

Overview

Positive Psychological Approaches to Suicide Prevention

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Abstract

Suicide prevention policies have traditionally been grounded in a deficit-oriented medical model that emphasizes identifying high-risk individuals and reducing risk factors. Although this approach has contributed to the development of clinical and welfare systems, its application within everyday social settings remains limited. This overview examines how perspectives from positive psychology may complement existing suicide prevention strategies by strengthening psychological and social resources that support living. Drawing on theoretical, empirical and policy literature, we discuss schools, workplaces, communities, and individuals at elevated suicide risk as contexts in which resources such as meaning, hope, belonging, social participation, and reasons for living may be cultivated. Across these domains, positive psychological approaches are conceptualized not as alternatives to established medical and crisis-response interventions but as complementary strategies that promote factors supporting meaningful and fulfilling lives. Integrating suicide prevention into educational, occupational, and community systems may strengthen primary prevention and contribute to more sustainable population-based approaches to suicide prevention in Japan.

Keywords: Suicide prevention, Positive psychology, Positive education, Workplace mental health, Community resilience, Meaning in life, Japan

1. From a deficit model to a strengths-based model

Historically, suicide prevention has largely been developed within a biomedical framework, prioritizing medical approaches that focus on “deficits” and “risks,” such as psychological vulnerability and stress reactivity. Among these risks, depressive states are often identified as one of the most robust correlates¹, and experiencing excessive stress that may contribute to depression is likewise viewed as problematic². Within a deficit model, the aim is to identify individuals in crisis early and connect them to specialized

support. Timely professional intervention for at-risk individuals is widely assumed to contribute to suicide prevention; however, empirical evidence for population-level effects remains mixed.

In Japan, this deficit model has been extended from clinical settings to everyday contexts—schools, workplaces, and communities—and operationalized as population-level strategies that have largely emphasized reducing “factors that hinder living” (i.e., suicide risk factors). For children and adolescents, early detection through schools and referral to specialized care for at-risk students are emphasized. For working-age adults,

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workplace stress screening and professional responses for high-stress employees have been institutionalized. For older adults, measures include identifying high-risk individuals in the community, establishing access points for consultation, and implementing gatekeeper training³. In 2024, the Act on the Promotion of Measures to Address Loneliness and Isolation came into effect, placing particular emphasis on responding to individual risk factors such as isolation and loneliness⁴.

However, suicide risk is likely shaped not only by intrapersonal factors but also through interactions with life circumstances, including everyday roles, relationships, and meaning. In recent years, large-scale meta-analyses have increasingly highlighted the limited predictive power of established risk factors and the difficulty of achieving substantial preventive effects through risk reduction alone⁵. Although deficit-model approaches narrow the locus of suicide risk to intrapersonal factors, suicide risk is more likely to emerge through interactions between individual vulnerabilities and environmental conditions, including the loss of everyday roles, relationships, and meaning in life. Notably, Japan's General Principles of Suicide Prevention Policy (2022) does not strictly adhere to a deficit model; it defines suicide prevention as “initiatives that reduce factors that hinder living while increasing factors that promote living” (p. 4) and explicitly underscores psychosocial resources such as *ikigai* (a sense that life is worth living), a sense of usefulness, and connectedness⁶. Nevertheless, these principles appear not to have been fully implemented at scale.

Furthermore, approaches centered primarily on individual risk factors face structural limitations when applied to schools, workplaces, and communities. Unlike healthcare institutions, these settings are not organized around diagnosis and treatment; rather, they are social environments in which people learn, work, build relationships, find meaning, and develop across the lifespan. Prioritizing the detection and management of risk within these contexts may create tensions with their primary functions. From the perspective of mental health professionals, identifying at-risk individuals

represents an important form of outreach⁷. At the same time, many interpersonal conflicts, challenges, and failures that occur in schools and workplaces are part of ordinary developmental and organizational processes^{8,9}. These experiences may contribute to learning, growth, and the development of personal strengths.

Against this background, the present paper proposes a strengths-based model of suicide prevention as a complementary perspective for concretizing and advancing the “factors that promote living” emphasized in Japan's national policy framework⁶. A strengths-based model conceptualizes mental health not as the absence of symptoms, but as a state of functioning characterized by the presence and utilization of positive psychological resources such as meaning, hope, relationships, and a sense of contribution. From this perspective, suicide prevention is not limited to interventions aimed at reducing risk; it also involves creating social conditions that enable individuals to experience life as meaningful and conducive to well-being.

Positive psychology may provide one theoretical framework through which the “factors that promote living” emphasized in Japanese suicide prevention policy can be conceptualized, operationalized, and implemented within everyday social settings. Although positive psychological approaches to suicide prevention have been discussed since the early 2000s, efforts to integrate theory, empirical evidence, and practice have emerged more recently¹⁰.

Table 1 summarizes the conceptual differences between deficit-based and strengths-based approaches to suicide prevention and provides the conceptual framework for the present paper.

To avoid overgeneralization of causal claims, suicide prevention is conceptualized here as a multi-layered process involving distal outcomes (suicide deaths and suicide attempts), proximal risk factors (e.g., depression, hopelessness, and social isolation), and underlying psychological and social resources (e.g., meaning in life, connectedness, and resilience). Positive psychological approaches are not assumed to directly reduce suicide outcomes; rather, they are understood as strengthening resources and influencing proximal risk factors through which

population-level suicide risk may change over time⁵.

The present paper provides an overview of positive psychological approaches relevant to suicide prevention and considers how such

approaches may complement existing suicide prevention policies in Japan. The following sections examine schools, workplaces, communities, and individuals at elevated suicide risk as contexts in which factors that promote living may be strengthened.

Table 1. Conceptual Comparison Between Deficit-Based and Strengths-Based Approaches to Suicide Prevention

Dimension	Deficit-Based Approach	Strengths-Based Approach
Goal	Reduce suicide risk factors	Promote factors that support living
View of Mental Health	Absence of symptoms	Presence of psychological and social resources
Primary Targets	Depression, hopelessness, distress	Meaning, hope, belonging, strengths
Intervention Logic	Identify and reduce risks	Cultivate protective resources
Main Actors	Mental health professionals	Schools, workplaces, communities, and professionals
Typical Outcomes	Reduced distress	Enhanced well-being and reduced proximal suicide risk factors
Policy Orientation	Crisis response and risk management	Universal prevention and resource development

2. Strengths-based positive education in schools

—Reframing suicide prevention in childhood and adolescence as the development of psychological resources

Despite an overall decline in suicides in Japan in recent years, suicides among school-aged children and adolescents remain a major concern in Japan, particularly among elementary, junior high, and high school students¹¹. Schools constitute a key context for suicide prevention in childhood and adolescence. Within suicide prevention policy, schools are expected to detect early warning signs—such as social withdrawal, marked declines in academic engagement, emotional instability, or expressions of hopelessness, and bullying—and connect students to specialized support. This approach has empirical support and plays an important role in protecting students in crisis^{12,13}.

At the same time, applying a deficit-model framework of risk-focused intervention to schools departs from schools' core functions. Schools are fundamentally social environments

that support learning, socialization, and development rather than institutions primarily designed for diagnosis and treatment. Everyday interpersonal tensions, conflicts, and failures are part of ordinary school life and should not automatically be interpreted as pathological phenomena or crises¹⁴. When schools become primarily organized around the detection and management of risk, educational functions may be de-emphasized¹⁵.

Positive education applies the strengths-based framework to school settings by cultivating resources such as meaning, belonging, strengths, and resilience¹⁶. As shown in Table 2, school-based positive psychology interventions—including SEL, positive education, strengths-based education, resilience education, and school climate interventions—have generally demonstrated small-to-moderate effects on school adjustment, subjective well-being, depression, and anxiety^{17–20}. Although these interventions are not designed to directly reduce suicide deaths or suicide attempts, they may contribute to the development of psychological resources and reductions in proximal risk factors associated with suicide risk. Importantly, positive

education is best understood not as a special suicide-prevention program but as part of schools' ordinary educational mission. By embedding emotional understanding, relationship quality, meaning in life, and self-worth into everyday educational practice, these approaches may help

create environments in which psychological resources are continuously developed, thereby addressing developmental pathways through which suicide risk may emerge among young people while remaining consistent with the educational mission of schools¹³.

Table 2. Positive Psychological Interventions in School Settings

Approach	Description	Outcomes	Key References
Social and Emotional Learning (SEL)	Development of emotional regulation and social skills	Improvements in social competence, academic performance, and reductions in emotional distress	Durlak et al. (2011) [17]
Positive Education	Integration of PERMA elements into school curricula	Improvements in well-being, engagement, and meaning in life	Seligman et al. (2009) [16]; Waters (2011) [19]
Strengths-Based Education	Identification and use of individual character strengths	Increased self-efficacy, engagement, and positive affect	Seligman et al. (2009) [16]
Resilience Education	Training in coping and adaptability skills	Reduced depressive symptoms and improved coping skills	Dray et al. (2017) [20]
School Climate / Relationships	Improvement of peer and teacher relationships	Enhanced school connectedness and reduced emotional distress	Waters (2011) [19]
Meaning / Purpose Interventions	Activities fostering life meaning and goals	Increased sense of purpose, meaning in life, and psychological well-being	Rolls & Steger (2025) [45]
Emotional Literacy Programs	Training in emotional awareness and expression	Improvements in emotional regulation and interpersonal functioning	Durlak et al. (2011) [17]

3. Reconstructing workplace stress management

—Suicide prevention for working-age adults through building positive resources

Suicide among working-age adults in Japan is often discussed in relation to work and workplace conditions. Japan's suicide rate remains higher than the OECD average²¹, and one notable characteristic is the relatively high burden among prime working-age adults²². The social consequences of suicide in this age group are substantial. Given that many adults spend a large portion of their lives at work, workplaces represent an important setting for suicide prevention. In Japan, concerns about overwork, including *karoshi* and suicide associated with

excessive work demands, have highlighted the importance of workplace conditions for mental health and suicide prevention^{23, 24}.

Traditionally, workplace suicide prevention has been embedded within occupational health systems and has primarily focused on the identification and management of risk factors. In Japan, this approach is exemplified by the Stress Check Program introduced in 2015, which aims to identify workers experiencing high levels of stress and provide opportunities for professional support²⁵. Although such efforts play an important role in preventing severe psychological distress, participation in follow-up medical consultations has remained limited²⁶, highlighting the limits of risk-focused approaches alone.

A strengths-based perspective offers a complementary framework. Work inevitably involves responsibilities, interpersonal coordination, evaluation, and role expectations, making stress a routine feature of occupational life. Consistent with the Job Demands–Resources model²⁷, occupational stress is understood as emerging from the balance between job demands and job resources rather than as a problem residing solely within individuals. Positive psychology has highlighted resources such as work engagement²⁸, psychological capital²⁹, and, more fundamentally, the experience of meaning in work. From this perspective, the workplace is not only a source of demands and stress but also a potential source of meaning, contribution, belonging, and personal growth.

As shown in Table 3, workplace-based positive psychology interventions include strengths-based training, meaning- and purpose-oriented interventions, PsyCap programs, psychological safety interventions, and job-crafting approaches.

Across outcomes such as work engagement, subjective well-being, job satisfaction, and psychological resources, these interventions generally demonstrate small-to-moderate positive effects^{30–33}.

A key implication is that positive psychology in the workplace should not be framed simply as training employees to become more resilient or productive. Rather, it should be understood as an effort to create work environments in which meaning, autonomy, supportive relationships, and opportunities for contribution can be experienced on a daily basis. In this sense, workplace suicide prevention extends beyond individual coping skills and becomes closely connected to job design, organizational culture, and meaningful work. Such an approach is consistent with a strengths-based model of suicide prevention because it emphasizes the cultivation of factors that promote living rather than solely the reduction of risk factors.

Table 3. Positive Psychological Interventions in Workplace Settings

Approach	Description	Outcomes	Key References
Strengths-Based Training	Identifying and applying individual strengths at work	Increased work engagement and job satisfaction	Seligman et al. (2009) [16]
Meaning / Purpose-Oriented Interventions	Enhancing sense of purpose in work	Increased work meaningfulness and well-being	Steger et al. (2012) [46]
Psychological Capital (PsyCap) Training	Development of hope, efficacy, resilience, and optimism	Improved performance and organizational commitment; limited evidence for direct suicide-related outcomes	Luthans et al. (2004) [29]
Psychological Safety Interventions	Enhancing trust and openness in teams	Improved communication, reduced interpersonal stress, and enhanced team functioning	Edmondson (1999) [47]; Frazier et al. (2017) [30]
Job Crafting Interventions	Redesigning tasks and relationships proactively	Increased engagement and perceived job control	Oprea et al. (2019) [32]; Knight et al. (2017) [33]
Gratitude Interventions	Promoting recognition and appreciation in the workplace	Improved interpersonal relationships and positive affect	McCullough, Emmons, & Tsang (2002) [48]
Organizational-Level Interventions	Changes in job design and work environment	Reduced job strain and improved employee well-being	Semmer (2006) [49]

4. Community-based suicide prevention grounded in positive psychology

Community-based suicide prevention is particularly important for older adults, who are less likely to be reached through schools and workplaces. Beyond mental health problems, social isolation, loss of social roles, and diminished meaning in life are important contributors to suicide risk in later life^{34, 35}.

From a positive psychological perspective, community suicide prevention focuses not only on reducing risk factors but also on fostering social connectedness, meaningful roles, purpose, and participation in community life. Community well-being is therefore understood as emerging from relationships, shared activities, and opportunities for contribution rather than from individual psychological functioning alone.

As shown in Table 4, community-based approaches include strengthening social capital, promoting meaning in life (ikigai), supporting social participation among older adults, building community resilience, and universal mental health promotion. These interventions aim to cultivate psychosocial resources associated with healthy and meaningful living^{36–39}.

Community resilience provides an example of a resource-based approach in which information sharing, social support, and collective meaning-making contribute to psychological recovery and community well-being³⁸. Community-level health promotion programs have also reported reductions in suicide rates following resident-participatory activities³⁹, suggesting that community interventions may contribute to suicide prevention at the population level.

From this perspective, community suicide prevention should not be limited to identifying high-risk individuals. Rather, it should seek to create conditions in which meaning, belonging, social participation, and mutual support can emerge naturally through everyday community life. This perspective also extends to support for suicide-loss survivors. Through meaning reconstruction, peer support, and opportunities for posttraumatic growth, support for survivors may contribute not only to individual recovery but also to the strengthening of psychosocial resources within communities⁴⁰. From this perspective, suicide prevention becomes embedded within the ordinary activities of communities rather than being treated solely as a specialized response to crisis.

Table 4. Positive Psychological Approaches in Community Settings

Approach	Description	Outcomes	Key References
Social Capital Enhancement	Strengthening trust and social networks	Improved mental health, reduced depressive symptoms, and associations with population-level suicide outcomes	Kawachi & Berkman (2001) [34]; Hamano et al. (2010) [35]
Ikigai / Meaning / Purpose	Promoting purpose in life and meaningful involvement	Improved well-being, meaning in life, and reduced all-cause mortality	Alimujiang et al. (2019) [36]
Social Participation (Older Adults)	Encouraging community involvement and roles	Reduced depressive symptoms and enhanced life satisfaction	Glass et al. [50]
Role Restoration	Re-establishing meaningful social roles	Improved psychological well-being and social integration	Nordenmark (2004) [51]
Community Resilience	Building collective coping and recovery capacity	Improved psychological recovery and community-level adaptation	Norris et al. (2008) [38]; Jewett et al. (2021) [37]
Universal Mental Health Promotion	Population-wide well-being initiatives	Improved well-being indicators at the community level	Purtle et al. (2020) [52]
Community-Based Suicide Prevention	Multi-component community interventions	Reductions in suicide rates at the community level (ecological evidence)	Motohashi et al. (2004) [39]

5. Positive psychological interventions for individuals at elevated suicide risk

The preceding sections have focused primarily on universal and community-based approaches. However, positive psychological interventions have also been applied to individuals at elevated suicide risk, including people with major depressive disorder accompanied by suicidal ideation, individuals with a history of suicide attempts, military veterans, and populations exceeding clinical screening thresholds. A recent systematic review identified 19 intervention studies published between 2012 and 2022 and concluded that positive psychology components may provide benefits when integrated into suicide prevention programs⁴¹.

One notable finding concerns the central role of meaning. Meaning-based interventions were among the most frequently used approaches in high-risk populations⁴¹. Several studies have operationalized this approach through the identification of reasons for living and the reconstruction of meaning during suicidal crises^{42,43}. This finding is consistent with the broader literature reviewed in the present paper. Across schools, workplaces, and communities, meaning has repeatedly emerged as a factor that promotes living. The intervention literature suggests that this role may extend beyond universal prevention and remain relevant even among individuals experiencing elevated levels of suicide risk.

A second noteworthy finding concerns savoring. Although savoring has rarely been emphasized in the universal interventions reviewed in the preceding sections, it appeared relatively frequently in interventions targeting high-risk populations⁴¹. Savoring involves intentionally attending to, appreciating, and emotionally engaging with positive experiences in everyday life. For individuals experiencing severe distress, hopelessness, or meaninglessness, identifying reasons for living may be psychologically demanding. By contrast, engaging with positive everyday experiences, such as music, pets, or close relationships, may be more immediately accessible. From this

perspective, savoring may represent an experiential pathway through which positive emotions contribute to the reconstruction of meaning and reasons for living. This finding suggests that positive psychological techniques may need to be adapted according to the severity and characteristics of the target population.

A third implication concerns outcome evaluation. Most positive psychology intervention studies have relied on self-report measures of well-being, depression, or suicidal ideation. However, some studies included in the systematic review used epidemiological indicators⁴¹. For example, a study of high-risk military personnel reported a lower hazard ratio for suicide attempts during follow-up⁴⁴. Although such evaluations are more feasible in high-risk populations than in universal prevention settings, they demonstrate that positive psychological approaches can be assessed using clinically meaningful suicide-related outcomes. Future research may benefit from incorporating similar epidemiological indicators.

Taken together, the emerging literature suggests that positive psychological interventions may have relevance not only for universal prevention but also for indicated prevention among high-risk populations. While the evidence base remains limited and heterogeneous, the findings support the view that psychological resources such as meaning, positive experience, and reasons for living may complement conventional risk-focused approaches to suicide prevention.

6. Summary and future directions

The present review argues that positive psychological approaches provide one practical framework for implementing the national policy goal of strengthening factors that promote living.

Across schools, workplaces, communities, and individuals at elevated suicide risk, the approaches reviewed here suggest that positive psychological resources may be relevant across universal, selective, and indicated levels of prevention. They share a common emphasis on

cultivating psychological and social resources, including meaning, hope, belonging, social participation, and opportunities for contribution. From a positive psychological perspective, suicide prevention is understood not only as the management of risk but also as the promotion of conditions that support meaningful and fulfilling lives.

A common implication across the domains reviewed is that suicide prevention may be more effectively embedded within existing educational, occupational, and community systems rather than implemented as a separate set of specialized activities. Positive psychological approaches may therefore complement existing suicide prevention policies while reducing stigma and strengthening primary prevention.

Several limitations should be acknowledged. Most positive psychological interventions have not been evaluated using suicide deaths or suicide attempts as primary outcomes, and the evidence remains heterogeneous across populations and intervention types. Nevertheless, emerging studies have begun to employ epidemiological indicators such as relative risks and hazard ratios in high-risk populations, suggesting a promising direction for future research. Further investigation is needed to clarify how resources such as meaning, savoring, hope, and social connectedness influence suicide-related outcomes and how universal, selective, and indicated interventions can be integrated within a coherent public health framework.

Overall, positive psychological approaches should be viewed not as alternatives to established medical and crisis-response interventions but as complementary strategies that strengthen factors supporting life and well-being across the lifespan.

Additional remarks:

The authors have no reportable conflicts of interest.

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