

7. The Zuni Life Skills Development Program is a high-school-based culturally-informed and more tribally diverse suicide prevention intervention (LaFromboise and Howard-Pitney, 1994; Lafromboise and Lewis, 2008), based on a social-cognitive perspective, and developed for American Indian adolescents. The program proved effective in improving all the features targeted (according to self-reported measures) (Lafromboise and Howard-Pitney, 1995) but no data on whether it has a true lowering effect on the suicide rate are available.
8. The Adolescent Suicide Prevention Project focused on the Western Athabaskan Tribal Nation and included the identifying of suicide risk factors, of specific high-risk individuals and families as well as implementing prevention activities and communitywide systems approach to enhance community knowledge and awareness. This program reduced overall suicidal gestures at more than 60% but had no effect on completed suicidal rates (May et al., 2005).
9. The Youth Emergency Services model incorporates workshop training of school and community professionals as well as adolescents and parents about suicide, risk factors, and interventions. It also includes a telephone hotline and collaboration with primary care providers (McArt et al., 1999).
10. The Stop Youth Suicide Campaign is a community-based program in Kentucky USA, launched in October 2000. It utilizes gatekeepers' training for more than 30 local agencies (Omar, 2005).
11. MindMatters (<http://www.health.gov.au>) is a national mental health promotion program, including suicidal prevention in Australian schools. It utilizes gatekeepers' training, children and parents education and community support agencies development (Wyn et al., 2000).
12. A series of health education events was the results of the cooperation on health promoting education in an urban setting between a community teaching hospital and a neighborhood intermediate school. This initiative was awarded the Council of Supervisors and Administrators Education Program Award in 1987 in New York City (Weiner et al., 1988).
13. A statewide initiative in a northeastern US state aiming at developing regional Critical Incident Stress Management (CISM) teams among colleges and universities was structured and intended to improve each member college or university's capacity to respond comprehensively and effectively to critical incidents that affect its community, including suicide (Wiesen and Lischer, 2006).
14. A multimedia community education program on depression and suicide in later life was designed for families, older adults and service providers. This program provides information and teaches skills necessary to recognize and respond to depression and suicidal behavior in the elderly (Pratt et al., 1991). The Second Story (Schmall and Pratt, 1993), the Final Course (Schmall and Pratt, 1993), and the Winter Comforts are designed to facilitate and expand knowledge and skills concerning three common mental health concerns of later life: loss/grief, depression/suicide, and alcohol abuse (Schmall and Pratt, 1993).
15. The Australian government developed a range of culturally appropriate interventions (for Aboriginals) on suicide prevention, focusing on community gatekeeper training workshops (Capp et al., 2001).
16. There is a gatekeeper model, developed for young African American church attenders, which includes the training of lay helpers and the clergy (Molock et al., 2008).
17. In 1996 The US Air Force developed a formalized program ([http://www.afcrossroads.com/medical/suicide\\_prevention.cfm](http://www.afcrossroads.com/medical/suicide_prevention.cfm) , <http://afspp.afms.mil/>). The program developed and implemented 11 far-reaching initiatives a) Marketing Community Awareness b) Leadership Involvement. c) Investigative Interview Policy d) Professional Military Education (includes suicide prevention training as part of officer and enlisted Professional Military Education and the First Sergeants course) e) Epidemiological Database f) Delivery of Community Preventive Services. g) Community Education and Training (annual suicide prevention training of all active duty, reserve, guard, and appropriated-funded civilian employees) h) Trauma Stress Response Teams (formerly known as Critical Incident Stress Management). i) Integrated Delivery System (IDS) and Community Action Information Board (CAIB). j). Limited Patient-Psychotherapist Privilege k) Unit Risk Factor Assessment. The suicide rate from 1987 to 1996 was 13.5 suicides per 100,000 and after the implementation of the program the suicide rate average from 1997 to 2008 was 9.8 suicides per 100,000, resulting in a 28% rate reduction (Knox et al., 2003). The resulting rates are almost half of those of the general population for similar sex and age, while the respected for the US army is slightly higher in comparison to general population for 2008. The suicide prevention program of the US army includes mainly screening procedures and general mental health care, but not community interventions. Also, the army statistics do not include a possible 30% increase in rate due to suicide of personnel who recently left the army during 2002–2005 (<http://www.suicide.org/suicide-rate-us-air-force.html>, [http://appropriations.house.gov/witness\\_testimony/DE/Duehring\\_Newton\\_03\\_17\\_09.pdf](http://appropriations.house.gov/witness_testimony/DE/Duehring_Newton_03_17_09.pdf), <http://www.army.g1.army.mil/HR/suicide/default.asp>) (Staal, 2001). The result of adding a mnemonic to remember suicide warning signs to the AFSPP community awareness briefing significantly increased the ability to list suicide warning signs (Berman, 2009; Bryan et al., 2009).
18. LifeSavers is a 3-day, peer-support suicide prevention training program for the youth (Walker et al., 2009).
19. A gatekeepers' educational program was developed on the basis of questionnaire results focusing on health care workers (Parker et al., 2009).
20. Three-hundred ninety-three adolescents from six schools participated in a study aimed at examining the effectiveness of an experiential suicide prevention program with regard to suicidal tendencies, hopelessness, ego identity, and coping ability. The subjects were randomly divided into experimental (n = 215) and control (n = 178) groups. The experimental groups took part in seven weekly 2-hour meetings. The program was based on the notion that a gradual, controlled confrontation and exploration of inner experiences and life difficulties related to suicidal behavior accompanied by an emphasis on coping strategies can immunize against self-destructive feelings. In this pretest-posttest design, the students completed questionnaires of

suicidal tendencies, hopelessness, ego identity, and coping ability before and after the program. The statistical analyses showed that the experimental groups were superior to the controls, with at least some of the dependent measures pointing out the effectiveness of the program. No results on the effect on the suicide rate are reported (Orbach and Bar-Joseph, 1993).

21. The Skills Training On Risk Management (STORM) training initiative (<http://www.medicine.manchester.ac.uk/storm>) was developed in three mental health services in the North-West of England and included the training for health workers during a 6-month period (Gask et al., 2006).
22. A non-randomized, open label, active control, parallel assignment trial (NCT00737165) which is currently active and recruiting, designed and sponsored by the Japan Foundation for Neuroscience and Mental Health aims at testing a community intervention of multimodal suicide prevention program which includes following components: a. Building support networks for suicide prevention and mental health promotion in public health system b. Primary prevention of suicide and suicide related behaviours c. Secondary prevention of suicide and suicide related behaviours d. Tertiary prevention; after care for suicide survivors e. Suicide prevention targeting for people with substance/alcohol-related disorders, schizophrenia and other mental health disorders and f. Suicide prevention targeting for people with work-related problems. There are no results available yet.

### 3.3. Articles reporting results on suicidality

Only a minority of papers report the effect community interventions have on the suicidal rate.

The reports of such interventions in Japan suggest for the Yasuzuka region program a 64% reduction in suicide risk in women, and no significant change in suicide risk in men in comparison to no change in suicide risk in the control municipalities (Oyama et al., 2006a). In the Matsudai town the female risk of completing suicide in the intervention area was reduced by 70% while there was no change in the risk for males in the intervention area, or for males or females in the reference area which was the Kawanishi town (Oyama et al., 2006b). In Joboji the results indicate that for both males and females the risk was reduced by nearly 25% more than a regional historical trend, with a better response for females than for males (Oyama et al., 2004). In Yuri town in comparison to the control town of Chokai, the risk of elderly females completing suicide was reduced by 76%, while no change was observed in the risks for Yuri's elderly males and both Chokai's elderly males and females (Oyama et al., 2005). In Nagawamachi Aomori, there was a 75% reduction in suicidal mortality in the population under the intervention in comparison to control populations (Ono, 2004; Ono et al., 2008).

The Adolescent Suicide Prevention Project (Western Athabaskan Tribal Nation) reduced overall suicidal gestures at more than 60% but had no effect on completed suicidal rates (May et al., 2005). The US Air Force intervention program resulted in a 28% rate reduction (Knox et al., 2003). Interventions aiming at youth report a slight reduction in the

overall occurrence of emergency room admissions for suicidal behaviours but no effect on the occurrence of repeat suicidal episodes (Deykin et al., 1986).

A Telephone helpline and emergency response services in Italy were reported to having reduced the suicide rates especially in females as robustly as 70% (De Leo et al., 2002). A study from Germany suggests that after 9 months of a community depression awareness campaign concerning, there was a 18% decrease in suicide attempts (Lehfeld et al., 2004).

Some programs report completely negative results (Goldney et al., 2002; Vieland et al., 1991; Weaver, 1995) but no program reports any worsening of the suicidal rates or any other index because of the intervention.

### 3.4. Articles with any kind of results because of the interventions

Our results indicate that education intervention programs increase general public awareness with non-clinicians showing greater improvement (Eggert et al., 1995; Goldney and Fisher, 2008; LaFromboise and Howard-Pitney, 1994, 1995; Lafromboise and Lewis, 2008; Matthieu et al., 2008; Orbach and Bar-Joseph, 1993; Portzky and van Heeringen, 2006; Thompson et al., 2001); (Deykin et al., 1986; Kalafat and Elias, 1994; Klein et al., 2001).

There also specific effects by enhancing gatekeepers' skills (Capp et al., 2001; Cross et al., 2007; Walker et al., 2009).

Suicidal gestures and attempts are reported to have decreased after intervention (Aseltine and DeMartino, 2004; Aseltine et al., 2007).

There are also negative studies especially concerning the practical applied skills or the action component of the intervention (Gask et al., 2006; Portzky and van Heeringen, 2006; Vieland et al., 1991). The STORM training initiative reported positive changes in attitudes and confidence, but not skill acquisition (Gask et al., 2006; May et al., 2005).

## 4. Discussion

The current review suggests that although suicide prevention programs through community education are widespread throughout the world, the reporting of their efficacy is limited. In general there seems to be a success of almost all interventions in changing the attitudes and improving the knowledge of the public concerning suicide, however, this improvement is at the theoretical-intellectual level; when it comes to action there seems to be no change. Only long term programs that utilize a commitment of the society at multiple levels and succeed in establishing a community support network can effectively reduce suicidal rates. Very short duration interventions don't seem to have even this slight effect.

During the past two decades a substantial decline of suicide rates took place throughout Europe, the US and Canada, suggesting that the overall intervention is so far at least partially effective (Henriques et al., 2004). Although relevant data are lacking, it is almost certain that both pharmacological and psychosocial treatments are inadequately administered. In accord to the conclusions of the current review, there seems to be a general agreement that increased professional contact in itself is not related to increased mental

health literacy in general, or suicide education in particular, and it has therefore been argued that more specific psychoeducational programs are required (Goldney et al., 2002). However, most programs do not utilize either long term or repeated intervention or community networking, but are restricted to gatekeepers' training and general (theoretical) education of the public.

An important problem with broad community-based psychoeducational interventions is that they fail to reach the targeted groups; instead these programs reach all the others. This was evident in a naturalistic study conducted between 1998 and 2004 in a random and representative population sample, suggesting that after a psychoeducational intervention there was a marked improvement in general mental health literacy, but there was less change in case of those who were most in need of intervention (i.e., those with major depression and suicidal ideation), and even worse, there was even less change in appropriate treatment seeking in those with major depression and suicidal ideation (Goldney and Fisher, 2008; Ratnayake and Links, 2009).

In terms of a scientific evaluation of the literature, it is evident that the vast majority of studies constitute 'opinion' rather than 'review' and sometimes overstress common sense (no always in the right way) and maybe misreport data in a circular way. Further research is necessary in order to identify the necessary components of an effective community intervention strategy against suicide.

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#### Conflict of interest

Dr. Fountoulakis is/was member of the International Consultation Board of Wyeth for desvenlafaxine, BMS for aripiprazole in bipolar disorder and Servier for agomelatine and has received honoraria for lectures from AstraZeneca, Janssen-Cilag, Eli-Lilly and research grants from AstraZeneca and Pfizer Foundation.

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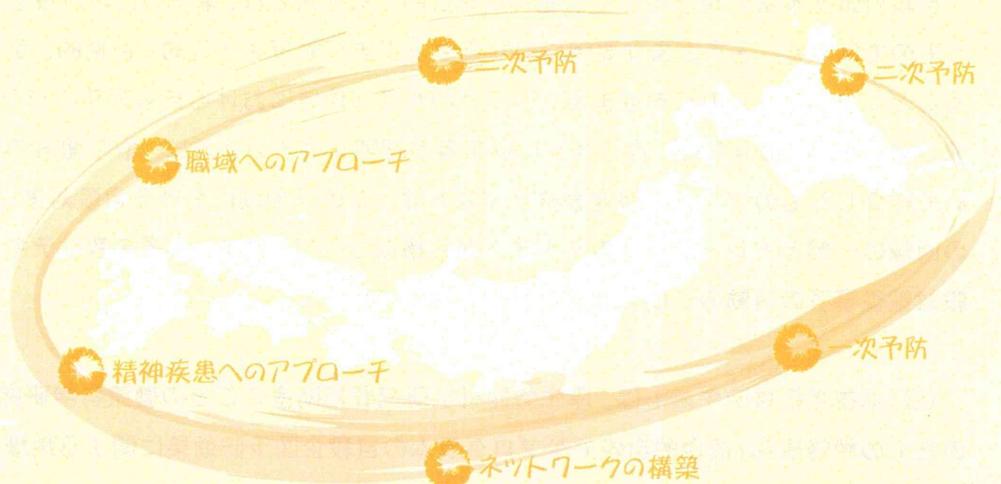
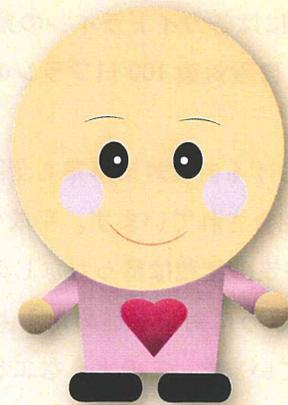
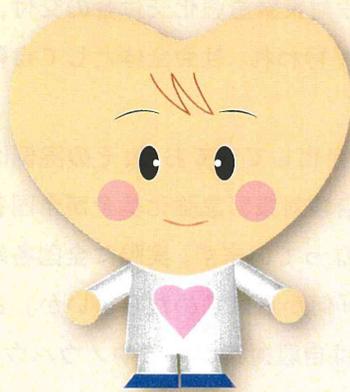
Dr. Rihmer has received speaker's honoraria from AstraZeneca, GlaxoSmithKline, Lilly, Lundbeck, Organon, Pfizer, Richter, Sanofi-Aventis, Servier-EGIS, and Wyeth Pharmaceuticals. He also received honoraria as a member of scientific advisory boards of AstraZeneca, Lilly, Organon, Pfizer, Richer, Sanofi-Aventis and Servier-EGIS.

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# 視覚教材テキスト 地域における自殺対策プログラム



厚生労働科学研究費補助金こころの健康科学研究事業  
「自殺対策のための戦略研究」  
複合的自殺対策プログラムの自殺企図予防効果に関する地域介入研究班

## 視覚教材テキスト はじめに

平成 10 年以降、自殺者数は 3 万人前後で推移しており、毎年、交通事故による死者数の約 5 倍以上の人が自殺によって命を落としています。また、わが国の自殺死亡率は世界で第 10 位であり、米国や英国よりも自殺死亡率が高い現状にあります。さらに、自殺未遂は既遂の 10 倍以上ともいわれており、自殺や自殺未遂によって家族や友人など周囲の人々が受ける心理社会的影響を考慮すると、毎年、百数十万人の人々が自殺問題に苦しんでいることとなります。

平成 17 年度には内閣府「自殺予防に向けての総合的な対策の推進について」が取りまとめられ、平成 18 年度には自殺対策基本法、平成 19 年には自殺対策大綱が閣議決定されて、国家的な推進事業が展開されるようになりました。また、平成 20 年には自殺対策加速化プランの策定、平成 21 年には各ガイドラインの策定、自殺対策緊急強化交付金の交付、自殺対策緊急戦略チームの発足、自殺対策 100 日プランの発表等が行われ、社会全体として自殺対策を強く推進しています。

地域における自殺対策事業も全国的に活発化してきており、その実例は自殺対策白書(内閣府)の中でも紹介されています。平成 21 年、自殺対策緊急強化基金が全国各地に割り当てられるなど、自殺対策の実践は待たなしの状況となっています。実際に全国各地の自殺対策従事者からは、「どのように対策を進めたらよいか」、「何からはじめたらよいか」という問い合わせも多く寄せられています。このようなエピソードは自殺対策の方法やノウハウに関して、自殺対策従事者のニーズが高いことを表しています。

自殺対策基本法で理念として示された総合的自殺対策とは、単一の自殺対策を行えばよいというものではなく、さまざまな要因に対するさまざまな対策を総合的・包括的、かつ効果的に講じることです。これらの点を踏まえて、われわれは「地域における自殺対策プログラム DVD」を作成しました。この DVD は、自殺対策の従事者が理解しやすいように、取り組みの様子を映像を用いて紹介したものです。本視覚教材テキストは、この「地域における自殺対策プログラム DVD」の画像の一部とナレーションのテキストから構成されています。本視覚教材テキストが全国の自殺対策従事者の活動の一助となることを期待しています。

(注)本視覚教材テキストは、厚生労働科学研究費補助金こころの健康科学研究事業「自殺対策のための戦略研究」複合的自殺対策プログラムの自殺企図予防効果に関する地域介入研究班の活動をもとにまとめたもので、自殺対策の緊急性を鑑み公表することとしたものです。

「自殺対策のための戦略研究」地域介入研究班リーダー  
慶應義塾大学 大野 裕

2010 年 2 月

本視覚教材テキストは、「厚生労働科学研究費補助金こころの健康科学研究事業『自殺対策のための戦略研究』複合的自殺対策プログラムの自殺企図予防効果に関する地域介入研究」介入プログラム手順書に基づき、介入地域における4年間の活動内容を反映させて作成したものです。

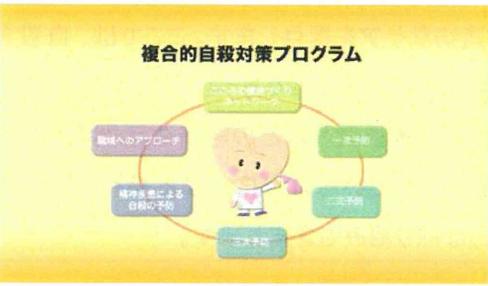
本視覚教材テキストの著作権は、複合的自殺対策プログラムの自殺企図予防効果に関する地域介入研究班にあります。したがって、本資料内容の引用、転載、複製を行う際には、適宜の方法により出所を明示してください。

現在、複合的自殺対策プログラムの自殺企図予防効果に関する地域介入研究は進行中であり、介入効果の判定は今後の解析を待つ必要があります。したがって、自殺予防の効果を保証するものではありません。各利用者が地域の実情に合わせて本視覚教材を活用し、地域における自殺対策に役立ててください。

## 目 次

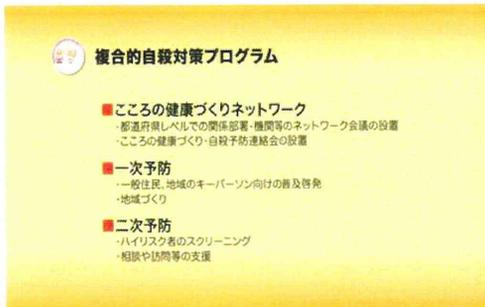
0. はじめに	5
1. ネットワークの構築	8
2. 一次予防	14
3. 二次予防	29
4. 三次予防	35
5. 精神疾患へのアプローチ	38
6. 職域へのアプローチ	41
7. 地域責任者による各地域の取り組み状況の紹介	45
作成協力者一覧	48

## 0. はじめに

	<p>私たちは平成17年より厚生労働科学研究費補助金こころの健康科学研究事業「自殺対策のための戦略研究課題」として、「複合的自殺対策プログラムの自殺企図予防効果に関する地域介入研究」に取り組んできました。本 DVD では、私たちがこれまでに行ってきた自殺対策の取り組みについてご紹介いたします。</p>
	<p>それでは最初に戦略研究リーダーである大野裕さんに戦略研究地域介入班の活動の意義と今後必要となる地域における自殺対策についてお話しいただきます。〔中略〕</p>
	<p>本研究には、全国7地域が参加しました。これまでの自殺対策の取組みにもかかわらず自殺死亡率が高い地域として、青森、秋田、岩手、南九州(鹿児島・宮崎)地域が参加しました。また、都市部からは、仙台、千葉、北九州地域が参加しました。</p>
	<p>自殺対策では多角的かつ包括的に取り組むことが効果的だと考えられています。そのため、私たちは様々な領域の対策で構成される「複合的自殺対策プログラム」に基づき、自殺対策を実施しました。このような総合的な自殺対策を実施するために、「地域づくり」という視点に重きをおいて地域全体で取り組むことを目標としました。</p>



介入プログラム委員長の宇田英典さんに、自殺対策に複合的介入が必要な理由についてお話しいただきます。〔中略〕

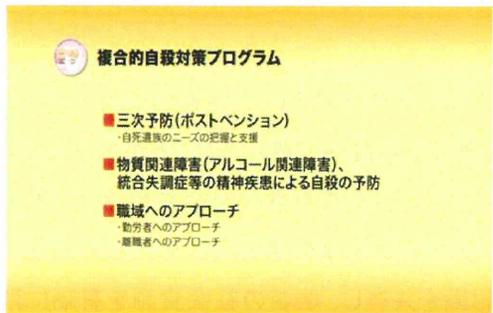
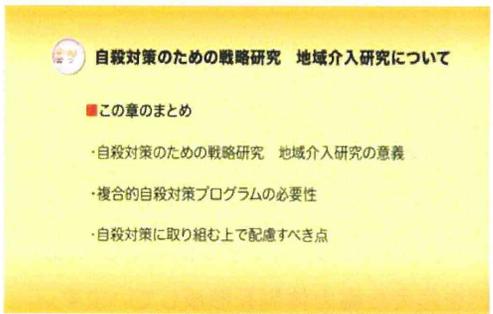


まずは、この複合的自殺対策プログラムについて紹介します。本プログラムは6つの領域で構成されています。

1 つ目は「こころの健康づくりネットワーク」の構築です。都道府県レベルで関係部署や関連機関によるネットワーク会議を開催します。また、市区町村レベルでも、関係機関や関連団体で構成された自殺予防連絡会を運営します。定期的にネットワーク会議を開催することで、地域の自殺対策の現状や課題、取り組みの方向性を共有します。

2 つ目は一次予防です。一次予防では、一般住民向け、地域のキーパーソン向けに自殺対策に対する正しい知識の普及に努めるとともに、地域づくりとして住民も一体となって自殺対策に取り組んでいきます。

3 つ目は二次予防です。自殺のハイリスク者を早期に発見し、適切なケアを提供します。ここでは、自殺念慮を持っていたり、うつ状態であったりする人たちへの対応だけでなく、多重債務などの経済生活問題を抱え困難な状況に陥っている方々に対する相談体制を充実させるような取り組みも含まれます。

 <p><b>複合的自殺対策プログラム</b></p> <ul style="list-style-type: none"> <li>■ 三次予防(ポストベンション) <ul style="list-style-type: none"> <li>- 自殺遺族のニーズの把握と支援</li> </ul> </li> <li>■ 物質関連障害(アルコール関連障害)、統合失調症等の精神疾患による自殺の予防</li> <li>■ 職域へのアプローチ <ul style="list-style-type: none"> <li>- 勤労者へのアプローチ</li> <li>- 離職者へのアプローチ</li> </ul> </li> </ul>	<p>4つ目は三次予防です。自死により身近な人を亡くした方たちの多様なニーズを把握して、必要に応じて適切な支援を受けられるように相談窓口を整備したり、遺族支援に関する情報を提供します。</p> <p>5つ目はアルコール関連障害などの物質関連障害や統合失調症等の精神疾患による自殺への対策です。これまでに地域で行われている事業や、さまざまな援助団体の活動に自殺対策の視点を取り入れ、より密接な連携体制を築きます。</p> <p>6つ目は職域へのアプローチです。勤労者や離職者のメンタルヘルスの不調を予防するとともに、早期発見や早期治療につなげる体制を整えます。</p>
	<p>戦略研究サブリーダーの酒井明夫さんに、自殺対策を行う上での倫理的配慮についてお話しいただきます。〔中略〕</p>
 <p><b>自殺対策のための戦略研究 地域介入研究について</b></p> <ul style="list-style-type: none"> <li>■ この章のまとめ <ul style="list-style-type: none"> <li>- 自殺対策のための戦略研究 地域介入研究の意義</li> <li>- 複合的自殺対策プログラムの必要性</li> <li>- 自殺対策に取り組む上で配慮すべき点</li> </ul> </li> </ul>	<p>ここでは、自殺対策のための戦略研究地域介入研究の意義、自殺対策の複合的介入プログラム、そして取り組む際に配慮すべき点について説明いたしました。</p>

## 1. ネットワークの構築



それでは、各プログラムについて説明していきます。まずは、「こころの健康づくりネットワーク」についてです。

自殺対策では、様々な領域の専門機関や自治体、民間団体が参加して総合的に取り組むことが大切です。地域における様々な領域の専門機関や自治体、民間団体が、自殺対策が地域の課題、自分たちの課題であるという認識を共有し、地域の社会資源を有効に活用しながら自殺対策を推進することが大切です。



都道府県レベルでの関係部署・機関等のネットワーク会議の設置  
北九州地域の例

第一に、都道府県、政令指定都市等の大規模な行政単位で、関連機関や関連部署が集まりネットワークが構築されることが重要です。

北九州地域では、「中間市こころの健康づくり協議会」を年2回程実施しています。



協議会には、市役所総務課、教育委員会、医師会、家族会、民生委員、消防署等、幅広い関連機関からの参加があります。地域の自殺者数や自殺率などの現状を共有し、部門を超えた協力体制を形成しています。







これは、千葉地域の自殺予防連絡会の様子です。危機的状況にある人に対する適切な支援を目指して、多様な立場の関係者がメンバーとなり、「自殺予防連絡会」を2ヶ月に一回開催しています。連絡会では、事例検討、施設紹介、課題や対策についての検討を行っています。



市町村レベルでの関係部署・機関等のネットワーク会議の設置  
岩手地域の例



岩手地域では、関連機関によるネットワークに加えて、実務者で構成されるネットワークを構築しており、「久慈地域メンタルヘルスサポートネットワーク」を月1回実施しています。地域で相談業務に携わる保健師、ケアマネージャー、精神科看護師、医師、救命士、ボランティア等が集まり、対策の進捗状況等について話合っています。



地域で困難を抱えた方々へ多様で包括的な支援を行うために、実務者たちが「顔の見える」関係を築いていくことが大切です。直接会って支援を検討する機会を定期的に設け、それを継続することが大きな力となります。ネットワークは短期間で形を成すものではありませんが、地道に丁寧に関係を築き、輪を広げていくことが大切です。



ここではこのネットワークに参加している実務者の皆さんにネットワーク活動についてお聞きしました。  
〔中略〕





次に、仙台地域の小林浩子さんと伊藤ひな子さんに大都市におけるネットワークづくりについてお話を聴かせていただきました。〔中略〕

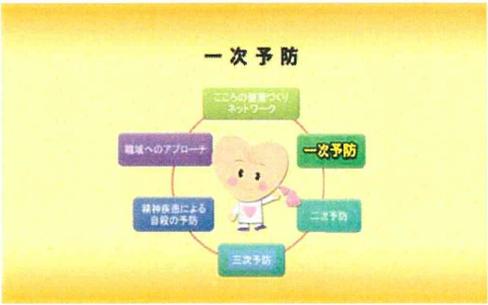
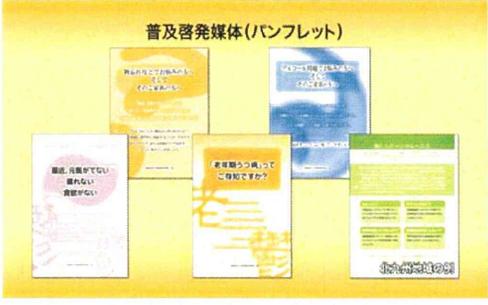
 **こころの健康づくりネットワーク**

■この章のまとめ

- ・「自殺対策は社会や地域の課題である」という認識を共有し、部門を超えた地域の協力体制を形成する
- ・都道府県レベル、市区町村レベルなどでネットワークを構築し、地域の自殺対策の現状や課題、取り組みの方向性などを共有する

ここでは、自殺対策のネットワーク活動について取り上げました。ネットワーク活動は、自殺対策でさまざまな領域が協力し、連携していくためにとても重要な取り組みです。地域でのネットワーク活動を大切にしていきましょう。

## 2. 一次予防

 <p>The diagram, titled "一次予防" (Primary Prevention), features a central cartoon character. Surrounding the character are five boxes: "職場へのアプローチ" (Approach to the workplace), "この国の若者づくりネットワーク" (This country's youth building network), "一次予防" (Primary prevention), "二次予防" (Secondary prevention), and "三次予防" (Tertiary prevention). Below the character is a box labeled "精神疾患による自殺の予防" (Prevention of suicide due to mental illness).</p>	<p>次は、一次予防についてです。</p>
 <p>The image shows several colorful pamphlets under the heading "普及啓発媒体(パンフレット)". The pamphlets cover topics such as mental health, stress management, and suicide prevention.</p>	<p>一般住民や地域のキーパーソンに対して、自殺対策や精神保健に関する情報を掲載したパンフレット等を作成し、正しい知識の普及に努めます。たとえば、北九州地域では、産業医科大学が中心となって、うつ病やアルコール症、職場ストレス等に関するパンフレットを作成し、市の広報誌にパンフレットを折り込んで全戸配布をしました。</p>
 <p>The image displays various promotional media under the heading "普及啓発媒体". It includes posters, tissues, memo pads, and other items with informational content.</p>	<p>ポスターやティッシュ、メモ帳などのグッズなども効果的な普及啓発媒体として活用できます。相談窓口の連絡先電話番号などを記載し、必要な方に必要な情報が届くように工夫します。</p>
 <p>The image shows more promotional media under the heading "普及啓発媒体", including clear books, handbags, and banners.</p>	<p>その他、クリアブック、手提げ、幟(のぼり)など、みんなアイデアを出し合って、普及啓発効果の高い媒体を検討しました。とくに、クリアファイルに相談機関一覧を印刷したものは便利だという意見が出されました。</p>



市役所や保健所、各種相談窓口これらの普及啓発媒体を展示することも、地域住民の関心を高めるために有効です。



南九州(鹿児島)地域では、保健所でパンフレットを作成し、市町村を通じて全戸配布しました。こころの健康問題や自殺対策の情報を掲載して、住民に対する正しい知識の周知に努めました。また、住民が困ったときに自発的に行動し、必要な支援が受けられるよう「こころからだの相談窓口」を掲載しました。



青森地域では、全戸配布される広報誌を活用しました。自殺対策についての情報やメンタルヘルスに関する情報を掲載し、一般住民に対して周知を図りました。



南九州(宮崎)地域では、オリジナルのTシャツを作成し、自殺対策に携わる人たちが職場で週1回着用するようにしました。住民からTシャツに込められた意味を尋ねられた際に地域の自殺対策の取り組みを紹介するなど、地域住民に対する啓発に役立つだけでなく、従事者の意識を高める効果もあったということです。



南九州(鹿児島)地域では、「うつになったたぬき」という健康教育用のDVDを作成しました。保健師等が協力してストーリーを作成し、人形も手作りしました。このDVDは講話や研修会等の際に活用しています。子供からお年寄りまでが、うつ病に関する基本的な知識を楽しみながら学べる教材となっています。



南九州(宮崎)地域では、市役所職員や事業所職員を対象に、紙芝居などの視覚教材を作成して普及啓発に活用しています。誰もが陥りやすい身近な例を上げて、うつ病の症状や対応の仕方を伝えています。参加者からは、「分かりやすく具体的に理解できた」「紙芝居ならではの温かさが伝わる」などの言葉が聞かれました。



また、岩手、青森、秋田では、東北3県合同で年1回、「自殺予防活動団体地域交流会」を行い、各地域での取り組みを紹介し合っています。広くほかの地域と交流しながら効果的と思われる自殺対策を取り入れていく視点も必要です。

