A COMPARISON OF MENTAL HEALTH IN JAPAN AND THE UNITED STATES Whitney Ford Department of Psychology, Sociology, and Public Health Lindenwood University



Japan and the United States, while culturally very distinct, share several similarities within the realm of mental health.



Prevalence of Disorders

(Capriotti et al., 2020; Miyamori et al., 2022)

| Japan | L |
|-------------------------------------|----------|
| Major Depressive Disorder – 3 to 7% | Major |
| Generalized Anxiety Disorder – 3.4% | Generali |
| Alcohol/Substance Abuse – 2.5% | Bi |

Suicide Rates

| Japan (Otaka et al., 2022; Matsubayashi & Ueda, 2022) | L |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Recent steady decline, lower than United States as of 2022 COVID-19 lockdown impact raised suicide rates Possible reporting rates dropping Psychiatric treatment improvements possible cause of reduction | Saw min lockdow Statistics populati people o Suicide r underreg remaine |



United States

Depressive Disorder – 10%

lized Anxiety Disorder – 5.7%

Bipolar Disorder – 4.5%

Jnited States (McKoy, 2022)

- nor decline during COVID-19 /ns
- s focused on white
- cions, not representative of
- of color
- rates among
- epresented groups have
- ed the same or increased

- Readily available
- Discreet
- Not as effective
- Covered more

Stigmata Influencing Mental Health Perception

- culture

solutions/3/ 12965-9

| Treatment Types & A (Malitz & Kanzler, 2006) | | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|
| ntidepressants | | |
| able ive long -term re often than therapy by insurance | Time consumit Less discreet t Not a "quick fix Effective long- Costly, not alw | |

(Kotera et al., 2019; Miller et al., 2021)

Main Contributing Factors

• Shame culture, strongly embedded in Japanese

 Professional and business pressure • Lack of support in personal and professional life

- Familial pressures
- with men)

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Access

Psychotherapy

Ing than taking antidepressants ix"

-term

ways covered by health insurance

The need to be viewed as strong (typically enforced