

Guidelines for Municipal Suicide Countermeasure Planning*

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Translated by Japan Support Center for Suicide Countermeasures

Introduction

Ever since the Basic Law on Suicide Countermeasures (hereafter, the “Basic Law”) came into effect in 2006, great progress has been made in efforts to prevent suicide in Japan. Previously seen as a “personal problem,” suicide has come to be broadly recognized as a “social problem,” and the nation’s efforts to comprehensively address suicide have steadily produced results, including a decline in the annual number of suicides. However, Japan’s suicide death rate (the death rate from suicide per 100,000 people) remains the highest among the seven major industrialized nations, and the total number of suicides each year remains above the 20,000 level. Thus, the country is clearly still in a state of emergency.

It was in that context that in 2016, a decade after the Basic Law was enacted, it underwent revisions in order to promote suicide countermeasures even more comprehensively and effectively, with the goal of realizing “a society in which no one is driven to take their own life.” Along with clarifying in the Basic Philosophy that suicide countermeasures must be implemented as “comprehensive support for people’s lives,” the revised law also stipulates that all prefectures and municipalities are to draw up “prefectural suicide countermeasure plans” and “municipal suicide countermeasure plans” in order to eliminate the gaps in such countermeasures between localities and to ensure that, as a national minimum, anybody can receive the suicide prevention support they need as “comprehensive support for people’s lives.”

It is expected that the suicide countermeasure plans that will be drawn up in each municipality will serve as the

driving force for suicide prevention measures in those locations. That is because these municipal suicide countermeasure plans are to be drafted in a way that mobilizes “life support”-related programs among the municipality’s current programs, or in other words makes optimal use of existing programs. Thus, such plans will enable that municipality to carry out “comprehensive support for people’s lives” (i.e., suicide countermeasures) as a governmentwide initiative. Also, by having municipalities throughout the country implement these efforts, even greater progress with Japan’s suicide countermeasures can be expected.

In the new General Principles of Suicide Prevention Policy that was approved by Cabinet decision in July 2017, it was stipulated that the government of Japan, in order to facilitate the drafting of the suicide countermeasure plans, would create guidelines for suicide countermeasure planning. Therefore, these Guidelines offer a compilation of standard procedures and points to remember for drafting the “municipal suicide countermeasure plans.” They include content that can be included verbatim in the municipal plans, such as the “basic policies for suicide countermeasures,” so please utilize them.

*Supplementary Information for Suicide Countermeasures for Attempted Suicide Survivors: Based on the General Principles of Suicide Prevention Policy (Suicide Policy Research 2018; 2:1-7)

I. Context of Suicide Countermeasure Planning

I-1. Objective of Japan’s suicide countermeasures

Suicide is a death to which many have been driven. The underlying causes of suicide are not just mental health issues; various other social factors are known to be involved, including overwork, poverty, parental burnout and caregiver fatigue, bullying, and social isolation. The mental state that leads to suicide can thus be seen as a process in which people are psychologically driven by various concerns and fall into a state in which they believe there is no other choice but suicide, or one in which they are driven to a breaking point because of weakening ties to society, a loss of purpose that makes life seem meaningless, or a sense that the role expected of them is excessively onerous. Being driven to suicide is a “danger that can happen to anyone.”

For that reason, suicide countermeasures must be implemented as “comprehensive support for people’s lives” through the organic coordination of measures and policies related to health, medicine, welfare, education, labor, and other relevant issues (Basic Law, Article 2). Article 1 of the Basic Law states, “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.” The objective of Japan’s suicide countermeasures is to realize a society in which all people are valued as irreplaceable individuals and “no one will be driven to take their own life.”

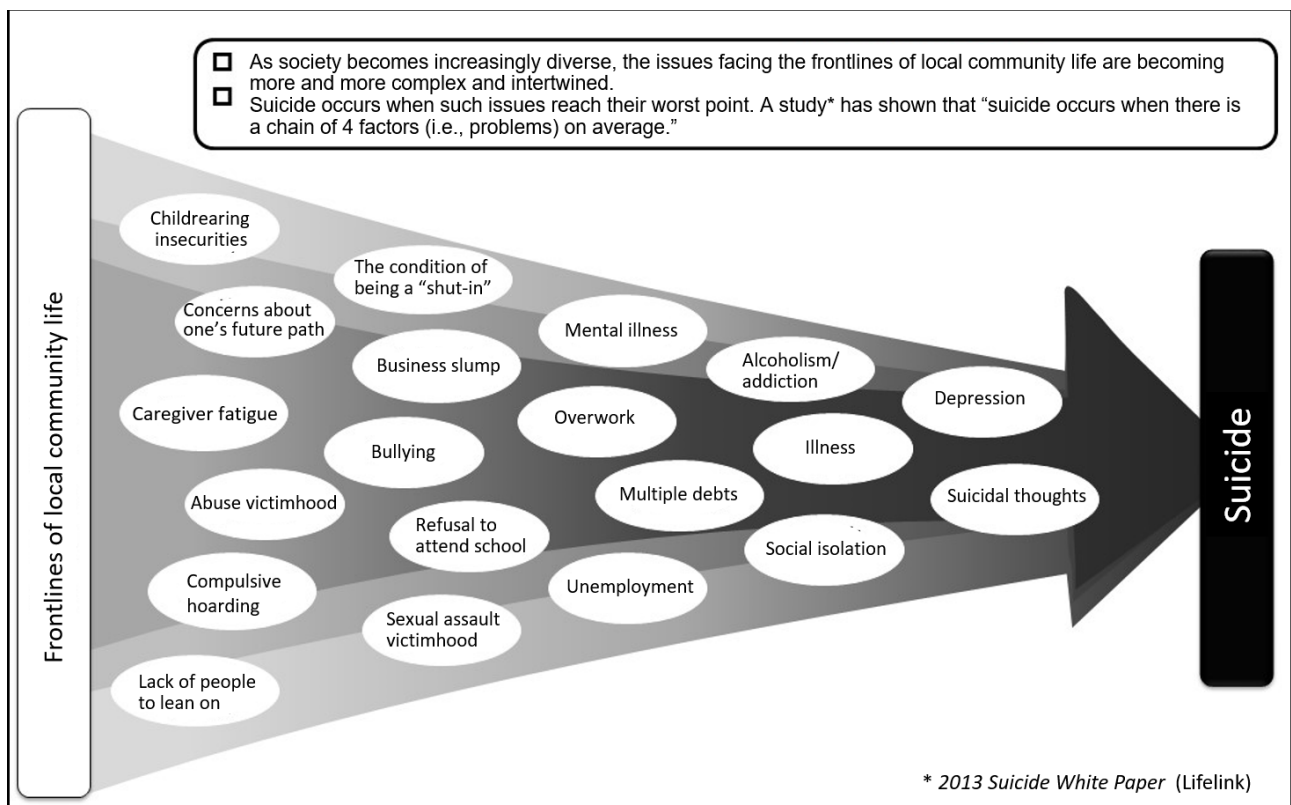


Figure 1. Suicide risk factors (Source: Ministry of Health, Labour and Welfare)

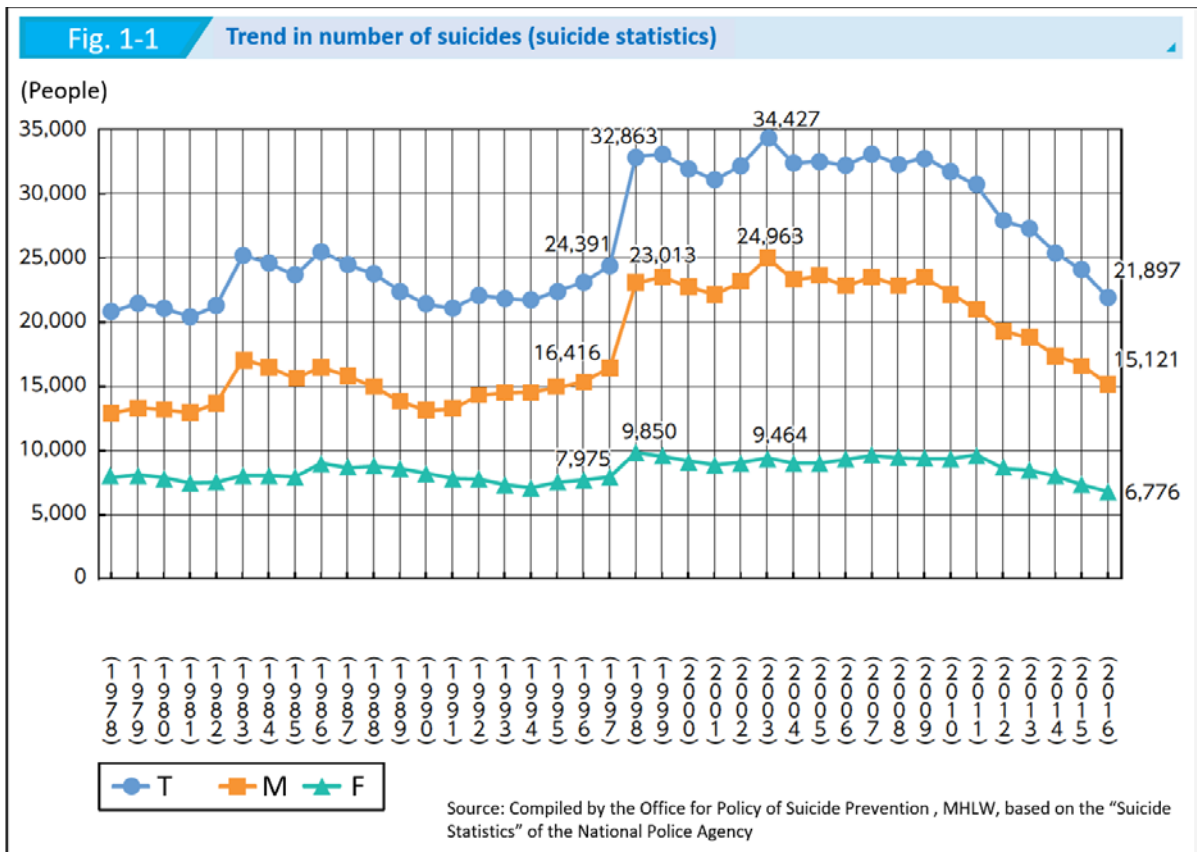


Figure 2. Number of suicides in Japan (Source: 2017 White Paper on Suicide Prevention in Japan, Fig. 1-1)

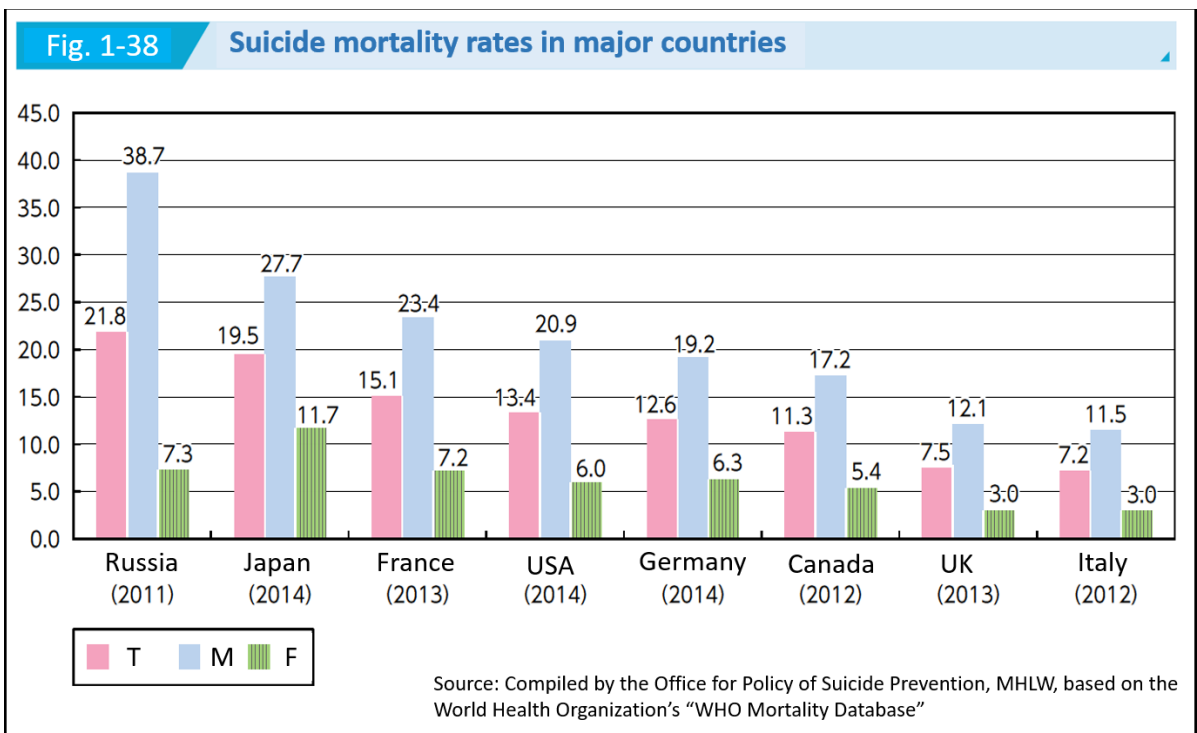


Figure 3. International comparison of suicide mortality rates (Source: 2017 White Paper on Suicide Prevention in Japan, Fig. 1-38)

I-2. Basic policies for suicide countermeasures

The General Principles of Suicide Prevention Policy (hereafter, the “General Principles”) that were approved by the Cabinet in July 2017 laid out the following five areas as basic policies for comprehensive suicide countermeasures.

1) Promoting countermeasures as comprehensive support for people’s lives

For both individuals and communities, the risk of suicide goes up when “life-impeding factors” (suicide risk factors) such as unemployment, multiple debts, or poverty exceed the “life-enhancing factors” (protective factors against suicide) such as self-esteem, reliable human relationships, the ability to avoid a crisis, and so on.

For that reason, suicide countermeasures must be promoted by lowering the suicide risk through both approaches; i.e., by making an effort to increase the life-enhancing factors as well as decrease the life-impeding ones. In addition to implementing suicide countermeasures in the narrow sense such as suicide prevention and support for the bereaved family members of suicide victims, it is important that all types of community initiatives related to “support for life” be mobilized to truly carry out “comprehensive support for people’s lives.”

2) Strengthening organic coordination with related measures to develop comprehensive countermeasures

In order to prevent suicide by enabling a person who is being driven to it to instead live safely and securely, a comprehensive approach is important—one that focuses not only on mental health but also has a social and economic component. Furthermore, in order to implement this comprehensive approach, close coordination is needed among policy measures, people, and organizations in a variety of fields.

Similar efforts at coordination are also being deployed in related areas such as poverty, child abuse, sexual violence, *hikikomori* (social withdrawal), sexual minorities, etc., which are potential factors that may

lead to suicide. To make that coordination even more effective, it is important that those involved in providing assistance for everyday living in these various areas have a shared awareness of the parts they play in suicide countermeasures.

Above all, it is important to promote coordination with efforts to realize an inclusive, community-based society and with a system of supporting self-reliance for the poor and needy, as well as to increase the interconnectedness of all policies and measures in areas such as psychiatric care, health care, and welfare so that everyone will be able to receive the appropriate services.

3) Effectively linking policies and measures at each level, tailoring them to the stage of response

In addition, it is important that suicide countermeasures be vigorously and comprehensively promoted at three levels, “personal support,” “regional cooperation,” and “the social system,” in ways that will lower the risk of suicide in society as a whole. This concept (the Three-Level Model of Interconnecting Suicide Countermeasures) starts with the places where citizens live, linking efforts to “strengthen personal support in various fields” and “promote the necessary regional cooperation to strengthen personal support,” and further to “create a social system necessary for promoting regional cooperation,” for integrated efforts.

Also, looking at the issue chronologically, countermeasures are needed at each stage of the response. Public awareness campaigns are needed during the “prevention” stage, when the risk of suicide is low. During the “intervention” stage, intervention measures against the threat of suicide as it is about to occur are necessary. In the “postvention” stage, response measures are required after a suicide has occurred or has been attempted.

In addition, as an “effort at an even earlier stage of suicide prevention,” it is important to provide so-called “instructions on how to raise an SOS” at schools, focusing on primary and secondary school students.

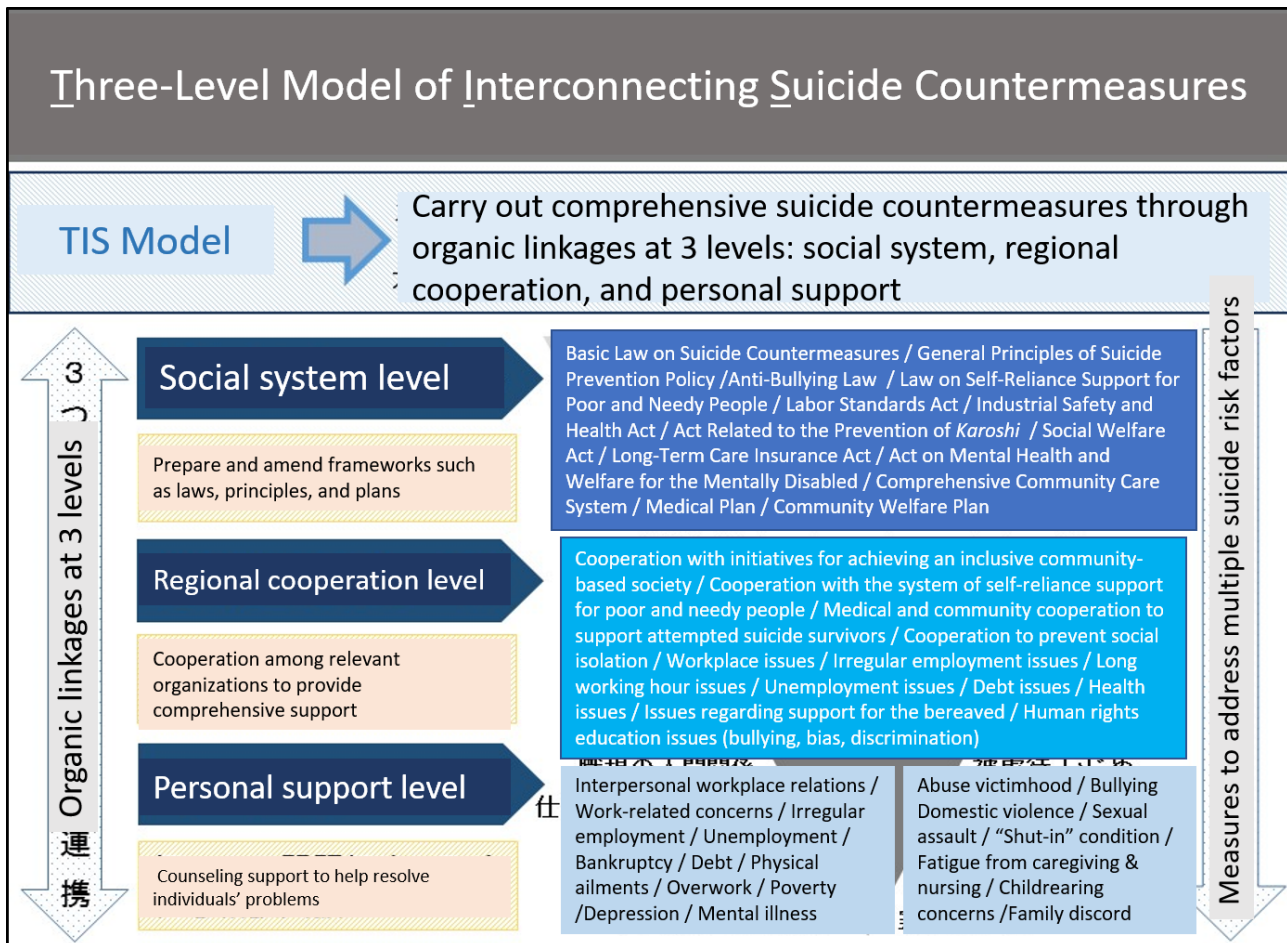


Figure 4. Three-Level Model of Interconnecting Suicide Countermeasures (Source: Japan Support Center for Suicide Countermeasures)

4) Promoting a combination of awareness-raising and practical initiatives

Although being driven to suicide is a “danger that can happen to anyone,” it is a fact that the mental states and underlying circumstances of persons in crisis are hard to understand; in addition to gaining a deeper understanding of these mental states and circumstances, it is important to actively promote public awareness so that the community as a whole will have a shared recognition that it is appropriate for anyone undergoing a crisis to ask for help.

Public relations campaigns and educational activities are needed so that everyone in the country will be aware of the early signs that someone close to them is perhaps thinking of suicide and can refer such persons to a

psychiatrist or other specialist and help to monitor them while they are receiving professional care.

5) Clarifying the roles of the relevant actors and promoting cooperation and coordination among them

In order for suicide countermeasures in Japan to have the maximum effect and realize “a society in which no one is driven to take their own life,” the whole country—the national government, local public entities, related organizations, private sector entities, businesses, and the people of Japan—needs to coordinate and cooperate in the comprehensive promotion of measures to combat suicide. To do so, it is important to identify the roles that each group ought to play, share information about such roles, and build a system of mutual cooperation and coordination.

More specifically, the national government has an obligation to “comprehensively formulate and implement suicide countermeasures,” while local public entities have an obligation to “enact and carry out policies and measures tailored to local conditions.” Related organizations, nongovernmental organizations (NGOs), and companies should also “proactively participate in suicide countermeasures” as appropriate to the nature of their specific activities, and the Japanese people are expected to “be aware that suicide is a problem for society as a whole and a matter of personal concern, and deal with suicide countermeasures on their own initiative in order to realize a society in which no one is driven to take their own life.”

I-3. Suicide countermeasures at the national government level

1) Establishment of the Basic Law on Suicide Countermeasures, etc.

Up until the dramatic rise in suicide victims in 1998, the problem of suicide was rarely viewed as a government issue in Japan, and even after that year, there was no basic policy on suicide countermeasures for the country as a whole. The national government efforts were centered on Ministry of Health, Labour and Welfare (MHLW) measures to address depression and workplace mental health measures, and each ministry and agency was implementing measures on its own.

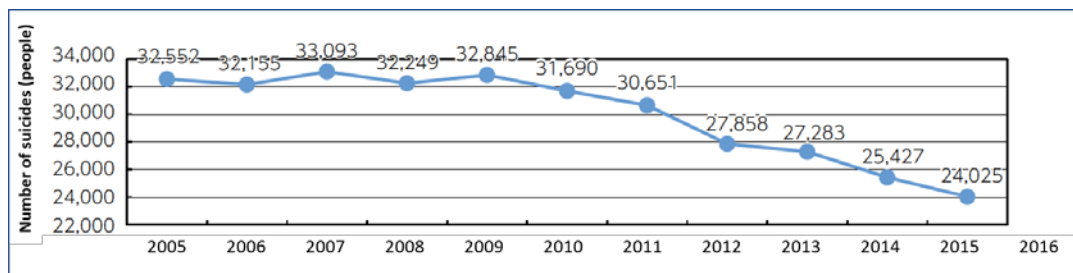
It was in this context that NGOs and others involved in suicide prevention initiatives and support for bereaved family members of suicide victims began loudly advocating that “suicide countermeasures must be

focused not only on individuals but on society.” In the Diet as well, in July 2005, the House of Councillors Committee on Health, Labour and Welfare unanimously passed the “Resolution on Urgent and Effective Promotion of Comprehensive Strategies for Suicide.” Based on this resolution, in December 2005, the government released “A Report on National Suicide Prevention Strategy,” and the relevant ministries and agencies began working together on the issue.

In addition, a multi-party Voluntary Committee to Consider Suicide Prevention Measures (now named the Diet Caucus on Suicide Prevention) was formed, carrying out deliberations on a “Basic Bill on Suicide Countermeasures,” which was unanimously approved in June of that year. It was enacted in October of that year as the Basic Law on Suicide Countermeasures.

Subsequently, a decade after that law came into force, there was a growing movement, centered on NGOs working on suicide countermeasures, to review the Basic Law in light of the various insights and experiences gained over the past 10 years in order to further strengthen and accelerate suicide countermeasures. In June 2015, the House of Councillors Committee on Health, Labour and Welfare unanimously passed a “Resolution Calling for the Further Promotion of Comprehensive Suicide Countermeasures.”

The deliberations on a specific revised bill were led by the Diet Caucus on Suicide Prevention, and it was unanimously approved in March 2016 and enacted in April of that year.



2005	May—Suicide countermeasure symposium jointly held by NGOs and some Diet members July—House of Councillors Committee on Health, Labour and Welfare passes a “Resolution on Urgent and Effective Promotion of Comprehensive Strategies for Suicide” Dec.—Liaison conference of ministries and agencies relevant to suicide countermeasures releases “A Report on National Suicide Prevention Strategy”
2006	May—NGOs submit “Petition to Legislate Suicide Countermeasures” to the Voluntary Committee to Consider Suicide Prevention Measures June—NGOs present the President of the House of Councillors with petition signed by more than 100,000 people demanding legislation — Basic Law on Suicide Countermeasures unanimously approved
2007	Apr.—Office for Policy of Suicide Prevention established in the Cabinet Office June— Cabinet approves General Principles of Suicide Prevention Policy Sept.—1st Suicide Prevention Week held Nov.—1st White Paper on Suicide Prevention in Japan approved by Cabinet
2008	May—NGO publishes 2008 Suicide White Paper (submits it to Minister of State for Special Missions) Oct.—“Plan to Accelerate Suicide Countermeasures” approved (Council for Policy of Suicide Prevention) —Partial revision of General Principles
2009	May— FY2009 1st Supplementary Budget allocation for Regional Comprehensive Suicide Prevention Emergency Strengthening Fund Nov.—Announcement of “Suicide Countermeasures 100-Day Plan” (Suicide Countermeasures Emergency Strategy Team)
2010	Feb.—“Life-Saving Suicide Countermeasures Emergency Plan” approved (Council for Policy of Suicide Prevention) Mar.—1st Suicide Countermeasures Strengthening Month held (Sleep campaign, etc.) —Special Advisor to Cabinet Office announces “Analysis of Suicide Risk Factors” Apr.—Publication begins of “Basic materials on suicide in regions (detailed materials)”
2011	June—Assessment begins of monthly suicides related to the Great East Japan Earthquake Nov.—Funds added to the Regional Comprehensive Suicide Prevention Emergency Strengthening Fund
2012	Mar.—Yoriso Hotline begins operation nationwide Aug.— Review of General Principles
2013	Feb.—Funds added to the Regional Comprehensive Suicide Prevention Emergency Strengthening Fund Oct.—Launch of Diet Caucus on Suicide Prevention (Diet Caucus) Nov.—Diet Caucus issues the “Emergency Request to Secure Essential Financing for Suicide Countermeasures”
2014	Feb.—Funds added to the Regional Comprehensive Suicide Prevention Emergency Strengthening Fund June—Diet Caucus issues the “Emergency Request Related to Youth Suicide Countermeasures”
2015	Feb.—FY2014 supplementary budget allocation for the Grants to Strengthen Local Suicide Countermeasures May—Diet Caucus and NGOs jointly hold the “Meeting in Diet Members’ Office Building to Call for the Further Promotion of Comprehensive Suicide Countermeasures” June—House of Councillors Committee on Health, Labour and Welfare passes a “Resolution Calling for the Further Promotion of Comprehensive Suicide Countermeasures”
2016	Mar.— “Law to Partially Revise the Basic Law on Suicide Countermeasures” unanimously approved Apr.— Task of promoting suicide countermeasures shifts to MHLW — 1st FY2016 budget provides funding for the Grants to Strengthen Local Suicide Countermeasures

Figure 5. Major benchmarks in Japan’s suicide prevention efforts (Source: *2016 White Paper on Suicide Prevention in Japan*)

2) Strengthening the government’s system for implementing suicide countermeasures

Based on the Basic Law, in October 2006 the Council for Policy of Suicide Prevention was established, chaired by the chief cabinet secretary and comprised of the cabinet ministers designated by the prime minister. The Council was to function as a framework for unifying and carrying out suicide-related measures that extended across ministries and agencies. In April 2007, the Office for Policy of Suicide Prevention was established in the Cabinet Office to serve as the secretariat for the Council.

Subsequently, in January 2015, the Cabinet approved a “Review of the Work of the Cabinet Secretariat and Cabinet Office,” as a result of which the task of

promoting suicide countermeasures was shifted to the MHLW. Because it was thought to be increasingly important to work in close cooperation with those on the frontlines in order to further shift suicide countermeasures to center on practical initiatives at the local level, efforts were to be made to further strengthen the implementation system.

Moreover, along with this shift in duties, the Minister of Health, Labour and Welfare was made the new chair of the Council for Policy of Suicide Prevention, and the secretariat was also shifted to the MHLW. The Council currently comprises 10 ministers of state in addition to the chair (National Public Safety Commission Chairman; Minister of State for Financial Services; Minister of State for Consumer Affairs and Food Safety; Minister for Reconstruction;

Minister for Internal Affairs and Communications; Minister of Justice; Minister of Education, Culture, Sports, Science and Technology; Minister of Agriculture, Forestry and Fisheries; Minister of Economy, Trade and Industry; and Minister of Land, Infrastructure, Transport and Tourism).

In addition, on April 1, 2016, the Office for Policy of Suicide Prevention was established at the MHLW, taking over the duties that the Cabinet Office had been handling. On the same date, the “Office for the Promotion of Suicide Countermeasures” was established, headed by the Minister of Health, Labour and Welfare, which was to create organic linkages between relevant measures in the health, medical, welfare, labor, and other fields, and work within and across the ministry to comprehensively promote broad-ranging suicide countermeasures.

Also, in October 2006, the Center for Suicide Prevention was created within the National Center of Neurology and Psychiatry’s National Institute of Mental Health as an organization that would gather and disseminate data, carry out research and training, and perform other functions related to suicide countermeasures. However, in parallel with the revision to the Basic Law and other similar trends, the work of the Center was reevaluated, and in April 2016 it was reorganized as the Japan Support Center for Suicide Countermeasures in order to strengthen its

support for practical suicide measures at the local level.

From the perspective of comprehensively supporting national countermeasures, the Center shall, “from not only a mental health perspective but also an interdisciplinary one involving such fields as sociology, economics and applied statistics...provide evidence-based policy support so that the private sector, academia, and the public sector can implement the PDCA.” Also, from the perspective of supporting community-based initiatives, it shall “strengthen practical and pragmatic support to approaches at the municipality level, including those of private sector entities” and “provide information and develop mechanisms (human resource training, etc.) so that a community can come to grips with suicide countermeasures tailored to actual local conditions.” The Center is comprised of the following four offices.

▼ Office for Suicide Data Analysis:

Create and renew the profile of actual local suicide conditions

▼ Office for Comprehensive Suicide Countermeasures:

Create and renew the local suicide countermeasure policy packages

▼ Office for Promotion of Support for Suicide Survivors:

Promote support for suicide survivors and the families of those who have taken their own lives

▼ Office for Promotion of Community Suicide Policy:

Support each local center for suicide countermeasures

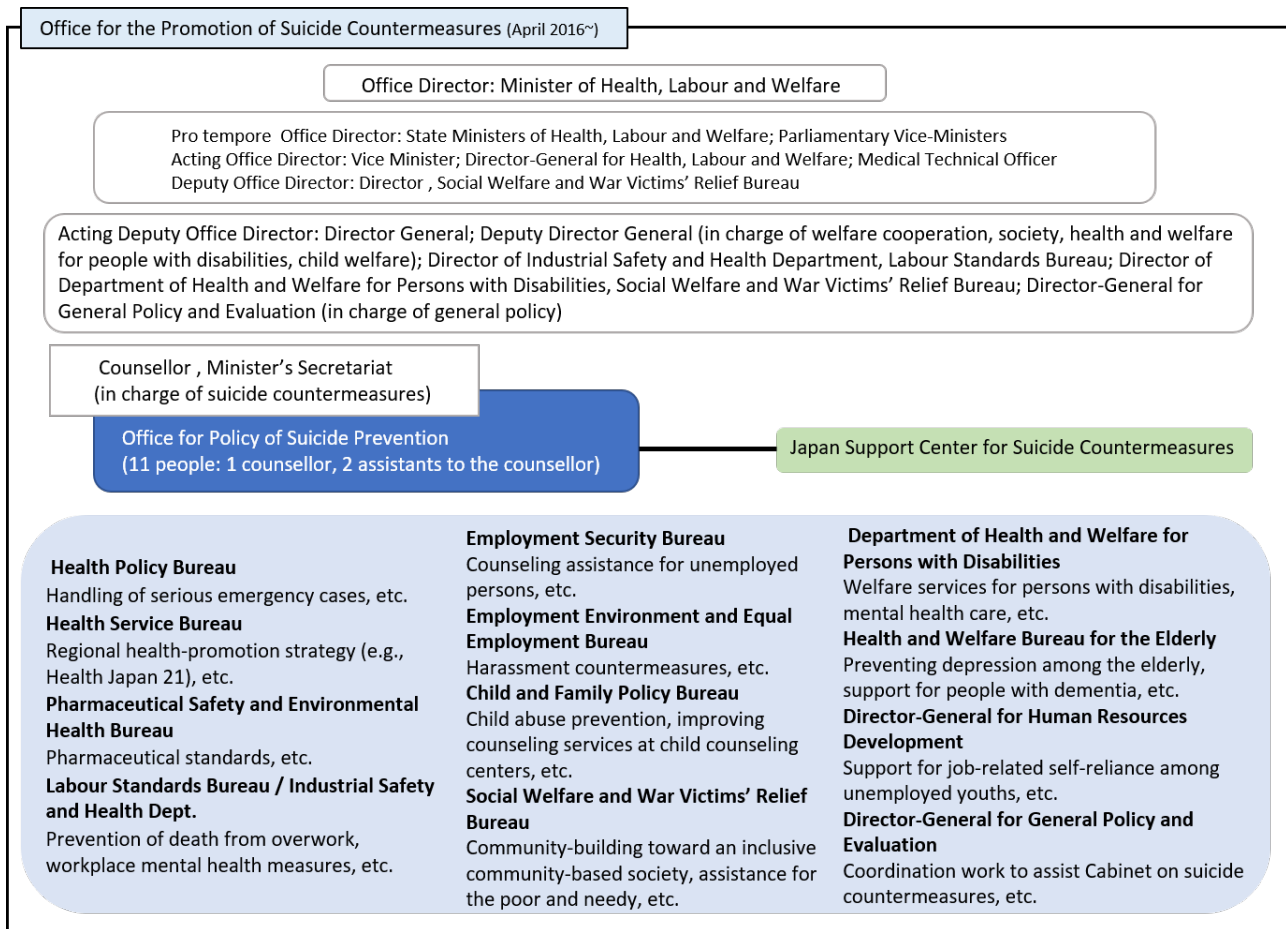


Figure 6. The MHLW's system for implementing suicide countermeasures

3) Establishment of the General Principles of Suicide Prevention Policy

The General Principles were established based on the Basic Law to offer government guidance on the suicide countermeasures it should implement. After the first General Principles were created in June 2007, they were partially revised in October 2008, and in August 2012 they were thoroughly reviewed for the first time. Also, following a review that reflected the 2016 revisions to the Basic Law and the status of suicides in Japan, the Cabinet approved the “General Principles of Suicide Prevention Policy—Realizing a Society in Which No One Is Driven to Take Their Own Life” in July 2017.

The General Principles established the basic philosophy and basic policies for comprehensive suicide countermeasures and it newly added such immediate priority measures as “strengthening support for practical initiatives at the community level” and “promoting suicide countermeasures among children and young people even further.” In addition, while stating that the ultimate goal should be to realize “a society in which no one is driven to take their own life,” it set a short-term objective of reducing suicides to the current level seen in other industrialized nations and called for a reduction in the suicide mortality rate of more than 30 percent compared with the 2015 rate by 2026.

New General Principles of Suicide Prevention Policy (Outline)

Fundamental revising based on the amendment of Basic Law on Suicide Countermeasures and the actual suicide condition in Japan in 2016

1. Basic Philosophy

Realizing a society in which no one is driven to take their own life

It will lower the risk of suicide in society as a whole by reducing the social factors that are impediments to life (suicide risk factors) and increasing those that enhance it

- > **Impediments:**
overwork, poverty, caregiver fatigue, bullying and social isolation
- > **Life-enhancing factors:**
self-esteem, reliable human relationships, the ability to avoid a crisis

2. The Present State of Suicide and The Basic Understanding

- > Suicide is a death to which many have been driven
- > The annual number of suicides is on the decline, but a state of emergency still continues
- > Promoting practical initiatives at the community level through the PDCA cycle

3. Basic Policies

1. Promoting them as comprehensive support for people's lives
2. Strengthening organic coordination with related measures and dealing with it comprehensively
3. Interconnecting policies and measures effectively at each level tailored to the stage of response
4. Promoting awareness-raising and practical initiatives inseparably from one another
5. Identifying the roles of the national government, local public entities, related organizations, private sector entities, businesses and the people in Japan and promoting cooperation and coordination among them

Revised part

4. Pressing Priority Policies

1. Strengthening support for practical initiatives at the community level
2. Encouraging everyone in Japan to be aware of and monitor potential suicide risks
3. Promoting research and studies that will contribute to the promotion of comprehensive suicide countermeasures
4. Recruiting, training and improving the quality of personnel engaged in suicide countermeasures
5. Advancing the promotion of mental health and providing a supportive environment for it
6. Seeing to it that the appropriate mental health, medical care and welfare services are received
7. Lowering the risk of suicide in society as a whole
8. Preventing repeat suicide attempts
9. Improving support for the bereaved
10. Strengthening coordination with private sector entities
11. Promoting suicide countermeasures among children and young people even further
12. Promoting suicide countermeasures for work-related problems even further

5. Numerical Goals for Suicide Countermeasures

- > Reduce the suicide rate to the present levels in advanced countries, specifically to more than 30 percent below 2015 levels by 2026. (18.5 in 2015 ⇒ under 13.0 by 2026)

(WHO: France 15.1(2013), USA 13.4(2014), Germany 12.6(2014), Canada 11.3(2012), GB 7.5(2013), Italy 7.2(2012))

6. Promotion Systems, etc.

1. Promotion systems at the national level
2. Promoting systematic suicide countermeasures in the community
3. Policy evaluation and management
4. Review of the General Principles

Figure 7. Outline of New General Principles of Suicide Prevention Policy

4) Providing assistance through the Grants to Strengthen Local Suicide Countermeasures

The revised Basic Law indicates that the national government may give grants to prefectures and municipalities that carry out initiatives necessary to implement suicide countermeasures in response to the situation in the relevant regions based on the

prefectural plan on suicide countermeasures or municipal plan on suicide countermeasures (Article 14).

The national government is supporting effective countermeasures tailored to the local characteristics and is providing assistance through the Grants to Strengthen Local Suicide Countermeasures with the goal of further strengthening local “suicide prevention capabilities.”

The present priority policy in suicide countermeasures

The policy required further engagement based on the purpose of amendment and basic policies of Basic Law on Suicide Countermeasures and the present state that surround suicide in Japan.

<p>1. Strengthening support for practical initiatives at the community level</p> <ul style="list-style-type: none"> •Preparing profiles of actual local suicide conditions and policy packages of local suicide countermeasures •Drawing up guidelines for formulating local plans for suicide countermeasures •Assisting local support centers for suicide countermeasures •Promoting the establishment of fulltime departments for suicide countermeasures and the assignment of fulltime staff members to them
<p>2. Encouraging everyone in Japan to be aware of and monitor potential suicide risks</p> <ul style="list-style-type: none"> •Enacting Suicide Prevention Week and Suicide Countermeasures Strengthening Month •Implementing education that will contribute to suicide countermeasures among primary and secondary school children (promoting education on how to raise an SOS) •Disseminating accurate information about suicide and suicide-related phenomena •Promoting public awareness campaigns about depression
<p>3. Promoting research and studies that will contribute to the promotion of comprehensive suicide countermeasures</p> <ul style="list-style-type: none"> •Research, studies and verification related to the actual suicide conditions and the state of implementation of suicide countermeasures, etc. (Innovative Research Program) •Collecting, organizing and providing information on progressive local approaches •Studying suicide among children and young people •Shedding light on actual suicide conditions in conjunction with the system to investigate cause of death •Establishing an onsite facility to safely collect, organize and analyze information
<p>4. Recruiting, training and improving the quality of personnel engaged in suicide countermeasures</p> <ul style="list-style-type: none"> •Promoting education about suicide countermeasures in coordination with universities and special vocational schools •Training personnel in charge of coordinating suicide countermeasures •Improving the skills of family doctors and other primary care providers to evaluate and respond to suicide risks •Awareness-raising for school staff •Improving the quality of care from community health staff and occupational health staff •Training gatekeepers in various fields •Assisting those who provide support including family and friends
<p>5. Advancing the promotion of mental health and providing a supportive environment for it</p> <ul style="list-style-type: none"> •Promoting mental health measures in the workplace •Improving the system for furthering mental health promotion in the community •Improving the system for furthering mental health promotion in the schools •Promoting mental care for and rebuilding the lives of victims of large-scale disasters
<p>6. Seeing to it that the appropriate mental health, medical care and welfare services are received</p> <ul style="list-style-type: none"> •Improving the interconnectedness of each program, psychiatric care, health care, welfare, etc. and assigning specialists •Training personnel responsible for mental health, medical care and welfare services •Promoting measures for those at high risk for psychiatric illnesses other than depression such as schizophrenia, alcohol-related health problems, drugs, gambling and other addictions
<p>7. Lowering the risk of suicide in society as a whole</p> <ul style="list-style-type: none"> •Making use of ICT (Internet or social networking sites). •Improving support for hikikomori, the victims of child abuse, sex crimes and sexual violence, the poor and needy, single-parent families, and sexual minorities •Improving support for expectant and nursing mothers •Strengthening outreach and ensuring a diversity of counseling methods •Making well known information sharing mechanisms necessary for coordination among related organizations •Promoting the creation of places to go to that contribute to suicide countermeasures
<p>8. Preventing repeat suicide attempts</p> <ul style="list-style-type: none"> •Equipping medical facilities responsible for the core functions of supporting individuals in the community who have survived a suicide attempt •Strengthening comprehensive support for those who have attempted suicide by promoting coordination between medical care and the community •Providing support through interconnectedness with measures to create places to go to •Providing assistance to family members and other close supporters •Encouraging post-crisis response in schools and workplaces
<p>9. Improving support for the bereaved</p> <ul style="list-style-type: none"> •Supporting the operations of self-help groups for bereaved families •Encouraging post-crisis response in schools and workplaces •Promoting the provision of information relating to the comprehensive support needs of bereaved families and others •Improving the quality of personnel at public agencies who deal with bereaved family members and others •Supporting bereaved children
<p>10. Strengthening coordination with private sector entities</p> <ul style="list-style-type: none"> •Supporting human resource development at private sector entities •Establishing a community coordination system •Supporting counseling programs by private sector entities •Supporting pioneering and experimental approaches by private sector entities as well as their efforts in places where multiple suicides have occurred
<p>11. Promoting suicide countermeasures among children and young people even further</p> <ul style="list-style-type: none"> •Preventing suicide in children who are victims of bullying •Improving support for elementary school children and junior and senior high school students •Promoting instruction on how to raise an SOS •Improving support for children •Improving support for young people •Improving support for young people tailored to their special traits •Supporting their friends and acquaintances
<p>12. Promoting suicide countermeasures for work-related problems even further</p> <ul style="list-style-type: none"> •Rectifying the practice of long working hours •Promoting mental health measures in the workplace •Measures to prevent harassment

Figure 8.

5) Society-wide use of the PDCA cycle

Through the use of the PDCA cycle throughout society for suicide countermeasures, the national government is promoting initiatives intended to realize “a society in which no one is driven to take their own life.”

More specifically, the national government, through the Japan Support Center for Suicide Countermeasures, is analyzing the status of suicides in all prefectures and municipalities and is providing policy packages that pull together suicide countermeasure programs that reflect local characteristics. Using these policy packages, the

prefectures and municipalities draft local suicide countermeasure plans (PLAN) and, based thereon, implement relevant measures (DO). The results of the policy packages and other measures implemented throughout the country in that way will then be collected and analyzed (CHECK) by the Center, and based on the findings of the analysis, the policy package will be revised (ACT).

In other words, with the cooperation of the national government, local governments, and other entities, by using the local suicide countermeasure plans as a tool and implementing the suicide countermeasure PDCA cycle nationwide, suicide prevention measures can constantly evolve as they are implemented.

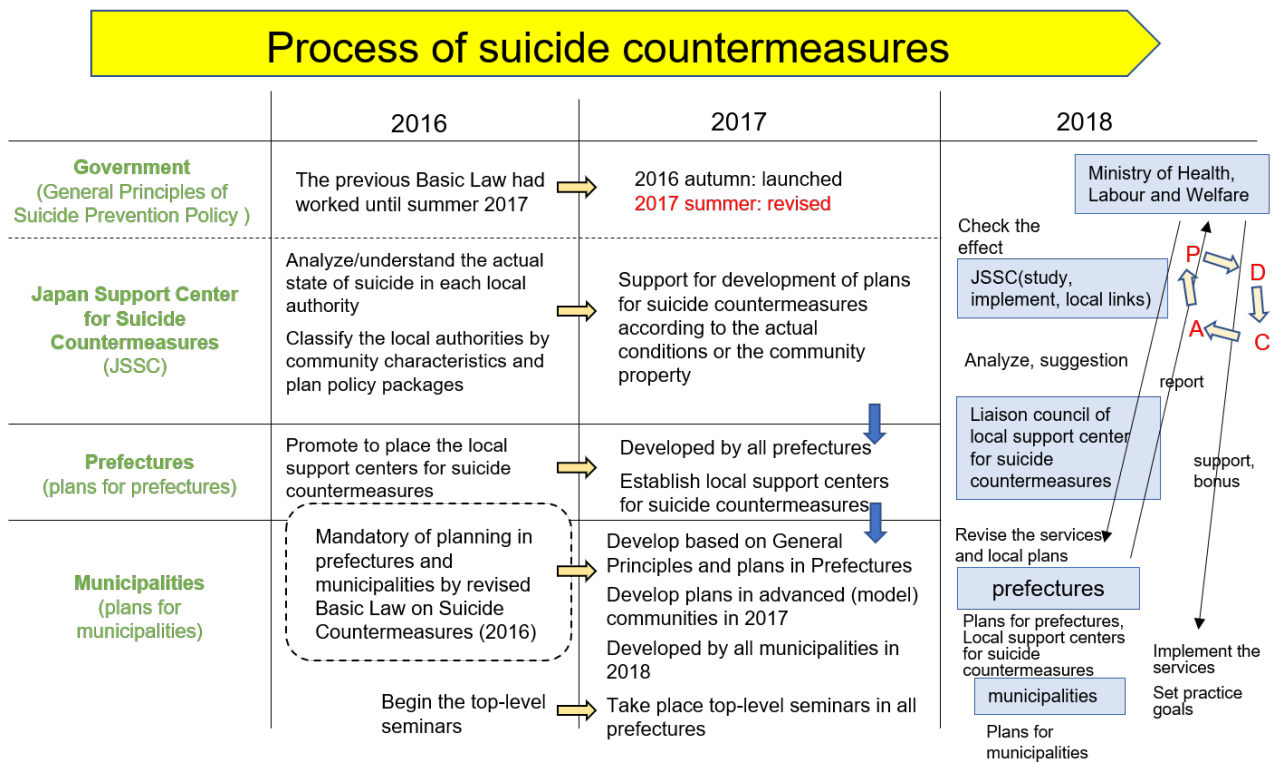


Figure 9. PDCA cycle and process of suicide countermeasures

I-4. Suicide countermeasures that communities must implement

1) Responsibility as the governing body closest to individual citizens

Local public entities, which have an obligation to enact and carry out policies and measures tailored to local conditions, are to take into consideration the General Principles and the actual situation in their community and draw up local plans on suicide countermeasures. As the governing body closest to

individual citizens, they are expected to promote suicide countermeasures in coordination with the national government while working in close coordination and cooperation with all groups in the community.

2) Top officials are to be put in charge, promoting measures as governmentwide efforts

The greatest responsibility of a government is to protect the lives of its residents, and suicide countermeasures are precisely that—efforts to protect the lives of residents. It is important that a top official be given responsibility for the comprehensive implementation of local suicide countermeasures, including the drafting of the local suicide countermeasures plan, which is to be carried out as a governmentwide initiative. (See section “III-1. Create a decision-making system” below)

3) Establish full-time departments and assign full-time staff members who will have the role of coordinating suicide countermeasures

In order to cooperate and coordinate among measures in various fields in a way that offers comprehensive support for people’s lives, not just the prefectures but also the local municipalities are expected to create a system that comprehensively promotes suicide countermeasures as a form of community-building by, among other things, establishing full-time departments and assigning full-time staff members who will have the role of coordinating suicide countermeasures with other policies and measures.

Also, it is preferable that the composition of those assigned to handle suicide countermeasures include a balance between general workers and public health nurses or others who are experts in onsite personal support.

4) The need for coordination by municipalities and prefectures

The starting point for suicide countermeasures that offer comprehensive assistance for people’s lives is the space in which residents live. As the main local government actors handling resident services, the municipalities and prefectures must vigorously and mutually coordinate to comprehensively promote local suicide countermeasures. In such case, the municipalities, as the basic branch of local government that is the closest to residents, must play a central role in carrying out suicide countermeasures that are tailored to the local characteristics, starting with the implementation of publicity and awareness-raising campaigns, counseling support, and other services that are closely aligned with the residents’ way of life.

The main role of the prefectural authorities, as local governments responsible for wider areas that encompasses multiple municipalities, is to provide assistance to the municipalities through local support centers for suicide countermeasures within their respective prefectures (i.e., technical assistance for drafting plans, cooperation in difficult cases, etc.), as well as to carry out the work of institutions established in such prefectures, such as mental health and welfare centers, and to implement measures and programs that can be more effectively and efficiently carried out at the prefectural level or in the secondary medical care zones that extend beyond a single municipality. Examples include running widespread public awareness campaigns, creating systems for local support of those who have attempted suicide, and providing information and creating support systems for those who have lost someone to suicide.

II. The Significance of Suicide Countermeasure Planning

II-1. The legal basis for drawing up plans

Article 13 of the 2016 revised Basic Law stipulates that prefectures and municipalities are to draw up local suicide countermeasure plans that take into consideration the General Principles and the actual situation in the respective regions.

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”).

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.”

There are differing levels of commitment seen among the local public entities’ initiatives to address suicide, and it is said that whether or not people can receive suicide-related assistance varies depending on the local government of the area in which such people are living. Accordingly, the objective is to eliminate the gaps between regions when it comes to suicide countermeasures and, as a national minimum, ensure that everyone can receive the suicide-related help they need as part of “comprehensive support for people’s lives.”

In addition, by further promoting the drafting and implementation of suicide countermeasures that take into consideration the actual conditions in the areas in which local governments are located, it is expected that such countermeasures will become increasingly effective.

Points to remember 1

- ▼ When drafting the local suicide countermeasures plan, efforts must be made to ensure that it is congruent with the area’s health promotion plan, regional welfare assistance plan, and other relevant plans.
- ▼ In municipalities with small populations, it is possible to work with neighboring municipalities to draft a local suicide countermeasures plan that covers a broader area.
- ▼ It is also possible to draft a local suicide countermeasures plan as one part of the regional welfare plan, regional welfare assistance plan, or another plan; it does not necessarily have to be drawn up as an independent plan. However, in such cases, it must be made clear which section within the other plan serves as the local suicide countermeasures plan.
- ▼ What is important is that the local suicide countermeasures plan fulfills the necessary conditions for applying the PDCA cycle for suicide countermeasures—or, in other words, that it is “an empirically verifiable plan.”

The article newly clarified the directive in the 2006 version of the Basic Law regarding the responsibility of local public entities, which had stated, “Local

II-2. The merits of drafting plans

1) The effects of the planning method

The drafting of suicide countermeasure plans makes clear to those inside and outside of the government that there is an intention to promote community building in a way that reflects the perspective of suicide countermeasures (comprehensive support for people’s lives) in programs within the government in all fields.

However, measures related to realizing “a society in which no one is driven to take their own life” are extensive and wide ranging, and it is difficult to address them in a single specific division alone. In order to carry out such measures that cut across diverse administrative fields in a way that is consistent and effective, it is beneficial to use the planning method.

As an administrative method, suicide countermeasure plans take into consideration an accurate picture of the current situation and the available administrative and public finance capacity, and they lay out specific objectives—and methods for achieving them—that are considered feasible by a set target year if the necessary efforts are made. Through that drafting process, the relevant departments can review each of their policies from the perspective of suicide countermeasures, which has the function of ensuring consistency in measures that cut across all areas of government.

2) Clarifying the division of labor

Clarifying who (i.e., which division) is in charge of each measure, the timeframe for its implementation, target values, and so on in suicide countermeasure plans ensures that the governments will work comprehensively to steadily promote such measures.

This is also expected to have the effect of raising awareness in that it provides a clear picture—not only to the relevant actors within the government but to the local residents as well—of the measures that are being taken to realize “a society in which no one is driven to take their own life,” including the local government stance, the specific targets, and the progress being made.

3) Consensus-building through the drafting of plans

In promoting extensive and wide-ranging measures, prioritization of policy targets is essential, as is the effective distribution of administrative and public finance resources, including personnel and budget. The process of drafting the plan offers the opportunity to have fields that were not previously engaged in suicide countermeasures begin incorporating a suicide prevention perspective into their work, and to deepen employees’ awareness of suicide countermeasures. As a result, this leads to greater understanding and acceptance within the local government of measures related to realizing “a society in which no one is driven to take their own life.”

Also, by involving relevant local organizations and residents in the drafting process, it contributes to awareness raising not just for government employees but for the entire community.

4) Guaranteeing steady implementation

By publicly clarifying what will be done by when, the department in charge and other related departments become infused with a sense of responsibility for implementation. The progress along the way and the resulting level of achievement will be examined, the status of efforts will be evaluated, and clues about the next steps that need to be taken will be provided.

5) Support from the national government

The revised Basic Law, in addition to stating that the national government may give grants to prefectures and municipalities that carry out initiatives necessary to implement suicide countermeasures in response to the situation in the relevant regions based on the prefectural plan on suicide countermeasures or municipal plan on suicide countermeasures (Article 14), also states that the national government shall offer advice and other assistance as necessary to local public entities so that such entities can fully meet their responsibilities (Article 3, Para. 3).

III. The Process of Drafting Suicide Countermeasure Plans

Please take the following process into consideration and draft a plan as a governmentwide effort.

When doing so, by all means utilize the “profile of actual local suicide conditions,” “Program Inventory Case Studies,” and the “local suicide countermeasure policy package.”

- 1 Create a decision-making system
 - 1) Put a top government official in charge.
 - 2) Establish a cross-departmental system within the government.
 - 3) Broadly engage residents.
 - 4) Involve local networks.
- 2 Create a shared understanding among relevant parties
 - 1) Share information on actual suicide-related conditions in the region.
Utilize the “profile of actual local suicide conditions”
 - 2) Share the philosophy, etc., of suicide countermeasures.
 - 3) Share the suicide countermeasure goals.
- 3 Ascertain local social resources
 - 1) Understand related programs within the local government.
Utilize “Program Inventory Case Studies”
 - 2) Ascertain various activities in the region.
- 4 Decide on suicide countermeasures plan
 - 1) Consider the overall structure of the plan.
 - 2) Clarify the person in charge of each program and the timeframe.
 - 3) Set empirically verifiable indices and objectives.

Moreover, bearing in mind the goal of drafting the plan by FY2018, local governments should begin by putting a top government official in charge and establishing a cross-departmental system within each such government (1-1 & 1-2), build local networks (1-4), and create a shared understanding among relevant parties (2) by the end of FY2017. Once this has been performed, an assessment of local social resources (3) should be carried out to as great an extent as possible. Based thereon, in FY2018, work should be undertaken to broadly engage residents (1-3) and to decide on suicide countermeasures plan (4) while cooperating with local networks.

Establish an “Office for the Promotion of Life-Supporting Suicide Countermeasures” (tentative name) to be overseen by the mayor or deputy mayor of the municipality and create a system for implementing suicide countermeasures that involves top officials.

III-1. Create a decision-making system

- 1) Put a top government official in charge

A government’s greatest responsibility is to protect the lives of its citizens, and suicide countermeasures are attempts to do precisely that. A framework should be put in place to promote local suicide countermeasures—including the drafting of a plan—in a way that involves top officials as responsible persons.

The name for this framework should highlight the concept of “suicide countermeasures to support people’s lives,” as indicated in “1. Basic Philosophy behind Comprehensive Suicide Countermeasures” in

the General Principles. For example, this could be called the “Office for the Promotion of Life-Supporting Suicide Countermeasures.” This will make it easy to understand that the suicide countermeasures are providing “comprehensive support for people’s lives.” In cases in which there is a sense that people within the government still believe that “suicide countermeasures = depression countermeasures,” devising an appropriate name for the framework has the potential to dispel that type of thinking.

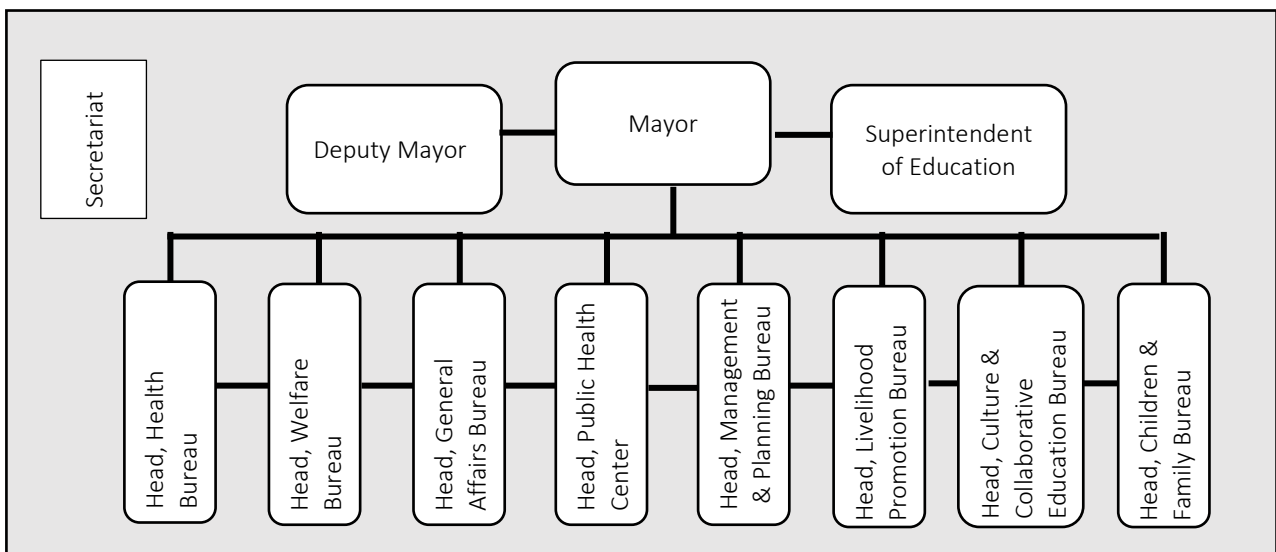
2) Establish a cross-departmental system within the government

Within the “Office for the Promotion of Life-Supporting Suicide Countermeasures” (tentative name), a framework should be created to ensure broad participation by relevant departments in the

government and to promote suicide countermeasures by the government as a whole.

Article 2 (Basic Philosophy) of the Basic Law states, “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.”

Based on this goal, government departments in a wide range of fields should be involved in the “Office for the Promotion of Life-Supporting Suicide Countermeasures” (tentative name) that is responsible for promoting the local suicide countermeasures, and a cross-departmental system should be established within the government. Below is one example.



Points to remember 2

- ▼ Creating a cross-departmental system that involves top officials is not an easy thing to do, but in order to create an effective plan, it is essential that all related departments be involved, and in order to achieve the cooperation of such departments, having a top official instruct them in this endeavor is effective. In that sense, it is no exaggeration to say that whether or not the system is overseen by a top official is the decisive factor in whether the drafting of a plan will succeed.
- ▼ In cases in which it is difficult to establish a new cross-departmental system that involves top officials, it may be possible to use existing organizations or systems.
- ▼ In a cross-departmental system that involves top officials, it is important to first “obtain a decision that the drafting of the suicide countermeasures plan will be undertaken as a governmentwide initiative.” The key point is that, based on such decision, the secretariat for the planning process (the division in charge of suicide countermeasures) should ask for cooperation from the relevant departments as “work based on the decision,” and should then proceed with what needs to be done to draft the plan, including creating an “inventory of programs from the perspective of suicide countermeasures (i.e., support for people’s lives)” and “clarifying the person in charge of each program and the timeframe.”
- ▼ Without this type of “organizational decision,” if requests are made to other departments from those handling suicide countermeasures (at the division level) for cooperation in drafting the plan, there is a risk that such departments will feel that “suicide countermeasures have nothing to do with us” and they will not provide full cooperation. As a result, it will be impossible to create an effective plan.
- ▼ Another method that can be used is to bring together staff of the relevant departments and establish a working group for the drafting of the plan under the auspices of the “Office for the Promotion of Life-Supporting Suicide Countermeasures” (tentative name). Once the working group has sorted out the practical issues, then the Office can make a final decision on the plan.
- ▼ Above all, it is important that the division in charge of suicide countermeasures not attempt to draft the plan on its own.

3) Broadly engage residents

In the process of drafting the plan, there should be broad participation by local residents through public comment periods, town hall meetings, review meetings that include residents, and other means in order to gain a clear picture of the local residents’ needs and at the same time foster understanding among them.

More specifically, some possibilities include conducting an attitudinal survey of local residents in the phase prior to launching work on drafting the plan to assess their concerns and issues and holding public comment periods and town meetings at the stage at which an outline or draft of the plan has been

prepared. * For a sample of an attitudinal survey, see the policy package.

Also, holding review meetings that involve residents and experts, where government and residents can jointly work on drafting the plan, is an effective way to ensure residents play an active role in carrying out the suicide countermeasures.

4) Involve local networks

In the process of drafting the plan, there should be broad participation by local networks through gatherings and other opportunities to hear opinions and requests in order to gain a clear picture of the needs of the organizations participating in local

networks related to suicide countermeasures and, at the same time, to foster understanding among such organizations.

The creation of networks of various relevant institutions, including those that offer consultation services in such areas as medicine, health, livelihood, education, labor, and the like, is important for suicide countermeasures.

If there is no local suicide countermeasures network, then the drafting of the plan should be used as an opportunity to create one. Using a name such as “Life-Supporting Suicide Countermeasures Network,”

“Life-Supporting Consultation and Assistance Network,” or “Council on Life-Supporting Suicide Countermeasures” may facilitate understanding of the purpose of the activities.

When doing so, one idea would be to secure the cooperation of similar existing networks in the region (e.g., local initiatives for achieving an inclusive community-based society, or networks related to self-reliance support for poor and needy people or to the prevention of child abuse) in establishing the new network, or to instill a suicide countermeasures perspective in an existing network instead of establishing a new network.

Examples in towns and villages

Social welfare councils, social workers, local comprehensive support centers, public health centers, clinics, nonprofit organizations (NPOs), social welfare corporations, boards of education, police departments, fire departments, associations of commerce and industry, bar associations, JA, senior citizen clubs, women’s associations, neighborhood associations, local support centers for suicide countermeasures, etc.

Examples in cities and wards

Welfare offices, child consultation centers, social welfare councils, social workers, local comprehensive support centers, public health centers, mental health and welfare centers, medical associations, dental associations, pharmacist associations, hospitals, NPOs, social welfare corporations, boards of education, police departments, fire departments, labor standards offices, Public Employment Security Offices (“Hello Work”), regional industrial health centers, chambers of commerce, bar associations, railway companies, local support centers for suicide countermeasures, etc.

Points to remember 3

- ▼ In local suicide countermeasures, the implementation of the plan is even more important than its drafting. For that reason, it is vital that as many relevant individuals as possible be involved in the process of drafting the plan; widening the circle of people who have a sense of ownership and who think, “This is the plan that we helped create” increases the number of people who feel responsible for the region’s suicide countermeasures.
- ▼ In particular, in order to carry out suicide countermeasures as “community building,” practical collaboration with various relevant organizations in the area is absolutely essential. It is therefore important to have participants in local networks be engaged in the drafting of the plan in some form (even if it is just to get their opinions) in order to secure their collaboration once the plan moves to the implementation phase.

▼ If local networks do not yet exist, and if it is difficult to create such networks prior to drafting the plan, then another option is to have the creation of such a network coincide with the approval and implementation of the plan.

III-2. Create a shared understanding among relevant parties

1) Share information on actual suicide-related conditions in the region

The mayor and all employees should understand that “suicide is a death to which many have been driven,” and at the same time, there should be a shared awareness of the actual suicide-related conditions in such municipality.

The section titled, “The Present State of Suicide and the Basic Understanding behind Comprehensive Suicide Countermeasures” in the General Principles states, “Suicide is a death to which many have been driven.” As a major precondition for promoting suicide countermeasures, there must be a shared basic

understanding of this point among the relevant actors in the region.

Points to remember 4

- ▼ If the population of a municipality is small and the number of suicide victims is also small, there may be cases in which it is difficult to analyze the statistics on the actual local conditions regarding suicides. In such cases, it is possible to conduct an attitudinal survey of residents, for example, and reflect the opinions and needs of the residents in the plan.
- ▼ Those governments that represent large populations or cover large geographic areas may find that the municipal-level statistics are too extensive, and thus regional characteristics get buried. In such case, based on the provisions of Section 1, Article 33 of the Statistics Act, death certificates from vital statistics may be used to understand the “actual conditions within subdivisions of the municipality.” * For further details, see the “local suicide countermeasure policy package.”

2) Share the philosophy, etc., of suicide countermeasures

The mayor and all employees should have a shared awareness of what type of measures should be implemented based on the actual suicide-related conditions in the municipality in question, and of the

Also, it is important to share among relevant parties the “profile of actual local suicide conditions” provided by the national government to all municipalities throughout the country and to create a shared understanding of the actual suicide conditions in that region. For example, among the residents in one’s own municipality, which age group, gender, occupation, etc., is most affected by suicide (e.g., 40–59 year old men who are unemployed and living alone; women 60 years or older who are living with others; 20–39 year old men who are unemployed and living alone), and what characteristics are seen when compared to the national average?

It is also important to have a shared awareness that for every person who dies as the result of a suicide, there are several times that number of bereaved family members left behind.

basic philosophy and policies regarding suicide countermeasures.

More specifically, there should at a minimum be a shared awareness regarding the following four points:

- ① That suicide countermeasures constitute “comprehensive support for people’s lives”

- ② That “close coordination among relevant departments (institutions)” is important in carrying out suicide countermeasures
- ③ That promoting suicide countermeasures also contributes to “creating a local safety net”
- ④ That “leadership by top government officials” is critical for promoting suicide countermeasures

These four points have been emphasized at the “Top-level Seminar on Local Suicide Countermeasures,” a training seminar for mayors that has been held progressively since FY2016 at the prefectural level.

Points to remember 5

- ▼ “As society becomes increasingly diverse, the issues we face on the frontlines are becoming increasingly complex. There is an increasing number of issues that cannot be fully addressed through existing systems and assistance strategies. Suicide occurs when such issues reach their worst point. Putting it another way, if a local safety net can be created that can address suicide, it can also address all sorts of other issues in the region. Suicide countermeasures are the perfect entry point for community building, and in order to protect the lives of residents, it is you, the heads of local governments, who must drive that effort.” (From the keynote speech at the Top-level Seminar on Local Suicide Countermeasures)
- ▼ If the top official has not participated in the Top-level Seminar on Local Suicide Countermeasures, there are additional methods that can be applied, such as holding a workshop for management—including the top officials—before establishing the appropriate system or when establishing it (for example, at the time of the first meeting of the “Office”).* For further details on workshops, see “Policy Package.”
- ▼ It is important to respectfully gain the understanding of the top official while creating a cross-departmental system that involves this official. Such a system can play a strong role in propelling the drafting of the plan.

3) Share the suicide countermeasure goals

There should be a shared awareness that, as indicated in the “Numerical Goals for Suicide Countermeasures” section of the General Principles, the ultimate objective of Japan’s suicide countermeasures is to realize “a society in which no one is driven to take their own life,” and the immediate goal the national government has set is to “reduce the suicide rate to more than 30 percent below 2015 levels by 2026.”

In each municipality as well, the ultimate goal must be to become “a region in which no one is driven to take their own life,” but the immediate targets should be set appropriately based on the national target of “reducing the suicide rate to more than 30 percent below 2015 levels by 2026” and reducing the rate of deaths by suicide (hereafter referred to as the “suicide rate”) to less than 13.0. If the municipality’s suicide rate is higher than the national rate, then it is of course

possible to set reduction targets that are higher than those at the national level.

In addition, in cases in which the population of a municipality is small and the number of suicide victims is low, then the goal should still be to become “XX in which no one is driven to take their own life” (insert the municipality’s name in place of “XX”), or it could be a numerical goal for multiple years (e.g., compared with “A” suicides that occurred over the past 5 years, the target will be to have fewer than “B” suicides over the next 5 years).

Moreover, as stated in the General Principles, numerical goals should clearly indicate not just the suicide rate, but the number of people who have committed suicide. When doing so, the National Institute of Population and Social Security Research’s “Population Projection for Japan by Prefecture” can be used.* In terms of the program evaluation indices to be included in the plan, see section “III-4-3. Set empirically verifiable indices and objectives” below.

III-3. Ascertain local social resources

1) Understand related programs within the local government

When drafting the plan, there should be an understanding of the relevant programs that exist within a given local government. In doing so, implementing a “program inventory” is an effective method.

In drafting the plan, it is important to have a broad understanding of relevant programs within the local government in order to maximize the use of such preexisting programs from the perspective of implementing suicide countermeasures as “comprehensive support for people’s lives” and incorporate them into the plan. An effective method for doing so is to implement a “program inventory.”

If you look at the “Program Inventory Case Studies,” you will discover that unexpected programs have linkages to suicide countermeasures, and it is thus a useful reference in creating a more thorough plan. The “program inventory” method should by all means be incorporated into the drafting process.

Implementation of program inventory

[Example 1: Programs to support self-sufficiency for the poor and needy] → Self-sufficiency counseling and support program, housing subsidy program, family-finance counseling and support program, educational support program for children, program to provide care-centered (*yoriso*) lodging, etc.

[Example 2: Mental health programs] → Provision of counseling opportunities for mentally challenged individuals, public awareness campaigns regarding alcoholism, individual support for difficult cases, lectures and exchange meetings for families of mentally challenged individuals, etc.

③ For each program identified (including the “operations” below), think of a “program proposal” that adds a suicide countermeasure perspective.

▼ Plan A: Most thorough and preferred way to proceed

Merits: Enables the maximum use of “life-supporting” programs within the local government in suicide countermeasures.

Demerits: Requires time and effort.

① Using documents related to the budget and the settling of accounts, such as the “Outline of Major Measures for FYXX” and “Results of Major Measures for FYXX,” create a list of all programs being carried out in the municipality.

② While referring to the “Program Inventory Case Studies,” identify those programs on the list of all municipal programs that are or could be related (i.e., everything that is not clearly unrelated) to “support for people’s lives.” In cases in which a single program may have “multiple programs” within it, efforts should be made to break them down to as great an extent as possible for identification, so as to make maximum use of each individual program in suicide measures.

When doing so, it is helpful to refer to similar programs that are recorded in the “Program Inventory Case Studies.”

[Example 1: Library administration program] → Because libraries are places where local residents normally gather to enjoy printed texts, they are effective locations to display posters and panels to spread awareness of suicide countermeasures and inform the public of consultations, etc. Also, there are instances in which they may function as “safe places for people to go” (particularly for children) that can contribute to suicide countermeasures.

[Example 2: Program to collect back taxes] → In some suicide cases, there are underlying financial issues, such as financial hardship or debt, and among those who are behind on their taxes, there may be some who are facing such issues and are at risk of suicide as a result. By having tax collectors take the perspective that those who owe taxes may be in such circumstances, they may be able to share information with residents on counseling programs, etc., if needed. In that sense, it is effective to have tax collectors attend workshops on suicide countermeasures.

④ In terms of proposed programs that include suicide countermeasure perspectives, hold discussions with those in charge of each program regarding the content of the proposed program and its feasibility. In addition, conduct a final check to confirm that there are no programs that have been overlooked that could be related to “providing support for people’s lives.”

⑤ Confirm the final language to be incorporated into the plan.

▼ Plan B: Steps ① and ② in Plan A are shortened.

Merits: Not as much work as Plan A, but allows for the identification of programs to some extent.

Demerits: Gaps will appear in programs identified depending on “differences in the level of understanding” among departments.

① Share the “Program Inventory Case Studies” with all departments within the local government and have each department refer to them as they identify

programs that are related to or could be related to “supporting people’s lives.”

② Follow steps ③ through ⑤ of Plan A.

▼ Plan C: Steps ① through ③ in Plan A are shortened.

Merits: Allows some degree of program inventory work without excessive effort.

Demerits: Leaves everything to individual departments, and thus there is a risk that few programs may be identified.

① Share the “Program Inventory Case Studies” with all departments within the local government and have each department refer to them as they think about a “program proposal” that adds a suicide countermeasures perspective.

② Follow steps ④ and ⑤ of Plan A.

Points to remember 6

- ▼ Gaining a governmentwide understanding of suicide countermeasures (or at least among managers) makes it easier to smoothly carry out the task of identifying relevant programs.
- ▼ In a cross-departmental system that involves top officials, coordination among departments can proceed more smoothly if those officials resolve “to identify relevant programs in order to carry out practical drafting of the plan,” following which work is launched based on the officials’ decisions.

- ▼ The work of identifying relevant programs offers an opportunity for exchanges of information and communication with other departments and promotes greater understanding of the content of one another's programs. It can also contribute to a rebuilding and reinforcing of "face-to-face collaborative ties" with other relevant personnel within the local government.
- ▼ It is possible that there may be quite a few relevant departments that believe "our programs are not related," and so it is important to take time and courteously proceed with the task of identifying relevant programs, such as by seeking the understanding of the relevant departments so that they will carry out the work on their own initiative.
- ▼ Positioning a variety of local government programs as "initiatives to support people's lives" and broadly incorporating them into the plan results in a more comprehensive governmentwide approach to suicide countermeasures. Plans that are created in this way through a general mobilization of "support for people's lives" are also expected to contribute to the creation of a local safety net that functions effectively to solve problems other than suicide as well.

2) Ascertain various activities in the region

Ascertain the activities being carried out by local NGOs and other organizations that are related to "support for people's lives." Carefully examine whether there are any activities that could potentially incorporate a suicide countermeasures perspective.

It is advisable to broadly incorporate the activities of local NGOs and other organizations in the plan. One method to do so would be that when making inquiries about programs related to "support for people's lives" with relevant departments of the local government, at the same time inquiries should be made about NGOs and other organizations that have ties to such departments.

If the local government does not have a clear picture of all activities of NGOs and other organizations, there is fear that within the region a difference between "organizations included in the plan" and "organizations not included in the plan" could emerge. One method to avoid such a situation would be to request that a local network or other group look into the activities of NGOs and other organizations that could be incorporated into the plan. Alternatively, another method could be, for the time being, to incorporate the NGO activities to the extent they are already known into the plan, and then, if additional activities of different NGOs subsequently come to light, they could be added when the plan is reviewed.

In any case, carrying out surveys or discussions with the goal of including NGO activities in the plan also offers a perfect opportunity to create ties to various local organizations, and so it is advised that NGO activities be incorporated into the plan to as broad an extent as possible.

III-4. Decide on suicide countermeasures plan

1) Consider the overall structure of the plan

While referring to "IV. Determine the Substance of the Suicide Countermeasures Plan" in these Guidelines, consider the overall structure needed to draft a plan that reflects the actual suicide-related conditions in the region. When doing so, the following perspectives are important: What measures should receive priority in particular? What measures can take advantage of the region's strengths (e.g., the existence of active, citizen-led activities in the region, or of an efficient network for relevant measures)?

To clarify where the responsibility for the plan rests, the final approval must be gained based on the responsibility of a cross-departmental system that involves top officials. At the national level, the General Principles as well were ultimately approved through a Cabinet decision.

2) Clarify the person in charge of each program and the timeframe

Clarify who (i.e. which division) is in charge of each program included in the plan. Also, clarify the timeframe in which each program is to be implemented. (It is also acceptable to be somewhat flexible in terms of timing.)

The “Pressing Priority Policies for Comprehensive Suicide Countermeasures” set out in the General Principles also indicate the ministries and agencies that are in charge of individual programs. Also, while it is not written there, it has been determined which division within such ministry/agency is actually in charge.

In municipal plans as well, it is useful to indicate for all programs which division or section is in charge. The objective is to have those in charge of the programs take responsibility and take the lead in such initiatives.

It is also necessary to clarify the timeframe for the implementation of each program. However, it is important to discuss the timing with those in charge of each program first and then incorporate the resulting information into the plan.

Points to remember 7

- ▼ If it is possible to clarify the responsible party (division or section) and implementation schedule for each individual program of the plan, then the primary task for those in charge of suicide countermeasures is to track the progress of the programs. Or to put it another way, the advantage is that it makes it easier to carry out the programs included in the plan without having to make detailed requests to the relevant departments.

3) Set empirically verifiable indices and objectives

In order to create a verifiable plan, efforts should be made to the extent possible to set evaluation indices and objectives for the programs included in the plan. For more on the indices and objectives that must be set, see “IV. Determine the Substance of the Suicide Countermeasures Plan” in these Guidelines.

In addition to the “Numerical Goals for Suicide Countermeasures” that are to be set for the plan as a whole, separate evaluation indices and objectives should also be set for each individual program to the utmost extent possible.

At the municipal level in particular, because it is not expected that the implementation of each individual suicide countermeasure program will have the immediate “result” of decreasing the number of suicides, it is necessary to evaluate not the “result” in

terms of increases or decreases in suicides, but rather the “process”—i.e., the appropriateness of the program as a means for decreasing suicides. (For example, even if an event is held to raise awareness of suicide countermeasures, it will not immediately result in a decrease in the number of suicides. Accordingly, it is advisable to verify whether the event was an activity to decrease suicides (that is, whether the substance was appropriate as a process) based on such criteria as “number of participants/participation rate” or “results of participant survey.” * See “Policy Package” for a sample survey.)

In cases in which regular attitudinal surveys of residents are conducted (including existing attitudinal surveys, not limited to those focused on suicide countermeasures), a method of adding question items to serve as evaluation indices of suicide countermeasures to such surveys would be available.* See “Policy Package” for further details.

V. Determine the Substance of the Suicide Countermeasures Plan

IV-1. Determine the name of the plan

By selecting a name such as “The ●● Suicide Countermeasures Action Plan to Support People’s Lives” (insert the municipality’s name in place of “●●”), in which the “life-supporting” message is front and center in the plan name, it will make it easier to gain broader understanding of the plan’s objectives.

As is the case in the national government’s General Principles, it may also be useful to add the subtitle, “Realizing ●● in Which No One Is Driven to Take Their Own Life.”

IV-2. Determine the structure of the plan

The following components should be included in the plan. The order and names of the categories are solely for illustration purposes; there is no need to use these as they are written below. (Additional explanations are provided in parentheses below.)

- 1) Introduction (to convey a message from the mayor directly to residents)
- 2) Objectives of drafting the plan
 - 2-1) Objectives (i.e., that it is a plan to promote suicide countermeasures as governmentwide initiatives based on the basic policies for suicide countermeasures—“Promoting countermeasures as comprehensive support for people’s lives,” “Strengthening organic coordination with related measures to develop comprehensive countermeasures,” “Effectively linking policies and measures at each level, tailoring them to the stage of response,” “Promoting a combination of awareness-raising and practical initiatives,” and “Clarifying the roles of the relevant actors and promoting cooperation and coordination among them”)
 - 2-2) Context of the plan (i.e., that the plan is based on the Basic Law, its relationship to other individual plans, etc.)
 - 2-3) Timeframe of the plan (based on the General Principles; generally within 5 years)
 - 2-4) Numerical goals of the plan (set the appropriate goals in keeping with the national objective; namely, “to reduce the suicide rate to more than 30 percent below 2015 levels by 2026”)
- 3) Characteristics of suicides in ●● (make use of the “profile of actual local suicide conditions,” etc.)
 - 3-1) Comparison with national situation
 - 3-2) Comparison with the past (trend over time)
 - 3-3) Understanding of the target groups that must be given high priority in the measures (to create a shared image of the types of people who are committing suicide most in the region = to make it easier to specify the target of assistance)
 - * The following methods may additionally be used based on the needs in the region and the feasibility of implementation
 - Results of attitudinal surveys of residents and surveys of relevant organizations, etc.
 - Sub-regional analyses (using death certificates, etc.)
 - Statistics on instances of ambulances dispatched in response to acts of self-harm, etc.
 - Statistics on suicide-related counseling, etc.
- 4) Efforts to date and evaluation (this can be included in subsequent plans)
- 5) Initiatives within the suicide countermeasures to support people’s lives (clearly indicate who is responsible for each program and the timeframe)
 - 5-1) Basic policies
 - ⇒ With regard to the following five categories from the Basic Package of the “local suicide countermeasure policy package,” which are to be implemented nationwide, create measures based on the examples introduced in such policy package.
 - ① Strengthening local networks
 - ② Developing human resources to support suicide countermeasures
 - ③ Raising awareness and knowledge among residents

- ④ Supporting life-enhancing factors
- ⑤ Promoting instruction for schoolchildren on how to raise an SOS

5-2) Priority policies

⇒ Based on the recommended package included in the “profile of actual local suicide conditions,” select several categories of countermeasures from the local suicide countermeasure policy package that are appropriate to the local characteristics (Priority Package: e.g., “children & youth countermeasures,” “senior citizen countermeasures,” etc.), and take into consideration the examples introduced in that policy package to draft the priority policies.

5-3) Policies related to support for people’s lives

⇒ List the “life-support”-related programs identified through the “program inventory” and other means, in accordance with the categories listed in the priority measures of the General Principles. (See the “Program Inventory Case Studies.”)

6) System for promoting suicide countermeasures

6-1) Relationship diagram of suicide countermeasure organizations (sort out the relationship between the Office and the local networks, etc.)

6-2) ●● Office for the Promotion of Life-Supporting Suicide Countermeasures (tentative name)

6-3) ●● Life-Supporting Suicide Countermeasures Network (tentative name)

6-4) Department/person in charge of suicide countermeasures (secretariat for the planning process)

7) Reference materials (Basic Law on Suicide Countermeasures, General Principles of Suicide Prevention Policy, etc.)

IV-3. Incorporating evaluation indices

In order to help the local suicide countermeasures gradually evolve, the programs implemented based on the suicide countermeasures plan must be appropriately evaluated and verified. In order to create a plan that is empirically verifiable, please refer to the examples of evaluation indices and incorporate them as appropriate into the plan. (Of course, municipalities may also set their own evaluation indices.)

Regarding categories for which it is difficult to set evaluation indices, information on whether the program was implemented or not and on the content of the program should be recorded to serve as evaluation materials.

Numerical goals

1) About numerical goals for suicide countermeasures

▼ Suicide rate and number of suicides

⇒ Refer to “3) Share the suicide countermeasure goals” under “III-2. Create a shared understanding among relevant parties” above

Evaluation indices

1) Basic policy on “Developing human resources to support suicide countermeasures”

▼The percentage of local government employees (separated into managers and general staff) who have undergone suicide countermeasure training in 5 years’ time

⇒ Quantitative target example: At least 70% of managers and of general staff have received training

⇒ Qualitative target example: At least 70% of those surveyed responded, “I am glad that I participated” or “I have a better understanding of suicide countermeasures.”

▼The percentage of local residents who have attended training sessions or lectures in 5 years’ time

⇒ Quantitative target example: At least 0.5% of residents and 200 people or more have attended/participated

⇒ Qualitative target example: At least 70% of those surveyed respond, “I am glad that I participated” or “I have a better understanding of suicide countermeasures.”

2) Basic policy on “Raising awareness and knowledge among residents”

▼ Raising awareness about Suicide Prevention Week and Suicide Countermeasures Strengthening Month

▼ Raising awareness about local counseling hotlines such as the “Yorisoi Hotline,” “Mental Health Counseling Hotline,” etc.

⇒ Example: At least 2 out of 3 residents respond that they have heard of these services. (Note: In cases in which attitudinal surveys of residents are not conducted, it may be difficult to include this.)

▼ Awareness-raising about “gatekeepers”

⇒ Example: At least 1 out of 3 residents respond that they have heard of this. (Note: In cases in which attitudinal surveys of residents are not conducted, it may be difficult to include this.)

3) Basic policy on “Promoting instruction for schoolchildren on how to raise an SOS”

▼ Implementation rate in 5 years’ time of “instruction on how to raise an SOS” programs for schoolchildren

⇒ Example: Instruction has been offered once at all public elementary and junior high schools

4) Priority policies = local suicide countermeasures “Priority Package”

With regard to priority policies, in addition to clarifying the division in charge and the timeframe for each program, evaluation indices should be included to the utmost extent possible.

implementation of the program,” “areas for improvement,” etc.

* For programs such as “individual support for people at risk of suicide” or “operation of discussion groups for the bereaved,” it is not necessarily appropriate to use quantitative values—e.g., number of support cases, number of participants, etc.—for the evaluation.

Record of implementation/substance

1) Basic policy on “Strengthening local networks”

▼ Record when and what types of activities were carried out.

2) Basic policy on “Supporting life-enhancing factors”

▼ Record the results of consultation meetings, the substance of post-consultation follow-ups, etc.

3) Policies related to support for people’s lives

While recording whether each program in the list was actually implemented and what the substance of the program was, the person in charge of those programs should offer comments on items such as “impressions following the

V. Promotion of the Plan, Confirming the Progress, Etc.

It is of prime importance that once the plan has been drafted, the entire local government works together with residents to implement initiatives in keeping with that plan. In order to steadily promote the plan, it is important to clarify the main actors responsible for carrying out the plan, and to regularly check up on and confirm the status of the plan's implementation.

V-1. Main actors responsible for carrying out the plan

The implementation of the plan should be led by the "Office for the Promotion of Life-Supporting Suicide Countermeasures" (tentative name), with the mayor or the deputy mayor serving as the person responsible for its oversight.

V-2. Check and confirm the status of the plan's implementation

The "Office for the Promotion of Life-Supporting Suicide Countermeasures" (tentative name) should check up on and confirm the implementation status of each program within the plan annually, or at appropriate occasions.

V-3. Evaluate and publicly announce the progress made in implementing the plan

The confirmed status of implementation should be evaluated in a timely fashion in cooperation with the Japan Support Center for Suicide Countermeasures or the local support center for suicide countermeasures. For example, each year information on and evaluations of the programs carried out under the plan may be gathered and publicly announced, and such information may be distributed to relevant institutions.

V-4. Cooperation for the local suicide countermeasure policy package

The policy is that by having the Japan Support Center for Suicide Countermeasures gather and summarize information in a timely manner on leading initiatives

being carried out throughout the country, the national government will revise the substance of the local suicide countermeasure policy packages as appropriate and will provide local governments throughout Japan with the latest and best information on suicide countermeasures.

When the Japan Support Center for Suicide Countermeasures conducts surveys on the status of local government suicide countermeasure initiatives, it is requested that you give them your full cooperation.

V-5. Need for flexible implementation

Finally, the status of suicides in a region may suddenly change as a result of various shifts in the social environment. Even while working to steadily promote the plan, if such shifts are observed, please do not be excessively tied to the framework of the plan, but rather try to respond flexibly to changes occurring on the frontlines.

The ultimate objective of the plan is to save the lives of local residents. Even if all of the countermeasures are carried out as indicated in the plan, if a failure to respond to changes in the local suicide-related situation results in the inability to save the lives of local residents, then such efforts are meaningless.

The drafting of the local suicide countermeasures plan is an experiment in the mobilization of local "life support"-related programs and activities; carefully carrying out that process should strengthen the foundation of local suicide countermeasures and develop the local capacity to enable flexible responses even if the situation does change.

Moreover, if a new program that is not included in the original plan is undertaken, it is possible to add it to the plan once the rationale for such new program has been made clear, such as changes in actual local suicide-related conditions or in issues facing local suicide countermeasures.