

〈研究論文〉

Child Suicides in the COVID-19 Pandemic: The Need to Address Mental Health

Xi JIA
Akihiko SUZUKI

Abstract

The rising number of child suicides in recent years has become a social concern, with causes such as academic underachievement and mental disorders, such as depression, dominating the statistics. The COVID-19 pandemic has also been linked to an increase in depressive tendencies due to isolation and loneliness. However, as child suicide is the result of a complex interplay of factors, it is essential that cases are carefully investigated under expert guidance. It is also important to understand the socio-economic factors, such as weakening social ties and declining self-esteem among children in Japan. It is believed that a change in adult attitudes and a major societal shift are needed to address this issue.

Introduction

The mental state and mental health of children was in crisis during the COVID-19 pandemic. Around the world, mental disorders are a significant and often ignored cause of suffering that interfere with children's health. Child Suicides, in particular, are on the increase and the problem is becoming more serious.

According to the United Nations Children's Fund (UNICEF) Report, more than one in seven adolescents aged 10 to 19 worldwide has been diagnosed with a mental disorder, and nearly 46,000 adolescents die from suicide each year, ranking suicide as the fifth most prevalent cause of death for the age group¹.

In Japan, the environment surrounding child suicide has become increasingly severe over the past two decades. The annual number of suicides in all age groups peaked at 34,427 in 2003, and then declined, remaining at about the 20,000 level. Since the Basic Act on Suicide Prevention was passed in 2006, the number of suicides has been on the decline, with the number of male suicides increasing for the first time in 13 years and the number of female suicides increasing for the third consecutive year in 2022, although still more than 10,000 fewer than at the peak in 2003. However, the number of child suicides did not fall during this period. Since 2016, when the Basic Law on Suicide Prevention was amended the number of child suicides has continued to increase. According to statistics from the National Police Agency there were 567 suicides among people under the age of 19 in 2017. This number increased to 798 in 2022². In particular, the number of suicides among school children (elemen-

tary, junior high and senior high school students, hereafter school children) in 2022 was 514, exceeding 500 for the first time since statistics began in 1980, the highest number ever. If university students and vocational school students are included the number rises to 1,063.

Child suicide is also more serious in Japan than in other countries. Comparing per capita suicide death rates (suicide rate per 100,000 population) in a group of seven highly economically developed countries (G7), Japan has the highest rates among these countries, as well as among teenagers and those in their twenties. Moreover, Japan is the only country where suicide is the leading cause of death in the 10 to 19 age group. In the 15 to 19 age group, suicide accounts for more than 50% of all deaths³. Child suicide needs to be regarded as a serious problem for society, especially in Japan.

This study aims to analyze the societal factors contributing to child suicide in Japan, using data from media reports and official data, such as suicide prevention reports, and other public sources. The aim is to suggest necessary measures and advocate for social change to address the issue.

1. Suicide and the Mental Health Situation of Children and Adolescents

1) Current Situation in the International Community

In October 2021, UNICEF warned that children and adolescents could suffer the mental health consequences of COVID-19 for many years to come. According to the latest estimates, more than one in seven young people aged 10 to 19 worldwide have been diagnosed with a mental disorder. Nearly

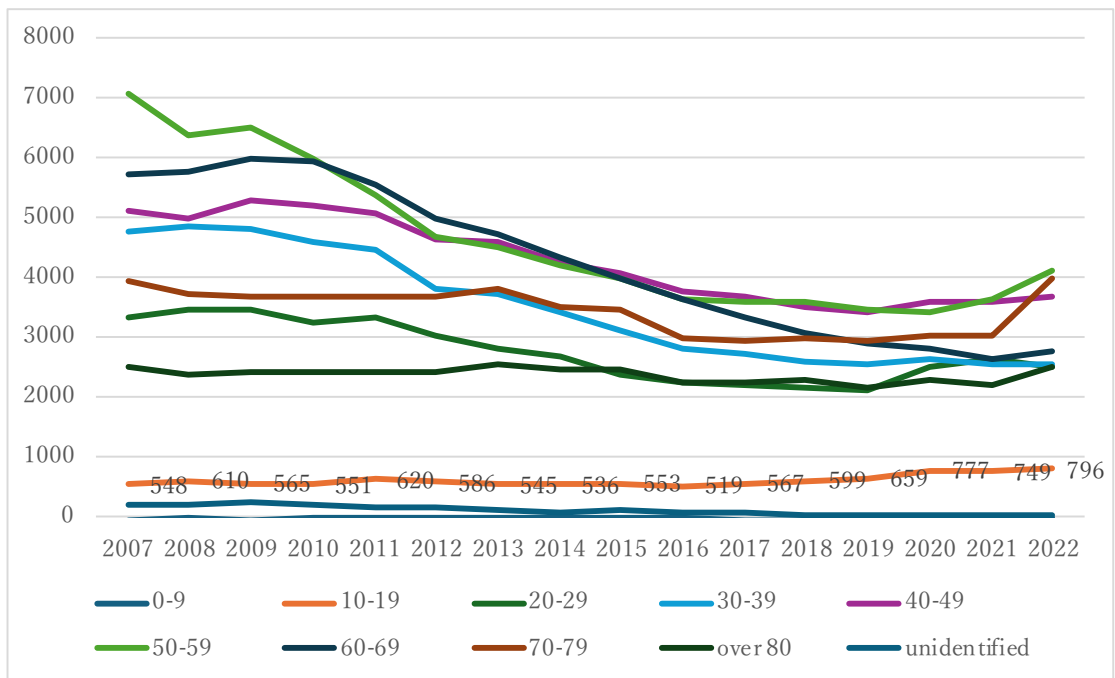
46,000 young people commit suicide each year, making it one of the five leading causes of death in this age group. In addition, initial results from an international survey of children and adults in 21 countries conducted by UNICEF and Gallup on the impact of COVID-19 show that one in five young people aged 15 to 24 say they often feel depressed or lethargic. These results show that the mental health of children, who are vulnerable members of society, is further compromised by the significant environmental changes that have occurred because of the lockdown (urban blockades), educational settings, limited human contact, and blocked communication during the COVID-19 pandemic. The study also

shows that the number of children committing suicide is increasing⁴.

(2) Current Situation of Child Suicide in Japan

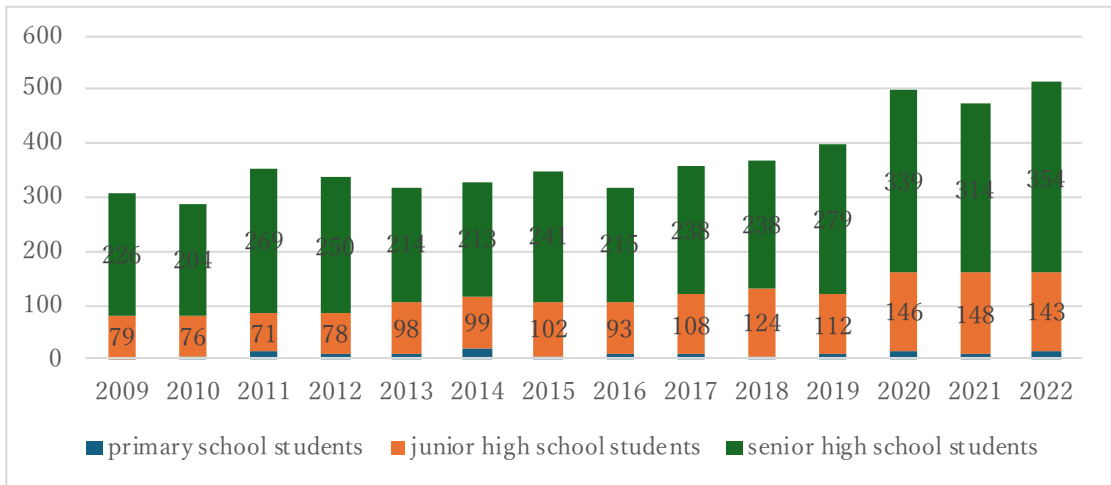
Suicide statistics from the White Paper on Suicide Prevention in 2023 from Ministry of Health, Labor and Welfare Japanese National Police Agency show that while the number of suicides in Japan had been declining since the enactment of the Basic Law on Suicide Prevention, the number of suicides among those aged 19 and under has been steadily increasing since 2016 and has been getting worse every year for the past 10 years (Figure 1).

Figure 1: Change in the Number of Suicides in Japan by Age Group



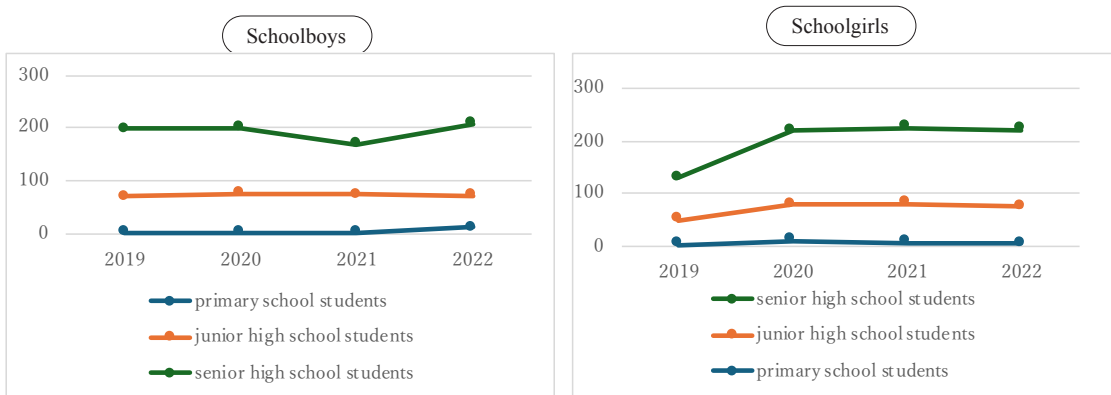
Source: Based on Ministry of Health, Labor and Welfare "White Paper on Suicide Prevention in 2023"

Figure 2: Suicides among elementary, middle, and high school students



Source: Based on "Suicide Statistics 2023" from the Japanese National Police Agency

Figure 3: Annual number of suicides among elementary, junior high, and high school students (by gender)



Source: Based on "Suicide Statistics 2023" from the Japanese National Police Agency

According to Japanese Police statistics relating to 2022, a total of 514 primary, junior high and senior high school students committed suicide. It is the highest number since statistics began in 1980, and the first time the number exceeded 500. Senior high school students accounted for the largest number, 354 (up 40 from the previous year), or 70 percent of the total. There were 143 junior high school students (down 5) and seventeen primary school students (up

six) suicides⁵.

As Figure 2 shows, the number of high school student suicides reached 339 in 2020, the highest number up to that point. It fell in 2021, but increased in 2022 to 354, even higher than in 2020. For junior high school students, after reaching the previous highest number for two consecutive years, 146 in 2020 and 148 in 2021, the number decreased in 2022 and remained high at 143. The number of suicides

among senior high school and junior high school students, especially among girls, reached a high level for three consecutive years after a large increase in 2020 (as shown in Figure 3), and the number of suicides among high school students exceeded that of university students for three consecutive years.

The figures above show that child suicide is continuously worsening compared to other generations, with a record number of suicides and suicide rates in 2022, making suicide a priority issue.

2. Causes of Child Suicide

According to the suicide statistics by the Japanese National Policy Agency, the most common reason for suicides in children was "poor academic performance" (83 students), followed by "worries about career" (60 students). The rest were "worries/effects of illness (other mental illness)" (56 students), "discord with schoolmates (other than bullying)" (49 students), "worries/effects of depression" (44 students), and "discord in parent-child relationships" (40 students).

Long-term statistics for the period 2009-2021 show that a high proportion of primary school children had 'family problems', with 'reprimand and discipline from home' accounting for more than 20% of all cases. Junior and senior high school students tended to have a higher proportion of 'school problems', with poor academic performance and worries about careers topping the list. Depression is also a crucial reason for suicide, and it is noted that depression is on the rise, particularly among junior and senior high school girls⁶.

Professor Fumiharu Yamagata of Kansai Uni-

versity, an expert on children's welfare, stated that "everyone has worries about school life and future careers, but the number of children who are unable to talk to their friends about their problems is probably increasing due to the weakening of human relationships caused by the COVID-19 pandemic"⁷.

It should be noted, however, that a high percentage of suicides among primary and junior high school students have no identifiable cause. According to the National Police Agency's suicide statistics, more than 30% of the deaths of students and children who were presumed to be suicides in their early teenage years were treated as 'undetermined', and around 25% even in the second half of their teens⁸. In the National Police Agency's investigations, reasons for suicide are often deduced from suicide notes, words and deeds before death, and family statements. Due to the impossibility of interviewing the person after the fact there is often no data on the reasons or motives for suicide in the case of child suicides. This is particularly the case for children in their early teens, and it has been pointed out that even if there was an unpleasant event that triggered the suicide, the period leading up to the suicide is shorter than in other households⁹. In addition, children face challenges, such as difficulty expressing themselves, and it is often unclear whether all of their thoughts are expressed in suicide notes and consultations with those around them. It is also pointed out that most suicides have multiple and complex causes and backgrounds and occur in the context of a chain of different factors, so that the factors leading to the awareness of death are intricately intertwined, and focusing only on the final triggers may obscure the actions that are really needed¹⁰.

As a result, the proportion of primary and junior high school students for whom the cause cannot be identified is particularly high.

Table 1: Situation of students who committed suicide (2022)

	Primary school	Junior high school	Senior high school	Total
Family discord	2	20	21	43
Worries about future career	0	18	19	37
Reprimand from parents, etc.	1	22	11	34
Friendships (excluding bullying)	1	14	17	32
Mental disorder	2	6	18	26
Poor academic performance	0	19	3	22
Weariness with life	0	6	8	14
Pessimism due to infirmity, etc.	0	5	7	12
Problems in romantic relationships	0	3	6	9
Bullying Issues	1	4	0	5
Corporal punishment and inappropriate instruction by teachers and staff	1	0	1	2
Concerns in relationships with faculty and staff (excluding corporal punishment and inappropriate instruction)	0	0	1	1
Unknown	14	72	169	255
Other	1	7	15	23

Source: Ministry of Education, Culture, Sports, Science and Technology, "Results of the Survey on Student Guidance Issues such as Problematic Behavior and Truancy of Students in 2022"

Furthermore, the viewpoint of witnesses also changed depending on their positions. In a survey conducted by the Ministry of Education, Culture, Sports, Science and Technology (MEXT), in which multiple answers were given for any relevant information from the persons concerned, even for reasons other than those known to the police as facts, it was found that 60.9% (71.4% in 2020) of suicides in primary schools were stated as, "reasons unknown" (no change from normal behavior and no indication of being particularly troubled), and 36.7% in junior high schools (48.5% in 2020) and 57.1% in senior

high schools (53.4% in 2020). The percentage was high at all levels¹¹.

If the causes of suicide are not clearly identified, effective suicide prevention measures cannot be formulated. The Ministry of Education, Culture, Sports, Science and Technology (MEXT) indicated in its guidelines that to understand the background when a child commits suicide, a basic investigation should be conducted promptly and then moved to a "detailed investigation" if requested by the family and so on. However, in October 2023, the results of

a survey on the operation of the system were released, and it was found that out of a total of 411 primary, junior high and senior high school students who committed suicide in 2022, only 19 cases, 5% of the total, were investigated in detail by lawyers and experts. It was also found that in 40% of the cases, the system was not explained to the families, such as how to request an investigation¹².

In addition, as of 2023, the Administration for Children and Families will be responsible for measures against child suicide, and in its "Urgent Plan for Strengthening Measures against Child Suicide", the Administration for Children and Families also states that it will "consolidate suicide statistics and related data held by police and fire departments, schools, school boards and local authorities, and conduct multi-faceted surveys and research to conduct multi-faceted analysis". Satomi Takahashi, who has been active in child suicide prevention for many years, points out that collecting and analyzing data from different departments in the same way as in the past would not identify the real causes of child suicide, thus will not allow effective suicide prevention measures to be developed. Takahashi suggests that interviews to identify the causes should be conducted in a safe and secure environment for bereaved families, with an ethical framework created by psychiatrists, bereavement counsellors and other experts familiar with the psychology of bereaved families.

3.Social Factors Leading to an Increase in Child Suicide

1) Impact of COVID-19 Pandemic

Although further detailed research into the

causes of child suicide is needed, Dr Yoshinori Cho, President of the Japanese Association for Suicide Prevention, has pointed out that the reasons for the increase in youth suicide are the 'worsening employment situation', an increase in 'family problems' and 'reduced human interaction', and that 'the impact of the COVID-19 pandemic is significant'.

In fact, there are many early indications of the impact of the COVID-19 pandemic on children's psyches. Staying at home and social distance have negative psychological effects, including PTSD-like symptoms, confusion and anger¹³. Research has also shown that, as an indirect effect of the COVID-19 pandemic, it may have increased suicides due to an increase in anxiety and stress¹⁴.

Children's mental health in particular has been affected in a variety of ways as a result of the many and varied changes in their daily lives, including major changes in their school and home environments. For example, the social distancing and school closures due to the COVID-19 measures increased depression, anxiety and isolation, even in healthy children, and these symptoms were correlated with the length of isolation due to social distancing. In addition, the symptoms persisted not only during but also after social distancing. It is found that school closure, reduced physical activity, irregular sleep and online addiction due to COVID-19 caused depression, numbness, laziness, learning difficulties and self-harm in children, while abuse and violence in the family increased. Furthermore, there is no doubt that the limited communication caused by the COVID-19 pandemic makes it even more difficult to see calls for help from children, which are difficult to identify in the first place, making early detection of suicide risk even more difficult¹⁵.

The National Institute of Child Health and Development conducted a total of seven online surveys between April 2020 and December 2021 to determine the current state of life and health of children and parents affected by the COVID-19 pandemic. The results showed that more than 70% of all children had one or more stress reactions, such as 'easily irritated' or 'unable to concentrate', a figure that has remained high since the first survey¹⁶. In addition, the fourth survey, conducted between 17 November and 27 December 2020, found that 15% of 4th to 6th year primary school students, 24% of junior high school students and 30% of senior high school students exhibited moderate or higher depressive symptoms according to the Patient Health Questionnaire Adolescents (PHQ-A) scale. Moreover, regarding self-injury, 17% of primary and junior high school students said they had hurt themselves in the week before the survey and 24% of primary and junior high school students said they wanted to hurt themselves or die¹⁷.

Furthermore, according to the fifth survey, conducted between 19 February and 31 March 2021, more than 70% of the 501 children from primary school to senior high school (equivalent) reported some kind of stress, such as not wanting to think about corona (42%), getting easily irritated (37%), having difficulty concentrating recently (32%).

In the 7th survey report, conducted between 8 and 31 December 2021, 16% of the 487 children between the ages of primary school and senior high school (equivalent) had moderate or higher symptoms of depression (about one in six). Among them, 94% of the children felt they needed help, but 40% did not seek help. The most common reason given was 'Unable to express feelings in words', followed

by 'seem to be unable to get good advice' and 'didn't seem to be taken seriously'¹⁸.

2) Unwanted loneliness

With the increase in child suicides due to the COVID-19 pandemic, "the current social situation is such that when a social problem arises, the unwanted loneliness of having no one to rely on aggravates the social problem or complicates its structure, resulting in suicide and creating a new social problem," was the analysis of Koki Ozora, President of the non-profit organization that provides a 24-hour helpline for young people "Anata no Ibasho" (The place where you fit in)¹⁹.

In its revised draft of the "Outline for the Promotion of Support for the Development of Children and Young People", the Japanese government has clearly stated its policy to strengthen its response to the problems of loneliness and isolation in light of the prolonged COVID-19 pandemic. It also identified the rising number of suicides as a 'top priority issue'. "Many children and young people are experiencing heightened anxiety and the problem of 'unwanted loneliness' is becoming more apparent"²⁰.

In English the word loneliness can be somewhat ambiguous, referring to both self-imposed loneliness when seeking solitude, but also to unwanted social or physical isolation. In Japan, as interest in loneliness and isolation issues has increased, particularly during periods of isolation during COVID-19, a new term has been coined, unwanted loneliness, to clarify this ambiguity.

Since the late 1970s, loneliness has been defined, loneliness scales developed and researched, and since 2000, in addition to loneliness issues, social isolation has become a growing concern, with

research continuing mainly in developed countries.

Loneliness is a state of mind where one feels disconnected from other people, either emotionally, socially or physically, while unwanted loneliness refers to the state of not being able to rely on others or not being able to talk to others even when you want to. Social isolation refers to a state in which there is no one to ask for help with everyday problems, no one to talk to about worries, no one to ask for help in emergencies such as illness, and no one who understands one's problems, i.e., a state in which there are no 'trusted others'²¹.

The WHO Guide to Suicide Prevention identifies 'social isolation' as one of the socio-demographic factors associated with suicide and 'loneliness' as one of the emotions of people at high risk of suicide. It is known that there are various social factors behind suicide, such as overwork, deprivation, fatigue due to childcare and caring, bullying, loneliness, and isolation, as well as mental health problems. Some studies have shown that people who are isolated are at higher risk of suicide than those who are not isolated²².

During the COVID-19 pandemic, mental health deteriorated worldwide, and in Japan in 2020, as the infection began to spread, suicides began to increase for the first time in 11 years and has shown no signs of decreasing to date. The factors include fear of infection and economic problems such as unemployment, as well as worsening social isolation and loneliness due to quarantine and enforcement of social distance. Based on the results of a nationwide questionnaire survey of 26,000 people collected in the Social and Health Disparities Assessment Study on COVID-19 (JACSIS Study), the University of Tsukuba analyzed the impact of social isolation,

loneliness, and depression leading to suicidal ideation, and found that 15% of men and 16% of women had suicidal thoughts, respectively. Of these, 23% of men and 20% of women had suicidal thoughts for the first time during the pandemic period. The study also found that loneliness was a larger contributor to suicidal ideation than economic hardship or social isolation. The finding that loneliness has a significant impact on suicidal ideation, either directly or indirectly through depression, suggests that psychological support for people who are lonely is effective not only in combating isolation and loneliness, but also in combating suicide.

It seems that some of the circumstances behind loneliness among young people are unique to Japan. An international survey of loneliness and social isolation in the United States, the United Kingdom, and Japan shows that higher shares in Japan than in the U.S. or U.K. say their loneliness has had a negative impact on their job and their mental health. It found that 44% of people in Japan believe that lonely people mostly have themselves to blame, which is extremely high compared with 23% in the US and 11% in the UK²³. The survey also found that the frequency of talking to family and friends was lower in Japan than in the US and UK. President Ohzora suggested that "in Japan, even loneliness is said to be one's own responsibility, so it can be difficult to seek advice and it is easy to become trapped". The Associate Professor Ueda of Waseda University also pointed out that "Japanese society has low relational fluidity, or freedom of choice in interpersonal relationships. Many people have no place to stay other than school or nowhere to go other than school or their workplace. And if they stumble in making friends there, they immediately become isolated. Ja-

pan has become a society that makes it easy to isolate oneself and also makes it difficult to consult with others.”²⁴.

While loneliness is increasing due to the COVID-19 pandemic, it has long been pointed out that many children are feeling lonely in a society in which individuals are isolated and have weak personal links between each other. It is a result of the weakening of traditional human ties based on land and blood amid the breakdown of hierarchy due to increased competition and the development of the internet society²⁵. One of the most striking features of Japanese children is the high rate of loneliness

they experience. According to a UNICEF survey, the proportion of Japanese children who feel lonely and who feel they have no place to belong, is 29.8% and 18.1% respectively, significantly higher than in other countries²⁶. Another report on the well-being of children in developed countries published in 2020 also points out that Japan has a high proportion of adults who are forced to work long hours, making it difficult to maintain a balance between home and work, and children who have a lower sense of belonging to their schools also have a lower satisfaction with their lives²⁷.

Table 2: A League Table of child well-being outcomes (out of 38 countries)

overall ranking	country	mental well-being	physical health	skills
7	France	7	18	5
14	Germany	16	10	21
19	Italy	9	31	15
20	Japan	37	1	27
21	Korea	34	13	11
27	United Kingdom	29	19	26
30	Canada	31	30	18
36	America	32	38	32

Source: UNICEF, Report Card 16, Worlds of Influence: Understanding What Shapes Child Well-being In Rich Countries

Furthermore, according to the National Survey on the Current Situation of Loneliness and Isolation conducted in 2022 by the Cabinet Secretariat's Office in charge of measures against loneliness and isolation, 5.2% of respondents aged 16 to 19, 7.1% of those aged 20 to 29 and 7.2% of respondents aged 30 to 39 reported feeling lonely, "often or always"²⁸. In addition, 1.9% of 16 to 19 year olds, 5.8% of 20 to 29 year olds, and 6.2% of 30 to 39 year olds said they communicated with family and friends 'less than once or twice a week' and were 'likely to be isolated'. In addition, 4.3% of 16 to 19 year olds, 8.3% of 20 to 29 year olds, and 9.2% of 30 to 39 year olds were "very likely to be isolated", meaning that they "do not receive support from government, voluntary or other private organizations and have no one to talk to when they feel anxious or worried". The data also showed that 9.2% of young people aged 30 to 39 were "likely to be isolated"²⁹.

An online survey of nearly 3,000 people conducted in March 2022 also showed that younger people are also more likely to feel lonely. The proportion of people feeling lonely is 23.7% for those aged 60 and over, but is higher in younger people, with 41.6% of those in their 30s feeling lonely and 42.7% of those in their 20s feeling lonely. Mental health was also worse among the young than among the elderly. The proportion of those considered to be 'moderately to severely depressed' varied widely, from 7.5% of older people to 28.2% of younger people, showing a large gap between the two groups.

3) Suicide prevention Education That does not Progress

Suicide prevention is considered in three stages: Primary prevention is to prevent suicide by dis-

seminating and raising awareness of correct knowledge on suicide prevention, eliminating the causes of suicide and improving the physical environment for suicide prevention at the individual, organizational and societal levels; secondary prevention is to detect people who have thoughts of dying or are depressed and to intervene and respond to them to help them avoid the crisis (counselling system for suicidal people); and tertiary prevention is to detect people who have lost someone to suicide and to intervene and respond to them to help them avoid the crisis (suicide prevention system). Tertiary prevention includes psychological care for those who have lost a loved one to suicide, the prevention of repeated suicide attempts and the prevention of a suicide chain.

Education to help prevent suicide plays an extremely important role. In fact, it has been shown to be effective in that education about thinking about life and death helps people understand the importance of family, life, and living in the present. However, "education on how to give SOS," which is the primary prevention of child suicide, has been provided since the 2016 revision of the Basic Law on Suicide Prevention, but it is basically planned and implemented by each local board of education, and no curriculum or textbooks have been provided by the government, and no lecturers have been dispatched. Schools are still groping in the dark as to which grade level it should be taught at, and what the course content should be, to provide suicide prevention education. The government has not provided any concrete measures, such as who should tell what to whom and how. Even in 2020, there are still few schools that can provide education on how to raise an SOS.

Secondary and tertiary prevention is also criti-

cized for its weak suicide prevention measures, which are mostly left to the private sector and have relied on volunteers since the Showa period (1926-1989). In May 2020, the Ministry of Education issued guidelines to prefectural boards of education to promote support for the school counsellor project, which has been in place since 1995. However, the job of school counsellor varies from school to school, and counsellors often have limited time available, which makes it difficult to spend time with each child, so there are limits to the effectiveness of this support. Investigation also shows that children do not make appropriate use of the opportunities to talk to school counsellors and social workers because they prefer to speak to their friends, who do not know about the available support systems or who to turn to for more expert help³⁰. And there is also a tendency to blame victims in Japan.

Furthermore, there are comments from the field that 'as a result of allowing diverse actors to participate in the policy process through meeting and other forums, these forums have become more of a formality and policies are decided by specific actors,' and 'now we have a system where voices are unified and something without any real sense of reality comes down from above and tells us to 'do it'.³¹

Ms. Takahashi also emphasizes the importance of conducting education on "how to give SOS" and "how to receive SOS lecture" as a set, saying that even if SOS is given, it will not lead to suicide prevention if there is no one competent to receive the SOS.

Conclusion.

The increasing number of child suicides is truly a social problem.

Looking at the current situation of child suicide, there are many cases in which there are no warning signs of suicide. However, in most cases, suicide does not occur suddenly, but is believed to be the result of a certain process. When various stresses accumulate and support is lacking, it becomes difficult to get out of the situation on one's own, leading to depression and eventually suicide. In Japan, unfortunately, the suicide crisis is not a random event. Sadly, many children in Japan who experience a suicidal crisis do not seek professional help, but instead tend to seek help from their friends. Non-professional peers around a person who is contemplating suicide should be able to recognize such a crisis and provide appropriate help, but due to the lack of progress in suicide prevention education, they are often unable to provide appropriate input, leading to suicide in many cases.

Therefore, it can be said that suicide prevention education plays a very important role in preventing child suicide. Teachers are expected to promote awareness of children's mental crises and help-seeking attitudes, while children are expected to receive suicide prevention education that focuses on how to give and receive SOS, and to promote suicide prevention education in cooperation with medical and psychological specialists.

In Japan, it is also considered necessary to take seriously the decline of children's sense of belonging and self-esteem in groups, and to create a diverse support system based on a proper understanding of children's mental health and individuality. In the

field of education, there is a need to break the practice of not recognizing children due to lack of precedent and ensure inclusive education. We believe that creating a tolerant environment that respects the individuality of each child is an extremely important element in the fight against child suicide.

It is also important to collect, consolidate and analyze information about children and to establish a suicide prevention system in cooperation with schools and local communities. In the unlikely event of a child's suicide, it is necessary to conduct a thorough investigation of the actual circumstances of the child's suicide, such as a psychological autopsy, in which an ethical framework is established for each individual case and experts carefully examine the situation.

The risk of suicide increases because the disincentives to "live" outweigh the promoting factors. Mr. Yasuyuki Shimizu, representative of the NPO Suicide Prevention Support Center Lifelink, which works on suicide issues analyzed that those suicidal persons are "over-adapting" because they feel they have to worry about "how they will be judged by others", and as they continue to do so, they fall into a loop where they lose sight of what they are for and who they really are³².

Given this situation, it should be obvious that an education that frees young people from peer pressure, allows them to express and assert themselves, develops their strengths, and tolerates diversity is of paramount importance in modern society in Japan.

Annotation

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