

The **2nd** International Forum on Suicide Prevention Policy

Research Evidence ~Innovation of Suicide Countermeasures in Japan ~

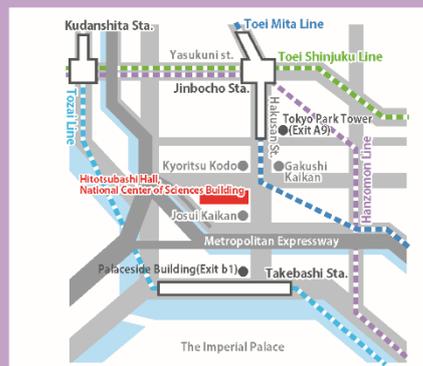
Date **20 January, 2018 (10am ~ 4pm)**

Venue **Hitotsubashi Hall, Medium Conference Room 3・4**

Participation fee **Free** Pre-registration is required due to the convenience of the number of seats. Please e-mail to the Office of the Research Project Team specifying name, affiliation and contact information.

General Principles of Suicide Prevention Policy (approved by the Japanese Cabinet on July 25, 2017) stated a new practical policy framework based on the Basic Law on Suicide Countermeasures. This symposium will focus on “Research Evidence” which support innovation of comprehensive measures to prevent suicide.

Professor Jong-Woo Paik, Kyung Hee University College of Medicine, will be invited as a keynote speaker, to review a Japanese suicide policy from an international context. He will address on a recent strategy and program for suicide prevention in South Korea.



Hitotsubashi Hall, National Center of Sciences Building
2F, 2-1-2 Hitotsubashi, Chiyoda-ku, Tokyo 101-8439
-By train (Subway)-
Tokyo Metro Hanzomon Line/Toei Mita Line/Toei Shinjuku Line “Jinbocho” Exit A9
Tokyo Metro Tozai Line “Takebashi” Exit 1b 3-5minutes walk from the stations

Keynote lecture **Professor Jong-Woo Paik**
Kyung Hee University College of Medicine

Chaired by Dr. Yutaka Motohashi
Director, Japan Support Center for Suicide Countermeasures

Symposium **Research Evidence**
~Innovation of Suicide Countermeasures in Japan ~

- Yoshinori Fujiwara** Director, Tokyo Metropolitan Institute of Gerontology
- Takafumi Kubota** Associate Professor, Tama University
- Michiko Ueda** Associate Professor, Waseda University
- Jiro Ito** Board of directors, Non-profit Organization OVA

Sponsorship | Japan Support Center for Suicide Countermeasures ,NCNP
Endorsement | Research Team funded by Japanese Ministry of Health, Labour and Welfare

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Language : English

Recent Trends for National Suicide Prevention Strategy in Korea*

Jong-Woo Paik¹

Korea has had the highest suicide rate among the Organisation for Economic Co-operation and Development (OECD) countries for 13 consecutive years. The rate has been decreasing slightly since 2011. Some 13,092 people killed themselves in 2016, down 17.7% from 15,906 in 2011. The suicide rate in 2016 was 25.6 per 100,000 people, twice as much as it was 20 years earlier. This is a truly important and grave problem, considering the fact that suicide is the fourth biggest cause of death in Korea.

The Korean Association for Suicide Prevention (KASP) was founded in 2003, and it has since implemented numerous nationwide suicide prevention campaigns. In 2004 and again in 2008, the Ministry of Health and Welfare announced a National Suicide Prevention Plan, but these efforts did not serve as an effective measure. In 2011, the National Assembly passed the Suicide Prevention Act, which provided a legal foundation for suicide prevention measures, because of concerted efforts from various sectors. In particular, rural areas saw a clear effect, in the form of a declining suicide rate among the elderly, upon the suspension of lethally toxic pesticides. Screen doors were installed in many subway stations. The safety measures implemented on the bridges in Seoul, such as the Mapo Bridge, also contributed to reducing the suicide rate. The KASP developed a standardized Korean suicide prevention program for education on suicide prevention in 2011. This three-hour program, which includes video materials from exemplary cases, teaches early detection of suicide warning signals, a proper understanding of the risk of suicide, and how to link mental health specialists and resources for help. The Korean Suicide Prevention Center (KSPC)

has distributed this program, and 370,000 Korean citizens have completed the course so far. Versions for adolescents, workers, and soldiers have been developed and are currently available.

The KSPC was founded pursuant to the Suicide Prevention Act passed in 2011. The Center launched a relay campaign to raise awareness regarding the respect for life called *Goinchanni* (meaning, “Are you (doing) okay?”), in which celebrities participated. It also established recommendations for reporting suicide cooperation with the Journalists’ Association of Korea and has been monitoring media articles. Forty-seven hospitals across the country are implementing an emergency room-based postvention program for those who attempt suicide. The program has brought about a reduction in the suicide rate, which has declined by half compared to that of the group that received no services. KSPC has covered treatment costs and provided support with daily activities for those who attempted suicide and to bereaved families with the cooperation of the Life Insurance Philanthropy Foundation since 2015. Several local governments, including Nowon-gu in Seoul and Gwangju city, have demonstrated the effectiveness of suicide prevention policies in reducing the rate of suicides by embracing such active policies.

The development of the Korean suicide prevention strategy was largely inspired by numerous foreign examples of suicide prevention. In particular, Japanese efforts have significantly contributed to the direction of Korean suicide prevention campaigns: the family members of people who had committed suicide have actively participated in raising social awareness about the gravity of the problem since 2000. In addition, private organizations such as Lifelink engaged the public by means of a signature campaign. In response to this, the Japanese National Assembly created an Assembly members’ group for suicide prevention (Japanese Society of

*Keynote lecture of *The 2nd International Forum on Suicide Prevention Policy*

<http://jssc.ncnp.go.jp/file/pdf/2018-0120-IntForumSuicidePreventionPolicy-2nd-En.pdf>

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Comprehensive Suicide Prevention Policy-Making), and passed a suicide prevention act in 2006. It is a great achievement that a national-level suicide prevention measure was established on the basis of a government-private partnership, with the Assembly also developing evidence-based programs, such as Action-J. It is also highly valuable that evidence has been established and has eventually become a universal service through medical insurance coverage. In addition, we find it to be highly commendable that the Japan Support Center for Suicide Countermeasures supports local communities in establishing their own strategies and host an annual prefecture-level seminar attended by community leaders. The Finnish psychological autopsy study of all suicides is another well-known example. The noteworthy implication of this case is that, based on a decision by the president, a number of participating experts visited all bereaved families to offer their condolences and to make efforts to identify the cause of their family member's suicide.

A new turning point for Korean suicide prevention efforts occurred in 2017. The bereaved families participated in the National Transition Committee *Gwanghwamun 1 beonga* ("Gwanghwamun 1st street") of the new administration under President Moon Jae-in. They voiced their efforts regarding suicide prevention. The KASP, LifeLine Korea, and Citizens' Coalition for Safety, all of which have been striving to prevent suicide, also hosted a forum at the National Assembly in cooperation with the press to urge more active measures. As a result, suicide prevention was included in the new government's 100 national agenda items. President Moon Jae-in ordered that more effective measures for suicide

prevention be established. In response to the bereaved families' petition, the Minister of Health and Welfare personally announced the suicide prevention measures, and an increased budget for the next year was passed by the National Assembly. At the end of February, the National Assembly members' forum for suicide prevention will be launched in Korea. A survey analyzing the five-year data on death by suicide collected by the Korean National Police Agency will also be conducted across the country. Furthermore, full-time lecturers specializing in education on suicide prevention will be trained to accomplish the goal of getting 2 million people to complete the Korean standardized suicide prevention program by 2020. The public will be educated in order to meet this target. A department for suicide prevention will also be established within the Ministry of Health and Welfare. A control committee will be established, which will be the leading body of the national suicide prevention countermeasures, in cooperation with various ministries under the direction of the prime minister.

Japan was the first country to experience the problem of a high suicide rate in Asia. South Korea is the second country suffering from the gravity of this problem. A high suicide rate is a serious issue from which many other countries may potentially suffer in the future. We expect to continue the exchange and cooperation between Korea and Japan so that we can offer our leading efforts to the world as an exemplary case of respect for life.

Research on Promoting Suicide Countermeasures by Boosting Social Capital with Senior Volunteers

Yoshinori Fujiwara¹

Although in recent years the suicide rate in Japan as a whole has been decreasing gradually, that of the younger generation, especially those under 20 years old, remains unchanged since 1998. Therefore, the Basic Law on Suicide Countermeasures (revised on April 2016), focuses on children and younger adults through the promotion of education in schools on how ask for help to reliable persons when facing crisis such as mental stress, depression, or bullying.

In addition, the prevention of social isolation, which is a risk factor of suicide, is important not only for children and younger adults with low self-esteem but also for older persons who have lost their spouse or who are retired and have lost their social role in life. Therefore, it is important for them to reconnect to their community and to obtain the support they need before they feel isolated (Motohashi et al. 2017).

On the other hand, we have promoted a senior school volunteer program called REPRINTS® since 2004. Currently, four hundred senior volunteers visit 80 schools, kindergartens, children's center, and so on, to read picture books in 14 cities in Japan. This program has demonstrated reciprocal merits among children and senior volunteers on mental health (Fujiwara et al. 2009; Yasunaga et al. 2016).

As such, an intergenerational program (IGP) is based on the concept of social capital, which is defined as features of social organization such as trust, norms, and networks. Social capital can improve the efficacy of society by facilitating coordinated actions and by effectively promoting health among older and younger adults.

Based on these backgrounds, the applied research project has developed educational programs for junior high school or elementary school students to empower self-esteem and to strengthen social support-networks. We have two research fields: urban Fuchu city and rural Kita Akita city. This educational program consists of reading suggestive picture books by senior volunteers and listening to a lecture by public health nurses (PHNs).

We are selecting suitable picture books suggesting the importance of living, social support and network through working groups with the "REPRINTS®" senior volunteers and specialists such as clinical psychologists.

We aim that these PHNs and senior volunteers can be regarded as good receivers for the students who would like to ask for help.

¹Research Team for Social Participation and Community Health,

Government Policies and Suicide

Michiko Ueda¹

Suicide is a significant social issue in many parts of the world, including Japan. According to the World Health Organization (WHO), over 800,000 people die by suicide each year, which amounts to one death every 30 seconds. This talk explores the association between government policies and the number of suicide deaths.

We first focus on government partisanship as an overall indicator of government policy orientations to see if government partisanship affects the number of individuals who die by suicide. Our analysis using cross-national data found that suicide rates tend to decrease when a leftist party or a Christian Democratic party is in power. These parties tend to expand welfare policies and promote macroeconomic policies for higher economic growth,

both of which can affect the quality of life of those in need.

The impact of economic and welfare policies on suicide rates will then be discussed. Using panel data of 47 prefectures in Japan, we analyzed how economic and welfare policies adopted by Japanese local governments are associated with the number of suicide deaths in prefectures. We found that suicide rates tend to decline when the government implement policies to improve the economic conditions of those who suffer from unemployment and poverty. These findings highlight the importance of government policies in reducing suicide.

¹ Faculty of Political Science and Economics,
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Development of an Integrated Exploratory Policy Making Support Model for Public Micro Data Contributing to Comprehensive Suicide Countermeasures

Takafumi Kubota¹, Yoshitake Takebayashi², Mayumi Oka³, Motoi Okamoto³

In a process of increasing risk of suicide related behaviors, it has been pointed out that multiple factors in a multifaceted area such as social, economic, health and psychology interact. However, empirical studies on the pattern of the interaction are lacking at home and abroad. We have applied various statistical clustering methods to public statistics (Vital Statistics (demographics survey), the Population Census (census), Comprehensive Survey of Living Conditions (national life basic research), etc.) and have studied patterns of complex interactions of diverse factors related to suicide. As a result, it was found that Comprehensive Survey of Living Conditions showed 1) It includes K6 which measures mental suffering which is a major risk factor of suicide 2) It contains subjective stress, information on various societies and economic factors, and it has high utility value in analyzing

patterns of interactions of various risk factors. As a result of pattern analysis of interactions, mental stress and economic factors commonly explain the severity of mental suffering among high-risk groups of suicide (those with mental disorders, unemployed people, caregiver burden), and revealed that the patterns of interaction between mental stress and economic factors are different between groups.

In order to effectively advance suicide countermeasures, it is required to devise countermeasures according to local characteristics at the local government level. Therefore, in this research, based on the results so far, we applied for non-purpose based on Article 33 of the statistical law on the Comprehensive Survey of Living Conditions, analyzed taking regional factors into account, and analyzed the interaction pattern of suicide risk factors consider.

¹Tama University

²Fukushima Medical University

³The Institute of Statistical Mathematics

Promotion of Suicide Prevention using ICT

Jiro Ito¹

Suicide is the top cause of death of Japanese youth whose age is between 15 to 39.

The problem of young Japanese suicide is seriously continuing in comparison with foreign countries.

In Japan, anyone can easily access to specific information about means to kill themselves using search engines.

Social Network Service (SNS) is filled with numerous words of “I want to die” by the youth who cannot ask for help in real.

In 2017, there was a harrowing incident that young people who said, “want to die” in SNS were the target for murder and actually killed.

Japanese young people generally use the message applications as means of daily communication that enable them to communicate with text.

It is difficult for the youth to use any consulting services with unfamiliar means as telephone.

It is imperative to establish text-based consulting technology and arrange consulting services suitable for their needs.

The presenter has been running online gatekeeping from 2013 to outreach the youth with suicide ideation. Specifically, an advertisement to encourage viewers to use e-mail-based psychological consultation services in a certain area was placed on the top of web pages that shows the search results of suicide-related keywords, like “how to die,” or “want to die.” The viewers have already been screened at that point, regarded as those at high risk of suicide. We offer continual consultation, assessment, connection with new appropriate supporter face to face, and watch over them.

We use mainly e-mail and chat system as means of consultation, in addition telephone and face to face if necessary. These consultation activities are administered by the team consist of qualified persons as psychiatric social worker and clinical psychologist.

In this presentation, I report concretely the present state, outcomes and subject of online gatekeeping, and propose future study for the solution to promote suicide prevention using ICT.

¹ Board of directors, Specified Non-profit Organization OVA