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RECENT TREND IN WORKMEN'S ACCIDENT COMPENSATION
—PARTICULARLY AS SHOWN IN A SUICIDE CASE FILED WITH A CERTAIN LABOR STANDARDS OFFICE—

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I. Introduction

In September 1999, the Ministry of Labor announced a "Guideline for judging whether an injury case connected to mental disorders from psychological burden is work-related[1)]." Since then, there has been an increasing public awareness that mental diseases are occupational diseases and the number of applications for compensation under the insurance system with respect to mental diseases has risen sharply. People have come to realize that worker's mental disease may result from employment. On the other hand, with an increased number of lawsuits involving corporations and the government, it is true that the boundary between self-induced disease and occupational mental disease is getting blurred. I will explain the recent trend and problems of workmen's accident compensation.

II. Current situation of workmen's accident compensation and suicide cases filed with a certain Labor Standards Office

1. Trend in Workmen's Accident Compensation resulted from Mental Diseases

Figure 1 shows the trend in worker's accident compensation to date. In 18 years from 1983 to 2001, a total of 807 cases (393 were suicide cases) connected to mental diseases were filed for workmen's accident compensation, of which 135 cases were actually certified as eligible for compensation. Particularly, in 2001 alone, 70 cases were certified as eligible for compensation. This number is 20 cases more than a total of 50 cases in two years (1999–2000) following the announcement of the "Guideline for judging whether an injury case connected to mental disorders from psychological burden is work-related" in September 1999. This means more than half of the certification

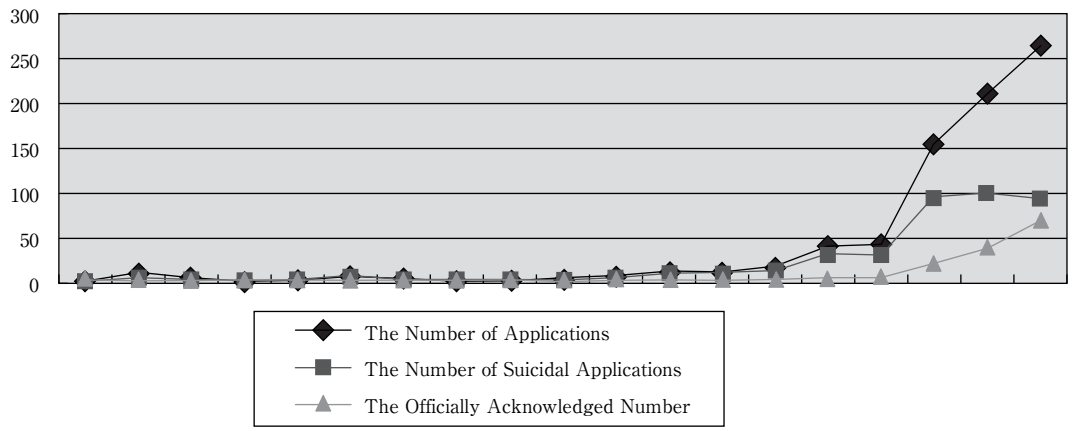

Fig. 1 Trend in Workmen's Accident Compensation resulted from Mental Disorders

in the last 18 years was given in just one year.

2. Overview of certified cases in three years from 1999 to 2001 (Compensation Division, Ministry of Health, Labour and Welfare[2])

In the last three years (1999–2001), 120 cases were certified, of which 70% (84) involved men and 30% (36) women. In terms of age, people from 40 to 49 years old comprise 21% (25), 50 years or older 25% (29), and people below 40 years old 55% (66), showing that certification of slightly younger persons is on the rise compared to the two-year period following the announcement of the guideline.

1) **Occupation**: Skilled professionals such as information processing technicians, doctors, and teachers represent the largest part of 27% (32), followed by managerial employees 23% (28), skilled workers such as heavy equipment operator and carpenters 13% (15), and sales persons and administrative staff each representing 11% (13).

2) **Certified diseases (ICD-10)**: The diagnosis names of certified cases were mood disorders 57% (68) and neurotic disorders 43% (52).

3. Trend of application for workmen's accident compensation at certain Labour Standards Office

Two and a half years have passed since a subcommittee for mental disease was set up in 1999. During this time, 75 cases (50 men, 25 women) were examined, of which suicide represented 44% (33). (Table 3)

Brief description of suicide cases: Farewell notes were left in 55% (18) of all cases. As for methods, death by hanging made up 61% (20), and jumping to one's death 30% (10). 39% (13) were committed at home, and 42% (14) either at work, on one's way home, on a business trip, or on-site. (Table 4)

1) **Grounds for filing**: "Restructuring, secondment, human relationship, jumping to one's death, and inci-

Table 1 Occupatin

	1999	2000	2001		
Skilled Professionals	4	12	16	32	27%
Managerial Employees	3	10	15	28	23%
Clerical Employees	0	2	11	13	11%
Sales Employees	1	4	8	13	11%
Service Employees	1	1	4	6	5%
Drivers	1	0	5	6	5%
Skilled Workers	4	3	8	15	13%
Othes	0	4	3	7	6%
Total	14	36	70	120	100%

Table 2 Certified Diseases

	1999	2000	2001		
F3. Affective Disorders	8	19	41	68	57%
F4. Neurotic Disorders	6	17	29	52	43%
Total	14	36	70	120	100%

Table 3 Applications cases

	Suicide	Mental	Total	%
Male	33	17	50	67%
Female		25	25	33%
Age	34	37.8	35.9	
Applicant				
Marital Status	20	1	21	28%
Father and Mother	13	2	15	20%
Subjects	33	42	75	100%
Accident During Travel To and From Work		3	3	4%
Industrial Accident	33	42	75	100%

dents in the company" were grounds for filing in nine cases (25%). "Overwork, fast tracking, business, excessive work load, stress, and shift work" were the grounds in 15 cases (44%). Four cases were filed due to "being made to pay for superior's meal, death on site." Unable to soothe their feelings, angry, "wanted to get back at the company" in these cases. A company was apparently held responsible in one case, when the well-meant attempt by a superior to put off the timing of the victim's retirement, even though the victim had wanted to leave the company, led to the victim's suicide during such a period. The bereaved family asserted that the company "made the victim go to work when he was not capable of working" or "held the victim responsible by giving him a severe scolding". There were other cases filed on the grounds that "the cause of the suicide was incomprehensible". (Table 5)

2) **Occupation**: Ten people in sales and marketing is the largest group, followed by eight people engaged in computer, machine/architectural design, or systems development professions, and six clerks and six managers. (Table 6)

3) **Immediate cause of suicide**: Immediate cause was not found in seven cases. "Increased work load, difficulty in performing a task, and vacancy" was the immediate cause in nine cases. In six cases, "making a mistake, theft of materials, and scolding" were the immediate causes. "Promotion" in five cases. "Secondment" in four cases.

Table 4 Suicide

Suicide	33	
Testamentary Letter (+)	18	55%
Testamentary Letter (−)	15	45%
Jumping	10	30%
Haging	20	61%
Person Run Over and Killed	3	9%
Suicidal Place		
Company	8	24%
Home	13	39%
Going Home	3	9%
Businss Trip	3	9%
Distant Place	3	9%

Table 5 reasons

	suicide	%
Restructuring, Secondment, Human Rrelationship, Jumping to one's Death, Incidents in the Company	9	27%
Being made to pay for superior's meal Death on site	3	9%
Overwork, Fast tracking, Business, Excessive work load, Stress, Shift work	15	45%
The well-meant attempt by a superior to put off the timing of the victim's retirement, even though the victim had wanted to leave the company, led to the victim's suicide during such a period.	1	3%
Being made to pay for superior's meal, Death onsite, Angry, Severe scolding, Unable to soothe their feelings	4	12%
The cause of the suicide was incomprehensible	1	3%
	33	100%

Table 6 Occupation

	suicide	%
eight people engaged in computer, machine/architectural design, or systems development professions	8	24%
Sales	10	30%
clerk	6	18%
monotonous work	2	6%
Maneger	6	18%
Driver	1	3%
	33	100%

"Traffic accidents and depressive state caused by crush injury of victim's better arm", "changing of superior", and "trouble at work" were the immediate causes in three cases each. (Table 7)

4) **Diagnosis before suicide and diagnosis after review**: Victims had not consulted psychiatrists in 24 cases, or 73% of the total. The diagnosis actually examined at certain Labour Standards Office showed 17 cases were depression, accounting for 52%, seven cases unidentifiable, and one case each of personality disorder, schizophrenia, alcohol dependence, and higher cerebral dysfunction complicated by depression that occurred secondary after the accident. (Table 8, 9)

5) **Psychic manifestations**: There were five cases with no symptoms observed whatsoever in the large amount of collected information. In two cases psychotic manifestations such as insomnia, loss of appetite, and mood elevation were observed. In one of the two cases the victim intended to commit suicide. Headache, buzzing in the ear, fatigue, decline in thinking power, perspiration, and insomnia were seen in 11 cases (22%). Depressive mood, impatience, fatigue, loss of appetite, trouble with concentration, insomnia were seen in 13 cases (26%). Depressive mood, panic attack, bafflement, anxiety, and phobia were observed in seven cases (14%). There were three cases in which depressive symptoms appeared several months after the incidence of an event. In three cases, disappearance and dissociation were observed. There were two cases in which desire for death was clearly observed. (Table 10)

Table 7 Immediate cause of suicide

	suicide	%
mmediate cause was not found	7	17%
Increased work load, Difficulty in performing a task	9	21%
Making a mistake, Theft of materials and Scolding	6	14%
Promotion	5	12%
Secondment	4	10%
Traffic accidents and depressive state caused by crush, Labor accident	3	7%
changing of superior	3	7%
Trouble at work	3	7%
Firing	2	5%
	42	100%

Table 8 Diagnosis before suicide

	suicide	%
The internal department.	4	12%
Victims had not consulted psychiatrists	24	73%
Depression	7	21%
Insomnia	1	3%
Alcohol dependency	1	3%
	33	100%

Table 9 Diagnosis after review

	Suicide	%
Impossible to diagnose	5	15%
ASD	3	9%
Personality disorder	1	3%
Depression+alcohol dependency	2	6%
Depression	19	58%
Schizophrenia	1	3%
High functional disorder	1	3%
Alcohol dependency	1	3%
	33	100%

6) **Excessive work load**: Excessive work load was identified in 14 out of 33 cases, showing that 42% of all suicide cases were closely related to work.

IV. Current problems of suicide certification

Because the Workmen's Accident Insurance Law stipulates that "causal relationship of work to suicide is cut off, when it is committed intentionally," certification is difficult to be obtained unless the suicide was unintentional, in other words, suicide committed under criminal irresponsibility[5)~7)]. That is where things have stood so far. However, the range of diseases to be certified has been expanded from the conventional psychogenic mental disorders to all mental diseases defined in ICD-10[3)4)]. Whatever the mental disease, relationship of work to it will now be examined.

Out of 33 cases filed with a certain Labour Standards Office, 24 cases (73%) were applied without psychiatric consultation. It revealed the current situation where more than 70% of the victims committed suicide without receiving treatment at medical institutions. Nineteen cases (58%) were depression, and if two cases where of depression complicated by alcohol dependence are included, more than 60% of all suicide were caused by depression. Needless to say, it is very difficult to judge "work-relatedness" of a suicide case, which is connected to mental disease but committed without receiving the treatment at medical institutions. Particularly, the recent reality of overtime work without pay, difficulty in understanding managerial employees' working hours, and the introduction of discretionary work system make it difficult to just understand working hours. The first problem to be addressed is finding facts about labour practice, and judging when the first symptom appeared and diagnosis names of mental diseases to be certified as eligible for workmen's accident compensation is the problem of the next step. There were five cases where victims committed suicide while no symptoms of the victim's disease were noticed by coworkers or the family. When a victim has some overtime work and comes home late, even if nothing particular has happened in the office, the family cannot understand why the victim committed suicide. They cannot see other possible reasons other than their work and filing for workmen's compensation. The boundary between self-induced and occupational mental diseases is getting very blurred, and increasing number of cases like this are brought into courts. Let us illustrate the point by taking depression for example. If a worker, who used to fill routine jobs, suddenly committed suicide without reasons comprehensible to the people around, it is necessary to rigorously differentiate so-called "endogenous depression", brought about by decline in amine in the brain such as serotonin and noradrenalin, and "debilitating depression", which results from continued and cumulated excessive work load. In other words, fact-finding about disaster conditions, severe enough to cause depression episode and heavy stress reactions as a result of accumulation of stress due to excessively prolonged constant overtime, or acute stress reactions against the accident the victims were involved in is a minimum requisite. Based on the findings, you are re-

Table 10 Psychic manifestations

	Suicide	%
No symptoms	5	10%
Insomnia, Loss of appetite, Mood elevation, Suicidal attempt	2	4%
Headache, Ear noises, Fatigue, Decline in thinking power, Perspiration, Insomnia	11	22%
Depressive mood, Impatience, Fatigue, Loss of appetite, Trouble with concentration, Insomnia	13	26%
Depressive mood, Panic attack, Bafflement, Anxiety, Phobia	7	14%
Depressive symptoms appeared several months after the incidence of an event	3	6%
Suicidal idea	2	4%
Continuous drinking	1	2%
Delusion	1	2%
Absence without leave	1	2%
Disappearance and dissociation	3	6%
	49	98%

quired to conjecture the duration and progress of depressive state as objectively as possible. It seems that, no matter how invisible conditions of the disease may be, you can never go too far in checking the progress of the conditions of the disease; when the disease made a transition from mild to intermediate to severe condition. Judging whether a mental disease resulted from employment or not is just seeing it was triggered by change of work contents or interpersonal relationship in the workplace. It seems to be important to recognize that work-relatedness can be recognized only when the fact exists that work is closely related and the mental disease was formed with the work serving as an influential cause.

V. In Conclusion

I explained in this paper the background to the formulation of a guideline for certification of mental disease, the situation of workmen's accident compensation resulted from mental diseases and certified cases, and particularly the cases filed with a certain Labour Standards Office. Further, I introduced some speculations about problems associated with certifying cases connected to mental diseases as eligible for compensation under the insurance system. Particularly 42% of all suicide cases at a certain Labour Standards Office were closely related to work, and it was found that the viewpoint of excessive work load alone is not sufficient for the prevention of worker's suicide. Moreover, in spite of the formulation of a "Guideline for maintaining mental health at workplace" by the Industrial Health Division of the Ministry of Health, Labour, and Welfare in August 2000, it was found that in 73% of all suicide cases psychiatric medical institutions had not been consulted. There is an urgent need to take concrete measures to prevent suicides and incidence of occupational mental diseases.

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近年の労災補償の動向―特に某労働局へ労災請求された自殺事例

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―キーワード―
労働災害補償，精神障害，認定指針

平成11年9月に「心理的負荷による精神障害に係わる業務上外の判断指針」が公表されてから精神疾患も職業性疾患であるとの国民の認識が広がり，精神疾患の労災申請は一気に急増した．精神疾患認定指針策定の背景，さらに労災補償状況と認定された事例，某労働局における精神疾患としての労災申請事案について述べ，さらに労災認定する際の問題点に関して若干の考察を加えた．特に某労働局で業務が濃厚に絡んだ自殺事例は全体の42％であり，業務加重という観点からだけでは勤労者の自殺防止には不十分であるという結果が得られた．さらに労災申請された自殺事例の73％が精神科医療機関を受診していなかったという結果は，平成12年8月に厚生労働省労働衛生課より「事業場における労働者の心の健康づくりのための指針」が策定されたものの，自殺防止や職業性精神疾患発症を予防するための具体的施策を講ずることが急務と考えられる．