

# Suicide Countermeasures for Attempted Suicide Survivors: Based on the General Principles of Suicide Prevention Policy

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## 1. Overview of the new General Principles of Suicide Prevention Policy

On July 25, 2017, the new General Principles of Suicide Prevention Policy (hereafter, the “General Principles”) were approved by the Cabinet and officially announced.<sup>1</sup> Under these General Principles, the policy objective for cutting the suicide rate was set at a 30 percent reduction over the 2015 rate of 18.5 (per 100,000 people) within 10 years, which drew a substantial response when it was reported in the media.<sup>2</sup> What drew attention was the fact that in comparison to the General Principles that were formulated a decade earlier, which set the target at a “20 percent or more” reduction in the suicide rate, the new General Principles set a much higher target.<sup>3</sup> However, the important point in the new General Principles is not just the lofty policy objective. First and foremost, what is critical is that it clarifies the concept of suicide countermeasures based on the provisions of the revised Basic Law on Suicide Countermeasures that came into force in April 2016. The new General Principles describes the concept of suicide countermeasures as follows:<sup>1</sup>

Suicide is a death to which many have been driven. In its background are not just mental health issues; overwork, poverty, parental burnout and caregiver fatigue, bullying and social isolation and various other social factors are known to be involved. For that reason, suicide countermeasures shall be vigorously and comprehensively promoted at the three levels of “personal support,” “regional cooperation” and “the social system” in ways that will lower the risk of suicide in society as a whole

by reducing the social factors that are impediments to life (suicide risk factors) and increasing those that enhance it (protective factors against suicide). There are five basic policies offered in the General Principles (fig. 1). In addition, 12 areas of pressing priority policies are laid out (fig. 2).

As a result of the April 2016 revision to the Basic Law on Suicide Countermeasures, prefectures and municipalities are to consider the General Principles and actual local situation and draft local suicide countermeasure plans.<sup>4</sup> Also, the national government is to provide local public entities with profiles of actual local suicide conditions and policy packages of local suicide countermeasures and to strengthen its assistance for practical initiatives at the local level.

## 2. Results of public attitudinal surveys on suicide and attempted suicide

When an individual is driven to attempt suicide but fortunately does not succeed, what sort of assistance from medical facilities and from the local community is necessary and what types of systems are required to ensure that the person is out of danger of trying again and can return to a fulfilling life in that community? This is the question that will be examined in this paper based on the group of measures indicated in the new General Principles. Before we turn to that question, however, we will first try to gain an understanding of the current status of public awareness of suicide and attempted suicide based on two recent public attitudinal surveys.

The first survey, conducted in October 2016 by the Ministry of Health, Labour and Welfare,<sup>5</sup> found that roughly 1 in 20 citizens responded, “I have thought

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1. Japan Support Center for Suicide Countermeasures

### Five basic policies in the General Principles

1. Promoting them as comprehensive support for people's lives
2. Strengthening organic coordination with related measures and dealing with it comprehensively
3. Interconnecting policies and measures effectively at each level tailored to the stage of response
4. Promoting awareness-raising and practical initiatives inseparably from one another
5. Identifying the roles of the national government, local public entities, related organizations, private sector entities, businesses and the people in Japan and promoting cooperation and coordination among them

**Figure 1. Five basic policies in the General Principles**

### Twelve areas of pressing priority policies

1. Strengthening support for practical initiatives at the community level
2. Encouraging everyone in Japan to be aware of and monitor potential suicide risks
3. Promoting research and studies that will contribute to the promotion of comprehensive suicide countermeasures
4. Recruiting, training and improving the quality of personnel engaged in suicide countermeasures
5. Advancing the promotion of mental health and providing a supportive environment for it
6. Seeing to it that the appropriate mental health, medical care and welfare services are received
7. Lowering the risk of suicide in society as a whole
8. Preventing repeat suicide attempts
9. Improving support for the bereaved
10. Strengthening coordination with private sector entities
11. Promoting suicide countermeasures among children and young people even further
12. Promoting suicide countermeasures for work-related problems even further

**Figure 2. Twelve areas of pressing priority policies**

about suicide within the past year.” In addition, in response to a question regarding what suicide countermeasures are needed in the future, 39.2 percent responded, “Develop the appropriate mental health system,” while 27.5 percent responded, “Support individuals who have attempted suicide in the past.” When asked whether they had ever in their life seriously thought about committing suicide, a total of 23.6 percent of respondents answered, “I have thought that I would like to commit suicide.” Based on these findings, it is important to foster awareness of the fact that being driven to suicide is a “danger that can happen to anyone.”

The second attitudinal survey is the Nippon Foundation’s Suicide Awareness Survey 2016, carried out in 2016.<sup>6</sup> The main finding was that roughly one in four people (25.4 percent) responded, “I have had serious suicidal thoughts at some point in my life,” and 3.4 percent had considered suicide within the past year. The top three reasons for those suicidal thoughts among men were a combination of “problems at work,” “financial problems,” and “health problems,” while among women they were a combination of “problems at home,” “health problems,” and “financial problems.”

Also, it was estimated that 535,000 people had attempted suicide within the past year, and in response to the question, “Have you ever attempted suicide?” a total of 6.8 percent said yes, with 0.6 percent saying they had attempted suicide within the past year. Of those who had recently tried to kill themselves, 82.6 percent were dealing with two or more issues. The most common combination with “health problems” the largest number of both men and women were facing was health problems (1st) + financial problems (2nd) + problems at work (3rd) for men, and health problems (1st) + problems at home (2nd) + financial problems (3rd) for women. These findings indicated that many of those who have contemplated or attempted suicide were facing multiple issues, which highlighted once again the importance of having those involved in suicide countermeasures and assistance work cooperatively across various types of boundaries and demarcations as they tackle suicide prevention.

### 3. Locally based care for attempted suicide survivors

Among the 12 priority policies in the General Principles, the most relevant in terms of aiding those

who have survived an attempted suicide are “6. Seeing to it that the appropriate mental health, medical care and welfare services are received” and “8. Preventing repeat suicide attempts.”<sup>1</sup>

With regard to the former, “Seeing to it that the appropriate mental health, medical care and welfare services are received,” the General Principles state, “Together with working toward the early detection of persons with a high risk of suicide and ensuring they are referred to psychiatric care as necessary, enhance the psychiatric care system so that such people can receive the appropriate treatment.” In other words, to deal comprehensively with the various underlying issues that heighten the risk of suicide, such as economic and livelihood issues, welfare problems, and family problems, the objective is to increase the linkages among policies and measures in areas such as psychiatric care, health care, and welfare so that everyone can receive the appropriate services. More specifically, the following are raised as methods for promoting such linkages among policies and measures in areas such as psychiatric care, health care, and welfare: (1) encourage the building of a network of related groups and organizations in the areas of health, medicine, welfare, education, labor, law, etc., which would include psychiatric care facilities in the community, and in particular, improve the linkages among psychiatric care, health care, and welfare; and (2) promote improvements to a medical care coordination system to refer those diagnosed with depression by their family doctor or other primary care provider in the community to a specialist as well as a multi-institutional coordination system to refer them to counseling facilities in various fields.

With regard to the latter “Preventing repeat suicide attempts,” the General Principles list the following three measures: (1) “equipping medical facilities responsible for the core functions of supporting individuals in the community who have survived a suicide attempt,” (2) “upgrading the medical care system provided by psychiatrists at emergency medical facilities,” and (3) “strengthening comprehensive support for those who have attempted suicide by promoting coordination between medical care and the community.”

#### **4. Measures to prevent repeat suicide attempts in the local suicide countermeasure policy packages**

The Office for Suicide Data Analysis of the Japan Support Center for Suicide Countermeasures has developed “profiles of actual local suicide conditions” that serve as a tool to help people understand the actual suicide conditions in a community at a glance. At the same time, the Center has developed local suicide countermeasure policy packages.<sup>7</sup> These policy packages reflect the local characteristics that are evident from the analysis in the profiles of actual local suicide conditions and they present a group of policies and measures to prevent suicide in a way that is best suited to such local characteristics.

The local suicide countermeasure policy packages are comprised of a Basic Package and a Priority Package, and support for those who have attempted suicide and for those who are bereaved due to suicide is included under the category of “supporting life-enhancing factors” in the Basic Package, which gives examples of specific measures. In terms of support for individuals who have attempted suicide, examples of measures are offered based on the following understanding: “People who have attempted suicide are an important high-risk group when considering suicide countermeasures, and preventing repeat attempts is a priority topic for reducing the number of suicide victims. For this reason, along with the physical and mental care provided at general medical facilities, psychiatric care facilities, urgent care centers, and other emergency medical facilities, it is important that once individuals return to their community, they are able to receive care from psychiatrists and other specialists as well as multilayered and comprehensive assistance to address the various social issues that those individuals are facing. Among the measures to deal with those who have attempted suicide, when someone has been transported by ambulance after having attempted suicide, then in addition to carrying out the appropriate, ongoing interventions even after their release from the hospital, it is important to carry out training and other initiatives for emergency medical personnel and create an organic system of cooperation not only between emergency medical facilities and the government but

also involving police and firefighters. This will make it possible to build a network that can connect those who have attempted suicide to ongoing medical assistance and counseling facilities so that they can receive psychiatric care appropriate to their needs.” There are four categories of measures given: (1) strengthening comprehensive support for those who have attempted suicide by promoting coordination between medical care and the community; (2) active intervention by doctors, public health nurses, and other professionals; (3) provision of training, etc. to relevant institutions on caring for individuals who have attempted suicide; and (4) provision of assistance to family members and other close supporters.

(1) Successful examples of strengthening comprehensive support for those who have attempted suicide by promoting coordination between medical care and the community:

#### 1. Case of Arakawa Ward, Tokyo

As a model program for medical coordination to support attempted suicide survivors, the ward created a system in cooperation with the Nippon Medical School, which is its local emergency medical facility; through this system, at the time an individual is identified as having attempted suicide, with the individual’s consent, the public health nurse at the public health center and the full-time caseworker at the advanced emergency medical center work to quickly share the necessary information to connect the individual with the support they need.

#### 2. Case of Iwate Prefecture

Within Iwate Prefecture, the Ninohe area had seen trends of very high death rates from suicides, and so to reduce repeat attempts by suicide survivors and to decrease the suicide rate, meetings were held among medical practitioners and administrators from the Ninohe medical area’s three major emergency care hospitals, four local health care centers, the Ninohe public health center, and the Iwate Prefecture Mental Health and Welfare Center, and a system was created for Ninohe in

cooperation with such institutions to assist survivors of suicide attempts. Leaflets from the hospitals are distributed to attempted suicide survivors who are examined in emergency care facilities, encouraging them to seek counseling, and care management is being carried out for patients who do seek counseling at the Mental Health and Welfare Center.

(2) Successful examples of active intervention by doctors, public health nurses, and other professionals:

#### 1. Case of Yokosuka, Kanagawa Prefecture

The public health center actively intervened with patients who were transported by ambulance to the emergency and critical care center following an attempted suicide, as well as with their families, in order to prevent repeat suicide attempts. They carried out proactive interventions using an attempted suicide survivor care flowchart and a leaflet introducing the public health center. They also held a planning meeting to strengthen cooperation and share information among emergency medical technicians, hospitals, and the public health center.

#### 2. Case of Osaka Prefecture

With the goal of understanding the actual status of individuals in emergency medical facilities who have survived attempted suicide and finding ways to support them in order to avoid repeat attempts, Osaka implemented a survey project to assess the actual status of suicide survivors and provided support through psychiatric social workers. In addition, a leaflet was created for those who are brought in during evening hours and are unable to receive assistance from social workers.

(3) Provision of training, etc. to relevant institutions on caring for individuals who have attempted suicide:

### 1. Case of Sakai, Osaka Prefecture

Five groups comprised of roughly 10 people from various professions were created, and each group held discussions and workshops to examine cases of care for survivors of suicide attempts. Also, suicide survivor care workshops were held to provide systematic learning on survivor care and promote interaction and information-sharing among a range of professionals working in the city's emergency medical services and other fields.

### 2. Case of Fukuoka Prefecture

For those medical institutions that do not have a coordinator position to carry out counseling for survivors of suicide attempts who are brought in by ambulance, training is provided for other medical personnel to train individuals who can take on the role of coordinator.

## (4) Provision of assistance to family members and other close supporters

### 1. Case of Shiga Prefecture

The Shiga Prefecture Suicide Prevention Information Center in the Shiga Prefectural Mental Health and Welfare Center serves as an organization responsible for the following activities: (1) provision of counseling and assistance for suicide survivors who are admitted to the emergency notification hospitals in their jurisdiction, as well as the survivors' families, through a program to help prevent repeat suicide attempts—the Konan Life Support Counseling program; (2) provision of technical assistance to the cities of Hikone and Otsu, the Higashi Omi public health center, and others that are taking the lead in carrying out programs to prevent repeat suicide attempts; and (3) establishment of the Shiga Prefecture Review Conference for a Suicide Survivor Support System and promotion of coordination efforts within the prefecture to prevent repeat suicide attempts as one such measure for attempted suicide survivors.

## 5. **Enhancing the psychiatric care system by training personnel responsible for mental health, medical care, and welfare services**

Together with working toward the early detection of persons with a high risk of suicide and ensuring they are referred to psychiatric care as necessary, the psychiatric care system should be improved so that such people can receive the appropriate treatment. Also, even after referring a person to psychiatric care, it is necessary to deal comprehensively with the concerns that such person has; namely, the various problems that underlie his/her heightened risk of suicide, such as economic and livelihood issues, welfare-related problems, and family problems. For that reason, the interconnectedness of all policies and measures in areas such as psychiatric care, health care, and welfare should be reinforced so that everyone is able to receive the appropriate mental health, medical care, and welfare services. The General Principles discuss the following categories:<sup>1</sup>

### (1) Improving the interconnectedness of all policies and measures in areas such as psychiatric care, health care, and welfare

Encourage the building of a network of related groups and organizations in the areas of health, medicine, welfare, education, labor, law, etc., that would include psychiatric care facilities in the community and, in particular, improve the interconnectedness among psychiatric care, health care, and welfare. Also, promote improvements to a medical care coordination system to refer those diagnosed with depression by their family doctor or other primary care provider in the community to a specialist as well as a multi-institutional coordination system to refer them to counseling facilities in various fields.

### (2) Enhancing the psychiatric care system by training personnel responsible for mental health, medical care, and welfare services

Carry out training for psychologists and others engaged in psychiatric care on the appropriate ways to deal with psychiatric disorders and educate psychologists and

others who can support psychiatrists. Disseminate treatment methods such as cognitive behavioral therapy and implement training mainly in mental health care for those specializing in the treatment of patients suffering from depression. Also, in addition to the diffusion of appropriate drug therapies and the thorough enforcement of measures against drug overdoses, disseminate knowledge about adjustments that may need to be made to the patient's living environment.

(3) Assigning specialists to increase the interconnectedness of mental health, medical care, and welfare services

In order to improve the interconnectedness of measures and policies for psychiatric care, health care, and welfare, encourage efforts to assign psychiatric social workers and other specialists to medical facilities and elsewhere in the community.

(4) Improving the skills of family doctors and other primary care providers to evaluate and respond to suicide risks

Improve family doctors' and other primary care providers' understanding of and responses to depression and other mental illnesses and their skill at being able to evaluate their patient's suicide risk accurately by taking into consideration the underlying social factors. In addition, raise their knowledge about community-based suicide countermeasures, as well as various types of counseling services and support measures.

(5) Improving the system to provide mental health, medical care, and welfare services for children

Promote improvements to the mental care system for children by encouraging studies of a diagnostic model different from that for adults and promoting the training of doctors and others who can deal with children's mental problems. Increase the number of medical facilities capable of treating small children, including emergency hospitalization,

and recruit personnel to do so. In addition to seeing to the functional enhancement of child consultation centers and municipal child-counseling-related facilities, work to strengthen their coordination with related organizations involved in the care and education of disabled children, such as mental health and welfare centers and municipal welfare departments for persons with disabilities.

(6) Implementing screening for depression and other mental illnesses

Improve the identification of those in the community who may be depressed by making use of opportunities such as health education and health consultations, home-visits and guidance, and medical check-ups at public health centers, municipal health centers, and other facilities. Promote, primarily at the municipal level, efficient and effective long-term-care-prevention initiatives tailored to actual local conditions, such as creating various places where people can go to in order to promote social participation and care prevention among the elderly.

Also, ascertain the physical and mental health status and living environment of nursing mothers soon after childbirth through postnatal health check-ups from the perspective of preventing post-partum depression, and strengthen support for them at an early stage after childbirth.

(7) Promoting measures for those at high risk for psychiatric illnesses other than depression

For illnesses other than depression, such as schizophrenia, alcohol-related health problems, and drug, gambling, and other addictions that are risk factors for suicide, in addition to promoting efforts in accordance with the Basic Law on Measures to Prevent Damage to Health Due to Alcohol and other related laws, as well as research and studies in view of the relation of these disorders to debt, family problems, etc., improve the system to provide

ongoing treatment and support, build a network of related groups and organizations in the areas of health care, medicine, welfare, education, labor, and law, including with the involvement of local medical facilities, and provide support for self-help programs.

Also, for those in adolescence or young adulthood who have mental health issues, who repeatedly engage in self-mutilation, or who have severe difficulties in life due to past experiences of bullying or abuse, taking into full consideration environmental factors, especially livelihood conditions such as poverty and the difficulties young people face in becoming self-supporting, promote efforts to detect those who need support and intervene at an early stage by, among other things, helping them to be able to utilize the appropriate medical and counseling facilities by building a network of related groups and organizations in areas such as health care, medicine, welfare, education, labor, law, etc., including with the involvement of local emergency medical facilities, mental health and welfare centers, public health centers, educational institutions, etc.

(8) Supporting cancer patients and the chronically ill (omitted)

## 6. Conclusion

In the revised Basic Law on Suicide Countermeasures and the new General Principles, support for individuals who have attempted suicide is positioned as one of the priority policies, and such policies have been restructured from the perspective of the connections between local mental health, medical care, and welfare services. Utilizing the local suicide countermeasure policy packages and other resources, it is expected that when drafting local suicide countermeasure plans, municipalities will introduce countermeasures that address attempted suicide survivors in their region in a way that responds to local characteristics.

## Competing Interests

The authors declare that they have no competing interests.

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