

Commentary

Changes in Family Structures and the Reality of Social Isolation: Considering the Relationship Between Isolation and Suicide

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Abstract

Japan's long-standing reliance on the family as a core welfare unit is increasingly strained by changes in household composition, particularly the rapid rise of single-person households. Individuals living alone lack intra-household mutual assistance, resulting in vulnerabilities, including elevated suicide risk. This paper examines suicide statistics from the Ministry of Health, Labour and Welfare (MHLW) and finds that more than half of all suicide deaths in 2025 occurred among people living alone; suicide mortality rate in this population is several times higher than that for multi-person households, with an especially pronounced risk among older men (≥ 80 years) and middle-aged women (40–59 years). While suicides explicitly attributed to loneliness represent a small proportion of cases, loneliness is likely underreported due to its latent nature, and living alone significantly increases suicide mortality linked to loneliness. Long-term demographic trends project a sharp rise in the number of older adults living alone, accompanied by a substantial increase in never-married individuals without family ties. These shifts heighten the likelihood of social isolation. Indicators such as “lack of conversation,” “lack of someone to rely on,” and “lack of someone to help” reveal particularly high rates of social isolation among older men living alone. Finally, the paper evaluates current support systems and identifies key policy priorities: strengthening accompaniment-based support, building community-based support networks, and creating places of belonging to prevent isolation. These measures are essential for constructing a society in which older adults can live dignified lives even without family.

Keywords: Single-person households, Suicide mortality, Social isolation, Loneliness, Older individuals without family, Accompaniment-based support, Never-married older persons, Places of belonging

Introduction

Japan is generally known as a family-dependent welfare state, where the family plays a central role in the provision of everyday social and economic support. However, household composition changes—in particular the rapid growth in single-person households—have weakened the traditional function of the family as

a primary support system. Individuals who live alone lack intra-household mutual assistance, and this generates a range of social and practical challenges.

Among the most concerning issues is the elevated suicide risk among those who live alone. Recent studies, such as the one by Narita et al.¹, find that persistently living alone is associated

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with an increased risk of suicide death as well as non-suicide death and all-cause mortality¹. The prevalence of social isolation is particularly high among older adults. In the final stages of life, individuals often require assistance with daily activities, including hospital accompaniment, shopping, and administrative procedures. They might also need guarantors for housing or hospitalization, and after death, someone must manage the funeral arrangements for them and dispose of their personal belongings. Traditionally, family members have taken care of these responsibilities. For older adults who have no family or close relatives these tasks pose significant challenges.

This paper examines the reality of suicide among single-person households relative to its incidence in multi-person households. It then analyzes trends in the increase in older adults living alone, followed by an overview of the phenomena of social isolation. The paper concludes with a discussion of the current state of support for older adults who have no close relatives and identifying key policy issues for the future.

1. The Reality of Suicide Among Single-Person Households

In this section, drawing on MHLW's website *Suicide Statistics*², we provide an overview of the state of suicide in Japan and then review the reality of suicide in older individuals living alone². After reviewing trends in the number of deaths by suicide in Japan and the background factors influencing these trends, we outline the factors associated with suicide deaths in 2025 data. With respect to the suicide deaths recorded in 2025, we analyze the incidence rates of suicide and other indicators, distinguishing between people in single-person households (living alone) and those in larger households of two or more persons (living with others).

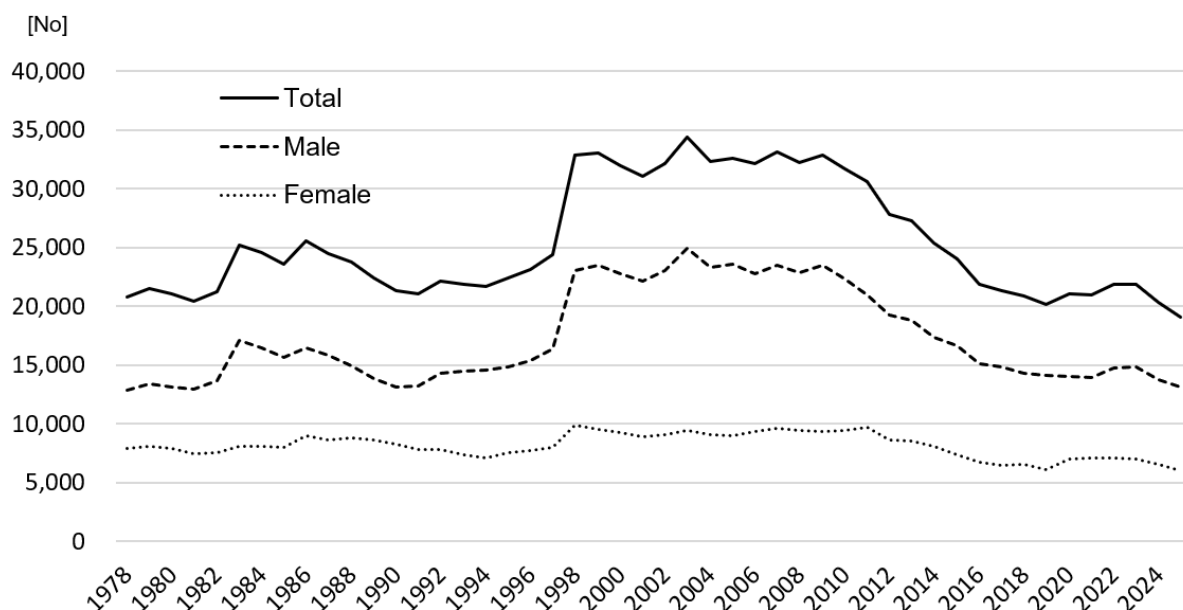
1.1 Trends in the Number of Suicide Deaths in Japan and Their Background

The collection of statistical data in Japan using *The Suicide Statistics Original Form*, a unified nationwide data-collection instrument, began in 1978³. Over the period from 1978 to 1997, the annual number of suicide deaths generally ranged between 20,000 and 25,000 (Figure 1). However, due to worsening economic conditions, including such as the economic downturn following the collapse of the bubble economy, the Asian currency crisis, and increasing corporate bankruptcies, the number of deaths by suicide exceeded 30,000 in 1998. This high rate was stable through 2011, with more than 30,000 suicide deaths annually. During this period, suicide deaths among middle-aged and older men were particularly prominent, and work-related, economic, and health problems were identified as major contributing factors.

The number of suicide deaths began to decline gradually around 2009, likely due in part to strengthened community-based measures and expanded consultation services under *the Basic Act on Suicide Countermeasures*, which came into force in 2006. In 2012 and going forward, the annual number was below 30,000, in a downward trend continuing until 2019.

In 2020, however, the number began to rise again, due to the spread of COVID-19. Social isolation, employment insecurity, and household stress had complex and compounding effects, which led to an increase in suicide deaths, particularly among women and younger people³. Higher numbers continued to be recorded through 2023, and the number of suicide deaths among elementary, junior high, and high school students reached extremely high levels even when viewed against the long term.

In 2024 and the following year, the overall number of suicide deaths again declined.



Source: Compiled by the author based on *The Situation of Suicide in 2025* (March 27, 2026), published by the Suicide Prevention Office, Ministry of Labour, and the Community Safety Planning Division, Community Safety Bureau, National Police Agency.

Figure 1. Annual Trend in Number of Suicide Deaths

According to the Ministry of Health, Labour and Welfare, there were 19,188 deaths by suicide in 2025, falling below 20,000 for the first time since statistics began in 1978—for the lowest level ever recorded. The number of suicide deaths among elementary, junior high, and high school students, in contrast, reached record highs for two consecutive years: 529 in 2024 and 538 in 2025. While the total number of suicide deaths in Japanese society has decreased, measures targeting children and young people remain among the most critical issues³.

1.2 Causes and Motives of Suicide Deaths in 2025

Of the deaths by suicide in 2025, 13,176 were men, and 6,012 were women. The Ministry of Health, Labour and Welfare's *Statistics on Suicide* are compiled from cases where prefectural police have determined suicide as the cause of death according to standardized criteria, recorded on *The Suicide Statistics Original Form*. The Ministry receives these data, which are aggregated by the National Police Agency, and it publishes information on the causes and motives for suicide on its website as basic reference materials³.

With respect to the causes and motives of

suicide, *The Suicide Statistics Original Form* contains 75 detailed related observation items. Prefectural police can record up to 4 of 75 applicable detailed items per suicide case, based on such materials as suicide notes or other evidence of the person's behavior before death, along with testimony from family members when relevant³.

There were 26,496 applicable items recorded for the 19,188 suicide deaths in 2025 (an average of approximately 1.38 items per person). The seven major categories for these were Health problems (42.9%), Economic and living problems (20.3%), Family problems (15.9%), Work-related problems (9.0%), Other (6.7%), Relationship problems (3.3%), and School-related problems (2.0%) (Table 1).

Among the 75 observation items, the top 10 by proportion of total applicable items (26,496) for 2025 were as follows, in descending order: 1) Distress or impact related to illness (depression): 14.9%, 2) Distress related to illness (other physical diseases): 9.6%, 3) Distress related to illness (other mental disorders): 6.8%, 4) Financial hardship: 6.5%, 5) Debt (multiple debts): 3.6%, 6) Distress or impact related to illness (schizophrenia): 3.2%, 7) Marital discord

(other causes): 3.0%, 8) Debt (other): 2.6%,

Table 1. Trends in the Major Categories of Causes of and Motives for Suicide

Year	No. of Suicide Deaths	No. of applicable cases and the proportion of the aggregated No. of such cases							Total No. of applicable causes	Average No. of applicable causes per suicide case
		Health problems	Economic/ living problems	Family problems	Work-related problems	Other	Relationship problems	School-related problems		
2022	21,881	12,774	4,697	4,775	2,968	1,734	828	579	28,355	1.30
		45.1%	16.6%	16.8%	10.5%	6.1%	2.9%	2.0%	100%	
2023	21,837	12,403	5,181	4,708	2,875	1,776	877	524	28,344	1.30
		43.8%	18.3%	16.6%	10.1%	6.3%	3.1%	1.8%	100%	
2024	20,320	12,029	5,092	4,297	2,564	1,704	868	572	27,126	1.33
		44.3%	18.8%	15.8%	9.5%	6.3%	3.2%	2.1%	100%	
2025	19,188	11,355	5,387	4,201	2,390	1,764	875	524	26,496	1.38
		42.9%	20.3%	15.9%	9.0%	6.7%	3.3%	2.0%	100%	
Change from 2022		-2.2%	3.8%	-1.0%	-1.4%	0.5%	0.4%	-0.1%	-1,859	0.08

Source : Ministry of Health, Labour and Welfare, Suicide Prevention Office; National Police Agency, Community Safety Planning Division (2026).

"Suicide Situation in 2025" (March 27, 2026, p.28). Extracted by the author. <https://www.mhlw.go.jp/content/001680736.pdf>

9) Death of a family member: 2.4%, and 10) Feelings of loneliness: 2.3%⁴.

Examination of the trends in the proportions for the major categories since 2022, when the criteria for causes and motives were revised, we find that in 2025, the proportion for Health problems decreased by 2.2 percentage points compared with 2022, and the share for Economic and livelihood problems increased by 3.8 percentage points (Table 1, repeated). This likely reflects the recent increase in prices and the increasing severity of financial hardship³. Further, the average number of applicable items per suicide case was 1.30 in 2022 and 2023, 1.33 in 2024, and 1.38 in 2025. The causes and motives of suicide are showing an increasing rate of complexity.

1.3 Single-Person Households and Suicide

Here, we compare individuals living alone (single-person households) and those living with others (multi-person households) in relation to the number of suicide deaths in 2025ⁱ (Table 2).

Overall, more than half of suicide deaths occur in single-person households among both men and women. In particular, among the 13,117 male suicide deaths, 59.1% were in single-person households, totaling 7,756 individuals. Among women, 69.6% of the 5,980 suicide deaths occurred in single-person households, totaling 4,160 individuals⁵. While the number of suicide deaths among single men is higher than that among single women, the proportion of suicide deaths that are accounted for by single-person households is greater among women than among men.

Next, a comparison between single-person and multi-person households, the suicide mortality rate is markedly higher in among single-person households. Specifically, the suicide mortality rate for men in single-person households was 66.0 per 100,000, approximately 5.9 times higher than the rate of 11.1 for men in multi-person households. For women, the suicide mortality rate in single-person households was 37.1, which is approximately 10.6 times higher than the rate of 3.5 for women in multi-person households

ⁱ Because only provisional figures have been released for the "number of suicide deaths by presence or absence of cohabitants," this analysis uses the provisional figures. The term "provisional figures" refers to the number of suicide deaths reported in the early part of the following month, published around mid-month. In contrast, "final figures" refer to the confirmed number of suicide deaths for a given year, published around March of the following year. Notably, the provisional figure for the total number of suicide deaths in fiscal year 2025 (19,097) is only 91 cases (approximately 0.5%) lower than the final figure (19,188), indicating that the difference is minimal.

(Table 2, Repeated).

The suicide mortality rate for single-person households was more than twice as high as that for cohabiting households in every age group for both men and women. Notably, the suicide mortality rate for men aged 80 and above was 10.5 times higher in single-person households, and for women aged 40–49 (28.5 times), 50–59 (18.1 times), and 60–69 (11.8 times), the rate for was more than 10 times greater. Therefore, regardless of sex or age, living alone is a significant risk factor for suicide mortality.

Next, we examine the characteristics of single-person households by sex and age group. First, among single men, the age group with the highest absolute number suicide deaths was 50–59 years, with 1,525 individuals. The proportion of single-person male households among all male suicide deaths was 59.1%, and across age groups, this proportion generally ranged from 50% to 60%. Furthermore, among single men, the highest rate per 100,000 population was found among those

aged 80 and above, at 118.7. The next highest rates were among those aged 40–49 years (84.5) and 50–59 years (74.3) (Table 2, Repeated).

Among single women, the age group having the highest number of suicide deaths was 50–59 years, with 775 individuals. The proportion of single women among all female suicide deaths was 69.6%, or 10 percentage points higher than the proportion for men. Across age groups, the proportion of single women among female suicide deaths was approximately 70%–80% for those aged 30–69 years. Then, the suicide mortality rate per 100,000 population was 70.1 among single women aged 40–49 years and 59.9 among single women aged 50–59 years, both of which were higher than those observed in other age groups. Furthermore, the ratio of suicide mortality rates between single-person households and multi-person households exceeds tenfold for women aged 40–69 years. Among single women, suicide mortality is higher in the middle-aged years relative to women in multi-person households.

Table 2. Comparison of Number of Suicide Deaths in 2025: Single-Person Households vs. Multi-Person Households

		Total		Single-person households			Multi-person households		
		No. of Suicide	Suicide Mortality Rate(SMR*)	No. of Suicide	% of Single-person Households in Total Suicide No.	SMR(a)	No. of Suicide	SMR(b)	Ratio of SMR(a)/(b)
Male (Age Grps)	Total	13,117	21.9	7,756	59.1%	66.0	5,361	11.1	5.9
	20~29	1,561	24.5	890	57.0%	36.8	671	16.9	2.2
	30~39	1,610	23.9	943	58.6%	52.8	667	13.5	3.9
	40~49	2,180	27.0	1,329	61.0%	84.5	851	13.1	6.4
	50~59	2,696	29.1	1,525	56.6%	74.3	1,171	16.3	4.6
	60~69	1,692	23.0	876	51.8%	55.3	816	14.2	3.9
	70~79	1,564	20.8	900	57.5%	64.6	664	10.9	5.9
	80~	1,382	28.6	923	66.8%	118.7	459	11.3	10.5
Female (Age Grps)	Total	5,980	9.4	4,160	69.6%	37.1	1,820	3.5	10.6
	20~29	844	13.9	518	61.3%	26.8	326	7.9	3.4
	30~39	672	10.5	464	69.0%	43.3	208	7.3	5.9
	40~49	771	9.8	599	77.6%	70.1	172	2.5	28.5
	50~59	1,036	11.3	775	74.9%	59.9	261	3.3	18.1
	60~69	696	9.2	496	71.3%	37.5	200	3.2	11.8
	70~79	759	8.7	471	62.0%	23.5	288	4.3	5.5
	80~	772	9.3	454	58.8%	17.6	318	5.6	3.2

Notes:

*SMR: Suicide Mortality Rate (per 100k population)

- Shaded areas in the SMR indicate rates exceeding 70.

- Shaded areas in the ratio of SMR (a)/(b) indicate ratios exceeding double digits.

- For both males and females, the total numbers include individuals aged 19 and below as well as those of unknown age.

- For Single-person and Multi-person households, individuals with unknown cohabitation status were proportionally allocated.

As a result, the figures do not match those in the "Suicide Statistics (detailed below)"

Sources:

-Data on the suicide death numbers were obtained from the Ministry of Health, Labour and Welfare website, "Suicide Statistics: Annual Situation ([2025 Provisional Values – Date Found] Sex × Age Group × Cohabitation Status, etc.).

-SMRs were calculated based on the estimated 2025 population by sex and age group, as well as the estimated number of single-person households, from the National Institute of Population and Social Security Research publications: "Population Projections for Japan (2023 Projection)" and "Household Projections for Japan (2024 Projection)."

Thus, although the absolute suicide mortality rate for single women is lower than it is for single men, the ratio of suicide mortality rates in single-person to multi-person households is much higher for single women than it is for single men. Moreover, the rate of suicide incidence in single-person households is higher than that among multi-person households across all age groups, with risk that is particularly elevated among single men aged 80 and above and single women in middle age (40–59 years). Almost more than 60 % of suicide deaths take place in single-person households, which suggests a strong association between living alone and suicide risk.

1.4 Suicide Attributed to Feelings of Loneliness

As noted earlier, the website of the Ministry of Health, Labour and Welfare (2026b) lists 75 detailed items discussing the causes and motives

of suicide, among which is "feelings of loneliness." In 2025, 607 suicide deaths were attributed to loneliness (394 men and 213 women)⁴. This accounted for 3.2% of all suicide deaths (19,188 individuals overall: 13,176 men and 6,012 women), with men at 3.0% and women at 3.5%. Relative to the total number of suicide deaths, the proportion of 3.2% is relatively low. Moreover, the suicide mortality rate attributed to loneliness (per 100,000 population) was also low, at 0.66 for men and 0.34 for women (Table 3).

One reason for this could be that suicide statistics have not fully captured cases where loneliness was the underlying cause. In particular, prefectural police could record up to four applicable items per suicide case, based on materials such as suicide notes or other evidence of the person's behavior prior to death, as well as on testimony from the members of the family.

Table 3. Number of Suicide Deaths Attributed to Loneliness in 2025

		No. of Suicide Deaths (Total)	No. of SDAL		
			Total	% of SDAL among All Suicide Deaths	SMR* attributed to Loneliness
Male (Age Grps)	Total	13,117	394	3.0%	0.66
	20~29	1,561	45	2.9%	0.71
	30~39	1,610	41	2.5%	0.61
	40~49	2,180	52	2.4%	0.64
	50~59	2,696	70	2.6%	0.76
	60~69	1,692	56	3.3%	0.76
	70~79	1,564	51	3.3%	0.68
	80~	1,382	68	4.9%	1.41
Female (Age Grps)	Total	5,980	213	3.6%	0.34
	20~29	844	26	3.1%	0.43
	30~39	672	11	1.6%	0.17
	40~49	771	25	3.2%	0.32
	50~59	1,036	22	2.1%	0.24
	60~69	696	21	3.0%	0.28
	70~79	759	38	5.0%	0.44
	80~	772	56	7.3%	0.68

Notes:

*SMR: Suicide Mortality Rate (per 100k population)

-For both males and females, each total includes individuals aged 19 and below as well as those of unknown age.

-Shaded areas indicate the highest values for each sex.

Sources:

-Data on the suicide numbers were obtained from the Ministry of Health, Labour and Welfare website, "Suicide Statistics: Annual Situation ([2025 Provisional Values – Date Found] Sex × Age Group × Cohabitation Status, etc.)."

-SMRs were calculated based on the estimated 2025 population by sex and age group, as well as the estimated number of single-person households, from the National Institute of Population and Social Security Research publications: "Population Projections for Japan (2023 Projection)" and "Household Projections for Japan (2024 Projection)."

However, because feelings of loneliness tend to remain latent, it is difficult to grasp them from sources such as wills or family statements, and it is presumed that their actual prevalence could be underestimated. Among the 75 detailed items, those that are considered to be related to loneliness and with more than 100 applicable cases include the following: Distress or impact related to illness (depression) (3,958 cases), Death of a family member (637 cases), Workplace interpersonal relations (other) (476 cases), and Romantic breakup (392 cases)⁴.

Due to statistical limitations, it was not possible to analyze loneliness-based suicide for this paper by distinguishing between single-person and multi-person households. However, earlier research provides insights here. Hiramitsu⁶ who had access to specially tabulated data from The Suicide Statistics Original Forms compiled by the Cabinet Office, analyzed the

relationship between the living arrangements (presence or absence of cohabitants) and suicide that were attributed to loneliness according to sex and age group⁶. The study defined suicide due to loneliness cases as those for which feelings of loneliness were selected as a cause or motive in The Suicide Statistics Original Form, based on data from 2009 to 2011. The suicide mortality rate due to loneliness (per 100,000 population) was 2.7 for men living alone and 0.3 for men living with others, and it was 1.3 for women living alone and 0.2 for women living with others. That study⁶ concluded that living alone is a risk factor for suicide due to loneliness irrespective of regardless of sex or age, and the impact may be greater for men than for women among those aged 70 and above⁶.

2. Trends in the Increase in Single-Person Households

As noted, single-person households have a higher suicide risk than multi-person households. This leads us to examine how the proportion of single-person households has changed over time and what trends are projected for the future.

2.1 Trends in the Rate of Single-Person Households

In 2020, there were 21.15 million single-

person households in Japan, or 38.0% of all households. Because single-person households are people living alone, the rate of people living alone relative to the total population is 16.8% (Figure 2). With respect to trends over time, both the proportion of single-person households among all households and the proportion of people living alone within the total population have exhibited a gradual upward trend since 1985.

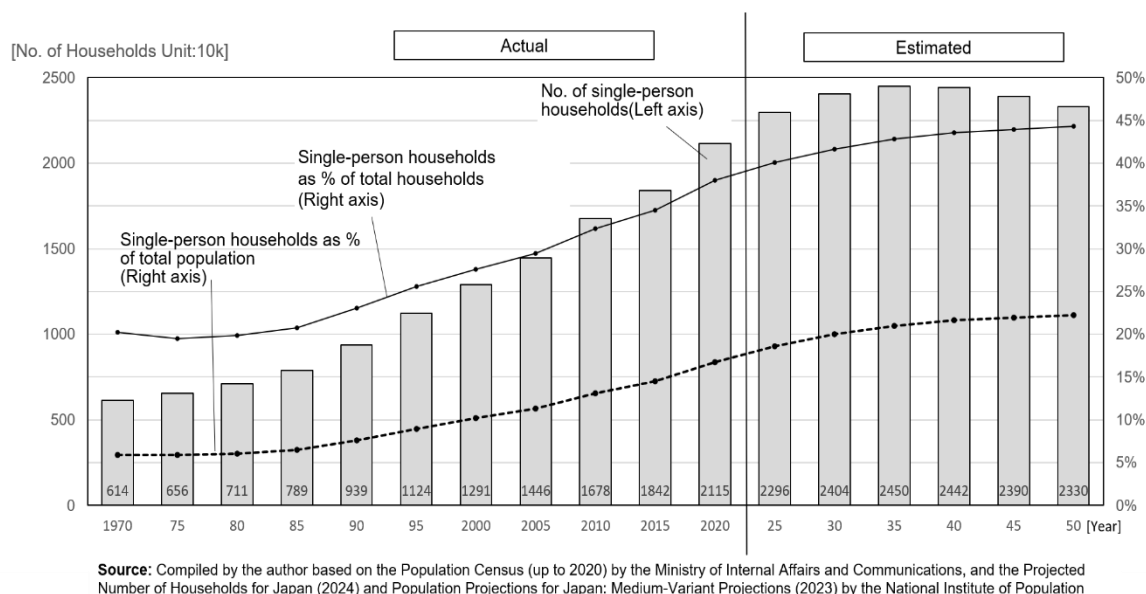


Figure 2. Overall Trends in Single-Person Households
—Long-Term Changes Since 1970 (Values up to 2020)

Projections by the National Institute of Population and Social Security Research indicate that the number of single-person households (in solitary living) is expected to begin decreasing around 2035. This is because the total population has been declining since around 2008, and single-person households are expected to be affected by this trend. However, the proportion of people living alone to the total population is projected to rise to 22.3% by 2050. Furthermore, the share of single-person households in all households is expected to continue increasing after 2035, reaching 44.3% in 2050.

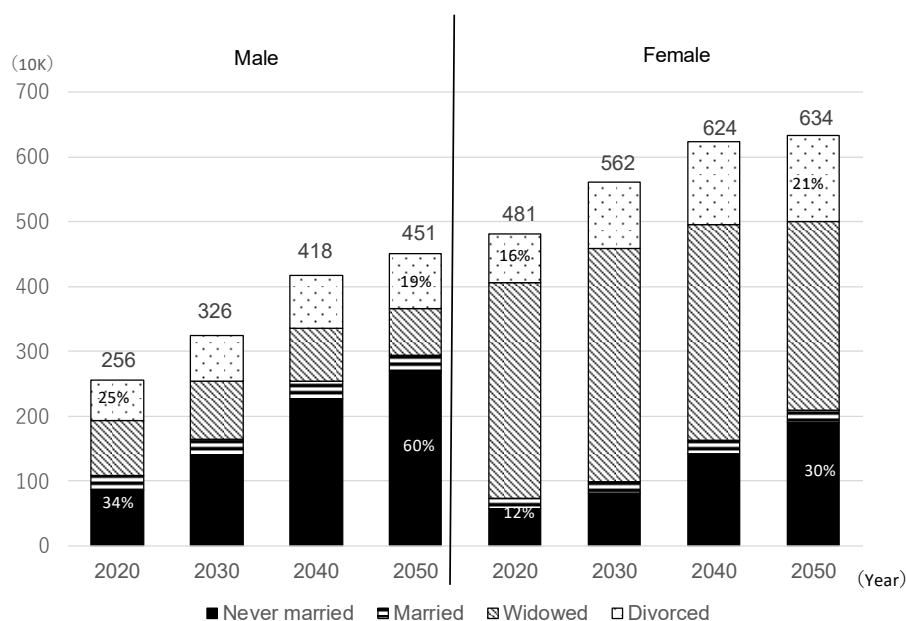
2.2 Future Marital Status of Older Individuals Living Alone

According to *Household Projections for Japan: 2020–2050* provided by the National Institute of Population and Social Security Research, there were 7.38 million older adults were living alone in 2020, which is projected to

increase by approximately 1.5 times, reaching 10.84 million in 2050. The proportion of single-person households among the population of those aged 65 and over is also projected to grow from 20% in 2020 to 28% in 2050.

A notable point here is the growing proportion

can be understood as referring to (1) individuals



Source: National Institute of Population and Social Security Research (2024), “Household Projections for Japan (National Projection)”, p. 14

of individuals who have never been married among the older people living alone. Among older men living alone, the rate of those who have never married are expected to increase from 34% in 2020 to 60% in 2050 (Figure 3). Among older women living alone, the rate of those who have never married is projected to rise from 12% in 2020 to 30% in 2050. The increase in the never-married older individuals living alone suggests that many in this group have neither spouses nor children, which implies a rise in older people without family ties. It will become increasingly difficult to rely on one’s family for support in old age. Additionally, having no relatives to rely on

who have no family or relatives; (2) individuals who have family or relatives but are unable to contact them; and (3) individuals who have family or relatives but cannot obtain support from them. A survey that was conducted among Community General Support Centers in the Tokai region found that among older adults living alone without family to rely on, category (1) accounted for approximately 20%, category (2) for approximately 30%, and category (3) for approximately 50%, indicating a high proportion of those who have family or relatives but cannot depend on them⁷.

Figure 3. Projected Percentages of Single-Person Households Aged 65 and Over by Marital Status (2020–2050)

3. Single-Person Households and Social Isolation

3.1 Definition and Actual Conditions of Social Isolation

Single-person households are more likely to fall into social isolation. Social isolation is an objective condition in which an individual has little or no contact with family or community⁸. Note that the related concept of loneliness refers to subjective feelings such as being all alone and is therefore to be distinguished from social isolation.

We therefore examine the proportion of individuals who are subject to social isolation by household type. There is no universally established measure of isolation, but prior studies identified indicators such as the following: 1) Lack of conversation, 2) Lack of someone to rely on, and 3) Lack of someone to help. Notably, lack of someone to help is a key indicator of isolation. Preventing isolation requires having someone to rely on and having opportunities to help others.

Here, we determine the proportion of individuals who are experiencing isolation by

household type, using the following three indicators: lack of conversation, lack of someone to rely on, and lack of someone to help. For all of the indicators, the proportion of socially isolated individuals is highest among older men living

alone. In particular, regarding lack of conversation, the proportion of individuals who converse once every two weeks or less” is 2.2% overall, but it increases to 15.0% among older men living alone (Table 4).

Table 4. Conditions of Social Isolation According to Household Type

			Conversation frequency: Once every 2 weeks or less	Isolation due to	
				Lack of someone to rely on	Lack of someone to help
Single-person household (Age groups)	Elderly (65+)	Male	15.0	11.1	17.4
		Female	5.2	4.2	9.7
	Non-Elderly (0-64)	Male	8.4	6.9	9.4
		Female	4.4	1.7	2.2
Couple-only household	Both elderly		2.3	1.7	3.4
	Both non-elderly		1.1	1.5	1.3
Three-generation households (with children)			0.5	0.5	2.5
Two-generation households (with children)			0.6	0.5	0.9
Single-parent households			1.8	8.7	0.5
Total			2.2	1.7	3.2

Notes:

-“Children” refers to household members under the age of 20.

-Shaded areas indicate values that exceed the total ratio by 5 percentage points or more.

Source:

Prepared based on Mizuho Research & Technologies (2021), “Research Report on the Actual Conditions and Factors of Social Isolation” (FY2020 Social Welfare Promotion Project, Ministry of Health, Labour and Welfare), p.29.

A person experiencing a lack of someone to rely on is one who has responded no one to rely on for all nine items, including caregiving or nursing, consultation on important matters, and minor daily assistance. The rate of this indicator in the overall proportion is 1.7%, but this rises to 11.1% among older men living alone.

In addition, lack of someone to help applies to those who indicated that they do not provide help for all seven items when asked whether they would provide assistance to family/relatives,

friends/acquaintances, neighbors, and coworkers for seven of the nine items. The overall proportion of those with this indicator is 3.2%, but it rises to 17.4% among older men living alone and 9.7% among older women who are living alone. For this indicator, even older women who are living alone have a high level of isolation.

Even among older individuals living alone, the proportion falling into isolation is lower among women than among men. This may be because

women tend to be full-time homemakers or part-time workers during their working years, providing them with stronger ties to their neighbors than men. In contrast, men tend to have workplace-centered relationships that are active during their working years while not forming strong ties with local communities.

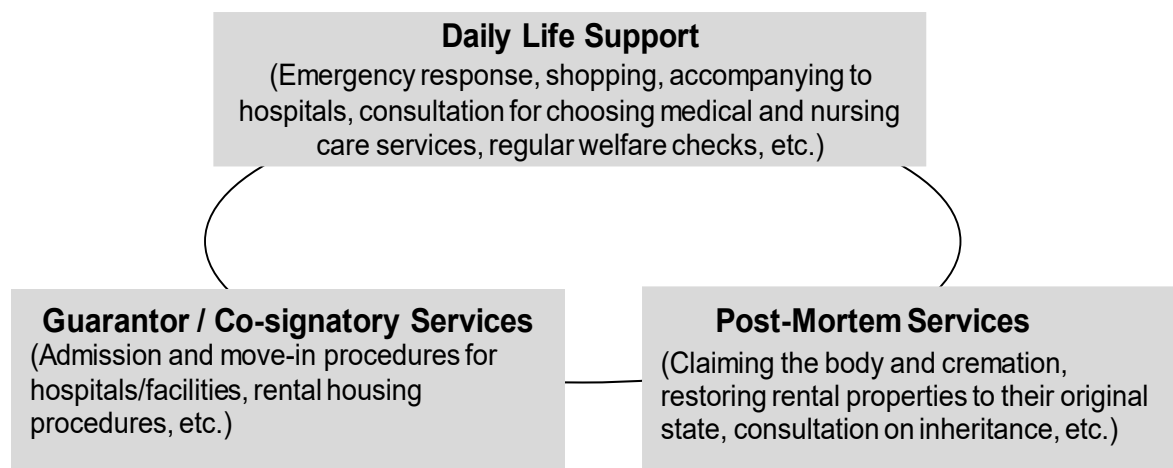
3.2 What Is Problematic About Social Isolation?

Let us clearly establish what is problematic about social isolation? First, it is difficult for someone in social isolation to receive necessary support in daily life and in emergencies (Figure 4). As noted, in the last stages of life, people often require assistance with their activities daily living, personal guarantor services, and postmortem procedures. An individual who lives with his or her family members can have the family handle

these matters; however, older adults who have no relatives have no family they can rely on.

Second, the absence of relationships with others can reduce the will to live and impair self-esteem. People who are socially isolated tend to have lower self-esteem and tend to view themselves as “worthless” (Table 5). This is often because the will to live and self-esteem tends to be fostered through relationships with others.

Third, when poverty is compounded by social isolation, the severity of economic hardship increases. Isolated people have no one to turn to when they fall into financial distress. This causes their economic hardship tends to worsen further, and they become more likely to fall into severe situations such as homelessness.



Source: Prepared by the author.

Figure 4. Problem of Social Isolation: Lack of Support in Daily Life

Table 5. Relationship Between Isolation Type and Subjective Health, Motivation for Living, and Self-Esteem

	Conversation Frequency: once every 2 weeks or less		Isolation due to: Lack of someone to rely on		Isolation due to: Lack of someone to help	
	Isolated	Non-isolated	Isolated	Non-isolated	Isolated	Non-isolated
Feeling too apathetic to do anything	14.7	4.0	13.6	4.0	14	3.9
I feel like I am worthless	14.0	2.1	13.1	2.1	8.2	2.1

Notes:

Shaded areas indicate values of 10 percent or higher.

Source:

Based on Mizuho Research & Technologies (2021), "Research Report on the Actual Conditions and Factors of Social Isolation," FY2020 Social Welfare Promotion Project, Ministry of Health, Labour and Welfare. Data are derived from National Institute of Population and Social Security Research (2018), "Summary of the 2017 National Survey on Social Security and Population Issues: Survey Results on Living and Mutual Support."

4. Current Status of Support for Older Individuals Living Alone Without Family

4.1 Current Status and Challenges of Support Provided by Municipalities and Regional Comprehensive Support Center

The question of how to respond to the needs of older individuals living alone without their family—such as identity guarantees, daily life support, and postmortem arrangements—is already apparent. For example, when an individual has insufficient decision-making capacity, an adult guardian can be appointed. Although the guardian does not function as a guarantor, the presence of a legally authorized representative provides hospitals and long-term care facilities with individuals who can make decisions on the person's behalf, thereby facilitating treatment or long-term care⁹. However, among older adults without family members, those who retain decision-making capacity cannot obtain such representation through the adult guardianship system. As a result, hospitals and long-term care facilities often decline admission to such individuals as no guarantor is available. Legally, hospitals and care facilities are not allowed to refuse admission solely on the grounds that an individual lacks an identity guarantor. Nevertheless, the need for debt guarantees or the retrieval of the deceased's remains necessitates the involvement of identity

guarantors¹⁰. Meanwhile, public institutions cannot serve as guarantors of identity, and in some municipalities, staff members have been reported to write their names in as emergency contacts.

Furthermore, the scope of support for daily living that has traditionally been provided by family members is exceptionally broad. For example, if an older adult who is hospitalized leaves their dentures in their apartment, a family member can easily retrieve them. However, in the absence of family members, a support worker may be required to obtain a key from the landlord and enter the individual's apartment in their absence. In such circumstances, it is not necessarily clear whether locating and retrieving the dentures falls within the formal scope of the worker's responsibilities, and the provision of such assistance may require the establishment of complex administrative procedures. Considering that without the dentures, the individual may be unable to eat adequately, some support workers provide this type of assistance based on their own judgment and discretion.

4.2 Older Support Service Providers

In response to this state of affairs, businesses providing identity guarantees as part of lifelong support services for older individuals (hereafter, "support service providers") have grown in

recent years. A survey by the Ministry of Internal Affairs and Communications¹¹ found that there are approximately 400 such providers nationwide. This increase is driven by the reality that older individuals without family often cannot be hospitalized or admitted to facilities without the support of such providers. Many support service providers provide both identity guarantees and postmortem arrangements and daily life support, provided that their fees are paid. Moreover, unlike public systems, there are no restrictions on who may use their services.

However, several issues have been identified regarding the services that are provided by support service providers. First, they are often insufficiently reliable. For example, for older individuals without family, there is no one to verify that contractual obligations are fulfilled following the death of the individual concerned. In addition, because barriers to entry are low, some providers could lack sufficient experience or expertise. Furthermore, contractual terms are often complex, and fee structures are unclear, leading to consumer harm.

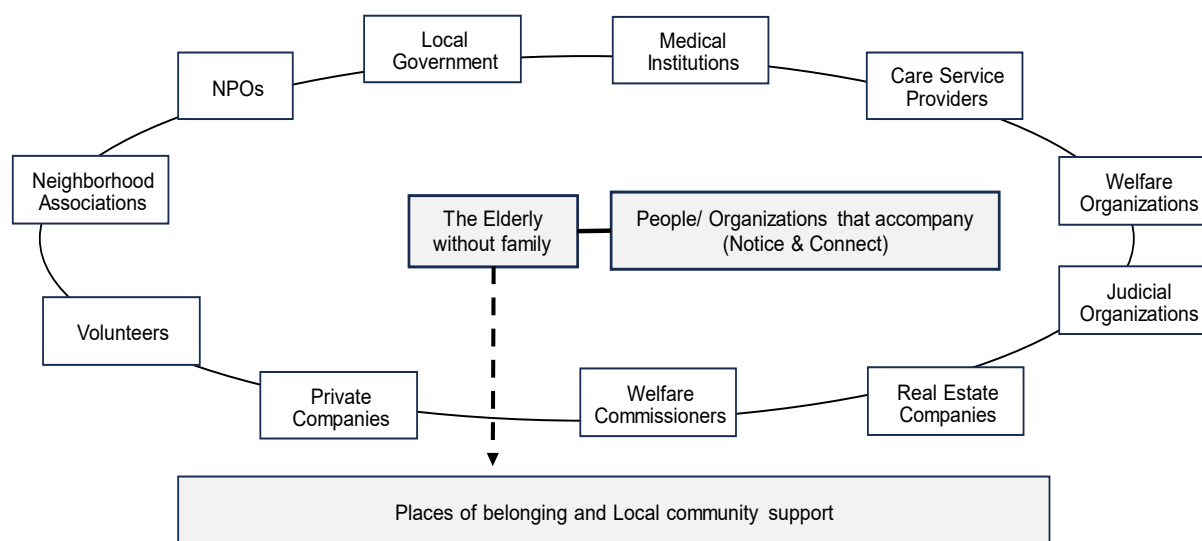
In response, the government, recognizing the need for consumer protection, released its *Guidelines for Lifelong Support Service Providers for Older Individuals* in June 2024, which was jointly issued by nine ministries¹².

However, it continues to be the case that no single ministry has jurisdiction. To ensure the reliability of support service providers, a licensing system and mechanisms to identify high-quality providers are necessary.

Second, the fees for such organizations are high, making it difficult for low-income individuals to take advantage of their services. The fees vary by provider, but according to the Ministry of Internal Affairs and Communications, an examination of four providers found that initial costs exceeded 1 million yen¹¹. Service provision is generally limited to regions where the operations are financially viable, meaning that services are not available everywhere.

5. Key Points for Supporting Older Individuals Living Alone Without Family

The national and local governments closely examine support measures for older individuals who are living alone without their family. The author considers the following three points essential in terms of support as the number of solitary older individuals increases: 1) A accompaniment-based support function that is based on noticing and connecting; 2) Networks of supporters within communities; and 3) Creating places of belonging and community spaces (Figure 5). Each of these points is discussed below.



Source: Prepared by the author.

Figure 5. Key Points for Supporting Older Individuals Without Family

5.1 Accompaniment-Based Support Function

First, the coordination function must accompany older individuals without family, notice their necessary support, and connect them to welfare services and other assistance. This could be described as accompaniment-based support¹³. In cases where family members are present, living together allows them to observe health and other changes, notice necessary support, and connect the older person to various services available in the community. Family members can also perform simple tasks needed by older individuals, such as changing light bulbs.

However, older individuals who are socially isolated tend to have difficulty receiving such support. As a socialization of family functions, it becomes necessary to accompany older individuals who have no family, notice their needs, and connect them to appropriate support. In particular, this involves regularly visiting older individuals who are without family, speaking with them, checking on their well-being, and providing consultation and assistance when issues arise.

Several government initiatives are investigating the establishment of coordinators and supporters. For example, in October 2025, the Ministry of Land, Infrastructure, Transport and Tourism introduced Housing with Residential Support Services (Kyoju Sapoto Jutaku), a certified housing scheme that combines rental housing with monitoring and residential support services provided through collaboration between landlords and residential support organizations¹⁴. In these residences, prefectures designate real estate companies or welfare organizations as residential support organizations, whose support staff can accompany older individuals living alone without family and assist them in securing housing prior to move-in. After move-in, supporters can conduct safety checks and monitoring and connect residents to the welfare services they may need. This supported housing model incorporates a mechanism by which support staff notice changes in residents through regular visits and connect them to necessary assistance, essentially fulfilling the role previously played

by family members. This system socially supports the functions traditionally carried out by families, serving an extremely important role for older individuals who are living alone without family. Such socialization of family functions will have significant value.

Some residential support organizations were already providing supportive housing before the establishment of Housing with Residential Support Services. The National Council of Residential Support Organizations (General Incorporated Association) surveyed three such residential support organizations to examine the type of support their staff provide and the time that they spend on these activities¹⁵.

Survey data showed that more than 40% of residents received five or more visits per month from support staff. Although Housing with Residential Support Services requires at least one visit per month, the actual needs of the beneficiaries far exceed this minimum. Support staff also reported that casual conversation during visits was particularly important. Through casual conversation, trust is built, and residents are more willing to talk about changes in their health or problems that they are experiencing. Such everyday conversations can help restore the will to live, especially among individuals who have been isolated, and can contribute to preventing isolation. Even where problem-solving is extremely difficult, accompaniment-based support—which serves as a reason for maintaining an ongoing connection—is essential.

The organization that should take the lead in providing accompaniment-based support will vary depending on local circumstances. However, to ensure reliability, national and local governments must establish the necessary foundational systems.

5.2 Building Support Networks Within the Community

Second, it is essential to build networks of supporters in communities so that the necessary support can be provided to older individuals living alone without family. In other words, this is a network of service providers serving as

connection points.

In the final stages of life, multiple issues may arise simultaneously, including daily life support, identity guarantees, and postmortem arrangements. To respond to these, municipalities, welfare organizations, medical institutions, long-term care providers, legal professionals, and private companies must establish cooperative frameworks in advance.

Several regions have created support guidelines. Their objectives include the following: 1) Ensuring that older individuals who are living alone without family can smoothly access medical, long-term care, and welfare services and 2) Reducing the uneven burden placed on support organizations¹⁶. Going forward, such initiatives need to be expanded nationwide.

5.3 Creating Places of Belonging

Third, it is important to establish places of belonging in communities. As the number of older individuals living alone without any family is on the increase due to trends such as rising rates of never-married individuals, places of belonging can be spaces to prevent isolation. The presence of familiar faces at such places can help restore the energy to live and foster mutual watching-over and care. Even in the absence of relationships with family or relatives, social isolation can be prevented if informal connections can be built with friends, acquaintances, or neighbors.

The number of socially isolated older adults is expected to increase, a likewise, a shortage of professionals who can provide accompaniment-based support may also arise. Where belonging can be created to prevent isolation, the number of socially isolated individuals can be reduced. That is, accompaniment-based support provided by professionals can be focused primarily on high-risk groups who are particularly prone to isolation.

Even in accompaniment-based support, professionals need to connect with isolated older individuals, but eventually it will be necessary to transition to a stage where these individuals are connected with local residents at places of

belonging, and professionals shift to a more relaxed monitoring role. When various institutions and residents come to be involved in addressing the difficulties faced by older individuals without family, the relationships expand, creating communities where residents care for one another and can prevent isolation. The development of relationships among residents—including older individuals who are living alone without family—contributes to community building. No matter how well the systems are developed, gaps must inevitably remain, but many issues can be resolved through relationships with trusted friends and neighbors.

6. Conclusion

The first challenge to be faced is securing financial resources for coordination organizations providing accompaniment-based support. Accompanying older individuals in the absence of family naturally requires personnel costs. Currently, support for older individuals living alone without family often relies on the financial burden of various support organizations, but this is not sustainable. Moreover, low-income older individuals without a family may be unable to pay for the welfare services they need. Securing financial resources is therefore essential to address these challenges.

Second, securing places of belonging remains in the exploratory stage. Instead of gathering for a specific purpose, it is desirable to have places in daily life where people can engage in casual conversation and feel comfortable being themselves. The connections that are formed in such comfortable spaces enrich life.

Third, it is necessary to push forward research on suicide that is associated with feelings of loneliness. Suicides that are attributable to loneliness are difficult to identify because such cases are less likely to be visible. However, it is not difficult to imagine a pathway in which, in hardships, such as concerns about illness, financial distress or debt, marital discord, or the death of a family member, individuals can experience isolation—such as having no one to consult—and that this isolation leads to feelings

of loneliness. Moreover, among the difficulties that people face, many are not easily resolved. In such situations, accompaniment-based support, which aims not at solving problems but at maintaining an ongoing connection, is likely to be effective.

Even in the absence of family, having high-quality relationships with friends, neighbors, and other close individuals is sufficient. We must embrace the creation of a new society that does not rely solely on family and build a society in which people can live dignified lives in old age even without family.

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