Techinical Report

Evidence for Suicide Prevention Education in Schools: Comparing Programs Abroad and Instruction on How to Raise an SOS

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In accordance with the revised Basic Law on Suicide Countermeasures (2016) and revisions to the General Principles of Suicide Prevention Policy (2017), promotion is under way of measures to have all Japanese municipalities implement courses to "teach primary and secondary school students how to raise an SOS" as one step toward preventing youth suicide. Before these revisions, what had been recommended was "suicide prevention education," based on the Ministry of Education, Culture, Sports, Science and Technology's (MEXT's) "Handbook on Introducing Suicide Prevention Education in Schools: What to Tell Children about Suicide Prevention" (July 2014) and other such works, that require parental consent as a prerequisite, but since the nationwide implementation rate for this program was a mere 1.8 percent, there was no hope that it could be disseminated throughout Japan. A classroom teacher was in charge of teaching the course and the program emphasized the involvement of experts on the grounds that the "support of the school nurse, school counselor and other professionals is indispensable." The subject matter, as a rule, required two class periods (90–100 minutes) to be carried out and used suicide-related terminology such as "suicide" and "suicide prevention." Moreover, the distinctive feature of the program was that it was expert-oriented, predicated on a medical model (preventing depression), and emphasized parental consent and monitoring based on risk assessments at the individual level. This program seems to have been based on a depression prevention model exemplified by "Signs of Suicide" in the United States (the main goals of which are to equip students with knowledge about depression and reduce suicides and attempted suicides).

How, then, is the evidence for "Signs of Suicide" currently being evaluated?[1] To sum up the conclusions, it is rated as "promising" for reducing suicidal thoughts and behaviors; "promising" for changing knowledge, attitudes and beliefs about mental health; "ineffective" for increasing the receipt of treatment for mental health and/or substance abuse; and "ineffective" for increasing social competence related to help-seeking behaviors. In no category did it obtain a rating of "effective." It should further be pointed out that in the paper by Aseltine et al.[2], which is regarded as important grounds for the program's effectiveness, one must keep in mind that the data for reduction in suicide attempts three months after intervention, which are said to be statistically significant (4.0 percent in the control group, 3.0 percent in the intervention group), are self-reported, and not register-based data, the objectivity of which is guaranteed.

On the other hand, what is the goal of "teaching primary and secondary students how to raise an SOS," which it currently recommended for inclusion in the local suicide countermeasure plans of all Japanese municipalities, and where does one look for the scientific grounds for it? The main goal of "teaching how to raise an SOS" is to equip students with a way to signal for help to someone they can trust when they are encountering difficulties or stress. Its principle objective is not to provide them with knowledge about depression or suicide or for them to acquire

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information about suicide prevention, and unlike "Signs of Suicide," its goal is not to reduce suicide or attempted suicide. As a general rule, it does not teach what suicide is or what to do to prevent it. Because of statements in the MEXT handbook such as "knowing the grave reality of suicide," parental consent is thought to have been necessary, but the Ministry ought to have realized from the outset that imposing such a precondition for implementation would be incompatible with a school environment.

Unreasonable preconditions and matters that require the attention of experts are generally unnecessary for "teaching students how to raise an SOS," which is now being promoted in municipalities nationwide. "Suicide prevention is everybody's business" is a concept that sees doctors, psychologists and other experts as just one participant in this "business" along with everyone else. As the model in Tokyo's Adachi Ward shows, it is desirable to have a visiting lecturer teach the class and have the classroom teacher take part along with everyone else. Even in the Tokyo Metropolitan Board of Education model, a teacher (and not necessarily the classroom teacher) serves as a facilitator for the course and does not play the leading role. Moreover, what is important is not cramming students with knowledge about suicide, but teaching them the skills to send an SOS to a trusted adult and having a district public nurse or a trusted adult in the community who is taking part in the course make an appearance in the class. A class time of 45 to 50 minutes is also recommended for the one-time-only visiting lecturer model.

Breaking free of the expert-oriented model (doctors, psychologists, teachers, etc.) and strengthening real cooperation between the school and the community; doing away with the disease model for depression and other illnesses and equipping primary and secondary students with the specific skill of raising an SOS based on the philosophy of health promotion; reinforcing their self-esteem; providing simple and specific educational content that can be taught in all schools – these are the perspectives that are required in "teaching students how to raise an SOS."

Is there scientific evidence for this method? The SEYLE study[3], a large-scale European research project is thought to be an important support for it. To sum up its findings, programs in which professionals screen high-risk primary and secondary students and monitoring programs in which school personnel act as gatekeepers have not proved effective; the only programs with proven efficacy are those that raise group awareness. What this large-scale study made clear is that it is not the high-risk approach involving doctors, psychologists and other professionals which is effective as a suicide countermeasure, but rather a health-promotion awareness program intended for groups. This conclusion certainly supports the direction of "teaching primary and secondary students how to raise an SOS" that Japan is currently pursuing.

Finally, a verification of the benefits of SOS teaching, which JSSC conducted in Adachi Ward in 2018[4], showed that three months after the course was given, the percentage of students who responded that they "have an adult they can confide in easily" or "often listen to friends when they consult them about their problems" increased significantly, an outcome that supports the fact that the goal of the teaching program is being achieved.

Additional remarks:

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