression development among Japanese senior citizens.

On the other hand, financial difficulty is the second leading factor that motivate Japanese suicide victims to end their lives, especially among younger and middle aged citizens. As mentioned before, from the first chart, the suicide number among all categories spiked on 2009, which was the year after financial crisis that hit in 2008. The highest suicide number in Japan ever recorded was between 1997 to 2003 after Asia financial crisis in 1997 where Japan's economy heavily plummeted starting from 1993 to early 2000s, causing thousands of unemployment. 2011 earthquake also shook Japan's economy, though the impact towards suicide rising numbers on that period were not significant. Study found that there's a high correlation between male unemployment and suicide rate among those years (Inoue

et al., 2007). This factor is mostly found among working citizens and early senior citizens. This factor is also followed by family issues and work issues, which sometimes correlate with each other. Based on the statistics provided by Japan's National Police Agency, the latter factors are not limited to becoming standalone factors that motivated the victims to commit suicide. Although the numbers are high in economic and health factors, both rates are steadily declining (Japan National Police Agency, 2017). Economic changes might sometimes spur the rate, but the growth is still considered as positive; figure one shows how economic downturn effects in certain years yet the numbers are lower than their previous shocking events (i.e. the comparison between 2009 and 2011).

Sex is one of the factors which support suicidal behavior yet the reason of why it plays such huge role is still vague. Although more females are associated with clinical depression and are more frequent in taking suicide attempts, male's lethality in suicide attempts are higher. The number is lower among females but suicide is in fact the leading cause of female mortality in Japan. A combination of social construct of gender expectation and cultural factors are currently the latest consensus on the cause of this phenomenon between suicidology experts (Payne, Swami, & Stanistreet, 2008). Suicide rate segmentation by sexes is based on Japan's concept of gender that is still based on biological sex thus the use of non-traditional gender reference is nonexistent, based on data provided by the National Police Agency and Ministry of Labor, Health, and Welfare. The country is considered as patriarchic society where social roles are still highly dependent on masculinity and femininity. High gender expectation in Japan's society is currently perceived as the main reason that triggers high lethality in male's suicide attempt which often ends up successful.

In correlation to sex factor, it is unique to know that gender issues become a standalone factor that motivates Japanese suicide victims. As a quite patriarchic society, Japan has a wide gender gap. Based on a study conducted by World Economic Forum in 2017, Japan's rank in gender equality is 114 out of 144 surveyed countries. The measurement is based on women's participation in education, politics, economy, and health. From the data, it is still unclear how gender issues correspond to suicide, however, the issue is expected to rotate around gender discrimination in general and in gender minority outside the two traditional genders. As Japan is progressing towards narrowing the gender gap, the effort is still hard since androgynous masculinity supports society's mentality at most fundamental aspects (Snyder, 2010).

Suicide factor among children and teenagers is rather unique. The leading cause of suicide in this category is depression triggered by school issues. Based on the data by National Police Agency (2017), there's an increase of suicide notes from students complain about school's pressuring academic expectations and bullying from their peers (Japan National Police Agency, 2017). The number is larger after summer breaks; during late August and early September to be precise (Japan

Government, 2013). This could mean that these suicide victims tended to avoid school in meeting bullies and pressuring school activities. External pressures seem to play huge roles in suicide among children and young adults. Bullying and academic pressures are mainly the causes but not limited to other causes.

Although the number is quite small (around two to five per cent of total suicide number per year or one in 23.000 children), the fact that it is the leading cause of deaths among young generation with the fact that fertility rate keeps going down are devastating. Measures to prevent bullying have been taken by Ministry of Education, Culture, Sports, Science and Technology (MEXT) but the output has not met the expectations. This problem is mainly because the agents of bullying prevention program (consist of teachers and school staffs) are provided with lack of training (Rumjahn et al., 2018).

Teachers are given guidelines to prevent bullying but not all get the proper training in helping students to cope with their issues. Parents and families as children's main social circle is also playing role in slowing down the progress by refusing to understand or are not aware with their kids' bullying problems. The motives of bullying among Japanese students vary but all cases show the same patterns where students are being bullied because they have different characteristic from others. High school students are also facing high expectations to enter desired university; which is the common reason of suicide among Japanese high school students. Same goes to university students where they are pressured mainly by their families to have shining careers.

2. Impact

Mortality indeed gives impact to life expectancy. Although Japan has the highest life expectancy among high income countries and second highest among total global countries, it is undeniable that suicide plays role in it (OECD, 2017) (WHO, 2018b). However, the reduction number is small; suicide reduces life expectancy from birth to 435.7 days (1.5%) in Japanese male and 247.7 days (0.68%) in Japanese female (Japan Government, 2018). As the numbers are considerably small, Japan's life expectancy at birth is still able to soar high among other nations.

On the other hand, suicide affects life expectancy in certain groups of age. As suicide is the leading cause of death among teenagers and young adults, life expectancy at age 15 to 29 is higher than total life expectancy at birth. Japanese men and women age 20 to 24 has the highest life expectancy reduction; about 1.88 per cent and 0.82 per cent, respectively (Oblander et al., 2016). Both numbers are higher than life expectancy at birth reduction. The second highest reduction is on Japanese age 15 to 19, followed by age 25 to 29. Although the suicide rate is higher among senior citizens, the life expectancy is higher in younger generation as the population is lesser than the older generation.

Based on the findings above, Japan has lost their life expectancy at young

age. The loss is also found in financial sector with high burden from suicide. It is not only in number, economic loss also speaks in investment qualities. With the high suicide rate among children, teenagers, and young adult, Japan would have a decreasing in their future workforce population. Parents of suicide victims will also have their education and other investment in their children go futile. The numbers are relatively small and insignificant, but suicide is considered as concerning in Japan since it is the leading cause of mortality among children and young adults. Something that is preventable and non-communicable prevails in Japanese younger generation. Japan is at its peak in aging society and suicide among younger generation is not helping at all. As the only hope for Japan's bright future, high rate of suicide among young generation is shaking its certainty.

Economically, among all OECD members, Japan is the sixth biggest spender in health care. That, of course, includes spending in mental health care system and budgeting the suicide prevention program which they have been fighting on for a decade. Japan's total economic burden of depression and suicide was around 11 billion USD in the late 2000s and early 2010s, including burden from direct mental health care, depression-related care services, and work costs (Okumura & Higuchi, 2016). The number of suicide burden may be lower in the late 2010s since the rate is going down, but exact data of Japan's spending in mental health care budget, employers' expenses in suicide loss, and the cost of suicide prevention program are unclear. Japan spent nearly 530 million USD in 2018 for health care and the budget shrunk to 360 million USD (0.54 per cent of total GDP) in their 2019 draft (Japan Government, 2019).

The aging population and low fertility rate are narrowing Japan's GDP each year with 0.05 per cent contribution (Jack, 2016). Demography is one of economic growth factor, which explains why Japan's GDP would shrink as the population growth is declining every year. Therefore, with its plummeting population, Japan currently has the slowest economic growth among G7 countries and the 155th out of 193 countries (World Bank, 2017). The growth is still climbing up with 1.71 per cent in latest year, though it is expected to go down to 0.2 in the next decade. Depression can also slow down the economic growth as it interrupts someone's productivity (Vos et al., 2012). Based on survey conducted by Japan's government (2015), at least 30 to 40 million working citizens are depressed each year. That is roughly 23% of the total population.

3. Policy Review

The Japanese government has done collaborative approaches in their effort to overcome suicide and depression issues. This collaboration engages mental health institutions and non-government organizations that work in mental health awareness field via decentralized scheme (Lies, 2019). Collaborative movement has been done with mental health institutions since the making of white paper. The movement is

also regulated in a system that is operated by the Japanese government up until now as a repressive effort. As for collaboration with local non-government organizations, the movement is initiated by the Japanese government with the support of several external agencies to spread awareness in the society. The level of collaboration in both policies is carried within local and international level with the help of World Health Organization (WHO, 2018a).

Several challenges are found in the policy application. First, the policy is not yet inclusive towards children and teenager to young adult age group categories. The suicide trend in Japan has shifted from among middle aged and elderly into among children, teenagers, and young adults. Although the suicide number on these categories are relatively small compared to Japan's current child and teenager population (500 to 600 suicide cases compared to 8 million child and teenager population), but in comparison to average child suicide around the world (WHO member states), Japan is among the top leaders of child suicide rate (WHO, 2018b). Data has proven that since the enactment of Suicide Prevention White Paper, the number of suicide among youths is still high. For that reason, suicide prevention policy has to turn into targeting younger people.

In order to create the right policy reform, as the only actor who holds the most power in solving the problem, Japanese government needs to understand the causes of child and young adult suicides thoroughly. With almost 100% Japanese children are schooled and most of the bullying happens in school, the government should use education institution as the main agent in preventing the issue. Various guidelines have been made, including how to handle general bullying and how to handle bullying specifically targeted to students' identities (i.e. gender, ethnic, orientation) but deep comprehension about those fields among teachers are absent. Government may educate teachers by training regarding to specific bullying issues. Policy should be applied by bottom-up method from schools to schools, wards to wards. This method has been proven successful in some policies, including Shibuya's marriage union (Japan Times, 2015). This solution can also be done by expanding the collaboration scope into engaging school community in spreading suicide awareness among students.

Other solution that can be taken is promoting family therapy that can be done by working with psychological institutions and family consultant organizations. Family therapy is a counseling method that works with families and couples in intimate relationships to nurture change and development with emphasizing family relationships as an important factor in psychological health (Sprenkle & Bischof, 1994). Encouraging family intimacy as child's psychological support system through awareness and parental education can be done. This can be an alternative to reduce child suicide attempts go unnoticed among parents and to reduce family causes that may play role in pressuring children to commit suicide.

Conclusion

Japan's suicide rate may have been declining for the past years but the number is still high among other developed countries, especially in child suicide cases. Reasons that motivate suicide and develop depression among its citizens may vary but one factor that still goes underlining is school problems. Though being the least factor of suicide in Japan, school problems that often correlate with bullying and academic conventional expectations target Japanese children, which is concerning. For a decade, countermeasures have been taken to cut suicide rate but the rate among children and young adults remain unshaken. With decreasing population and narrowed GDP growth, Japan's young generation as future human resources should be prioritized in order to sustain their economy. Several alternatives can be taken by reforming suicide prevention guidelines in education institution provided by MEXT and through parental education.

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