

## Original Article

## Exploring New Directions in Suicide Countermeasures That Make Use of ICT

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In recent years, the move to provide online counseling systems to prevent suicides among young people has been gathering momentum, and the implementation of suicide prevention measures that make use of information and communications technology (ICT) is becoming an urgent task. In this study, we have selected an Internet gatekeeper as one suicide countermeasure that makes use of ICT and carried out two studies.

[Study 1] This study was conducted with the joint aims of evaluating the suicide-triggering potential of search advertising that uses suicide-related keywords, and then of drawing up draft guidelines for placing advertisements. Using 13 suicide-related keywords such as “want to die”, “suicide methods”, etc., we collected search ads from around the country and qualitatively and quantitatively evaluated the contents of 52 types of advertising. As a result, when suicide-related keywords were used as search terms, fewer than half the search ads were rated as “not dangerous.” Ads in which the search results were automatically included; those for death-related businesses; those for businesses that persons at risk of suicide were not assumed would visit; those in which the intended users of counseling facilities and the prefectures in which the ads were displayed did not match; and those that call upon people “not to do” things that they couldn’t help doing were all regarded as having a negative impact on browsers. On the basis of the distinguishing features of the ads we extracted, we drew up a draft version of guidelines for counseling and support facilities when placing search advertising that uses suicide-related keywords.

[Study 2] During the present fiscal year, we analyzed counseling cases on an Internet gatekeeper carried out by the Specified nonprofit corporation OVA and made a study aimed at examining the factors involved in the success or failure of online counseling. Of the consultations conducted in FY2017, an analysis was made of 184 users. Eighty-five of them continued counseling, and the likelihood of continuing counseling was shown to be better if the reply to an initial email was made within twelve hours. In addition, the success rate for those 85 persons was 32.9 percent when counseling was defined as a success if either (A) a positive change in mood of the person receiving counseling could be confirmed or (B) the person was able to talk to a family member, a treatment facility, etc. Counseling was most often successful for those who had phone consultations or face-to-face counseling. In the case of online counseling, it is thought to be important to build a trust-based relationship in which the person seeking counseling is able to speak with confidence, one that motivates him or her to seek help from those close by so that they are able to connect with a support provider in a more true-to-life way. In this regard, online counseling that functions as an entry point to suicide-related counseling is likely to be effective.

Furthermore, in accordance with the findings of the abovementioned two studies, we have made proposals for new directions in suicide countermeasures that make use of ICT.

**Keywords:** youth suicide, ICT, online gatekeeping, search advertising, online counseling

**1. Aims**

In the 2017 revision of the General Principles of Suicide Prevention Policy, the text clearly states that “Although young people tend to be less likely to seek help or counseling of their own accord, on the other hand, they are also said to have a tendency to drop hints about suicide on the Internet or social networking sites or search the Internet for suicide methods, etc.,” and it

recommends strengthening “outreach measures for young people that make use of information and communications technology (ICT).” Cases in which young people who expressed suicidal intent on social networking services (SNS) became murder victims are also fresh in our memory. In such a social climate, the move to provide online counseling systems has been gathering momentum, and the implementation of suicide prevention measures that make use of ICT is becoming an urgent task.

One form of suicide prevention that uses ICT is an online gatekeeping.<sup>1-3</sup> This takes advantage of “search

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advertising,” which displays advertisements related to the searched-for keywords on the search results page, and reaches out to users by showing ads for counseling services in the results for such suicide-related keywords as “want to die” or “suicide methods.” Since the specified nonprofit organization (NPO) OVA started its online gatekeeping activity in 2013, ads for counseling facilities that make use of search ads can be found all over Japan.

With the spread of search advertising, issues to be considered are also arising. The first issue is the possibility that search ads are a type of media that have a potential to trigger suicides. Among the media that have previously been studied for their reporting on suicide are newspaper articles,<sup>4,5</sup> television programs,<sup>6</sup> and the Internet.<sup>7</sup> From prior research on these media it is clear that, among other things, suicide coverage tends to be slanted toward content that is likely to attract attention; that detailed information on suicide methods runs the risk of triggering other suicides, such as copycats; and that media which also report appropriate information such as aid resources are scarce. Sueki<sup>8</sup> reviewed studies examining the media’s impact on suicide and has cited the need in the future to examine the suicide-triggering effects of new media. Search ads, which are new media, may also pose a risk of triggering suicides depending on their wording or display methods, but since outreach via search advertising only began in the past few years, so far no research on such ads has been done. Thus, in this study (Study 1), our first objective was to evaluate the suicide-triggering potential of search ads that use suicide-related keywords and draw up a draft version of guidelines for placing such ads.

The second issue is the methodology for online counseling: once contact has been made with a user at high risk of suicide through a search ad, how do you encourage counseling and prevent suicide. Sueki and Ito<sup>9</sup> define successful counseling as when there is a positive change in the mood of the person receiving counseling or when such a person initiates new help-seeking behavior with someone whom he or she has never consulted before. And, at the present stage, the success rate for online gatekeeping activities is insufficient. It has been suggested that it is difficult for counseling to achieve success if those receiving counseling have concrete suicide plans. It has also been suggested that, as one factor on the support provider’s

side, there were fewer cases of failure for replies that dealt specifically with the contents of the email from the person seeking counseling and encouraged self-understanding while focusing on that person’s good points. Assuming that online counseling will expand and become more popular from now on, we still need to accumulate information on the factors that contribute to its success or failure. For that reason, our second objective (Study 2) was to analyze counseling cases conducted by the NPO OVA during the present fiscal year and examine the factors related to the success or failure of online counseling.

## 2. Study 1

### (1) Research method

#### 1) Collecting search ads that make use of suicide-related keywords

In order to collect search ads, we decided on which suicide-related keywords to search for. First, we extracted 35 terms in a questionnaire on counseling activities that the NPO OVA carried out in 2017 in mail account A, which had been the responses people had searched for when they finally came in for counseling. In addition, in a similar way as Sueki<sup>10</sup> did, we set the search location for “Japan” in Google Insights for Search and limited the search period to “April 1, 2013 to September 30, 2017,” from the time search ads began to appear to the time of the survey, and collected 25 examples of related terms when a search was made for “suicide,” and an additional 49 examples of suicide-related keywords that Sueki<sup>10</sup> listed. With the exception of duplicate terms, terms such as “suicide news” and “suicide prevention,” where the aim of the search was assumed to be related to prevention or reporting, or proper nouns such as “The Complete Manual of Suicide,” a total of 66 suicide-related keywords were sampled. Next, four persons belonging to the NPO OVA who are qualified psychiatric social workers or clinical psychologists analyzed the keywords and selected representative terms from each category.

Next, using the Google search engine, we collected ads from between October 30 and November 20, 2017. Since the advertisements displayed differed depending on the location of the search, we set the longitude and latitude for the prefectural seats of each of Japan’s 47 prefectures, searched for keywords, and collected search ads up to the third page of the search results. For the ads collected, we compiled information on the

prefecture in which the ad was displayed, the search keywords, the ad contents, etc.

**2) Evaluating the danger of search ads and drawing up draft guidelines**

The five authors qualitatively examined the suicide-triggering risk of the ads that had been collected. We particularly focused on ads that do not fall under the purview of “Preventing Suicide: A Resource for Media Professionals,”<sup>11</sup> but which were considered highly dangerous, and analyzed their characteristics. In accordance with the results, we drew up draft guidelines for search ads that use suicide-related terminology.

**(2) Results**

**1) The suicide-related keywords used in the search and the ads collected**

Search terms were classified into seven types, and 13 terms were selected. Table 1 shows the number of times an ad with each of these searched-for terms was displayed. Next, Table 2 shows the types of organizations placing the ads. Since several of the groups produced multiple kinds of advertising, there were 37 organizations placing ads, fewer than the number of ads collected. Because advertisements with minor differences were regarded as the same type of ad, the ads that could be collected consisted of a total of 52 types. A breakdown of the ad content is shown in Table 3.

Table 1 Search terms used and the number of ad placements for each term

Category	Search term	N
Suicide	suicide	152
Suicide methods	suicide, method	128
	hanging	1
Self-harm	self-harm	77
	wrist-cutting	83
Suicidal Intent	want to die	218
Suicidal Ideation	want to die by suicide	142
Suicide Spots	suicide, popular spot	36
Suicide Recruitment	suicide, recruitment	146
	suicide, website	180
Suicide Preparations	suicide, preparations	97
	suicide note	49
Werther Effect	suicide, famous people	0

Table 2 Types of organizations placing advertisements (N= 37)

Types of organizations	N
Medical facility	10
Administrative agency	3
(Authorized) Specified Nonprofit Corporation	7
Public interest incorporated association	1
Psychological counseling facility	2
Corporation	4
Judiciary-related office or corporation	3
Other	2
Search engine	5

Table 3 Types of ad content (N=52)

Specific target/content	N
<b>Encourage seeking advice at their office</b>	
Those thinking of suicide or who want to die	5
Those suffering from self-harm or wrist-cutting	2
Those who want treatment for their wrist-cutting scars	4
Those suffering from depression or mental illness	4
Those disconnected from society (so-called “ <i>hikikomori</i> ”)	1
Victims of sexual violence	1
Those who are troubled, those worried about someone close to them	5
<b>Encourage use of their services</b>	
Rehabilitation support	6
Products for scars from wrist-cutting	2
Religious circles	1
Will drafting	3
Special cleaning, disposal of personal belongings	1
Pamphlets and sites introducing counseling facilities	3
Search engine, mail order sites	6
Osteopath	1
Meeting places	1
<b>Help-wanted ad</b>	
Recruiting employees to deal with suicide countermeasures	5
Recruiting counselors	1

**2) Evaluation of the dangerousness of each ad**

Of the 52 types of ads, there were five types that were thought to fall under the purview of “Preventing Suicide: A Resource for Media Professionals.”<sup>11</sup> An additional 22 types were judged to be ones that could not be said to pose no danger; thus, 51.9 percent of the ads collected at this time were rated as containing content that had the potential to trigger suicide.

The results of a qualitative examination of the risk potential for these 27 types of ads indicate that ads for

search engines, mail order sites, etc., that install systems which automatically incorporate the search results into ads were judged the most dangerous because when searching for “want to die,” for example, inappropriate sentences such as “recruiting people who want to die” would be displayed. Ads for death-related businesses such as drawing up a will or special cleaning services, depending on the circumstances, were also thought to have the possibility of encouraging suicide plans. Businesses that one would not expect someone at risk for suicide to visit or those in which the targets for counseling services and the prefecture in which the ad was displayed did not match were thought to be highly dangerous both because they provide unnecessary information and because, under certain circumstances, they may cause the browser to think “I was refused counseling.” Also, appeals to “not do” such things as self-harming behavior or suffering alone, etc., that some people cannot help but do, even when meant empathetically, were assumed to have the potential to be taken by the viewer in a negative way.

On the other hand, the remaining 25 types were rated as having a low risk. These were ads whose content encouraged counseling at the ad-placer’s facility in a general way or that offered the services needed by a person searching suicide-related keywords. Such ads contained a warm message, the specific nature of the support or counseling, the benefits of receiving counseling, access to counseling facilities, etc.

We documented these contents and drew up draft guidelines. A simplified version of these guidelines is shown in Figure 1 (see Document 1 for the entire guidelines).

#### Guidelines for Counseling and Support Facilities When Placing Search Advertising That Uses Suicide-related Keywords

- Make clear who the intended user of the ad is: the person contemplating suicide, a family member, support provider, etc.
- Make the appeal with a message that is simple, warm and empathetic.
- Specifically identify the nature of the service or support.
- Specify the counseling method, whether via email or telephone or access to a counseling or support facility.
- Provide objective information about the service or support, such as the support facility, the number of users, etc.
- Do not make claims for an easy solution, such as “We will completely solve your problems.”
- Do not use facts related to actual suicides, mental illness, or self-harming behavior in headings.
- Do not use the negative message “don’t do” all by itself.
- Do not use misleading expressions for greater impact.
- Be in compliance with the Medical Care Act, the Act against Unjustifiable Premiums and Misleading Representations, and other laws.

Figure 1 A simplified version of draft guidelines for search ads

### (3) Observations

In Study 1, the aim was to evaluate the suicide-triggering potential of search advertising that uses suicide-related keywords and to prepare draft guidelines for placing such ads. After using the selected keywords, collecting ads, and examining the contents of 52 ad types, the result was that fewer than half the search ads were rated as not dangerous. Based on the distinctive features of the sampled ads, we drew up a draft version of guidelines for counseling and support facilities when placing search advertising that uses suicide-related keywords.

The present guidelines are based on a small group of ads, and ad contents will change over time. For that reason, it is desirable to plan to enhance the content analysis and target even more ads in the future. In addition, by drawing up examples of appropriate and inappropriate advertising in accordance with the proposed guidelines and empirically verifying their effect on browsers, we will need to bring the draft version closer to practical use.

## 3. Study 2

### (1) Research method

#### 1) Subjects of counseling cases

The NPO OVA’s counseling program places a search ad promoting counseling that limits both the region and the time period, and begins email counseling by return mail to those who viewed the site page and responded by email. In this study, the subjects of an

Internet gatekeeping program intended for residents of the Kanto region were 98 persons who sent an initial email to counseling account A during the period between June 2, 2017 and January 11, 2018, and 90 persons who sent an initial email to counseling account B between February 17 and March 15, 2018.

In addition, in about the third email after the first one had been sent, we asked for responses to a questionnaire in order to improve the counseling program and the assessments of those receiving counseling. We drew up a feedback form using a questionnaire drafting tool called Typeform and made use of a system that automatically stores the aggregate data on Google Drive. When requesting feedback, we pasted the URL of the feedback page in the email and had those receiving counseling access it. In this study, we received feedback from 72 persons receiving counseling (28 males, 42 females and 2 other).

## 2) Content analysis of the counseling cases

Numerical values were assigned to the time of day we received the initial email (between 12 a.m.-6 a.m., between 6 a.m.-12 p.m., between 12 p.m.-6 p.m., between 6 p.m.-12 a.m.); the time it took to respond to the initial email (hereafter referred to as the time required to reply: less than 6 hours, 6 hours - less than 12 hours, 12 hours - less than 18 hours, 18 hours - less than 30 hours, 30 hours or more); whether or not there was a further response after the initial email; and whether either a phone consultation or face-to-face counseling was conducted. In addition, we took the scores for age, gender, depression and anxiety scale (K6)<sup>12)</sup> from the questionnaire, and the score for suicide ideation scale<sup>13)</sup> and the variables for ease of counseling method (email, chat, telephone, and face-to-face; multiple choices allowed) and conducted a statistical analysis.

We defined successful counseling activities respectively as those in which (A) a positive change in mood of the person receiving counseling could be confirmed (hereafter, mood change), and (B) those receiving counseling were able to talk to a family member or a medical facility, etc. (hereafter, help-seeking behavior). Several psychiatric social workers and clinical psychologists qualitatively examined the contents of the emails and judged their success or failure. SPSS Statistics ver. 25.0 was used for the analysis.

## 3) Ethical considerations

As matters for those seeking counseling to consider, we explained on the site page promoting counseling that, in principle, confidentiality would be maintained except in an emergency; that it would be possible to receive counseling anonymously; that no fee would be charged, etc. We also stated clearly in the text that details of the counseling would be used for research in a form that would not identify the individual and that the findings would be published, and assumed that we obtained consent to these conditions by receiving emails from those seeking counseling. Moreover, although feedback to the questionnaire was in principle requested, it was not compulsory. We asked a second time about using the data in the study and only made use of the data of the respondents who gave their consent.

## (2) Results

### 1) Descriptive statistics of the counseling subjects

With the exception of four persons who refused to give their consent to the use of the data in the questionnaire for this study, detailed analyses were made of 184 persons. Of these 184 persons over the course of events since the initial contact, the first response of 16 was made in error; 83 did not continue counseling; and there were responses from 85 after the first one (continued counseling). A breakdown of those who did not continue counseling shows that there was no further email after the initial response from 63; 11 were terminated because they fell outside the scope of the counseling; and nine replied to the questionnaire or said that they had replied to the questionnaire but nothing was subsequently heard from them.

Feedback to the questionnaire was obtained from 63 persons who continued counseling, plus nine persons from whom we received feedback but no further response for a total of 72; in terms of the ages of the respondents, 11 were in their teens, 30 in their 20s, 15 in their 30s, 12 in their 40s, and 4 in their 50s. A flowchart of the above subjects is shown in Figure 2.

Of the 85 persons who continued counseling, 15 had phone consultations and four had face-to-face counseling. In terms of the success or failure of counseling, (A) a positive mood change was confirmed for 19 and (B) help-seeking behavior for 18; for nine of them both were applicable. Thus, there was a total of 28 persons who satisfied one or the other condition, for a success rate of 32.9 percent.

### 2) Correlation between the initial email and continued counseling

Excluding the 16 persons who replied in error and the 11 who fell outside the scope of the counseling, for the remaining 157 persons, we examined the correlation between whether or not they continued counseling and the time period for the initial email as well as the time required to reply using the chi-square ( $\chi^2$ ) test. No significant correlation could be observed between the

time period for the initial email and continuation of counseling. The correlation with the time required to reply was marginally significant ( $\chi^2(4)=8.39, p=0.078$ ); many of those seeking counseling who received a reply to their initial email within 12 hours or more to less than 18 hours made no subsequent response. CrossTab tables and adjusted residuals are shown in Table 4.

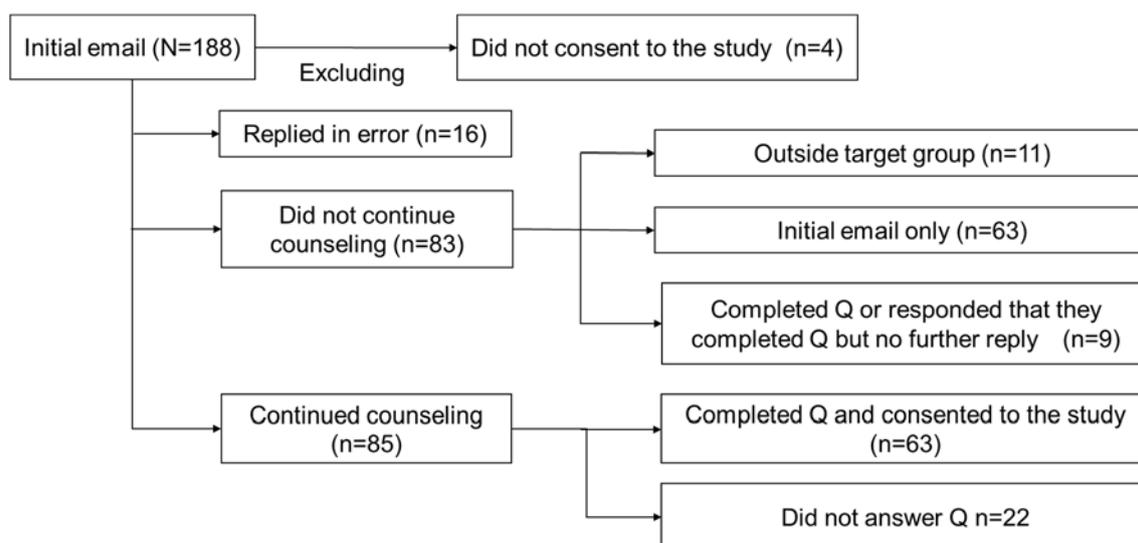


Figure 2 Flow Chart of the subjects counseling process and questionnaire responses. Q is the questionnaire.

Table 4 Correlation between time required to reply and continuation of counseling after first email (n=157)

Continued counseling	Time required to reply to first email				
	Less than 6 hours	6 hours - less than 12 hours	12 hours - less than 18 hours	18 hours - less than 30 hours	30 hours or more
No reply (n=72)	26 40.0% (-1.2)	17 40.5% (-0.8)	18 66.7% (2.4)	6 37.5% (-0.7)	5 71.4% (1.4)
Continued (n=85)	39 60.0% (1.2)	25 59.5% (0.8)	9 33.3% (-2.4)	10 62.5% (0.7)	2 28.6% (-1.4)

The adjusted residual is within the ( ) for each cell.  $\chi^2(4)=8.39, p<.10$

### 3) Correlation between phone consultations or face-to-face counseling and the success or failure of counseling

Using Fisher’s exact probability test we studied whether or not conducting phone consultations or face-to-face counseling correlated with the success or failure of counseling. The results showed that both (A) a positive mood change and (B) help-seeking behavior

were found in more persons who had phone consultations than in those who did not ( $p=0.035; p=0.000$ ). Similarly, (A) a positive mood change and (B) help-seeking behavior were found in more persons who received face-to-face counseling ( $p=0.033; p=0.029$ ). CrossTab table and adjusted residuals for each are shown in Table 5 and Table 6.

Table 5 Correlation between having a phone consultation and success or failure of counseling (n=85)

Phone consultation		
Success/failure of counseling	Without	With
Positive mood change (n=19)	12 17.1% (-2.5)	7 46.7% (2.5)
No positive mood change (n=66)	58 82.9% (2.5)	8 53.3% (-2.5)
<i>p</i> =.035		
Help-seeking behavior (n=18)	9 12.9% (-4.1)	9 60.0% (4.1)
No help-seeking behavior (n=67)	61 87.1% (4.1)	6 40.0% (-4.1)
<i>p</i> =.000		

Table 6 Correlation between having face-to-face counseling and success or failure of counseling (n=85)

Face-to-face counseling		
Success/failure of counseling	Without	With
Positive mood change (n=19)	16 19.8% (-2.6)	3 75.0% (2.6)
No positive mood change (n=66)	65 80.2% (2.6)	1 25.0% (-2.6)
<i>p</i> =.033		
Help-seeking behavior (n=18)	15 18.5% (-2.7)	3 75.0% (2.7)
No help-seeking behavior (n=67)	66 81.5% (2.7)	1 25.0% (-2.7)
<i>p</i> =.029		

#### 4) Correlation between ease of counseling method and the success or failure of counseling

Of the respondents to the questionnaire (n=72), 59 cited emails as an easy means of counseling, 38 chat, 19 phone consultations, and 22 face-to-face counseling. Of the 13 persons who had phone interviews this time and also responded to the questionnaire, six cited the telephone as an easy counseling method. The four persons who had face-to-face counseling all cited it as easy. A correlation between the ease of counseling method and the

success or failure of counseling could not be confirmed by the  $\chi^2$  test.

#### 5) Factors related to the success or failure of counseling

Logistic regression analysis (the variable increase method) was performed on the 72 respondents to the questionnaire, with the success or failure of two types of counseling respectively as the dependent variables, and for the independent variables, gender, age, having a phone consultation, having face-to-face counseling, the four types of easy counseling methods as well as the scale scores for suicidal ideation and K6 were input as the dummy variables. Results were significant for (A) positive mood change for: female ( $OR=6.46$ ,  $95\%CI=1.22-34.19$ ,  $p=.028$ ), having a phone consultation ( $OR=6.02$ ,  $95\%CI=1.40-25.90$ ,  $p=.016$ ), and having face-to-face counseling ( $OR=19.44$ ,  $95\%CI=1.27-296.89$ ,  $p=.033$ ). And for (B) help-seeking behavior, having a phone consultation was significant ( $OR=8.89$ ,  $95\%CI=2.37-33.40$ ,  $p=.001$ ).

#### (3) Observations and conclusion

In Study 2, we conducted an analysis using the counseling cases of the NPO OVA's online gatekeeping for the purpose of examining the factors related to the success or failure of online counseling activities.

The results of studying the correlation between the time required to reply to the initial email and the subsequent reply process showed that there were few further responses from those seeking counseling who had received replies within 12 hours to less than 18 hours after their first email arrived. Because there were subsequent responses from around 60 percent of those who had received replies in less than 12 hours, an initial reply made within 12 hours is thought to be best. Even when the reply time was rapid, however, considering that about 40 percent of those seeking counseling did not continue, in future it will be necessary to examine other factors related to the continuation of counseling.

In addition, when examining the factors related to counseling's success or failure, it became clear that carrying out phone consultations or face-to-face counseling correlates with positive mood change and help-seeking behavior. Because phone consultations or face-to-face counseling are methods that are closer to real human relationships than online counseling,

they are important for building a relationship of trust with support providers. The assumption is that for those seeking counseling who are able to form such a trust-based relationship with a support provider via email, a positive mood change is likely to occur. In addition, it is suggested that online counseling reinforces help-seeking behavior in the person being counseled and contributes to subsequent help-seeking behavior in the form of phone consultations, face-to-face counseling with a support provider, or discussions with family members or specialists. Consequently, for online counseling, a relationship that motivates help-seeking behavior in the person being counseled is thought to be important, as is building a relationship in which that person and a support provider trust one another and can communicate accordingly. In other words, online counseling is expected to function precisely as a gatekeeper, an entry point for suicide-related counseling.

Being female also correlated with a positive mood change. It is conceivable that women may find it easier than men to express emotions in an email or that the nature of counseling differs between men and women; for these reasons, a more detailed study will be required in the future.

As limitations of this study, the first that can be cited is the low response rate to the questionnaire among those who continued counseling. Some of them may have been unable to answer the questionnaire because of intellectual limitations, young age, confused mental state, etc. For that reason, it must be kept mind that the questionnaire data used in this study does not fully reflect the distinctive features of those who continued counseling this time. It will be necessary to develop methods for analyzing more of the target group on the assumption that a certain number of people who are unable to answer the questionnaire are included in those receiving counseling. Second, in this study, we were unable to study the contents of the email replies sent by the support providers. These emails differed in detailed wording and aims depending on the recipient's attributes and the nature of the counseling, but since the basic approach was consistent with gatekeeping activity, substantive differences were hard to detect in the content of the replies, and it was difficult to make an analysis in the form of a statistical comparison of differences in the success rate. Thus, in

future, in addition to examining formal characteristics such as the number of emails sent and received, the time period, and number of words, as well as their correlation with facts that can be gathered objectively such as the main content of the counseling and its success or failure, we will need to conduct studies of the cases that were successful and those that were not and make the specific methodology qualitatively clear.

#### 4. Policy suggestions and recommendations

As the outcome of these studies, first, we created a draft version of guidelines for search advertising that uses suicide-related keywords (the guidelines are attached as Document 1). Since these draft guidelines are based on the results of the present study, it was not possible to comprehensively cover laws such as the Medical Care Act, the Act against Unjustifiable Premiums and Misleading Representations and other points to be considered regarding the placement of advertising. Also, because the advertisements used this time as references were only a small sampling, it is assumed that a more diverse assortment of ads is currently in circulation. Consequently, it is desirable that guidelines that can be put to practical use be drawn up based on the present draft guidelines.

Second, by conducting an analysis of online gatekeeping counseling cases, it became clear that online counseling can function as an entry point for connecting with more true-to-life support. Thus, instead of simply converting existing methods of counseling as is to an online version, for online counseling to fulfill its purpose, a methodology and framework that is unique to it must first be established. For that reason, from now on, it is desirable to verify its effectiveness by scientific methods in more online counseling projects and draw up an evidence-based manual.

#### Additional remarks

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## **Document 1: Draft guidelines for search advertising that uses suicide-related keywords For counseling and support facilities**

### **Guidelines for Counseling and Support Facilities When Placing Search Advertising That Uses Suicide-related Keywords**

- **Make clear who the intended user of the ad is: the person contemplating suicide, a family member, support provider, etc.**
- **Make the appeal with a message that is simple, warm and empathetic.**
- **Specifically identify the nature of the service or support.**
- **Specify the counseling method, whether via email or telephone or access to a counseling or support facility.**
- **Provide objective information about the service or support, such as the support facility, the number of users, etc.**
- **Do not make claims for an easy solution, such as “We will completely solve your problems.”**
- **Do not use facts related to actual suicides, mental illness, or self-harming behavior in headings.**
- **Do not use the negative message “don’t do” all by itself.**
- **Do not use misleading expressions for greater impact.**
- **Be in compliance with the Medical Care Act, the Act against Unjustifiable Premiums and Misleading Representations, and other laws.**

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### 1. Before placing search advertising containing suicide-related keywords

The suicide-related keywords referred to here are expressions such as “suicide,” “suicide methods,” “want to die,” “self-harm,” “wrist-cutting,” etc. These are known to be terms that persons at risk of suicide search for on the Internet. Those bereaved who have lost a family member to suicide are also assumed to be persons who may search for suicide-related keywords such as “suicide note.” Even though they fall outside the scope of targeting, it is necessary to draw up a search ad with due consideration as to the possibility that anyone can see it and the impact it will make on those who do. Also, it is necessary to be in compliance with the law, such as the Medical Care Act and the Act against Unjustifiable Premiums and Misleading Representations.

### 2. On programs that place search advertising containing suicide-related keywords

- Advertisers are assumed to be counseling and support agencies, medical facilities, and businesses whose intended users are persons at risk of suicide and in need of some sort of service or support, including those contemplating suicide, those who engage in self-harm, those suffering from a mental disorder, crime victims, those disconnected from society such as *hikikomori*, etc.
- The following advertisers place ads with suicide-related keywords that may have an adverse effect on browsers (in the worst case scenario, they may even encourage suicide).
  - 1) Sites that install systems which automatically incorporate the search results into the advertisements (e.g., search engines and mail order sites)
  - 2) Businesses that provide services after a person’s death (e.g., lawyers’ offices responsible for drawing up wills, special cleaning companies)
  - 3) Businesses that do not assume their intended users are persons at risk of suicide (e.g., help wanted ads for counselors, counseling facilities intended for healthy people)

### 3. Desirable ways of placing an ad

- Do not make a single ad but firmly target ads, one by one, aimed at the intended users, their support providers, or family members, etc.
- As much as possible, match the location of the intended recipients of support or services (e.g., those residing/working in city A) with the prefecture in which the ad is displayed. When targeting the entire country, more careful consideration is required because more people will see it.
- The following items are recommended for inclusion in the ad’s content because they contribute to the trustworthiness of the ad’s content or lowering the threshold for browsers to seek help (it is not necessary to include all of them).
  - A simple, warm and empathetic message (e.g., “It’s been tough, hasn’t it?” “Would you like to talk about it?” “Warm welcome.”)
  - The specific nature of the service or support (e.g., support for receiving a disability pension, assistance in finding a job, treatment of wrist-cutting scars, counseling for family members)
  - Objective information about the service or support (e.g., the goal achievement rate for the service or support, the average time involved, number of users, access, etc.)
  - The counseling methods provided (e.g., possibility of telephone counseling and 24-hour email reception)

### 4. Undesirable ways of placing an ad

- 1) Unclear for whom the ad is intended, the person contemplating suicide, a support provider, family member, etc.

Reason: When a person at risk of suicide views the ad, depending on its content, it may encourage a suicide to happen. In addition, what the ad may wish to convey cannot be understood; it may be in a form in which the suicide-related keywords inadvertently catch the viewer's eye.

Strategy: Practice targeting and focus the objective of the ad on a single point.

- 2) Making claims for an easy solution, such as “We will completely solve your problems.”

Reason: The problems persons at risk of suicide have are complicated and cannot be easily solved. Such claims are thought to fall within the purview of an exaggerated display of effectiveness.

Strategy: Do not use terms like “completely,” “absolutely,” “99 percent,” etc.

- 3) Using the actual state of suicide (e.g., 30,000 people die as a result of suicide each year) or facts about psychiatric disorders or self-harming behavior (e.g., depression is a disease of the brain) in headings.

Reason: Instead of a general fact, such as “30,000 people die as a result of suicide each year,” carefully convey the context, “Suicide is becoming a social problem in Japan, and suicide countermeasures are an urgent task,” and instead of “Depression is a disease of the brain,” convey the context and background, “pharmacotherapy is needed.” The use of facts such as these in headings may send the message that suicide is the solution or create uncertainty in the viewers that there is something wrong with them because they are depressed.

Strategy: Do not use facts in headings.

- 4) Using only negative messages such as “Don't ...” (e.g., Don't die, Don't hurt yourself, Don't torment yourself, Don't keep things to yourself).

Reason: For actions such as suffering alone, self-harming behavior, addiction, etc., that people can't help themselves from doing, the words “don't ...” run the risk of conveying a negative message and strengthen the self-condemnation and isolation of the viewer.

Strategy: In addition to “don't ...,” propose an alternative message (e.g., Don't suffer alone, please talk to us).

- 5) Using expressions that invite misunderstanding for greater impact (e.g., words regarded as biased such as NEET; words that have a sexual connotation).

Reason: Such terms are interpreted differently by different people and may give some people a bad impression.

Strategy: If another term can be substituted, change the word