第三条　国は、前条の基本理念（次項において「基本理念」という。）にのっとり、自殺対策を総合的に策定し、及び実施する責務を有する。

2　地方公共団体は、基本理念にのっとり、自殺対策について、国と協力しつつ、当該地域の状況に応じた施策を策定し、及び実施する責務を有する。

3　国は、地方公共団体に対し、前項の責務が十分に果たされるように必要な助言その他の援助を行うものとする。

　（事業主の責務）

第四条　事業主は、国及び地方公共団体が実施する自殺対策に協力するとともに、その雇用する労働者の心の健康の保持を図るため必要な措置を講ずるよう努めるものとする。

　（国民の責務）

第五条　国民は、生きることの包括的な支援としての自殺対策の重要性に関する理解と関心を深めるよう努めるものとする。

　（国民の理解の増進）

第六条　国及び地方公共団体は、教育活動、広報活動等を通じて、自殺対策に関する国民の理解を深めるよう必要な措置を講ずるものとする。

　（自殺予防週間及び自殺対策強化月間）

第七条　国民の間に広く自殺対策の重要性に関する理解と関心を深めるとともに、自殺対策の総合的な推進に資するため、自殺予防週間及び自殺対策強化月間を設ける。

2　自殺予防週間は九月十日から九月十六日までとし、自殺対策強化月間は三月とする。

3　国及び地方公共団体は、自殺予防週間においては、啓発活動を広く展開するものとし、それにふさわしい事業を実施するよう努めるものとする。

4　国及び地方公共団体は、自殺対策強化月間においては、自殺対策を集中的に展開するものとし、関係機関及び関係団体と相互に連携協力を図りながら、相談事業その他それにふさわしい事業を実施するよう努めるものとする。

　（関係者の連携協力）

第八条　国、地方公共団体、医療機関、事業主、学校（学校教育法（昭和二十二年法律第二十六号）第一条に規定する学校をいい、幼稚園及び特別支援学校の幼稚部を除く。第十七条第一項及び第三項において同じ。）、自殺対策に係る活動を行う民間の団体その他の関係者は、自殺対策の総合的かつ効果的な推進のため、相互に連携を図りながら協力するものとする。

　（名誉及び生活の平穏への配慮）

第九条　自殺対策の実施に当たっては、自殺者及び自殺未遂者並びにそれらの者の親族等の名誉及び生活の平穏に十分配慮し、いやしくもこれらを不当に侵害することのないようにしなければならない。

　（法制上の措置等）

第十条　政府は、この法律の目的を達成するため、必要な法制上又は財政上の措置その他

の措置を講じなければならない。

（年次報告）

第十一条　政府は、毎年、国会に、我が国における自殺の概況及び講じた自殺対策に関する報告書を提出しなければならない。

　　　第二章　自殺総合対策大綱及び都道府県自殺対策計画等

（自殺総合対策大綱）

第十二条　政府は、政府が推進すべき自殺対策の指針として、基本的かつ総合的な自殺対策の大綱（次条及び第二十三条第二項第一号において「自殺総合対策大綱」という。）を定めなければならない。

（都道府県自殺対策計画等）

第十三条　都道府県は、自殺総合対策大綱及び地域の実情を勘案して、当該都道府県の区域内における自殺対策についての計画（次項及び次条において「都道府県自殺対策計画」という。）を定めるものとする。

2　市町村は、自殺総合対策大綱及び都道府県自殺対策計画並びに地域の実情を勘案して、当該市町村の区域内における自殺対策についての計画（次条において「市町村自殺対策計画」という。）を定めるものとする。

（都道府県及び市町村に対する交付金の交付）

第十四条　国は、都道府県自殺対策計画又は市町村自殺対策計画に基づいて当該地域の状況に応じた自殺対策のために必要な事業、その総合的かつ効果的な取組等を実施する都道府県又は市町村に対し、当該事業等の実施に要する経費に充てるため、推進される自殺対策の内容その他の事項を勘案して、厚生労働省令で定めるところにより、予算の範囲内で、交付金を交付することができる。

　　　第三章　基本的施策

（調査研究等の推進及び体制の整備）

第十五条　国及び地方公共団体は、自殺対策の総合的かつ効果的な実施に資するため、自殺の実態、自殺の防止、自殺者の親族等の支援の在り方、地域の状況に応じた自殺対策の在り方、自殺対策の実施の状況等又は心の健康の保持増進についての調査研究及び検証並びにその成果の活用を推進するとともに、自殺対策について、先進的な取組に関する情報その他の情報の収集、整理及び提供を行うものとする。

2　国及び地方公共団体は、前項の施策の効率的かつ円滑な実施に資するための体制の整備を行うものとする。

（人材の確保等）

第十六条　国及び地方公共団体は、大学、専修学校、関係団体等との連携協力を図りながら、自殺対策に係る人材の確保、養成及び資質の向上に必要な施策を講ずるものとする。

（心の健康の保持に係る教育及び啓発の推進等）

第十七条　国及び地方公共団体は、職域、学校、地域等における国民の心の健康の保持に

係る教育及び啓発の推進並びに相談体制の整備、事業主、学校の教職員等に対する国民の心の健康の保持に関する研修の機会の確保等必要な施策を講ずるものとする。

2　国及び地方公共団体は、前項の施策で大学及び高等専門学校に係るものを講ずるに当たっては、大学及び高等専門学校における教育の特性に配慮しなければならない。

3　学校は、当該学校に在籍する児童、生徒等の保護者、地域住民その他の関係者との連携を図りつつ、当該学校に在籍する児童、生徒等に対し、各人がかけがえのない個人として共に尊重し合いながら生きていくことについての意識の涵養等に資する教育又は啓発、困難な事態、強い心理的負担を受けた場合等における対処の仕方を身に付ける等のための教育又は啓発その他当該学校に在籍する児童、生徒等の心の健康の保持に係る教育又は啓発を行うよう努めるものとする。

（医療提供体制の整備）

第十八条　国及び地方公共団体は、心の健康の保持に支障を生じていることにより自殺のおそれがある者に対し必要な医療が早期かつ適切に提供されるよう、精神疾患を有する者が精神保健に関して学識経験を有する医師（以下この条において「精神科医」という。）の診療を受けやすい環境の整備、良質かつ適切な精神医療が提供される体制の整備、身体の傷害又は疾病についての診療の初期の段階における当該診療を行う医師と精神科医との適切な連携の確保、救急医療を行う医師と精神科医との適切な連携の確保、精神科医とその地域において自殺対策に係る活動を行うその他の心理、保健福祉等に関する専門家、民間の団体等の関係者との円滑な連携の確保等必要な施策を講ずるものとする。

（自殺発生回避のための体制の整備等）

第十九条　国及び地方公共団体は、自殺をする危険性が高い者を早期に発見し、相談その他の自殺の発生を回避するための適切な対処を行う体制の整備及び充実に必要な施策を講ずるものとする。

（自殺未遂者等の支援）

第二十条　国及び地方公共団体は、自殺未遂者が再び自殺を図ることのないよう、自殺未遂者等への適切な支援を行うために必要な施策を講ずるものとする。

（自殺者の親族等の支援）

第二十一条　国及び地方公共団体は、自殺又は自殺未遂が自殺者又は自殺未遂者の親族等に及ぼす深刻な心理的影響が緩和されるよう、当該親族等への適切な支援を行うために必要な施策を講ずるものとする。

（民間団体の活動の支援）

第二十二条　国及び地方公共団体は、民間の団体が行う自殺の防止、自殺者の親族等の支援等に関する活動を支援するため、助言、財政上の措置その他の必要な施策を講ずるものとする。

第四章　自殺総合対策会議等

（設置及び所掌事務）

第二十三条　厚生労働省に、特別の機関として、自殺総合対策会議（以下「会議」という。）を置く。

2　会議は、次に掲げる事務をつかさどる。

一　自殺総合対策大綱の案を作成すること。

二　自殺対策について必要な関係行政機関相互の調整をすること。

三　前二号に掲げるもののほか、自殺対策に関する重要事項について審議し、及び自殺対策の実施を推進すること。

（会議の組織等）

第二十四条　会議は、会長及び委員をもって組織する。

2　会長は、厚生労働大臣をもって充てる。

3　委員は、厚生労働大臣以外の国務大臣のうちから、厚生労働大臣の申出により、内閣総理大臣が指定する者をもって充てる。

4　会議に、幹事を置く。

5　幹事は、関係行政機関の職員のうちから、厚生労働大臣が任命する。

6　幹事は、会議の所掌事務について、会長及び委員を助ける。

7　前各項に定めるもののほか、会議の組織及び運営に関し必要な事項は、政令で定める。

（必要な組織の整備）

第二十五条　前二条に定めるもののほか、政府は、自殺対策を推進するにつき、必要な組織の整備を図るものとする。

　　　附　　則　〔抄〕

（施行期日）

第一条　この法律は、公布の日から起算して六月を超えない範囲内において政令で定める日から施行する。

　　　附　　則　〔平成二十八年法律第　　　号〕〔抄〕

（施行期日）

1　この法律は、平成二十八年四月一日から施行する。ただし、次項の規定は、公布の日から施行する。

○厚生労働省設置法（平成11年法律第97号）〔抄〕

　　　厚生労働省設置法

（所掌事務）

第四条　厚生労働省は、前条第一項及び第二項の任務を達成するため、次に掲げる事務をつかさどる。

〔略〕

八十九の三　自殺総合対策大綱（自殺対策基本法（平成十八年法律第八十五号）第十二条に規定する自殺対策の大綱をいう。）の作成及び推進に関すること。

〔略〕

2・3　〔略〕

第四節　特別の機関

（自殺総合対策会議）

第十六条の二　別に法律で定めるところにより厚生労働省に置かれる特別の機関で本省に置かれるものは、自殺総合対策会議とする。

2　自殺総合対策会議については、自殺対策基本法（これに基づく命令を含む。）の定めるところによる。

The General Principles of Suicide Prevention Policy

Toward the Creation of a Society
Where No One Is Driven to Suicide

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1 INTRODUCTION

CREATING A SOCIETY WHERE NO ONE IS DRIVEN TO SUICIDE

In 1998, the number of people who committed suicide in Japan rose sharply by more than 8,000 over the previous year to exceed 30,000, and it has remained at this high level ever since. The death rate from suicide per 100,000 population (hereafter, "the suicide rate") is far higher than that of the developed countries of Europe and North America.

Under these circumstances, in October 2006, the national government enacted the Basic Act on Suicide Prevention (hereafter, "the Basic Act") with the aim of preventing suicide and improving support for the relatives of suicide victims and others by comprehensively promoting nationwide suicide prevention measures.

Human life is irreplaceable. Moreover, suicide is not just the ultimate tragedy for the person involved, it also causes enormous grief and hardships in the daily lives of that person's family and associates as well as being a tremendous loss for society as a whole.

So as not to compound this tragedy, the national government, local authorities, organizations in related areas, nongovernmental organizations (NGOs) and others are working in close collaboration to come to grips with suicide prevention measures throughout the country as a whole with the aim of creating a society in which everyone is respected as an irreplaceable individual and where no one is driven to suicide.

1.1 The present state of comprehensive suicide prevention measures and the tasks ahead

In June 2007, the government drew up the General Principles of Suicide Prevention Policy (hereafter, "the General Principles"), based on the Basic Act, as guidelines for measures to combat suicide that it ought to promote, and under them it has been comprehensively promoting these measures ever since.

As a result not only of these government efforts but also of various initiatives by local authorities, organizations in related areas, NGOs and others, the annual number of suicides in recent years has been showing a small downward trend: although the number in 2011 continued to exceed 30,000 for the fourteenth consecutive year, it fell below 31,000 for the first time since the sharp increase in 1998.

A breakdown of the number of suicides shows no change during this period in the fact that men, particularly those middle-aged and older, account for the large percentage, but the suicide rate among this cohort is steadily falling, and the decline in the suicide rate among the elderly has also been striking. It is therefore believed that measures aimed at middle-aged and older men and the elderly during this period have had some effect. These measures include public awareness campaigns directed toward middle-aged and older men and programs to provide various types of counseling and support related to the social factors that affect them, as well as initiatives to prevent the elderly in the community from becoming isolated. On the other hand, the suicide rate among young people has been climbing, and new tasks are also beginning to appear given the rising trend in the number of suicides among college students and schoolchildren.

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Moreover, according to an opinion poll carried out by the Cabinet Office in January 2012, roughly one person in twenty responded that they had thought about suicide during the previous year; thus, today the problem of suicide is not that of a particular community or subset of people but is becoming a huge problem that is of potential concern for everyone in the country. Despite the promotion of public awareness campaigns such as Suicide Prevention Week to provide a correct understanding of suicide and mental illness, it has not yet become common knowledge throughout society as a whole that the risk of being driven to suicide is something that can happen to anyone and that it is appropriate for anyone in such circumstances to seek help.

In addition, it has been pointed out that previously, especially when comprehensive measures to combat suicide were at their beginning stages, the idea was to try to implement everything thought to contribute to suicide prevention, and by trying too hard to have measures based on the General Principles adopted, one-size-fits-all policies may have sometimes been put into effect for the entire country; that insufficient attention was given to these measures' effectiveness and efficiency or their order of priority; or that it is important in an effective suicide policy to identify the measures' objectives (universal preventive interventions, selective preventive interventions or indicated preventive interventions) and work out a good balance among them.

On the other hand, recently, as detailed information collected in each community on the number of suicides, etc., becomes available and as numerous progressive approaches that meet the needs of different locations are being developed in all parts of the country, the conditions are gradually being prepared that will make it possible to devise and adopt precise measures that conform to the actual circumstances of each and every citizen in his/her own neighborhood. Henceforth, it will be necessary to design ways to switch over to suicide prevention measures centered on these sorts of practical approaches at the community level, and to do so, the task will be to strengthen coordination among all concerned, provide information on the progressive approaches needed to advance initiatives that conform to the actual conditions of suicide in a community and the true state of that community's affairs, and support the use of such information.

To prevent a repeat attempt at suicide for those who had attempted suicide before and for whom the possibility of doing so again is extremely high, recently various experimental approaches are being developed in all parts of the country, including one, as part of the "Japanese Multimodal Intervention Trials for Suicide Prevention," to verify the effectiveness of integrated case management for individuals who have attempted suicide and have been brought to emergency facilities. The results are gradually being accumulated, but it has not yet reached the point where such individuals are generally receiving the support they need to prevent another suicide attempt.

As a result of energetic efforts by the national government, local authorities, related organizations, NGOs and others – each from its respective area of expertise – to come to grips with comprehensive suicide prevention measures under the General Principles, the orbit of these measures has greatly widened as groups active in different fields have come to participate in their planning, and the content of these activities has further expanded and improved. On the other hand, issues such as inadequate mutual coordination and cooperation among these groups and the duplication or omission of efforts that results from this have become clear.

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1.2 Basic understanding behind the comprehensive suicide prevention measures

Suicide is a death to which many have been driven

The mental state that leads to suicide can be seen as a process in which a person is psychologically driven by various worries and falls into a state in which s/he believes there is no other choice but suicide, or one in which s/he is driven to a breaking point because of a weakening of ties to society, a role loss which makes life seem meaningless or a sense of the excessive onerousness of the role expected of him/her.

Moreover, a look at the mental state of persons just prior to attempting suicide has clarified that the majority are psychologically driven by various worries, and as a result develop mental illnesses such as depression and alcohol dependency, under the influence of which they are incapable of making a sound judgment.

Thus, suicide is not the result of individual choice or free will but can be described a death to which many have been driven.

Suicide is a social problem that is largely preventable

As the World Health Organization (WHO) has clearly stated, suicide is a social problem that is largely preventable; it is becoming common knowledge throughout the world that suicides are deaths that can be prevented by the efforts of society.

In other words, among the various factors that are the causes of or form the background to suicide are economic and livelihood issues, health problems, family problems, etc., and by dealing with social factors such as unemployment, bankruptcy, multiple debts and long working hours through social approaches such as reviewing existing systems and practices and improving the counseling and support systems, suicide can be prevented.

Moreover, even though some factors may at first glance seem to be the problems of an individual such as health issues or family problems, here too suicide can be prevented by extending a helping hand of social support in the form of professional counseling or treatment for depression, etc. According to the WHO, there are effective treatments for depression, alcohol addiction and schizophrenia; thus, it should be possible to lower the suicide rate through early detection and treatment of these three types of mental illness.

In these ways, many suicides can be prevented by appropriate social intervention in the various factors that trigger psychological distress and by the appropriate treatment of depression and other mental illnesses before they lead to suicide.

Many of those contemplating suicide show some sort of signs

Because prejudice against mental illness and psychiatric treatment is strong in Japan, many people feel a psychological resistance to consulting a psychiatrist. Middle-aged and older men, in particular, a cohort with many suicides, in addition to being prone to having mental problems, are said to have a tendency to make these problems worse by their psychological resistance to talking about them.

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On the other hand, even those who think they want to die oscillate violently between wanting to die and wanting to live. Many show signs indicating the danger of suicide such as insomnia or poor health without any known physical cause.

Because there are also cases, however, where it is difficult to spot the signs of suicide even for family members, colleagues at work or others close to someone contemplating suicide, the task is for people other than close associates also to be aware of the signs of suicide and prevent a person exhibiting them from committing suicide.

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2 FUNDAMENTAL CONCEPTS FOR COMPREHENSIVE SUICIDE PREVENTION MEASURES

2.1 Comprehensive approaches that also take social factors into account

Suicide is related in complex ways to many factors, including social ones such as unemployment, bankruptcy, multiple debts and long working hours, as well as personal ones such as an individual's personality traits, family circumstances and views on life and death.

For that reason, in order to prevent suicide, comprehensive efforts are needed to deal with both the individual and society and address social factors as well as mental-health issues.

Addressing social factors

First of all, social factors such as unemployment, bankruptcy, multiple debts and long working hours increase the risk of suicide by triggering severe mental distress and producing abnormal changes in mental health.

In order to prevent suicides related to these sorts of social factors, it is important first to reexamine the very systems and practices that underlie them by, for example, reevaluating the way that the Japanese presently work which forces them to put in long working hours, and by creating a society in which even failures can keep trying. Also, in addition to seeing to it that the counseling and support systems for persons with problems are maintained and improved, efforts to make counseling centers, etc., more widely known need to be intensified through widespread coordination among the relevant organizations so that no one fails to receive adequate social support because they were unaware of the existence of counseling facilities.

Also, it is important to put pressure on society to be thorough in the appropriate handling of dangerous drugs and other hazardous substances and in ensuring the safety of dangerous places.

Early detection and treatment of depression

Second, efforts to provide early detection and treatment of persons with depression are important since a glance at the mental state of persons just prior to attempting suicide shows that the majority suffer from mental illnesses such as depression, and that the percentage of depression among them is especially high; according to the WHO, there are effective treatments for depression and other mental illnesses; and in other countries and in some parts of Japan, the implementation of measures to combat depression has been effective in preventing suicide.

To do so, in addition to training as gatekeepers family doctors and other primary care providers who have frequent opportunities to detect those at high risk of suicide and putting them into practical use as measures to combat depression, it is necessary to promote improvements to the system for providing psychiatric care.

Efforts to eliminate prejudice against suicide and mental illness

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Third, in addition to deepening an understanding of the importance of life, efforts are needed to eliminate prejudices and promote public awareness of a proper understanding of suicide and mental illness among the population as a whole so that when someone feels anxious, s/he can easily and without any sense of psychological resistance make use of counseling facilities for mental health and other issues. It is especially important to conduct proactive public awareness campaigns to dispel society's common but mistaken belief that suicide, multiple debts, depression and other suicide-related phenomena are something shameful and dishonorabley, a feeling which underlies a person's anxieties and prevents him/her from seeking help, so that society as a whole will come to the shared awareness that the danger of being driven to suicide can happen to anyone and that it is appropriate for anyone in such circumstances to seek help.

Self-regulation by the mass media
Reports on suicide in the mass media, as well as conveying the facts, can also be highly effective in providing useful information about suicide prevention, such as the signs that indicate suicide risks and ways to deal with them, but there is also a danger that detailed reports on suicide methods or frequent reports over a short period of time may trigger other suicides. For that reason, while taking into consideration both the freedom of the press and the public's right to know, it is to be hoped that the mass media will promote voluntary efforts to report suicides appropriately.

2.2 Efforts to have individual citizens play a leading role in suicide prevention
Society today is excessively stressful; as the declining birthrate, an aging population and the diversity of value systems gain ground and traditional ties within families and communities continue to weaken with the advancing trends toward nuclear families and urbanization, everyone is susceptible to a loss of mental health.

For that reason, it is important, first, that each and every citizen realizes that under various circumstances in their own lives they too may face the risk of being driven to suicide and that, in those circumstances, in addition to being able to seek the appropriate support, they are able to realize the importance of mental-health issues and be conscious of any mental disorder of their own.

Very few of those who have emotional problems and are contemplating suicide get professional counseling or consult a psychiatrist, but because there are many who show some signs of suicide, it is important that everyone in the country becomes aware of the early signs that someone close to them perhaps is considering suicide, refers them to a psychiatrist or other professional and monitors them closely while they are receiving professional care.

Public information campaigns, educational activities, etc., are needed so that each and every citizen will play a leading role in suicide prevention.

2.3 Combining measures effectively to deal with each stage and each target group
Effective suicide prevention policies need to be developed for each of the following stages:

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1. Proactive prevention: try to prevent suicide when the risk of it is still low through public awareness campaigns that provide a correct understanding of suicide and mental illness, and through initiatives to maintain and improve physical and mental health;
2. Crisis response to an occurrence of suicide: intervene in the threat of suicide as it occurs and stop it from happening;
3. Post-crisis response: minimize the impact on family members, co-workers and others who have been left behind in the unfortunate event that a suicide or attempted suicide occurs, and prevent new suicides from happening.

At the same time, policies need to be effectively combined for each of the following target groups:
1. Universal preventive interventions: measures aimed at everyone regardless of the degree of risk;
2. Selective preventive interventions: measures that consider people at high risk of suicide activity as constituting a group and are aimed at that group;
3. Indicated preventive interventions: measures that are aimed at individuals at high risk of suicide activity such as those who have attempted suicide in the past.

In particular, post-crisis response efforts have been insuficcient for those who have attempted suicide although such efforts had been expected to prevent a repeat attempt and thus also function as future proactive prevention. In light of this, it is important from now on to implement well-balanced policies by taking a proactive approach to the post-crisis response phase for such people

2.4 Strengthening inclusive support for everyday life by coordinating all those concerned

Suicide is complexly related to a variety of factors such as health concerns, economic and livelihood issues and problems with personal relations, as well as changes in the current state of the workplace or the community, not to mention an individual's personality traits, family situation and views on life and death. Thus, in order to prevent suicide by enabling the person who is being driven to it to live safely and securely, inclusive approaches are important that focus not only on mental health but also have a social and economic dimension. And, in order to implement these inclusive approaches, close coordination is needed among people and organizations in a variety of fields.

For example, health care and medical care facilities that provide counseling and treatment to those who have previously attempted suicide, or are at high risk of doing so because of depression or other factors, are also required to deal with the social factors that are a source of their patients' emotional distress, and so they need to be able to refer them to counseling centers that deal with these problems. Also, those in charge of counseling centers for economic and livelihood issues need to have a basic understanding of suicide prevention, such as the signs indicating suicide risks and methods of responding to them, as well as a knowledge of health care and medical care facilities where people can receive help, etc.

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Efforts at coordination such as these are gradually expanding through practical on-site activities, and similar efforts are also being deployed in related areas such as poverty, child abuse, sexual violence, social withdrawal, sexual minorities, etc., that are the main causes of suicide. Henceforth, when promoting coordination among the national government, local authorities, related organizations, NGOs, etc., it will be important to establish a system to coordinate not just with a network of various facilities and organizations involved in suicide prevention measures but with facilities and organizations involved in these related areas or networks of such groups and develop inclusive support for everyday living through as many concerned persons as possible.

2.5 Promoting policies based on the actual conditions of suicide
In advancing suicide prevention measures, after first understanding the kinds of problems and how serious they are, it is necessary to promote policies that are based on the actual conditions of suicide.

In the research and studies thus far, however, many elements of these conditions still remain unclear. For that reason, in addition to promoting research and studies that will clarify these conditions, the information that not only the national government but also local authorities, related organizations, NGOs, etc., already have needs to be consolidated and put to use in preventive measures.

Also, in order to promote measures that conform to the actual conditions of suicide in a community and that community's true state, it is necessary to provide the necessary information, support its use and make progressive approaches developed at the community level widely known throughout the entire country.

2.6 Ongoing efforts from a mid- to long-term perspective while testing and evaluating policies
In addition to reexamining the systems and practices that underlie the social determinants of suicide and maintaining and improving the counseling and support systems, it is necessary to disseminate a correct understanding of suicide through public awareness campaigns aimed at the entire population; reduce prejudices toward suicide and mental illness; and improve psychiatric care as a whole. But none of these suicide prevention measures will produce immediate results. A glance at examples from abroad shows that no policy is immediately effective in preventing suicide, and that measures need to be continuously implemented from a mid- to long-term perspective.

At the same time, it is essential to test and evaluate how policies have been implemented and confirm whether their implementation has always been efficient and effective. For policies whose direct effectiveness is hard to gauge, setting mid-term implementation goals to check their state of progress should be considered.

2.7 Promoting measures based on the actual conditions of each targeted group

Young people
Adolescence is a time when psychological stability is easily lost, and emotional scars received during childhood and adolescence affect a person's entire life. Moreover, in recent years, the suicide rate has been trending upward among young people, while trending downward in other age groups. The problem of suicide

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among young people is becoming increasingly serious, and changes in the social conditions surrounding youth employment are pointed to as a factor behind this.

Thus, suicide prevention measures aimed at young people are an important task; it is important to put into effect an educational system that will stop suicide in schoolchildren before it occurs and help prevent it by providing the young with support to maintain and improve their mental health, develop good personalities and equip themselves with coping techniques when facing times of stress or difficulties in their lives.

It is also necessary to come to grips with the psychological care of schoolchildren and others in cases where a suicide or attempted suicide has occurred at a school.

In addition, it is necessary to take seriously situations that are still occurring in which a schoolchild takes his/her own life because of bullying; press for even greater improvement to efforts to combat problem behavior such as bullying at each and every school; and carry out continuous, mid- to long-term efforts at the national level to prevent such behaviors before they occur, to detect them at an early stage and eliminate them so that this tragic situation is never repeated.

At the same time, it is important for society as a whole to promote comprehensive support measures that take into account changes in the social conditions behind youth employment.

The middle aged
Although the middle-aged and older cohort occupies an important place both in the home and in the workplace, it is an age group that faces the experience of significant losses as the result of the death of parents, retirement, etc., and that bears many burdens both psychologically and socially. In particular, many workers feel strong job-related uncertainty and stress. And women are apt to experience impairments to their mental health after childbirth or during menopause.

In addition to promoting mental health to deal with psychological or social stress, efforts are also important to address the social factors such as unemployment and long working hours that are the causes of stress. And because stress-related depression is common, the early detection and early treatment of depression is vital.

The elderly
Depression is a frequent factor behind suicide in the elderly as a result of the constant physical pain of chronic illness; uncertainty about the future; a sense of the loss of one's role in society or in one's own family that accompanies the diminishing of physical functions; the experience of losing close relatives; caregiver fatigue; etc.

Since the elderly have many opportunities to visit medical facilities because of their physical ailments, measures are important to improve the skills of family doctors and other health professionals in diagnosing mental illnesses such as depression; to detect and treat depression in its early stages through the use of health checkups, etc.; and to create a sense of purpose in life among the elderly. Improved support for home caregivers is also important.

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Those who have attempted suicide

It is well known that the probability is extraordinarily high that someone who has attempted suicide and failed will try again compared with those who have not done so. And many of those who have attempted suicide and received treatment at emergency and critical care centers have some sort of mental illness. In some cases, however, they are treated for their physical injuries and released from hospital without receiving adequate psychiatric care or the support they need to resolve the various social factors that are affecting them. Moreover, because the family and close associates of such persons are not given sufficient information or support about the best way to deal with them to stop them from trying again, they feel anxious about a repeat attempt.

Thus, in addition to improving the psychiatric emergency care system, a system needs to be established in which a person who has attempted suicide and been treated at an emergency and critical care center can receive, as needed, psychiatric care as well as support for rebuilding that person's life. Also, it is important to improve the counseling system for a person who has attempted suicide as well as support for that person's family and close associates.

2.8 Identifying the roles of the national government, local authorities, related organizations, NGOs, businesses and the general public and promoting cooperation and coordination among them

In order for suicide prevention measures in Japan to have the maximum effect and create "a society where no one is driven to suicide," the whole country – the national government, local authorities, related organizations, NGOs, businesses and the general public – needs to coordinate and cooperate in comprehensively promoting measures to combat suicide. To do so, it is important to identify the roles that each group ought to play, share information about those roles and build a system of mutual cooperation and coordination.

The roles that the national government, local authorities, related organizations, NGOs, businesses and the general public ought to play in comprehensive suicide prevention measures are believed to be as follows:

The national government

The national government – which has the obligation to comprehensively formulate and implement suicide prevention measures – maintains and supports the infrastructure needed for each group to promote these measures; promotes such measures itself through related systems and policies; and enforces efficient and effective policies and programs that it implements for the country as a whole. It also develops and puts into practice systems that enable each group to coordinate and cooperate closely with one another.

Local authorities

As the governing body closest to individual citizens, local authorities – who have the obligation to enact and carry out policies that correspond to the local situation – analyze the state of suicide in their community; plan and propose the suicide prevention measures they need based on these results; and systematically put them

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into effect. In so doing, they do not need to address exhaustively the priority policies in the General Principles, but independently establish and promote the priority policies that are required by the actual conditions in their community. And, in coordination with the national government, they work to coordinate and cooperate closely with groups in the community.

Related organizations
Related organizations – such as professional organizations in fields related to suicide prevention measures as well as business organizations that have no such direct relationship but can contribute to such measures through the nature of their activities – considering the importance of having the whole country deal with measures to combat suicide, proactively participate in suicide prevention measures that correspond to the nature of their respective activities.

NGOs
NGOs active in the community – realizing that not just activities aimed directly at preventing suicide but activities in related areas can also contribute to suicide prevention measures – proactively participate in suicide prevention measures while also receiving support from the national government, local authorities, etc., in coordinating and cooperating with other groups.

Businesses
As social entities that employ workers and engage in economic activities, businesses are aware that they have an important role to play in measures to combat suicide by working to maintain the mental health of the workers they employ and proactively participate in suicide prevention measures.

The general public
The general public addresses suicide prevention measures in its own way by deepening its understanding of and concern for the conditions that lead to suicide and the importance of measures to combat it; by realizing that the conventional wisdom that suicide, multiple debts, depression and other suicide-related phenomena are something shameful and dishonorable, a feeling which underlies a person's anxieties and prevents him/her from seeking help, is wrong, that the danger of being driven to suicide is something that can happen to anyone, and that it is appropriate for someone in such circumstances to seek help; and by being aware of their own mental disorder and that of those around them and being able to deal with it appropriately.

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