

Local Suicide Countermeasure Policy Packages

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I What are local suicide countermeasure policy packages?

I-1 Basic thinking on local suicide countermeasure policy packages

In order to support the preparation of local suicide countermeasure plans, the Japan Support Center for Suicide Countermeasures produced specific local suicide conditions profiles that analyze in detail the actual status of suicides in that locality, while also creating local suicide countermeasure policy packages that assist in the formulation of such countermeasures. It is hoped that prefectures and municipalities will utilize these packages to create local suicide countermeasure plans that are appropriate to their own actual local situations.

The local suicide countermeasure policy packages are comprised of the “Basic Package” and “Priority Package.” The Basic Package is a collection of policies that should be implemented nationwide as a national minimum. While taking into consideration important policies indicated in the new “General Principles of Suicide Prevention Policy,” which was adopted by Cabinet decision on July 25, 2017, the Priority Package provides greater detail on measures that could be priority issues locally. It is a group of policies that it is hoped will be added to the Basic Package in order to more effectively implement local suicide countermeasures that correspond to the local characteristics of different municipalities.

The following five basic policies are included in the Basic Package. All of these are part of the cluster of policies that should be implemented by all municipalities in order to promote local suicide countermeasures. In addition, “education on how to raise an SOS” provides life skills for students at the primary and secondary school levels. It is an important initiative that offers methods for sorting out and coping with issues that people may encounter when

faced with crises that threaten their lives or livelihoods, and it was included in the Basic Package with the intent of having all municipalities begin working on this right away.

1) Strengthening local networks

Mechanisms should be created for cooperation and collaboration among the national government, local governments, relevant bodies, private organizations, corporations, and the people to strengthen networking among them.

2) Developing human resources to support suicide countermeasures

Early *awareness* of people experiencing various types of distress or difficulties in their lives is critical, and it is therefore necessary to strengthen plans to develop the human resources needed for such awareness.

3) Raising awareness and knowledge among residents

Being driven to suicide is a *danger that can happen to anyone*, and efforts are needed to actively promote awareness to ensure that there is a common recognition throughout society as a whole that, if one does fall into such a danger, it is appropriate to ask someone for help.

4) Supporting life-enhancing factors

In addition to initiatives that seek to reduce *life-impeding factors*, suicide countermeasures include initiatives that will increase *life-enhancing factors*. From this perspective, measures should be promoted to create places where people can go and feel safe, to support those who have attempted suicide, and to offer assistance to the bereaved.

5) Promoting instruction for schoolchildren on how to raise an SOS

In order to expand education for primary and secondary school students throughout the country on how to raise an SOS, initiatives should be positioned as school educational activities aimed at *enabling students facing difficulties or stress to ask*

*Supplementary Information for Suicide Countermeasures for Attempted Suicide Survivors: Based on the General Principles of Suicide Prevention Policy (Suicide Policy Research 2018; 2:1-7)

trusted adults for help as parts of comprehensive support for people’s lives. Such measures can be implemented by having the area’s public health nurse or other local expert give classes.

For the Priority Package, countermeasures are presented with respect to children and youth, work and business-related issues, the poor and needy, unemployed persons, the elderly, high-risk areas, areas affected by disasters, including earthquakes, and means of committing suicide. It is hoped that the people in charge at the municipalities will fully understand the thinking behind these Basic and Priority Packages and will participate in creating their own local suicide countermeasure plans.

Figure I-1 shows the process through which the municipalities combine the Basic Package and a Priority Package to create a local suicide countermeasure plan that is best suited to their own locales. By selecting, from among those presented in the two packages, the group of measures most appropriate for the actual suicide conditions they are facing, municipalities are able to draw up effective local suicide countermeasure plans that are optimized for such actual local situations.

In order to carry out planning that draws on the local suicide countermeasure policy packages, municipalities must first understand the circumstances unique to their areas and sort out the issues based on the actual local suicide conditions profiles provided by the Japan Support Center for Suicide Countermeasures. In these actual local suicide conditions profiles, the priority levels are presented in the local characteristics evaluation results, which represent the findings of the analysis of actual suicide conditions in each municipality, and municipalities can then each select a Priority Package taking their own priority levels into account. The objective is to enable them to identify the optimal suicide countermeasure policies that address local conditions by combining the Basic Package with a Priority Package that reflects the unique local characteristics, and to thereby assist in the promotion of local suicide countermeasures.

Suicide countermeasures are deeply tied to all aspects of society—households and schools, workplaces, regions, and the like. In order to promote comprehensive suicide countermeasures, it is important to secure the cooperation and collaboration of diverse interested parties in a given locality, while implementing highly effective measures that correspond to the region’s unique characteristics.



Figure I-1.
The process to develop an effective local suicide countermeasure plan combining the Basic Package and the Priority Package

I-2 Composition of the local suicide countermeasure policy packages

1) Composition of the Basic Package

The Basic Package is composed of the following elements.

III-1 Strengthening local networks

III-2 Developing human resources to support suicide countermeasures

- 1) Training for various professions
- 2) Training for the general public
- 3) Training for individuals involved in school and social education
- 4) Training of individuals who can organize collaboration among relevant parties
- 5) Training of personnel who can offer personalized, *yorisoi*-style support

III-3 Raising awareness and knowledge among residents

- 1) Creation and use of leaflets and other awareness-raising materials
- 2) Lectures and other events for the public
- 3) Awareness-raising via the media

III-4 Supporting life-enhancing factors

- 1) Efforts to create safe spaces
- 2) Support for individuals who have attempted suicide
- 3) Support for those bereaved due to suicide

III-5 Promoting instruction for schoolchildren on how to raise an SOS

- 1) Implementing education on how to raise an SOS
- 2) Strengthening cooperation to promote education on how to raise an SOS

2) Composition of the Priority Package

The following are measures that fall within in each field in the Priority Package.

IV-1 Children and youth

- 1) Suicide prevention for children who are victims of bullying
- 2) Improved support for primary and secondary school students, focusing on issues young people tend to face
- 3) Improved support for children facing economic difficulties, etc.

4) Strengthened outreach, etc., to young people using ICT

5) Initiatives to teach young people how to offer counsel to those around them

6) Initiatives to reduce the risk of suicide among young people in society as a whole

IV-2 Work and business-related issues

1) Promotion of mental health measures in the workplace

2) Efforts to prevent death from overwork, including overwork-related suicides

3) Rectification of the practice of long working hours

4) Measures to prevent harassment

5) Implementation of counseling programs for business owners

IV-3 Poor and needy

1) Counseling and support, and promotion of human resource development

2) Creation of safe spaces and improving livelihood support

3) Linkage of suicide countermeasures and systems that support the self-sufficiency of the poor and needy

IV-4 Unemployed persons

1) Improved counseling and other services for those who are unemployed

2) Improved support to help young people achieve occupational self-sufficiency

3) Promotion of the creation of safe spaces for those who are unemployed

IV-5 Elderly

1) Promotion of coordination to provide comprehensive support

2) Support for those in the region who require long-term care

3) Support for elderly persons in poor health

4) Strengthening of social participation and the prevention of loneliness and isolation

IV-6 High-risk areas

1) Patrols by relevant parties and use of surveillance cameras

2) Temporary protection using shelters and livelihood assistance for those contemplating suicide

3) Initiatives to make it easier for those contemplating suicide to ask for help

4) Initiatives to prevent suicide by jumping

IV-7 Areas affected by disasters, including earthquakes

- 1) Promotion of support measures for those affected by large-scale disasters
- 2) Enhanced support for those addicted to alcohol, gambling, etc.
- 3) Strengthening of outreach to affected areas and provision of *yorisoi*-style support through collaboration among those in different professions and sections

IV-8 Means of committing suicide

- 1) Initiatives to prevent suicide by jumping (see IV-6 4) above)
- 2) Prevention of suicides using pesticides or gas (e.g., carbon monoxide poisoning using coal briquettes)
- 3) Initiatives to prevent overdoses, etc.

3) Points to keep in mind regarding consideration of municipality population size and levels of priority in the Priority Package

In promoting suicide countermeasures locally, consideration must be given to the size of a municipality's population. In terms of its application, the Basic Package assumes three subcategories of municipalities based on population size: under 50,000, from 50,000 to 499,999, and 500,000 and over. Research to date on the effectiveness of suicide prevention policy has shown that areas in which the

population is generally under 50,000 show a clearer decrease in the rate of deaths by suicide (hereafter, "suicide rate") as a result of comprehensive intervention. Municipalities with large populations are therefore encouraged to implement efforts that take population scale into consideration, for example by designing measures focused on subdivisions within their municipalities.

With regard to the Priority Package, an "evaluation of the characteristics of suicides in the area" is conducted based on the results of the analysis in the profiles of actual local suicide conditions, and this evaluation indicates the optimal Priority Package for a given locality. In the Priority Package, the relative level of priority is indicated for the countermeasures regarding the following: children and youth, the elderly, work and business-related issues, unemployed persons, the poor and needy, high-risk areas, and means of committing suicide.

In terms of "areas affected by disasters, including earthquakes," the level of priority based on analysis in the profiles of actual local suicide conditions is not given, but it is expected that in areas that have experienced an earthquake or another disaster, municipalities will refer to "areas affected by disasters, including earthquakes" as they carry out countermeasures.

In addition, it is also expected that consideration will be given to population scale when carrying out the countermeasures in the Priority Package.

II Actual local suicide conditions profiles and local suicide countermeasure policy packages

Up until now, the analysis of actual local suicide conditions as a means to grasp the causes and context of suicide (including societal factors) and the process that leads people to commit suicide has been left to the discretion of local governments, and in many cases, the local government would conduct its own research and analysis in view of the need to promote policies.

As indicated in the new “General Principles of Suicide Prevention Policy,” approved by Cabinet decision on July 25, 2017, based on the Basic Law on Suicide Countermeasures (revised in April 2016), in order to provide assistance to local public entities as they draw up local suicide countermeasure plans, the national government, through the Japan Support Center for Suicide Countermeasures, is to prepare actual local suicide conditions profiles that analyze the real state of suicide in all respective prefectures and municipalities. In order to promote suicide countermeasures at the municipal level, local government employees need to have an accurate understanding of the actual situation regarding suicides in that area and be able to reflect the same in the drafting of their plans. However, the reality is that employees who are busy carrying out their everyday tasks rarely have the time to analyze the actual local suicide situation in detail. Also, use of a common methodology to analyze the actual suicide conditions in all municipalities enables the analysis of comparable data. For that reason, the Office for Suicide Data Analysis of the Japan Support Center for Suicide Countermeasures has taken the lead in developing the “actual local suicide conditions profile” as a tool that allows people to understand at a glance the actual circumstances surrounding suicide in a given area.

Figures II-1 and II-2 provide images of the actual local suicide conditions profile. Existing official statistics are used to create the profile. Based on the National Census, Vital Statistics, corporate and economic statistics, and lifestyle-related statistics (Comprehensive Survey of Living Conditions, Survey on Time Use and Leisure Activities, etc.), the number of suicides, suicide rate, and relevant regional characteristics for each municipality are shown using bar graphs and line graphs. They create a simple report

II-1 About the actual local suicide conditions profiles

Using these profiles prepared for them to gain understanding of the actual circumstances regarding suicides in their areas, the prefectures and municipalities are then to develop local suicide countermeasure plans and implement comprehensive suicide countermeasures.

- ▶ See “Planning and implementation of resident surveys as an option to clarify actual local suicide conditions” [Comment II-1]
- ▶ See “Use of demographic statistics as an option to clarify actual local suicide conditions” [Comment II-2]

II-2 Overview of actual local suicide conditions profiles and utilization of local suicide countermeasure policy packages

that is, in a manner of speaking, like a report following an annual checkup for suicide countermeasures.

First, Figure II-1 illustrates the Recommended Priority Package based on an analysis of the actual local suicide conditions profile for the municipality in question. In the bottom section, it lists the top five categories of individuals (gender, age, employment status, whether living alone or not) in terms of the proportion of suicide victims in that municipality, and it gives the primary underlying traits of suicides. Through this, even a municipality that has a low suicide rate compared to the nation overall will be able to consider the need to promote measures focused on residents belonging to the categories that represent high proportions of suicide victims in their own town.

In Figure II-2, the top section shows the municipality’s proportion of suicide victims (bar graph) and suicide rate (line graph) by gender, age, and employment status. Based on these graphs, municipalities can determine the types of characteristics (gender, age, and employment) that are shared by those groups that represent high proportions of suicide victims or that have high suicide rates. The table below of the evaluation of the characteristics of suicides in the area presents the high priority categories for that specific municipality as compared to other municipalities. By looking at this table, local

officials can determine the characteristics of priority groups in terms of the categories that can be analyzed using quantitative data.

In terms of the specific measures that one's own municipality should implement, officials should first check the Recommended Priority Package illustrated in Figure II-1 as a guide and then deliberate on the relevant measures. Factors to be taken into consideration include the "evaluation of the characteristics of suicides in the area" in Figure II-2

and other detailed data provided in the actual local suicide conditions profile. (See Figures II-1 and II-2)

Moreover, the Japan Support Center for Suicide Countermeasures plans to provide information and conduct other efforts to deepen understanding of actual local suicide conditions profiles and local suicide countermeasure policy packages.

Profile of Actual Local Suicide Conditions
[xxx City, xxx Prefecture]

Recommended Priority Package

Priority Package	Children and youth Unemployed persons Poor and needy Work and business-related issues Elderly
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The “Recommended Priority Package” is selected based on the characteristics of the top three groups (gender, age, etc.) in the “Characteristics of suicides in the area” table below and with reference to the “major underlying pathways to suicide-related crisis.” (This indicates the “pathways to suicide-related crisis” thought to be representative nationwide according to the relevant gender, age, and other characteristics based on the *2013 Suicide White Paper*, and the listed pathways are by no means the only ones that lead to suicide.) In addition, in terms of high-risk areas and means of committing suicide, a description is given of areas indicated with “☆☆” marks in the rankings in the “Evaluation of the characteristics of suicides in the area” on the next page.

In terms of the specific measures that your municipality should implement, please first check the Recommended Priority Package as a guide and then carry out deliberations taking into consideration the “evaluation of the characteristics of suicides in the area” on the next page (such evaluation is based on indices relative to the national level for suicide rate per 100,000 people, etc.) and other detailed data in the actual local suicide conditions profile.

■ Characteristics of suicides in the area

Major characteristics of local suicides (Special calculation of data [suicide date/residence; total 2012–2016], National Census)

Top five (by percentage)	Number of suicides (5-year total)	Percentage	Suicide rate* (per 100,000)	Major underlying pathways to suicide-related crisis**
1 Male, aged 20–39, unemployed, living alone	31	7.5%	91.5	① [30s and unemployed] unemployment → poverty → multiple debts → depression → suicide / ② [20s student] relationships at school → absence from school → depression → suicide
2 Male, aged 40–59, employed, living with others	28	6.7%	20.8	Personnel change → overwork → concerns about inter-office relationships + failures at work → depression → suicide
3 Male, aged 60 and up, unemployed, living with others	27	6.5%	44.6	Unemployment (retirement) → poverty + concerns about (fatigue from) caregiving + physical ailments → suicide
4 Female, aged 20–39, employed, living alone	26	6.4%	26.2	① Irregular employment → poverty → debt → depression → suicide / ② work-related concerns → depression → leave of absence/concerns about returning to work → suicide
5 Female, aged 40–59, unemployed, living with others	22	5.3%	29.5	Concerns about relations with neighbors + family discord → depression → suicide

The order is based on the number of suicide victims; in cases in which the number of victims is the same, then it is based on the higher suicide rate.

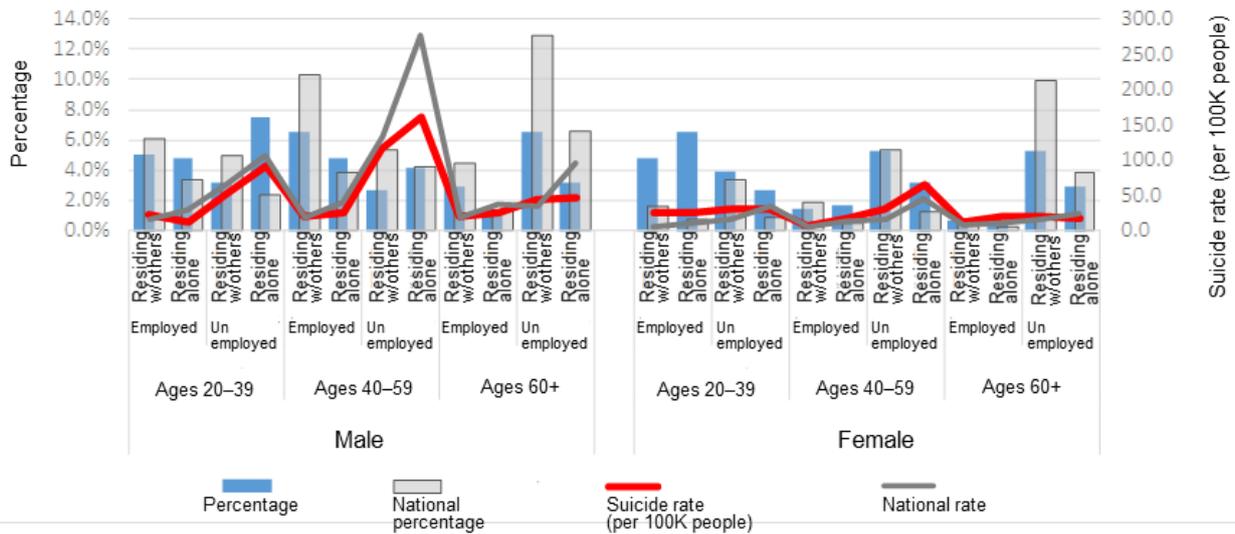
* The parameters (population) for the suicide rate were estimated by the Japan Support Center for Suicide Countermeasures based on the 2015 National Census.

** “Major underlying pathways to suicide-related crisis” refers to the *2013 Suicide White Paper* (Lifeline).

Figure II-1. Image of Profile of Actual Local Suicide Conditions (1)

This image provides an overview of the analysis findings and the recommended countermeasures (Priority Package), and it also indicates additional details about the actual status of suicides in the given location. The order of the list in the Priority Package does not necessarily reflect the order of prioritization.

Overview of suicides in the area (graph)



■ Evaluation of the characteristics of suicides in the area

	Indicator	Rank		Indicator	Rank
Total ¹⁾	25.9	★	Male ¹⁾	30.6	—
Under 20 years old ¹⁾	2.2	★	Female ¹⁾	21.2	★★★
20s ¹⁾	34.3	★★★a	Youth (20-39 years) ¹⁾	30.9	★★
30s ¹⁾	27.8	★	Elderly (Over 70 years) ¹⁾	22.5	—
40s ¹⁾	28.2	★	Work and business-related issues ²⁾	19.5	★
50s ¹⁾	32.7	★	Unemployed persons ²⁾	56.4	★
60s ¹⁾	29.4	★	High-risk areas ³⁾	112%/+51	—
70s ¹⁾	22.8	—	Suicide methods ⁴⁾	51%	☆☆
80 years old or over ¹⁾	22.2	—			

- 1) Suicide rate (per 100,000) based on suicide statistics. An “a” indicates cases in which an increase or decrease of 1 suicide victim would change the ranking.
- 2) Suicide rate (per 100,000) for those aged 20 to 59 based on specially compiled statistics. An “a” indicates cases in which an increase or decrease of 1 suicide victim would change the ranking.
- 3) Percentage (%) of suicide victims who were discovered/resided in a given area based on suicide statistics and difference (no. of persons). An “a” indicates cases in which a decrease of 1 suicide victim (location discovered) would change the ranking.
- 4) Percentage (%) of suicides committed by means other than hanging based on suicide statistics and specially compiled statistics. The higher the percentage, the higher the ratio of suicides by means other than hanging.

Rank marks (for details, see attached reference lists 2 and 3)

Rank	
★★★/☆☆	Top 10%
★★/☆	Top 10-20%
★	Top 20-40%
—	Other

Figure II-2. Image of Profile of Actual Local Suicide Conditions (2)

This image shows the overview of the analysis findings (suicide percentages and suicide rate in the given location), while the bottom portion indicates the evaluation of the characteristics of suicides in the area.

[Comment II-1] Planning and implementation of resident surveys as an option to clarify actual local suicide conditions

A detailed examination of the results of the analysis in the actual local suicide conditions profile can clarify the actual status of suicides in many areas. However, in municipalities in which the population is small and the number of suicide victims per year is extremely low, there may be instances in which the statistical analysis provided by the actual local suicide conditions profile is inadequate to clarify the actual suicide conditions. In such cases, the municipality might consider conducting a survey of its residents on its own to clarify their awareness of the issue of suicide. This is not to say that all municipalities must conduct this sort of public survey, but rather that they should determine whether or not such a survey is needed and, if so, implement it as one option. An example of a questionnaire to be prepared by a municipality with a small population is attached in Document 1 at the end of this package. The document introduces questions that might be posed in various cases. It is hoped that local governments will select questions appropriate to their municipality as they implement their surveys.

[Comment II-2] Use of demographic statistics as an option to clarify actual local suicide conditions

For cities with large populations and/or areas, it is possible that the actual suicide conditions in city subdivisions may not be evident from the analysis at the municipal level. In cases in which, based on the analysis presented in the actual local suicide conditions profile, the official in charge recognizes a need to understand the actual suicide conditions within subdivisions of the municipality, an option to be considered is to utilize the death certificates in the vital statistics to analyze actual suicide conditions in each subdivision. However, caution is needed since there may be cases in which suicide is not selected as the cause of death on the death certificates, for example, so it may not be possible to ascertain necessary information from the vital statistics.

Based on the above, municipalities wishing to analyze actual suicide conditions within subdivisions should refer to the “Request for use of vital statistics questionnaire information (Notice)” (No. 1108-01, issued by the Director General of the Ministry of Health, Labour and Welfare on November 8, 2016. Addressed to the head of each prefecture’s department [bureau] of health statistics and signed by the counselor [responsible for vital, health, and social statistics] to the Director-General for Statistics and Information Policy of the Ministry of Health, Labour and Welfare), and should submit a request for use in accordance with the provisions of Section 1, Article 33 of the Statistics Act so that they can use death certificates within the local government to conduct their analysis.

Moreover, in cases in which a summary table is to be created and made public as part of the municipality’s suicide countermeasures plan, or in other cases that would involve the creation of statistics under Section 1, Article 33 of the Statistics Act, a separate application is required. An application must be submitted to the Minister of Health, Labour and Welfare based on the same provisions, and such application must be approved.

[Comment II-3] Setting questions for surveys of resident attitudes that can be used as evaluation indices for suicide countermeasures

When conducting attitudinal surveys of residents (not limited to surveys specifically on suicide countermeasures, but including existing attitudinal surveys), there are questions that can serve as evaluation indices for suicide countermeasures, such as, “Would you like to request assistance or talk with someone?” or “Have you ever attended a lecture or class on suicide countermeasures?” Evaluations can be carried out by examining the change in the number of people responding “yes” to each of the questions prior to and after the implementation of suicide countermeasures. Evaluations can also be conducted by comparing the responses prior to and after the implementation of suicide countermeasures to the question, “Do you know of any assistance available to bereaved family members of a suicide victim?” and analyzing the change in the level of awareness about bereaved family member gatherings, free phone consultation services, the Legal Terrace, and other services.

III Basic Package

III-1 Strengthening local networks

In order for Japan's suicide countermeasures to have the maximum impact in realizing "a society in which no one is driven to take their own life," the national government, local public entities, related organizations, private sector entities, companies, private citizens, and others must cooperate and coordinate, coming together as a country to comprehensively promote suicide countermeasures. To do so, it is critical that the roles that each actor in this effort must play be clarified and shared. Based on this principle, mechanisms must be created for mutual cooperation and coordination. Local public entities should not just convene councils and conferences—they should provide opportunities and spaces for specific types of cooperation in their region and in the locations in which suicide countermeasures are carried out.

In terms of the private sector entities active in the community, given that not only initiatives aimed directly at suicide prevention and assistance to bereaved families but also initiatives in health, medicine, welfare, education, labor, law, and other related areas can contribute to suicide countermeasures, there is a need for the national government and other entities to provide assistance and to create an environment that facilitates their active participation in suicide countermeasures in various fields.

III-2 Developing human resources to support suicide countermeasures

Early "awareness" of people facing various concerns and difficulties in their lives is important, and it is therefore necessary to strengthen policies to train personnel who can have such "awareness." More specifically, in order to ensure that people in healthcare, medicine, welfare, education, labor, and other related fields can all respond to early "awareness" vis-à-vis the general population, efforts must be made to ensure that there are opportunities for people to receive the necessary training. Local support centers for suicide countermeasures and other organizations are expected to carry out training based on detailed planning with regard to training objectives, target participants,

content, etc., to enable the most effective implementation in accordance with local characteristics.

Moreover, with regard to human resource development, in order to promote cooperation among the relevant local facilities and organizations, private sector entities, experts, and other gatekeepers, personnel should be trained who can handle the coordination among the relevant actors so that they can provide close support (*yorisoi*) to persons at risk of suicide and accompany them until such risk subsides, while coordinating with specialists and related organizations in the community to help solve their problems.

Also, in places in which school and social education are conducted, efforts should be made to coordinate with universities, special vocational schools, and related organizations to introduce educational curricula that will cultivate personnel who can handle early "awareness."

III-3 Raising awareness and knowledge among residents

Although being driven to suicide is a "danger that can happen to anyone," it is a fact that the mental state and underlying circumstances of persons in crisis are difficult to understand; in addition to deepening understanding of that type of mental state and circumstances, there is a need to actively promote public awareness so that society as a whole will have a shared recognition that it is appropriate for someone experiencing a crisis to ask for help. There is also a need to develop public awareness programs using educational activities, public relations campaigns, and other means to dispel prejudices and misconceptions about suicide and to promote the realization that it is appropriate for anyone in a crisis that threatens their life or livelihood to seek help. There must be a shared awareness that the role of each and every member of the Japanese public in suicide countermeasures is to realize there may be persons contemplating suicide among their own acquaintances, to provide close support (*yorisoi*) for them, speak to them, listen to them, refer them to a specialist as necessary, and keep an eye on them.

It would be advisable in a given area to create and distribute leaflets (with the preferred method being to

work with community organizations and other entities to distribute them to all households), hold lectures for the general public (targeting all residents), distribute awareness-raising goods, hold events on a suicide prevention day or other opportunities, and actively provide information on mental health promotion and suicide prevention within the context of everyday health and welfare activities and community activities. In addition, awareness-raising efforts should be actively promoted using the media, including television, radio, and local newspapers.

III-4 Supporting life-enhancing factors

Suicide countermeasures entail initiatives for both individuals and societies to reduce “life-impeding factors” and also to increase “life-enhancing factors.” In the Basic Package, assistance from the perspective of factors that enhance life includes the promotion of measures to create safe spaces for those at risk, support individuals who have attempted suicide, and support the bereaved.

1) Efforts to create safe spaces

This includes the creation of places for people to go to who may be at risk of social isolation in order to prevent such isolation, the creation of safe spaces to provide improved support for victims of sex crimes and sexual violence (outreach programs and the creation of places where they can go and feel safe through improved coordination between women’s consultation offices and other related organizations and private-sector support groups), the creation of safe spaces where children from poor households can go (creating spaces where they can acquire basic lifestyle habits and receive learning support), and the like.

2) Support for individuals who have attempted suicide

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.

3) Support for those bereaved due to suicide

It is important that suicide countermeasures include not only prevention and intervention but also postvention after a suicide has occurred. In order to support family members and others left behind, while offering assistance such as providing information on inheritance and administrative procedures, efforts to support the bereaved emotionally and to prevent the family members from becoming isolated due to bias against suicide are also crucial. When a suicide occurs at a school, it requires appropriate postvention, which should entail a response that focuses on care for the mental health of the schoolchildren.

Assistance to bereaved family members requires assistance for initiatives to support the individuals concerned, as well as local-level assistance from private institutions and local public entities. This calls for, among other measures, the timely and appropriate provision of information to the bereaved family members. In terms of assistance for bereaved children, given that it may be difficult for them to participate in discussion groups with adults, spaces should be created for them that are different from those for adult family members, and training should be carried out to improve the quality of school personnel in charge of psychological care and counseling.

3-1 Administrative support for voluntary activities of bereaved families (including bereaved children)

Administrative support is given for discussion groups for bereaved family members. It is recommended that policies be examined for carrying out measures at multiple levels—the individual level, the level of groups that bring together the parties concerned, and the local society level. It is advisable to create spaces and discussion groups for bereaved children that are separate from those for adults.

3-2 Promotion of postvention at schools, workplaces, etc.

Suicides by schoolchildren and other minors often involve schools, and thus postvention in the form of mental healthcare for the children is particularly important. The counseling system in schools should be improved through the creation of postvention manuals and initiatives to distribute and create full-time positions for school counselors, school social workers, and other relevant personnel. Also, for instance, in cases of bullying-related suicide, efforts should be made to strengthen prevention measures to avoid reoccurrences. Support for the creation of safe spaces outside of school where students can seek counseling is also required.

3-3 Creation of mechanisms for providing information to bereaved family members and others

The municipality or other local government agency that is closer to the bereaved families should provide them with information at the appropriate times on necessary procedures as well as counseling services to resolve legal issues, discussion groups for the bereaved, and the like. Initiatives should be promoted to ensure that bereaved family members can obtain the information they need no matter where they are in Japan.

3-4 Implementation of training for staff of public agencies

In addition to carrying out awareness-raising efforts and training for those likely to interact with bereaved family members on the scene—police, firefighters, medical personnel, and private company personnel—to improve their consideration of and response to the bereaved, the provision of mental healthcare for first responders, including police and firefighters who must

deal with suicide scenes, is another important perspective.

III-5 Promoting instruction for schoolchildren on how to raise an SOS

In order to promote education for schoolchildren nationwide on how to raise an SOS, initiatives should not be positioned as a special program to provide knowledge about suicide prevention (i.e., a special class guided by a specialist that would require a child's guardian to consent in advance), but rather they should be positioned as a school educational activity aimed at “enabling students facing difficulties or stress to ask a trusted adult for help” as part of “comprehensive support for people's lives,” and public health nurses or other visiting lecturers should carry out such instruction.

The educational model being used in Tokyo's Adachi Ward is a useful example that can serve as a reference in order to nationally spread education on how to raise an SOS. The format is a one-off class in which the district's community health nurse serves as the visiting lecturer (the one-off visiting lecturer model). The key messages included in the Adachi Ward's education on how to raise an SOS are: (1) cultivate self-esteem; (2) find and speak to a trusted adult; (3) if you cannot find an adult you can trust, speak with the local counseling service; and (4) equip yourself with an understanding of how to raise an SOS. It is advised that municipalities refer to this type of leading example in promoting initiatives that are appropriate to their local circumstances.

IV Priority Package

IV-1 Children and youths

Suicide countermeasures focused on children and youths must be carried out with the various targets in mind—primary and secondary school students, university students, employed and unemployed persons in their teens through their 30s, non-regular employees, and others.

Countermeasures for children and youths require approaches that are suited to their lifestyles and the places in which they live. The issues they face are diverse, and in the transition phase from child to adult,

people undergo distinct and substantial changes. Because the circumstances differ depending on each life stage and the position they are in, measures are needed to address each such stage.

For students, their home, local community, and school are the primary places in their lives, and so child welfare and educational institutions can be viewed as the organizations related to suicide countermeasures, but from the late teens, the number of young people who are not enrolled in school begins to increase, and so labor-related organizations involved in youth employment and livelihood support, as well as other institutions and groups connected to that age group, become involved in assistance. For this reason, their assistance needs to function in cooperation with relevant organizations in such fields as health, medicine, welfare, education, and labor.

1) Suicide prevention for children who are victims of bullying

Bullying is a serious problem as a factor in school-related child suicides. Bullying should under no circumstances be permitted, and not just schools—other relevant institutions as well must cooperate closely and offer detailed support to ensure that the signs of bullying are recognized as early as possible and to respond rapidly.

2) Improved support for primary and secondary school students, focusing on issues young people tend to face

There are many diverse and youth-specific concerns that young people face during their student years, including bullying and relationships with their peers, dating violence, the transition to higher education or employment, problems at home, or conflict over gender identity. In order to improve the support provided to schoolchildren, cooperation is needed that extends beyond educational institutions and involves local child welfare services. Entities such as the local organizations for inter-agency coordination or councils and meetings for drafting suicide countermeasure plans bring together various relevant organizations generally involved in suicide countermeasures and thus present effective opportunities for coordination between educational institutions and the community.

3) Improved support for children facing economic difficulties, etc.

Poor households face various problems, including economic difficulties, that may heighten the risk of suicide among children and youths raised in such homes. For this reason, measures that have been implemented in compliance with the Act on Promotion of Child Poverty Measures must be recognized as measures that may prevent suicide among children and youths.

4) Strengthened outreach, etc., to young people using ICT

As a result of the spread of the Internet and SNS, instead of seeking help or counseling in a face-to-face setting, young people often search for information or announce that they are troubled online. As a result, stronger efforts are needed to utilize ICT for awareness-raising and outreach measures targeting young people.

5) Initiatives to teach young people how to offer counsel to those around them

Rather than just turning to counseling services at support organizations, young people dealing with problems may choose to approach friends and others close to them as sources of advice. Efforts must be made to strengthen the response capability of those who may become peers for people seeking counsel (i.e., friends or those in similar positions) in cases in which they become aware that an individual is troubled or is thinking that they want to die, or when the individual opens up to them about their troubles. It is also necessary to create mechanisms to support the mental health of the helper, including cases in which the person seeking counsel does eventually commit suicide.

6) Initiatives to reduce the risk of suicide among young people in society as a whole

Assistance for young people must be undertaken together with various measures that are connected to the causes/motivation for suicide and to the viewpoint of young people. In addition, initiatives are also needed to eliminate bias toward socially vulnerable individuals in order to decrease the risk of suicide in society as a whole. Furthermore, assistance provided through maternal and child health programs for expectant and

nursing mothers and those raising children who are socially vulnerable also has elements of suicide countermeasures.

IV-2 Work and business-related issues

In the government's Action Plan for the Realization of Work Style Reform, it states, "The goal of the reform is to enable each and every person to have better prospects for the future," but those who are employed but are driven to suicide are clearly in the opposite situation. Suicide countermeasures in the prefectures and municipalities for work- and business-related problems should be planned and carried out in coordination with the various policies of the Work Style Reform Action Plan.

Work- and business-related countermeasures should not just be focused on measures in the workplace and at each office. In addition, the role of the government and local business organizations is important in order to respond to the diversifying labor environment, and local awareness-raising and education are advised.

Although the suicide rate for those who are employed is lower than the rate for those who are unemployed, nearly 40 percent of all suicide victims are working, with 30 percent being office workers and other types of employees and just under 10 percent being self-employed or working in a family business. The majority of workers are employed in small to medium-sized enterprises, but the employment environment and structure varies by region, and therefore countermeasures must be based on the characteristics of the local employment environment and structure, including the public sector.

1) Promotion of mental health measures in the workplace

There are a variety of programs being carried out to provide assistance for mental health measures in the workplace, including the use of the stress-check system and the activities of occupational health support centers that have been established in each prefecture to handle small-sized enterprises. In order to utilize these support systems, work must be done so that local suicide countermeasures and the workplace-based mental health measures will work together.

2) Efforts to prevent death from overwork, including overwork-related suicides

Based on the Law on Promotion of Measures for *Karoshi* (death from overwork) Prevention that went into effect in November 2014, and the "General Principles Regarding Measures to Prevent Death from Overwork and Other Issues" that were established under that law, the nation has a duty to effectively promote measures to prevent *karoshi*, including suicide related to overwork, and thus local-level public organizations must collaborate with the national government as they work to effectively promote such measures.

The "General Principles" state that each and every citizen should not regard *karoshi* as a problem affecting only workplaces and workers, and that they should deepen their understanding of *karoshi* as a more personal issue. At the same time, citizens are urged to become aware of the importance of preventing *karoshi*, and in the law, it designates November as "*karoshi* prevention awareness month." Accordingly, national government and local public agencies must undertake educational initiatives, for example, by working to ensure that programs appropriate to the purpose of the month are carried out. Local public agencies, in cooperation with the national government, should work to effectively carry out measures to prevent *karoshi*, and they should also make efforts to promote measures from the standpoint of appointing local officials to undertake measures based on the actual conditions of the tasks of each type of job.

3) Rectification of the practice of long working hours

Moreover, it is expected that the practice of long working hours will be rectified in accordance with the approval of the "Action Plan for the Realization of Work Style Reform," but from the perspective of suicide countermeasures as well, prefectures and municipalities must encourage a change in the long hours employees are working through such initiatives as carrying out public awareness campaigns and introducing best-case scenarios at workshops for companies and joint meetings in order to build momentum for the rectification of long working hours.

It is understood that addressing the problem of long working hours is important in countering suicide, but

this is rarely covered as a direct focus of local measures, and there are few known examples of such measures.

4) Measures to prevent harassment

Harassment is a major underlying factor in work-related suicide. Workers who are in a position of weakness at their workplace due to a shorter work history or for other reasons are often susceptible to harassment and the imposition of long working hours. The implementation status of measures to prevent workplace harassment should be shared with local economic organizations and related departments, efforts should be made to foster consciousness of and interest in stopping harassment throughout society, and assistance should be given to promote measures to prevent workplace harassment.

5) Implementation of counseling programs for business owners

Financial difficulties are an important factor in the suicides of business owners, including the self-employed, but to actually address this requires a comprehensive approach to deal with psychiatric care, family issues, and other problems.

The “General Principles” call for coordination with the Societies of Commerce and Industry, Chambers of Commerce and Industry, and other entities, assistance from the SME Revitalization Support Councils, and promotion of greater public awareness of the “Guidelines for Personal Guarantees Provided by Business Owners.” It is advised that prefectures and municipalities create a comprehensive counseling and support system, as represented by general consulting services, and that they offer counseling programs for business owners.

IV-3 Poor and needy

The poor and needy are often facing multiple underlying issues which are diverse and wide-ranging. Examples include abuse, sexual violence, addiction, sexual minority status, learning disabilities, developmental disabilities, mental illness, disaster evacuation issues, nursing care, multiple debts, and work-related issues. In addition to economic difficulties, the poor and needy tend to have few relationships, making it easy for them to become

socially isolated. Based on an awareness that the poor who face these various factors are also people at high risk of committing suicide, effective measures to assist the poor can also serve as suicide countermeasures and thus as comprehensive support for people’s lives.

In order to ensure that those who are living in, or are at risk of living in, poverty do not commit suicide, the closest municipality to a relevant individual should have effective measures in place that are linked to programs within the systems that support the self-sufficiency of the poor and needy, such as counseling and support for self-sufficiency. Initiatives that connect socially isolated individuals living in poverty with other members of the community can serve as suicide countermeasures as they strengthen life-enhancing factors while also leading to the identification and support of those poor and needy individuals who are at risk of committing suicide. For that reason, cooperation is needed at the municipal level between the division responsible for supporting the self-sufficiency of the poor and needy and the division in charge of suicide countermeasures, and at the prefectural level, greater cooperation is needed between the local support centers for suicide countermeasures and the departments in charge of counseling and support for the self-sufficiency of the poor and needy.

1) Counseling and support, and promotion of human resource development

Poor and needy individuals at high risk of committing suicide should be given counseling and support through such measures as network-building and the sharing of information among relevant institutions (e.g., those involved with health, welfare, medical matters, labor, education, law, and policework), nongovernmental organizations (NGOs), and others; periodically holding general consultations; and promoting cooperation between suicide prevention counseling services and services that provide counseling and support to help those living in poverty become self-sufficient. Human resource development should also be conducted to train the necessary personnel for such efforts.

In order to implement comprehensive suicide countermeasures that serve to support people’s lives, including the lives of those in poverty, gatekeeper training for the staff of counseling organizations and

other related organizations should be carried out continuously and in stages.

2) Creation of safe spaces and improving livelihood support

Safe spaces along with livelihood support should be provided for individuals who have been identified through general consultations, *yorisoi*-type assistance, or other means as being at high risk of suicide.

3) Linkage of suicide countermeasures and systems that support the self-sufficiency of the poor and needy

It is not uncommon for those who are poor or needy to be at risk of suicide. It is advisable to give thought to the linkages between suicide countermeasures—e.g., providing “one-stop-service” assistance, creating safe spaces, utilizing children’s cafeterias, etc.—and support systems for the poor and needy.

IV-4 Unemployed persons

It is known that those of working age who are jobless have a higher suicide rate than those in the same age bracket who are employed. Among unemployed persons at high risk of suicide, there may be cases in which they are facing work problems (e.g., loss of employment or long-term unemployment) or financial problems, or there may be other cases, such as individuals who are sick or injured, who have disabilities, or who have problems with personal relations.

Working-age individuals who are unemployed tend to easily become socially isolated, and thus various policies for suicide measures for unemployed individuals should be considered in the context of comprehensive suicide countermeasures.

From this perspective, it is necessary to build a support system for unemployed persons at high risk of suicide that has identified all of the risks they face, is actually beneficial for such persons, and is supported within different occupations and fields.

1) Improved counseling and other services for those who are unemployed

In addition to promoting employment measures of all kinds for the unemployed, such as support for early

reemployment, there should be close collaboration with Public Employment Security Offices (Hello Work) and others to carry out meticulous vocational counseling at employment assistance offices. Counseling should also be provided for various problems in daily life, such as the mental anxieties that arise when facing unemployment, in order to offer comprehensive support for the unemployed.

2) Improved support to help young people achieve occupational self-sufficiency

Working in cooperation with such places as the 173 “local youth support stations” that are being established around the country, individualized, ongoing, and comprehensive support should be given to young unemployed individuals to help them achieve occupational self-sufficiency.

3) Promotion of the creation of safe spaces for those who are unemployed

In many cases, unemployed persons at high risk of suicide are socially isolated people; they may be people who find life difficult, young people with low self-esteem, people who have lost their spouse through divorce or death, people who have lost their role in society, people who are not working and therefore have little contact with society, or people who have issues in their relationships with those around them. Efforts should be undertaken to create safe spaces in order to avoid isolation and connect these people with their communities and with the assistance they need.

IV-5 Elderly

With regard to suicides among the elderly, support and approaches are needed that reflect the unique issues facing the elderly and that respond to a range of backgrounds and values. Given that many places are already implementing all sorts of measures and programs, suicide countermeasures for the elderly should be carried out as appropriate in light of the actual status of local measures, such as expanding existing programs, responding to areas that have not yet been addressed, and utilizing or cooperating with relevant existing programs. Local government services, private business services, and assistance from NGOs should be used appropriately and measures should be

promoted to provide comprehensive support for people's lives. Also, the elderly are susceptible to becoming shut-ins and to depression and can easily become isolated and lonely. Accordingly, this calls for the development of programs linked with measures to create a local comprehensive care system and a community-based society as well as the promotion of efforts to engender social capital, such as creating safe spaces for the elderly and strengthening social engagement that helps prevent isolation and loneliness.

1) Promotion of coordination to provide comprehensive support

Coordination among relevant institutions and organizations should be promoted in areas such as health, medical care, nursing care, and daily living assistance in order to create a system for comprehensive support.

2) Support for those in the region who require long-term care

Those who use long-term care services have contact with long-term care workers, and the importance of such workers in monitoring and awareness is well recognized. Through coordination with the patient's family physician and other institutions, long-term care workers can be viewed as the portal for providing comprehensive assistance that includes the caregiver and family.

3) Support for elderly persons in poor health

Health issues, including depression, are the most common factors leading to suicide among the elderly, and counselling should be provided to them through visits by their local family physicians, visiting nurses, public health nurses, social workers, health supporters, or others.

4) Strengthening of social participation and the prevention of loneliness and isolation

As a result of longer lifespans and changing lifestyles, there has been an increase in the number of elderly households and of households in which an elderly person is living alone, and thus the promotion of greater social participation among elderly residents is important in terms of suicide countermeasure as well. Among the initiatives to create places where the elderly

can go, municipal social welfare councils and other organizations are carrying out many senior salon events for the elderly. There is a need to create a system for noticing changes in physical and mental functions, and so working in cooperation with activities and programs for monitoring the elderly, awareness-raising and education regarding the mental health of the elderly should be provided to local residents and private businesspeople who are carrying out various monitoring activities so that they can help prevent or resolve issues of loneliness and isolation. (Program to create spaces for seniors)

IV-6 High-risk areas

Suicide countermeasures for high-risk areas can be roughly divided into such categories as: (1) patrols by relevant parties and use of surveillance cameras; (2) temporary protection using shelters and livelihood assistance for those contemplating suicide; (3) initiatives to make it easier for those contemplating suicide to ask for help; and (4) initiatives to prevent suicide by jumping through installation of fences, etc. The effectiveness of these measures is being checked in part overseas. Based on the actual conditions in high-risk areas, a municipality should compile a list of available measures.

In high-risk areas that attract individuals contemplating suicide who reside in other parts of the country, initiatives to prevent such suicides cannot be called direct government services for "residents," and so this matter requires cross-jurisdictional assistance involving given prefectures. Also, when carrying out such programs, it is anticipated that greater effort than would be the case with usual suicide measures will be needed to promote understanding of suicide countermeasures among local government leaders and policymakers, which is needed in order to secure the budget, coordinate interested parties, and implement other measures. Also, because many of those suicidal individuals who are the target of these measures reside in other areas, it is necessary to try to create a system for connecting them with the relevant organizations in their own communities.

With regard to news reports on suicides in high-risk areas, such reports run the risk of inducing further suicides (the Werther effect). Accordingly, when

undertaking suicide countermeasures in high-risk areas, journalists should be asked to show consideration by adhering to the World Health Organization (WHO) media guidelines.

1) Patrols by relevant parties and use of surveillance cameras

The prefectures, municipalities, police, and NGOs should collaborate to carry out patrols to watch for people who are suspected to be contemplating suicide. In such cases, tools such as surveillance cameras should also be used as appropriate.

2) Temporary protection using shelters and livelihood assistance for those contemplating suicide

The government and NGOs should collaborate to provide temporary protection for those contemplating suicide who visit high-risk areas and should also provide livelihood assistance to promote self-sufficiency.

3) Initiatives to make it easier for those contemplating suicide to ask for help

Signs, etc., should be posted that encourage those who visit high-risk areas and are contemplating suicide to seek help, and counseling should be provided.

4) Initiatives to prevent suicide by jumping

Measures should be taken at cliffs, bridges, tall buildings, and elsewhere, such as by installing fall prevention fences. One possible measure would be to install fall prevention fences on tall public housing buildings.

The installation of platform doors and fences at railroad stations is being advanced from the perspective of preventing the falling of those who are visually impaired, but it can also be seen as contributing to suicide prevention.

IV-7 Areas affected by disasters, including earthquakes

Because the victims of large-scale disasters are likely to experience a variety of stress factors, in addition to suicide countermeasures aimed at mental care and the prevention of isolation, rebuilding their lives and other

mid- and long-term reconstruction-related measures, tailored to each stage in the recovery process, need to be implemented starting with the occurrence of the disaster. In particular, consideration should be given to those most vulnerable to disasters, including the elderly and infants, people living alone, and people with disabilities.

Also, support should be given to the creation of a system for providing ongoing treatment and assistance in cases in which high-risk groups such as gambling addicts or alcoholics are found, as well as for network-building and self-help activities involving local medical facilities and relevant institutions and groups in the areas of health, medicine, welfare, education, labor, law, and the like.

1) Promotion of support measures for those affected by large-scale disasters

When a large-scale earthquake or other natural disaster strikes, many victims suddenly lose family members, relatives, their homes, and their livelihoods, or have experiences which can have significant effects on them physically and mentally. In areas that have undergone such disasters, suicide countermeasures for survivors are needed not just in the immediate aftermath but on an ongoing basis, even after a certain period of time has passed.

2) Enhanced support for those addicted to alcohol, gambling, etc.

Individuals in high risk groups who develop addictions include victims who are male, living alone, elderly, unemployed, and have lost relatives, thereby resulting in them having no one that they can talk to, as well as victims who have a strong sense of loneliness and isolation, who have lost their purpose in life, and who may have issues related to poverty. For that reason, each individual issue must be sorted out, and measures appropriate to each issue must be devised to offer support.

3) Strengthening of outreach to affected areas and provision of *yorisoi*-style support through collaboration among those in different professions and sections

Among disaster victims, there are those who have lost their means of transportation as a result of the disaster,

greatly limiting their ability to get around, and so the people providing assistance should, to as great an extent as possible, strengthen outreach efforts to go out and see such victims “where they are living,” as well as consider local visiting programs through collaboration among those in different professions. It is also advisable to get a clear picture of what disaster victims need for their daily lives and to support the creation of safe places for them to go through multisectional cooperation.

IV-8 Means of committing suicide

Addressing the physical means of committing suicide—jumping, poison, gas (carbon monoxide poisoning using coal briquettes, hydrogen sulfide, etc.), and other methods—requires implementing measures that make it harder for an individual at high risk of suicide to gain access to the means by which they might do so. Measures to deal with a specific means of suicide do not increase suicide plans by other means, and so measures to address suicide means are an effective way to reduce suicides.

Through the Internet and mass media, people learn about celebrity suicides and new methods to commit suicide, and at times this leads people to suicide who it is believed had not considered suicide previously. For that reason, the popularization of a new means of suicide can lead to an increase in the overall number of suicide victims. Accordingly, when undertaking countermeasures targeting specific means of suicide, journalists should be asked to show consideration by adhering to the WHO media guidelines.

1) Initiatives to prevent suicide by jumping (see IV-6 4) above)

Measures should be taken at cliffs, bridges, tall buildings, and elsewhere, such as by installing fall prevention fences. One possible measure would be to install fall prevention fences on tall public housing buildings.

The installation of platform doors and fences at railroad stations is being advanced in urban areas from the perspective of preventing the falling of those who are visually impaired, but it can also be seen as contributing to suicide prevention.

2) Prevention of suicides using pesticides or gas (e.g., carbon monoxide poisoning using coal briquettes)
Municipalities should work together with agricultural cooperatives and other relevant organizations to create a local system for collecting pesticides that are no longer being used in farm work. Training should be carried out for farmers and others on the safe handling of pesticides, including storage and management, to ensure that families and others who are not involved in farming do not have access to pesticides.

Suicides involving coal briquettes increased rapidly around 2002, and they remain high even now. Among men in their 20s to 50s, “coal briquettes, etc.” has become the second most common method of suicide following hanging. (*2017 White Paper on Suicide Prevention in Japan*, p. 30) In order to decrease the number of suicides among young and middle-aged men, countermeasures are needed, such as information sharing and discussion among relevant actors.

3) Initiatives to prevent overdoses, etc.

People in the medical field have a responsibility to properly manage drugs and are the gatekeepers who must carry out early detection and responses for patients at high risk of overdose. Various opportunities should be taken to share information and implement the appropriate training for medical personnel on suicide and attempted suicide by drug overdose.

Information and training should also be provided to relevant parties who may be concerned with the proper management of other medications related to suicide.

V Examples of how local suicide countermeasure policy packages are used, by population size

Taking differences in population size into consideration

The essential content of the Basic Package of suicide countermeasures does not differ based on the population size of a municipality, but it is thought that the local character of suicide countermeasures will be affected by the scale and density of a municipality's population. Population scale variation gives rise to differences in the scale of local government and the status of medical and welfare facilities, various types of counseling organizations and NGOs, and the availability of volunteers. When analyzing the local characteristics of a location with a small population, the suicide rate and other indices of neighboring areas must also be used as reference. The explanation below is broken down into three categories of population size: less than 50,000; between 50,000 and 499,999; and over 500,000.

The following process should be considered when applying the local suicide countermeasure policy packages. The Recommended Priority Package is derived from the “Characteristics of suicides in the area” in the actual local suicide conditions profile. Data such as “Overview of suicides in the area (graph)” and “Evaluation of the characteristics of suicides in the area” should be added in to the Package to determine the specific measures to be undertaken.

V-1 Municipalities with a population less than 50,000

In municipalities with populations of less than 50,000 (most of which are farming and mountain village areas), there is little distance between the local government official in charge and the local residents, and the person in charge of a community (e.g., the public health nurse in charge), for example, has often built face-to-face relationships with the area's residents. Putting it in terms of the local networks and local relationships, it is recognized that the ties within autonomous resident organizations are strong, the ties that residents develop through traditional events and festivals are strong. While close everyday bonds among residents is a strength, at the same time, it can be a negative factor in the sense that when individuals do not want other people to know about the troubles they are dealing with,

they will be bothered by the constant feeling of being observed by other residents. In addition, compared to cities, the proportion of multigenerational households is larger, so along with the social isolation of those living alone, there is also the issue of isolation within the family with whom an individual lives. Based on the actual local suicide conditions profile, municipalities should objectively analyze the local characteristics and gain a firm understanding of the actual situation. They should then consider the prioritization of the issues within their local suicide countermeasures in order to facilitate the drafting of a plan that is suited to the actual local conditions.

V-2 Municipalities with a population between 50,000 and 499,999

One characteristic of municipalities with populations of between 50,000 and 499,999 is that, compared with smaller municipalities, they have a large supply of human resources involved in suicide prevention—those in fields such as the government, medicine, and health and welfare, NGOs, volunteers, and the like. Cooperation on suicide countermeasures with a local, high-performance, central medical facility (e.g., an emergency care hospital) can be expected as well.

Cities such as prefectural capitals that are separated from the major metropolises may have different local characteristics than cities closer to metropolises. A variety of issues such regional cities are facing have often emerged, such as the outflow of young people to the big cities, the hollowing out of shopping centers near train stations, and shifting of commercial centers to large-scale suburban retail stores. While the composition of the population in these locations is becoming older as the younger generations move to major cities, because there are few opportunities to work in large-scale establishments, the difficulty of getting young people to settle in the area may become an issue. Also, because it may be recognized that, depending on the area, there may be a mixture of depopulating areas and densely populated areas, detailed measures must be drafted that are in keeping with the actual status of local characteristics.

Mid-sized cities that are located in the suburbs of major metropolises often are suburban commuting cities in nature, and because the lifestyle and

consciousness of the residents rarely differs significantly from that of residents in the major metropolises, measures should be devised that are appropriate to the local characteristics.

V-3 Municipalities with a population of 500,000 or greater

The areas assumed to fall within this category include major metropolises and ordinance-designated cities, such as Tokyo, Osaka, Nagoya, and Fukuoka. If we take Tokyo, for example, in the working-class industrial districts, the priority issue is suicide among the elderly, whereas in the commercial business districts, the priority is on suicide among young

women; accordingly, suicide countermeasures are needed that respond to each area's characteristics. In municipalities that are within commuting distance of big cities, countermeasures must take into consideration the nature of those areas as suburban bedroom communities. And within the big cities, in places where there are skyscrapers, countermeasures to prevent suicide by jumping and other measures for specific methods of suicide are required. Also, because there are many locations like universities within large cities, there are areas where young people represent large portions of suicide figures, for which improved suicide countermeasures for children and youths are required.