

# Karoshi and Overwork-Related Health Problems in Japan: Current Situation and Prevention Measures

TAKAMI Tomohiro

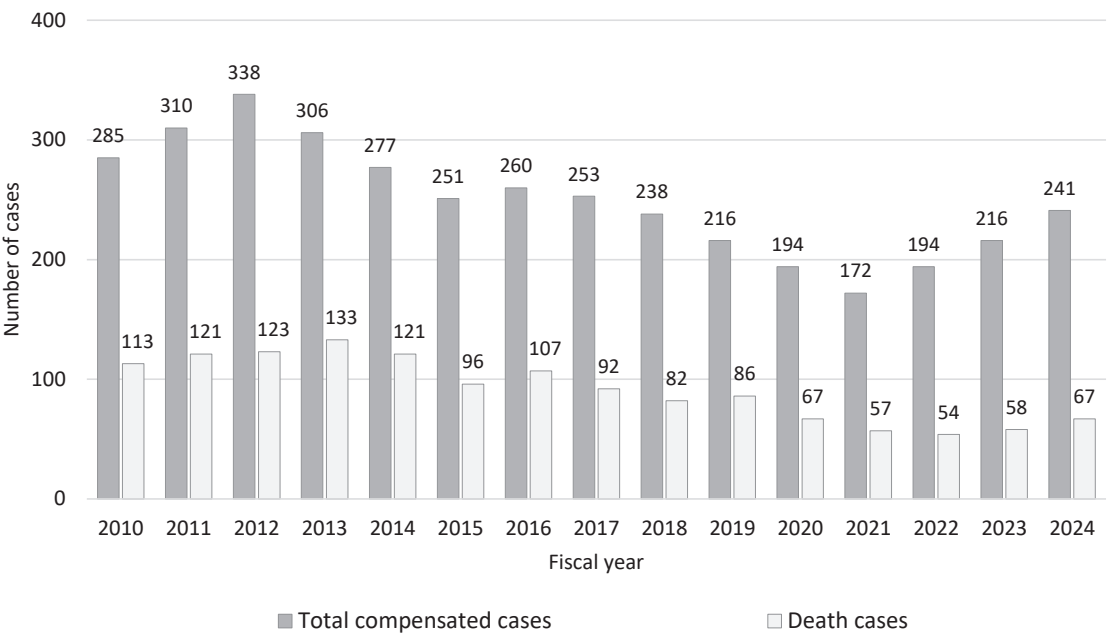
## I. Karoshi as a persistent social issue

As symbolized by the term *karoshi* (death from overwork), Japan has long been characterized by long working hours and excessive workloads that could impair health. Overwork remains a major social issue due to its adverse effects on workers’ physical and mental well-being and on their work-life balance.

In Japan, cases in which excessive job demands lead to cerebrovascular and cardiovascular diseases (CCVDs) or mental disorders—sometimes resulting in death—are officially recognized as industrial

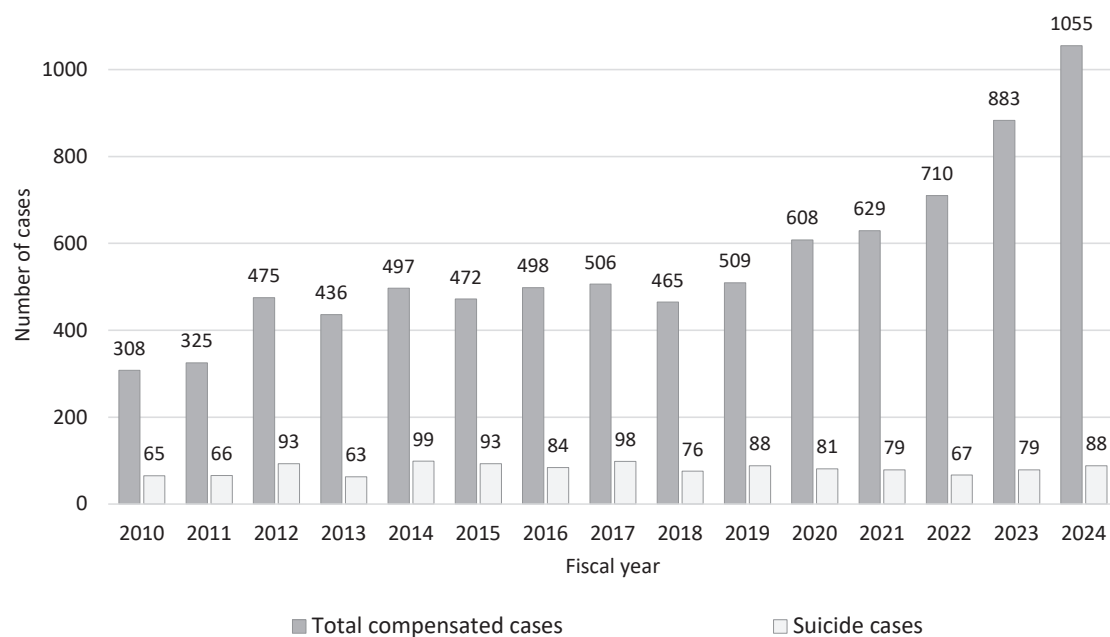
accidents and are eligible for compensation under the industrial accident compensation insurance system. This system specifies which injuries and illnesses are considered work-related.

As illustrated in Figure 1, the number of compensated cases related to CCVDs has remained around 200 in recent years, with 241 cases reported in fiscal year 2024. Among these, 67 cases resulted in death. Mental health problems have also drawn increasing attention. As shown in Figure 2, compensated cases related to mental disorders have continued to rise, reaching 1,055 recognized cases in fiscal year 2024, including 88 suicides.



Source: Author prepared based on Ministry of Health, Labour and Welfare (2024).

Figure 1. Trends in the number of compensated cases of cerebrovascular and cardiovascular diseases (CCVDs)



Source: Same as Figure 1.

Figure 2. Trends in the number of compensated cases of mental disorder

The number of cases differs according to industry and occupation. According to the latest figures published by the Ministry of Health, Labour and Welfare (MHLW) in its FY2024 report, Workers' Compensation for Karoshi and Other Work-Related Cases, the number of recognized workers' compensation cases for CCVDs was highest in the transportation and postal services sector, followed by accommodation and food services and manufacturing. By occupation, the largest number of cases was found among transport and machine operators, followed by service workers and professional and technical workers. Looking at more detailed occupational categories, motor vehicle drivers, such as truck drivers, accounted for the largest share. In terms of workers' age, the number of compensated cases was highest among those in their fifties.

The trends in recognized workers' compensation cases for mental disorders differ from those for CCVDs. By industry, the highest number of cases was observed in the medical and welfare sector, followed by manufacturing and wholesale and retail trade. By occupation, professional and technical workers accounted for the most cases, followed by

service workers and clerical workers. By age, workers in their forties represented the largest group, with a significant number of cases also observed among those in their thirties and twenties. Suicide caused by overwork has long been a particular focus of attention due to numerous lawsuits and widely publicized cases of overwork-related deaths. These have prompted calls for companies to address their social responsibilities.

## II. Revision of the criteria for determining overwork-related accidents and diseases

What kinds of work burdens cause health problems such as karoshi and other overwork-related disorders? The answer is reflected in Japan's criteria for determining work-related accidents and diseases. Separate criteria have been established for CCVDs and for mental disorders, and these have been revised as necessary over the years.

Since the revision of the determination criteria for mental disorders has already been discussed in a previous article published in *Japan Labor Issues* (JILPT 2025), this article focuses mainly on the

determination criteria for CCVDs and examines the issue of overwork in Japan today.

In the determination criteria for work-related CCVDs, the number of working hours serves as a crucial evaluation factor. Under the determination criteria, several types of work burdens are considered: an “extraordinary event” that occurred shortly before onset; “short-term excessive workload” within a relatively brief period (approximately one week before onset); and “long-term excessive workload,” referring to engagement in particularly heavy work over an extended period that leads to a marked accumulation of fatigue.

Specifically, overtime hours during the approximately six months prior to onset are used as an indicator for assessing long-term excessive workload. When an employee has worked roughly 100 hours of overtime in the month immediately before onset, or more than about 80 hours per month on average over a period of two to six months prior to onset, the causal relationship between work and disease is regarded as strong.

Among cases of work-related CCVDs, those involving long working hours accounted for a large proportion. According to the MHLW’s FY 2024 report, Workers’ Compensation for Karoshi and Other Work-related Health Disorders, of the 241 CCVD cases compensated in 2024, 167 cases—approximately 69.3%—involved employees who worked 80 hours or more of overtime per month on average, either during the one-month evaluation period or over the two- to six-month evaluation period preceding onset. Correcting long working hours is therefore critically important in preventing karoshi and other overwork-related health problems.

In recent years, increasing attention has been directed not only to the total amount of overtime but also to various other aspects of working time from the perspective of health risks. Continuous work without sufficient rest, long periods of duty or on-call time, night work, irregular or shift work, and insufficient rest intervals between workdays have been identified as significant risk factors, particularly due to insufficient recovery time and disruption of circadian rhythms.

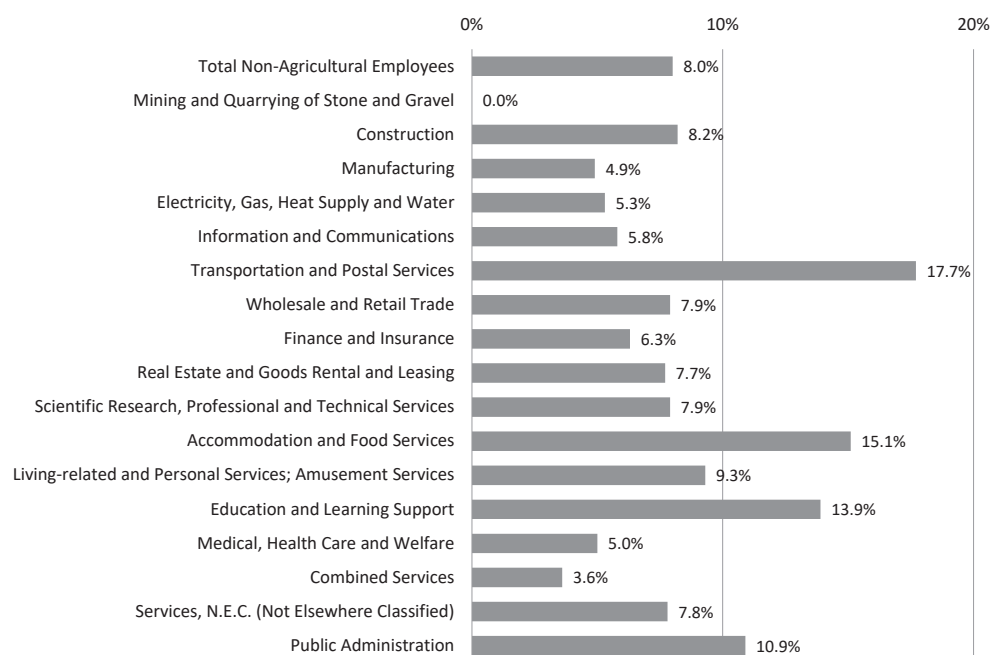
The criteria for determining occupational CCVDs were revised in September 2021. The main points of the revision are as follows:

- (1) In the assessment of “long-term excessive workload,” it was clarified that both working hours and workload factors other than working hours should be comprehensively evaluated when determining work-relatedness.
- (2) The workload factors other than working hours were revised to include, in addition to “work with long periods of duty” and “irregular work, shift or night work,” new factors such as “continuous work without days off” and “work with short intervals between shifts.”

### III. Preventing overwork

The incidence rates of overwork-related health problems differ across industries and occupations (Takahashi, 2019). These differences in the number of compensated cases are thought to reflect variations in work burdens, including long working hours. For example, the share of employees working long hours varies substantially across industries. Figure 3, based on MHLW (2024), shows by industry the proportion of employees working long hours—defined as 60 hours or more per week—among full-time employees who work 40 hours or more per week. According to figure 3, the proportion of workers putting in 60 hours or more per week in 2024 is particularly high in sectors such as transportation and postal services and accommodation and food services. These sectors overlap with those that see a large number of work-related CCVDs. This indicates that long working hours are a critical factor to address in preventing overwork-related health problems. The occupational structure and organizational culture characteristic of each industry appear to play a crucial role in determining workers’ vulnerability to overwork-related health outcomes.

Over the past decade, policies addressing overwork have undergone significant development. Prompted by movements led by bereaved families and their supporters, the Act Promoting Measures to Prevent Death and Injury from Overwork was



Source: Same as Figure 1.

Figure 3. Share of employees working 60 hours or more per week, by industry (among employees with hours of 40 or more)

enacted in 2014, followed by the Outline for Measures to Prevent Death and Injury from Overwork in 2015. In 2016, the government also published the first *White Paper on Measures to Prevent Karoshi and Other Overwork-Related Health Disorders*.

Regarding mental health, the Stress Check Program was introduced in 2015 for workplaces employing 50 or more workers, and following recent legal amendments, its scope has been expanded to include small and medium-sized enterprises. In line with these developments, many companies have continued to place greater emphasis on maintaining and promoting employees' mental well-being.

What further steps, then, are needed to prevent overwork? Working hours remain a key issue. The Work Style Reform Act (Act on the Arrangement of Relevant Acts on Promoting Work Style Reform), enacted in 2018 and implemented in 2019, established clear upper limits on overtime. To ensure the effectiveness of these regulations, government authorities must continue to monitor compliance and provide appropriate guidance to employers. At the

same time, it is essential to move beyond conventional approaches to preventing overwork (Takami 2020). Efforts should focus on addressing underlying work-related factors that drive excessive working hours—such as pressure to meet clients' demands or performance quotas—and on ensuring that workloads remain reasonable and manageable.

As work styles become increasingly diverse and flexible, it is crucial both to respect individuals' varied choices and to safeguard their health. Protecting one's physical and mental well-being in the course of work is not always an easy task. Nevertheless, the prevention of overwork and the promotion of healthy working conditions have become more important than ever as pressing social issues. Continued interdisciplinary collaboration among policymakers, employers, and researchers is essential to create sustainable work environments.

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**TAKAMI Tomohiro**

Senior Researcher, The Japan Institute for Labour Policy and Training.

Research interest: Sociology of work.

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