

自殺手段の経年変化

-潜在成長曲線モデルによるパターン抽出-

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第6回自殺リスクに関する研究会
 2016年2月21日(日)
 統計数理研究所



自治体ごとの自殺対策を推進

毎日新聞デジタル > 記事

自殺対策基本法、参院厚労委が改正案を可決

2016年2月19日05時00分

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自治体ビューアー 一覧

自治体に自殺対策の計画づくりを義務づける自殺対策基本法の改正案が18日、参院厚生労働委員会に委員長提案で提出され、全会一致で可決した。参院本会議をへて衆院で審議し、3月に成立する見通し。

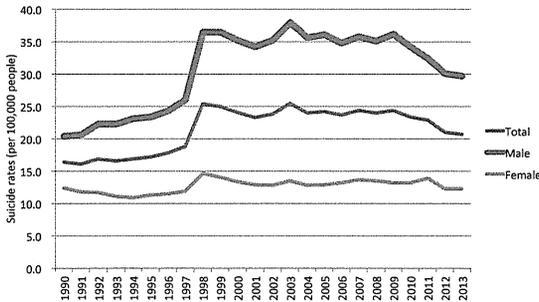
都道府県や市区町村ごとに自殺者の年代や性別、職業などの傾向を分析した上で対策計画をつくってもらうことが柱。実態を踏まえた対応を促し、自殺対策を加速させる狙いがある。4月の施行を予定している。

この日の参院厚労委では海外職業者の適応支援を強化する議員立法も全会一致で可決した。収容を国の義務と明記し、2024年度までの期間に集中的に取り組むことを定めた。参院本会議で可決後、衆院に送られて可決・成立する見込み。

<http://digital.asahi.com/articles/DA3S12216208.html?requesturl=articles/DA3S12216208.html>

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日本の自殺死亡率: 年次推移



1998年に急増, 2009年以降減少

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自殺対策のための自殺死亡の地域統計



自殺対策のための自殺死亡の地域統計

手段・配偶関係・職業別統計1983-2012

【作成者】

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 久保田 貴文 (多摩大学 准教授)
 山内 貴史 (国立精神・神経医療研究センター 精神保健研究所 研究員)
 橋 広計 (情報・システム研究機構 統計数理研究所 副所長 (作成当時))

人口動態調査、国勢調査データから、自殺死亡の地域統計を作成。人口規模の小さい地域における自殺率の過変動性を抑制するために、自殺率はベイズ推定により推定。

<http://ikiru.ncnp.go.jp/genjo/toukei/index2.html>

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エビデンスに基づく自殺対策

WHO世界自殺レポート

自殺は公衆衛生上の重要な課題であるという認識の向上

自殺予防に関する科学的根拠に基づいた提案
 効果的な取り組みを奨励

内容

自殺・自殺企図に関する疫学

危険・保護因子、関連する介入

自殺予防の現状

自殺予防に向けた包括的な対応の提言

http://ikiru.ncnp.go.jp/ikiru-hp/pdf/topics_140905_1.pdf

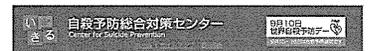


自殺対策のための自殺死亡の地域統計

- 自殺の手段別

- 職業別

- 配偶関係別



自殺対策のための自殺死亡の地域統計
 手段・配偶関係・職業別統計1983-2012

【作成者】
 竹林 由武 (情報・システム研究機構 統計数理研究所 特任助教)
 久保田 貴文 (多摩大学 准教授)
 山内 貴史 (国立精神・神経医療研究センター 精神保健研究所 研究員)
 橋 広計 (情報・システム研究機構 統計数理研究所 副所長 (作成当時))

<http://ikiru.ncnp.go.jp/genjo/toukei/index2.html>

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2次医療圏別の地域統計

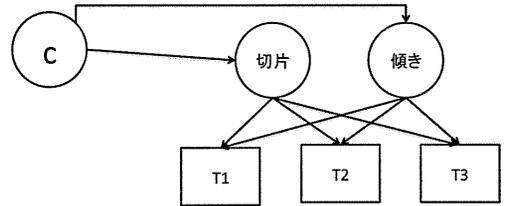
第4表 自殺手段・二次医療圏・性別別の自殺の発症・自殺死亡数、自殺死亡率、対全国比

手段	発症(単位:人)				自殺死亡数(単位:人)				自殺死亡率(%)					
	1978-1982年		1983-1987年		1988-1992年		1993-1997年		1998-2002年		2003-2012年		対全国比	
	自殺死亡数	自殺死亡率	自殺死亡数	自殺死亡率	自殺死亡数	自殺死亡率	自殺死亡数	自殺死亡率	自殺死亡数	自殺死亡率	自殺死亡数	自殺死亡率	自殺死亡数	自殺死亡率
北海道	208	28.0	15.3	12.7	87.0	10.6	16.0	14.8	7.5	2.1	91.2	85.0	10.0	10.0
東北圏	46.4	24.8	25.5	13.2	128.8	10.4	21.6	16.8	8.7	7.5	114.3	104.4	10.0	10.0
関東圏	30.4	18.8	15.4	10.1	106.0	10.0	19.8	12.6	7.2	5.8	114.7	105.7	10.0	10.0
中部圏	23.1	18.0	16.3	9.2	105.4	10.0	17.0	9.0	6.1	6.2	112.1	79.9	10.0	10.0
近畿圏	85.6	22.0	30.6	11.2	126.0	10.8	30.4	10.8	7.2	4.7	99.7	100.7	10.0	10.0
中国圏	66.0	27.6	20.6	14.8	124.6	11.8	21.6	12.0	7.8	5.8	111.4	101.1	10.0	10.0
四国圏	87.0	23.0	28.0	12.2	121.4	11.8	22.0	10.2	8.9	5.3	114.3	98.2	10.0	10.0
九州圏	107.8	18.2	15.1	11.4	84.4	8.4	0.8	1.0	7.0	7.2	80.6	64.0	10.0	10.0
対全国	3.8	0.8	19.8	11.7	107.7	10.1	2.8	0.8	8.7	8.7	122.8	84.0	10.0	10.0

- 手段 - 絞首, その他
- 地域 - 二次医療圏
- 性別 - 男, 女
- 死亡データ
 - 死亡数,
 - 年齢調整死亡率,
 - 対全国比
- 年次
 - 1978年～2012年(5年区切り)

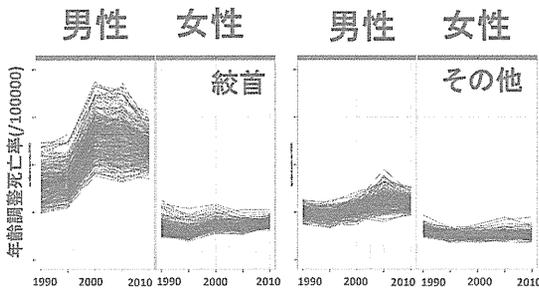
解析モデル

- Latent growth mixture model
潜在成長曲線モデルに、
カテゴリカルな潜在変数(c)を含み所属確率を推定。成長曲線のパターン抽出が可能。

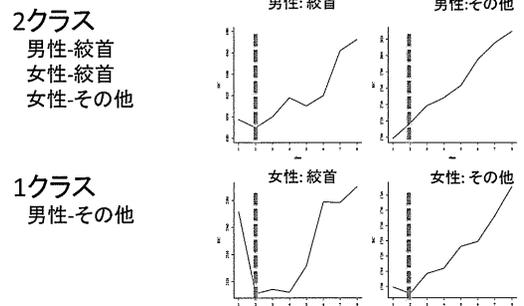


自殺の急増期を境にした、各3時点の年齢調整死亡率について検討

自殺手段の経年変化



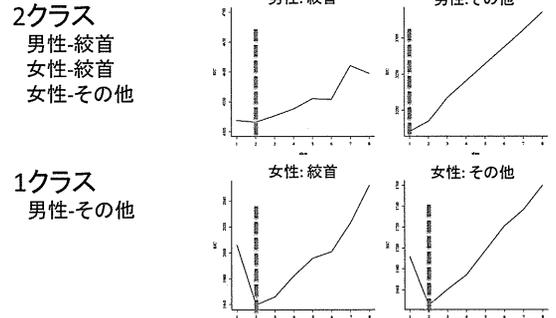
急増前: クラス数の選択 (BIC)



本研究の目的

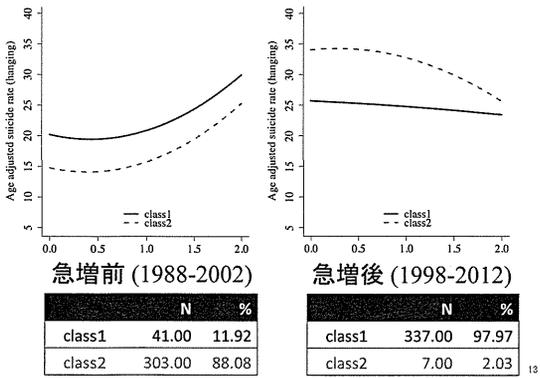
- 自殺死亡の地域統計を用いて、
2次医療圏レベルの経時変化を、
自殺死亡率の遷移パターンを検討
- 手段別、急増期前後、性別に検討

急増後: クラス数の選択 (BIC)

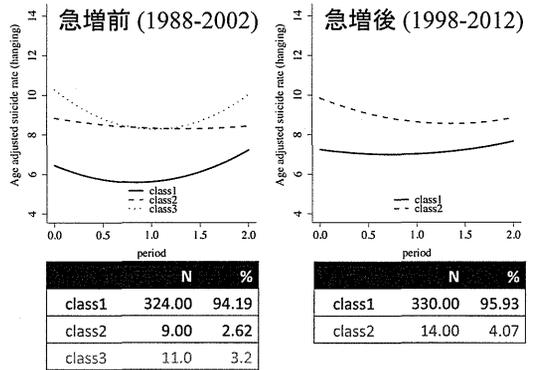


以下推定値の詳細は配布資料を参照

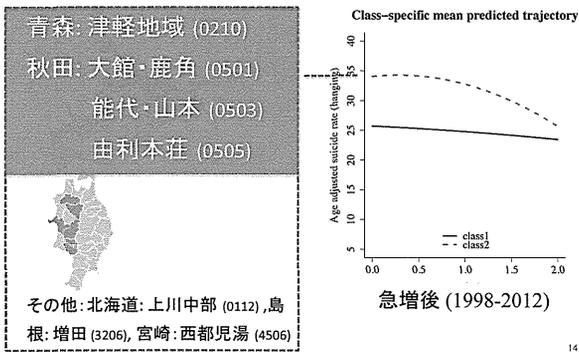
年次推移パターン: 絞首 (男性)



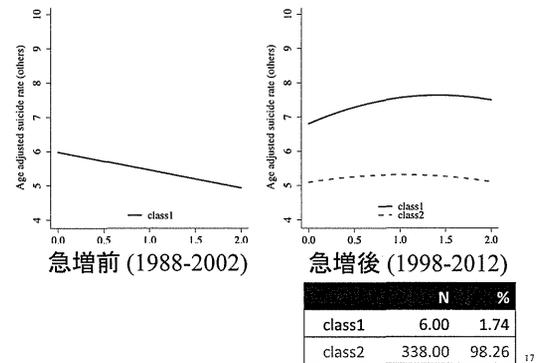
年次推移パターン: 絞首 (女性)



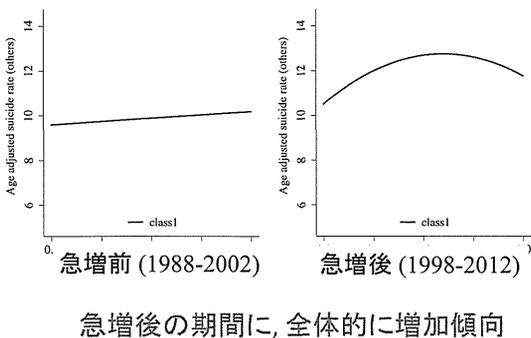
急増後, 減少大地域: 絞首 (男性)



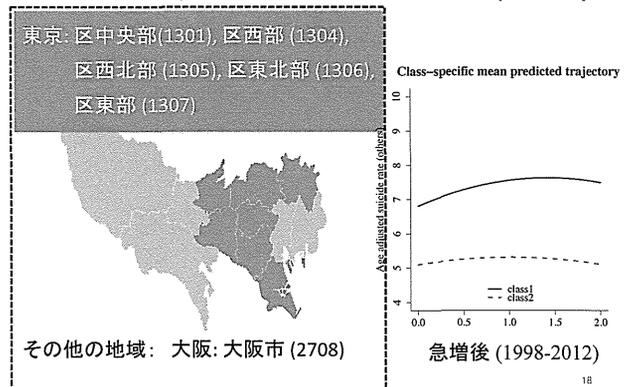
年次推移パターン: その他 (女性)



年次推移パターン: その他 (男性)



急増後, 増加地域: その他 (女性)



考察

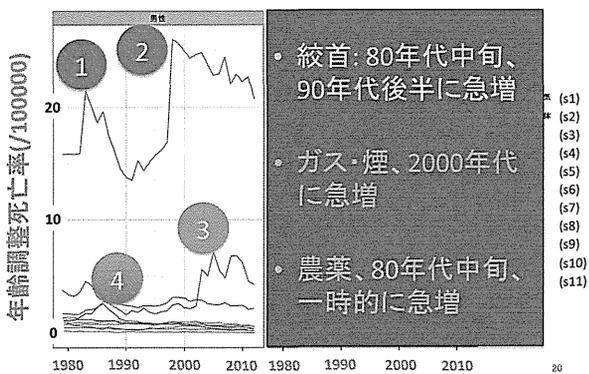
• 男性

- 絞首による自殺は、急増期以降に全体的に減少傾向
特に、秋田県等少数の地域で大きく減少
- 他の手段による自殺は、急増期以降、なだらかに増加

• 女性

- 絞首による自殺は、急増期以降、少数の地域で
大きく減少、大半の地域は不変
- 他の手段による自殺は、急増期以降、首都圏で、
なだらかに増加 → 鉄道自殺等が増加傾向？

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急増期以降の男性の他の手段の増加は、
ガス・煙の増加を反映している可能性

ご静聴ありがとうございました。

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自殺死亡の地域統計を政策決定に生かすための機械学習的アプローチ -手段・配偶関係・職業別統計の決定木分析-

統計数理研究所 リスク解析戦略研究センター 竹林 由武
多摩大学 経営情報学部 久保田 貴文
統計数理研究所 外来研究員 椿 広計

1. はじめに

日本において自殺は深刻な社会問題であり、エビデンスに基づいた自殺対策を推進するために実証的な知見の集積が必要とされている。本講演では、人口動態調査および国勢調査データに基づき集計/推定を行った「自殺対策のための自殺死亡の地域統計 (2)-自殺の手段・配偶関係・職業-」について決定木分析を適用した事例を紹介する。

2. データと解析モデル

応答変数が多変量である決定木モデルによって、各統計の自殺率(手段別, 配偶関係別, 職業別)の構成パターンの分類を行った。応答変数は, 手段別自殺率は9カテゴリ(薬物, ガス・蒸気, 農薬, 絞首, 溺死, 煙・火, 鋭利な物体, 飛び降り, 飛び込み), 配偶関係別自殺率は4カテゴリ(有配偶, 未婚, 死別, 離別), 職業別自殺率は10カテゴリ(専門・技術職, 管理職, 事務職, 販売職, サービス職, 保安職, 農林漁業職, 運輸・通信職, 生産工程・労務職, 無職)であった。説明変数には, 性別, 年次(1980年~2010年の5年区切り), 年齢区分(15歳以上, 5歳区切り), および地域(都道府県)を投入し推定を行った。

3. 解析結果

自殺の手段別, 職業関係別の自殺率の構成パターンは男女共に, 経時的な異質性を示さず, 職業関係別の自殺率の構成パターンは, 年齢区分によって異なることが示された。男性の配偶関係別の自殺率の構成パターンは, 年次と年齢区分の組み合わせによって若干異なる構成パターンが示されたが, 概して死別や離別による率が有配偶・未婚による率よりも高いことが示された。一方, 女性では若年者においてのみ死別・離別による自殺率が有配偶・未婚よりも高いことが示された。発表当日は, 地域を説明変数に含んだモデルの解析結果の詳細を併せて報告する。

4. 結語

自殺の問題は, 社会・経済・個人要因の複雑な相互作用によって生じる。機械学習アプローチを自殺データに適用することで, その複雑な相互作用をリスクプロファイルとして分類可能となり, 自殺対策の政策提言に繋がる具体的な知見が得られる。今後は, 国勢調査等の経済データ等と自殺データのリンケージを図ることで予測力の高いモデル探索し, より具体的な自殺対策への提言を目指す。

参考文献 藤田 利治 (2010).自殺対策のための自殺死亡の地域統計(2). 国立精神・神経医療研究センター精神保健研究所 自殺予防総合対策センター。

View Abstract

CONTROL ID: 2239208

TITLE: Cognitive behavioral factors that increase suicidal ideation among patients with depressive and anxiety disorders: Classification and Regression Tree Analysis

AUTHORS (FIRST NAME, LAST NAME): Yoshitake Takebayashi^{1, 2}, Masaya ITO², Noriko Kato², Shun Nakajima^{3, 2}, Hiroko Fujisato^{4, 2}, Yuki Oe⁶, Mitsuhiro Miyamae^{4, 2}, Ayako Kanie⁵, Masaru Horikoshi²

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PRESENTATION TYPE: Poster

CURRENT CATEGORY: Suicide and Self-Injury

KEYWORDS: Depression, Anxiety, Suicide, Avoidance.

NEW KEYWORD:

AWARDS:

ABSTRACT BODY:

Abstract Body: Background

Patients with depressive or anxiety disorders have increased risk of suicide. Suicidal ideation is a key predictor of suicide commitment. Although many studies have identified psycho-social contributors to suicidal ideation, few have explored the specific interactions among these factors. This study used classification and regression tree analysis to explore predictors of suicidal ideation in depressive and anxiety disorders in Japan.

Methods

This study was conducted with cross-sectional design. Depressive and anxiety disorder patients were selected from a panelist pool registered with an internet survey company (total $n=1521$). Suicidal ideation was assessed by Item 9 of Patient Health Questionnaire 9 (PHQ9). The range of suicidal ideation was 0–3 (none, mild, moderate, severe). Demographic variables (marital status, income, occupation, and number of children), depressive and anxiety symptoms severity (depression: PHQ9 excluding item 9, anxiety: Generalized Anxiety Disorder 7 item scale), anxiety-related traits (anxiety sensitivity: Anxiety Sensitivity Index-III, fear of negative evaluation: Fear of Negative Evaluation scale), well-being (subjective well-being: Satisfaction With Life Scale, sense of authenticity: Sense of authenticity scale), cognitive behavioral factors (cognitive-behavioral avoidance: Behavioral Activation for Depression Scale, mindfulness: Five Facets Mindfulness Questionnaire, and emotion regulation: Emotion Regulation Questionnaire) were used to predict suicidal ideation. Classification and regression tree analysis was conducted to detect specific risk profiles for participants depending on their indicators of suicidal ideation and attempt.

Results

Depressive symptoms constituted the strongest predictor, with 39% of people with high depressive symptoms reporting suicidal ideation. Within higher depressive symptoms, higher anxiety symptoms significantly increased the likelihood of suicidal ideation, with high depression and anxiety symptom being associated with suicidal ideation in 23% of cases. A substantial subgroup reported suicidal ideation in the moderate depression symptoms. Cognitive-Behavioral avoidance was the most important predictor among this group.

Discussion

Classification and regression tree analysis enabled individualized "risk" profiles for suicidal ideation to be determined. Although depressive symptoms are important for predicting suicidal ideation, both anxiety symptoms and cognitive-behavioral avoidance significantly improved the predictive capability of the model. Assessing these factors might enhance identification of depressive and anxiety disorder at risk of suicidal ideation. Intervention targeting behavioral avoidance (e.g., behavioral activation) might be useful for suicide prevention in patients with depression and anxiety. Because a cross-sectional internet survey was used, selection bias and misdiagnosis classification bias might affect results of this study. Prospective cohort studies must be conducted to investigate causal relations between those predictors and suicidal ideation.

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研究成果の刊行に関する一覧表

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
本橋豊	高齢者の孤独と自殺	長寿科学振興財団業績集			2016
本橋豊	自殺対策における公衆衛生のリーダーシップ	公衆衛生	79	506-507	2015
Yun Jeong Choi, Joe Chen, Yasuyuki Sawada	"Life Insurance and Suicide: Asymmetric Information Revisited,"	B. E. Journal of Economic Analysis and Policy (Contributions), De Gruyter,	vol. 15(3)	1127-1149	2015
松林哲也、上田路子	Relative Age in School and Suicide among Young Individuals in Japan: A Regression Discontinuity Approach	PLOS ONE			2015
Yong Woon Chung, Yasuyuki Sawada, Et al.	The effectiveness of platform screen doors for the prevention of subway suicides in South Korea	Journal of Affective Disorders			2016
反町吉秀 滝澤透	Public Health and Safetyと死因究明制度—公衆衛生の立場から	公衆衛生	79(5)	329-333	2015
岩瀬博太郎 石原憲治	日本の法医学教育および死因究明制度の歴史	公衆衛生	79(5)	299-303	2015
岩瀬博太郎 石原憲治ほか	死因・身元調査法に基づく解剖の実施状況について	千葉医学雑誌	91	1-8	2015
藤田幸司	高齢者の自殺および自殺予防対策	老年社会科学	37(1)	57-63	2015
金子善博	自殺予防と精神科臨床・臨床に活かす自殺対策-II 医学部卒前教育における自殺予防に対する意識改革の試み	精神科治療学	30(4)	535-539	2015

Basic Law on Suicide Countermeasures (Law No. 85 of 2006)

Basic Law on Suicide Countermeasures

CONTENTS

- Chapter I. General Provisions (Articles 1–11)
Chapter II. Comprehensive Suicide Countermeasures Policy Principles and Prefectural Plans on Suicide Countermeasures, Etc. (Articles 12–14)
Chapter III. Basic Policies (Articles 15–22)
Chapter IV. Suicide Countermeasures Council, Etc. (Articles 23–25)
Supplementary Provisions

CHAPTER I

GENERAL PROVISIONS

(Purpose)

Article 1.

In light of the fact that it has become an urgent challenge to take countermeasures to address the situation where the number of deaths by suicide has remained at a high level in Japan in recent years, this law sets forth a basic philosophy regarding suicide countermeasures, clarifies the responsibilities of the national government, local public entities and others, and stipulates fundamental matters for suicide countermeasures, in an effort to realize a society in which no one will be driven to take their own life. The purpose of this law is to prevent suicide and enhance support for the relatives, etc., of suicide victims by comprehensively promoting suicide measures, and thereby contribute to the creation of a society in which the people in Japan can live healthy, meaningful lives.

(Basic Philosophy)

Article 2.

1. With the aim of ensuring that all people are valued as human beings and are able to live meaningful lives with hope for the future based upon their

zest for living, suicide countermeasures must be implemented as comprehensive support for people's lives in a way that contributes to overcoming various factors that may interfere with the accomplishment of this aim and widely and appropriately establishing and enhancing the environment to assist and facilitate such support.

2. Suicide countermeasures must be implemented as a society-wide effort based on the fact that suicide should not be merely viewed as a personal problem, but rather involves various social factors behind it.

3. Consideration must be given to ensuring that suicide countermeasures are implemented not just from the perspective of mental health, but also in a way that is in line with the realities of suicide cases based on the fact that suicide involves various complex factors and contexts.

4. Suicide countermeasures must be implemented effectively by tailoring them to the stages of suicide prevention, responding to the risk of suicide and providing a post-event response for cases of both completed and attempted suicide.

5. Suicide countermeasures must be implemented on a comprehensive basis through the organic coordination of measures and policies related to health, medicine, welfare, education, labor and other relevant issues.

(Responsibilities of the National Government and Local Public Entities)

Article 3.

1. The national government shall be responsible for comprehensively formulating and implementing suicide countermeasures in accordance with the basic philosophy stated in the preceding article (referred to in the next paragraph as the "Basic Philosophy").

2. Local public entities shall be responsible for formulating and implementing policies regarding suicide countermeasures in cooperation with the national government, in light of the situation in the region in question and in accordance with the Basic Philosophy.

3. The national government shall offer advice and other assistance as necessary to local public entities so that such entities can fully meet their responsibilities under the preceding Paragraph.

(Responsibilities of Business Owners)

Article 4.

Business owners shall cooperate in suicide countermeasures that the national government and local public entities implement and shall endeavor to implement measures necessary to maintain the mental health of workers that they employ.

(Responsibilities of People in Japan)

Article 5.

The people in Japan shall endeavor to deepen their awareness and understanding of the importance of suicide countermeasures as a means of comprehensive support for living.

(Promotion of Understanding of People in Japan)

Article 6.

The national government and local public entities shall implement necessary actions to deepen the people's understanding of suicide countermeasures through educational and PR activities.

(Suicide Prevention Week and Suicide Countermeasures Strengthening Month)

Article 7.

1. Suicide Prevention Week and Suicide Countermeasures Strengthening Month shall be designated in order to deepen general awareness and understanding of the importance of suicide countermeasures among the people of Japan and to contribute to promoting suicide countermeasures on a comprehensive basis.

2. Suicide Prevention Week shall be from September 10 through September 16, and Suicide Countermeasures Strengthening Month shall be March.

3. During Suicide Prevention Week, the national government and local public entities shall widely promote awareness-raising activities and endeavor to introduce initiatives that are appropriate for such purposes.

4. During Suicide Countermeasures Strengthening Month, the national government and local public entities shall intensively promote suicide countermeasures and endeavor to implement counseling services and other initiatives that are appropriate for such purposes in mutual coordination and cooperation with related organizations and entities.

(Coordination and Cooperation of Related Parties)

Article 8.

In order to comprehensively and effectively pursue the implementation of suicide countermeasures, the national government, local public entities, medical institutions, business owners, schools (referring to schools provided for in article 1 of the School Education Act (Act No. 26 of 1947), excluding kindergartens and kindergarten divisions of special support education schools; hereinafter the same shall apply in article 17, paragraphs 1 and 3), private sector entities that conduct activities related to suicide countermeasures and other related parties shall cooperate with each other in a coordinated fashion.

(Consideration of Honor and Peace in Life)

Article 9.

The implementation of suicide countermeasures must be conducted with full consideration given to the honor and peace in life of those who commit suicide, those who survive suicide attempts, and their relatives, etc. and must not unduly violate such honor and peace in life.

(Legislative Measures, Etc.)

Article 10.

The government must implement necessary legislative, fiscal and other measures to achieve the purpose of this law.

(Annual Report)

Article 11.

The government must submit to the National Diet every year a written report that gives an overview of the suicide situation in Japan and suicide countermeasures implemented by the government.

CHAPTER II

COMPREHENSIVE SUICIDE COUNTERMEASURES POLICY PRINCIPLES AND PREFECTURAL PLANS ON SUICIDE COUNTERMEASURES, ETC.

(Comprehensive Suicide Countermeasures Policy Principles)

Article 12.

The government must set forth fundamental policy principles for basic, comprehensive suicide countermeasures (hereinafter referred to in the next article and article 23, paragraph 2, item 1 as the “Comprehensive Suicide Countermeasures Policy Principles”) as guidelines for suicide countermeasures that the government should promote.

(Prefectural Plans on Suicide Countermeasures)

Article 13.

1. Taking into consideration the Comprehensive Suicide Countermeasures Policy Principles and in light of the actual situation in the respective regions, prefectural governments shall draw up plans on suicide countermeasures within the relevant prefectural regions (hereinafter referred to in the next paragraph and the next article as the “Prefectural Plans on Suicide Countermeasures”).

2. Taking into consideration the Comprehensive Suicide Countermeasures Policy Principles and the Prefectural Plans on Suicide Countermeasures and in light of the actual situation in the respective regions, municipalities shall draw up plans on suicide countermeasures within the relevant municipal regions (hereinafter referred to in the next article as the “Municipal Plans on Suicide Countermeasures”).

(Provision of Grants to Prefectures and Municipalities)

Article 14.

In accordance with the provisions of ministerial ordinances of the Ministry of Health, Labour and Welfare, the national government may give grants, within relevant budgetary limits, to prefectures and municipalities that implement initiatives and otherwise make comprehensive and effective efforts, etc., that are necessary in order to implement suicide countermeasures in response to the situation in the relevant regions based upon the Prefectural Plan on Suicide Countermeasures or Municipal Plan on Suicide Countermeasures, and such grants shall be appropriated toward costs and expenses arising from the implementation of such actions and other efforts, taking into consideration such matters as the contents of the suicide countermeasures to be promoted thereby.

CHAPTER III

BASIC POLICIES

(Promotion of Surveys and Research, etc., and Development of Framework)

Article 15.

1. To contribute to the comprehensive and effective implementation of suicide countermeasures, the national government and local public entities shall promote surveys, research and verification, as well as utilization of the outcomes thereof, with respect to the actual situation surrounding suicide cases, ways to prevent suicides, what forms of support are desirable for relatives, etc., of suicide victims, what suicide countermeasures are required in response to the situation in the respective regions, the status of suicide countermeasures implementation, etc., or with respect to the maintenance and improvement of mental health, and shall collect, organize and provide information concerning, *inter alia*, advanced approaches to suicide countermeasures.

2. The national government and local public entities shall develop a framework to contribute to the effective and efficient implementation of measures under the preceding paragraph.

(Securing of Human Resources, etc.)

Article 16.

The national government and local public entities shall implement policies necessary to secure and train human resources for suicide prevention and to improve the quality of such human resources in coordination and cooperation with universities, advanced vocational schools and other related entities.

(Promotion of Education and Awareness-Raising Related to Maintaining Mental Health, etc.)

Article 17.

1. The national government and local public entities shall implement policies necessary for the promotion of education and awareness-raising regarding maintenance of the mental health of people in professional occupations, schools, regions, etc., and to develop a framework for counseling services and

secure opportunities for business owners, school teachers and other persons to be educated regarding how to maintain the mental health of the people in Japan, etc.

2. When the national government and local public entities implement policies as prescribed in the preceding paragraph that relate to universities or advanced vocational schools, special consideration must be given to the characteristics of the education provided at universities and advanced vocational schools.

3. Schools shall endeavor to offer to their pupils, students, etc., in cooperation with their parents, local communities and other related parties, education to contribute to fostering awareness of the significance of each of them living a life as a worthwhile human being in a spirit of mutual respect. Education should also be provided so they can acquire skills to cope with difficult or psychologically stressful situations etc., and shall provide other education related to the maintenance of the mental health of their pupils, students, etc.

(Development of Framework for Medical Treatment Provision)

Article 18.

The national government and local public entities shall implement necessary policies so that prompt and appropriate medical care is provided to those at risk of committing suicide due to problems related to maintaining their mental health, including developing an environment that makes it easy for those with mental disorders to receive medical care from doctors with a great deal of knowledge and experience in mental health (referred to in the remainder of this article as “psychiatrists”); developing a framework to provide high quality and appropriate psychiatric treatment; securing proper coordination between psychiatrists and medical doctors who provide medical care for physical injury or disease in the early stages of such medical care; securing effective coordination among psychiatrists and medical doctors who provide emergency medical care; and ensuring good coordination among psychiatrists and other professionals in the field of psychological or health and welfare services, etc., private sector entities and other related parties involved in suicide countermeasure activities in that region.

(Development of Framework to Prevent Suicide, etc.)

Article 19.

The national government and local public entities shall implement policies needed to develop and improve a framework for the early detection of those at high risk of committing suicide and respond appropriately to prevent suicides from occurring by providing counseling services or other forms of support.

(Support for Suicide Attempt Survivors, etc.)

Article 20.

The national government and local public entities shall implement policies needed to provide appropriate support to those who survive suicide attempts, etc., so that suicide attempts will not be repeated.

(Support for Relatives, etc., of Suicide Victims)

Article 21.

The national government and local public entities shall implement policies needed to provide appropriate support for relatives, etc., of suicide victims and survivors of suicide attempts to alleviate the serious psychological impact of suicide or suicide attempts on such individuals.

(Support for Activities by Private Sector Entities)

Article 22.

The national government and local public entities shall offer advice, introduce financial measures and implement other appropriate policies to support the actions of private sector entities for the prevention of suicide or in support of relatives, etc., of suicide victims, etc.

CHAPTER IV

SUICIDE COUNTERMEASURES COUNCIL, ETC.

(Council Establishment and Affairs under Jurisdiction)

Article 23.

1. The Suicide Countermeasures Council (hereinafter referred to as the “Council”) shall be established as a special organ within the Ministry of Health, Labour and Welfare.

2. The Council shall administer the following affairs:

- (1) Drafting of the Principles of the Comprehensive Suicide Countermeasures Policy;
- (2) Coordination of related administrative organs needed for suicide countermeasures;
- (3) In addition to the matters provided in the two items above, deliberation on key matters related to suicide countermeasures and promotion of the implementation of suicide countermeasures.

(Organization, etc., of Council)

Article 24.

1. The Council shall be composed of a chairperson and members.
2. The chairperson shall be the Minister of Health, Labour and Welfare.
3. The members shall be those persons designated by the Prime Minister pursuant to the recommendation of the Minister of Health, Labour and Welfare from among Ministers of State other than the Minister of Health, Labour and Welfare.
4. The Council shall have a secretary.
5. The Minister of Health, Labour and Welfare shall appoint the secretary from among employees of the related administrative organs.
6. The secretary shall support the chairperson and members regarding affairs under the jurisdiction of the Council.
7. In addition to the matters stipulated in each of the preceding paragraphs, necessary matters relating to the organization and operation of the Council shall be stipulated by a Cabinet Order.

(Establishment of Necessary Organs)

Article 25.

In addition to those provided for in the preceding two paragraphs, the government shall work to develop the organs necessary for the promotion of suicide countermeasures.

SUPPLEMENTARY PROVISIONS (excerpt)

(Effective Date)

Article 1.

This law shall come into force on the date specified by a Cabinet Order within a period not exceeding six (6) months from the day of promulgation.

SUPPLEMENTARY PROVISIONS (Law No. ___ of 2016) (excerpt)

(Effective Date)

Article 1.

This law shall come into force on April 1st, 2016, except for the provisions of the next paragraph, which shall come into force on the date of promulgation.

**Act for Establishment of Ministry of Health, Labour and Welfare
(Act No. 97 of 1999) (excerpt)**

Act for Establishment of Ministry of Health, Labour and Welfare

(Affairs under Jurisdiction)

Article 4.

1. The Ministry of Health, Labour and Welfare shall take charge of the following affairs in order to accomplish the duties set forth in paragraph 1 and paragraph 2 of the preceding article:

[snip]

(89-3) Affairs related to preparation and promotion of Comprehensive Suicide Countermeasures Policy Principles (referring to the fundamental policy principles provided for in article 12 of the Basic Law on Suicide Countermeasures (Law No. 85 of 2006);

[snip]

2. [snip]

3. [snip]

SECTION IV
SPECIAL ORGAN

(Suicide Countermeasures Council)

Article 16-2.

1. The Ministry shall set up the Suicide Countermeasures Council as the special organ to be established within the Ministry of Health, Labour and Welfare pursuant to provisions set forth in a separate law.
2. Matters concerning the Suicide Countermeasures Council shall be handled as stipulated in the Basic Law on Suicide Countermeasures (including orders issued thereunder).

○自殺対策基本法（平成 18 年法律第 85 号）

自殺対策基本法

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第四章 自殺総合対策会議等（第二十三条—第二十五条）

附則

第一章 総則

（目的）

第一条 この法律は、近年、我が国において自殺による死亡者数が高い水準で推移している状況にあり、誰も自殺に追い込まれることのない社会の実現を目指して、これに対処していくことが重要な課題となっていることに鑑み、自殺対策に関し、基本理念を定め、及び国、地方公共団体等の責務を明らかにするとともに、自殺対策の基本となる事項を定めること等により、自殺対策を総合的に推進して、自殺の防止を図り、あわせて自殺者の親族等の支援の充実を図り、もって国民が健康で生きがいを持って暮らすことのできる社会の実現に寄与することを目的とする。

（基本理念）

第二条 自殺対策は、生きることの包括的な支援として、全ての人がかけがえのない個人として尊重されるとともに、生きる力を基礎として生きがいや希望を持って暮らすことができるよう、その妨げとなる諸要因の解消に資するための支援とそれを支えかつ促進するための環境の整備充実が幅広くかつ適切に図られることを旨として、実施されなければならない。

2 自殺対策は、自殺が個人的な問題としてのみ捉えられるべきものではなく、その背景に様々な社会的な要因があることを踏まえ、社会的な取組として実施されなければならない。

3 自殺対策は、自殺が多様かつ複合的な原因及び背景を有するものであることを踏まえ、単に精神保健的観点からのみならず、自殺の実態に即して実施されるようにしなければならない。

4 自殺対策は、自殺の事前予防、自殺発生の危機への対応及び自殺が発生した後又は自殺が未遂に終わった後の事後対応の各段階に応じた効果的な施策として実施されなければならない。

5 自殺対策は、保健、医療、福祉、教育、労働その他の関連施策との有機的な連携が図られ、総合的に実施されなければならない。

（国及び地方公共団体の責務）