

# Basic Framework and Implementation Status of Suicide Prevention

## Section 1 Basic Framework for the Prevention of Suicides

### <sup>TM</sup> Outline of the Basic Act on Suicide Prevention and Outline for Comprehensive Measures to Prevent Suicide

Implemented in 2006, the Basic Act for Suicide Prevention defines the basic principles and aims both at clarifying the responsibilities of the state, local authorities, employers and citizens, and contributing concretely to a society that allows citizens to live healthy and meaningful lives by attempting to enhance support to the relatives of suicide victims, and suicide prevention measures by promoting a comprehensive suicide prevention policy.

In June 2007, the General Principles of Suicide Prevention were approved by the Cabinet as a guideline for a package of measures to prevent suicide, based on the Basic Act for Suicide Prevention, and to be promoted by the Government. The General Principles of Suicide Prevention assess the current status of suicide in Japan and present 3 fundamental ideas about suicide: “Suicide is a death that people feel driven to in the end,” “Suicide can be prevented,” and “People thinking of suicide give off signals even as they hide their suffering.”

It also takes into account the specificities of every generation, and points at 6 conceptions fundamental in carrying out suicide prevention:

- <1> Comprehensive approach in considering social factors
- <2> Approach to encourage all people to play a leading role in suicide prevention
- <3> Follow-up measures for attempted suicides and bereaved families, etc. in addition to suicide prevention and suicide crisis response
- <4> All involved parties work together to comprehensively support persons contemplating suicide
- <5> Promoting clarification of the actual situation of suicide and deploying policies based on those achievements
- <6> Address issues continuously based on a medium- to long-term standpoint

Out of necessity to advance measures against suicide, it outlines direction for policies to be addressed as well as the characteristics of suicide in each generation, dividing them into 3: young age (before 30), middle age (30 to 64) and old age (65 and older).

Also, it sets 48 measures divided into nine items/topics, along the lines of the 9 fundamental policies of the Basic Act for Suicide Prevention, as things to be addressed immediately and in a focused way.

Furthermore, a numerical target to reduce the suicide rate of 2005 by more than 20% by 2016 was established, alongside national and local systems for suicide prevention as well as methods for the evaluation and

management of the policies based on the General Principles of Suicide Prevention. On August 28, 2012, the new General Principles of Suicide Prevention were approved by the Cabinet in accordance with provisions that it would be revised every five years.

In the subtitle and at the heading of the new Outline for Comprehensive Measures to Prevent Suicide, a “society where nobody is driven to suicide” was proposed as an ideal society after summarizing the efforts taken under the past Outline for Comprehensive Measures to Prevent Suicide. It has indicated the necessity to shift policies for suicide prevention to policies focused on practical efforts at regional levels in the future.

In addition, as the basic ideas of the Suicide Prevention Policy, two targets were added: “providing policies and measures tailored to the respective regions subject to the application thereof” and “clarifying the roles of the government, local governments, relevant organizations, and private organizations and promoting their coordination and cooperation.” In the meantime, new immediate key policies include policies such as “disseminating correct knowledge about suicide and suicide-related events,” “promoting the cultivation of gatekeepers in a variety of fields,” “promoting care for victims of large-scale disasters and helping people put their lives back in order,” “enhancing support for victims of child abuse and sexual assault,” and “enhancing support for the needy” among others.

Moreover, it has been decided to establish “a system to enable coordination and cooperation among the government, local governments, relevant organizations, and private organizations” and “a system to evaluate the effects of policies by reviewing implementation status as well as the target achievement status based on the present Outline in a neutral and fair manner.”

There is also a goal established to reduce the suicide rate by more than 20% by 2016 (compared to that of 2005) as a numerical suicide prevention policy target and to revise the Outline again in roughly five years.

## • Advancing Suicide Prevention Systems

Based on the Basic Act for Suicide Prevention, the Council on Suicide Prevention Policy headed by the Chief Cabinet Secretary was established as a special division of the Cabinet Office. Under the Council on Suicide Prevention Policy, the Council for the Promotion of Suicide Prevention was established on January 31, 2008 and the Task Force on Measures to Prevent Suicide on September 7, 2010. The Council for the Promotion of Suicide Prevention is made up of experts, while the Task Force on Measures to Prevent Suicide is made up of vice-ministers, parliamentary secretaries, etc., with the Minister of State (in charge of suicide prevention), Chairman of the National Public Safety Commission, Minister for Internal Affairs and Communications and Minister of Health, Labour and Welfare as Co-Chairmen. Later, the Task Force was abolished and a working team formed by senior vice-ministers of relevant ministries with the Minister of State (in charge of suicide prevention) as the chairman was established in order to facilitate the faster promotion of suicide prevention measures. In addition, on July 26, 2013, the Council for the Promotion of Suicide Prevention was abolished and under the Council for Policy of Suicide Prevention, the Council for Verification and Evaluation of Suicide Prevention Measures composed by experts and the Council for Public and Private Coordination and

Collaboration for Suicide Prevention Measures were established. The former plays the role of verifying the implementation situation of measures based on the Outline and the achievements regarding the targets, and evaluating the effects of the measures, while the latter plays the role of enabling the central government, local governments, relevant administrative organizations and private organizations to coordinate and collaborate in order to promote measures for suicide prevention in a concerted effort as a nation.

On April 1, 2007, in the Cabinet Office, the Office for Suicide Prevention Policy was established. It fulfills the function of executive office of the council on Suicide Prevention Policy and performs general duties, policy-making and planning regarding suicide prevention policy.

### • Fund for the Urgent Enhancement of Local Suicide Prevention

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The Cabinet Office, in order to reinforce suicide prevention policies in regions, was allocated a 10 billion yen supplementary budget for FY 2009 and created in the administrative divisions of Japan a Fund for the Urgent Enhancement of Local Suicide Prevention, pertaining to policies in the first 3 years. The budget for the Fund for the Urgent Enhancement of Local Suicide Prevention is allocated according to the population and number of suicides in each prefecture and carried out in every administrative division developing a plan featuring/including the contents of implementation projects and enacting ordinances. Every administration chooses the content of fund projects, taking into account the specific local situation, from among the 5 projects laid out by the State: face-to-face counseling support projects, telephone counseling support project, staff training projects, public awareness projects, and reinforcement models, then implements them.

Also, in the FY 2009 Supplementary Budget, a subsidy to shed light on resident life was created and recognized as part of the Fund for the Urgent Enhancement of Local Suicide Prevention (until the end of FY 2012).

On top of that, the Great East Japan Earthquake made suicide prevention across the country significantly harder, in the context of the economic upheaval and social unrest, including the evacuation of ruined areas and disaster victims. The Cabinet Office ensured that all possible measures were taken regarding those suicide prevention policies experiencing growing difficulties by allocating 3.7 billion yen as an integral part of an increase toward the Fund for the Urgent Enhancement of Local Suicide Prevention under a third supplementary budget in 2011, later extending the deadline to the end of FY 2012.

Thereafter, in the new General Principles of Suicide Prevention adopted in August 2012, the importance of the shift to a suicide prevention policy focused on practical efforts at the regional level was made, in addition to the incorporation of the need to address new issues such as support for attempted suicide survivors and an increase in the suicide rate among youth. In view of this new situation, a further 3.02 billion yen was allocated to the Urgent Enhancement of Local Suicide Prevention in the first supplementary budget of FY 2012 and its deadline was extended to the end of FY 2013 in order to develop and promote suicide prevention systems in local regions based on the new Principles.

In the first supplementary budget of FY 2013, as it was necessary to promote measures for suicide prevention in local regions, the Cabinet Office not only added 1.63 billion yen to the Fund for the Urgent Enhancement of Local Suicide Prevention, but also extended its deadline to the end of FY 2014 so as to implement measures for suicide prevention targeting different generations and risk factors based on respective local situations and related problems.

The first supplementary budget in FY 2014 has allocated 2.5 billion JPY as the Grant for the Enhancement of Local Suicide Prevention for high priority suicide prevention such as suicide prevention in young people as well as suicide prevention corresponding to the changes in the economic situation, as it was necessary to enhance the regional suicide prevention ability by supporting effective measures based on regional characteristics. This grant was carried over to FY 2015 in order to be allocated for the projects to be implemented during the year.

## Section 2 Implementation Status of Suicide Prevention in 2014

### 1. Efforts to Clarify the Facts of Suicide

#### 1. Implementing surveys to clarify the actual facts

<sup>TM</sup> Conduct research on the analysis of suicide causes and support methods in relation to the Outline for Comprehensive Measures to Prevent Suicide.

#### 2. Enhancing information provision

<sup>TM</sup> Explain basic data, Suicide Statistics, initiatives of local governments, Live and Support Desk, overseas information at the website “Ikiru=Live” of the Center for Suicide Prevention.

<sup>TM</sup> Prepare and publish “Cases of Efforts to Combat Suicide in Regions.”

#### 3. Promoting surveys on the actual state of attempted suicide victims and bereaved families, and on support measures

<sup>TM</sup> Conduct research on the analysis of suicide causes and support methods in relation to the Outline for Comprehensive Measures to Prevent Suicide and conduct survey on the state of attempted suicide survivors, etc.

#### 4. Promoting surveys on suicide prevention for school children

<sup>TM</sup> Hold a Conference of co-researchers on the prevention of suicide if pupils and students and reevaluate policies regarding background surveys when a student/pupil suicide has occurred.

#### 5. Identifying clinical conditions of depression and other mental illnesses, and developing diagnosis and treatment technologies

<sup>TM</sup> Conduct programs such as large scale multicenter study to establish strategies for an optimal treatment of depression, research aimed at rehabilitation of patients with depression, etc.

#### 6. Promoting the use of existing resources

<sup>TM</sup> Publish “Basic data on suicide in regions,” “Suicides related to the Great East Japan Earthquake.”

<sup>TM</sup> Publish “State of suicide in 2014” (March 2015).

<sup>TM</sup> Publish the number of monthly suicides (the total and by gender as well as by prefecture) as provisional data.

<sup>TM</sup> Conduct analysis of data on regions, age groups, etc. to derive insight into suicide based on the vital statistics and publish analysis results of data on emergency transportation as a result of self-injury acts.

### 2. Efforts to Enhance Awareness and Observation by Every Citizen

#### 1. Implementing Suicide Prevention Week and Suicide Prevention Month

- During the Suicide Prevention Week (September 10 to 16) and the Suicide Prevention Month (March) in FY 2014, the national and local governments, relevant organizations, and private bodies cooperatively promoted enlightenment activities and support measures in concerted efforts with affiliates.

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#### 2. Supplying education that contributes to suicide prevention among school children

- In order to further enhance moral education, the booklet "Our Morality" was distributed to elementary and junior high schools across the country.
- In July 2014, the “Council for the Prevention of Suicide of Pupils and Students” prepared the "Communications with Children for Prevention of Suicides," a guidebook for introducing suicide prevention education at school, and announced it to the boards of education, etc.
- Develop a teaching practice package for teachers of elementary, middle and high schools for the purpose of

improving children's and young people's media literacy in the broadcasting field, and post the package on the MIC website.

- Give seminars to parents, teachers and students to give advice on the safe use of the Internet under the sponsorship of the Ministry of Internal Affairs and Communication, the Ministry of Education, Culture, Sports, Science and Technology as well as relevant organizations.
- Promoted the awareness program on appropriate use of the Internet for the parents as well as the attempt to promote the use of filtering system on mobile phones for juvenile use.

### 3. Raising awareness of depression

<sup>TM</sup> Develop and promote public awareness-raising and enlightenment on mental illnesses such as depression in regions through the provision of a manual for promoting depression prevention and a manual for dealing with depression.

<sup>TM</sup> Open sections such as a "Mental-health for everybody" which wraps up useful information for the understanding and treatment of mental illnesses including depression, and a "Healthy mind maintenance" which presents ways to deal with mental ill-health within the website of the Ministry of Health, Labor and Welfare in order to develop and promote awareness-raising and enlightenment project.

### 4. Disseminating correct knowledge related to suicide and suicide-related events

<sup>TM</sup> Develop and promote awareness-raising and enlightenment project on the Internet during Suicide Prevention Week and Suicide Prevention Month.

<sup>TM</sup> Conduct activities for human rights awareness-raising under the slogans of "Eliminate Prejudice and Discrimination on the Grounds of Sexual Orientation" and "Eliminate Prejudice and Discrimination on the Grounds of Gender Identity Disorders" as annual priority targets of activities.

## 3. Efforts to Train Human Resources to Play Central Roles in Initial Response

### 1. Improving primary care physicians' diagnostic and treatment skills for depression and other mental illnesses

<sup>TM</sup> Implement training to improve capability to deal with mental health for doctors who are not specialized in psychiatric treatment with the aim to improve diagnosis and treatment techniques for depression and other illnesses.

### 2. Raising awareness among teachers

- Provide information on the manual on prevention of child suicide that teachers should know and guidance to deal with emergency situation when a child suicide has occurred which were wrapped up by the Council for the Prevention of Suicide of Pupils and Students through conventions and meetings to schools and school boards.
- Through a variety of opportunities including meetings with university officials in charge of student affairs, guidance on suicide prevention among students was enhanced and seminars for school officials in charge of student counseling were implemented.
- Announced the survey results on the school's response to gender identity disorders in order to promote educational understanding of school children with gender identity disorders.

### 3. Increasing the abilities of regional health and industrial health personnel

<sup>TM</sup> Implement training in the Center for Suicide Prevention to staff and people engaged in counseling work in local governments, health care centers, mental health welfare centers and others in order to improve their qualification.

<sup>TM</sup> Implement training in industrial health promotion centers across the country to industrial health staff in order to promote measures to improve mental health and prevent excess work load.

#### **4. Training for Long-Term Care Support Specialists**

<sup>TM</sup> Implement training to Long-Term Care Support Specialists and nursing support staffs in order to improve their qualification.

#### **5. Training for social worker and child welfare volunteers**

<sup>TM</sup> Provide assistance to prefectures in connection with their training programs aimed at the provision of knowledge and techniques indispensable for carrying out counseling support activities in order to improve qualification of case workers and children's social workers.

#### **6. Enhancing development of personnel in charge of collaboration and coordination**

- Implement training on suicide prevention measures to staff and people who are engaged in planning suicide prevention measures.
- Organized the Suicide Prevention Public-Private Partnership Block Conference in six blocks and Suicide Prevention Human Resource Training Seminar in two blocks in order to train human resources who are in charge of coordinating relevant people from local municipalities, related organizations and other private organizations.

#### **7. Improving counselors' abilities to deal with social factors**

- Prepare and publish a guide for the counseling of people with multiple debts and conduct seminars in order to improve qualification of staff and counselors engaged in providing counseling to people with multiple debts in prefectures, municipalities, finance bureaus and others.
- Conduct seminars and workshops for counseling staff that provide counseling at Counseling Office for Financial Services Users using videos and texts prepared by the Cabinet Office for the training and cultivation of gatekeepers.
- Conduct seminars and workshops on multiple debt problems for consumer affairs counselors at the local government.
- Conduct seminars and workshops for staff at job seeker's offices (Hello Work) incorporating mental health issue so that they may acquire knowledge on counseling.

#### **8. Increasing public worker's abilities to deal with bereaved families**

<sup>TM</sup> Adopt measures to deal with bereaved family members in an appropriate manner so that the honor of suicide victims or the feelings of bereaved families or attempted suicide survivors are not hurt unreasonably when police officers are engaged in dealing in works connected to them.

<sup>TM</sup> Promote improvement in the qualification of fire defense personnel through training and education at fire defense headquarters and fire academies so that fire defense personnel may be able to deal with bereaved families and others in an adequate manner.

#### **9. Developing training materials**

<sup>TM</sup> Develop guidelines for members engaged in emergency medicine for the provision of care to attempted suicide survivors and guidelines for the provision of care to bereaved families.

<sup>TM</sup> Provide assistance in planning seminars for counseling staff of local governments and private bodies in the Center for Suicide Prevention.

#### **10. Promoting mental healthcare for suicide prevention personnel**

<sup>TM</sup> Conduct seminars on mental health care for counseling staff in the Center for Suicide Prevention by incorporating instruction to maintain their proper mental health in the curriculum for counseling support.

#### **11. Promoting the fostering of gatekeepers in various sectors**

<sup>TM</sup> A variety of efforts to promote coordination with doctors who prescribe drugs and specific organizations, including detailed medicine-taking instructions and follow-up checks, support for appropriate medicine-taking and the like were implemented in the Japan Pharmaceutical Association

<sup>TM</sup> Implement courses for gatekeepers at local cooperatives and branches of the Association of Japan Beautiful and Healthy Life Cooperatives.

<sup>TM</sup> Upload Gatekeeper Notebook and DVD for the training of gatekeepers on the website.

## 4. Efforts to Promote Mental Health

### 1. Promoting mental health programs for the workplace

- Provide a comprehensive support program at the centers for mental health policy and support across Japan, ranging from the prevention of mental health disorders at workplaces and support for return to work.
- Open the mental health support portal site “Ear of Mind” to provide information on workplace mental health.
- Provide intensive supervision/instruction to business operators where there is likelihood that long-hour work is involved in order to prevent health disorder due to excessive work load.
- Provide enlightenment and guidance to business operators on the need to adopt effective measures to prevent sexual harassment.
- Created a brochure that summarizes the content of “Recommendations to Prevent and Solve Power Harassment at Work” as well as a portal site “Bright Work Cheer Group” in order to provide various information on power harassment.

### 2. Developing a regional mental health promotion framework

<sup>TM</sup> Implement training in the Center for Suicide Prevention to staff and people engaged in counseling work in local governments, health care centers, mental health welfare centers and others in order to improve their qualification.

<sup>TM</sup> In order to support efforts by regional centers to solve a variety of local current issues, joint researches were implemented with local governments in the Social Education Activation Support Program Centered around Regional Centers.

<sup>TM</sup> Promote the development of urban parks in a walking distance in order to create an environment where people can gather and recreate.

<sup>TM</sup> Develop facilities in rural communities allowing the elderly to live a purposeful life.

### 3. Developing a mental health promotion framework in schools

- Prepare reference material for instruction for teachers so that they may be able to deal with the counseling of mental and physical conditions of children.
- Provide subsidy to meet costs to help employ school counselors and school social workers.
- Promoted labor safety hygiene control system at school so that teachers can dedicate themselves to educational activities.

### 4. Promoting mental care and the rebuilding of lives of victims in large-scale disasters

- Established the “Total Policy for Disaster Victim Support (health and livelihood support)” and implemented multidisciplinary consultations for the elderly at care support hubs, or support visits by specialists at mental care centers in Iwate, Miyagi and Fukushima prefectures.
- To enhance the understanding of radioactive materials in foods, we provide information and organize risk communication with consumers.



## Efforts in Disaster-Stricken Areas [Miharu Town, Fukushima Prefecture]

### Approaches to mental health of municipal employees in the earthquake affected regions – Approaches by Miharu Town, Fukushima Prefecture –

#### [Need for, background, and objective of the Project]

Because of the Great East Japan Earthquake (hereinafter referred to as “the earthquake disaster”) and TEPCO Fukushima Daiichi nuclear disaster (hereinafter referred to as “the nuclear accident”), the municipal employees in Fukushima are said to be under great stress as their work assignment includes reconstruction related tasks in addition to their routine work. A survey conducted by All-Japan Prefectural and Municipal Workers Union in the three earthquake affected prefectures revealed that approximately 17% of the municipal employees in Fukushima showed severe stress symptoms, which was higher than Miyagi and Iwate. This survey also revealed that nearly 2/3 of 213 employees who were on sick leave in FY 2014 had mental illness such as depression. From this, it may be necessary to plan and implement organizational approaches on mental health in order to prevent the extended leave/staff turnover and mental disorders of the municipal employees.

#### [Features of the region and trends in the number of suicides]

##### 1. Regional characteristics

In Fukushima, due to the incident of the earthquake disaster and nuclear accident, not only the employees of the municipalities that were forced to evacuate all residents, but the employees of other municipalities that are accepting the evacuees are likely to fall into overwork as the work tasks that are related to reconstruction or nuclear accident are increasing. Miharu Town took measures for the dispersion of radioactive material, infrastructure restoration and acceptance of evacuees. Currently, there are still many evacuees living in the temporary housing, and the town is actively involved in earthquake disaster related work such as organizing reconstruction supporting events in cooperation with other municipalities that have received evacuation instruction.

##### 2. Trend in the number of suicides

The number of suicides in Fukushima had a downward trend from 2009-2012, but it has plateaued since 2013.

#### [Project objective and details]

##### 1. Objectives

- (1) Provide support in regards to health enhancement of the employees
- (2) Understand, maintain and improve the mental health conditions of the employees
- (3) Prevent issues related to mental health (depression, suicide, etc.) of the employees

##### 2. Contents

- (1) Mental health screening (questionnaire survey and individual interview with all employees)

It was conducted in order to understand the employees' overall mental health conditions as well as work and family status and offer support to those who require professional support. As its method, professional staff (occupational health nurse, nurse, occupational therapist, psychiatric social worker, caseworker and clinical psychologist) at Fukushima Mental Care Center (hereinafter referred to as “the Center”) have conducted individual interviews based on the results of the survey which were previously submitted. The

survey sheets and personal information from the individual interviews were handled by the Center.

(2) Mental health consultation (individual interviews)

Regular mental health consultation was provided three times a year to the employees who were judged to be in need of professional support from (1) above. Furthermore, those considered to be high-risk employees, for example with the risk of suicide, received provisional mental health consultation as needed based on their conditions.

(3) Conducting workshops

Based on the results of the mental health screening, various workshops targeting management staff or regular employees were conducted. The workshop for the management staff was on how to communicate with the employees as well as on harassment, and the workshop for the regular employees was on stress management. In addition, the results of the mental health screening were given to the target employees.

(4) Support for kindergartens and daycare centers

Since the staff working at kindergartens and daycare centers were considered to have a greater psychological burden, a clinical psychologist and a social worker were sent to the two requested facilities. A consultation on a suspected abuse case and individual consultations for the staff were conducted.

**[Management system for project implementation]**

1. Implementing body

Miharu Town

2. Implementation cooperation group

The Center

**[Characteristic features]**

Miharu Town has been taking various approaches as mental health measures for employees, such as establishing consultation services since FY 2011 after the earthquake disaster. The Center prepared itself to provide support that was relevant to the town's intention and the conditions of the employees, so that the town can develop such approaches further.

**[Project results, future challenges, and other points worthy of special mention]**

1. Outcomes and assessment

In the survey after the workshop, more than 70% of the employees responded about the approaches taken in FY 2014 with 'I agree/somehow agree that it was effective to maintain or improve employee health'. In particular, the individual interviews were highly valued. Furthermore, more than 80% of the employees responded with 'I agree/somehow agree that it is necessary to have further approaches on mental health', and it was considered that this project has contributed to raise the employee's awareness for mental health.

The town has listed the following as the outcomes: the town has (1) understood the mental conditions of the employees, (2) conducted continuous individual interviews for the employees who were in need of professional support, (3) conducted workshops for the management staff and regular employees, and (4) adopted external resources and enhanced line care.

2. Challenges

The town was able to understand the mental health conditions of the employees using approaches such as the mental health screening and implement necessary measures. However, it is necessary to review the range of information it holds, and the way to handle personal information. (Fukushima Mental Care Center)

## Efforts for Evacuees (Takahagi City, Ibaraki Prefecture)

### Health consultation, social gathering and mental care visit project for the evacuees – For those who were compelled to evacuate after the Great East Japan Earthquake –

Duration of the project: FY 2011- FY 2014

(Fund project menu)

project

Face to face consultation support, enhanced model

Project cost: 228,000 JPY in FY 2014

(Implementing body) Takahagi City, Ibaraki Prefecture

#### [Need for, background, and objective of the Project]

The Great East Japan Earthquake, which was the most disastrous earthquake on record, resulted in many deaths and victims and was followed by the TEPCO Fukushima Daiichi nuclear disaster, and together they have caused significant damage in various regions.

In Takahagi City, there are people who were compelled to evacuate due to building collapse or those who were evacuated from Fukushima due to the nuclear disaster and many of those who live in the temporary housing have been suffering from insomnia, poor physical health, loneliness and anxiety.

Furthermore, people evacuated from Fukushima due to the nuclear disaster in particular, had a stronger sense of loneliness and anxiety, and a wish to interact with other evacuees from the same regions.

#### [Features of the region and trends in the number of suicides]

Takahagi is a city located in the north eastern part of Ibaraki Prefecture and its northern border comes in contact with Hanawa, Higashi Shirakawa County of Fukushima Prefecture and Kita Ibaraki of Ibaraki Prefecture while in the south and west it borders Hitachi City and Hitachiota City, respectively.

The recent suicide death rate of Takahagi City in 2012, a year after the Great East Japan Earthquake has marked 38.43, which was the highest figure for the past 5 years.

	Total*	0 – 14 years old	15 – 64 years old	Over 65
Total	29,378	3,364	17,133	8,881

(Source: Ibaraki permanent resident census as of January 1, 2015)

Note: excluding age-indeterminate individuals

#### Status of the suicides in Takahagi City (based on the date of discovery, site of discovery)

Year	2010	2011	2012	2013	2014
Number of suicides	12	11	12	5	3
Suicide death rate	37.50	34.73	38.43	16.11	9.74

(Source: Basic Information on Suicides by Region (Cabinet Office))

#### [Project objective and details]

The project had the objectives of building physical and mental health while understanding the health and life conditions of the evacuees and continuously supporting people who are mentally at high risk by paying home visits from the suicide prevention point of view.

Since the evacuees of the nuclear disaster have been separated from their hometown and family, the health consultation and social gathering were held in order to reduce their sense of isolation by interacting with their own people.

- Health consultation and social gathering (Tsudoi no Kai) for the nuclear disaster evacuees    Once a year  
     Target group: The nuclear disaster evacuees from Fukushima  
     Contents: Free-talk social gathering  
                 Individual consultation  
     Staff: Psychiatric social workers, nurses, and occupational health nurse
- Home visit  
     Target group: Residents of the temporary housing in Takahagi and evacuees from Fukushima  
     Identify those who are mentally at high risk using the screening questionnaire (SQD). Those who showed a tendency of PTSD or depression received continuous support in particular.  
     Home visitors: Psychiatric social workers, nurses, and occupational health nurse

### **[Management system for project implementation]**

The project was implemented by Takahagi Health Promotion Department which coordinated the overall project.

It established a suicide prevention liaison committee (Takahagi Heart-Warm Liaison Committee) comprised of relevant officials and discussed the contents of the overall projects on suicide prevention.

### **[Characteristic features]**

- The employees who got to know the nuclear disaster evacuees from the home visits invited them to the health consultation and social gathering (Tsudoi no Kai).
- A Japanese style room was used to make an atmosphere in which people could feel more comfortable talking and which made sure everyone interacted with each other.
- The home visit was paid as soon as the new evacuees were introduced to the city.
- The staff in charge of the visit held a case conference to provide support by identifying individuals at high risk, discussing the frequency of the visit, and introducing them to medical and other related institutions.

### **[Project results, future challenges, and other points worthy of special mention]**

The health consultation and social gathering (Tsudoi no Kai) has been held annually since FY 2011, and as the participants built a connection between each other, they established a voluntary group of Fukushima evacuees in FY 2014.

Because the participants remained the same despite the change in time and day of the gathering (9 participants from 7 households in FY 2014), they requested to make an announcement about it so the brochures were made to be distributed at the city hall, or brought upon the home visit. However, the voluntary evacuee's group has just been established, therefore the city will provide support by offering information, venue and responding to consultation from the group.

Of those evacuees who received the home visit, the number of people who claim to have mental disorders has decreased over time, however, there are still people at high risk who require mental support (13 households out of 42 households), therefore the support will be continued while the project team will keep in touch with related organizations.

(Health Promotion Division, Health Welfare Section, Takahagi City, Ibaraki Prefecture)

## 5. Efforts to Supply Appropriate Mental Healthcare

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### 1. Enhancing a psychiatric care system such as through development of human resources in charge of psychiatric care

- <sup>TM</sup> Implement “training targeted at people engaged in psychology-related work” in psychiatric care institutions and others.
- <sup>TM</sup> Implement projects to promote outreach activities for people with mental disorders provided by a team comprised of staff in various fields.
- <sup>TM</sup> Implement training targeted at people engaged in psychology-related work including doctors on cognitive therapy as well as cognitive behavioral therapy.

### 2. Improving the depression consultation rate

- <sup>TM</sup> Implement “training to improve capability to deal with mental health” for doctors who are not specialized in psychiatric treatment with the aim to improve diagnosis and treatment techniques for depression and other illnesses.

### 3. Improving primary care physicians’ diagnostic and treatment technologies for depression and other mental illnesses

### 4. Promoting the development of a mental health consultation system for children

- <sup>TM</sup> Implement network projects for child mental care aimed to build a support system based on the coordination among medical institutions and health welfare institutions centered on main hospitals in each prefecture in order to deal with various child mental health issues, child abuse and developmental disorders.

### 5. Implementing depression screening

- Promote effective and efficient care prevention suitable to the region’s needs, such as preparing a space for various purposes to promote social participation or care prevention of the elderly in order to help finding people at risk of depression.

### 6. Promoting measure for people at high risk due to mental illnesses other than depression

- <sup>TM</sup> Implement local projects to promote efforts to fight dependency and projects to train staff of centers for the rehabilitation from dependence in order to promote measures to deal with a variety of dependence including drugs and alcohol.
- <sup>TM</sup> Disseminate and use leaflets for awareness-raising and enlightenment on matters related to alcohol in seminars and counseling activities.

### 7. Support for patients with chronic diseases

- <sup>TM</sup> Provide seminars for nurses with an aim to help acquire practical knowledge and techniques in professional fields so that they may be able to deal with patients with chronic illnesses in an adequate manner.

## 6. Efforts to Prevent Suicide through Social Initiatives

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### 1. Support measures and enhancing local consultations systems; communication of easily understandable information on consultation services

- <sup>TM</sup> Implement efforts to expand target areas for the implementation of the unified dial for mental health consultation across the country in wake of the Suicide Prevention Week as well as Suicide Prevention Month.
- <sup>TM</sup> Implement the so-called Stay with You Hotline project consisting of listening to troubles of people to provide a solution to them through free telephone consultation 24 hours a day and 365 days a year so that anybody can receive a counseling and appropriate support in a rapid manner.

## 2. Developing a multiple debt consultation system and enhancing safety net loans

<sup>TM</sup> Conduct free consultation sessions for consumers and business operators throughout Japan as a part of the counseling campaign directed at people with multiple debts in 2014.

## 3. Enhancing consultation services for the unemployed

<sup>TM</sup> Establish the Employment Support Navigator aimed at providing various support to unemployed people who seek employment at Hello Work stations, etc. including detailed counseling and consultation for finding an employment and at dealing with people who cannot actively conduct job-seeking activities due to psychological anxieties and others.

<sup>TM</sup> The number of the Regional Youth Support Station increased to 160 across the country, along with measures to support young people not in education, employment or training to find and start work.

## 4. Implementing consultation services for business owners

- Implement the navigation dial for telephone consultation service for small to medium businesses aimed at receiving calls from across the country from people with problems related to finance or business condition.
- Develop the system to provide consultation on business operator guarantees at Small & Medium Enterprises and Regional Innovation, Japan and its regional head offices in order to promote the use of the Guideline for Business Operator Guarantees announced on December 5, 2013, and establishing a professional dispatching system for those who want to use the guideline.

## 5. Expanding information provision to resolve legal issues

<sup>TM</sup> Enhance the capacity of the Japan Legal Support Center for providing information on appropriate counseling desks for suicide related matters through its support dials (call centers), local offices and website by strengthening coordination with relevant organizations with participation in seminars on suicide prevention conducted by other institutions.

<sup>TM</sup> Provide information on legal systems and counseling services to solve legal problems derived from multiple loans, claims for compensation for damage due to the nuclear plant accident and others, by installing a free dial as a measure to support victims of the Great East Japan Earthquake.

## 6. Restricting access to dangerous places and medicines

<sup>TM</sup> Promote the installation of platform doors which are effective to prevent people from falling on the rails from platforms in railway stations.

<sup>TM</sup> Order dealers and distributors to strictly comply with the observance of regulations in handling poisons and dangerous drugs.

## 7. Promoting measures on internet suicide-related information

- Ask the website administrators and others to delete the information when suicide-related information has been identified on their websites by the Internet Hotline Center and the prefectural police.
- Support the appropriate operation of the model terms and conditions for ISPs concerning illegal or harmful information generated by users.
- Implement the provision of information and awareness program on filtering.

## 8. Response to Internet suicide notices

<sup>TM</sup> Implement measures to prevent suicide through persuading persons who have announced of killing themselves and asking their families to have custody of them by the prefectural police.

<sup>TM</sup> Support the appropriate operation of the guidelines for voluntary disclosure of information of subscribers announcing suicide on the Internet.

<sup>TM</sup> Implement activities aimed at provision of information and awareness-raising and enlightenment

regarding the filtering.

## **9. Expanding elderly support**

<sup>TM</sup> Conduct seminars targeted at staff involved in the work at regional general support centers.

## **10. Preventing bullying-related suicides among children**

<sup>TM</sup> In light of the enactment of the Act to Promote Measures for Bullying Prevention, which stipulates the philosophy and basic matters regarding the Act as well as serious situations, the Basic Policy for the Prevention of Bullying was formulated by the government, and the Act and the Basic Policy were made known through a variety of meetings.

<sup>TM</sup> Enhance systems to provide education and counseling at schools by placing counselor and school social workers and by implementing a 24 hour counseling on bullying.

<sup>TM</sup> Distribute Children Rights SOS Mini-Letters (letter paper with envelope) to elementary and junior high school students nationwide.

<sup>TM</sup> Operate human rights counseling service on the Internet and Children's right hotline (toll free).

## **11. Enhancing support for victims of child molestation, sexual assault, and sexual violence**

- Develop and enhance a comprehensive and seamless support system including the prevention of maltreatment, the early detection and response of it and the protection and independence support of maltreated children.
- Inform and promote medical institutions on a 'Manual for Opening and Operating an One Stop Support Center for Victims of Sex Crime and Sexual Violence' to support such victims.
- Implement "projects to promote enhanced support for victims of spousal and other sexual assaults" targeted at counselors of gender equality centers, etc. in each region.

## **12. Enhancing support for the poor and needy**

- Develop a framework for the needy in the region in order to implement the Act for Supporting Self-reliance of Poor Persons.

## **13. Getting WHO guidelines across to the media**

<sup>TM</sup> Publish on the websites of the Cabinet Office and the Center for Suicide Prevention the guidance for suicide prevention for people in the media of WHO for information.

<sup>TM</sup> Conduct a media conference targeted at people in the media in the Center for Suicide Prevention

# **7. Efforts to Prevent Attempted Suicide Victims from Reattempting Suicide**

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## **1. Enhancing psychiatric treatment services at emergency medical facilities**

<sup>TM</sup> Implement projects to develop systems to provide psychiatric emergency care aimed at the development of psychiatric emergency information centers and psychiatric emergency care centers based on rotation.

<sup>TM</sup> Implement training based on the guidelines for the care of attempted suicide survivors.

<sup>TM</sup> Establish a system to evaluate psychiatry liaison teams that provide evaluation on patients such as attempted suicide survivors hospitalized in a general ward and provide treatment coordination after discharge from the hospital, following the medical fee revision of 2012.

## **2. Support for observation by close people, such as family members**

<sup>TM</sup> Promote the dissemination of the guidelines for the care of attempted suicide survivors.



## 8. Efforts to Relieve the Suffering of Those Left Behind

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### 1. Supporting the management of self-help groups for suicide-bereaved families

- Implement support of the operation of meetings such as the “Wakachiai-no-kai” for bereaved families of victims which are organized by local governments.
- Prepare a manual for orphan support based on the survey targeting the child consultation centers.

### 2. Promoting post-vention at schools and workplaces

<sup>TM</sup> Identify and summarize the ways to respond when a suicide has occurred including the development of a system to provide mental care to bereaved families and children and distribute to the board of education and upload the material on the website.

<sup>TM</sup> Prepare a guide for emergency response for when a child suicide has occurred and distribute to schools, board of education, and others, and seminars were held using these materials.

### 3. Promoting information provision for bereaved families

<sup>TM</sup> Prepare and distribute leaflets with contacts in the region and contacts of self-help groups for bereaved families.

### 4. Support for bereaved children



## Approaches for the bereavement support

### A self-help group ‘NPO Chiisana Ippo (baby step) Network Hiroshima’ Support for the suicide bereaved families, and mutual support for suicide prevention

#### [Necessities and objectives of the project]

The NPO Chiisana Ippo (baby step) Network Hiroshima was established by suicide bereaved families. They conduct sharing, seminar and study groups to provide opportunity to unload the ‘large mental burden of the person and their family members who may have suicidal thoughts from being mood disorder patients, such as depression or by suicide’.

#### [Main Activities]

##### 1. Sharing meetings

There are bimonthly group meetings, ‘Hope for the suicide bereaved families’ and ‘Group meeting for people with depression and their family’. There are approximately 10 participants on average. They are self-help groups that include both administrators and participants affected by suicide and there are no mental health, medical or administration staff involved.

The sharing group treasures every encounter and tells the participants, “Often time, it is hard to say what you really think to people that are close to you because you may hesitate, worry about causing rumors or be concerned about the impact on the relationship. However, this is a group of strangers with no chains attached. So please spit out whatever you have in your mind.”

There are always homemade light meals and desserts during snack time after the sharing.

The warm meals and sweets also heal people’s minds in a different way than the sharing does, and many go home with a smile on their face after shedding tears during the sharing.

(Preparation for the sharing meeting )



##### 2. Symposium and study groups

July 20, 2013: A Symposium on the Issue of Suicide (audience of approximately 120)

Keynote speech      Lecturer: Sachiko Tanaka,  
Organizer, National  
Liaison Committee for the  
Bereaved by Suicide

June 29, 2014: A Symposium on the Issue of Suicide; How to face with the mind that stands at the edge of suicide, co-sponsored by Hiroshima prefecture and the City of Hiroshima (audience of approximately 130)

Keynote speech      Lecturer: Yukio Saito,  
Director, Federation of Inochi No Denwa

Chiaki Kawanishi, Professor, Yokohama City University

October 2014: Mental Peer Support Study Group (32 participants)

(During the symposium on the Issue of Suicide)



March 2015: Workshop on How to Deal with Negative Mind (35 participants)

**[Coordination and Cooperation with Municipalities and Other Organizations]**

Since the beginning of the activities to the present, the group has made an effort to share information with local related organizations such as Hiroshima Prefecture Mental Health Welfare Center, Hiroshima City Mental Health Welfare Center, and Hiroshima Inochi no Denwa (Lifeline). It has also actively promoted developing a network by participating in conferences organized by groups working in extended areas, such as National Liaison Committee of the Family Bereaved by Suicide, National Care Group Network of the Families Bereaved by Suicide, National Support Center for the Family Bereaved by Suicide and Tokyo Suicide Prevention Center, as well as talking to their organizers.

As a result, it has been possible to invite prestigious lecturers in the field of the support for bereaved by suicide and suicide prevention to the symposiums of the issue of suicide on two occasions. Furthermore, as the symposium in 2014 was in cooperation with Hiroshima prefecture and the City of Hiroshima, it was featured by the local media, hence the necessity of the subsequent care of suicide survivors became widely acknowledged. The reason why this local private organization could expand various activities in two years was because of the support from many people.

**[Current Concerns and Project Plan]**

Throughout the time of the activities, there were many voices of those who claim to have ‘nowhere to be’ due to isolation, separation from family and discord with family, colleagues or friends as well as their family members who struggle to face their loved ones. In order to provide them a ‘place to take a rest’, a permanent listening space Kokoro no Tomoshibi (Lamplight of heart) opened in June 2015.

Planned main activities are the following:

- (1) Making a free space that is a homelike environment available to visit every day, (2) Listening to people with problems and their family, (3) Get-together over meal, (4) Sharing (carried over activity), (5) Seminars, study groups and workshops for both physical and mental healing, (6) Professional individual consultation, (7) Relaxation and stay at a guest house (Yamagata county, Hiroshima), and (8) Support for the reliable, safe and independent return to society (e.g. accompanying to specialized institutions).

In addition, it is planned to coordinate with the mental health welfare centers within Hiroshima prefecture and the City of Hiroshima, Hiroshima bar association, psychiatric medical institutions in the prefecture and nearby emergency hospitals (plan as of April 2015).

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(Yoko Yoneyama, representative of NPO Chiisana Ippo Network Hiroshima)

## 9. Efforts to Strengthen Cooperation with Private Organizations

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### 1. Support for human resources development in the private sector

<sup>TM</sup> Implement support to the human resources of private organizations through the enterprise of urgent improvement of local suicide prevention measures.

<sup>TM</sup> Establish the preparatory committee for the consortium to promote comprehensive measures for suicide prevention based on scientific grounds in addition to providing information in the Center for Suicide Prevention on its website and to relevant bodies directly.

### 2. Establishing a regional cooperative framework

<sup>TM</sup> In order to coordinate public and private sectors to implement measures for suicide prevention in regions, a Public-private Sector Conference for Suicide Prevention Efforts was held.

<sup>TM</sup> Implement the Regional Suicide Prevention Information Center Project which serves as the base for coordination among hospitals, schools, police, staff and others.

<sup>TM</sup> Implement the survey on the efforts for suicide prevention and support of bereaved families of victims in the prefectures as well as in the government-decreed cities.

### 3. Support for private sector telephone counseling services

<sup>TM</sup> Provide support to organizations which implement training to telephone counselors and provide free telephone counseling, through the Project to Prevent Suicide that provides financial support to private organizations engaged in pioneering efforts to prevent suicide.

### 4. Support for pioneering and experimental approaches by the private sector and for approaches in regions with a high number of suicides

<sup>TM</sup> Implement the Project to Prevent Suicide that provides financial support to private organizations engaged in pioneering efforts to prevent suicide.