

Review

The Key Policies of Japan's Suicide Countermeasures

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The Basic Law on Suicide Countermeasures has been revised (effective April 2016), and the new General Principles of Suicide Prevention Policy have been formulated (Cabinet decision, July 25, 2017) with the aim of boldly overhauling the measures Japan takes to prevent suicide. The present paper will first set out the points at issue in the PDCA (plan-do-check-act) cycle for suicide prevention measures, which will become increasingly important after all municipalities have drawn up local suicide countermeasure plans by March 2019. Next, among the key policies in the new suicide countermeasures, I would like to add my comments with regard to instructing schoolchildren on how to raise an SOS, a subject that has attracted interest from educators as a way of preventing suicide among children and young people as well as interconnecting various suicide-related policies and measures, a point emphasized in the new General Principles.

(1) Promoting practical initiatives at the community level through the PDCA cycle

According to the time table set out by the national government, each and every municipality shall draw up a local suicide countermeasure plan by the end of FY2018. In regard to “promoting practical initiatives at the community level through the PDCA cycle,” the new General Principles stipulate that “to assist local public entities in drawing up these plans, the national government, through the Japan Support Center for Suicide Countermeasures, classifies the prefectures and municipalities into types according to the characteristics of suicide in that region and

provides policy packages of suicide countermeasure programs that should be enacted on the basis of these types; the Center also analyzes the results, etc., of each of the programs in the policy packages that the prefectures and municipalities have enacted and, based on the results of these analyses, makes improvements to them and delivers back to the local public entities a policy package with a more accurate set of programs. These efforts, in which the national government and local public entities cooperate in this way, are promoting comprehensive suicide countermeasures that are constantly evolving through the nationwide use of the PDCA (plan, do, check, act) cycle. ... The national government, through the Japan Support Center for Suicide Countermeasures and in cooperation with local public entities, has the responsibility for promoting suicide countermeasures that are constantly evolving through the nationwide use of the PDCA cycle by, among other things, providing support so that all prefectures and municipalities will promote suicide countermeasures tailored to the characteristics of each community in accordance with local plans for such measures.”

Thus, it has been made clear that when it comes to the promotion and implementation of local suicide countermeasure plans, the Japan Support Center for Suicide Countermeasures (JSSC) is deeply involved in tracking the progress of municipal plans nationwide. To do so, it provides the necessary encouragement of and research into the policy-making process at each step of the PDCA cycle for such measures as a whole and collects the necessary data and scientific evidence. Since FY2017, it has

1) Japan Support Center for Suicide Countermeasures

been implementing its Innovative Research Program on Suicide Countermeasure based on a grand design of research for suicide countermeasures. Under this Program, it carries out studies on policy-making from not only a mental health perspective but also an interdisciplinary one involving such fields as sociology, economics and applied statistics so that the national government can implement the PDCA cycle. At the same time, from the perspective of supporting community-based initiatives, the JSSC is strengthening practical and pragmatic support to approaches at the municipality level, including those of private sector entities; providing information; and developing mechanisms (human resource training, etc.) so that a community can come to grips with suicide countermeasures tailored to actual local conditions.

With the promotion of these local suicide countermeasure plans in mind, I would now like to consider what course of action Japan's measures against suicide should take over the next ten years. The new General Principles emphasize "promoting practical initiatives at the community level through the PDCA cycle," and one major course of future action is to put the PDCA cycle on a firm footing for suicide countermeasures. Even though the measures Japan is taking to prevent suicide have improved, a look at the municipal level shows regional disparities in the degree of commitment to these measures as well as in the implementation of specific policies. To eliminate these disparities, all municipalities are required to draw up suicide countermeasure plans and implement measures based on these plans.

In order to eliminate these disparities and ensure that everyone can receive the support they need with respect to suicide countermeasures as "comprehensive support for people's lives," the revised Basic Law on Suicide Countermeasures stipulates that all prefectures and municipalities draw up a Prefectural or a Municipal Plan on Suicide Countermeasures. It also states that the national government may give grants to prefectures and municipalities that implement initiatives, etc., that are necessary in order to implement suicide countermeasures in response to the situation in the

relevant regions based upon the Prefectural or Municipal Plan on Suicide Countermeasures (Article 14). Along with such financial assistance, the national government has developed a framework to provide specific support to municipalities in formulating their suicide countermeasure plans. The new General Principles stipulate that in order to strengthen "support for practical initiatives at the community level," the JSSC "prepares profiles of actual local suicide conditions that analyze the state of suicide in all the prefectures and municipalities ... [as well as] policy packages of local suicide countermeasures, filled with detailed provisions that take into consideration local characteristics, and supports local public entities in formulating local plans for suicide countermeasures." In response to this policy, in December 2017, the JSSC distributed the profiles of actual local suicide conditions and the local suicide countermeasure policy packages to all prefectures and municipalities. Each profile contains recommendations for a Priority Package that reflects local characteristics based on the main distinguishing features of the suicides in the region. By taking into account the analytical data on actual suicide conditions, the Priority Packages recommended to them, etc., municipal authorities have been able to draw up suicide countermeasure plans tailored to the local characteristics of their own communities.

The JSSC in cooperation with the national government and local public entities intends to build a system for constantly evolving suicide countermeasures through a nationwide PDCA cycle. Specifically, in cooperation with local support centers for suicide countermeasures, in addition to seeing to it that we are able to grasp in minute detail the state of progress prefectures and municipalities are making with their local suicide countermeasure plans, we are planning updated versions of both the profiles of actual local suicide conditions as well as the local suicide countermeasure policy packages based on local data. Since the promotion of measures tailored to local characteristics is important for eliminating regional disparities in suicide countermeasures, the JSSC intends to carry out the studies needed for the policy-making process at each stage of the PDCA cycle for such measures as a whole and develop a

system to provide information on local suicide countermeasures that local government officials will find easy to use.

(2) How to promote instruction for schoolchildren on raising an SOS

The General Principles of Suicide Prevention Policy, adopted by Cabinet decision in July 2017, stipulate that “instruction on how to raise an SOS” shall be promoted nationwide in new and different ways in order to strengthen measures to prevent suicide among schoolchildren.² “In addition to attempting to give students a real sense of the preciousness of life,” its aim is to “promote instruction related to maintaining the mental health of children and young people and to equipping them with the skills to cope with stress and the various difficulties they are likely to encounter in society (instruction on how to raise an SOS). In addition, encourage building an environment conducive to providing instruction that will contribute to suicide countermeasures by increasing ... life-enhancing factors among primary and secondary school students.”

Although the Ministry of Education, Culture, Sports, Science and Technology (MEXT) had previously made efforts to promote suicide prevention education by publishing the “Handbook on Introducing Suicide Prevention Education in Schools: What to Tell Children about Suicide Prevention” (2014) and other measures, there were problems with making them available nationwide. According to a survey conducted in FY2017, the nationwide rate for implementing suicide prevention education was confined to around 1.8 percent, stark evidence that popularizing the program had hardly made any progress at all. Since it explicitly addresses “death” and “suicide,” the program emphasized making efforts in advance to build a consensus among parents and other concerned parties, but judging from the results, it is clear that such a demanding precondition was incompatible with a school environment. In terms of what schoolchildren need, the view has been proposed that, rather than providing them with instructions on a basic knowledge of depression and suicide with special consideration after gaining

parental consent, it would be better that priority be given to equipping them with the skill to raise an SOS to a trusted adult when they are facing various difficulties or stress. Hard-and-fast parental consent is not deemed necessary when schoolchildren are not being taught specific knowledge about suicide. In order to expand instruction on how to raise an SOS nationwide, as a future course of action “suicide prevention education” will not be taught as a special class under the guidance of experts for which parental consent is a prerequisite; it is better that the goal of such a class be to enable “students facing difficulties or stress to ask trusted adults for help” as part of “comprehensive support for people’s lives.”

From precedents set in Tokyo’s Adachi Ward and elsewhere, it is thought to be important to position “instruction on how to raise an SOS” as an ordinary educational activity in schools and to implement it in the form of a class taught by a visiting lecturer such as a public health nurse. The educational model in effect in Adachi Ward is a good example that will be useful for expanding instruction on how to raise an SOS in all municipalities. The format is a one-time-only class given by the district public health nurse who serves as a visiting lecturer (the one-time-only visiting lecturer model). The messages included in instruction on how to raise an SOS in Adachi Ward are: (1) cultivate self-esteem [Self-esteem]; (2) find and speak to a trusted adult [Trusted Adults]; (3) if you cannot find an adult you can trust, speak with the local counseling service [Community Resources]; and (4) equip yourself with an understanding of how to raise an SOS [Help-Seeking Skill]. It is hoped that municipalities will refer to precedents such as this and promote initiatives tailored to actual local circumstances. Figure 1 illustrates these four key messages.

A “Notification on promoting instruction on how schoolchildren can equip themselves with ways of coping with difficult situations or circumstances when they are experiencing a strong mental burden, etc., with the aim of preventing suicides among them” (January 23, 2018, 29, Elementary and Secondary Education Bureau Notification No. 38, Social Welfare and War Victims’ Relief Bureau General

Affairs Division Notification 0123 No. 1) was sent out to the heads of the Prefectural Boards of Education and others under the joint signatures of the Head of the Student Affairs Division in MEXT’s Elementary and Secondary Education Bureau and the Counsellor of the Minister’s Secretariat in the Ministry of Health, Labour and Welfare (responsible for suicide countermeasures). The following five items are its key points:

1. When it comes to instruction on how to raise an SOS, in addition to the format of team teaching primarily by teachers used thus far, it is also effective to involve public health nurses, social workers, district welfare commissioners and others.
2. When implementing instruction on how to raise an SOS, it is desirable to make counseling services such as the 24-hour SOS Helpline and Childline widely known.
3. In implementing instruction on how to raise an SOS, given the importance of tailoring the

contents to a schoolchild’s stage of development, it is believed that educational materials and teaching methods should be devised that correspond to actual circumstances at each school.

4. It is thought to be desirable to teach schoolchildren not only how to raise an SOS but also how to listen to one (how to respond to an SOS) and that cooperation should be requested from nongovernment organizations and others that carry out telephone counseling programs.
5. Because instruction on how to raise an SOS can fall under the categories of “public awareness programs,” “programs for young people at risk,” and “specialized programs focusing on local characteristics” as defined in the “Guidelines for Implementing Programs to Strengthen Local Suicide Countermeasures,” plan to make these programs known to the municipalities so that they can make active use of them.

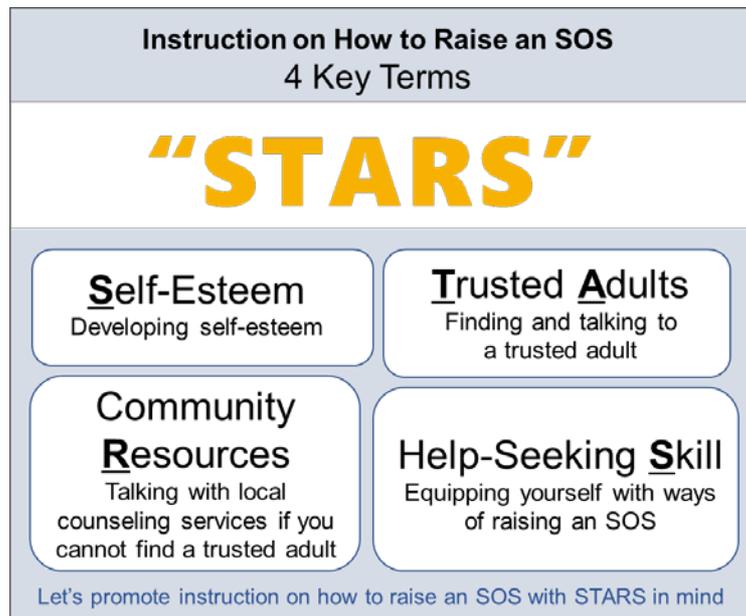


Figure 1. The 4 Key Terms for Instruction on How to Raise an SOS

(3) Improving interconnectedness with related measures

Emphasis has come to be given to the importance of plans to interconnect measures to prevent suicide with

related policies with a view to promoting comprehensive suicide countermeasures in the community. The term “comprehensive countermeasures” means that it is important to move steadily ahead with each and every specialized

suicide prevention policy while at the same time promoting cross-departmental measures in conjunction with various other relevant social policy measures.

Article 2, Item 5 of the Basic Law on Suicide Countermeasures clearly states that “suicide countermeasures must be implemented on a comprehensive basis through the organic coordination of measures and policies related to health, medicine, welfare, education, labor and other relevant issues.” Moreover, in the General Principles of Suicide Prevention Policy, the goal of “strengthening organic coordination with related measures and dealing with it comprehensively” is indicated as a basic policy for the promotion of suicide countermeasures. Specifically, the need to devise ways to interconnect them with related systems is exemplified in the case of issues such as poverty, child abuse, sexual violence, *hikikomori* (social withdrawal), sexual minorities, etc., that are the main potential causes of suicide. It is a fact that it is inherently difficult to devise ways of interconnecting individual departments since central government agencies and local governments specifically assign policies to a particular department that will be responsible for them; budgets as a rule are also paid to each department separately. On the other hand, in order to resolve suicide-related issues comprehensively and effectively, based on the shared philosophy of suicide prevention (i.e., “comprehensive support for people’s lives”), the government and municipalities need to revise the compartmentalized ways each department conducts its business and improve the interconnectedness of measures with one another. As a specific example of improving interconnectedness, I would like to illustrate how to promote the coordination of various suicide-prevention-related policies by taking as my example the “inclusive community-based society” and the “system of self-reliance support for the poor and needy” as spelled out in the General Principles.

First, on interconnecting suicide countermeasures and the system of self-reliance support for the poor and needy: in Article 2 of the Law on Self-Reliance Support for Poor and Needy People, a poor and needy

person is defined as “a person who is truly economically deprived and at risk of being unable to maintain a minimum standard of living.” Specifically, it refers to people who do not receive public assistance but who may come to need it and yet are expected to be able to become self-reliant. Many such persons have a complex assortment of wide-ranging, underlying problems such as abuse, sexual violence, addiction, belonging to a sexual minority, mental retardation, developmental disabilities, psychiatric disorders, being evacuated from a disaster zone, as well as those related to long-term care, multiple debts, work, etc. In addition to economic poverty, they tend to have poor relationships and are easily marginalized from society. Since from the standpoint of suicide countermeasures, the poor and needy are at high risk of suicide, ways need to be devised to interconnect suicide prevention measures with the self-reliance support system for poor and needy persons. The latter system has programs that provide support and counseling for self-reliance, preparation for employment, job training, temporary livelihood assistance, payment of a housing stipend, support and counseling on family finances, support for the education of children from poor and needy households, etc. The support and counseling for self-reliance program, for example, provides one-on-one support to someone who is having difficulty with daily living, a type of support that unquestionably is closely related to the support given to someone at high risk for suicide. In addition, the temporary livelihood assistance program, which provides food, shelter and clothing to the homeless, is likely to be related to the creation of safe places under suicide countermeasures. Thus, although the various programs under the system to support self-reliance are not expressly identified as suicide countermeasures, they are regarded as something that can, in fact, function as such under a different guise.

Next, in regard to the coordination of suicide countermeasures with measures to create a community-based society, the Ministry of Health, Labour and Welfares cites the creation of an “inclusive community-based society” as the philosophy behind its welfare reforms. What this means is that, instead of relying solely on public

welfare, from now on we will build a society in which the people who live in a community support one another. In the welfare field, instead of being divided into the support side and the recipient side as in the common belief that welfare consists of givers and takers, the aim cited as its philosophy is to create a community-based society in which all local residents have roles to play and by supporting one another are able to foster a local community in which they can fully be themselves and live their lives with each other's assistance and in collaboration with public welfare services. The idea is to create a system whereby local residents will work on their own initiative to build a community they regard as "theirs" rather than the all-too-common tendency to think of

it as "someone else's" concern; and, in the case of municipalities, to continue to promote the maintenance of and improvements to a system of "inclusive" comprehensive counseling and support that incorporates backing for community-building initiatives and links to public welfare services. To put it a little more clearly, the aim is to encourage an awareness of personal responsibility and increase the number of residents who take the problems of someone in trouble as if they were their own personal concern and are able to act accordingly.

Figure 2 illustrates the coordination among the various systems related to suicide countermeasures.

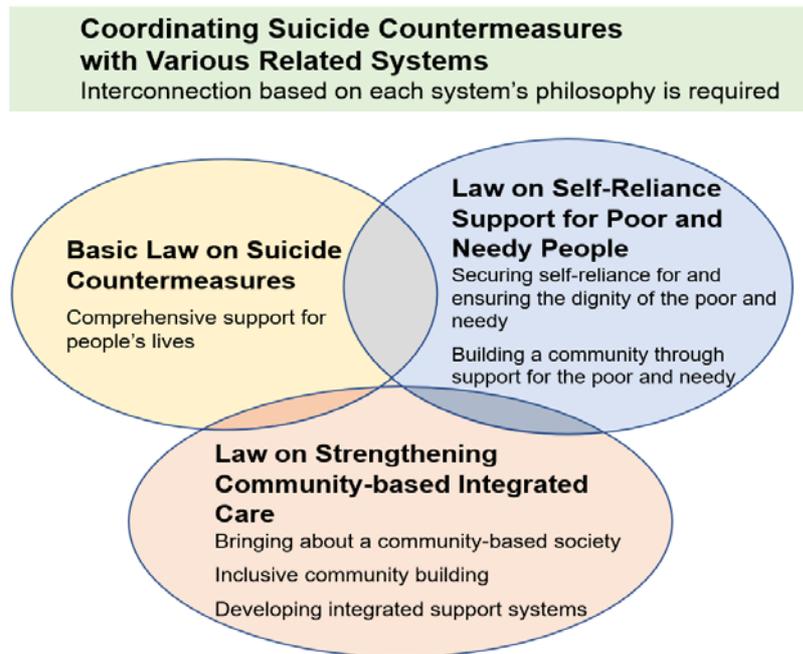


Figure 2. Figure illustrating the coordination among the various systems related to suicide countermeasures.

(4) Conclusion

The goal cited in Japan's new suicide countermeasures is to reduce the number of suicides to more than 30 percent below 2015 levels by 2026. Although the hurdles are high, if we are to reach this goal, it is essential that

we vigorously promote measures to prevent suicide tailored to the regional characteristics of all municipalities based on local suicide countermeasure plans. It is imperative that all concerned proceed with these measures with a clear understanding of what they need to do so.