

3 PRESSING PRIORITY POLICIES FOR SUICIDE PREVENTION

Based on “2 Fundamental Concepts for Comprehensive Suicide Prevention Measures,” establish the following policies, in accordance with the nine basic policies of the Basic Act, as ones that must be addressed particularly intensively in the immediate future. Also, see to it that policies newly deemed necessary as a result of future research and studies are successively enacted.

The pressing priority policies cited below are clearly ones that the national government must address intensively in the immediate future; they are not ones that local authorities need to deal with all-inclusively. Local authorities should independently establish the priority policies needed to respond to the actual conditions of suicide and the true state of affairs in their community and promote those policies.

3.1 Clarifying the Actual Conditions of Suicide

While respecting the privacy of suicide victims and their surviving families, promote measures based on the actual conditions of suicide by encouraging research and studies in order to understand those conditions including social factors, and by furthering the provision of information, etc., about suicide prevention measures.

3.1.1 Implementing studies to shed light on actual conditions

Implement studies on an ongoing basis, such as interviews with the victim’s family using what is known as a “psychological autopsy,” as well as studies of those who have attempted suicide and have received treatment at emergency and critical care centers and elsewhere in order to obtain a multifaceted perspective on the reasons for and background to suicide, including social factors, the process that led to suicide, the victim’s psychological state just prior to suicide, etc., and identify the intervention points for preventing suicides.

Promote the collection and provision of information so that the results of studies that local authorities, related organizations and NGOs have made to shed light on the actual conditions of suicide will be put to use in policy-making.

3.1.2 Improving the provision of information, etc.

In order to contribute to the planning and drawing up of suicide prevention measures at the national and local level, in addition to promoting the collection, organization, analysis and provision of information on such measures, such as foreign and domestic research and studies on suicide and the actual conditions of suicide at the Center for Suicide Prevention located in the National Center of Neurology and Psychiatry, promote the dissemination throughout the entire country of progressive local approaches to suicide prevention and the provision of the necessary information and support for making use of them so that those approaches that correspond to the actual conditions of suicide in a community and that community’s true state of affairs can be advanced.

In particular, promote the provision of the necessary information (including examples of progressive approaches organized by size, etc., of the local authority)

so that local authorities can plan, draw up and implement measures that correspond to the actual conditions of suicide and the true state of affairs in their community.

3.1.3 Promoting studies of the actual conditions of those who have attempted suicide, bereaved family members, etc., and the support policies for them

Promote research and studies on the actual conditions of persons who have attempted suicide, the surviving families of suicide victims and others and the support policies available to them.

3.1.4 Promoting studies of suicide prevention among schoolchildren

Analyze the distinctive features of and trends in suicide among schoolchildren and carry out research and studies on ways to prevent it.

Also, when carrying out detailed studies of suicide among schoolchildren in situations that require a high degree of expertise in analyzing and evaluating the facts, or in situations in which the surviving family members do not want the study to be conducted by the school or the Board of Education, promote fact-finding studies by a third party as necessary.

3.1.5 Clarifying the pathology of depression and other forms of mental illness and developing techniques to diagnose and treat them

In addition to clarifying the pathology of depression and other forms of mental illness through research that spans neuroscience and many other different fields and promoting research and development of treatments, promote research and development of diagnostic techniques for depression that make use of simple, objective indicators and disseminate the results.

3.1.6 Expediting the use and application of existing data

Promote the collection and provision of information that related facilities already possess, beginning with the statistical data on suicide that the police have, so that such data can be used in suicide prevention measures.

3.2 Encouraging Every Citizen to Be Aware of And Monitor Potential Suicide Victims

Develop public awareness programs through educational activities, advertising campaigns, etc., to promote public understanding about every citizen's role in suicide prevention measures by dispelling society's mistaken but common belief that suicide, multiple debts, depression and other suicide-related phenomena are shameful and dishonorable, a feeling which underlies a person's anxieties and prevents him/her from seeking help; by making people realize that the risk 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 making them realize that there may be persons contemplating suicide among their own acquaintances and that they should speak to them, listen to them, refer them to a professional as necessary, monitor them and seek appropriate assistance in a crisis.

3.2.1 Enacting a Suicide Prevention Week and a Strengthening Suicide Prevention Measures Month

In association with World Suicide Prevention Day on September 10, establish the week beginning September 10 as Suicide Prevention Week and March as Strengthening Suicide Prevention Measures Month and have the national government, local authorities, related organizations, NGOs, etc., promote public awareness campaigns in collaboration with each other in order to dispel society's mistaken but common belief that suicide, multiple debts, depression and other suicide-related phenomena are shameful and dishonorable, a feeling which underlies a person's anxieties and prevents him/her from seeking help, disseminate a correct understanding of suicide and encourage the citizenry to realize that the risk of being driven to suicide is something that can happen to anyone and that it is necessary for someone in such circumstances to seek the appropriate help. Also, implement support policies on a priority basis so that those who are in such distress that they seek assistance as a result of these public awareness campaigns can receive the help they need.

3.2.2 Implementing education that will contribute to suicide prevention among schoolchildren

In addition to making use in schools of experience-based activities and intergenerational contacts with the elderly and others in the community to promote education that can give schoolchildren a real sense of the preciousness of life and equip them with coping techniques when they face stress or difficulties in their lives, promote building an environment conducive to education aimed at suicide prevention among schoolchildren.

Also, promote media literacy and information ethics education as well as measures to combat illegal or harmful information.

3.2.3 Promoting public awareness campaigns about depression

Promote early consultation by conducting public awareness campaigns that provide the correct understanding of depression at each life stage.

3.2.4 Disseminating the correct understanding of suicide and suicide-related phenomena

In order to heighten the response capability (techniques for getting the desired help) when an individual citizen is at risk and dispel society's mistaken but common belief about suicide and suicide-related phenomena, promote the dissemination of a correct understanding of suicide through the proactive use of the Internet (including smartphones and cellphones).

Also, for sexual minorities, among whom the percentage of those contemplating suicide has been observed to be high, in view of the fact that one of the social factors behind this is lack of understanding and prejudice, promote measures to further understanding.

3.3 Training Personnel Who Will Play a Central Role in Early Response

With a view to the early detection of and early response to those at high risk for suicide, train personnel to assume the role of gatekeepers who will disseminate a correct understanding of suicide and suicide-related phenomena and who will recognize the signs of suicide risk, speak to people with such signs, listen to them, refer them to a professional as necessary and monitor them. Also, train personnel who will have the role of managing the coordination of such human resources in the community and building comprehensive support networks.

3.3.1 Improving the skills of family doctors and other primary care providers in diagnosing and treating depression and other mental illnesses

Because many of those who suffer from mental illnesses such as depression present physical symptoms and often consult their family doctors or other primary care providers, improve the diagnosis and treatment of depression and other mental illnesses at the primary care level during clinical training and other stages of the doctors' training process and through opportunities for lifelong learning, etc.

3.3.2 Implementing public awareness for school staff

Through drawing up and distributing teaching materials, provide support for efforts to train school staff such as school nurses and classroom teachers who are in contact with schoolchildren on a daily basis, as well as teaching staff at universities and elsewhere engaged in student counseling, in order to raise their awareness of how to respond when they become aware of a schoolchild or others at high risk of suicide. Implement training, etc., to improve the quality of care from school staff in charge of educational counseling, including care for the child of a suicide victim. Also, for sexual minorities, among whom the percentage of those contemplating suicide has been observed to be high, in view of the fact that one of the social factors behind this is lack of understanding and prejudice, promote understanding among school staff.

3.3.3 Improving the quality of care from community health staff and industrial health staff

In order to improve counseling services related to mental-health issues at mental health and welfare centers, public health centers and elsewhere, implement training in suicide prevention and mental-health promotion for public health nurses and other community health staff.

Also, in order to promote mental-health measures in the workplace, improve training, etc., to improve the quality of care by industrial health staff.

3.3.4 Implementing training for care managers and others

Disseminate information on suicide prevention and mental-health promotion through opportunities to train care managers and others employed in the nursing care area.

3.3.5 Implementing training for district welfare commissioners and commissioned child welfare volunteers

In order to support community-based monitoring activities, implement training in policies related to mental-health promotion and suicide prevention for district welfare commissioners and commissioned child welfare volunteers.

3.3.6 Improving the training of personnel in charge of coordination

In order to facilitate coordination among related facilities and organizations, NGOs, professionals, non-professional gatekeepers and others in a community, promote the training of personnel who will be responsible for coordinating all those concerned.

3.3.7 Improving the quality of counseling services in areas related to social factors

Promote the dissemination of a correct understanding of mental health among counselors at consumer affairs centers, multiple debt counseling services run by local authorities and others, management counseling services run by commercial and industrial associations or the Chamber of Commerce and Industry and counseling services run by Public Employment Security Offices.

3.3.8 Improving the way personnel at public agencies deal with bereaved family members

Promote the dissemination of knowledge among members of the police and fire departments, etc., about how to deal appropriately with bereaved family members.

3.3.9 Developing training materials

In order to support the training given by the national government, local authorities and others to educate a wide range of personnel in suicide prevention and other issues and improve the quality of the services they offer, in addition to promoting the development of training materials, promote training programs for counselors at public institutions and NGOs at the Center for Suicide Prevention.

3.3.10 Promoting mental care for those engaged in suicide prevention measures

In addition to promoting the creation of ways to maintain the mental health of those engaged in suicide prevention measures, including those engaged in the activities of NGOs, disseminate support methods that make use of mental-health expertise.

3.3.11 Facilitating the training of gatekeepers in various fields

Facilitate efforts to train gatekeepers by providing the necessary support to related organizations, such as providing information conducive to disseminating an understanding of mental health and suicide prevention for professions in which, by the nature of their work, the role of gatekeeper is expected to be useful, such as lawyers, persons qualified to prepare legal documents and other professionals who deal with legal matters such as multiple debt problems; pharmacists who have many opportunities to learn about the health status of residents through the dispensing or sales of drugs; and barbers and others who are likely to notice

changes in their customers' state of health because they have many opportunities to meet with them on a regular basis or at fixed intervals.

Disseminate the necessary basic knowledge so that each and every citizen can act appropriately as a gatekeeper when s/he becomes aware of changes in someone close by.

3.4 Advancing Mental-Health Promotion

In regard to the various kinds of stress that are causes of suicide, promote systemic improvements in schools, the community and the workplace in order to maintain and improve mental health by, for example, responding appropriately to stress and reducing its causes.

3.4.1 Promoting mental-health measures in the workplace

In order to promote improvements to mental-health measures in the workplace, design public awareness campaigns about "The Guidelines for Maintaining and Improving Workers' Mental Health." Also, in addition to carrying out mental-health-related education and training not just for workers but also for managers, supervisors and industrial health staff who will become key persons in advancing mental-health measures in the workplace, understand and respond to the stress factors in the workplace that have a profound relation to mental-health disorders, and improve support for workplaces in regard to assisting employees returning to work after taking time off because of mental illness, thereby designing to provide a workplace environment in which it is easy for workers to work. Also, because changes in working conditions may heighten stress and lead to mental disorders, aim to make this common knowledge when carrying out training and education programs. In addition, expand the number of workplaces that are addressing mental-health measures through the introduction of stress checks, etc., and enhance support particularly for small workplaces where efforts to address mental-health measures have not made much progress by promoting the use of mental-health measures support centers and through coordination between community health services and industrial health services.

Also, in order to prevent deaths and suicides from overwork, in addition to strengthening supervision and guidance by the Labor Standards Office to prevent overwork-related health hazards, promote improvements to the work environment aimed, for example, at the setting of work hours, in order to curb long working hours for all workers including those at small workplaces and temporary workers.

In order to promote effective measures to combat sexual harassment, see to the thorough enforcement of guidance by the Equal Employment Office of the prefectural Labor Bureau so that steps are taken to clarify the policy on sexual harassment in all workplaces, make the policy widely known, educate employees about it and set up counseling centers, etc.; and for workplaces where an incident of sexual harassment has occurred, see to it that the appropriate follow-up response and measures to prevent it from happening again are taken.

Also, in order to encourage improvements in the workplace environment, study creating mechanisms that receive society's approval such as initiatives aimed at preventing or resolving power harassment in the workplace.

3.4.2 Improving the system for furthering mental-health promotion in the community

In addition to improving counseling services related to mental-health issues at mental health and welfare centers, public health centers and other health facilities, promote coordination between community health services and industrial health services in regard to promoting mental health.

Also, through enriching the activities at social and educational facilities such as community centers, promote the creation of places in the community where different generations can interact with one another.

In addition, promote improvements to places where local residents can gather and relax, such as parks, that help to maintain and enhance mental and physical health.

In addition to promoting welfare measures for the elderly in farming villages, promote the creation of a safe and pleasant living and production environment by, for example, providing facilities that can give the elderly a sense of purpose in life.

3.4.3 Improving the system for furthering mental-health promotion in the schools

In addition to promoting health counseling carried out by school nurses through making more open use of the school infirmary, counseling room and elsewhere, see to improving the counseling system in schools by assigning school counselors, etc.

Also, promote occupational safety and health measures for the school as a workplace.

3.4.4 Promoting mental care for and rebuilding the lives of victims of large-scale disasters

Because the victims of large-scale disasters are likely to have a variety of stress factors, in addition to mental care and the prevention of isolation, mid- and long-term recovery-related policies, such as rebuilding their lives, need to be devised from the time that the disaster occurs and at every stage of the recovery process. Mental care is also necessary for those who assist them. Thus, in addition to promoting an understanding of the mental-health status of the victims of the 2011 Tohoku earthquake and tsunami and the causes of suicide among them and studying and implementing measures to deal with them, see to it that the understanding gained from the process is reflected in future disaster prevention measures.

In order to reduce the various stress factors caused by changes in the living environment, etc., for victims and others of the Tohoku earthquake, implement ongoing recovery-related policies aimed at rebuilding their lives, in addition to monitoring the victims to prevent isolation and providing mental care through the coordinated efforts of the national government, local authorities, NGOs and others.

3.5 Seeing to It That Appropriate Psychiatric Care Is Received

In addition to efforts to detect at an early stage those at high risk of suicide because of depression or other causes and ensure that they are referred to psychiatric care, improve the psychiatric care system so that such people may receive the appropriate psychiatric treatment.

3.5.1 Enhancing the psychiatric care system by training personnel responsible for mental-health care

Based on the mental health and welfare measures in plans related to health, medical care and welfare established at the prefectural level, promote the building of a medical treatment–public health–welfare network that would include psychiatric hospitals in the community.

Also, in addition to seeing to educating psychologists and others who can support psychiatrists by implementing training related to appropriate ways of dealing with mental illness for them and others employed in psychiatric care, implement the training of those professionally involved in treating persons with depression primarily in terms of psychiatric care so as to disseminate highly effective treatment methods for ameliorating depression such as cognitive behavioral therapy and reduce the number of those suffering from depression through their implementation.

In order to see to the diffusion of treatments such as cognitive behavioral therapy carried out by psychiatrists with support from psychologists and others, study policies to improve the psychiatric care system including the handling of such treatments in the medical treatment fee system, the building of a liaison system and personnel development.

Also, in addition to the diffusion of appropriate drug therapy and the thorough enforcement of measures against drug overdoses, disseminate knowledge about the use of environmental intervention.

3.5.2 Improving the consultation rate for depression

Carry out public awareness campaigns that will lead to early consultation for depression by disseminating a correct understanding of depression and eliminating prejudice against it.

Also, promote a medical care coordination system so that those diagnosed with depression by their family doctor or other primary care provider in the community can be referred to a professional.

3.5.3 Improving the skills of family doctors and other primary care providers in diagnosing and treating depression and other mental illnesses (see above 3.3.1)

3.5.4 Promoting improvements to the mental care system for children

Promote improvements to the mental care system for children by promoting the training of doctors and others who can deal with their mental problems.

3.5.5 Implementing screening for depression

Promote screening of those in the community who are thought to be depressed by making use of opportunities for home-visit guidance and residents' screening, health education and health consultations by public health centers, local city, town or village health centers or other facilities.

Regarding the elderly in particular, improve the system to detect at an early stage and refer to appropriate counseling those who are thought to be depressed by, as primary screening for depression, making use of the results of a basic checklist as part of care prevention services.

3.5.6 Promoting measures for those at high risk for psychiatric illnesses other than depression

For illnesses other than depression such as schizophrenia, alcohol dependency, drug addiction and pathological gambling that are risk factors for suicide, in addition to promoting research and studies on the relation of these illnesses to debt, family problems, etc., improve the system to provide ongoing treatment and support and offer support to self-help programs.

Also, for those in adolescence or young adulthood who repeatedly engage in self-abuse or who have mental-health issues, promote efforts for the early detection of and early intervention in psychiatric illness by providing support so that they can utilize the appropriate medical care and counseling facilities through the construction of a coordinated system that includes emergency care facilities, mental health and welfare centers, public health centers, educational facilities, etc.

3.5.7 Supporting the chronically ill

See to establishing a medical care system capable of providing psychological care by, for example, training nurses whom those suffering from serious chronic illnesses can consult.

3.6 Preventing Suicide through Social Measures

Prevent suicide among people at high risk for various reasons, including social ones, by extending a helping hand of social support.

3.6.1 Enhancing counseling systems in the community and transmitting easily understandable information on counseling services, support policies, etc.

Encourage local authorities to provide an easy-to-use counseling system and produce and distribute suicide prevention pamphlets and other information materials for residents that contain a readily understandable list of signs of suicide risks and methods to deal with them as well as available counseling services.

Also, in addition to studying whether to make the telephone counseling provided by local authorities share the same telephone number throughout the country, establish a system that will make free telephone counseling available 24 hours a day, 365 days a year, as a reliable place for people with problems to consult anywhere at any time and receive rapid and appropriate support.

In addition, strengthen the consolidation and provision of information on support measures through search mechanisms that make use of the Internet (including smartphones and cellphones) so that those who need help can easily find appropriate support measures.

3.6.2 Improving counseling services related to multiple debts and increasing safety-net financing

See to the improvement of safety-net loans and the counseling system for those with multiple debts based on the Program to Remedy the Multiple Debt Problem.

3.6.3 Improving counseling services for the unemployed

In addition to promoting employment measures of all kinds, such as support for early reemployment, and implementing meticulous vocational counseling at Public Employment Security Offices and elsewhere for the unemployed, also provide counseling for various problems in daily life such as the mental anxieties that arise when facing unemployment.

Also, at Community Youth Support Stations, coordinate with the relevant facilities in the community to provide individualized, ongoing and comprehensive support to enable young people and others who are not in education, employment or training (NEETs) to achieve independence.

3.6.4 Implementing counseling programs for managers

In coordination with commercial and industrial associations and the Chamber of Commerce and Industry, promote in an ongoing manner counseling programs aimed at small and mid-sized enterprises (SMEs) facing a management crisis as well as programs to deal with general management counseling for SMEs.

Also, support the revitalization of small and mid-sized enterprises through prefectural SME Revitalization Support Councils, mobilizing all the efforts of the community including local financial institutions in every step of the process from counseling to support in drawing up revitalization plans.

In addition, provide a thorough awareness about financing facilities at government financial institutions that do not require guarantees from the borrower or a third party.

Also, in addition to encouraging private-sector financial institutions to establish financing practices that do not as a rule require third-party guarantees, explore policies that limit guarantees by the manager him/herself.

3.6.5 Improving the provision of information to resolve legal problems

See to improving the provision of information for resolving legal problems through the Japan Legal Support Center (Legal Terrace) and making awareness of the Center widespread among the citizenry.

3.6.6 Regulating dangerous places, drugs, etc.

See to it that the safety of places where suicides have repeatedly occurred is thoroughly maintained, and that the installation of platform screen doors and platform gates in train stations is encouraged.

Also, in addition to seeing to it that the regulations on the transfer of dangerous drugs are widely known and obeyed, make ongoing efforts to find missing persons who, it is feared, may commit suicide.

3.6.7 Promoting measures to deal with suicide-related information on the Internet

Support the efforts of Internet Hotline Center that ask service providers and others to remove information that shows how to make materials that might inflict injury on a third-party, and induces others to do so, on the grounds that such information is in violation of contract.

Also, promote measures aimed at identifying ways of dealing with information that introduces suicide methods, etc., that might inflict injury on third parties.

In addition to encouraging efforts based on the Act on Development of an Environment that Provides Safe and Secure Internet Use for Young People, and seeing to it that filtering for children and adolescents is widely available through a master plan based on the same Act, promote public awareness activities and education on the appropriate use of the Internet.

3.6.8 Dealing with suicide notices on the Internet

Implement on an ongoing basis rapid and appropriate responses to notices on the Internet of the intention to commit suicide.

Also, make filtering software widely available to deal with illegal and harmful information such as a posting defaming a particular individual on an electronic bulletin board or a suicide notice site on the Internet; support voluntary measures against such sites taken by providers; and provide instructions on coping strategies for those who seek counseling.

3.6.9 Improving support for caregivers

In order to lighten the burden of those caring for the elderly, strive to implement the necessary support to recruit workers to engage in counseling services and improve the quality of their services so that counseling for caregivers is smoothly implemented and that a system of coordination and cooperation with community general support centers and other related facilities is put in place.

3.6.10 Preventing suicide in children who are the victims of bullying

Make it thoroughly known that bullying is under no circumstances permissible and that it can occur to any child at any school, and instruct everyone involved in education on how to recognize the signs of bullying as early as possible and respond rapidly; and that when the problem of bullying occurs, it must not be covered up, but the school, the board of education, the family and community must work together to deal with it.

In addition to supporting the local authorities with their telephone counseling systems for bullying and other problems through a 24-hour nationwide unified hotline system where children can confide their anxieties and uncertainties at any time, encourage the development of a community-based system so that the school,

the family and the community can work together to detect bullying in its early stages and deal appropriately with it.

Also, continuously implement measures to protect the human rights of children through Children's Rights SOS Mini Letters, etc., that provide direct intimate insight into children's worries through exchanges of letters with human rights consultants in the community.

3.6.11 Improving support for victims of child abuse, rape and sexual violence

In order to prevent child abuse, detect and respond to it early and appropriately protect and support children who have suffered from it, in addition to strengthening counseling and support by children's counseling centers, the city, town and village offices and the system of temporary protection, improve social protective care for such children.

To reduce the psychological burden on victims of rape and sexual violence, in addition to strengthening the collection of information the victims will need and coordinating support with the relevant facilities, promote improvements to the counseling system and to interviews, questioning, etc., that will take the victims' feelings into consideration.

3.6.12 Improving support for the poor

In order to see to it that the poor escape from economic poverty and social isolation and that the cycle of poverty extending from parent to child is prevented, promote studies on such matters as seeking out the poor and socially isolated at an early stage and strengthening a comprehensive counseling system which is not vertically segmented (including outreach efforts such as strengthening networks and holding comprehensive counseling sessions), building a support system that from the beginning stages is comprehensive and personalized and radically enhancing support for job seekers in affiliation with Public Employment Security Offices, with the aim of establishing a support system for the poor.

3.6.13 Making the WHO guidelines widely known to media facilities

See to it that among the WHO's suicide prevention guidelines, its *Preventing Suicide: A Resource for Media Professionals*, is widely known to all media companies.

Carry out research and studies on the impact of reporting on suicide and on media-related measures taken abroad, etc., that would contribute to voluntary measures taken by the mass media.

3.7 Preventing Repeat Suicide Attempts

Based on the results of the "Japanese Multimodal Intervention Trials for Suicide Prevention" and other research, strengthen measures to prevent repeat suicide attempts.

3.7.1 Improving the system of medical care by psychiatrists at emergency medical facilities

In addition to seeing to the improvement of the psychiatric emergency medicine system, improve the emergency medical system by assigning mental-health workers at emergency and critical care centers and by evaluating the need for psychiatric care among those who have received treatment for attempted suicide so that they may be diagnosed by a psychiatrist as needed and receive care from mental-health workers.

Also, in order to provide the appropriate support to those who have attempted suicide, see to the dissemination of guidelines for the care and treatment of attempted suicide victims through, for example, the training of those involved in emergency medicine.

3.7.2 Supporting monitoring by family members and other close associates

Improve the counseling system for those who have attempted suicide provided by public health nurses at mental health and welfare centers and public health centers through the creation of a network with counseling facilities of all kinds related to the social factors that are causes of suicide. Also, improve support for the victim's family members and other close associates in monitoring him/her after being released from hospital by promoting even greater improvements to the system to provide ongoing care through the creation of a medical treatment–public health–welfare network that would include psychiatric hospitals in the community.

3.8 Improving Support for the Bereaved

In addition to providing care for the bereaved immediately after a suicide or attempted suicide, improve support by promoting the provision of necessary information, etc. Also, support activities in the community by self-help groups for bereaved families, etc.

3.8.1 Supporting the operations of self-help groups for the bereaved

In addition to improving the counseling system for bereaved family members and others provided by public health nurses and other health professionals at mental health and welfare centers and public health centers, support making knowledge widely available to them about counseling facilities and the operations of self-help groups for the bereaved in the community.

3.8.2 Encouraging post-crisis response in schools and workplaces

See to the distribution of manuals on coping at workplaces and reference materials for teaching staff at schools immediately after a suicide has occurred so that, immediately after someone has killed him/herself or attempted to do so, the appropriate psychological care can be provided to classmates or co-workers at the victim's school or workplace.

3.8.3 Promoting the provision of information to the bereaved

Promote the provision of information on support measures that bereaved family members and others will need by encouraging the creation of pamphlets that carry contact information for NGOs and lists of the various kinds of counseling services

that local authorities offer to the bereaved, and see to their distribution by related facilities that are likely to be in frequent contact with the bereaved.

Study the problems, including legal problems, that bereaved family members and others are likely to encounter, such as demands for vacancy damages for stigmatized property where a suicide has occurred.

3.8.4 Supporting bereaved children

In addition to improving the counseling system for bereaved children provided by public health nurses at mental health and welfare centers and public health centers, support making knowledge widely available to bereaved children about counseling facilities and the operations of self-help groups for bereaved children in the community. [see above 3.8.1]

Implement training, etc., to improve the quality of care by teaching staff responsible for educational counseling including the care of bereaved children. [see above 3.3.2]

3.9 Strengthening Coordination with NGOs

The activities of NGOs are indispensable for promoting suicide prevention measures. Efforts such as NGO counseling activities in which religious leaders, bereaved families and their supporters participate as volunteers help many people at risk for suicide. Support the activities of NGOs by clearly making a place for them in national and local suicide prevention measures.

3.9.1 Supporting personnel development at NGOs

Support the training of coordinators at NGOs to promote coordination among attempted suicide victims, bereaved family members and others.

Support the training of personnel at NGOs by developing educational materials to train gatekeepers in every field of activity.

3.9.2 Establishing a community liaison system

In addition to promoting the establishment of a liaison system for public facilities, NGOs and others in the community that engage in suicide prevention activities, support such a system by providing information, etc., related to best practices so that it will function smoothly.

3.9.3 Supporting NGO telephone counseling programs

Implement ongoing support for NGO telephone counseling programs.

Also, implement ongoing support to provide the information needed for the personnel development of counselors.

3.9.4 Supporting pioneering and experimental approaches by NGOs as well as their efforts in places where multiple suicides have occurred

In order to promote community initiatives, support pioneering and experimental suicide prevention measures carried out by NGOs.

Also, support the provision of the information needed to make it easier for NGOs to take pioneering and experimental measures against suicide.

Study ways of supporting the efforts of NGOs and others in places where multiple suicides have occurred.

4 NUMERICAL GOALS FOR SUICIDE PREVENTION MEASURES

Aim to reduce the suicide rate to more than 20 percent below 2005 levels by 2016.¹

In addition, since the aim of suicide prevention measures is to save as many people as possible who are contemplating suicide, strive to achieve this goal as rapidly as possible, and, in the event that the goal is achieved, despite the timeframe for reviewing the General Principles, review the numerical goal including what it ought to be.

¹ Because the suicide rate in 2005 was 24.2, a 20 percent reduction would be 19.4. In 2010, it was 23.4. Since the suicide rate is the number of suicides per 100,000 population, an increase or decrease in the population will also change the numerical value. For instance, the estimated population of Japan as of October 1, 2011 was 126,180,000; if the population remains constant, to achieve the desired goal, the number of suicide deaths will need to fall below 24,428.

5 PROMOTION SYSTEMS, ETC.

5.1 Promotion systems at the national level

In order to comprehensively and effectively promote policies based on the General Principles, see to it that there is close mutual coordination and cooperation among the relevant administrative agencies under the leadership of the Chief Cabinet Secretary (or, if the Minister of State for Special Missions is appointed to be in charge of suicide prevention measures, the current Minister of State for Special Missions; the same shall apply hereafter) by flexibly holding meetings primarily of the Council on Suicide Prevention Policy or some of its members as necessary. Also, see to it that policies are fully coordinated with one another.

In addition, the Cabinet Office, where the secretariat for the said Council is located, will encourage and support measures carried out by the relevant ministries and agencies and implement comprehensive suicide prevention measures. In addition to improving the reporting system when a specific case occur, it will quickly hold an emergency liaison conference of the relevant ministries and agencies and respond to that case appropriately.

Also, establish a mechanism under which the national government, local authorities, related organizations, NGOs and others coordinate and cooperate so that suicide prevention measures can be promoted by the nation as a whole.

In addition, promote policies while coordinating closely in related areas, such as policies on gender equality, the aging society, the low birthrate, youth development, persons with disabilities, support for crime victims, etc., social inclusion, and support for the poor.

5.2 Ensuring coordination and cooperation at the community level

Suicide prevention measures are profoundly related to all aspects of society – home, school, workplace and community – and in order to promote comprehensive measures, it is important to ensure the coordination and cooperation of the various relevant community groups and promote policies with a high degree of effectiveness that conform to the special features of that community.

Thus, in addition to working actively to promote the setting up of forums to study measures formulated by Suicide Prevention Liaison Committees, composed of relevant groups and agencies in various fields in the prefectures and ordinance-designated cities, and the planning of such community measures by the said Committees, offer the appropriate support by providing information, etc. Also, work actively to see to it that bureaus responsible for suicide prevention measures are set up in cities, towns and villages. In addition, offer the appropriate support by providing information for the efforts at coordination by local authorities. Also, work with local authorities to further increase the participation of NGOs and others in these community efforts.

5.3 Policy evaluation and management

In addition to ascertaining the implementation status of policies based on the General Principles and the extent to which they have achieved their goals and evaluating the results, the Council on Suicide Prevention Policy shall review and improve policies based on this evaluation.

To do so, under the Chief Cabinet Secretary, it shall verify the implementation status of policies based on the General Principles and the extent to which they have achieved their goals from a position of neutrality and fairness, establish new mechanisms to evaluate the policies' effectiveness, etc., and promote effective suicide prevention measures.

5.4 Review of the General Principles

Carry out a review of the General Principles at least every five years, based on changes in socio-economic conditions, changes in the circumstances surrounding suicide, the progress made in implementing policies based on the General Principles, the status of achieving the policies' goals, etc., taking into consideration the nature of the guidelines for suicide prevention measures that the national government ought to promote.

厚生労働科学研究事業・成果報告フォーラム 2016

自殺対策基本法改正により 地域自殺対策はどう変わるか？

日 時：2016年3月20日(日) 10:00～16:00

会 場：砂防会館別館1階大ホール
(東京都千代田区平河町2-7-5)

参加費：無料(申し込み不要)

◇自殺対策基本法改正による地域自殺対策の今後の方向性について、研究成果に基づき、自由な討議を行う。

プログラム(予定)

午前・午後あわせて4セッション(分科会)のフォーラムで討議を深める

●午前の部

- ・地域自殺対策計画の策定
- ・地域における自死遺族支援

●午後の部

- ・若者自殺対策ネットワーク
- ・自殺未遂者支援の取り組み

主 催：厚生労働科学研究費補助金 障害者対策総合研究事業
「学際的・国際的アプローチによる自殺総合対策の新たな政策展開に関する研究」

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