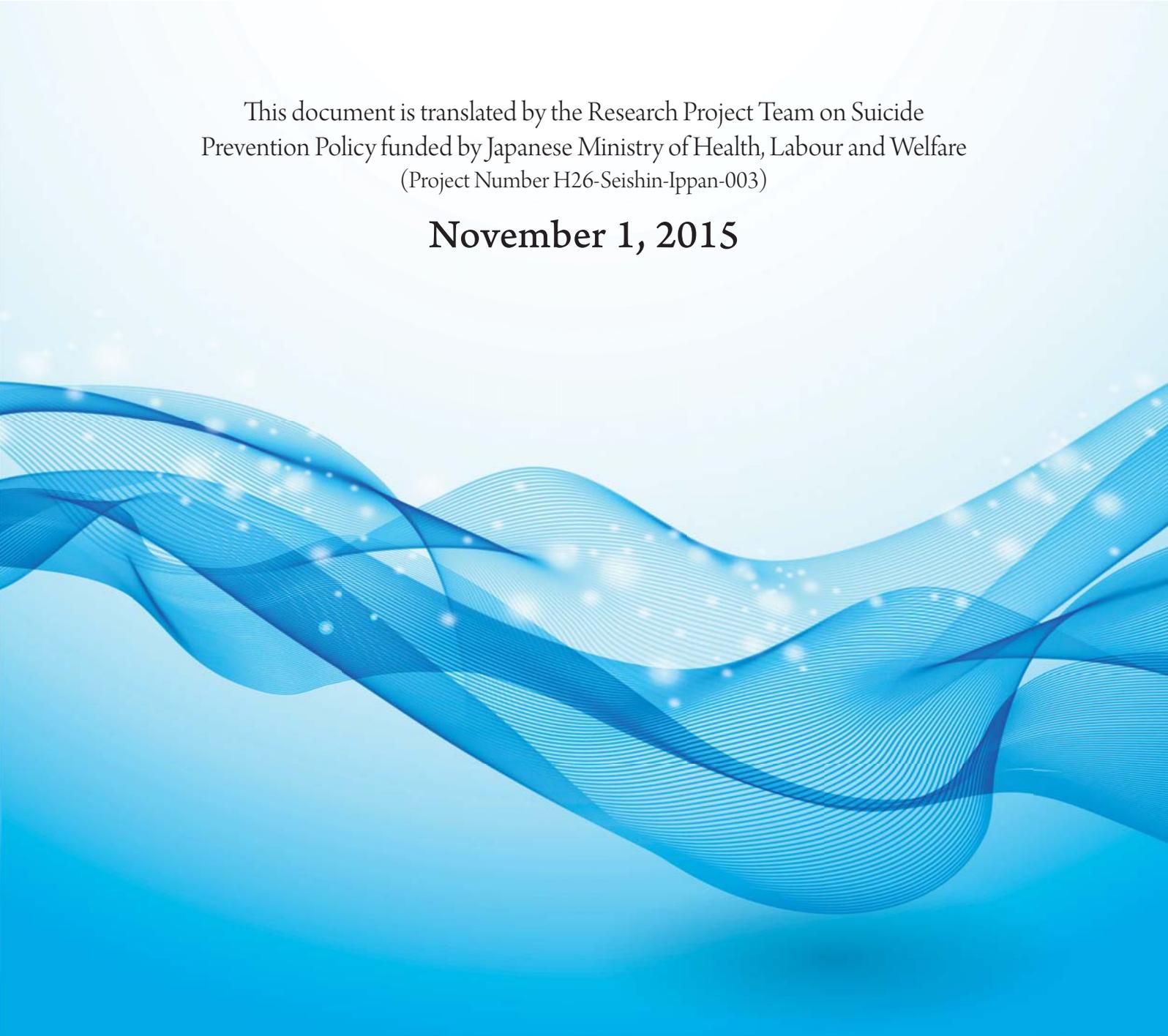


The General Principles of Suicide Prevention Policy Toward the Creation of a Society Where No One Is Driven to Suicide

(Cabinet Decision, 28th August 2012)

This document is translated by the Research Project Team on Suicide
Prevention Policy funded by Japanese Ministry of Health, Labour and Welfare
(Project Number H26-Seishin-Ippan-003)

November 1, 2015



The General Principles of Suicide Prevention Policy Toward the Creation of a Society Where No One Is Driven to Suicide (Cabinet Decision, 28th August 2012)

This document is translated by the Research Project Team on Suicide
Prevention Policy funded by Japanese Ministry of Health, Labour and Welfare
(Project Number H26-Seishin-Ippan-003)

November 1, 2015

Introduction

The suicide prevention policy in Japan has been greatly progressed by the enforcement of Basic Law on Suicide Countermeasures (2006) as well as The General Principles of Suicide Prevention Policy (2007). The General Principles of Suicide Prevention Policy was revised in 2012 for improving the service. The importance of suicide prevention policy is provided for in the Law and the General Principles, indicating the superiority of suicide prevention countermeasures in the world.

This report is a complete translation of The General Principles of Suicide Prevention Policy (2012). The translation was conducted by the Research Project Team on Suicide Prevention Policy funded by Japanese Ministry of Health, Labour and Welfare (Project Number H26-Seishin-Ippan-003 (2014-2016)).

We hope that this report would be of use for both researchers and authorities concerned in foreign countries.

Principal Investigator: Yutaka Motohashi, MD,PhD

(Kyoto Prefectural University of Medicine)

Co-investigator : Hiroe, Tsubaki, PhD (National Statistics Center)

Ysuyuki Sawada, PhD (The University of Tokyo)

Yasuyuki Shimizu (NPO Life-Link)

Hiroto Ito, PhD (National Center of Neurology and Psychiatry)

Contents

Introduction

The General Principles of Suicide Prevention Policy Toward the Creation of
a Society Where No One Is Driven to Suicide
(Cabinet Decision, 28th August 2012) 1

The Development of Suicide Countermeasure Policies In Japan From
A Public Health Perspective
by Yutaka Motohashi 31

The General Principles of Suicide Prevention Policy

Toward the Creation of a Society Where No One Is Driven to Suicide

Cabinet Decision, 28th August 2012

This document is translated by the Research Project Team on Suicide Prevention Policy funded
by Japanese Ministry of Health, Labour and Welfare
(Project Number H26-Seishin-Ippan-003)

September 15, 2015

TABLE OF CONTENTS

1 INTRODUCTION.....	1
CREATING A SOCIETY WHERE NO ONE IS DRIVEN TO SUICIDE	1
1.1 The present state of comprehensive suicide prevention measures and the tasks ahead	1
1.2 Basic understanding behind the comprehensive suicide prevention measures.....	3
Suicide is a death to which many have been driven	3
Suicide is a social problem that is largely preventable.....	3
Many of those contemplating suicide show some sort of signs	3
2 FUNDAMENTAL CONCEPTS FOR COMPREHENSIVE SUICIDE PREVENTION MEASURES.....	5
2.1 Comprehensive approaches that also take social factors into account	5
Addressing social factors	5
Early detection and treatment of depression	5
Efforts to eliminate prejudice against suicide and mental illness	5
Self-regulation by the mass media	6
2.2 Efforts to have individual citizens play a leading role in suicide prevention	6
2.3 Combining measures effectively to deal with each stage and each target group..	6
2.4 Strengthening inclusive support for everyday life by coordinating all those concerned.....	7
2.5 Promoting policies based on the actual conditions of suicide	8
2.6 Ongoing efforts from a mid- to long-term perspective while testing and evaluating policies	8
2.7 Promoting measures based on the actual conditions of each targeted group	8
Young people.....	8
The middle aged.....	9
The elderly.....	9
Those who have attempted suicide.....	10
2.8 Identifying the roles of the national government, local authorities, related organizations, NGOs, businesses and the general public and promoting cooperation and coordination among them	10
The national government.....	10
Local authorities	10
Related organizations.....	11
NGOs	11

Businesses.....	11
The general public.....	11
3 PRESSING PRIORITY POLICIES FOR SUICIDE PREVENTION.....	12
3.1 Clarifying the Actual Conditions of Suicide.....	12
3.1.1 Implementing studies to shed light on actual conditions.....	12
3.1.2 Improving the provision of information, etc.....	12
3.1.3 Promoting studies of the actual conditions of those who have attempted suicide, bereaved family members, etc., and the support policies for them.....	13
3.1.4 Promoting studies of suicide prevention among schoolchildren.....	13
3.1.5 Clarifying the pathology of depression and other forms of mental illness and developing techniques to diagnose and treat them.....	13
3.1.6 Expediting the use and application of existing data.....	13
3.2 Encouraging Every Citizen to Be Aware of And Monitor Potential Suicide Victims.....	13
3.2.1 Enacting a Suicide Prevention Week and a Strengthening Suicide Prevention Measures Month.....	14
3.2.2 Implementing education that will contribute to suicide prevention among schoolchildren.....	14
3.2.3 Promoting public awareness campaigns about depression.....	14
3.2.4 Disseminating the correct understanding of suicide and suicide-related phenomena.....	14
3.3 Training Personnel Who Will Play a Central Role in Early Response.....	15
3.3.1 Improving the skills of family doctors and other primary care providers in diagnosing and treating depression and other mental illnesses.....	15
3.3.2 Implementing public awareness for school staff.....	15
3.3.3 Improving the quality of care from community health staff and industrial health staff.....	15
3.3.4 Implementing training for care managers and others.....	15
3.3.5 Implementing training for district welfare commissioners and commissioned child welfare volunteers.....	15
3.3.6 Improving the training of personnel in charge of coordination.....	16
3.3.7 Improving the quality of counseling services in areas related to social factors.....	16
3.3.8 Improving the way personnel at public agencies deal with bereaved family members.....	16
3.3.9 Developing training materials.....	16
3.3.10 Promoting mental care for those engaged in suicide prevention measures.....	16
3.3.11 Facilitating the training of gatekeepers in various fields.....	16
3.4 Advancing Mental-Health Promotion.....	17
3.4.1 Promoting mental-health measures in the workplace.....	17
3.4.2 Improving the system for furthering mental-health promotion in the community.....	18
3.4.3 Improving the system for furthering mental-health promotion in the schools.....	18
3.4.4 Promoting mental care for and rebuilding the lives of victims of large-scale disasters.....	18
3.5 Seeing to It That Appropriate Psychiatric Care Is Received.....	19
3.5.1 Enhancing the psychiatric care system by training personnel responsible for mental-health care.....	19
3.5.2 Improving the consultation rate for depression.....	19
3.5.3 Improving the skills of family doctors and other primary care providers in diagnosing and treating depression and other mental illnesses (see above 3.3.1).....	19
3.5.4 Promoting improvements to the mental care system for children.....	19
3.5.5 Implementing screening for depression.....	20

3.5.6 Promoting measures for those at high risk for psychiatric illnesses other than depression	20
3.5.7 Supporting the chronically ill	20
3.6 Preventing Suicide through Social Measures	20
3.6.1 Enhancing counseling systems in the community and transmitting easily understandable information on counseling services, support policies, etc.....	20
3.6.2 Improving counseling services related to multiple debts and increasing safety-net financing	21
3.6.3 Improving counseling services for the unemployed.....	21
3.6.4 Implementing counseling programs for managers	21
3.6.5 Improving the provision of information to resolve legal problems	21
3.6.6 Regulating dangerous places, drugs, etc.....	21
3.6.7 Promoting measures to deal with suicide-related information on the Internet	22
3.6.8 Dealing with suicide notices on the Internet.....	22
3.6.9 Improving support for caregivers	22
3.6.10 Preventing suicide in children who are the victims of bullying	22
3.6.11 Improving support for victims of child abuse, rape and sexual violence.....	23
3.6.12 Improving support for the poor	23
3.6.13 Making the WHO guidelines widely known to media facilities.....	23
3.7 Preventing Repeat Suicide Attempts.....	23
3.7.1 Improving the system of medical care by psychiatrists at emergency medical facilities.....	24
3.7.2 Supporting monitoring by family members and other close associates	24
3.8 Improving Support for the Bereaved.....	24
3.8.1 Supporting the operations of self-help groups for the bereaved	24
3.8.2 Encouraging post-crisis response in schools and workplaces	24
3.8.3 Promoting the provision of information to the bereaved	24
3.8.4 Supporting bereaved children	25
3.9 Strengthening Coordination with NGOs	25
3.9.1 Supporting personnel development at NGOs.....	25
3.9.2 Establishing a community liaison system	25
3.9.3 Supporting NGO telephone counseling programs	25
3.9.4 Supporting pioneering and experimental approaches by NGOs as well as their efforts in places where multiple suicides have occurred.....	25
4 NUMERICAL GOALS FOR SUICIDE PREVENTION MEASURES	27
5 PROMOTION SYSTEMS, ETC.	28
5.1 Promotion systems at the national level.....	28
5.2 Ensuring coordination and cooperation at the community level	28
5.3 Policy evaluation and management.....	29
5.4 Review of the General Principles	29

1 INTRODUCTION

CREATING A SOCIETY WHERE NO ONE IS DRIVEN TO SUICIDE

In 1998, the number of people who committed suicide in Japan rose sharply by more than 8,000 over the previous year to exceed 30,000, and it has remained at this high level ever since. The death rate from suicide per 100,000 population (hereafter, “the suicide rate”) is far higher than that of the developed countries of Europe and North America.

Under these circumstances, in October 2006, the national government enacted the Basic Act on Suicide Prevention (hereafter, “the Basic Act”) with the aim of preventing suicide and improving support for the relatives of suicide victims and others by comprehensively promoting nationwide suicide prevention measures.

Human life is irreplaceable. Moreover, suicide is not just the ultimate tragedy for the person involved, it also causes enormous grief and hardships in the daily lives of that person’s family and associates as well as being a tremendous loss for society as a whole.

So as not to compound this tragedy, the national government, local authorities, organizations in related areas, nongovernmental organizations (NGOs) and others are working in close collaboration to come to grips with suicide prevention measures throughout the country as a whole with the aim of creating a society in which everyone is respected as an irreplaceable individual and where no one is driven to suicide.

1.1 The present state of comprehensive suicide prevention measures and the tasks ahead

In June 2007, the government drew up the General Principles of Suicide Prevention Policy (hereafter, “the General Principles”), based on the Basic Act, as guidelines for measures to combat suicide that it ought to promote, and under them it has been comprehensively promoting these measures ever since.

As a result not only of these government efforts but also of various initiatives by local authorities, organizations in related areas, NGOs and others, the annual number of suicides in recent years has been showing a small downward trend: although the number in 2011 continued to exceed 30,000 for the fourteenth consecutive year, it fell below 31,000 for the first time since the sharp increase in 1998.

A breakdown of the number of suicides shows no change during this period in the fact that men, particularly those middle-aged and older, account for the large percentage, but the suicide rate among this cohort is steadily falling, and the decline in the suicide rate among the elderly has also been striking. It is therefore believed that measures aimed at middle-aged and older men and the elderly during this period have had some effect. These measures include public awareness campaigns directed toward middle-aged and older men and programs to provide various types of counseling and support related to the social factors that affect them, as well as initiatives to prevent the elderly in the community from becoming isolated. On the other hand, the suicide rate among young people has been climbing, and new tasks are also beginning to appear given the rising trend in the number of suicides among college students and schoolchildren.

Moreover, according to an opinion poll carried out by the Cabinet Office in January 2012, roughly one person in twenty responded that they had thought about suicide during the previous year; thus, today the problem of suicide is not that of a particular community or subset of people but is becoming a huge problem that is of potential concern for everyone in the country. Despite the promotion of public awareness campaigns such as Suicide Prevention Week to provide a correct understanding of suicide and mental illness, it has not yet become common knowledge throughout society as a whole that the risk of being driven to suicide is something that can happen to anyone and that it is appropriate for anyone in such circumstances to seek help.

In addition, it has been pointed out that previously, especially when comprehensive measures to combat suicide were at their beginning stages, the idea was to try to implement everything thought to contribute to suicide prevention, and by trying too hard to have measures based on the General Principles adopted, one-size-fits-all policies may have sometimes been put into effect for the entire country; that insufficient attention was given to these measures' effectiveness and efficiency or their order of priority; or that it is important in an effective suicide policy to identify the measures' objectives (universal preventive interventions, selective preventive interventions or indicated preventive interventions) and work out a good balance among them.

On the other hand, recently, as detailed information collected in each community on the number of suicides, etc., becomes available and as numerous progressive approaches that meet the needs of different locations are being developed in all parts of the country, the conditions are gradually being prepared that will make it possible to devise and adopt precise measures that conform to the actual circumstances of each and every citizen in his/her own neighborhood. Henceforth, it will be necessary to design ways to switch over to suicide prevention measures centered on these sorts of practical approaches at the community level, and to do so, the task will be to strengthen coordination among all concerned, provide information on the progressive approaches needed to advance initiatives that conform to the actual conditions of suicide in a community and the true state of that community's affairs, and support the use of such information.

To prevent a repeat attempt at suicide for those who had attempted suicide before and for whom the possibility of doing so again is extremely high, recently various experimental approaches are being developed in all parts of the country, including one, as part of the "Japanese Multimodal Intervention Trials for Suicide Prevention," to verify the effectiveness of integrated case management for individuals who have attempted suicide and have been brought to emergency facilities. The results are gradually being accumulated, but it has not yet reached the point where such individuals are generally receiving the support they need to prevent another suicide attempt.

As a result of energetic efforts by the national government, local authorities, related organizations, NGOs and others – each from its respective area of expertise – to come to grips with comprehensive suicide prevention measures under the General Principles, the orbit of these measures has greatly widened as groups active in different fields have come to participate in their planning, and the content of these activities has further expanded and improved. On the other hand, issues such as inadequate mutual coordination and cooperation among these groups and the duplication or omission of efforts that results from this have become clear.

1.2 Basic understanding behind the comprehensive suicide prevention measures

Suicide is a death to which many have been driven

The mental state that leads to suicide can be seen as a process in which a person is psychologically driven by various worries and falls into a state in which s/he believes there is no other choice but suicide, or one in which s/he is driven to a breaking point because of a weakening of ties to society, a role loss which makes life seem meaningless or a sense of the excessive onerousness of the role expected of him/her.

Moreover, a look at the mental state of persons just prior to attempting suicide has clarified that the majority are psychologically driven by various worries, and as a result develop mental illnesses such as depression and alcohol dependency, under the influence of which they are incapable of making a sound judgment.

Thus, suicide is not the result of individual choice or free will but can be described a death to which many have been driven.

Suicide is a social problem that is largely preventable

As the World Health Organization (WHO) has clearly stated, suicide is a social problem that is largely preventable; it is becoming common knowledge throughout the world that suicides are deaths that can be prevented by the efforts of society.

In other words, among the various factors that are the causes of or form the background to suicide are economic and livelihood issues, health problems, family problems, etc., and by dealing with social factors such as unemployment, bankruptcy, multiple debts and long working hours through social approaches such as reviewing existing systems and practices and improving the counseling and support systems, suicide can be prevented.

Moreover, even though some factors may at first glance seem to be the problems of an individual such as health issues or family problems, here too suicide can be prevented by extending a helping hand of social support in the form of professional counseling or treatment for depression, etc. According to the WHO, there are effective treatments for depression, alcohol addiction and schizophrenia; thus, it should be possible to lower the suicide rate through early detection and treatment of these three types of mental illness.

In these ways, many suicides can be prevented by appropriate social intervention in the various factors that trigger psychological distress and by the appropriate treatment of depression and other mental illnesses before they lead to suicide.

Many of those contemplating suicide show some sort of signs

Because prejudice against mental illness and psychiatric treatment is strong in Japan, many people feel a psychological resistance to consulting a psychiatrist. Middle-aged and older men, in particular, a cohort with many suicides, in addition to being prone to having mental problems, are said to have a tendency to make these problems worse by their psychological resistance to talking about them.

On the other hand, even those who think they want to die oscillate violently between wanting to die and wanting to live. Many show signs indicating the danger of suicide such as insomnia or poor health without any known physical cause.

Because there are also cases, however, where it is difficult to spot the signs of suicide even for family members, colleagues at work or others close to someone contemplating suicide, the task is for people other than close associates also to be aware of the signs of suicide and prevent a person exhibiting them from committing suicide.

2 FUNDAMENTAL CONCEPTS FOR COMPREHENSIVE SUICIDE PREVENTION MEASURES

2.1 Comprehensive approaches that also take social factors into account

Suicide is related in complex ways to many factors, including social ones such as unemployment, bankruptcy, multiple debts and long working hours, as well as personal ones such as an individual's personality traits, family circumstances and views on life and death.

For that reason, in order to prevent suicide, comprehensive efforts are needed to deal with both the individual and society and address social factors as well as mental-health issues.

Addressing social factors

First of all, social factors such as unemployment, bankruptcy, multiple debts and long working hours increase the risk of suicide by triggering severe mental distress and producing abnormal changes in mental health.

In order to prevent suicides related to these sorts of social factors, it is important first to reexamine the very systems and practices that underlie them by, for example, reevaluating the way that the Japanese presently work which forces them to put in long working hours, and by creating a society in which even failures can keep trying. Also, in addition to seeing to it that the counseling and support systems for persons with problems are maintained and improved, efforts to make counseling centers, etc., more widely known need to be intensified through widespread coordination among the relevant organizations so that no one fails to receive adequate social support because they were unaware of the existence of counseling facilities.

Also, it is important to put pressure on society to be thorough in the appropriate handling of dangerous drugs and other hazardous substances and in ensuring the safety of dangerous places.

Early detection and treatment of depression

Second, efforts to provide early detection and treatment of persons with depression are important since a glance at the mental state of persons just prior to attempting suicide shows that the majority suffer from mental illnesses such as depression, and that the percentage of depression among them is especially high; according to the WHO, there are effective treatments for depression and other mental illnesses; and in other countries and in some parts of Japan, the implementation of measures to combat depression has been effective in preventing suicide.

To do so, in addition to training as gatekeepers family doctors and other primary care providers who have frequent opportunities to detect those at high risk of suicide and putting them into practical use as measures to combat depression, it is necessary to promote improvements to the system for providing psychiatric care.

Efforts to eliminate prejudice against suicide and mental illness

Third, in addition to deepening an understanding of the importance of life, efforts are needed to eliminate prejudices and promote public awareness of a proper understanding of suicide and mental illness among the population as a whole so that when someone feels anxious, s/he can easily and without any sense of psychological resistance make use of counseling facilities for mental health and other issues. It is especially important to conduct proactive public awareness campaigns to dispel society's common but mistaken belief that suicide, multiple debts, depression and other suicide-related phenomena are something shameful and dishonorable, a feeling which underlies a person's anxieties and prevents him/her from seeking help, so that society as a whole will come to the shared awareness that the danger of being driven to suicide can happen to anyone and that it is appropriate for anyone in such circumstances to seek help.

Self-regulation by the mass media

Reports on suicide in the mass media, as well as conveying the facts, can also be highly effective in providing useful information about suicide prevention, such as the signs that indicate suicide risks and ways to deal with them, but there is also a danger that detailed reports on suicide methods or frequent reports over a short period of time may trigger other suicides. For that reason, while taking into consideration both the freedom of the press and the public's right to know, it is to be hoped that the mass media will promote voluntary efforts to report suicides appropriately.

2.2 Efforts to have individual citizens play a leading role in suicide prevention

Society today is excessively stressful; as the declining birthrate, an aging population and the diversity of value systems gain ground and traditional ties within families and communities continue to weaken with the advancing trends toward nuclear families and urbanization, everyone is susceptible to a loss of mental health.

For that reason, it is important, first, that each and every citizen realizes that under various circumstances in their own lives they too may face the risk of being driven to suicide and that, in those circumstances, in addition to being able to seek the appropriate support, they are able to realize the importance of mental-health issues and be conscious of any mental disorder of their own.

Very few of those who have emotional problems and are contemplating suicide get professional counseling or consult a psychiatrist, but because there are many who show some signs of suicide, it is important that everyone in the country becomes aware of the early signs that someone close to them perhaps is considering suicide, refers them to a psychiatrist or other professional and monitors them closely while they are receiving professional care.

Public information campaigns, educational activities, etc., are needed so that each and every citizen will play a leading role in suicide prevention.

2.3 Combining measures effectively to deal with each stage and each target group

Effective suicide prevention policies need to be developed for each of the following stages:

1. Proactive prevention: try to prevent suicide when the risk of it is still low through public awareness campaigns that provide a correct understanding of suicide and mental illness, and through initiatives to maintain and improve physical and mental health;
2. Crisis response to an occurrence of suicide: intervene in the threat of suicide as it occurs and stop it from happening;
3. Post-crisis response: minimize the impact on family members, co-workers and others who have been left behind in the unfortunate event that a suicide or attempted suicide occurs, and prevent new suicides from happening.

At the same time, policies need to be effectively combined for each of the following target groups:

1. Universal preventive interventions: measures aimed at everyone regardless of the degree of risk;
2. Selective preventive interventions: measures that consider people at high risk of suicide activity as constituting a group and are aimed at that group;
3. Indicated preventive interventions: measures that are aimed at individuals at high risk of suicide activity such as those who have attempted suicide in the past.

In particular, post-crisis response efforts have been insufficient for those who have attempted suicide although such efforts had been expected to prevent a repeat attempt and thus also function as future proactive prevention. In light of this, it is important from now on to implement well-balanced policies by taking a proactive approach to the post-crisis response phase for such people

2.4 Strengthening inclusive support for everyday life by coordinating all those concerned

Suicide is complexly related to a variety of factors such as health concerns, economic and livelihood issues and problems with personal relations, as well as changes in the current state of the workplace or the community, not to mention an individual's personality traits, family situation and views on life and death. Thus, in order to prevent suicide by enabling the person who is being driven to it to live safely and securely, inclusive approaches are important that focus not only on mental health but also have a social and economic dimension. And, in order to implement these inclusive approaches, close coordination is needed among people and organizations in a variety of fields.

For example, health care and medical care facilities that provide counseling and treatment to those who have previously attempted suicide, or are at high risk of doing so because of depression or other factors, are also required to deal with the social factors that are a source of their patients' emotional distress, and so they need to be able to refer them to counseling centers that deal with these problems. Also, those in charge of counseling centers for economic and livelihood issues need to have a basic understanding of suicide prevention, such as the signs indicating suicide risks and methods of responding to them, as well as a knowledge of health care and medical care facilities where people can receive help, etc.

Efforts at coordination such as these are gradually expanding through practical on-site activities, and similar efforts are also being deployed in related areas such as poverty, child abuse, sexual violence, social withdrawal, sexual minorities, etc., that are the main causes of suicide. Henceforth, when promoting coordination among the national government, local authorities, related organizations, NGOs, etc., it will be important to establish a system to coordinate not just with a network of various facilities and organizations involved in suicide prevention measures but with facilities and organizations involved in these related areas or networks of such groups and develop inclusive support for everyday living through as many concerned persons as possible.

2.5 Promoting policies based on the actual conditions of suicide

In advancing suicide prevention measures, after first understanding the kinds of problems and how serious they are, it is necessary to promote policies that are based on the actual conditions of suicide.

In the research and studies thus far, however, many elements of these conditions still remain unclear. For that reason, in addition to promoting research and studies that will clarify these conditions, the information that not only the national government but also local authorities, related organizations, NGOs, etc., already have needs to be consolidated and put to use in preventive measures.

Also, in order to promote measures that conform to the actual conditions of suicide in a community and that community's true state, it is necessary to provide the necessary information, support its use and make progressive approaches developed at the community level widely known throughout the entire country.

2.6 Ongoing efforts from a mid- to long-term perspective while testing and evaluating policies

In addition to reexamining the systems and practices that underlie the social determinants of suicide and maintaining and improving the counseling and support systems, it is necessary to disseminate a correct understanding of suicide through public awareness campaigns aimed at the entire population; reduce prejudices toward suicide and mental illness; and improve psychiatric care as a whole. But none of these suicide prevention measures will produce immediate results. A glance at examples from abroad shows that no policy is immediately effective in preventing suicide, and that measures need to be continuously implemented from a mid- to long-term perspective.

At the same time, it is essential to test and evaluate how policies have been implemented and confirm whether their implementation has always been efficient and effective. For policies whose direct effectiveness is hard to gauge, setting mid-term implementation goals to check their state of progress should be considered.

2.7 Promoting measures based on the actual conditions of each targeted group

Young people

Adolescence is a time when psychological stability is easily lost, and emotional scars received during childhood and adolescence affect a person's entire life. Moreover, in recent years, the suicide rate has been trending upward among young people, while trending downward in other age groups. The problem of suicide

among young people is becoming increasingly serious, and changes in the social conditions surrounding youth employment are pointed to as a factor behind this.

Thus, suicide prevention measures aimed at young people are an important task; it is important to put into effect an educational system that will stop suicide in schoolchildren before it occurs and help prevent it by providing the young with support to maintain and improve their mental health, develop good personalities and equip themselves with coping techniques when facing times of stress or difficulties in their lives.

It is also necessary to come to grips with the psychological care of schoolchildren and others in cases where a suicide or attempted suicide has occurred at a school.

In addition, it is necessary to take seriously situations that are still occurring in which a schoolchild takes his/her own life because of bullying; press for even greater improvement to efforts to combat problem behavior such as bullying at each and every school; and carry out continuous, mid- to long-term efforts at the national level to prevent such behaviors before they occur, to detect them at an early stage and eliminate them so that this tragic situation is never repeated.

At the same time, it is important for society as a whole to promote comprehensive support measures that take into account changes in the social conditions behind youth employment.

The middle aged

Although the middle-aged and older cohort occupies an important place both in the home and in the workplace, it is an age group that faces the experience of significant losses as the result of the death of parents, retirement, etc., and that bears many burdens both psychologically and socially. In particular, many workers feel strong job-related uncertainty and stress. And women are apt to experience impairments to their mental health after childbirth or during menopause.

In addition to promoting mental health to deal with psychological or social stress, efforts are also important to address the social factors such as unemployment and long working hours that are the causes of stress. And because stress-related depression is common, the early detection and early treatment of depression is vital.

The elderly

Depression is a frequent factor behind suicide in the elderly as a result of the constant physical pain of chronic illness; uncertainty about the future; a sense of the loss of one's role in society or in one's own family that accompanies the diminishing of physical functions; the experience of losing close relatives; caregiver fatigue; etc.

Since the elderly have many opportunities to visit medical facilities because of their physical ailments, measures are important to improve the skills of family doctors and other health professionals in diagnosing mental illnesses such as depression; to detect and treat depression in its early stages through the use of health checkups, etc.; and to create a sense of purpose in life among the elderly. Improved support for home caregivers is also important.

Those who have attempted suicide

It is well known that the probability is extraordinarily high that someone who has attempted suicide and failed will try again compared with those who have not done so. And many of those who have attempted suicide and received treatment at emergency and critical care centers have some sort of mental illness. In some cases, however, they are treated for their physical injuries and released from hospital without receiving adequate psychiatric care or the support they need to resolve the various social factors that are affecting them. Moreover, because the family and close associates of such persons are not given sufficient information or support about the best way to deal with them to stop them from trying again, they feel anxious about a repeat attempt.

Thus, in addition to improving the psychiatric emergency care system, a system needs to be established in which a person who has attempted suicide and been treated at an emergency and critical care center can receive, as needed, psychiatric care as well as support for rebuilding that person's life. Also, it is important to improve the counseling system for a person who has attempted suicide as well as support for that person's family and close associates.

2.8 Identifying the roles of the national government, local authorities, related organizations, NGOs, businesses and the general public and promoting cooperation and coordination among them

In order for suicide prevention measures in Japan to have the maximum effect and create "a society where no one is driven to suicide," the whole country – the national government, local authorities, related organizations, NGOs, businesses and the general public – needs to coordinate and cooperate in comprehensively promoting measures to combat suicide. To do so, it is important to identify the roles that each group ought to play, share information about those roles and build a system of mutual cooperation and coordination.

The roles that the national government, local authorities, related organizations, NGOs, businesses and the general public ought to play in comprehensive suicide prevention measures are believed to be as follows:

The national government

The national government – which has the obligation to comprehensively formulate and implement suicide prevention measures – maintains and supports the infrastructure needed for each group to promote these measures; promotes such measures itself through related systems and policies; and enforces efficient and effective policies and programs that it implements for the country as a whole. It also develops and puts into practice systems that enable each group to coordinate and cooperate closely with one another.

Local authorities

As the governing body closest to individual citizens, local authorities – who have the obligation to enact and carry out policies that correspond to the local situation – analyze the state of suicide in their community; plan and propose the suicide prevention measures they need based on these results; and systematically put them

into effect. In so doing, they do not need to address exhaustively the priority policies in the General Principles, but independently establish and promote the priority policies that are required by the actual conditions in their community. And, in coordination with the national government, they work to coordinate and cooperate closely with groups in the community.

Related organizations

Related organizations – such as professional organizations in fields related to suicide prevention measures as well as business organizations that have no such direct relationship but can contribute to such measures through the nature of their activities – considering the importance of having the whole country deal with measures to combat suicide, proactively participate in suicide prevention measures that correspond to the nature of their respective activities.

NGOs

NGOs active in the community – realizing that not just activities aimed directly at preventing suicide but activities in related areas can also contribute to suicide prevention measures – proactively participate in suicide prevention measures while also receiving support from the national government, local authorities, etc., in coordinating and cooperating with other groups.

Businesses

As social entities that employ workers and engage in economic activities, businesses are aware that they have an important role to play in measures to combat suicide by working to maintain the mental health of the workers they employ and proactively participate in suicide prevention measures.

The general public

The general public addresses suicide prevention measures in its own way by deepening its understanding of and concern for the conditions that lead to suicide and the importance of measures to combat it; by realizing that the conventional wisdom that suicide, multiple debts, depression and other suicide-related phenomena are something shameful and dishonorable, a feeling which underlies a person's anxieties and prevents him/her from seeking help, is wrong, that the danger of being driven to suicide is something that can happen to anyone, and that it is appropriate for someone in such circumstances to seek help; and by being aware of their own mental disorder and that of those around them and being able to deal with it appropriately.

3 PRESSING PRIORITY POLICIES FOR SUICIDE PREVENTION

Based on “2 Fundamental Concepts for Comprehensive Suicide Prevention Measures,” establish the following policies, in accordance with the nine basic policies of the Basic Act, as ones that must be addressed particularly intensively in the immediate future. Also, see to it that policies newly deemed necessary as a result of future research and studies are successively enacted.

The pressing priority policies cited below are clearly ones that the national government must address intensively in the immediate future; they are not ones that local authorities need to deal with all-inclusively. Local authorities should independently establish the priority policies needed to respond to the actual conditions of suicide and the true state of affairs in their community and promote those policies.

3.1 Clarifying the Actual Conditions of Suicide

While respecting the privacy of suicide victims and their surviving families, promote measures based on the actual conditions of suicide by encouraging research and studies in order to understand those conditions including social factors, and by furthering the provision of information, etc., about suicide prevention measures.

3.1.1 Implementing studies to shed light on actual conditions

Implement studies on an ongoing basis, such as interviews with the victim’s family using what is known as a “psychological autopsy,” as well as studies of those who have attempted suicide and have received treatment at emergency and critical care centers and elsewhere in order to obtain a multifaceted perspective on the reasons for and background to suicide, including social factors, the process that led to suicide, the victim’s psychological state just prior to suicide, etc., and identify the intervention points for preventing suicides.

Promote the collection and provision of information so that the results of studies that local authorities, related organizations and NGOs have made to shed light on the actual conditions of suicide will be put to use in policy-making.

3.1.2 Improving the provision of information, etc.

In order to contribute to the planning and drawing up of suicide prevention measures at the national and local level, in addition to promoting the collection, organization, analysis and provision of information on such measures, such as foreign and domestic research and studies on suicide and the actual conditions of suicide at the Center for Suicide Prevention located in the National Center of Neurology and Psychiatry, promote the dissemination throughout the entire country of progressive local approaches to suicide prevention and the provision of the necessary information and support for making use of them so that those approaches that correspond to the actual conditions of suicide in a community and that community’s true state of affairs can be advanced.

In particular, promote the provision of the necessary information (including examples of progressive approaches organized by size, etc., of the local authority)

so that local authorities can plan, draw up and implement measures that correspond to the actual conditions of suicide and the true state of affairs in their community.

3.1.3 Promoting studies of the actual conditions of those who have attempted suicide, bereaved family members, etc., and the support policies for them

Promote research and studies on the actual conditions of persons who have attempted suicide, the surviving families of suicide victims and others and the support policies available to them.

3.1.4 Promoting studies of suicide prevention among schoolchildren

Analyze the distinctive features of and trends in suicide among schoolchildren and carry out research and studies on ways to prevent it.

Also, when carrying out detailed studies of suicide among schoolchildren in situations that require a high degree of expertise in analyzing and evaluating the facts, or in situations in which the surviving family members do not want the study to be conducted by the school or the Board of Education, promote fact-finding studies by a third party as necessary.

3.1.5 Clarifying the pathology of depression and other forms of mental illness and developing techniques to diagnose and treat them

In addition to clarifying the pathology of depression and other forms of mental illness through research that spans neuroscience and many other different fields and promoting research and development of treatments, promote research and development of diagnostic techniques for depression that make use of simple, objective indicators and disseminate the results.

3.1.6 Expediting the use and application of existing data

Promote the collection and provision of information that related facilities already possess, beginning with the statistical data on suicide that the police have, so that such data can be used in suicide prevention measures.

3.2 Encouraging Every Citizen to Be Aware of And Monitor Potential Suicide Victims

Develop public awareness programs through educational activities, advertising campaigns, etc., to promote public understanding about every citizen's role in suicide prevention measures by dispelling society's mistaken but common belief that suicide, multiple debts, depression and other suicide-related phenomena are shameful and dishonorable, a feeling which underlies a person's anxieties and prevents him/her from seeking help; by making people realize that the risk of being driven to suicide is something that can happen to anyone and that it is appropriate for someone in such circumstances to seek help; and by making them realize that there may be persons contemplating suicide among their own acquaintances and that they should speak to them, listen to them, refer them to a professional as necessary, monitor them and seek appropriate assistance in a crisis.

3.2.1 Enacting a Suicide Prevention Week and a Strengthening Suicide Prevention Measures Month

In association with World Suicide Prevention Day on September 10, establish the week beginning September 10 as Suicide Prevention Week and March as Strengthening Suicide Prevention Measures Month and have the national government, local authorities, related organizations, NGOs, etc., promote public awareness campaigns in collaboration with each other in order to dispel society's mistaken but common belief that suicide, multiple debts, depression and other suicide-related phenomena are shameful and dishonorable, a feeling which underlies a person's anxieties and prevents him/her from seeking help, disseminate a correct understanding of suicide and encourage the citizenry to realize that the risk of being driven to suicide is something that can happen to anyone and that it is necessary for someone in such circumstances to seek the appropriate help. Also, implement support policies on a priority basis so that those who are in such distress that they seek assistance as a result of these public awareness campaigns can receive the help they need.

3.2.2 Implementing education that will contribute to suicide prevention among schoolchildren

In addition to making use in schools of experience-based activities and intergenerational contacts with the elderly and others in the community to promote education that can give schoolchildren a real sense of the preciousness of life and equip them with coping techniques when they face stress or difficulties in their lives, promote building an environment conducive to education aimed at suicide prevention among schoolchildren.

Also, promote media literacy and information ethics education as well as measures to combat illegal or harmful information.

3.2.3 Promoting public awareness campaigns about depression

Promote early consultation by conducting public awareness campaigns that provide the correct understanding of depression at each life stage.

3.2.4 Disseminating the correct understanding of suicide and suicide-related phenomena

In order to heighten the response capability (techniques for getting the desired help) when an individual citizen is at risk and dispel society's mistaken but common belief about suicide and suicide-related phenomena, promote the dissemination of a correct understanding of suicide through the proactive use of the Internet (including smartphones and cellphones).

Also, for sexual minorities, among whom the percentage of those contemplating suicide has been observed to be high, in view of the fact that one of the social factors behind this is lack of understanding and prejudice, promote measures to further understanding.

3.3 Training Personnel Who Will Play a Central Role in Early Response

With a view to the early detection of and early response to those at high risk for suicide, train personnel to assume the role of gatekeepers who will disseminate a correct understanding of suicide and suicide-related phenomena and who will recognize the signs of suicide risk, speak to people with such signs, listen to them, refer them to a professional as necessary and monitor them. Also, train personnel who will have the role of managing the coordination of such human resources in the community and building comprehensive support networks.

3.3.1 Improving the skills of family doctors and other primary care providers in diagnosing and treating depression and other mental illnesses

Because many of those who suffer from mental illnesses such as depression present physical symptoms and often consult their family doctors or other primary care providers, improve the diagnosis and treatment of depression and other mental illnesses at the primary care level during clinical training and other stages of the doctors' training process and through opportunities for lifelong learning, etc.

3.3.2 Implementing public awareness for school staff

Through drawing up and distributing teaching materials, provide support for efforts to train school staff such as school nurses and classroom teachers who are in contact with schoolchildren on a daily basis, as well as teaching staff at universities and elsewhere engaged in student counseling, in order to raise their awareness of how to respond when they become aware of a schoolchild or others at high risk of suicide. Implement training, etc., to improve the quality of care from school staff in charge of educational counseling, including care for the child of a suicide victim. Also, for sexual minorities, among whom the percentage of those contemplating suicide has been observed to be high, in view of the fact that one of the social factors behind this is lack of understanding and prejudice, promote understanding among school staff.

3.3.3 Improving the quality of care from community health staff and industrial health staff

In order to improve counseling services related to mental-health issues at mental health and welfare centers, public health centers and elsewhere, implement training in suicide prevention and mental-health promotion for public health nurses and other community health staff.

Also, in order to promote mental-health measures in the workplace, improve training, etc., to improve the quality of care by industrial health staff.

3.3.4 Implementing training for care managers and others

Disseminate information on suicide prevention and mental-health promotion through opportunities to train care managers and others employed in the nursing care area.

3.3.5 Implementing training for district welfare commissioners and commissioned child welfare volunteers

In order to support community-based monitoring activities, implement training in policies related to mental-health promotion and suicide prevention for district welfare commissioners and commissioned child welfare volunteers.

3.3.6 Improving the training of personnel in charge of coordination

In order to facilitate coordination among related facilities and organizations, NGOs, professionals, non-professional gatekeepers and others in a community, promote the training of personnel who will be responsible for coordinating all those concerned.

3.3.7 Improving the quality of counseling services in areas related to social factors

Promote the dissemination of a correct understanding of mental health among counselors at consumer affairs centers, multiple debt counseling services run by local authorities and others, management counseling services run by commercial and industrial associations or the Chamber of Commerce and Industry and counseling services run by Public Employment Security Offices.

3.3.8 Improving the way personnel at public agencies deal with bereaved family members

Promote the dissemination of knowledge among members of the police and fire departments, etc., about how to deal appropriately with bereaved family members.

3.3.9 Developing training materials

In order to support the training given by the national government, local authorities and others to educate a wide range of personnel in suicide prevention and other issues and improve the quality of the services they offer, in addition to promoting the development of training materials, promote training programs for counselors at public institutions and NGOs at the Center for Suicide Prevention.

3.3.10 Promoting mental care for those engaged in suicide prevention measures

In addition to promoting the creation of ways to maintain the mental health of those engaged in suicide prevention measures, including those engaged in the activities of NGOs, disseminate support methods that make use of mental-health expertise.

3.3.11 Facilitating the training of gatekeepers in various fields

Facilitate efforts to train gatekeepers by providing the necessary support to related organizations, such as providing information conducive to disseminating an understanding of mental health and suicide prevention for professions in which, by the nature of their work, the role of gatekeeper is expected to be useful, such as lawyers, persons qualified to prepare legal documents and other professionals who deal with legal matters such as multiple debt problems; pharmacists who have many opportunities to learn about the health status of residents through the dispensing or sales of drugs; and barbers and others who are likely to notice

changes in their customers' state of health because they have many opportunities to meet with them on a regular basis or at fixed intervals.

Disseminate the necessary basic knowledge so that each and every citizen can act appropriately as a gatekeeper when s/he becomes aware of changes in someone close by.

3.4 Advancing Mental-Health Promotion

In regard to the various kinds of stress that are causes of suicide, promote systemic improvements in schools, the community and the workplace in order to maintain and improve mental health by, for example, responding appropriately to stress and reducing its causes.

3.4.1 Promoting mental-health measures in the workplace

In order to promote improvements to mental-health measures in the workplace, design public awareness campaigns about "The Guidelines for Maintaining and Improving Workers' Mental Health." Also, in addition to carrying out mental-health-related education and training not just for workers but also for managers, supervisors and industrial health staff who will become key persons in advancing mental-health measures in the workplace, understand and respond to the stress factors in the workplace that have a profound relation to mental-health disorders, and improve support for workplaces in regard to assisting employees returning to work after taking time off because of mental illness, thereby designing to provide a workplace environment in which it is easy for workers to work. Also, because changes in working conditions may heighten stress and lead to mental disorders, aim to make this common knowledge when carrying out training and education programs. In addition, expand the number of workplaces that are addressing mental-health measures through the introduction of stress checks, etc., and enhance support particularly for small workplaces where efforts to address mental-health measures have not made much progress by promoting the use of mental-health measures support centers and through coordination between community health services and industrial health services.

Also, in order to prevent deaths and suicides from overwork, in addition to strengthening supervision and guidance by the Labor Standards Office to prevent overwork-related health hazards, promote improvements to the work environment aimed, for example, at the setting of work hours, in order to curb long working hours for all workers including those at small workplaces and temporary workers.

In order to promote effective measures to combat sexual harassment, see to the thorough enforcement of guidance by the Equal Employment Office of the prefectural Labor Bureau so that steps are taken to clarify the policy on sexual harassment in all workplaces, make the policy widely known, educate employees about it and set up counseling centers, etc.; and for workplaces where an incident of sexual harassment has occurred, see to it that the appropriate follow-up response and measures to prevent it from happening again are taken.

Also, in order to encourage improvements in the workplace environment, study creating mechanisms that receive society's approval such as initiatives aimed at preventing or resolving power harassment in the workplace.

3.4.2 Improving the system for furthering mental-health promotion in the community

In addition to improving counseling services related to mental-health issues at mental health and welfare centers, public health centers and other health facilities, promote coordination between community health services and industrial health services in regard to promoting mental health.

Also, through enriching the activities at social and educational facilities such as community centers, promote the creation of places in the community where different generations can interact with one another.

In addition, promote improvements to places where local residents can gather and relax, such as parks, that help to maintain and enhance mental and physical health.

In addition to promoting welfare measures for the elderly in farming villages, promote the creation of a safe and pleasant living and production environment by, for example, providing facilities that can give the elderly a sense of purpose in life.

3.4.3 Improving the system for furthering mental-health promotion in the schools

In addition to promoting health counseling carried out by school nurses through making more open use of the school infirmary, counseling room and elsewhere, see to improving the counseling system in schools by assigning school counselors, etc.

Also, promote occupational safety and health measures for the school as a workplace.

3.4.4 Promoting mental care for and rebuilding the lives of victims of large-scale disasters

Because the victims of large-scale disasters are likely to have a variety of stress factors, in addition to mental care and the prevention of isolation, mid- and long-term recovery-related policies, such as rebuilding their lives, need to be devised from the time that the disaster occurs and at every stage of the recovery process. Mental care is also necessary for those who assist them. Thus, in addition to promoting an understanding of the mental-health status of the victims of the 2011 Tohoku earthquake and tsunami and the causes of suicide among them and studying and implementing measures to deal with them, see to it that the understanding gained from the process is reflected in future disaster prevention measures.

In order to reduce the various stress factors caused by changes in the living environment, etc., for victims and others of the Tohoku earthquake, implement ongoing recovery-related policies aimed at rebuilding their lives, in addition to monitoring the victims to prevent isolation and providing mental care through the coordinated efforts of the national government, local authorities, NGOs and others.

3.5 Seeing to It That Appropriate Psychiatric Care Is Received

In addition to efforts to detect at an early stage those at high risk of suicide because of depression or other causes and ensure that they are referred to psychiatric care, improve the psychiatric care system so that such people may receive the appropriate psychiatric treatment.

3.5.1 Enhancing the psychiatric care system by training personnel responsible for mental-health care

Based on the mental health and welfare measures in plans related to health, medical care and welfare established at the prefectural level, promote the building of a medical treatment–public health–welfare network that would include psychiatric hospitals in the community.

Also, in addition to seeing to educating psychologists and others who can support psychiatrists by implementing training related to appropriate ways of dealing with mental illness for them and others employed in psychiatric care, implement the training of those professionally involved in treating persons with depression primarily in terms of psychiatric care so as to disseminate highly effective treatment methods for ameliorating depression such as cognitive behavioral therapy and reduce the number of those suffering from depression through their implementation.

In order to see to the diffusion of treatments such as cognitive behavioral therapy carried out by psychiatrists with support from psychologists and others, study policies to improve the psychiatric care system including the handling of such treatments in the medical treatment fee system, the building of a liaison system and personnel development.

Also, in addition to the diffusion of appropriate drug therapy and the thorough enforcement of measures against drug overdoses, disseminate knowledge about the use of environmental intervention.

3.5.2 Improving the consultation rate for depression

Carry out public awareness campaigns that will lead to early consultation for depression by disseminating a correct understanding of depression and eliminating prejudice against it.

Also, promote a medical care coordination system so that those diagnosed with depression by their family doctor or other primary care provider in the community can be referred to a professional.

3.5.3 Improving the skills of family doctors and other primary care providers in diagnosing and treating depression and other mental illnesses (see above 3.3.1)

3.5.4 Promoting improvements to the mental care system for children

Promote improvements to the mental care system for children by promoting the training of doctors and others who can deal with their mental problems.

3.5.5 Implementing screening for depression

Promote screening of those in the community who are thought to be depressed by making use of opportunities for home-visit guidance and residents' screening, health education and health consultations by public health centers, local city, town or village health centers or other facilities.

Regarding the elderly in particular, improve the system to detect at an early stage and refer to appropriate counseling those who are thought to be depressed by, as primary screening for depression, making use of the results of a basic checklist as part of care prevention services.

3.5.6 Promoting measures for those at high risk for psychiatric illnesses other than depression

For illnesses other than depression such as schizophrenia, alcohol dependency, drug addiction and pathological gambling that are risk factors for suicide, in addition to promoting research and studies on the relation of these illnesses to debt, family problems, etc., improve the system to provide ongoing treatment and support and offer support to self-help programs.

Also, for those in adolescence or young adulthood who repeatedly engage in self-abuse or who have mental-health issues, promote efforts for the early detection of and early intervention in psychiatric illness by providing support so that they can utilize the appropriate medical care and counseling facilities through the construction of a coordinated system that includes emergency care facilities, mental health and welfare centers, public health centers, educational facilities, etc.

3.5.7 Supporting the chronically ill

See to establishing a medical care system capable of providing psychological care by, for example, training nurses whom those suffering from serious chronic illnesses can consult.

3.6 Preventing Suicide through Social Measures

Prevent suicide among people at high risk for various reasons, including social ones, by extending a helping hand of social support.

3.6.1 Enhancing counseling systems in the community and transmitting easily understandable information on counseling services, support policies, etc.

Encourage local authorities to provide an easy-to-use counseling system and produce and distribute suicide prevention pamphlets and other information materials for residents that contain a readily understandable list of signs of suicide risks and methods to deal with them as well as available counseling services.

Also, in addition to studying whether to make the telephone counseling provided by local authorities share the same telephone number throughout the country, establish a system that will make free telephone counseling available 24 hours a day, 365 days a year, as a reliable place for people with problems to consult anywhere at any time and receive rapid and appropriate support.

In addition, strengthen the consolidation and provision of information on support measures through search mechanisms that make use of the Internet (including smartphones and cellphones) so that those who need help can easily find appropriate support measures.

3.6.2 Improving counseling services related to multiple debts and increasing safety-net financing

See to the improvement of safety-net loans and the counseling system for those with multiple debts based on the Program to Remedy the Multiple Debt Problem.

3.6.3 Improving counseling services for the unemployed

In addition to promoting employment measures of all kinds, such as support for early reemployment, and implementing meticulous vocational counseling at Public Employment Security Offices and elsewhere for the unemployed, also provide counseling for various problems in daily life such as the mental anxieties that arise when facing unemployment.

Also, at Community Youth Support Stations, coordinate with the relevant facilities in the community to provide individualized, ongoing and comprehensive support to enable young people and others who are not in education, employment or training (NEETs) to achieve independence.

3.6.4 Implementing counseling programs for managers

In coordination with commercial and industrial associations and the Chamber of Commerce and Industry, promote in an ongoing manner counseling programs aimed at small and mid-sized enterprises (SMEs) facing a management crisis as well as programs to deal with general management counseling for SMEs.

Also, support the revitalization of small and mid-sized enterprises through prefectural SME Revitalization Support Councils, mobilizing all the efforts of the community including local financial institutions in every step of the process from counseling to support in drawing up revitalization plans.

In addition, provide a thorough awareness about financing facilities at government financial institutions that do not require guarantees from the borrower or a third party.

Also, in addition to encouraging private-sector financial institutions to establish financing practices that do not as a rule require third-party guarantees, explore policies that limit guarantees by the manager him/herself.

3.6.5 Improving the provision of information to resolve legal problems

See to improving the provision of information for resolving legal problems through the Japan Legal Support Center (Legal Terrace) and making awareness of the Center widespread among the citizenry.

3.6.6 Regulating dangerous places, drugs, etc.

See to it that the safety of places where suicides have repeatedly occurred is thoroughly maintained, and that the installation of platform screen doors and platform gates in train stations is encouraged.

Also, in addition to seeing to it that the regulations on the transfer of dangerous drugs are widely known and obeyed, make ongoing efforts to find missing persons who, it is feared, may commit suicide.

3.6.7 Promoting measures to deal with suicide-related information on the Internet

Support the efforts of Internet Hotline Center that ask service providers and others to remove information that shows how to make materials that might inflict injury on a third-party, and induces others to do so, on the grounds that such information is in violation of contract.

Also, promote measures aimed at identifying ways of dealing with information that introduces suicide methods, etc., that might inflict injury on third parties.

In addition to encouraging efforts based on the Act on Development of an Environment that Provides Safe and Secure Internet Use for Young People, and seeing to it that filtering for children and adolescents is widely available through a master plan based on the same Act, promote public awareness activities and education on the appropriate use of the Internet.

3.6.8 Dealing with suicide notices on the Internet

Implement on an ongoing basis rapid and appropriate responses to notices on the Internet of the intention to commit suicide.

Also, make filtering software widely available to deal with illegal and harmful information such as a posting defaming a particular individual on an electronic bulletin board or a suicide notice site on the Internet; support voluntary measures against such sites taken by providers; and provide instructions on coping strategies for those who seek counseling.

3.6.9 Improving support for caregivers

In order to lighten the burden of those caring for the elderly, strive to implement the necessary support to recruit workers to engage in counseling services and improve the quality of their services so that counseling for caregivers is smoothly implemented and that a system of coordination and cooperation with community general support centers and other related facilities is put in place.

3.6.10 Preventing suicide in children who are the victims of bullying

Make it thoroughly known that bullying is under no circumstances permissible and that it can occur to any child at any school, and instruct everyone involved in education on how to recognize the signs of bullying as early as possible and respond rapidly; and that when the problem of bullying occurs, it must not be covered up, but the school, the board of education, the family and community must work together to deal with it.

In addition to supporting the local authorities with their telephone counseling systems for bullying and other problems through a 24-hour nationwide unified hotline system where children can confide their anxieties and uncertainties at any time, encourage the development of a community-based system so that the school,

the family and the community can work together to detect bullying in its early stages and deal appropriately with it.

Also, continuously implement measures to protect the human rights of children through Children's Rights SOS Mini Letters, etc., that provide direct intimate insight into children's worries through exchanges of letters with human rights consultants in the community.

3.6.11 Improving support for victims of child abuse, rape and sexual violence

In order to prevent child abuse, detect and respond to it early and appropriately protect and support children who have suffered from it, in addition to strengthening counseling and support by children's counseling centers, the city, town and village offices and the system of temporary protection, improve social protective care for such children.

To reduce the psychological burden on victims of rape and sexual violence, in addition to strengthening the collection of information the victims will need and coordinating support with the relevant facilities, promote improvements to the counseling system and to interviews, questioning, etc., that will take the victims' feelings into consideration.

3.6.12 Improving support for the poor

In order to see to it that the poor escape from economic poverty and social isolation and that the cycle of poverty extending from parent to child is prevented, promote studies on such matters as seeking out the poor and socially isolated at an early stage and strengthening a comprehensive counseling system which is not vertically segmented (including outreach efforts such as strengthening networks and holding comprehensive counseling sessions), building a support system that from the beginning stages is comprehensive and personalized and radically enhancing support for job seekers in affiliation with Public Employment Security Offices, with the aim of establishing a support system for the poor.

3.6.13 Making the WHO guidelines widely known to media facilities

See to it that among the WHO's suicide prevention guidelines, its *Preventing Suicide: A Resource for Media Professionals*, is widely known to all media companies.

Carry out research and studies on the impact of reporting on suicide and on media-related measures taken abroad, etc., that would contribute to voluntary measures taken by the mass media.

3.7 Preventing Repeat Suicide Attempts

Based on the results of the "Japanese Multimodal Intervention Trials for Suicide Prevention" and other research, strengthen measures to prevent repeat suicide attempts.

3.7.1 Improving the system of medical care by psychiatrists at emergency medical facilities

In addition to seeing to the improvement of the psychiatric emergency medicine system, improve the emergency medical system by assigning mental-health workers at emergency and critical care centers and by evaluating the need for psychiatric care among those who have received treatment for attempted suicide so that they may be diagnosed by a psychiatrist as needed and receive care from mental-health workers.

Also, in order to provide the appropriate support to those who have attempted suicide, see to the dissemination of guidelines for the care and treatment of attempted suicide victims through, for example, the training of those involved in emergency medicine.

3.7.2 Supporting monitoring by family members and other close associates

Improve the counseling system for those who have attempted suicide provided by public health nurses at mental health and welfare centers and public health centers through the creation of a network with counseling facilities of all kinds related to the social factors that are causes of suicide. Also, improve support for the victim's family members and other close associates in monitoring him/her after being released from hospital by promoting even greater improvements to the system to provide ongoing care through the creation of a medical treatment–public health–welfare network that would include psychiatric hospitals in the community.

3.8 Improving Support for the Bereaved

In addition to providing care for the bereaved immediately after a suicide or attempted suicide, improve support by promoting the provision of necessary information, etc. Also, support activities in the community by self-help groups for bereaved families, etc.

3.8.1 Supporting the operations of self-help groups for the bereaved

In addition to improving the counseling system for bereaved family members and others provided by public health nurses and other health professionals at mental health and welfare centers and public health centers, support making knowledge widely available to them about counseling facilities and the operations of self-help groups for the bereaved in the community.

3.8.2 Encouraging post-crisis response in schools and workplaces

See to the distribution of manuals on coping at workplaces and reference materials for teaching staff at schools immediately after a suicide has occurred so that, immediately after someone has killed him/herself or attempted to do so, the appropriate psychological care can be provided to classmates or co-workers at the victim's school or workplace.

3.8.3 Promoting the provision of information to the bereaved

Promote the provision of information on support measures that bereaved family members and others will need by encouraging the creation of pamphlets that carry

contact information for NGOs and lists of the various kinds of counseling services that local authorities offer to the bereaved, and see to their distribution by related facilities that are likely to be in frequent contact with the bereaved.

Study the problems, including legal problems, that bereaved family members and others are likely to encounter, such as demands for vacancy damages for stigmatized property where a suicide has occurred.

3.8.4 Supporting bereaved children

In addition to improving the counseling system for bereaved children provided by public health nurses at mental health and welfare centers and public health centers, support making knowledge widely available to bereaved children about counseling facilities and the operations of self-help groups for bereaved children in the community. [see above 3.8.1]

Implement training, etc., to improve the quality of care by teaching staff responsible for educational counseling including the care of bereaved children. [see above 3.3.2]

3.9 Strengthening Coordination with NGOs

The activities of NGOs are indispensable for promoting suicide prevention measures. Efforts such as NGO counseling activities in which religious leaders, bereaved families and their supporters participate as volunteers help many people at risk for suicide. Support the activities of NGOs by clearly making a place for them in national and local suicide prevention measures.

3.9.1 Supporting personnel development at NGOs

Support the training of coordinators at NGOs to promote coordination among attempted suicide victims, bereaved family members and others.

Support the training of personnel at NGOs by developing educational materials to train gatekeepers in every field of activity.

3.9.2 Establishing a community liaison system

In addition to promoting the establishment of a liaison system for public facilities, NGOs and others in the community that engage in suicide prevention activities, support such a system by providing information, etc., related to best practices so that it will function smoothly.

3.9.3 Supporting NGO telephone counseling programs

Implement ongoing support for NGO telephone counseling programs.

Also, implement ongoing support to provide the information needed for the personnel development of counselors.

3.9.4 Supporting pioneering and experimental approaches by NGOs as well as their efforts in places where multiple suicides have occurred

In order to promote community initiatives, support pioneering and experimental suicide prevention measures carried out by NGOs.

Also, support the provision of the information needed to make it easier for NGOs to take pioneering and experimental measures against suicide.

Study ways of supporting the efforts of NGOs and others in places where multiple suicides have occurred.

4 NUMERICAL GOALS FOR SUICIDE PREVENTION MEASURES

Aim to reduce the suicide rate to more than 20 percent below 2005 levels by 2016.¹

In addition, since the aim of suicide prevention measures is to save as many people as possible who are contemplating suicide, strive to achieve this goal as rapidly as possible, and, in the event that the goal is achieved, despite the timeframe for reviewing the General Principles, review the numerical goal including what it ought to be.

¹ Because the suicide rate in 2005 was 24.2, a 20 percent reduction would be 19.4. In 2010, it was 23.4. Since the suicide rate is the number of suicides per 100,000 population, an increase or decrease in the population will also change the numerical value. For instance, the estimated population of Japan as of October 1, 2011 was 126,180,000; if the population remains constant, to achieve the desired goal, the number of suicide deaths will need to fall below 24,428.

5 PROMOTION SYSTEMS, ETC.

5.1 Promotion systems at the national level

In order to comprehensively and effectively promote policies based on the General Principles, see to it that there is close mutual coordination and cooperation among the relevant administrative agencies under the leadership of the Chief Cabinet Secretary (or, if the Minister of State for Special Missions is appointed to be in charge of suicide prevention measures, the current Minister of State for Special Missions; the same shall apply hereafter) by flexibly holding meetings primarily of the Council on Suicide Prevention Policy or some of its members as necessary. Also, see to it that policies are fully coordinated with one another.

In addition, the Cabinet Office, where the secretariat for the said Council is located, will encourage and support measures carried out by the relevant ministries and agencies and implement comprehensive suicide prevention measures. In addition to improving the reporting system when a specific case occur, it will quickly hold an emergency liaison conference of the relevant ministries and agencies and respond to that case appropriately.

Also, establish a mechanism under which the national government, local authorities, related organizations, NGOs and others coordinate and cooperate so that suicide prevention measures can be promoted by the nation as a whole.

In addition, promote policies while coordinating closely in related areas, such as policies on gender equality, the aging society, the low birthrate, youth development, persons with disabilities, support for crime victims, etc., social inclusion, and support for the poor.

5.2 Ensuring coordination and cooperation at the community level

Suicide prevention measures are profoundly related to all aspects of society – home, school, workplace and community – and in order to promote comprehensive measures, it is important to ensure the coordination and cooperation of the various relevant community groups and promote policies with a high degree of effectiveness that conform to the special features of that community.

Thus, in addition to working actively to promote the setting up of forums to study measures formulated by Suicide Prevention Liaison Committees, composed of relevant groups and agencies in various fields in the prefectures and ordinance-designated cities, and the planning of such community measures by the said Committees, offer the appropriate support by providing information, etc. Also, work actively to see to it that bureaus responsible for suicide prevention measures are set up in cities, towns and villages. In addition, offer the appropriate support by providing information for the efforts at coordination by local authorities. Also, work with local authorities to further increase the participation of NGOs and others in these community efforts.

5.3 Policy evaluation and management

In addition to ascertaining the implementation status of policies based on the General Principles and the extent to which they have achieved their goals and evaluating the results, the Council on Suicide Prevention Policy shall review and improve policies based on this evaluation.

To do so, under the Chief Cabinet Secretary, it shall verify the implementation status of policies based on the General Principles and the extent to which they have achieved their goals from a position of neutrality and fairness, establish new mechanisms to evaluate the policies' effectiveness, etc., and promote effective suicide prevention measures.

5.4 Review of the General Principles

Carry out a review of the General Principles at least every five years, based on changes in socio-economic conditions, changes in the circumstances surrounding suicide, the progress made in implementing policies based on the General Principles, the status of achieving the policies' goals, etc., taking into consideration the nature of the guidelines for suicide prevention measures that the national government ought to promote.

**The Development of Suicide Countermeasure Policies
In Japan From A Public Health Perspective**

Yutaka Motohashi

Kyoto Prefectural University of Medicine

This paper is translated from the author's article published in Japanese
in the title of Recitation on Suicide Prevention Policy (Gyousei, April, 2015)

The Development of Suicide Countermeasure Policies In Japan From A Public Health Perspective

Yutaka Motohashi

Kyoto Prefectural University of Medicine

This paper is translated from the author's article published in Japanese
in the title of Recitation on Suicide Prevention Policy (Gyousei, April, 2015)

1. Introduction

The World Health Organization (WHO) report on suicide prevention, which maintained that suicide is a preventable public health issue, was published in September 2004. As the word “prevention” implies, suicide prevention falls under the category of public health. Although those involved in the fields of medicine and public health in Japan for the most part employ the expression “suicide prevention”, the term used by many people involved in government and the welfare area is “stopping suicide”. “Prevention” is a term that is used with the concept of illness in mind, whereas “stopping” entails the concept of security rather than illness and can be thought of as having an affinity with such key words as “crime,” “accident” and “safety,” in the sense of stopping an event before it occurs.

The Japanese equivalent of “suicide prevention” has been used without resistance by medical and public health professionals, but with the spread of measures to combat suicide, groups representing the bereaved survivors of suicide victims have voiced the view that “if suicide is said to be preventable, it is hard on us, the bereaved, because it seems as though we are being blamed for not having preventing it.” Since the English expression “suicide prevention” is the normally accepted term in academic circles, the fact that its Japanese translation term has been a source of distress for some survivors of suicide victims at first caused consternation among public health professionals. However, the latter listened seriously to the voices of the bereaved and accepted the view that consideration for the survivors of suicide victims is needed when using the term “suicide prevention.” That this was able to happen is a result of information sharing based on cooperation among many fields. Emblematic of changing suicide countermeasures in Japan is the change in Japanese terminology after the enactment of the Basic Law on Suicide Countermeasures from “suicide prevention” to “suicide countermeasures”.

There is a deep sense in the WHO proposal that suicide countermeasures ought not to be discussed within the narrow sphere of psychiatry or psychology but be treated as a public health issue. In addition, the attitude required of those involved with such measures is that they not confine themselves to a preventive medicine approach to public health in the narrow

sense, but that they think about the issue of suicide from a broad social perspective that brings public health back to its starting point as social medicine seeking solutions to social disparities and health inequalities.

2. Suicide countermeasures as an issue to be dealt with by public health

Unlike clinical medicine, in public health the patient is the group not the individual; it is a discipline that approaches health promotion and disease prevention at the stage before an illness is contracted. The role of public health is to attempt to deal with ways to maintain or improve health in a variety of settings: at the national and local government levels, in the community, workplaces and schools. The statement that suicide countermeasures are a public health issue means that preventing suicides is a task for society as a whole, and that suicide countermeasures are to be carried out as a social initiative. In public health, the equivalent to diagnosis and treatment in clinical medicine is the analysis of the health conditions of the group and the development of policies that apply social resources (administrative organizations, the legal system, etc.) to them. A major driving force behind the implementation of suicide countermeasures in Japan was the sharp rise in suicides in 1998. When society came to the consensus that suicide is not a personal matter but a social problem arising from middle-aged men being driven to despair by socioeconomic difficulties, it can be said to have laid the groundwork for the Basic Law on Suicide Countermeasures. The origins of these measures in Japan evolved out of groping efforts to discover what policies could be deployed that would target middle-aged men driven to despair by socioeconomic difficulties; deeper probing of local residents using public health methods made clear the actual state of their mental health and the factors that lay behind it, and these efforts led to results at the community level of public health in Japan.

In what follows I will present in detail a theoretical overview of the present state of suicide countermeasures in Japan and their future prospects from the perspective of public health.

3. Public health approaches to suicide countermeasures – the classic approach and the health promotion approach

From a preventive medicine perspective, the idea is that, to prevent suicide, one needs to identify suicide risks and control them. This classic preventive medicine way of thinking forms the basis of WHO's suicide countermeasures. It also essentially underlies national suicide policies in the United States. This approach analytically identifies high risk factors and prepares separate measures to deal with each of them. State regulation of the means of committing suicide – regulations on guns and pesticides – is also discussed as social policy. In short, suicide countermeasures based on the classic public health approach and centered around the high-risk approach and regulatory methods can be described as being carried out from a viewpoint of Cartesian rationalism that scientifically analyzes complex phenomena in detail and considers countermeasures for them case by case.

By contrast, the thinking behind health promotion in the New Public Health movement that emerged in the 1980s attempts to take a holistic approach to solving health issues⁸⁾. Instead of addressing the risk factors of an individual alone, the New Public Health movement tries to raise the health level of the group as a whole by taking advantage of social capital and institutions such as the healthcare system in the surrounding environment. It is necessary to understand that there is a generational background of the importance given to an individual's health risks behind the classic preventive medicine emphasis on a case-by-case approach that identifies risk factors by the free use of epidemiology to target mainly chronic conditions such as heart disease and then works to change an individual's lifestyle. The New

Public Health movement tries to find clues to problem solution by improvements to the social environment that also take into consideration reforms in the social system for new health issues such as mental illness and dementia. It is worth noting that it holds up as an ideal the importance of social initiatives to eliminate health inequalities and ensure health equity. In terms of suicide countermeasures, the importance of the holistic approach exemplified by the New Public Health movement and the activities involving the new public have been presented from a public health standpoint, and practical activities aimed at suicide prevention have been deployed in areas of Japan with high suicide rates. In Akita Prefecture non-governmental organizations have played an extremely large role in promoting suicide countermeasures there; their involvement has been in a form that embodies the ideals of the New Public Health movement. The energetic awareness-raising activities and the ongoing meetings of NGO-led consultation sessions, etc., which have been developed in Akita Prefecture, could never have come to fruition through the high-risk approach alone. NGO members have a keen sense of the importance of creating strong ties in their communities, and each of them in their own way has thought about specific ways to develop activities to do so. As a result, these efforts are believed to have made it possible to develop suicide countermeasures that can mobilize broad social support.

The vigorous implementation of suicide countermeasures, it is believed, will be made possible through the synergistic deployment of both policy approaches – the classic public health approach that prioritizes high risk and the health promotion approach that prioritizes community participation to bring about changes in social capital and institutions.

4. The promotion of suicide countermeasures that take social capital into account

In tandem with health promotion, trends in public health research since the beginning of the twenty-first century can be said to be characterized by an increasing interest in studies on health inequalities. In addition to traditional epidemiology, which identifies high risk factors in individuals, recognition has begun to be given to the importance of “social epidemiology,” which tries to clarify the determining factors behind health inequalities. Research that attempts to incorporate into health inequality studies the strength of the bonds among people in society as social capital has also been on the rise. Since many of those who are driven to suicide are socially isolated and/or socially and economically vulnerable, researchers have begun to focus considerable attention on the issue of suicide and social disparities and/or social capital. Although individual are unable to change their age or sex through their own efforts, through social policies it is possible to change the bonds among people in a neighborhood and the environment in which they are educated. Scientific grounds have been accumulating that correlate suicide with educational background and social capital.

A study on the correlation between social capital and the suicide rate for each of Tokyo’s administrative districts was carried out by a group led by Norito Kawakami (*Environmental Health and Preventive Medicine*, 2013). Regarding social capital, this report made use of the results of a questionnaire (2009 Tokyo survey on community building through mutual aid) conducted on 100 residents, aged twenty and over, from each of the twenty Tokyo municipalities selected (response rate 28%). Regarding the suicide rate, the report utilized data on age-adjusted suicide rates from the Cabinet Office (basic data on suicide by region between 2003 and 2007) to analyze those data separately for men and women. The results found no significant correlation between social capital and the suicide rate for women in any of the administrative districts, but it became clear that in districts where “trust in the neighbors” was lower, the suicide rate was higher for men.

Based on results from the JAGES (Japan Gerontological Evaluation Study) project led by Katsunori Kondō, regional correlation studies show a significant correlation between

depression and/or suicide rate and the social participation rate, raising the promising possibility that suicide rates can be reduced through a community approach to facilitate social participation (73rd Annual Meeting of Japanese Society of Public Health / Symposium, 2014).

As stated above, it has come to be thought that the direction policies regarding suicide and mental health should take is to incorporate into them new techniques such as the fostering of social capital.

5. Mental health care and suicide countermeasures after major disasters

The Great Hanshin-Awaji Earthquake of 1995 and the Great East Japan Earthquake of 2011 inflicted major shocks on Japanese society. From the public health standpoint, the most important task in terms of post-disaster support was how to restore and rebuild the devastated healthcare system; a new public health task that also came to be raised at the same time was how to deal with the local residents' worsening mental health after the disasters. Since post-disaster mental health and suicide will be dealt with in detail in a separate report, those findings will not be repeated here. However, here I would like to touch only on public health disaster assistance teams. The objective of DMAT (Disaster Medical Assistance Team), which was set up after the Great Hanshin-Awaji Earthquake, is the rapid provision of the necessary emergency medical care. On the other hand, the disaster public health assistance team or DHEAT (Disaster Health Emergency Assistance Team) is engaged in activities, including emotional care activities, aimed at solving public health related issues in disaster stricken areas based on a medium- to long-term perspective. The authority for DMAT's activities is the Basic Disaster Management Plan based on the Disaster Countermeasures Basic Act. The disaster public health assistance team, however, is still in its early stages, and the legal authority for it is not yet clear. The startup of legally authorized activities is a task for the future. The Great East Japan Earthquake inflicted huge damage on local health systems, including public health centers and medical facilities, and the human loss of healthcare workers was enormous; the restoration and rebuilding of the region's public health system became the major task. In addition to rapidly confronting such public health issues as infectious diseases and lack of exercise, healthcare workers have been asked to deal slowly but surely with a number of public health issues among issues arising in the daily lives of those living in temporary housing, etc., especially suicide prevention and deterioration of the mental health of disaster victims. Since mental health measures and suicide countermeasures for local residents in the aftermath of a major disaster are important medium- to long-term issues, the formulation and deployment of systematic policies are thought to be indispensable.

6. Suicide countermeasures as an interdisciplinary approach transcending the sphere of public health

Since around the year 2000, some municipalities in Japan have begun to grapple seriously with suicide countermeasures as local government policy issues. Early initiatives centered on promoting measures to deal with depression and maintain mental health. The main reason behind this approach was that suicide countermeasures were treated as falling under the jurisdiction of health and welfare departments. More advanced areas in the Tohoku region, on the other hand, have emphasized the importance of a public health approach rather than a psychiatric approach and, even in terms of policy promotion, have vigorously advanced suicide countermeasure initiatives at the community health level led by municipal public health nurses and experts on public health in the public health courses of university medical schools. These municipalities have encouraged the activities of the New Public Health based on the ideal of global health promotion that began to be stressed in the mid-1980s and have actively incorporated its methods, such as the emphasis on health maintenance rather than

medical treatment, the strengthening of community activities through neighborhood participation, and the attaching importance to empowering local residents. There was a certain degree of psychological stress among those involved when these more advanced communities first launched such trailblazing activities as government support to NGO-sponsored care for bereaved survivors of suicide victims and strengthening ties among residents (reinforcing social capital) through initiatives for informal drop-in spaces such as the “coffee salon” activities, which has now been incorporated into community health activities without any sense of incompatibility. For these activities to gain the full understanding of local residents, efforts were needed to stop regarding the suicide issue as taboo and make the problem visible to the community. Those involved had to be willing to conduct slow but steady awareness-raising activities and other ongoing efforts without fear of criticism. It was essential to create a consensus in the community that suicide was not a personal problem but a social problem and that it should not be kept hidden. The fact that local residents came to recognize suicide countermeasures as a community issue and participate in coffee salon activities and personnel training workshops is itself the empowerment of the citizenry that the New Public Health advocates, as well as being practical activities for community health promotion.

The enactment of the Basic Law on Suicide Countermeasures and the formulation of the General Principles of Suicide Prevention Policy have led to a re-affirmation of suicide countermeasures from being a public health issue to being a wide-ranging task for the social sciences and policy science. Suicide countermeasures have been transformed into an issue that is approached not just from a medical or public health perspective but from an interdisciplinary standpoint that cuts across a number of related disciplines including economics, political science, policy science and statistics.

7. A proposal for the development of future policies on suicide countermeasures from a public health perspective

Finally, I would like to sum up the direction of future policy development in the area of suicide countermeasures as seen from the perspective of public health. It has been nearly ten years since the Basic Law on Suicide Countermeasures came into effect, and it is to be hoped that the development of policies will move from the beginning stage of searching for suicide countermeasures to the stage of actually implementing them. Awareness-raising projects and human resource development programs symbolized by the cultivation of “gatekeepers,” who are able to recognize symptoms of depression and recommend the need for treatment, were important at the early stage; they have to a certain extent produced results and can be rated highly. In addition, the expansion of NGO-sponsored grassroots suicide countermeasures with community participation based on the ideal of health promotion in advanced municipalities in Akita Prefecture, Aomori Prefecture and elsewhere have great significance since they have established prototypes for community-improvement type suicide countermeasures in Japan. On the other hand, a glance at the results of an assessment carried out by the emergency fund to enhance community-based suicide countermeasures shows that municipalities still exist which are not dealing seriously with suicide countermeasures. There is a strong possibility that strengthening initiatives at the municipal level can lead to better results for local suicide countermeasures in Japan as a whole.

On the basis of above, I believe that at the next stage it will be essential to create a center or centers at the national or local government level that can provide meticulous technical guidance from the public health perspective to community-based suicide countermeasure initiatives. It is also thought that an organization will be needed to constantly

monitor such initiatives at the national or local government level, to assess the PDCA (plan-do-check-act) cycle of these measures and to link them to future improvements.

Finally, efforts are needed to carry out the technical transfer of Japan's superlative suicide countermeasure initiatives abroad, especially to developing countries in Southeast Asia and elsewhere where suicide is becoming a social problem. The technical transfer to developing countries of these holistic initiatives that can deservedly be called the fruits of Japan's public health system, which formulated them as a social policy not just as mental health policy, can be thought of as the role that Japan ought to play from a global health standpoint. The establishment of a public agency that will promote this sort of technical assistance is strongly to be desired.

The General Principles of Suicide Prevention Policy

Toward the Creation of a Society Where No One Is Driven to Suicide

Cabinet Decision, 28th August 2012

This document is translated by the Research Project Team on Suicide Prevention Policy
funded by Japanese Ministry of Health, Labour and Welfare

Project Number H26-Seishin-Ippan-003 (2014-2016)

Title of Project: A New Step in the Development of Suicide Prevention Policy by
Interdisciplinary Approach with An International Scope

Research Project Team

Principal Investigator: Yutaka Motohashi, MD, PhD (Kyoto Prefectural University of Medicine)

Co-investigator : Hiroe, Tsubaki, PhD (National Statistics Center)
Ysuyuki Sawada, PhD (The University of Tokyo)
Yasuyuki Shimizu (NPO Life-Link)
Hiroto Ito, PhD (National Center of Neurology and Psychiatry)

This edition first published November 1, 2015

Copyright 2015 Research Project Team on Suicide Prevention Policy

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the Research Project Team.

Office of the Research Project Team

Kawaramachi-Hirokoji, Kamigyo-ku, Kyoto, 602-8566, Japan

Kyoto Prefectural University of Japan

