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About this journal

This is an open access, peer-reviewed journal to disseminate latest, expeditious trends of suicide and suicide countermeasures worldwide. The journal has a special focus on useful, practical evidence for suicide policy making and suicide reduction. Not only to provide an evidence of academic research, but also to disseminate cases for giving clue for the better future practice, or lessons learned from various case of suicide countermeasures in frontline. Our journal tries to contribute to better solution of suicide reduction worldwide.

Suicide Policy Research

Vol.2

Contents

Suicide Countermeasures for Attempted Suicide Survivors: Based on the General Principles of Suicide Prevention Policy

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1. Overview of the new General Principles of Suicide Prevention Policy

On July 25, 2017, the new General Principles of Suicide Prevention Policy (hereafter, the "General Principles") were approved by the Cabinet and officially announced.[1] Under these General Principles, the policy objective for cutting the suicide rate was set at a 30 percent reduction over the 2015 rate of 18.5 (per 100,000 people) within 10 years, which drew a substantial response when it was reported in the media.[2] What drew attention was the fact that in comparison to the General Principles that were formulated a decade earlier, which set the target at a "20 percent or more" reduction in the suicide rate, the new General Principles set a much higher target.[3] However, the important point in the new General Principles is not just the lofty policy objective. First and foremost, what is critical is that it clarifies the concept of suicide countermeasures based on the provisions of the revised Basic Law on Suicide Countermeasures that came into force in April 2016. The new General Principles describes the concept of suicide countermeasures as follows:[1]

> Suicide is a death to which many have been driven. In its background are not just mental health issues; overwork, poverty, parental burnout and caregiver fatigue, bullying and social isolation and various other social factors are known to be involved. For that reason, suicide countermeasures shall be vigorously and comprehensively promoted at the three levels of "personal support," "regional cooperation" and "the social system" in ways that 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 (protective factors against suicide).

There are five basic policies offered in the General Principles (fig. 1). In addition, 12 areas of pressing priority policies are laid out (fig. 2).

As a result of the April 2016 revision to the Basic Law on Suicide Countermeasures, prefectures and municipalities are to consider the General Principles and actual local situation and draft local suicide countermeasure plans.[4] Also, the national government is to provide local public entities with profiles of actual local suicide conditions and policy packages of local suicide countermeasures and to strengthen its assistance for practical initiatives at the local level.

2. Results of public attitudinal surveys on suicide and attempted suicide

When an individual is driven to attempt suicide but fortunately does not succeed, what sort of assistance from medical facilities and from the local community is necessary and what types of systems are required to ensure that the person is out of danger of trying again and can return to a fulfilling life in that community? This is the question that will be examined in this paper based on the group of measures indicated in the new General Principles. Before we turn to that question, however, we will first try to gain an understanding of the current status of public awareness of suicide and attempted suicide based on two recent public attitudinal surveys.

The first survey, conducted in October 2016 by the Ministry of Health, Labour and Welfare,[5] found that roughly 1 in 20 citizens responded, "I have thought

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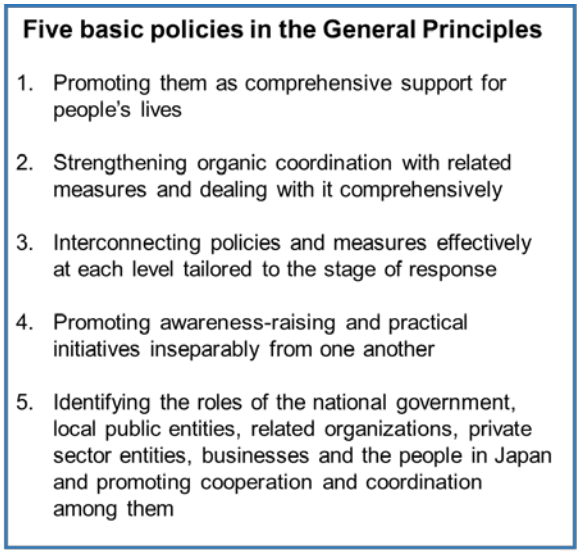

Figure 1. Five basic policies in the General Principles

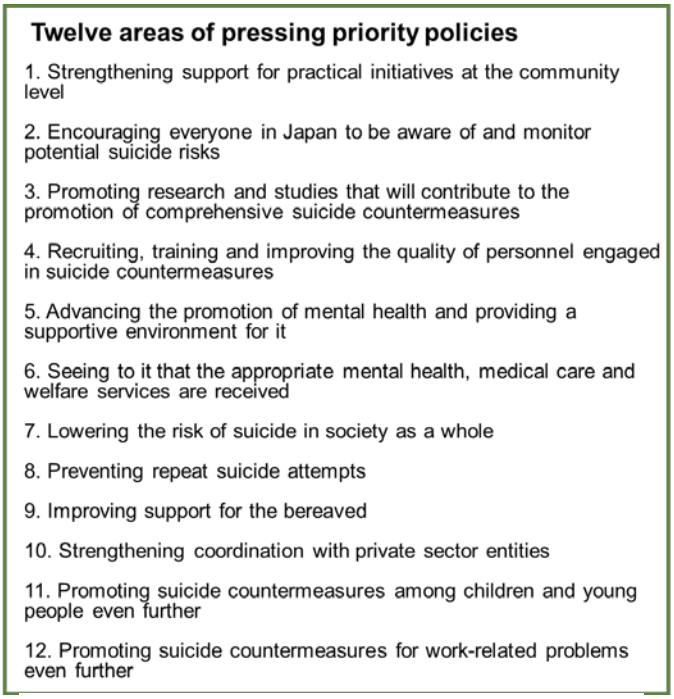

Figure 2. Twelve areas of pressing priority policies

about suicide within the past year." In addition, in response to a question regarding what suicide countermeasures are needed in the future, 39.2 percent responded, "Develop the appropriate mental health system," while 27.5 percent responded, "Support individuals who have attempted suicide in the past." When asked whether they had ever in their life seriously thought about committing suicide, a total of 23.6 percent of respondents answered, "I have thought that I would like to commit suicide." Based on these findings, it is important to foster awareness of the fact that being driven to suicide is a "danger that can happen to anyone."

The second attitudinal survey is the Nippon Foundation's Suicide Awareness Survey 2016, carried out in 2016.[6] The main finding was that roughly one in four people (25.4 percent) responded, "I have had serious suicidal thoughts at some point in my life," and 3.4 percent had considered suicide within the past year. The top three reasons for those suicidal thoughts among men were a combination of "problems at work," "financial problems," and "health problems," while among women they were a combination of "problems at home," "health problems," and "financial problems." Also, it was estimated that 535,000 people had attempted suicide within the past year, and in response to the question, "Have you ever attempted suicide?" a total of 6.8 percent said yes, with 0.6 percent saying they had attempted suicide within the past year. Of those who had recently tried to kill themselves, 82.6 percent were dealing with two or more issues. The most common combination with "health problems" the largest number of both men and women were facing was health problems (1st) + financial problems (2nd) + problems at work (3rd) for men, and health problems (1st) + problems at home (2nd) + financial problems (3rd) for women. These findings indicated that many of those who have contemplated or attempted suicide were facing multiple issues, which highlighted once again the importance of having those involved in suicide countermeasures and assistance work cooperatively across various types of boundaries and demarcations as they tackle suicide prevention.

3. Locally based care for attempted suicide survivors

Among the 12 priority policies in the General Principles, the most relevant in terms of aiding those

who have survived an attempted suicide are "6. Seeing to it that the appropriate mental health, medical care and welfare services are received" and "8. Preventing repeat suicide attempts."[1]

With regard to the former, "Seeing to it that the appropriate mental health, medical care and welfare services are received," the General Principles state, "Together with working toward the early detection of persons with a high risk of suicide and ensuring they are referred to psychiatric care as necessary, enhance the psychiatric care system so that such people can receive the appropriate treatment." In other words, to deal comprehensively with the various underlying issues that heighten the risk of suicide, such as economic and livelihood issues, welfare problems, and family problems, the objective is to increase the linkages among policies and measures in areas such as psychiatric care, health care, and welfare so that everyone can receive the appropriate services. More specifically, the following are raised as methods for promoting such linkages among policies and measures in areas such as psychiatric care, health care, and welfare: (1) encourage the building of a network of related groups and organizations in the areas of health, medicine, welfare, education, labor, law, etc., which would include psychiatric care facilities in the community, and in particular, improve the linkages among psychiatric care, health care, and welfare; and (2) promote improvements to a medical care coordination system to refer those diagnosed with depression by their family doctor or other primary care provider in the community to a specialist as well as a multi-institutional coordination system to refer them to counseling facilities in various fields.

With regard to the latter "Preventing repeat suicide attempts," the General Principles list the following three measures: (1) "equipping medical facilities responsible for the core functions of supporting individuals in the community who have survived a suicide attempt," (2) "upgrading the medical care system provided by psychiatrists at emergency medical facilities," and (3) "strengthening comprehensive support for those who have attempted suicide by promoting coordination between medical care and the community."

4. Measures to prevent repeat suicide attempts in the local suicide countermeasure policy packages

The Office for Suicide Data Analysis of the Japan Support Center for Suicide Countermeasures has developed "profiles of actual local suicide conditions" that serve as a tool to help people understand the actual suicide conditions in a community at a glance. At the same time, the Center has developed local suicide countermeasure policy packages.[7] These policy packages reflect the local characteristics that are evident from the analysis in the profiles of actual local suicide conditions and they present a group of policies and measures to prevent suicide in a way that is best suited to such local characteristics.

The local suicide countermeasure policy packages are comprised of a Basic Package and a Priority Package, and support for those who have attempted suicide and for those who are bereaved due to suicide is included under the category of "supporting life-enhancing factors" in the Basic Package, which gives examples of specific measures. In terms of support for individuals who have attempted suicide, examples of measures are offered based on the following understanding: "People who have attempted suicide are an important high-risk group when considering suicide countermeasures, and preventing repeat attempts is a priority topic for reducing the number of suicide victims. For this reason, along with the physical and mental care provided at general medical facilities, psychiatric care facilities, urgent care centers, and other emergency medical facilities, it is important that once individuals return to their community, they are able to receive care from psychiatrists and other specialists as well as multilayered and comprehensive assistance to address the various social issues that those individuals are facing. Among the measures to deal with those who have attempted suicide, when someone has been transported by ambulance after having attempted suicide, then in addition to carrying out the appropriate, ongoing interventions even after their release from the hospital, it is important to carry out training and other initiatives for emergency medical personnel and create an organic system of cooperation not only between emergency medical facilities and the government but

also involving police and firefighters. This will make it possible to build a network that can connect those who have attempted suicide to ongoing medical assistance and counseling facilities so that they can receive psychiatric care appropriate to their needs." There are four categories of measures given: (1) strengthening comprehensive support for those who have attempted suicide by promoting coordination between medical care and the community; (2) active intervention by doctors, public health nurses, and other professionals; (3) provision of training, etc. to relevant institutions on caring for individuals who have attempted suicide; and (4) provision of assistance to family members and other close supporters.

(1) Successful examples of strengthening comprehensive support for those who have attempted suicide by promoting coordination between medical care and the community:

1. Case of Arakawa Ward, Tokyo
As a model program for medical coordination to support attempted suicide survivors, the ward created a system in cooperation with the Nippon Medical School, which is its local emergency medical facility; through this system, at the time an individual is identified as having attempted suicide, with the individual's consent, the public health nurse at the public health center and the full-time caseworker at the advanced emergency medical center work to quickly share the necessary information to connect the individual with the support they need.

2. Case of Iwate Prefecture
Within Iwate Prefecture, the Ninohe area had seen trends of very high death rates from suicides, and so to reduce repeat attempts by suicide survivors and to decrease the suicide rate, meetings were held among medical practitioners and administrators from the Ninohe medical area's three major emergency care hospitals, four local health care centers, the Ninohe public health center, and the Iwate Prefecture Mental Health and Welfare Center, and a system was created for Ninohe in cooperation with such institutions to assist survivors of suicide attempts. Leaflets from the hospitals are distributed to attempted suicide survivors who are examined in emergency care facilities, encouraging them to seek counseling, and care management is being carried out for patients who do seek counseling at the Mental Health and Welfare Center.

(2) Successful examples of active intervention by doctors, public health nurses, and other professionals:

1. Case of Yokosuka, Kanagawa Prefecture
The public health center actively intervened with patients who were transported by ambulance to the emergency and critical care center following an attempted suicide, as well as with their families, in order to prevent repeat suicide attempts. They carried out proactive interventions using an attempted suicide survivor care flowchart and a leaflet introducing the public health center. They also held a planning meeting to strengthen cooperation and share information among emergency medical technicians, hospitals, and the public health center.

2. Case of Osaka Prefecture
With the goal of understanding the actual status of individuals in emergency medical facilities who have survived attempted suicide and finding ways to support them in order to avoid repeat attempts, Osaka implemented a survey project to assess the actual status of suicide survivors and provided support through psychiatric social workers. In addition, a leaflet was created for those who are brought in during evening hours and are unable to receive assistance from social workers.

(3) Provision of training, etc. to relevant institutions on caring for individuals who have attempted suicide:

1. Case of Sakai, Osaka Prefecture
Five groups comprised of roughly 10 people from various professions were created, and each group held discussions and workshops to examine cases of care for survivors of suicide attempts. Also, suicide survivor care workshops were held to provide systematic learning on survivor care and promote interaction and information-sharing among a range of professionals working in the city's emergency medical services and other fields.

2. Case of Fukuoka Prefecture
For those medical institutions that do not have a coordinator position to carry out counseling for survivors of suicide attempts who are brought in by ambulance, training is provided for other medical personnel to train individuals who can take on the role of coordinator.

(4) Provision of assistance to family members and other close supporters

1. Case of Shiga Prefecture
The Shiga Prefecture Suicide Prevention Information Center in the Shiga Prefectural Mental Health and Welfare Center serves as an organization responsible for the following activities: (1) provision of counseling and assistance for suicide survivors who are admitted to the emergency notification hospitals in their jurisdiction, as well as the survivors' families, through a program to help prevent repeat suicide attempts—the Konan Life Support Counseling program; (2) provision of technical assistance to the cities of Hikone and Otsu, the Higashi Omi public health center, and others that are taking the lead in carrying out programs to prevent repeat suicide attempts; and (3) establishment of the Shiga Prefecture Review Conference for a Suicide Survivor Support System and promotion of coordination efforts within the prefecture to prevent repeat suicide attempts as one such measure for attempted suicide survivors.

5. Enhancing the psychiatric care system by training personnel responsible for mental health, medical care, and welfare services

Together with working toward the early detection of persons with a high risk of suicide and ensuring they are referred to psychiatric care as necessary, the psychiatric care system should be improved so that such people can receive the appropriate treatment. Also, even after referring a person to psychiatric care, it is necessary to deal comprehensively with the concerns that such person has; namely, the various problems that underlie his/her heightened risk of suicide, such as economic and livelihood issues, welfare-related problems, and family problems. For that reason, the interconnectedness of all policies and measures in areas such as psychiatric care, health care, and welfare should be reinforced so that everyone is able to receive the appropriate mental health, medical care, and welfare services. The General Principles discuss the following categories:[1]

(1) Improving the interconnectedness of all policies and measures in areas such as psychiatric care, health care, and welfare
Encourage the building of a network of related groups and organizations in the areas of health, medicine, welfare, education, labor, law, etc., that would include psychiatric care facilities in the community and, in particular, improve the interconnectedness among psychiatric care, health care, and welfare. Also, promote improvements to a medical care coordination system to refer those diagnosed with depression by their family doctor or other primary care provider in the community to a specialist as well as a multi-institutional coordination system to refer them to counseling facilities in various fields.

(2) Enhancing the psychiatric care system by training personnel responsible for mental health, medical care, and welfare services
Carry out training for psychologists and others engaged in psychiatric care on the appropriate ways to deal with psychiatric disorders and educate psychologists and

others who can support psychiatrists. Disseminate treatment methods such as cognitive behavioral therapy and implement training mainly in mental health care for those specializing in the treatment of patients suffering from depression. Also, in addition to the diffusion of appropriate drug therapies and the thorough enforcement of measures against drug overdoses, disseminate knowledge about adjustments that may need to be made to the patient's living environment.

(3) Assigning specialists to increase the interconnectedness of mental health, medical care, and welfare services

In order to improve the interconnectedness of measures and policies for psychiatric care, health care, and welfare, encourage efforts to assign psychiatric social workers and other specialists to medical facilities and elsewhere in the community.

(4) Improving the skills of family doctors and other primary care providers to evaluate and respond to suicide risks

Improve family doctors' and other primary care providers' understanding of and responses to depression and other mental illnesses and their skill at being able to evaluate their patient's suicide risk accurately by taking into consideration the underlying social factors. In addition, raise their knowledge about community-based suicide countermeasures, as well as various types of counseling services and support measures.

(5) Improving the system to provide mental health, medical care, and welfare services for children

Promote improvements to the mental care system for children by encouraging studies of a diagnostic model different from that for adults and promoting the training of doctors and others who can deal with children's mental problems. Increase the number of medical facilities capable of treating small children, including emergency hospitalization, and recruit personnel to do so. In addition to seeing to the functional enhancement of child consultation centers and municipal child-counseling-related facilities, work to strengthen their coordination with related organizations involved in the care and education of disabled children, such as mental health and welfare centers and municipal welfare departments for persons with disabilities.

(6) Implementing screening for depression and other mental illnesses

Improve the identification of those in the community who may be depressed by making use of opportunities such as health education and health consultations, home-visits and guidance, and medical check-ups at public health centers, municipal health centers, and other facilities. Promote, primarily at the municipal level, efficient and effective long-term-care-prevention initiatives tailored to actual local conditions, such as creating various places where people can go to in order to promote social participation and care prevention among the elderly.

Also, ascertain the physical and mental health status and living environment of nursing mothers soon after childbirth through postnatal health check-ups from the perspective of preventing post-partum depression, and strengthen support for them at an early stage after childbirth.

(7) Promoting measures for those at high risk for psychiatric illnesses other than depression

For illnesses other than depression, such as schizophrenia, alcohol-related health problems, and drug, gambling, and other addictions that are risk factors for suicide, in addition to promoting efforts in accordance with the Basic Law on Measures to Prevent Damage to Health Due to Alcohol and other related laws, as well as research and studies in view of the relation of these disorders to debt, family problems, etc., improve the system to provide

ongoing treatment and support, build a network of related groups and organizations in the areas of health care, medicine, welfare, education, labor, and law, including with the involvement of local medical facilities, and provide support for self-help programs.

Also, for those in adolescence or young adulthood who have mental health issues, who repeatedly engage in self-mutilation, or who have severe difficulties in life due to past experiences of bullying or abuse, taking into full consideration environmental factors, especially livelihood conditions such as poverty and the difficulties young people face in becoming self-supporting, promote efforts to detect those who need support and intervene at an early stage by, among other things, helping them to be able to utilize the appropriate medical and counseling facilities by building a network of related groups and organizations in areas such as health care, medicine, welfare, education, labor, law, etc., including with the involvement of local emergency medical facilities, mental health and welfare centers, public health centers, educational institutions, etc.

(8) Supporting cancer patients and the chronically ill (omitted)

6. Conclusion

In the revised Basic Law on Suicide Countermeasures and the new General Principles, support for individuals who have attempted suicide is positioned as one of the priority policies, and such policies have been restructured from the perspective of the connections between local mental health, medical care, and welfare services. Utilizing the local suicide countermeasure policy packages and other resources, it is expected that when drafting local suicide countermeasure plans, municipalities will introduce countermeasures that address attempted suicide survivors in their region in a way that responds to local characteristics.

Competing Interests
The authors declare that they have no competing interests.

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Trends of Suicide and Suicide Countermeasures in Cambodia

Kayako Sakisaka[i], Koji Fujita[i], Yoshihiro Kaneko[i], and Yutaka Motohashi[i*]

Abstract

The Japan Support Center for Suicide Countermeasures (JSSC) conducted field study in Cambodia, as a member state of the WHO Regional Office for the Western Pacific (WPRO).

Objectives: The main purpose of this study were (1) to understand the current situation, challenges in suicide countermeasures in Cambodia through discussion with the WHO Cambodian Country Office, Cambodian Ministry of Health, and (2) to consider Japan's possible future technical cooperation to Cambodia on suicide countermeasures.

Results: In Cambodia, many doctors were killed by the Pol Pot regime, the number of doctors who specialize in mental health was particularly limited. In addition, Cambodia's suicide rate at 12.8 per 100,000 people (age-adjusted, 2015), which was higher than in neighboring Asian countries (WHO data), however, no official suicide data collection system existed in Cambodia.

Conclusions: Japan, a fellow WPRO member state and a country that played a certain role in the democratization of Cambodia in the 1990s, should provide technical assistance for the improvement of the health and medical care system in Cambodia and for building a base for specialized mental health medicine. Japan can also offer technical support for suicide countermeasures, building a statistical system and establishing a suicide reporting system. Furthermore, Japan can provide international human training, or organize participatory training in Cambodia, and share various measures to prevent suicide.

1. Global Trends of Suicide and Suicide Countermeasure

Every year, about 800,000 people die of suicide worldwide,[1] and the number of deaths by suicide accounts for 1.4 percent of all deaths globally.[2] Suicide is ranked as the 17th leading cause of death (2015).[2] Furthermore, suicide is the second leading cause of death among 15-29-year olds.[1] Mental illness and mental disorder account for 14 percent of the global burden of disease, and 75 percent of those who have these illnesses live in developing countries without access to mental health care.[3] In response to these statistics, the World Health Organization(WHO) has set up the WHO Mental Health Gap Action Program (mhGAP) to enable both developed and developing countries to have discussions on challenges in the field of mental health on a common platform and to work on improving addresses on mental health in developing countries, including with technical assistance.[3]

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Table 1. Global Health Estimates 2015: 20 leading causes of death 2015

	Cause of death	% of total deaths	Crude Death Rate (Per 100,000 population)
1	Ischaemic heart disease	15.5	119.2
2	Stroke	11.1	85.0
3	Lower respiratory infections	5.7	43.4
4	Chronic obstructive pulmonary disease	5.6	43.2
5	Trachea, bronchus, lung cancers	3.0	23.1
6	Diabetes mellitus	2.8	21.6
7	Alzheimer disease and other dementias	2.7	21.0
8	Diarrhoeal diseases	2.5	18.9
9	Tuberculosis	2.4	18.7
10	Road injury	2.4	18.3
11	Cirrhosis of the liver	2.1	15.8
12	Kidney diseases	2.1	15.4
13	HIV/AIDS	1.9	14.4
14	Preterm birth complications	1.9	14.4
15	Hypertensive heart disease	1.7	12.8
16	Liver cancer	1.4	10.7
17	Self-harm	1.4	10.7
18	Colon and rectum cancers	1.4	10.5
19	Stomach cancer	1.3	10.3
20	Birth asphyxia and birth trauma	1.2	9.4

The United Nations (UN) held the “UN Sustainable Development Summit” at its headquarters in New York in September 2015, where leaders of more than 150 member states adopted the “Sustainable Development Goals (SDGs)” for the period from 2016 to 2030. The SDGs are made up of 17 goals and 169 indicators, and the third goal, "Ensure healthy lives and promote well-being for all at all ages," has adopted suicide mortality rate as Indicator for 3.4.2.[3] Therefore, changes in suicide rates will be published as a process indicator for improving mental health in developed countries as well as in developing countries.

2. JSSC Field Study Project in Cambodia

From December 5-9, 2017, the Japan Support Centre for Suicide Countermeasures (JSSC) conducted a field study in Cambodia, as a member state of the WHO Regional Office for the Western Pacific (WPRO), as well as a collaborating center of the World Health Organization (WHOCC). The main purpose of this study was to discuss with the WHO Country Office in Cambodia and the Cambodian Ministry of Health regarding the current situation, challenges in suicide countermeasures in Cambodia as a way of exploring concrete ways for Japan to provide technical support in regard to suicide countermeasures in near future. Cambodia was selected because (1) member state of the WPRO; (2) there is much evidence of genocide of civilians under the Pol Pot regime in the second half of the 1970s, and this is still impacting people’s mental health; (3) there is no specific psychiatric hospital in Cambodia, and the development of human resources and legislation in the field of mental health is quite limited, and (4) since the transition to democracy in

1993, Cambodia has been experiencing steady economic development, and Cambodia has a good relationship with Japan.

Of the following descriptions, those without citations are based on the results of this field study.

3. Country Profile of Cambodia

Cambodia is situated on the Indochina Peninsula and borders Thailand, Laos, and Vietnam (Figure 1). The other profile of Cambodia is shown in Table 2.

Table 2. Major demographic indicators in Cambodia

Total Population （2016）	15,762 thousand
GNI per capita US $ （2015）	1,070 USD
Life expectancy （2016）	69years old
National average age （2015）	24.0years old
Under-five Mortality Rate (per 1000 live birth)	31
Total Fertility Rate （2015）	2.6
Total adult literacy rate (2011-2016)	74%
Secondary school net enrollment (2011-2016)	Boys 47% Girls 54%

Source: The States of World Children 2017

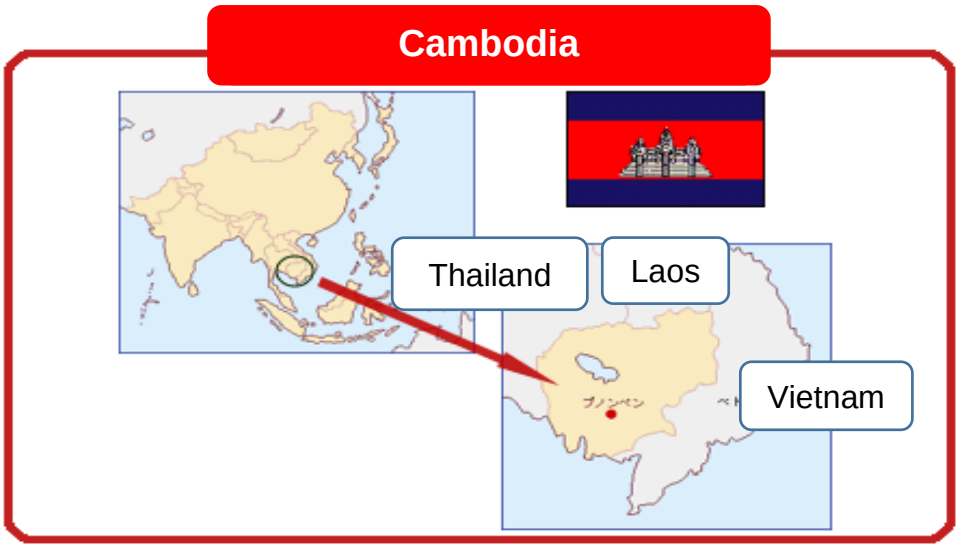

Figure 1. Location of Cambodia

The Gross National Income per capita as of 2015 was 1,070 US dollars. Cambodia transitioned from the World Bank's category of low-income economies to lower middle-income economies (1,026-4,035 US dollars) in this year. The real GDP growth maintained an annual average of 7 percent between 2011 and 2014, and its economy is steadily growing. The poverty rate,[4] which is calculated using the average monthly income as the standard, and the number of households with less than a poverty line was 34.0 percent in 2008, 22.1 percent in 2010, and 17.7 percent in 2012, which shows a declining (Figure 2).

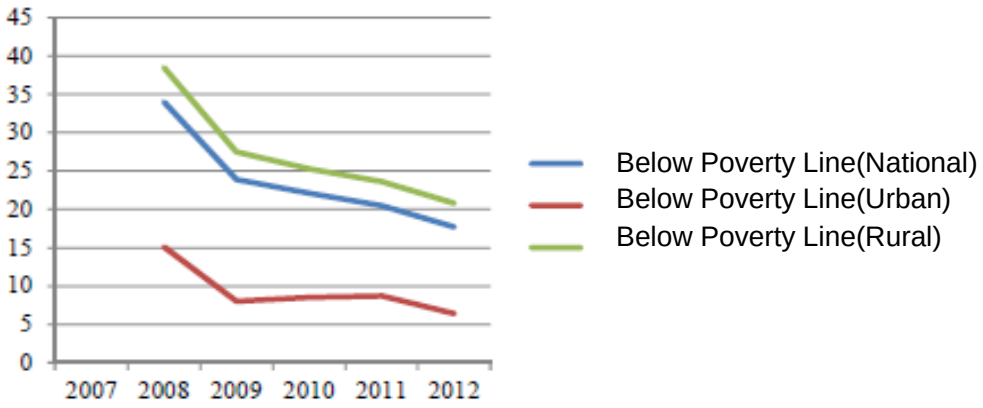

Figure 2. Trend of % of population below national poverty line（2007-2012）
Source: JICA/Global Link, Study on medical security system in Cambodia. May, 2016.
Available at http://open_jicareport.jica.go.jp/pdf/12260949.pdf.

4. The Medical System, Current Mental Health Care System, and Suicide Countermeasures in Cambodia

4-1. The medical care system and mental health in Cambodia

In Cambodia, public medical service is provided by operational health districts (OD), each one covering between 100,000 and 200,000 people, based on the health service coverage plan that started in 1995, in the post-democratization period. The plan stipulated that one OD has at least one district core hospital (also referred to as the referral hospital; it can be a provincial or district hospital) and for every 10,000-20,000 people, there was a health center, and for every 2,000-3,000 people, a health post.

Number of hospitals and health centers in Cambodia are shown in Table 3. The Health Equity Fund, a medical benefit system for the poor, does exist, however, since the patients pay all medical fees, there is no restriction on access to medical facilities. Therefore, hospitals with good health services are highly popular, attracting many patients who endure long waiting time. There are private medical insurance companies, yet the number of their members is quite limited.

Table 3. Number of Hospitals and Health Centers /Posts in Cambodia[5]

National Hospitals	8
Provincial Referral Hospitals	24
Operational District Referral Hospitals (OD)	78
Health Centers/Posts	1,049

As Cambodia does not yet have a national medical licensing system, medical doctors were educated in just a few medical schools. However, a national graduation exam system for dentists, pharmacists and nurses was introduced in 2013, and did for medical doctors in 2014. Full-time doctors are allocated to both national hospitals and provincial hospitals. Both health centers and health posts provide medical care by midwives and nurses. According to the WHO Human Resources for Health Country Profiles, CAMBODIA (2014), the total number of medical doctors in Cambodia was 2,144 (as of 2011, 0.15 per 1,000 people), that of nurses

(registered, graduate, and professional combined) was 5,389 (as of 2011, 0.38 per 1,000 people), and that of midwives was 2,053 (as of 2011, 0.15 per 1,000 people). Another data from a different year[6] also shows fewer number of medical doctors in Cambodia compared to neighboring developing countries in Asia.

Table 4. Number of Medical Doctors per 1,000 population, Suicide Mortality Rate per 100,000 population in Selected Asian Countries

Country	GNI per capita (2014, US$)	Number of Medical Doctors /1,000 population (rate)	Suicide Mortality Rate per 100,000 population (2015)[7]
Cambodia	1.020	0.168(2013)	12.8
Laos	1,660	0.179(2012)	14.0
Thailand	5,780	0.394(2010)	12.7
Myanmar	1,270	0.568(2012)	4.5
Vietnam	1.890	1.180(2013)	7.2
Japan	42,000	2.297(2012)	15.4

In particular, many doctors were killed by the Pol Pot regime or fled overseas early on. The number of doctors who specialize in mental health was particularly limited, and even after democratization. WHO's latest data[8] suggested that there were 56 psychiatrists in total, 60 including four psychiatrists who work privately and 40 nurses specializing in psychiatry (43 including those working privately); and 1,100 psychologists. According to the profile of the current status of mental health field studied by the WHO (answered by the Mental Health and Substance Abuse section of the Ministry of Health of Cambodia), Cambodia had a national plan on mental health development, it did not have a national plan regarding suicide countermeasures. In addition, while the national strategic policy plan on mental health had concrete targets that have been revised since 2013, legislation related to mental health (such as a mental health act) had not been developed. Furthermore, there are no development plans/strategies for the mental health of children and youth, which require different services for those of adults.

According to the aforementioned research report,[8] there were no medical hospital specializing in psychiatry in Cambodia as of 2016, mental illness was currently treated in the outpatient section of general hospitals. Inpatient treatment was given in regular wards. The report mentioned that there were 63 facilities that manage mental health in the outpatient section and 112 clinics that were not hospitals, including private facilities. There was only one facility in Cambodia that provides mental health care for children and youth. The report identified that approximately 11,000 patients with serious mental illness in Cambodia. The number of hospitalized patients with mental illness in the regular ward admitted by law was reported to be zero, but there were 235 hospitalized patients with mental illness in normal wards. The total annual government budget spent on mental health is about 300 million riels (about 74,300 US dollars or about 8 million yen, as of 2016), which only accounts for 0.02 percent of the government spending on health. Since there is no hospital or ward specializing in mental illness, the majority of government budget was spent for training. The report stated that in a very limited number of cases, the government provides financial support for patients with serious mental illness; this appears to be extremely rare in reality. Currently available data on mental health were from the government, information from the private sector was not sufficiently reported. Data on the number of suicides, which is important data in the mental health field, were provided by the national police agency, as seen in Figure 3; however, the reality of suicide in the country as a whole was not known in detail.

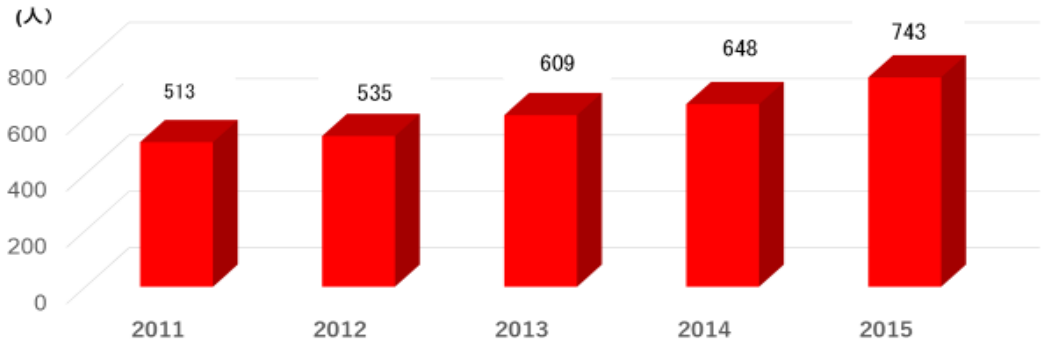

Figure 3. Trend of annual number of suicide in Cambodia (2011-2015)

4-2 Genocide in the Pol Pot regime

When discussing mental health and suicide countermeasures in Cambodia, it must be noted that there was a grisly civil war that lasted for more than twenty years in the 1970s that led to the mass killing of innocent citizens by the Pol Pot regime (Khmer Rouge); much of this was committed between 1974 and 1979. The total population at that time was around eight million, and the regime killed between two and three million citizens. Because under the Pol Pot regime, the massacres were often initiated by family members and relatives informing on each other, it has been alleged that even today, there is a lack of trust among Cambodians. Many citizens refuse to provide personal information to anybody. Although about forty years have passed, because of the massacre, torture, and witness of family members and relatives being killed, many Cambodians are said to have deep psychological scars.[9] Consequently, there are private organizations such as Transcultural Psychosocial Organization(TPO) Cambodia that focus on providing mental healthcare to the residents or Suppoeters for Mental Health(SUMH) that Japanese psychiatrists play a central role for residents.

A doctor, working at a hospital in Phnom Penh, had an experience of losing family in a cruel manner when he was 10 and forced to move to the countryside, reaching Prey Veng Province after a three-month trek with his family. He saw numerous bodies by the road or in the river. In order to survive, he had to drink from the river where the bodies had been piled up. Although the Pol Pot regime collapsed in 1979, the civil war in Cambodia continued until 1993. After becoming qualified as a junior doctor, He was drafted as a government employee and sent to the front line for six months at a time. He put on a combat uniform and took up a gun. He spent days and night tending to patients who had been wounded by gunshot or landmines. It was a desperate situation of “landmines in front of me, and remnants of the Pol Pot army behind me, and I had to choose between them.” He also witnessed many local residents dying of malaria who had been ordered to clear away the forest.[10]

4-3 Trends of suicide and suicide countermeasures in Cambodia

Based on our interview in TPO,[11] it is pointed out that “many people carry deep psychological scars” in Cambodia, where people experienced a large-scale massacre of civilians by the regime in the 1970s as discussed above. The correlation was not statistically identified, but the age-adjusted suicide rate per 100,000 people in Cambodia was 12.8, which is higher than the means of the figures from the WPRO member states (11 member states) at 9.11 (Table 5), while the suicide rate of the Philippines was the lowest, at 3.8 (as of 2015). Additionally, in April 2017, the Ministry of

Health and WHO Country Office in Cambodia announced that approximately 4 million people in Cambodia were estimated to be suffering from depression.[12]

Table 5. Suicide mortality rate per 100,000 population by WPRO member countries (2015) (Age-Standardized suicide rates per 100,000 population, 2015)

country	Suicide mortality rate per 100,000 population (2015)
Regional Average	9.11
Korea	24.1
Mongolia	28.1
Japan	15.4
Laos	14.0
Cambodia	12.8
Vietnam	7.2
Malaysia	6.5
Philippines	3.8

Source：http://apps.who.int/gho/data/node.main.MHSUICIDEASDR?lang=en

Focusing on the relationship between the suicide rate (age-adjusted suicide rate per 100,000 people) of selected Asian countries, including Cambodia, it is found that no negative correlation between suicide rate and the number of doctors or the economic status (as annual GNI per capita). Among Cambodia, Laos, Vietnam, and Japan (WPRO member states), Japan shows the highest suicide rate (Table 5), which has the largest number of doctors (Table 4); therefore, a small number of doctors does not always correlate with a high suicide rate.

5. Japan's Possible Assistance to Cambodia Regarding Suicide Prevention Policy-Making

Based on the discussion in Cambodia, we will sum up some challenges in suicide countermeasures in Cambodia. Currently, the priority that is given to the mental health field in Cambodia is lower than infectious diseases, or maternal and child health field. Budget on mental health is extremely small (74,300 US dollars, 2016). Another characteristic is its suicide rate at 12.8 per 100,000 people (age-adjusted, 2015), which is higher than in neighboring Asian countries (Table 5).

Japan, a fellow WPRO member state and a country that played a certain role in the democratization of Cambodia in the 1990s, should provide technical assistance for the improvement of the health and medical care system in Cambodia; in particular, Japan can offer support for suicide countermeasures, building a statistical system and establishing a suicide reporting system. It can also provide support for building a base for specialized mental health medicine. Furthermore, Japan can provide training by accepting trainees, hold international symposium or organize participatory training in Cambodia for various measures to prevent suicide.

Competing Interests
The authors declare that they have no competing interests.

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Local Suicide Countermeasure Policy Packages

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I What are local suicide countermeasure policy packages?

I-1 Basic thinking on local suicide countermeasure policy packages

In order to support the preparation of local suicide countermeasure plans, the Japan Support Center for Suicide Countermeasures produced specific local suicide conditions profiles that analyze in detail the actual status of suicides in that locality, while also creating local suicide countermeasure policy packages that assist in the formulation of such countermeasures. It is hoped that prefectures and municipalities will utilize these packages to create local suicide countermeasure plans that are appropriate to their own actual local situations.

The local suicide countermeasure policy packages are comprised of the "Basic Package" and "Priority Package." The Basic Package is a collection of policies that should be implemented nationwide as a national minimum. While taking into consideration important policies indicated in the new "General Principles of Suicide Prevention Policy," which was adopted by Cabinet decision on July 25, 2017, the Priority Package provides greater detail on measures that could be priority issues locally. It is a group of policies that it is hoped will be added to the Basic Package in order to more effectively implement local suicide countermeasures that correspond to the local characteristics of different municipalities.

The following five basic policies are included in the Basic Package. All of these are part of the cluster of policies that should be implemented by all municipalities in order to promote local suicide countermeasures. In addition, "education on how to raise an SOS" provides life skills for students at the primary and secondary school levels. It is an important initiative that offers methods for sorting out and coping with issues that people may encounter when faced with crises that threaten their lives or livelihoods, and it was included in the Basic Package with the intent of having all municipalities begin working on this right away.

1) Strengthening local networks
Mechanisms should be created for cooperation and collaboration among the national government, local governments, relevant bodies, private organizations, corporations, and the people to strengthen networking among them.

2) Developing human resources to support suicide countermeasures
Early *awareness* of people experiencing various types of distress or difficulties in their lives is critical, and it is therefore necessary to strengthen plans to develop the human resources needed for such awareness.

3) Raising awareness and knowledge among residents
Being driven to suicide is a *danger that can happen to anyone,* and efforts are needed to actively promote awareness to ensure that there is a common recognition throughout society as a whole that, if one does fall into such a danger, it is appropriate to ask someone for help.

4) Supporting life-enhancing factors
In addition to initiatives that seek to reduce *life-impeding factors,* suicide countermeasures include initiatives that will increase *life-enhancing factors.* From this perspective, measures should be promoted to create places where people can go and feel safe, to support those who have attempted suicide, and to offer assistance to the bereaved.

5) Promoting instruction for schoolchildren on how to raise an SOS
In order to expand education for primary and secondary school students throughout the country on how to raise an SOS, initiatives should be positioned as school educational activities aimed at *enabling students facing difficulties or stress to ask*

*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)

trusted adults for help as parts of comprehensive support for people's lives. Such measures can be implemented by having the area's public health nurse or other local expert give classes.

For the Priority Package, countermeasures are presented with respect to children and youth, work and business-related issues, the poor and needy, unemployed persons, the elderly, high-risk areas, areas affected by disasters, including earthquakes, and means of committing suicide. It is hoped that the people in charge at the municipalities will fully understand the thinking behind these Basic and Priority Packages and will participate in creating their own local suicide countermeasure plans.

Figure I-1 shows the process through which the municipalities combine the Basic Package and a Priority Package to create a local suicide countermeasure plan that is best suited to their own locales. By selecting, from among those presented in the two packages, the group of measures most appropriate for the actual suicide conditions they are facing, municipalities are able to draw up effective local suicide countermeasure plans that are optimized for such actual local situations.

In order to carry out planning that draws on the local suicide countermeasure policy packages, municipalities must first understand the circumstances unique to their areas and sort out the issues based on the actual local suicide conditions profiles provided by the Japan Support Center for Suicide Countermeasures. In these actual local suicide conditions profiles, the priority levels are presented in the local characteristics evaluation results, which represent the findings of the analysis of actual suicide conditions in each municipality, and municipalities can then each select a Priority Package taking their own priority levels into account. The objective is to enable them to identify the optimal suicide countermeasure policies that address local conditions by combining the Basic Package with a Priority Package that reflects the unique local characteristics, and to thereby assist in the promotion of local suicide countermeasures.

Suicide countermeasures are deeply tied to all aspects of society—households and schools, workplaces, regions, and the like. In order to promote comprehensive suicide countermeasures, it is important to secure the cooperation and collaboration of diverse interested parties in a given locality, while implementing highly effective measures that correspond to the region's unique characteristics.

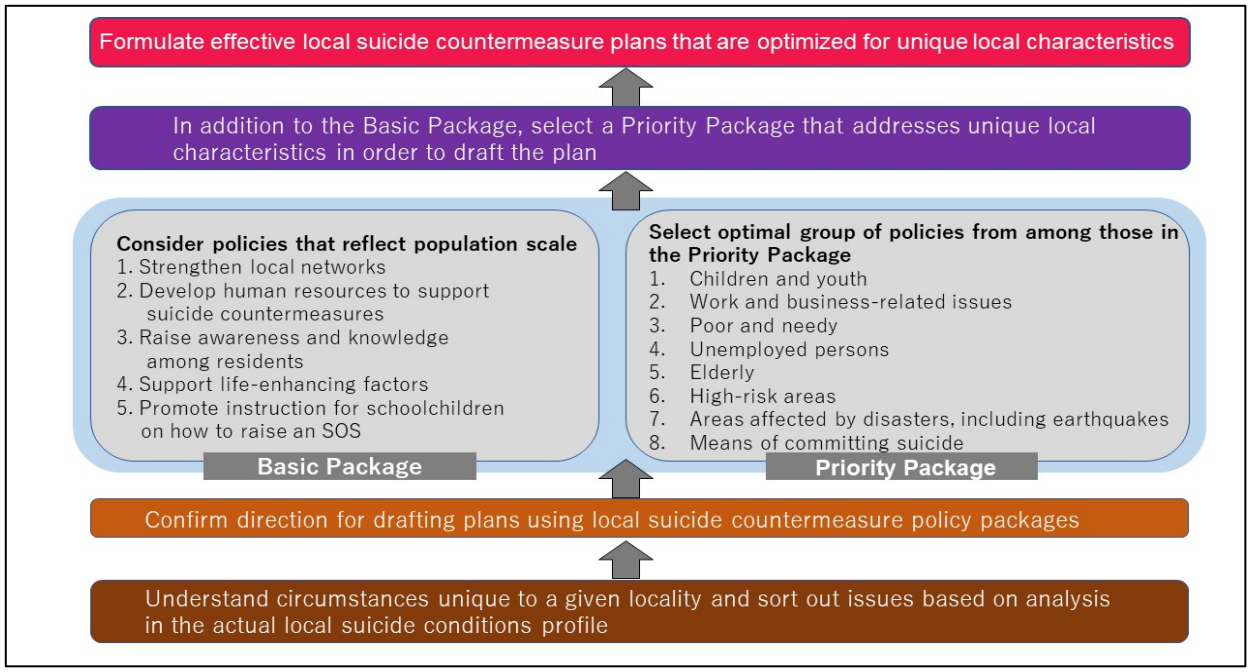


Figure I-1.
The process to develop an effective local suicide countermeasure plan combining the Basic Package and the Priority Package

I-2 Composition of the local suicide countermeasure policy packages

1) Composition of the Basic Package

The Basic Package is composed of the following elements.

III-1 Strengthening local networks

III-2 Developing human resources to support suicide countermeasures

1) Training for various professions

2) Training for the general public

3) Training for individuals involved in school and social education

4) Training of individuals who can organize collaboration among relevant parties

5) Training of personnel who can offer personalized, *yorisoi*-style support

III-3 Raising awareness and knowledge among residents

1) Creation and use of leaflets and other awareness-raising materials

2) Lectures and other events for the public

3) Awareness-raising via the media

III-4 Supporting life-enhancing factors

1) Efforts to create safe spaces

2) Support for individuals who have attempted suicide

3) Support for those bereaved due to suicide

III-5 Promoting instruction for schoolchildren on how to raise an SOS

1) Implementing education on how to raise an SOS

2) Strengthening cooperation to promote education on how to raise an SOS

2) Composition of the Priority Package

The following are measures that fall within in each field in the Priority Package.

IV-1 Children and youth

1) Suicide prevention for children who are victims of bullying

2) Improved support for primary and secondary school students, focusing on issues young people tend to face

3) Improved support for children facing economic difficulties, etc.

4) Strengthened outreach, etc., to young people using ICT

5) Initiatives to teach young people how to offer counsel to those around them

6) Initiatives to reduce the risk of suicide among young people in society as a whole

IV-2 Work and business-related issues

1) Promotion of mental health measures in the workplace

2) Efforts to prevent death from overwork, including overwork-related suicides

3) Rectification of the practice of long working hours

4) Measures to prevent harassment

5) Implementation of counseling programs for business owners

IV-3 Poor and needy

1) Counseling and support, and promotion of human resource development

2) Creation of safe spaces and improving livelihood support

3) Linkage of suicide countermeasures and systems that support the self-sufficiency of the poor and needy

IV-4 Unemployed persons

1) Improved counseling and other services for those who are unemployed

2) Improved support to help young people achieve occupational self-sufficiency

3) Promotion of the creation of safe spaces for those who are unemployed

IV-5 Elderly

1) Promotion of coordination to provide comprehensive support

2) Support for those in the region who require long-term care

3) Support for elderly persons in poor health

4) Strengthening of social participation and the prevention of loneliness and isolation

IV-6 High-risk areas

1) Patrols by relevant parties and use of surveillance cameras

2) Temporary protection using shelters and livelihood assistance for those contemplating suicide

3) Initiatives to make it easier for those contemplating suicide to ask for help

4) Initiatives to prevent suicide by jumping

IV-7 Areas affected by disasters, including earthquakes

1) Promotion of support measures for those affected by large-scale disasters

2) Enhanced support for those addicted to alcohol, gambling, etc.

3) Strengthening of outreach to affected areas and provision of *yorisoi*-style support through collaboration among those in different professions and sections

IV-8 Means of committing suicide

1) Initiatives to prevent suicide by jumping (see IV-6 4) above)

2) Prevention of suicides using pesticides or gas (e.g., carbon monoxide poisoning using coal briquettes)

3) Initiatives to prevent overdoses, etc.

3) Points to keep in mind regarding consideration of municipality population size and levels of priority in the Priority Package

In promoting suicide countermeasures locally, consideration must be given to the size of a municipality's population. In terms of its application, the Basic Package assumes three subcategories of municipalities based on population size: under 50,000, from 50,000 to 499,999, and 500,000 and over. Research to date on the effectiveness of suicide prevention policy has shown that areas in which the population is generally under 50,000 show a clearer decrease in the rate of deaths by suicide (hereafter, "suicide rate") as a result of comprehensive intervention. Municipalities with large populations are therefore encouraged to implement efforts that take population scale into consideration, for example by designing measures focused on subdivisions within their municipalities.

With regard to the Priority Package, an "evaluation of the characteristics of suicides in the area" is conducted based on the results of the analysis in the profiles of actual local suicide conditions, and this evaluation indicates the optimal Priority Package for a given locality. In the Priority Package, the relative level of priority is indicated for the countermeasures regarding the following: children and youth, the elderly, work and business-related issues, unemployed persons, the poor and needy, high-risk areas, and means of committing suicide.

In terms of "areas affected by disasters, including earthquakes," the level of priority based on analysis in the profiles of actual local suicide conditions is not given, but it is expected that in areas that have experienced an earthquake or another disaster, municipalities will refer to "areas affected by disasters, including earthquakes" as they carry out countermeasures.

In addition, it is also expected that consideration will be given to population scale when carrying out the countermeasures in the Priority Package.

II Actual local suicide conditions profiles and local suicide countermeasure policy packages

Up until now, the analysis of actual local suicide conditions as a means to grasp the causes and context of suicide (including societal factors) and the process that leads people to commit suicide has been left to the discretion of local governments, and in many cases, the local government would conduct its own research and analysis in view of the need to promote policies.

As indicated in the new "General Principles of Suicide Prevention Policy," approved by Cabinet decision on July 25, 2017, based on the Basic Law on Suicide Countermeasures (revised in April 2016), in order to provide assistance to local public entities as they draw up local suicide countermeasure plans, the national government, through the Japan Support Center for Suicide Countermeasures, is to prepare actual local suicide conditions profiles that analyze the real state of suicide in all respective prefectures and municipalities. In order to promote suicide countermeasures at the municipal level, local government employees need to have an accurate understanding of the actual situation regarding suicides in that area and be able to reflect the same in the drafting of their plans. However, the reality is that employees who are busy carrying out their everyday tasks rarely have the time to analyze the actual local suicide situation in detail. Also, use of a common methodology to analyze the actual suicide conditions in all municipalities enables the analysis of comparable data. For that reason, the Office for Suicide Data Analysis of the Japan Support Center for Suicide Countermeasures has taken the lead in developing the "actual local suicide conditions profile" as a tool that allows people to understand at a glance the actual circumstances surrounding suicide in a given area.

Figures II-1 and II-2 provide images of the actual local suicide conditions profile. Existing official statistics are used to create the profile. Based on the National Census, Vital Statistics, corporate and economic statistics, and lifestyle-related statistics (Comprehensive Survey of Living Conditions, Survey on Time Use and Leisure Activities, etc.), the number of suicides, suicide rate, and relevant regional characteristics for each municipality are shown using bar graphs and line graphs. They create a simple report

II-1 About the actual local suicide conditions profiles

Using these profiles prepared for them to gain understanding of the actual circumstances regarding suicides in their areas, the prefectures and municipalities are then to develop local suicide countermeasure plans and implement comprehensive suicide countermeasures.

- ▸ See "Planning and implementation of resident surveys as an option to clarify actual local suicide conditions" [Comment II-1]
- ▸ See "Use of demographic statistics as an option to clarify actual local suicide conditions" [Comment II-2]

II-2 Overview of actual local suicide conditions profiles and utilization of local suicide countermeasure policy packages

that is, in a manner of speaking, like a report following an annual checkup for suicide countermeasures.

First, Figure II-1 illustrates the Recommended Priority Package based on an analysis of the actual local suicide conditions profile for the municipality in question. In the bottom section, it lists the top five categories of individuals (gender, age, employment status, whether living alone or not) in terms of the proportion of suicide victims in that municipality, and it gives the primary underlying traits of suicides. Through this, even a municipality that has a low suicide rate compared to the nation overall will be able to consider the need to promote measures focused on residents belonging to the categories that represent high proportions of suicide victims in their own town.

In Figure II-2, the top section shows the municipality's proportion of suicide victims (bar graph) and suicide rate (line graph) by gender, age, and employment status. Based on these graphs, municipalities can determine the types of characteristics (gender, age, and employment) that are shared by those groups that represent high proportions of suicide victims or that have high suicide rates. The table below of the evaluation of the characteristics of suicides in the area presents the high priority categories for that specific municipality as compared to other municipalities. By looking at this table, local

officials can determine the characteristics of priority groups in terms of the categories that can be analyzed using quantitative data.

In terms of the specific measures that one's own municipality should implement, officials should first check the Recommended Priority Package illustrated in Figure II-1 as a guide and then deliberate on the relevant measures. Factors to be taken into consideration include the "evaluation of the characteristics of suicides in the area" in Figure II-2 and other detailed data provided in the actual local suicide conditions profile. (See Figures II-1 and II-2)

Moreover, the Japan Support Center for Suicide Countermeasures plans to provide information and conduct other efforts to deepen understanding of actual local suicide conditions profiles and local suicide countermeasure policy packages.

Profile of Actual Local Suicide Conditions
[xxx City, xxx Prefecture]

Recommended Priority Package

Priority Package	Children and youth Unemployed persons Poor and needy Work and business-related issues Elderly

The "Recommended Priority Package" is selected based on the characteristics of the top three groups (gender, age, etc.) in the "Characteristics of suicides in the area" table below and with reference to the "major underlying pathways to suicide-related crisis." (This indicates the "pathways to suicide-related crisis" thought to be representative nationwide according to the relevant gender, age, and other characteristics based on the *2013 Suicide White Paper*, and the listed pathways are by no means the only ones that lead to suicide.) In addition, in terms of high-risk areas and means of committing suicide, a description is given of areas indicated with "☆☆" marks in the rankings in the "Evaluation of the characteristics of suicides in the area" on the next page.

In terms of the specific measures that your municipality should implement, please first check the Recommended Priority Package as a guide and then carry out deliberations taking into consideration the "evaluation of the characteristics of suicides in the area" on the next page (such evaluation is based on indices relative to the national level for suicide rate per 100,000 people, etc.) and other detailed data in the actual local suicide conditions profile.

■ Characteristics of suicides in the area

Major characteristics of local suicides (Special calculation of data [suicide date/residence; total 2012–2016], National Census)

Top five (by percentage)	Number of suicides (5-year total)	Percentage	Suicide rate* (per 100,000)	Major underlying pathways to suicide-related crisis **
1 Male, aged 20–39, unemployed, living alone	31	7.5%	91.5	① [30s and unemployed] unemployment→ poverty → multiple debts → depression → suicide / ② [20s student] relationships at school → absence from school → depression → suicide
2 Male, aged 40–59, employed, living with others	28	6.7%	20.8	Personnel change → overwork → concerns about inter-office relationships + failures at work → depression → suicide
3 Male, aged 60 and up, unemployed, living with others	27	6.5%	44.6	Unemployment (retirement) → poverty + concerns about (fatigue from) caregiving + physical ailments → suicide
4 Female, aged 20–39, employed, living alone	26	6.4%	26.2	① Irregular employment → poverty → debt → depression → suicide / ② work-related concerns → depression → leave of absence/concerns about returning to work → suicide
5 Female, aged 40–59, unemployed, living with others	22	5.3%	29.5	Concerns about relations with neighbors + family discord → depression → suicide

The order is based on the number of suicide victims; in cases in which the number of victims is the same, then it is based on the higher suicide rate.

* The parameters (population) for the suicide rate were estimated by the Japan Support Center for Suicide Countermeasures based on the 2015 National Census.

** "Major underlying pathways to suicide-related crisis" refers to the *2013 Suicide White Paper* (Lifelink).

Figure II-1. Image of Profile of Actual Local Suicide Conditions (1)

This image provides an overview of the analysis findings and the recommended countermeasures (Priority Package), and it also indicates additional details about the actual status of suicides in the given location. The order of the list in the Priority Package does not necessarily reflect the order of prioritization.

Overview of suicides in the area (graph)

■ Evaluation of the characteristics of suicides in the area

	Indicator	Rank		Indicator	Rank
Total [1)]	25.9	★	Male [1)]	30.6	–
Under 20 years old [1)]	2.2	★	Female [1)]	21.2	★★★
20s [1)]	34.3	★★a	Youth (20–39 years) [1)]	30.9	★★
30s [1)]	27.8	★	Elderly (Over 70 years) [1)]	22.5	–
40s [1)]	28.2	★	Work and business-related issues [2)]	19.5	★
50s [1)]	32.7	★	Unemployed persons [2)]	56.4	★
60s [1)]	29.4	★	High-risk areas [3)]	112%/+51	–
70s [1)]	22.8	–	Suicide methods [4)]	51%	☆☆
80 years old or over [1)]	22.2	–			

1) Suicide rate (per 100,000) based on suicide statistics. An “a” indicates cases in which an increase or decrease of 1 suicide victim would change the ranking.
2) Suicide rate (per 100,000) for those aged 20 to 59 based on specially compiled statistics. An “a” indicates cases in which an increase or decrease of 1 suicide victim would change the ranking.
3) Percentage (%) of suicide victims who were discovered/resided in a given area based on suicide statistics and difference (no. of persons). An “a” indicates cases in which a decrease of 1 suicide victim (location discovered) would change the ranking.
4) Percentage (%) of suicides committed by means other than hanging based on suicide statistics and specially compiled statistics. The higher the percentage, the higher the ratio of suicides by means other than hanging.

Rank marks (for details, see attached reference lists 2 and 3)

Rank	
★★★／☆☆	Top 10%
★★／☆	Top 10–20%
★	Top 20–40%
–	Other

Figure II-2. Image of Profile of Actual Local Suicide Conditions (2)

This image shows the overview of the analysis findings (suicide percentages and suicide rate in the given location), while the bottom portion indicates the evaluation of the characteristics of suicides in the area.

[Comment II-1] Planning and implementation of resident surveys as an option to clarify actual local suicide conditions

A detailed examination of the results of the analysis in the actual local suicide conditions profile can clarify the actual status of suicides in many areas. However, in municipalities in which the population is small and the number of suicide victims per year is extremely low, there may be instances in which the statistical analysis provided by the actual local suicide conditions profile is inadequate to clarify the actual suicide conditions. In such cases, the municipality might consider conducting a survey of its residents on its own to clarify their awareness of the issue of suicide. This is not to say that all municipalities must conduct this sort of public survey, but rather that they should determine whether or not such a survey is needed and, if so, implement it as one option. An example of a questionnaire to be prepared by a municipality with a small population is attached in Document 1 at the end of this package. The document introduces questions that might be posed in various cases. It is hoped that local governments will select questions appropriate to their municipality as they implement their surveys.

[Comment II-2] Use of demographic statistics as an option to clarify actual local suicide conditions

For cities with large populations and/or areas, it is possible that the actual suicide conditions in city subdivisions may not be evident from the analysis at the municipal level. In cases in which, based on the analysis presented in the actual local suicide conditions profile, the official in charge recognizes a need to understand the actual suicide conditions within subdivisions of the municipality, an option to be considered is to utilize the death certificates in the vital statistics to analyze actual suicide conditions in each subdivision. However, caution is needed since there may be cases in which suicide is not selected as the cause of death on the death certificates, for example, so it may not be possible to ascertain necessary information from the vital statistics.

Based on the above, municipalities wishing to analyze actual suicide conditions within subdivisions should refer to the “Request for use of vital statistics questionnaire information (Notice)” (No. 1108-01, issued by the Director General of the Ministry of Health, Labour and Welfare on November 8, 2016. Addressed to the head of each prefecture’s department [bureau] of health statistics and signed by the counselor [responsible for vital, health, and social statistics] to the Director-General for Statistics and Information Policy of the Ministry of Health, Labour and Welfare), and should submit a request for use in accordance with the provisions of Section 1, Article 33 of the Statistics Act so that they can use death certificates within the local government to conduct their analysis.

Moreover, in cases in which a summary table is to be created and made public as part of the municipality’s suicide countermeasures plan, or in other cases that would involve the creation of statistics under Section 1, Article 33 of the Statistics Act, a separate application is required. An application must be submitted to the Minister of Health, Labour and Welfare based on the same provisions, and such application must be approved.

[Comment II-3] Setting questions for surveys of resident attitudes that can be used as evaluation indices for suicide countermeasures

When conducting attitudinal surveys of residents (not limited to surveys specifically on suicide countermeasures, but including existing attitudinal surveys), there are questions that can serve as evaluation indices for suicide countermeasures, such as, “Would you like to request assistance or talk with someone?” or “Have you ever attended a lecture or class on suicide countermeasures?” Evaluations can be carried out by examining the change in the number of people responding “yes” to each of the questions prior to and after the implementation of suicide countermeasures. Evaluations can also be conducted by comparing the responses prior to and after the implementation of suicide countermeasures to the question, “Do you know of any assistance available to bereaved family members of a suicide victim?” and analyzing the change in the level of awareness about bereaved family member gatherings, free phone consultation services, the Legal Terrace, and other services.

III Basic Package

III-1 Strengthening local networks

In order for Japan's suicide countermeasures to have the maximum impact in realizing "a society in which no one is driven to take their own life," the national government, local public entities, related organizations, private sector entities, companies, private citizens, and others must cooperate and coordinate, coming together as a country to comprehensively promote suicide countermeasures. To do so, it is critical that the roles that each actor in this effort must play be clarified and shared. Based on this principle, mechanisms must be created for mutual cooperation and coordination. Local public entities should not just convene councils and conferences—they should provide opportunities and spaces for specific types of cooperation in their region and in the locations in which suicide countermeasures are carried out.

In terms of the private sector entities active in the community, given that not only initiatives aimed directly at suicide prevention and assistance to bereaved families but also initiatives in health, medicine, welfare, education, labor, law, and other related areas can contribute to suicide countermeasures, there is a need for the national government and other entities to provide assistance and to create an environment that facilitates their active participation in suicide countermeasures in various fields.

III-2 Developing human resources to support suicide countermeasures

Early "awareness" of people facing various concerns and difficulties in their lives is important, and it is therefore necessary to strengthen policies to train personnel who can have such "awareness." More specifically, in order to ensure that people in healthcare, medicine, welfare, education, labor, and other related fields can all respond to early "awareness" vis-à-vis the general population, efforts must be made to ensure that there are opportunities for people to receive the necessary training. Local support centers for suicide countermeasures and other organizations are expected to carry out training based on detailed planning with regard to training objectives, target participants, content, etc., to enable the most effective implementation in accordance with local characteristics.

Moreover, with regard to human resource development, in order to promote cooperation among the relevant local facilities and organizations, private sector entities, experts, and other gatekeepers, personnel should be trained who can handle the coordination among the relevant actors so that they can provide close support (*yorisoi*) to persons at risk of suicide and accompany them until such risk subsides, while coordinating with specialists and related organizations in the community to help solve their problems.

Also, in places in which school and social education are conducted, efforts should be made to coordinate with universities, special vocational schools, and related organizations to introduce educational curricula that will cultivate personnel who can handle early "awareness."

III-3 Raising awareness and knowledge among residents

Although being driven to suicide is a "danger that can happen to anyone," it is a fact that the mental state and underlying circumstances of persons in crisis are difficult to understand; in addition to deepening understanding of that type of mental state and circumstances, there is a need to actively promote public awareness so that society as a whole will have a shared recognition that it is appropriate for someone experiencing a crisis to ask for help. There is also a need to develop public awareness programs using educational activities, public relations campaigns, and other means to dispel prejudices and misconceptions about suicide and to promote the realization that it is appropriate for anyone in a crisis that threatens their life or livelihood to seek help. There must be a shared awareness that the role of each and every member of the Japanese public in suicide countermeasures is to realize there may be persons contemplating suicide among their own acquaintances, to provide close support (*yorisoi*) for them, speak to them, listen to them, refer them to a specialist as necessary, and keep an eye on them.

It would be advisable in a given area to create and distribute leaflets (with the preferred method being to

work with community organizations and other entities to distribute them to all households), hold lectures for the general public (targeting all residents), distribute awareness-raising goods, hold events on a suicide prevention day or other opportunities, and actively provide information on mental health promotion and suicide prevention within the context of everyday health and welfare activities and community activities. In addition, awareness-raising efforts should be actively promoted using the media, including television, radio, and local newspapers.

III-4 Supporting life-enhancing factors

Suicide countermeasures entail initiatives for both individuals and societies to reduce "life-impeding factors" and also to increase "life-enhancing factors." In the Basic Package, assistance from the perspective of factors that enhance life includes the promotion of measures to create safe spaces for those at risk, support individuals who have attempted suicide, and support the bereaved.

1) Efforts to create safe spaces

This includes the creation of places for people to go to who may be at risk of social isolation in order to prevent such isolation, the creation of safe spaces to provide improved support for victims of sex crimes and sexual violence (outreach programs and the creation of places where they can go and feel safe through improved coordination between women's consultation offices and other related organizations and private-sector support groups), the creation of safe spaces where children from poor households can go (creating spaces where they can acquire basic lifestyle habits and receive learning support), and the like.

2) Support for individuals who have attempted suicide

People who have attempted suicide are an important high-risk group when considering suicide countermeasures, and preventing repeat attempts is a priority topic for reducing the number of suicide victims. For this reason, along with the physical and mental care provided at general medical facilities, psychiatric care facilities, urgent care centers, and other emergency medical facilities, it is important that once individuals return to their community, they are able to receive care from psychiatrists and other specialists as well as multilayered and comprehensive assistance to address the various social issues that those individuals are facing. Among the measures to deal with those who have attempted suicide, when someone has been transported by ambulance after having attempted suicide, then in addition to carrying out the appropriate, ongoing interventions even after their release from the hospital, it is important to carry out training and other initiatives for emergency medical personnel and create an organic system of cooperation not only between emergency medical facilities and the government but also involving police and firefighters. This will make it possible to build a network that can connect those who have attempted suicide to ongoing medical assistance and counseling facilities so that they can receive psychiatric care appropriate to their needs.

3) Support for those bereaved due to suicide

It is important that suicide countermeasures include not only prevention and intervention but also postvention after a suicide has occurred. In order to support family members and others left behind, while offering assistance such as providing information on inheritance and administrative procedures, efforts to support the bereaved emotionally and to prevent the family members from becoming isolated due to bias against suicide are also crucial. When a suicide occurs at a school, it requires appropriate postvention, which should entail a response that focuses on care for the mental health of the schoolchildren.

Assistance to bereaved family members requires assistance for initiatives to support the individuals concerned, as well as local-level assistance from private institutions and local public entities. This calls for, among other measures, the timely and appropriate provision of information to the bereaved family members. In terms of assistance for bereaved children, given that it may be difficult for them to participate in discussion groups with adults, spaces should be created for them that are different from those for adult family members, and training should be carried out to improve the quality of school personnel in charge of psychological care and counseling.

3-1 Administrative support for voluntary activities of bereaved families (including bereaved children)

Administrative support is given for discussion groups for bereaved family members. It is recommended that policies be examined for carrying out measures at multiple levels—the individual level, the level of groups that bring together the parties concerned, and the local society level. It is advisable to create spaces and discussion groups for bereaved children that are separate from those for adults.

3-2 Promotion of postvention at schools, workplaces, etc.

Suicides by schoolchildren and other minors often involve schools, and thus postvention in the form of mental healthcare for the children is particularly important. The counseling system in schools should be improved through the creation of postvention manuals and initiatives to distribute and create full-time positions for school counselors, school social workers, and other relevant personnel. Also, for instance, in cases of bullying-related suicide, efforts should be made to strengthen prevention measures to avoid reoccurrences. Support for the creation of safe spaces outside of school where students can seek counseling is also required.

3-3 Creation of mechanisms for providing information to bereaved family members and others

The municipality or other local government agency that is closer to the bereaved families should provide them with information at the appropriate times on necessary procedures as well as counseling services to resolve legal issues, discussion groups for the bereaved, and the like. Initiatives should be promoted to ensure that bereaved family members can obtain the information they need no matter where they are in Japan.

3-4 Implementation of training for staff of public agencies

In addition to carrying out awareness-raising efforts and training for those likely to interact with bereaved family members on the scene—police, firefighters, medical personnel, and private company personnel—to improve their consideration of and response to the bereaved, the provision of mental healthcare for first responders, including police and firefighters who must deal with suicide scenes, is another important perspective.

III-5 Promoting instruction for schoolchildren on how to raise an SOS

In order to promote education for schoolchildren nationwide on how to raise an SOS, initiatives should not be positioned as a special program to provide knowledge about suicide prevention (i.e., a special class guided by a specialist that would require a child's guardian to consent in advance), but rather they should be positioned as a school educational activity aimed at "enabling students facing difficulties or stress to ask a trusted adult for help" as part of "comprehensive support for people's lives," and public health nurses or other visiting lecturers should carry out such instruction.

The educational model being used in Tokyo's Adachi Ward is a useful example that can serve as a reference in order to nationally spread education on how to raise an SOS. The format is a one-off class in which the district's community health nurse serves as the visiting lecturer (the one-off visiting lecturer model). The key messages included in the Adachi Ward's education on how to raise an SOS are: (1) cultivate self-esteem; (2) find and speak to a trusted adult; (3) if you cannot find an adult you can trust, speak with the local counseling service; and (4) equip yourself with an understanding of how to raise an SOS. It is advised that municipalities refer to this type of leading example in promoting initiatives that are appropriate to their local circumstances.

IV Priority Package

IV-1 Children and youths

Suicide countermeasures focused on children and youths must be carried out with the various targets in mind—primary and secondary school students, university students, employed and unemployed persons in their teens through their 30s, non-regular employees, and others.

Countermeasures for children and youths require approaches that are suited to their lifestyles and the places in which they live. The issues they face are diverse, and in the transition phase from child to adult,

people undergo distinct and substantial changes. Because the circumstances differ depending on each life stage and the position they are in, measures are needed to address each such stage.

For students, their home, local community, and school are the primary places in their lives, and so child welfare and educational institutions can be viewed as the organizations related to suicide countermeasures, but from the late teens, the number of young people who are not enrolled in school begins to increase, and so labor-related organizations involved in youth employment and livelihood support, as well as other institutions and groups connected to that age group, become involved in assistance. For this reason, their assistance needs to function in cooperation with relevant organizations in such fields as health, medicine, welfare, education, and labor.

1) Suicide prevention for children who are victims of bullying

Bullying is a serious problem as a factor in school-related child suicides. Bullying should under no circumstances be permitted, and not just schools—other relevant institutions as well must cooperate closely and offer detailed support to ensure that the signs of bullying are recognized as early as possible and to respond rapidly.

2) Improved support for primary and secondary school students, focusing on issues young people tend to face

There are many diverse and youth-specific concerns that young people face during their student years, including bullying and relationships with their peers, dating violence, the transition to higher education or employment, problems at home, or conflict over gender identity. In order to improve the support provided to schoolchildren, cooperation is needed that extends beyond educational institutions and involves local child welfare services. Entities such as the local organizations for inter-agency coordination or councils and meetings for drafting suicide countermeasure plans bring together various relevant organizations generally involved in suicide countermeasures and thus present effective opportunities for coordination between educational institutions and the community.

3) Improved support for children facing economic difficulties, etc.

Poor households face various problems, including economic difficulties, that may heighten the risk of suicide among children and youths raised in such homes. For this reason, measures that have been implemented in compliance with the Act on Promotion of Child Poverty Measures must be recognized as measures that may prevent suicide among children and youths.

4) Strengthened outreach, etc., to young people using ICT

As a result of the spread of the Internet and SNS, instead of seeking help or counseling in a face-to-face setting, young people often search for information or announce that they are troubled online. As a result, stronger efforts are needed to utilize ICT for awareness-raising and outreach measures targeting young people.

5) Initiatives to teach young people how to offer counsel to those around them

Rather than just turning to counseling services at support organizations, young people dealing with problems may choose to approach friends and others close to them as sources of advice. Efforts must be made to strengthen the response capability of those who may become peers for people seeking counsel (i.e., friends or those in similar positions) in cases in which they become aware that an individual is troubled or is thinking that they want to die, or when the individual opens up to them about their troubles. It is also necessary to create mechanisms to support the mental health of the helper, including cases in which the person seeking counsel does eventually commit suicide.

6) Initiatives to reduce the risk of suicide among young people in society as a whole

Assistance for young people must be undertaken together with various measures that are connected to the causes/motivation for suicide and to the viewpoint of young people. In addition, initiatives are also needed to eliminate bias toward socially vulnerable individuals in order to decrease the risk of suicide in society as a whole. Furthermore, assistance provided through maternal and child health programs for expectant and

nursing mothers and those raising children who are socially vulnerable also has elements of suicide countermeasures.

IV-2 Work and business-related issues

In the government's Action Plan for the Realization of Work Style Reform, it states, "The goal of the reform is to enable each and every person to have better prospects for the future," but those who are employed but are driven to suicide are clearly in the opposite situation. Suicide countermeasures in the prefectures and municipalities for work- and business-related problems should be planned and carried out in coordination with the various policies of the Work Style Reform Action Plan.

Work- and business-related countermeasures should not just be focused on measures in the workplace and at each office. In addition, the role of the government and local business organizations is important in order to respond to the diversifying labor environment, and local awareness-raising and education are advised.

Although the suicide rate for those who are employed is lower than the rate for those who are unemployed, nearly 40 percent of all suicide victims are working, with 30 percent being office workers and other types of employees and just under 10 percent being self-employed or working in a family business. The majority of workers are employed in small to medium-sized enterprises, but the employment environment and structure varies by region, and therefore countermeasures must be based on the characteristics of the local employment environment and structure, including the public sector.

1) Promotion of mental health measures in the workplace

There are a variety of programs being carried out to provide assistance for mental health measures in the workplace, including the use of the stress-check system and the activities of occupational health support centers that have been established in each prefecture to handle small-sized enterprises. In order to utilize these support systems, work must be done so that local suicide countermeasures and the workplace-based mental health measures will work together.

2) Efforts to prevent death from overwork, including overwork-related suicides

Based on the Law on Promotion of Measures for *Karoshi* (death from overwork) Prevention that went into effect in November 2014, and the "General Principles Regarding Measures to Prevent Death from Overwork and Other Issues" that were established under that law, the nation has a duty to effectively promote measures to prevent *karoshi*, including suicide related to overwork, and thus local-level public organizations must collaborate with the national government as they work to effectively promote such measures.

The "General Principles" state that each and every citizen should not regard *karoshi* as a problem affecting only workplaces and workers, and that they should deepen their understanding of *karoshi* as a more personal issue. At the same time, citizens are urged to become aware of the importance of preventing *karoshi*, and in the law, it designates November as "*karoshi* prevention awareness month." Accordingly, national government and local public agencies must undertake educational initiatives, for example, by working to ensure that programs appropriate to the purpose of the month are carried out. Local public agencies, in cooperation with the national government, should work to effectively carry out measures to prevent *karoshi*, and they should also make efforts to promote measures from the standpoint of appointing local officials to undertake measures based on the actual conditions of the tasks of each type of job.

3) Rectification of the practice of long working hours

Moreover, it is expected that the practice of long working hours will be rectified in accordance with the approval of the "Action Plan for the Realization of Work Style Reform," but from the perspective of suicide countermeasures as well, prefectures and municipalities must encourage a change in the long hours employees are working through such initiatives as carrying out public awareness campaigns and introducing best-case scenarios at workshops for companies and joint meetings in order to build momentum for the rectification of long working hours.

It is understood that addressing the problem of long working hours is important in countering suicide, but

this is rarely covered as a direct focus of local measures, and there are few known examples of such measures.

4) Measures to prevent harassment

Harassment is a major underlying factor in work-related suicide. Workers who are in a position of weakness at their workplace due to a shorter work history or for other reasons are often susceptible to harassment and the imposition of long working hours. The implementation status of measures to prevent workplace harassment should be shared with local economic organizations and related departments, efforts should be made to foster consciousness of and interest in stopping harassment throughout society, and assistance should be given to promote measures to prevent workplace harassment.

5) Implementation of counseling programs for business owners

Financial difficulties are an important factor in the suicides of business owners, including the self-employed, but to actually address this requires a comprehensive approach to deal with psychiatric care, family issues, and other problems.

The "General Principles" call for coordination with the Societies of Commerce and Industry, Chambers of Commerce and Industry, and other entities, assistance from the SME Revitalization Support Councils, and promotion of greater public awareness of the "Guidelines for Personal Guarantees Provided by Business Owners." It is advised that prefectures and municipalities create a comprehensive counseling and support system, as represented by general consulting services, and that they offer counseling programs for business owners.

IV-3 Poor and needy

The poor and needy are often facing multiple underlying issues which are diverse and wide-ranging. Examples include abuse, sexual violence, addiction, sexual minority status, learning disabilities, developmental disabilities, mental illness, disaster evacuation issues, nursing care, multiple debts, and work-related issues. In addition to economic difficulties, the poor and needy tend to have few relationships, making it easy for them to become socially isolated. Based on an awareness that the poor who face these various factors are also people at high risk of committing suicide, effective measures to assist the poor can also serve as suicide countermeasures and thus as comprehensive support for people's lives.

In order to ensure that those who are living in, or are at risk of living in, poverty do not commit suicide, the closest municipality to a relevant individual should have effective measures in place that are linked to programs within the systems that support the self-sufficiency of the poor and needy, such as counseling and support for self-sufficiency. Initiatives that connect socially isolated individuals living in poverty with other members of the community can serve as suicide countermeasures as they strengthen life-enhancing factors while also leading to the identification and support of those poor and needy individuals who are at risk of committing suicide. For that reason, cooperation is needed at the municipal level between the division responsible for supporting the self-sufficiency of the poor and needy and the division in charge of suicide countermeasures, and at the prefectural level, greater cooperation is needed between the local support centers for suicide countermeasures and the departments in charge of counseling and support for the self-sufficiency of the poor and needy.

1) Counseling and support, and promotion of human resource development

Poor and needy individuals at high risk of committing suicide should be given counseling and support through such measures as network-building and the sharing of information among relevant institutions (e.g., those involved with health, welfare, medical matters, labor, education, law, and policework), nongovernmental organizations (NGOs), and others; periodically holding general consultations; and promoting cooperation between suicide prevention counseling services and services that provide counseling and support to help those living in poverty become self-sufficient. Human resource development should also be conducted to train the necessary personnel for such efforts.

In order to implement comprehensive suicide countermeasures that serve to support people's lives, including the lives of those in poverty, gatekeeper training for the staff of counseling organizations and

other related organizations should be carried out continuously and in stages.

2) Creation of safe spaces and improving livelihood support

Safe spaces along with livelihood support should be provided for individuals who have been identified through general consultations, *yorisoi*-type assistance, or other means as being at high risk of suicide.

3) Linkage of suicide countermeasures and systems that support the self-sufficiency of the poor and needy

It is not uncommon for those who are poor or needy to be at risk of suicide. It is advisable to give thought to the linkages between suicide countermeasures—e.g., providing "one-stop-service" assistance, creating safe spaces, utilizing children's cafeterias, etc.—and support systems for the poor and needy.

IV-4 Unemployed persons

It is known that those of working age who are jobless have a higher suicide rate than those in the same age bracket who are employed. Among unemployed persons at high risk of suicide, there may be cases in which they are facing work problems (e.g., loss of employment or long-term unemployment) or financial problems, or there may be other cases, such as individuals who are sick or injured, who have disabilities, or who have problems with personal relations.

Working-age individuals who are unemployed tend to easily become socially isolated, and thus various policies for suicide measures for unemployed individuals should be considered in the context of comprehensive suicide countermeasures.

From this perspective, it is necessary to build a support system for unemployed persons at high risk of suicide that has identified all of the risks they face, is actually beneficial for such persons, and is supported within different occupations and fields.

1) Improved counseling and other services for those who are unemployed

In addition to promoting employment measures of all kinds for the unemployed, such as support for early reemployment, there should be close collaboration with Public Employment Security Offices (Hello Work) and others to carry out meticulous vocational counseling at employment assistance offices. Counseling should also be provided for various problems in daily life, such as the mental anxieties that arise when facing unemployment, in order to offer comprehensive support for the unemployed.

2) Improved support to help young people achieve occupational self-sufficiency

Working in cooperation with such places as the 173 "local youth support stations" that are being established around the country, individualized, ongoing, and comprehensive support should be given to young unemployed individuals to help them achieve occupational self-sufficiency.

3) Promotion of the creation of safe spaces for those who are unemployed

In many cases, unemployed persons at high risk of suicide are socially isolated people; they may be people who find life difficult, young people with low self-esteem, people who have lost their spouse through divorce or death, people who have lost their role in society, people who are not working and therefore have little contact with society, or people who have issues in their relationships with those around them. Efforts should be undertaken to create safe spaces in order to avoid isolation and connect these people with their communities and with the assistance they need.

IV-5 Elderly

With regard to suicides among the elderly, support and approaches are needed that reflect the unique issues facing the elderly and that respond to a range of backgrounds and values. Given that many places are already implementing all sorts of measures and programs, suicide countermeasures for the elderly should be carried out as appropriate in light of the actual status of local measures, such as expanding existing programs, responding to areas that have not yet been addressed, and utilizing or cooperating with relevant existing programs. Local government services, private business services, and assistance from NGOs should be used appropriately and measures should be

promoted to provide comprehensive support for people's lives. Also, the elderly are susceptible to becoming shut-ins and to depression and can easily become isolated and lonely. Accordingly, this calls for the development of programs linked with measures to create a local comprehensive care system and a community-based society as well as the promotion of efforts to engender social capital, such as creating safe spaces for the elderly and strengthening social engagement that helps prevent isolation and loneliness.

1) Promotion of coordination to provide comprehensive support

Coordination among relevant institutions and organizations should be promoted in areas such as health, medical care, nursing care, and daily living assistance in order to create a system for comprehensive support.

2) Support for those in the region who require long-term care

Those who use long-term care services have contact with long-term care workers, and the importance of such workers in monitoring and awareness is well recognized. Through coordination with the patient's family physician and other institutions, long-term care workers can be viewed as the portal for providing comprehensive assistance that includes the caregiver and family.

3) Support for elderly persons in poor health

Health issues, including depression, are the most common factors leading to suicide among the elderly, and counselling should be provided to them through visits by their local family physicians, visiting nurses, public health nurses, social workers, health supporters, or others.

4) Strengthening of social participation and the prevention of loneliness and isolation

As a result of longer lifespans and changing lifestyles, there has been an increase in the number of elderly households and of households in which an elderly person is living alone, and thus the promotion of greater social participation among elderly residents is important in terms of suicide countermeasure as well. Among the initiatives to create places where the elderly can go, municipal social welfare councils and other organizations are carrying out many senior salon events for the elderly. There is a need to create a system for noticing changes in physical and mental functions, and so working in cooperation with activities and programs for monitoring the elderly, awareness-raising and education regarding the mental health of the elderly should be provided to local residents and private businesspeople who are carrying out various monitoring activities so that they can help prevent or resolve issues of loneliness and isolation. (Program to create spaces for seniors)

IV-6 High-risk areas

Suicide countermeasures for high-risk areas can be roughly divided into such categories as: (1) patrols by relevant parties and use of surveillance cameras; (2) temporary protection using shelters and livelihood assistance for those contemplating suicide; (3) initiatives to make it easier for those contemplating suicide to ask for help; and (4) initiatives to prevent suicide by jumping through installation of fences, etc. The effectiveness of these measures is being checked in part overseas. Based on the actual conditions in high-risk areas, a municipality should compile a list of available measures.

In high-risk areas that attract individuals contemplating suicide who reside in other parts of the country, initiatives to prevent such suicides cannot be called direct government services for "residents," and so this matter requires cross-jurisdictional assistance involving given prefectures. Also, when carrying out such programs, it is anticipated that greater effort than would be the case with usual suicide measures will be needed to promote understanding of suicide countermeasures among local government leaders and policymakers, which is needed in order to secure the budget, coordinate interested parties, and implement other measures. Also, because many of those suicidal individuals who are the target of these measures reside in other areas, it is necessary to try to create a system for connecting them with the relevant organizations in their own communities.

With regard to news reports on suicides in high-risk areas, such reports run the risk of inducing further suicides (the Werther effect). Accordingly, when

undertaking suicide countermeasures in high-risk areas, journalists should be asked to show consideration by adhering to the World Health Organization (WHO) media guidelines.

1) Patrols by relevant parties and use of surveillance cameras

The prefectures, municipalities, police, and NGOs should collaborate to carry out patrols to watch for people who are suspected to be contemplating suicide. In such cases, tools such as surveillance cameras should also be used as appropriate.

2) Temporary protection using shelters and livelihood assistance for those contemplating suicide

The government and NGOs should collaborate to provide temporary protection for those contemplating suicide who visit high-risk areas and should also provide livelihood assistance to promote self-sufficiency.

3) Initiatives to make it easier for those contemplating suicide to ask for help

Signs, etc., should be posted that encourage those who visit high-risk areas and are contemplating suicide to seek help, and counseling should be provided.

4) Initiatives to prevent suicide by jumping

Measures should be taken at cliffs, bridges, tall buildings, and elsewhere, such as by installing fall prevention fences. One possible measure would be to install fall prevention fences on tall public housing buildings.

The installation of platform doors and fences at railroad stations is being advanced from the perspective of preventing the falling of those who are visually impaired, but it can also be seen as contributing to suicide prevention.

IV-7 Areas affected by disasters, including earthquakes

Because the victims of large-scale disasters are likely to experience a variety of stress factors, in addition to suicide countermeasures aimed at mental care and the prevention of isolation, rebuilding their lives and other mid- and long-term reconstruction-related measures, tailored to each stage in the recovery process, need to be implemented starting with the occurrence of the disaster. In particular, consideration should be given to those most vulnerable to disasters, including the elderly and infants, people living alone, and people with disabilities.

Also, support should be given to the creation of a system for providing ongoing treatment and assistance in cases in which high-risk groups such as gambling addicts or alcoholics are found, as well as for network-building and self-help activities involving local medical facilities and relevant institutions and groups in the areas of health, medicine, welfare, education, labor, law, and the like.

1) Promotion of support measures for those affected by large-scale disasters

When a large-scale earthquake or other natural disaster strikes, many victims suddenly lose family members, relatives, their homes, and their livelihoods, or have experiences which can have significant effects on them physically and mentally. In areas that have undergone such disasters, suicide countermeasures for survivors are needed not just in the immediate aftermath but on an ongoing basis, even after a certain period of time has passed.

2) Enhanced support for those addicted to alcohol, gambling, etc.

Individuals in high risk groups who develop addictions include victims who are male, living alone, elderly, unemployed, and have lost relatives, thereby resulting in them having no one that they can talk to, as well as victims who have a strong sense of loneliness and isolation, who have lost their purpose in life, and who may have issues related to poverty. For that reason, each individual issue must be sorted out, and measures appropriate to each issue must be devised to offer support.

3) Strengthening of outreach to affected areas and provision of *yorisoi*-style support through collaboration among those in different professions and sections

Among disaster victims, there are those who have lost their means of transportation as a result of the disaster,

greatly limiting their ability to get around, and so the people providing assistance should, to as great an extent as possible, strengthen outreach efforts to go out and see such victims "where they are living," as well as consider local visiting programs through collaboration among those in different professions. It is also advisable to get a clear picture of what disaster victims need for their daily lives and to support the creation of safe places for them to go through multisectional cooperation.

IV-8 Means of committing suicide

Addressing the physical means of committing suicide—jumping, poison, gas (carbon monoxide poisoning using coal briquettes, hydrogen sulfide, etc.), and other methods—requires implementing measures that make it harder for an individual at high risk of suicide to gain access to the means by which they might do so. Measures to deal with a specific means of suicide do not increase suicide plans by other means, and so measures to address suicide means are an effective way to reduce suicides.

Through the Internet and mass media, people learn about celebrity suicides and new methods to commit suicide, and at times this leads people to suicide who it is believed had not considered suicide previously. For that reason, the popularization of a new means of suicide can lead to an increase in the overall number of suicide victims. Accordingly, when undertaking countermeasures targeting specific means of suicide, journalists should be asked to show consideration by adhering to the WHO media guidelines.

1) Initiatives to prevent suicide by jumping (see IV-6 4) above)

Measures should be taken at cliffs, bridges, tall buildings, and elsewhere, such as by installing fall prevention fences. One possible measure would be to install fall prevention fences on tall public housing buildings.

The installation of platform doors and fences at railroad stations is being advanced in urban areas from the perspective of preventing the falling of those who are visually impaired, but it can also be seen as contributing to suicide prevention.

2) Prevention of suicides using pesticides or gas (e.g., carbon monoxide poisoning using coal briquettes)

Municipalities should work together with agricultural cooperatives and other relevant organizations to create a local system for collecting pesticides that are no longer being used in farm work. Training should be carried out for farmers and others on the safe handling of pesticides, including storage and management, to ensure that families and others who are not involved in farming do not have access to pesticides.

Suicides involving coal briquettes increased rapidly around 2002, and they remain high even now. Among men in their 20s to 50s, "coal briquettes, etc." has become the second most common method of suicide following hanging. (*2017 White Paper on Suicide Prevention in Japan*, p. 30) In order to decrease the number of suicides among young and middle-aged men, countermeasures are needed, such as information sharing and discussion among relevant actors.

3) Initiatives to prevent overdoses, etc.

People in the medical field have a responsibility to properly manage drugs and are the gatekeepers who must carry out early detection and responses for patients at high risk of overdose. Various opportunities should be taken to share information and implement the appropriate training for medical personnel on suicide and attempted suicide by drug overdose.

Information and training should also be provided to relevant parties who may be concerned with the proper management of other medications related to suicide.

V Examples of how local suicide countermeasure policy packages are used, by population size

Taking differences in population size into consideration

The essential content of the Basic Package of suicide countermeasures does not differ based on the population size of a municipality, but it is thought that the local character of suicide countermeasures will be affected by the scale and density of a municipality's population. Population scale variation gives rise to differences in the scale of local government and the status of medical and welfare facilities, various types of counseling organizations and NGOs, and the availability of volunteers. When analyzing the local characteristics of a location with a small population, the suicide rate and other indices of neighboring areas must also be used as reference. The explanation below is broken down into three categories of population size: less than 50,000; between 50,000 and 499,999; and over 500,000.

The following process should be considered when applying the local suicide countermeasure policy packages. The Recommended Priority Package is derived from the "Characteristics of suicides in the area" in the actual local suicide conditions profile. Data such as "Overview of suicides in the area (graph)" and "Evaluation of the characteristics of suicides in the area" should be added in to the Package to determine the specific measures to be undertaken.

V-1 Municipalities with a population less than 50,000

In municipalities with populations of less than 50,000 (most of which are farming and mountain village areas), there is little distance between the local government official in charge and the local residents, and the person in charge of a community (e.g., the public health nurse in charge), for example, has often built face-to-face relationships with the area's residents. Putting it in terms of the local networks and local relationships, it is recognized that the ties within autonomous resident organizations are strong, the ties that residents develop through traditional events and festivals are strong. While close everyday bonds among residents is a strength, at the same time, it can be a negative factor in the sense that when individuals do not want other people to know about the troubles they are dealing with, they will be bothered by the constant feeling of being observed by other residents. In addition, compared to cities, the proportion of multigenerational households is larger, so along with the social isolation of those living alone, there is also the issue of isolation within the family with whom an individual lives. Based on the actual local suicide conditions profile, municipalities should objectively analyze the local characteristics and gain a firm understanding of the actual situation. They should then consider the prioritization of the issues within their local suicide countermeasures in order to facilitate the drafting of a plan that is suited to the actual local conditions.

V-2 Municipalities with a population between 50,000 and 499,999

One characteristic of municipalities with populations of between 50,000 and 499,999 is that, compared with smaller municipalities, they have a large supply of human resources involved in suicide prevention—those in fields such as the government, medicine, and health and welfare, NGOs, volunteers, and the like. Cooperation on suicide countermeasures with a local, high-performance, central medical facility (e.g., an emergency care hospital) can be expected as well.

Cities such as prefectural capitals that are separated from the major metropolises may have different local characteristics than cities closer to metropolises. A variety of issues such regional cities are facing have often emerged, such as the outflow of young people to the big cities, the hollowing out of shopping centers near train stations, and shifting of commercial centers to large-scale suburban retail stores. While the composition of the population in these locations is becoming older as the younger generations move to major cities, because there are few opportunities to work in large-scale establishments, the difficulty of getting young people to settle in the area may become an issue. Also, because it may be recognized that, depending on the area, there may be a mixture of depopulating areas and densely populated areas, detailed measures must be drafted that are in keeping with the actual status of local characteristics.

Mid-sized cities that are located in the suburbs of major metropolises often are suburban commuting cities in nature, and because the lifestyle and

consciousness of the residents rarely differs significantly from that of residents in the major metropolises, measures should be devised that are appropriate to the local characteristics.

V-3 Municipalities with a population of 500,000 or greater

The areas assumed to fall within this category include major metropolises and ordinance-designated cities, such as Tokyo, Osaka, Nagoya, and Fukuoka. If we take Tokyo, for example, in the working-class industrial districts, the priority issue is suicide among the elderly, whereas in the commercial business districts, the priority is on suicide among young women; accordingly, suicide countermeasures are needed that respond to each area's characteristics. In municipalities that are within commuting distance of big cities, countermeasures must take into consideration the nature of those areas as suburban bedroom communities. And within the big cities, in places where there are skyscrapers, countermeasures to prevent suicide by jumping and other measures for specific methods of suicide are required. Also, because there are many locations like universities within large cities, there are areas where young people represent large portions of suicide figures, for which improved suicide countermeasures for children and youths are required.

Guidelines for Municipal Suicide Countermeasure Planning*

Published by Ministry of Health, Labuor and Welfare (Japan) in November 2017
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."

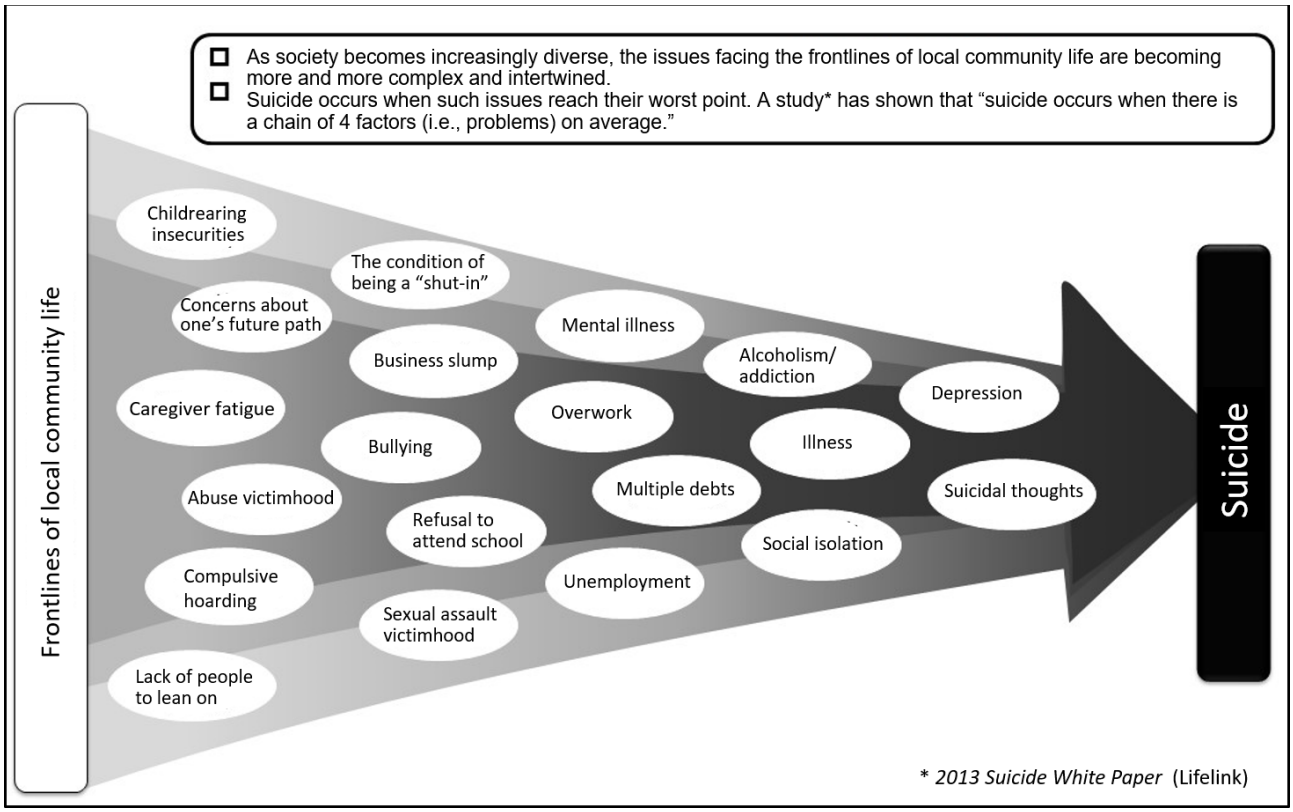


Figure 1. Suicide risk factors (Source: Ministry of Health, Labour and Welfare)

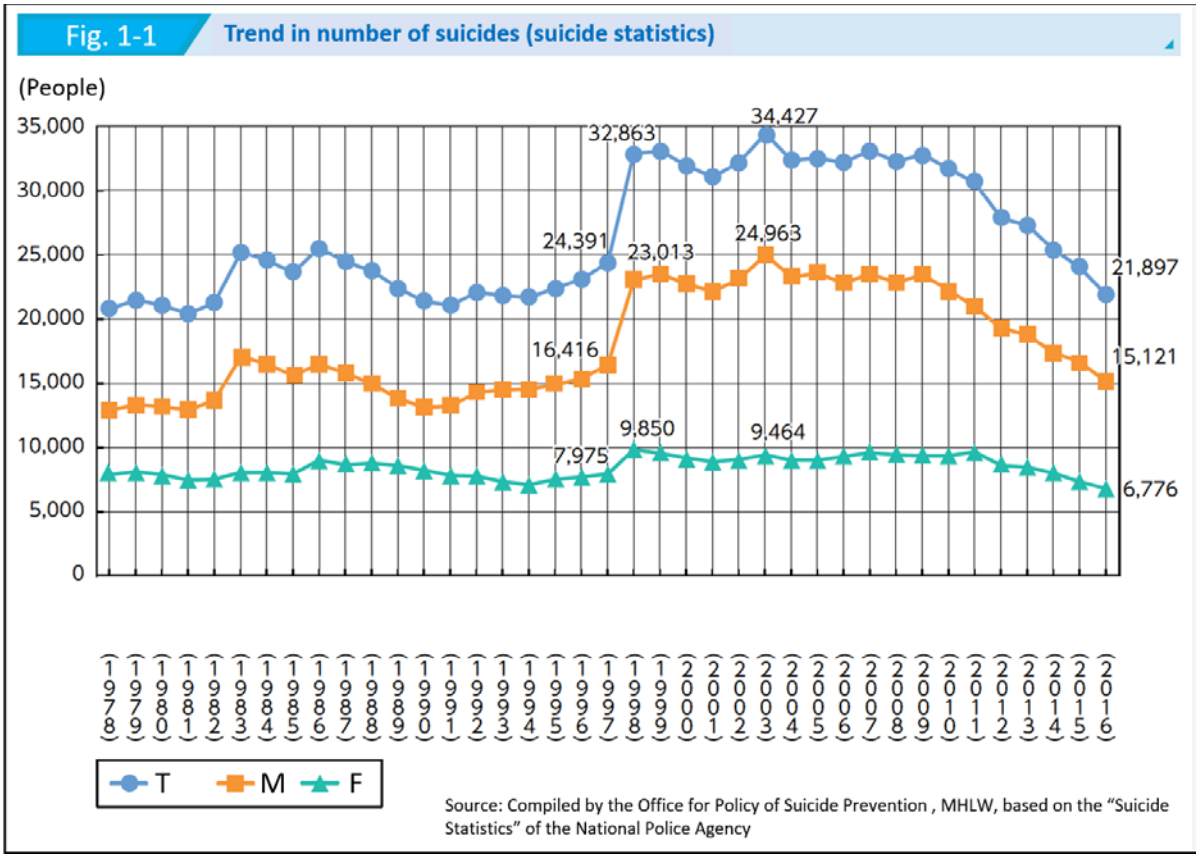


Figure 2. Number of suicides in Japan (Source: 2017 White Paper on Suicide Prevention in Japan, Fig. 1-1)

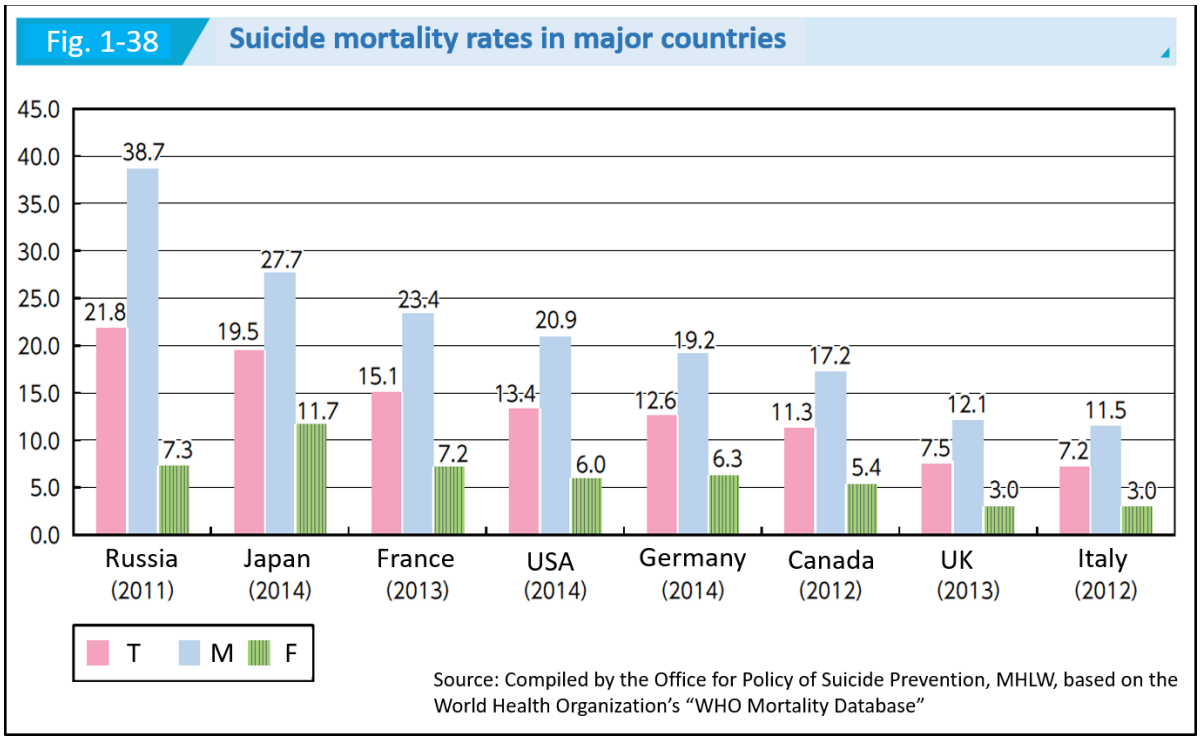


Figure 3. International comparison of suicide mortality rates (Source: 2017 White Paper on Suicide Prevention in Japan, Fig. 1-38)

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.

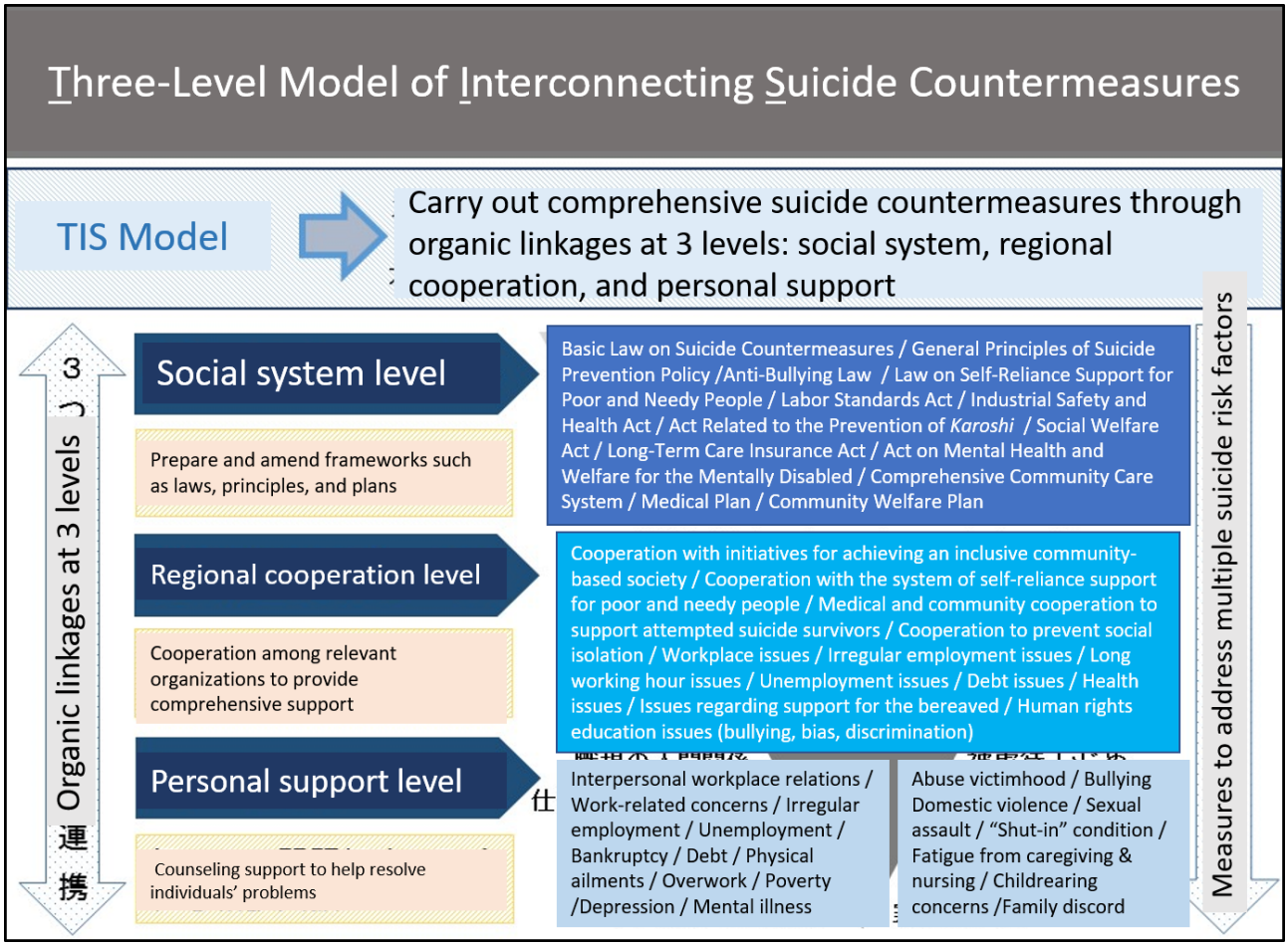


Figure 4. Three-Level Model of Interconnecting Suicide Countermeasures (Source: Japan Support Center for Suicide Countermeasures)

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.

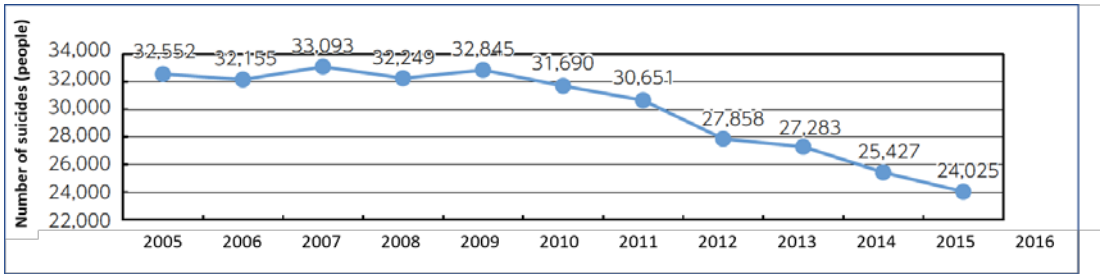
Up until the dramatic rise in suicide victims in 1998, the problem of suicide was rarely viewed as a government issue in Japan, and even after that year, there was no basic policy on suicide countermeasures for the country as a whole. The national government efforts were centered on Ministry of Health, 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.—Yorisoi 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 renewal the profile of actual local suicide conditions

▼**Office for Comprehensive Suicide Countermeasures:**
Create and renewal 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

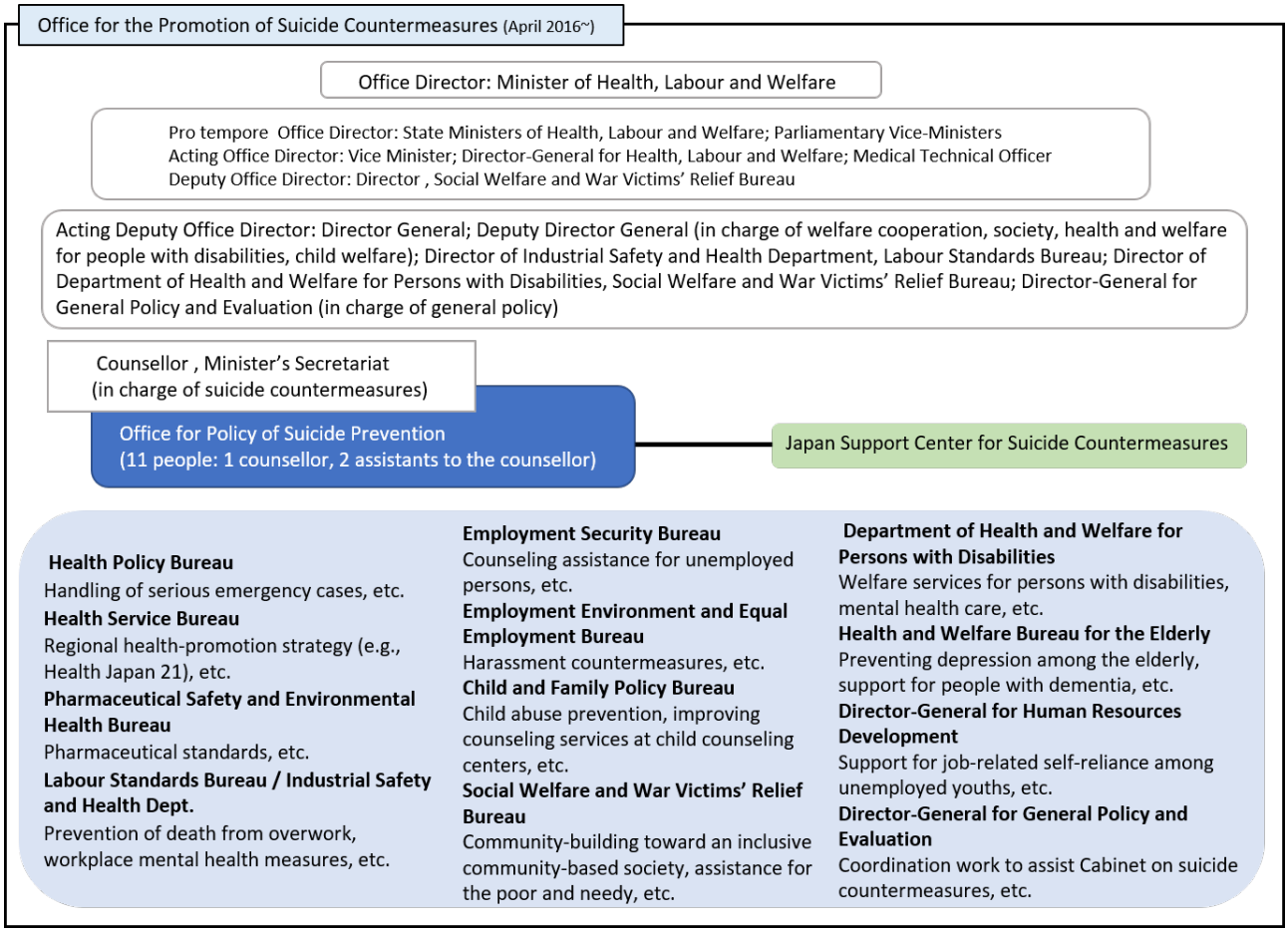


Figure 6. The MHLW's system for implementing suicide countermeasures

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.

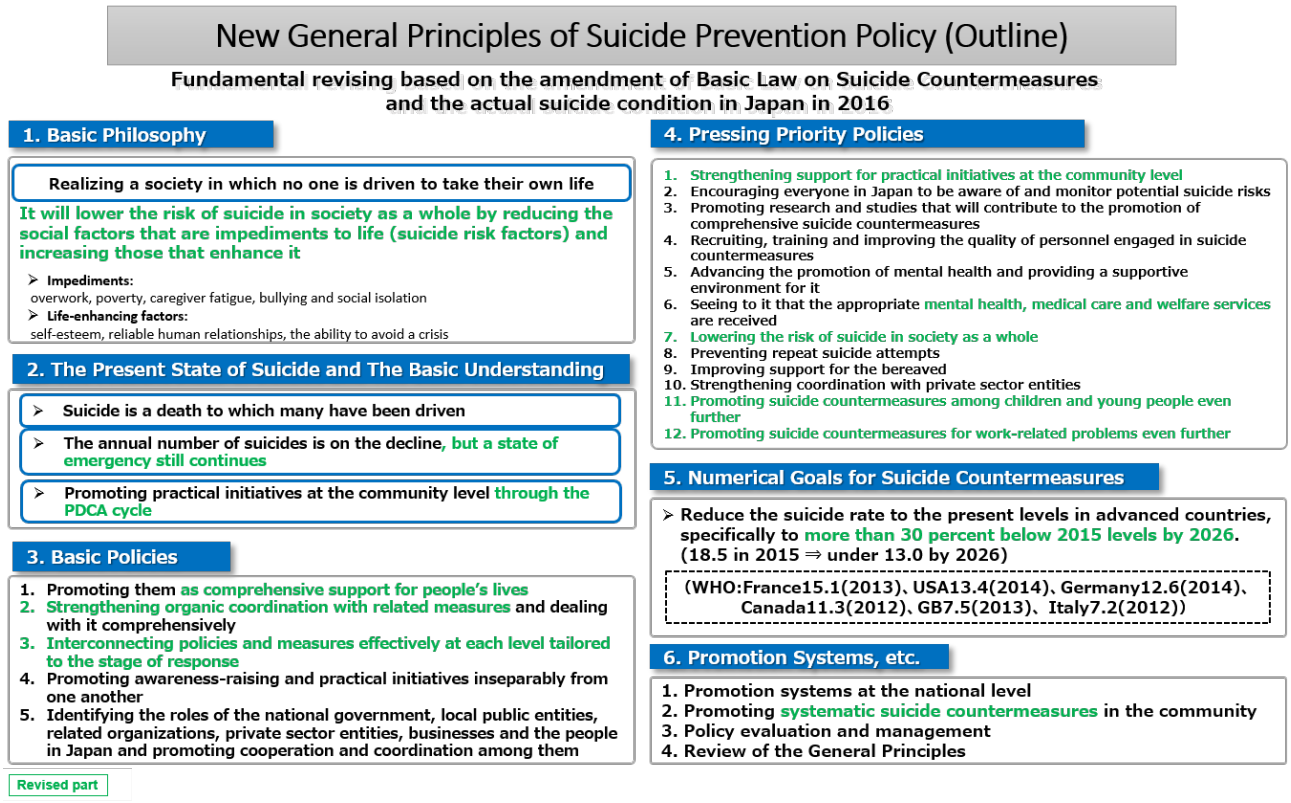


Figure 7. Outline of New General Principles of Suicide Prevention Policy

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.

1. Strengthening support for practical initiatives at the community level

- ·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

2. Encouraging everyone in Japan to be aware of and monitor potential suicide risks

- ·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

3. Promoting research and studies that will contribute to the promotion of comprehensive suicide countermeasures

- ·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

4. Recruiting, training and improving the quality of personnel engaged in suicide countermeasures

- ·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

5. Advancing the promotion of mental health and providing a supportive environment for it

- ·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

6. Seeing to it that the appropriate mental health, medical care and welfare services are received

- ·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

7. Lowering the risk of suicide in society as a whole

- ·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

8. Preventing repeat suicide attempts

- ·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

9. Improving support for the bereaved

- ·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

10. Strengthening coordination with private sector entities

- ·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

11. Promoting suicide countermeasures among children and young people even further

- ·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

12. Promoting suicide countermeasures for work-related problems even further

- ·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.

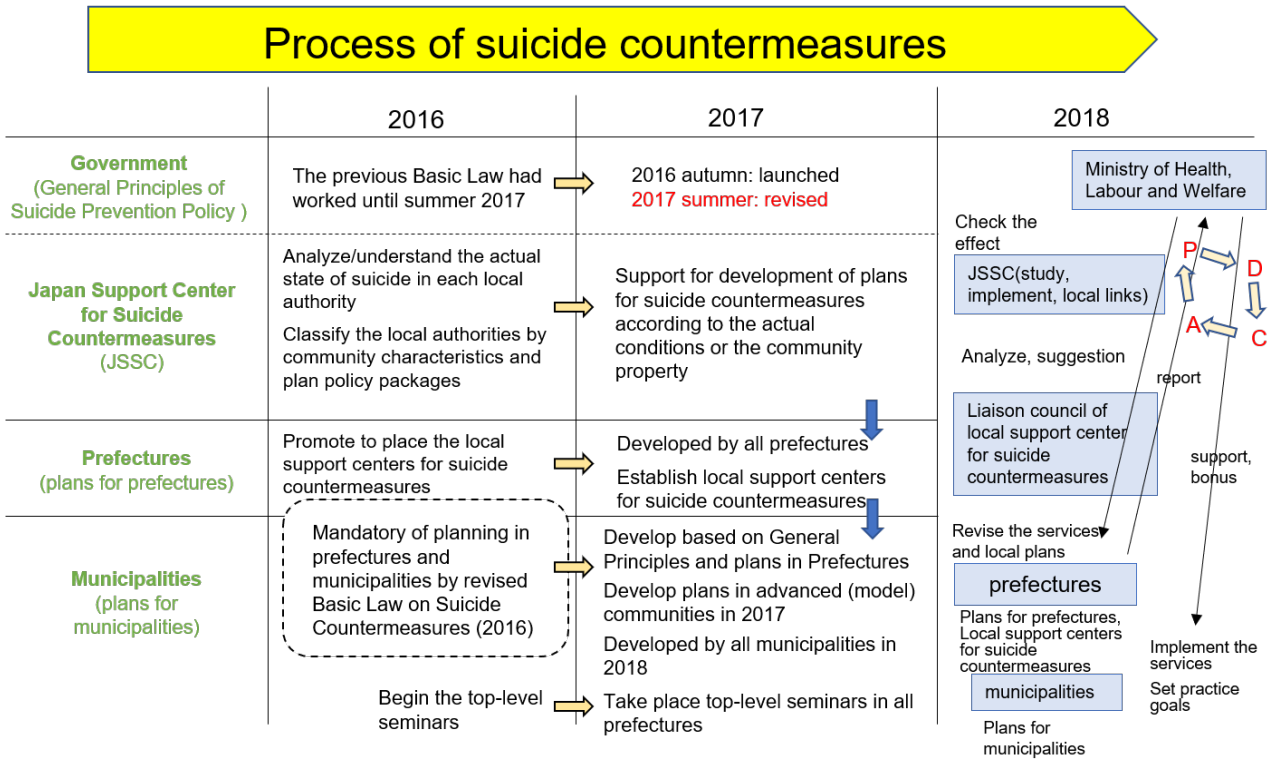


Figure 9. PDCA cycle and process of suicide countermeasures

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").

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 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.

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.

III-1. Create a decision-making system

1) Put a top government official in charge

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.

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

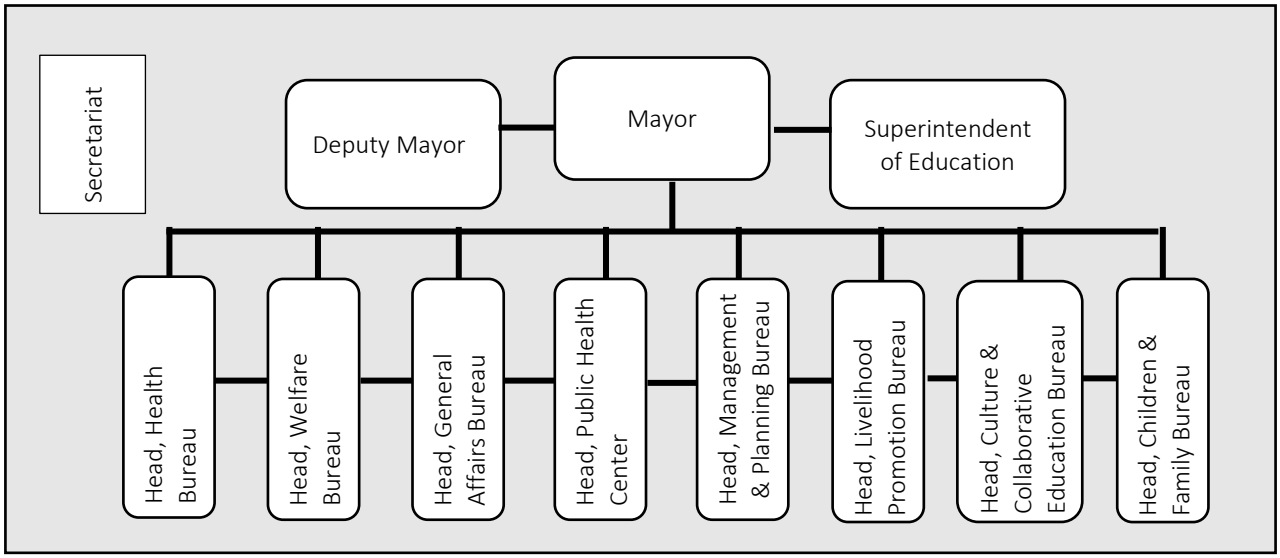
the General Principles. For example, this could be called the "Office for the Promotion of Life-Supporting Suicide Countermeasures." This will make it easy to understand that the suicide countermeasures are providing "comprehensive support for people's lives." In cases in which there is a sense that 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 insdividuals 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.

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.

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 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.

▼ 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.

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 (*yorisoi*) 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.

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.

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 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.

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.

시정촌 자살대책계획 수립 지침서

～누구도 자살로 내몰리지 않는 사회 실현을 목표로～

발표 후생노동성(2017 년 11 월)
번역 자살종합대책추진센터(JSSC)

【들어가면서】

일본의 자살대책은 2006 년에 자살대책기본법이 제정된 이후 크게 발전되었습니다. 그 전까지는 「개인의 문제」였던 자살이 「사회의 문제」로서 널리 인식하게 되었고, 자살대책을 국가적인 차원에서 종합적으로 추진한 결과, 자살자 수가 연간 감소 추이를 보이는 등 좋은 성과를 보이고 있습니다. 그러나 일본의 자살 사망률(인구 10 만 명당 자살에 의한 사망률)은 주요 선진 7 개국 중 가장 높고 자살자 수는 매년 2 만 명을 웃도는 수준에 머무르는 등, 비상사태는 여전히 계속되고 있습니다.

그러한 가운데 「누구도 자살로 내몰리지 않는 사회」 실현을 목표로, 자살대책을 보다 종합적이고 효과적으로 추진하기 위해 자살대책의 시행 10 년째를 맞이하는 2016 년에 자살대책기본법이 개정되었습니다. 자살대책이 「삶을 위한 포괄적 지원」으로서 실시되어야 한다는 것을 기본 이념에 명시함과 동시에 자살대책의 지역간 격차를 해소하여, 이른바 내셔널 미니멈으로서 누구든지 「삶을 위한 포괄적인 지원」으로서 자살대책에 관한 필요한 지원을 받을 수 있도록 모든 도도부현(시구읍면・광역자치단체) 및 시정촌(시읍면・기초자치단체)이 「도도부현 자살대책계획」 또는 「시정촌 자살대책계획」을 수립하도록 하였습니다.

앞으로는 각 시정촌에서 수립되는 「시정촌 자살대책계획」이 해당 시정촌의 자살대책을 이끌어주는 역할을 해 줄 것으로 기대됩니다. 해당 시정촌의 모든 사업 중에서 「삶을 위한 지원」 관련 사업을 총동원하여, 다시 말해 현존하는 사업을 최대한 활용하는 형태로 수립된 시정촌의 자살대책계획은 모든 관청을 아우르는 노력으로서 해당 시정촌의 「삶을 위한 포괄적인 지원(= 자살대책)」을 추진하는 힘이 되기 때문입니다. 또한 전국의 시정촌이 이를 실시함으로써 일본의 자살대책도 더욱 크게 발전될 것입니다.

본 지침서는 2017 년 7 월에 각료회의에서 결정된 새로운 자살종합대책대강 중, 「정부는 원할한 자살대책계획의 도움을 주기 위한 자살대책계획 수립 가이드라인을 책정한다」는 방침에 따라 「시정촌 자살대책계획」의 수립에 관한 표준적인 방법론과 유의점 등을 정리한 것입니다. 「자살대책의 기본 방침」 등, 그대로 가져다가 시정촌 자살대책계획에 포함시킬 수 있는 내용도 있으므로 적극적으로 활용하시기 바랍니다.

*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 자살대책계획 수립의 배경

Ⅰ-1 일본의 자살대책이 목표로 하는 것

자살은 대부분의 경우 궁지에 내몰린 결과로서의 죽음입니다. 자살 배경에는 정신보건상의 문제뿐만 아니라 과로, 빈곤, 육아 및 개호로 인한 피로감, 집단 따돌림이나 고립 등의 다양한 사회적 요인이 작용하는 것으로 알려져 있습니다. 자살에 이르는 심리는 다양한 고민이 원인이 되어 궁지에 내몰린 결과, 자살 외에는 선택의 여지가 없을 것 같은 상태에 빠지기도 하며 사회와의 유대감 감소, 살아 있어도 도움이 되지 않는다는 역할 상실감, 또한 주어진 역할의 크기에 대한 과잉 부담감이 위기 상태까지 내몰리는 과정이라고 생각할 수 있습니다. 자살로 내몰리는 위기는「누구에게나 일어날 수 있는 위기」입니다.

따라서 자살대책은 보건, 의료, 복지, 교육, 노동 및 그 외의 관련 시책과 유기적으로 연계되어「삶을 위한 포괄적 지원」으로서 실시되어야 합니다(자살대책기본법 제 2 조). 자살대책기본법은 제 1 조에서「자살대책을 종합적으로 추진하고 자살 방지를 도모하며, 아울러 자살자의 친족 등에 대한 지원을 충실히 하여 국민이 건강하고 삶의 보람을 느끼며 살 수 있는 사회 만들기에 기여하는 것을 목적으로 한다」고 강조하고 있습니다. 일본의 자살대책은 모든 사람이 오직 하나뿐인 개인으로서 존중 받는 사회「누구도 자살로 내몰리지 않는 사회」실현을 목표로 하고 있습니다.

도표 1: 자살의 위기요인 이미지(후생노동성 자료)

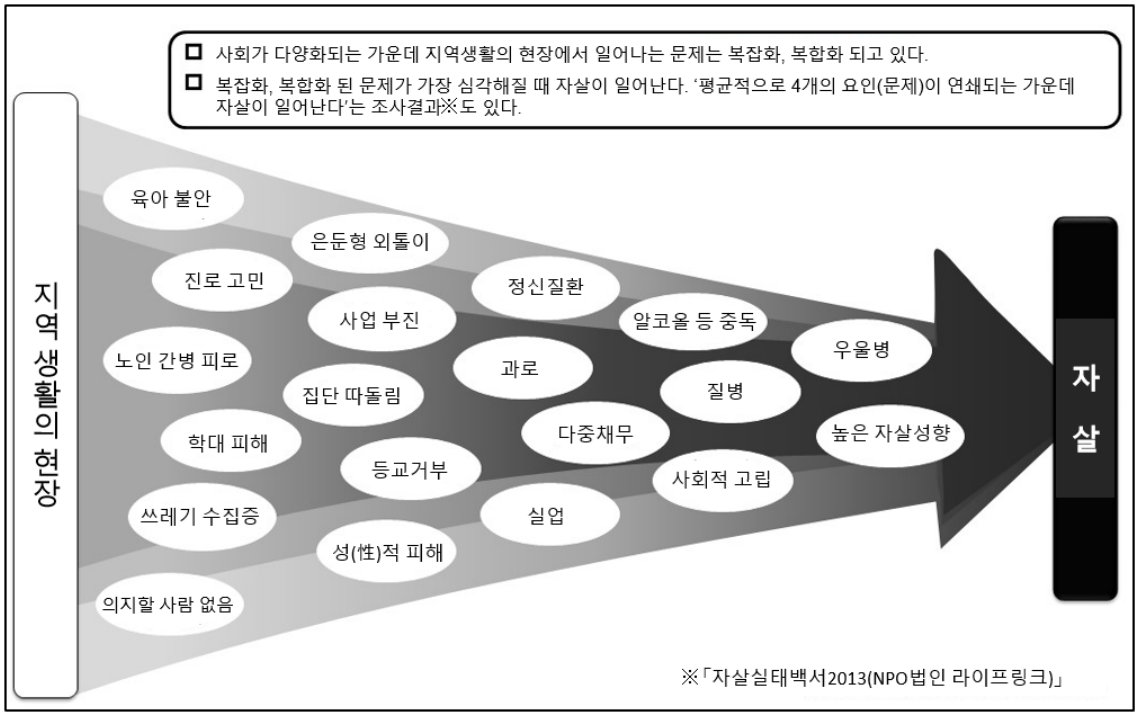
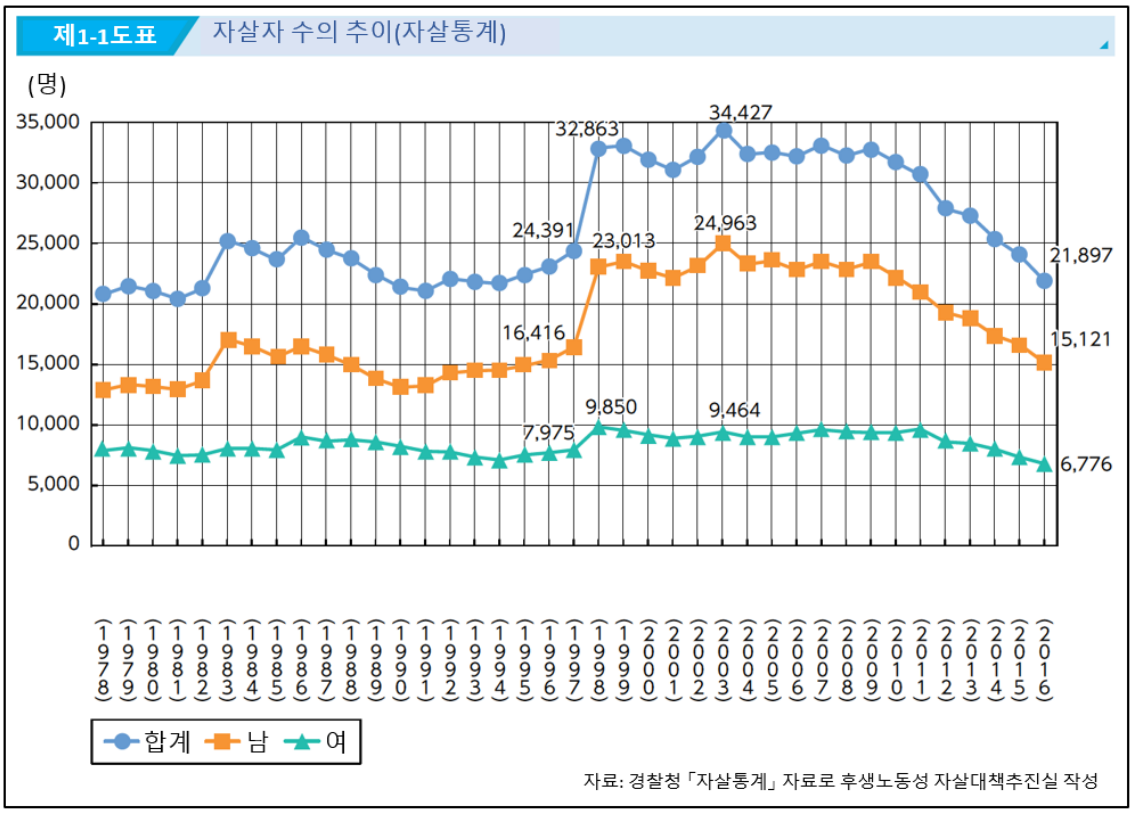
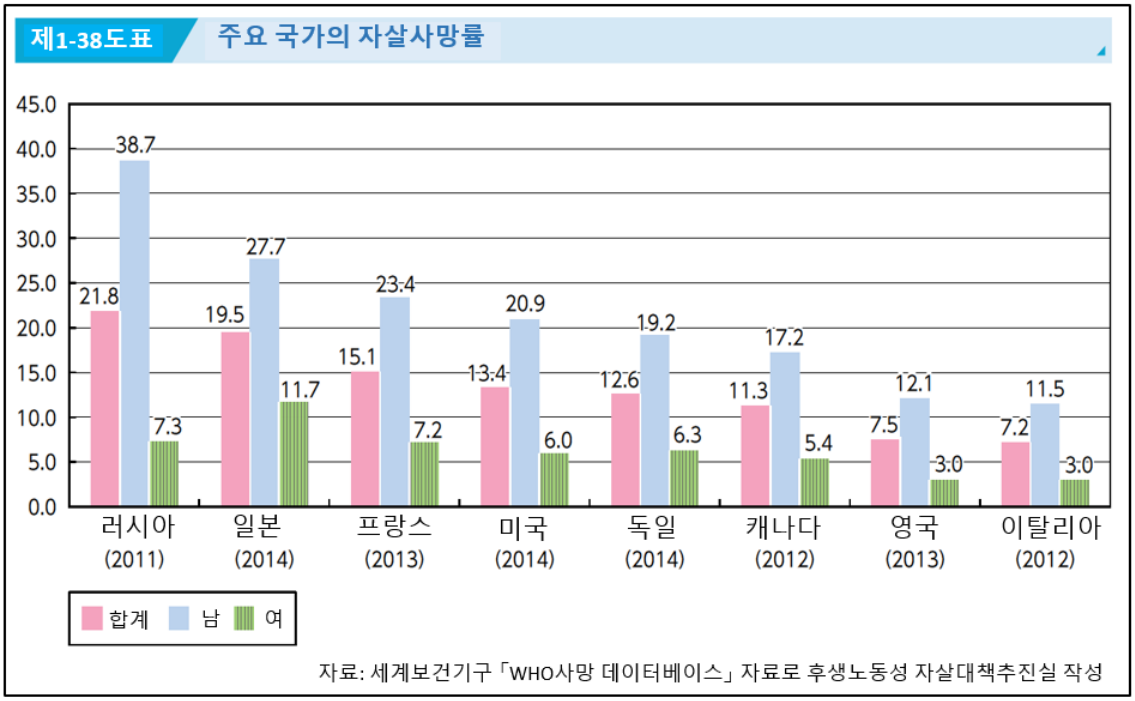


도표 2: 일본의 자살자 수 추이 (2017 년판 「자살대책백서」 제 1-1 도표)



자료: 경찰청 「자살통계」 자료로 후생노동성 자살대책추진실 작성

도표 3: 자살사망률의 국제 비교 (2017 년판 「자살대책백서」 제 1-38 도표)



자료: 세계보건기구 「WHO사망 데이터베이스」 자료로 후생노동성 자살대책추진실 작성

Ⅰ-2 자살대책의 기본 방침

2017 년 7 월 각료회의에서 결정된 자살종합대책대강에서는 자살종합대책의 기본 방침으로서 다음의 5 가지를 들고 있습니다.

1) 삶을 위한 포괄적인 지원으로서 추진

개인이든 지역이든, 자기 긍정감과 신뢰할 수 있는 인간관계, 위기회피능력 등 「삶의 촉진요인(자살의 보호요인)」 보다, 실업과 다중채무, 생활고 등 「삶의 저해요인(자살의 위험요인)」 이 높을 때 자살 위험이 높아집니다.

따라서 자살대책은 「삶의 저해요인」 을 줄이는 방안과 함께 「삶의 촉진요인」 을 늘리는 방안을 실시함으로써 양면적 방안을 통해 자살 위험을 줄이는 방향으로 추진할 필요가 있습니다. 자살 방지 및 유가족 지원과 같은 좁은 의미에서의 자살대책 뿐만 아니라 「삶을 위한 지원」 과 관련된 지역의 모든 방안을 총동원하여 「삶을 위한 포괄적인 지원」 으로서 추진하는 것이 중요합니다.

2) 관련 시책과의 유기적인 연계를 통한 종합적인 대책 전개

자살로 궁지에 내몰리는 사람이 안심하며 살 수 있게 하고, 자살을 막기 위해서는 정신보건적인 관점 뿐만 아니라 사회・경제적인 관점을 포함한 포괄적인 대책이 중요합니다. 또한 이러한 포괄적인 대책을 실행하기 위해서는 다양한 분야의 시책, 사람 및 조직이 밀접하게 연계될 필요가 있습니다.

자살 요인이 될 수 있는 빈곤, 아동학대, 성폭력 피해, 은둔형 외톨이, 성적 소수자 등 관련 분야에서도 마찬가지로 연계를 통한 대책이 추진되고 있습니다. 연계 효과를 더욱 높이기 위해 이러한 다양한 분야의 삶을 위한 지원 관계자가 각각 자살대책의 중요한 역할을 담당하고 있다는 의식을 공유하는 것이 중요합니다.

특히, 지역공생사회의 실현방안 및 생활곤궁자 자립지원제도 등과의 연계 추진, 정신과 의료, 보건, 복지 등, 각 시책의 연동성을 높임으로써 누구든지 적절한 정신보건 의료복지 서비스를 받을 수 있도록 하는 것이 중요합니다.

3) 대응 단계에 따른 각 레벨에 맞춘 대책의 효과적 연동

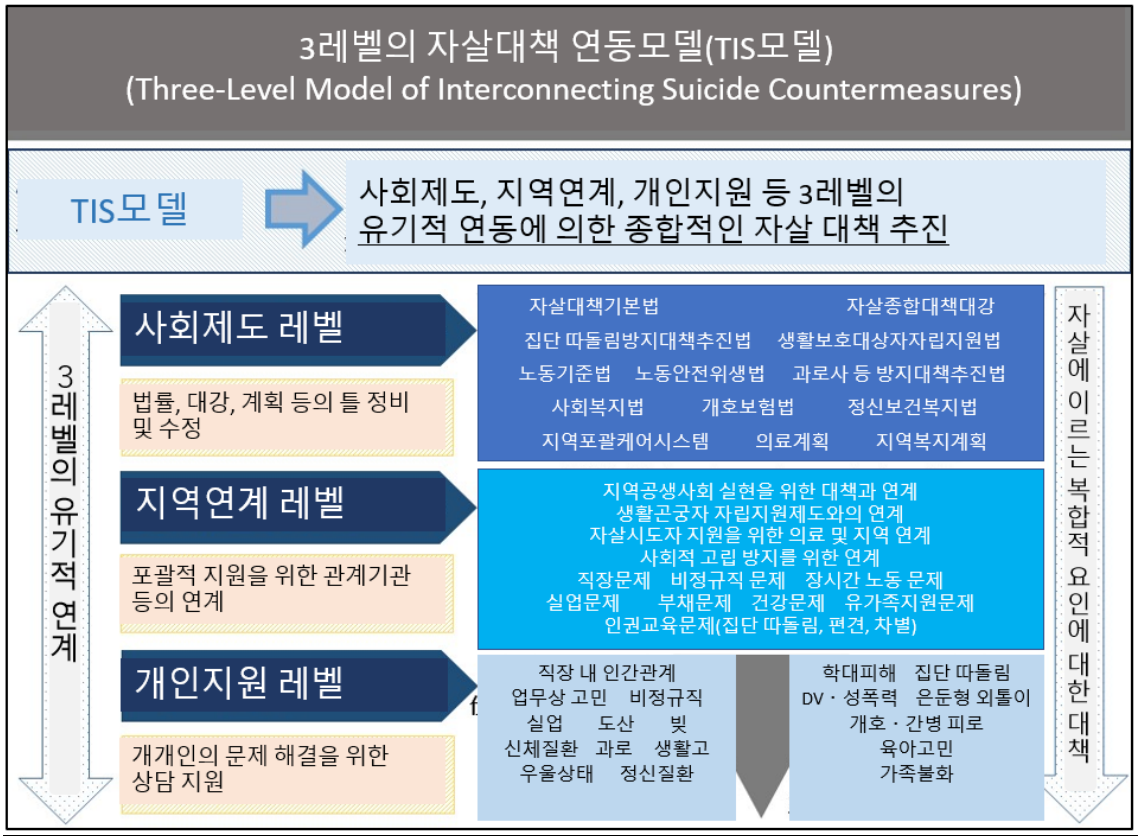
나아가 자살대책은 사회 전체의 자살 위험을 줄이는 방향으로 「개인지원 레벨」, 「지역연계 레벨」, 「사회제도 레벨」 을 개별적으로 강력하게 추진함과 동시에, 이를 종합적으로 추진하는 것이 중요합니다.

이는 주민의 생활터전을 원점으로 하여 「다양한 분야의 개인지원을 강화」 하고, 「개인지원의 강화 등에 필요한 지역연계를 촉진」 하며, 나아가 「지역연계의 촉진 등에 필요한 사회제도를 정비」 하는 것을 한 묶음으로서 연동시키고자 하는 구상(3 레벨의 자살대책 연동모델)입니다.

또한 시계열적인 대응책으로서는 자살 위험성이 낮은 단계에서의 계몽활동 등 「사전 대응」 과 실제 일어나고 있는 자살 발생 위험에 개입하는 「위기 대응」 및 자살과 자살시도가 이미 발생한 경우 등에 있어서의 「사후 대응」 등 각각의 단계에 시책을 강구할 필요가 있습니다.

게다가 「자살의 사전 대응 보다 앞선 단계의 대책」 으로서 학교에서 아동 및 학생을 대상으로 한 이른바 「SOS 요청하는 방법에 대한 교육」 을 추진하는 것도 중요합니다.

도표 4: 3 레벨의 자살대책 연동모델 (자살종합대책추진센터 자료)



4) 실천과 계몽을 양대 축으로 추진

자살로 궁지에 내몰리는 위기는 「누구에게나 일어날 수 있는 위기」 지만, 위기에 빠진 사람의 심정과 배경에 대한 이해가 쉽지만은 않다는 현실 문제가 존재하므로, 그러한 심정과 배경에 대한 이해도를 높이는 것을 포함하여 위기에 빠진 경우에는 누군가에게 도움을 요청해야 한다는 생각이 지역 전체의 공통 인식이 되도록 적극적으로 계몽하는 것이 중요합니다.

모든 국민이, 바로 가까이에 있을지도 모르는 자살 고민자의 신호를 빨리 눈치채서 정신과 의사 등 전문가에게 의뢰하여 치료받고 보호 받을 수 있도록 홍보활동, 교육활동 등이 필요합니다.

5) 관계자의 역할 명확화 및 관계자에 의한 연계 및 협동의 추진

일본의 자살대책이 최대한 효과를 발휘하여 「누구도 자살로 내몰리지 않는 사회」가 실현되기 위해서는 정부와 지방공공단체, 관계단체, 민간단체, 기업, 국민 등이 연계 및 협동하여 국가적인 차원에서 자살대책을 종합적으로 추진할 필요가 있습니다. 따라서 먼저 각각의 주체가 담당할 역할을 명확히 하고, 이를 공유하며 상호 연계 및 협동 구조를 구축하는 것이 중요합니다.

구체적으로 정부는 「자살대책을 종합적으로 수립하고 실시」 할 책임이 있으며, 지방공공단체는 「지역 상황에 따른 시책을 정하여 실시」 할 책임이 있습니다. 또한 관계단체와 민간단체, 기업은 각각의 활동 내용의 특성 등에 따라 「적극적으로 자살대책에 참여」 할 필요가 있으며, 국민 또한 「자살은 사회 전체의 문제이자 내 문제의 일임을 인식하고, 누구도 자살로 내몰리지 않는 사회를 실현하기 위해 주체적으로

자살대책에 참여」할 필요가 있습니다.

I-3 정부가 추진 중인 자살대책

1) 자살대책기본법 제정 등

일본에서는 1998 년에 자살자 수가 급증할 때까지 자살 문제가 행정상의 과제로 크게 인식되지 않았으며, 그 후에도 자살대책에 관한 국가적인 차원의 기본 방침은 수립되지 않았습니다. 정부의 대책으로서는 후생노동성의 우울증 대책과 직장 내 정신건강대책을 중심으로 각각의 부처가 개별적으로 실시하고 있었습니다.

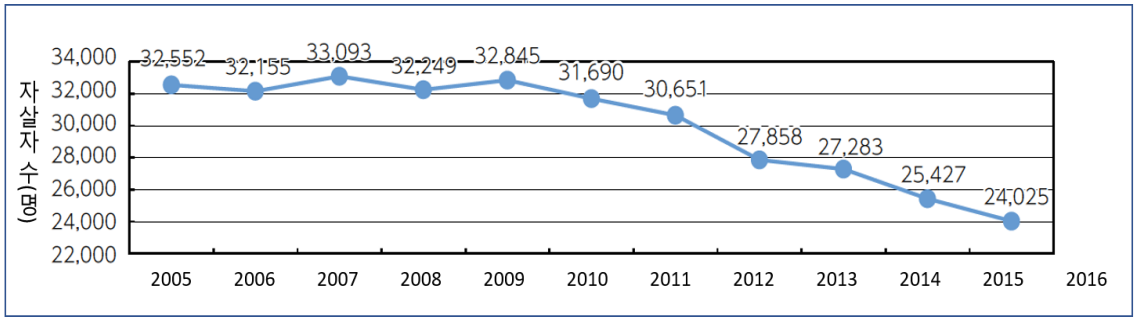
이러한 상황에서 자살예방활동과 유가족 지원을 하는 민간단체 등에서「개인 뿐만 아니라 사회를 대상으로 한 자살대책을 실시해야 한다」는 목소리가 커지기 시작하면서, 국회에서도 2005 년 7 월 참의원 후생노동위원회에서「자살에 관한 종합대책의 긴급하고도 효과적인 추진을 요구하는 결의」가 만장일치로 이루어졌습니다. 이 결의를 수용하여 정부는 12 월에「자살 예방을 위한 정부의 종합적 대책에 대하여」를 작성하여 관계 부처가 유기적으로 협력하는 방안에 착수하게 되었습니다.

나아가 초당파인「자살방지대책을 생각하는 의원 유지(有志)의 모임(현재는「자살대책을 추진하는 의원 모임」으로 개명)」이 결성되어「자살대책의 기본 법안」에 대해서 검토를 진행하였고, 같은 해 6 월 법안이 만장일치로 가결, 자살대책기본법으로서 같은 해 10 월에 시행되었습니다.

그 후 자살대책기본법 시행으로부터 10 년이 경과하는 즈음에 자살대책의 관련 민간단체 등을 중심으로 자살대책을 더욱 강화하고 가속시키기 위해서는 지난 10 년 간 축적된 다양한 지식과 경험을 바탕으로 하여 자살대책기본법을 재검토할 필요가 있다는 분위기가 조성되어 2015 년 6 월에는 참의원 후생노동위원회에서「자살종합대책을 보다 적극적인 추진을 요구하는 결의」가 만장일치로 이루어졌습니다.

구체적인 개정법안의 검토는 자살대책을 추진하는 의원 모임을 중심으로 이루어져 2016 년 3 월에 법안은 만장일치로 가결, 같은 해 4 월에 시행되었습니다.

도표 5: 일본의 자살대책을 둘러싼 주요 동향 (출처:2016 년판「자살대책백서」)



2005년 5월	민간단체와 의원유지가 공동으로 자살대책심포지엄 개최
7월	참의원 후생노동위원회「자살에 관한 종합대책의 긴급하고도 효과적인 추진을 요구하는 결의」
12월	자살대책 관계부처 연락회의에「자살 예방을 위한 정부의 종합적인 대책에 대하여」정리
2006년 5월	민간단체가「자살방지를 생각하는 의원 유지의 모임」에「자살대책의 법제화를 요구하는 요청서」를 제출
6월	민간단체가「법제화를 요구하는 10만명 이상의 서명」을 참위원 의장에게 제출「자살대책기본법」성립(만장일치 가결)
2007년 4월	내각부 자살대책추진실 설치
6월	「자살종합대책대강」각료회의 가결
9월	처음으로「자살예방주간」실시
11월	처음으로「자살대책백서」각료회의 가결
2008년 5월	민간단체가「자살실태백서2008」발표(내각부 특명담당 대신에게 전달)
10월	「자살대책 가속화 플랜」결정(자살종합대책회의)「자살종합대책대강」일부 개정
2009년 5월	2009년도 제1차 추가경정예산「지역자살대책 긴급 강화 기금」
11월	「자살대책 100일 플랜」발표(자살대책 긴급전략팀)
2010년 2월	「생명을 살리는 자살대책 긴급플랜」결정(자살종합대책회의)
3월	처음으로「자살대책강화의 달」실시(수면 캠페인 등) 내각부 본부참여에 의한「자살 위험요인분석」발표
4월	「지역의 자살 기초자료(상세자료)」공개 개시
2011년 6월	동일본 대지진 관련 월별 자살자 수 파악 개시
11월	「지역자살대책 긴급 강화 기금」추가 편성
2012년 3월	「요리소이 핫라인」전국 운용 개시
8월	「자살종합대책대강」재검토
2013년 2월	「지역자살대책 긴급 강화 기금」추가 편성
10월	자살대책을 추진하는 의원모임 출범
11월	의원모임「자살대책에 필수적인 재원확보에 대한 긴급요청」
2014년 2월	「지역자살대책 긴급 강화 기금」추가 편성
6월	의원모임「젊은층 자살대책에 관한 긴급요청」
2015년 2월	2014년도 추가경정예산「지역자살대책 강화 교부금」
5월	민간단체와 의원모임이 공동으로「자살종합대책을 보다 적극적인 추진을 요구하는 의원집회」개최
6월	참의원 후생노동위원회「자살종합대책을 보다 적극적인 추진을 요구하는 결의」
2016년 3월	「자살대책기본법의 일부를 개정하는 법률」성립 (만장일치 가결)
4월	자살대책추진업무가 후생노동성으로 이관 2016년도 당초예산「지역자살대책 강화 교부금」

2) 정부의 추진 체제 강화

자살대책기본법에 기초하여 2006 년 10 월 내각관방장관을 회장으로 하고, 내각총리대신이 지정하는 관계각료를 구성원으로 하는「자살종합 대책회의」가 설치되었습니다. 이 회의는 각 부처에 걸친 자살대책을 통합적으로 추진하기 위한 틀로서의 기능을 담당하게 되었습니다. 2007 년 4 월에는 내각부에 자살대책추진실이 설치되어, 자살종합대책회의의 사무국 기능을 담당하게 되었습니다.

그 후 2015 년 1 월에 각료회의에서 결정된「내각관방 및 내각부의 업무의 재검토에 대해서」를 통해 자살대책 추진업무를 후생노동성으로 이관하게 되었습니다. 지역에서 실천 가능한 대책을 중심으로 한 자살대책으로의 전환을 추진하기 위해 현장과의 긴밀한 연계가 더욱 중요해질 것으로 생각되어 대책마련 체제를 더욱 강화하게 된 것입니다.

또한 이러한 업무 이관에 따라 자살종합대책회의의 회장을 후생노동대신이 역임하고, 사무국도 후생노동성으로 이관되었습니다. 이 회의는 현재 회장 외 10 명의 국무대신(국가공안위원회 위원장, 내각부 특명담당대신(금융), 내각부 특명담당대신(소비자 및 식품 안전), 부흥대신, 총무대신, 법무대신, 문부과학대신, 농림수산대신, 경제산업대신, 국토교통대신)으로 구성되어 있습니다.

나아가 2016 년 4 월 1 일에 후생노동성에 자살대책추진실이 설치되어 내각부가 담당해 온 사무를 승계하였습니다. 같은 날 후생노동대신을 수장(리더)으로 하는「자살대책 추진 본부」가 설치되어 다양한 분야의 자살대책을 종합적으로 추진하기 위해 보건, 의료, 복지, 노동 및 그 외 관련 시책의 유기적 연계를 꾀하고 부처 횡적으로 대책 마련을 하도록 하였습니다.

또한 자살대책에 관한 정보 수집 및 홍보, 조사 연구, 연수 등의 기능을 담당하는 기관으로서는

2006 년 10 월 국립정신신경센터(현:국립연구개발법인 국립정신신경의료연구센터) 정신보건연구소에 「자살예방종합대책센터」가 설치되었으나 자살대책기본법의 개정 등의 움직임에 발맞춰 업무내용이 재검토되었으며, 지역에서 실천 가능한 자살대책 지원을 강화하기 위해 2016 년 4 월에 「자살종합대책추진센터」로 개편되었습니다.

국가 대책을 종합적으로 지원하는 관점에서는 「정신보건적 관점과 더불어 사회학, 경제학, 응용통계학 등 학제적인 관점」, 「민관학이 PDCA 사이클을 운영하기 위한 증거에 기초한 정책 지원」, 지역 차원의 대책을 지원하는 관점에서는 「민간단체를 포함한 기초자치단체 차원 대책의 실무적 및 실천적 지원 강화」, 「지역상황에 맞춘 대책을 위한 정보 제공 및 시스템 구축(인재육성 등)」을 추진하기로 하였으며, 다음의 4 개 부서로 구성되어 있습니다.

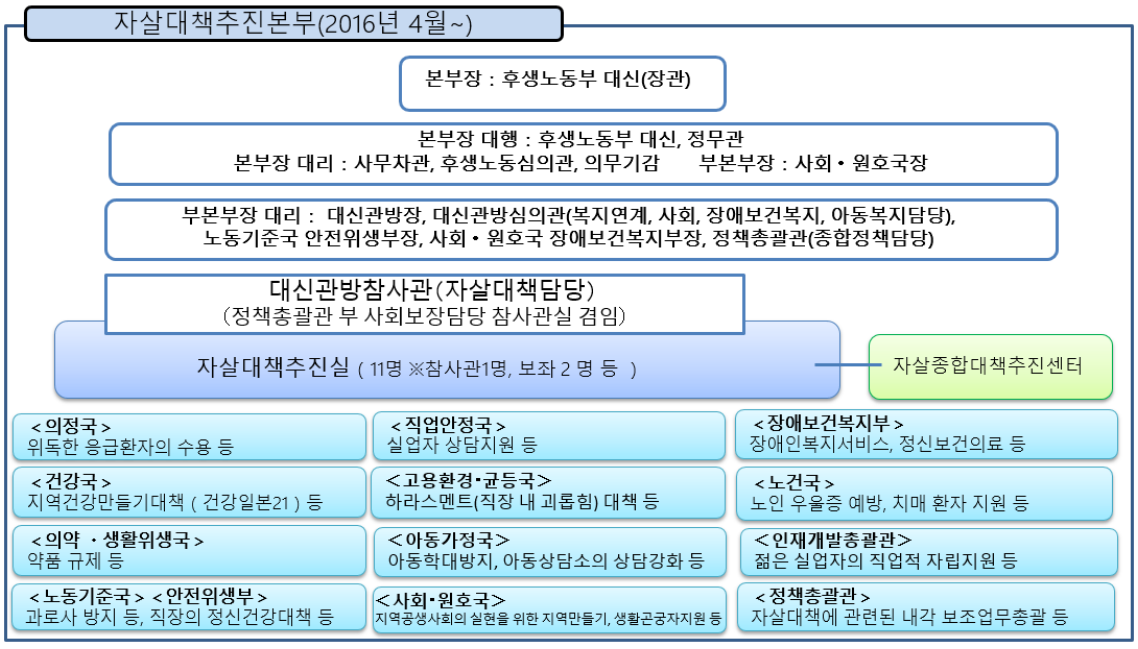
▼자살실태・통계분석실:
지역자살실태 프로파일 작성・갱신 등을 담당

▼자살종합대책 연구실:
지역자살대책을 위한 정책패키지 작성・갱신 등을 담당

▼자살시도자・유가족 지원 등 추진실:
자살시도자 및 유가족을 위한 지원 추진을 담당

▼지역연계 추진실:
지역자살대책추진실을 위한 지원 등을 담당

도표 6: 후생노동성의 자살대책 추진체제



3) 자살종합대책대강의 수립

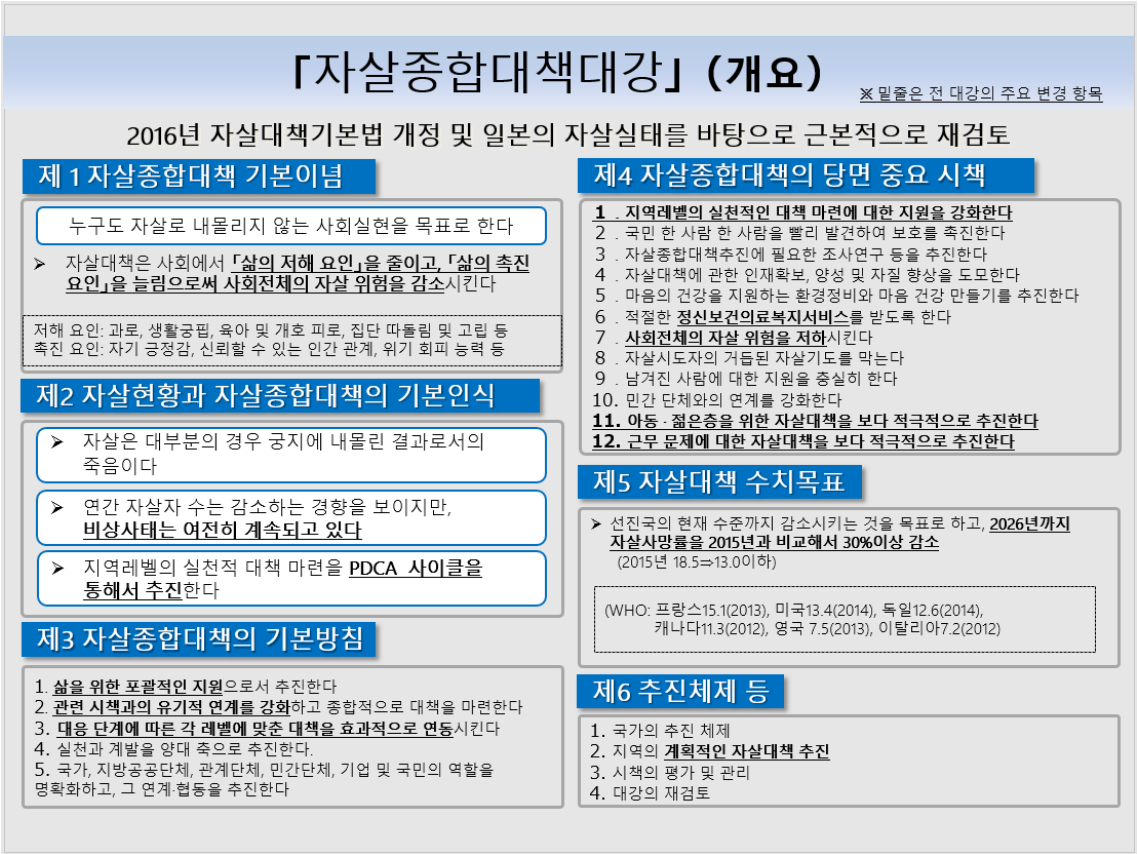
자살종합대책대강은 자살대책기본법에 기초하여 정부가 추진하는 자살대책의 지침으로서 정한 것입니다. 2007 년 6 월에 첫 자살종합대책대강이 수립된 후 2008 년 10 월에 일부 개정되었으며,

2012 년 8 월에 처음으로 전체적인 재검토가 실시되었습니다.

또한 2016 년의 자살대책기본법 개정의 취지 및 일본의 자살실태를 바탕으로 한 재검토가 이루어져 2017 년 7 월 「자살종합대책대강 ~누구도 자살로 내몰리지 않는 사회 실현을 목표로~」가 각료회의에서 결정되었습니다.

자살종합대책의 기본 이념 및 기본 방침 등이 정리되어, 당면한 중점시책으로서 「지역 차원의 실천적인 방안에 대한 지원 강화」, 「아동과 젊은층(만 39 세)을 위한 자살대책의 강화」가 새롭게 추가되었습니다. 그리고 최종 목표는 「누구도 자살로 내몰리지 않는 사회」 실현임을 재확인하되, 당면한 목표로서 「선진국의 현재 수준까지 감소」를 목표로 2026 년까지 자살사망률을 2015 년과 비교해 30%이상 감소시키기로 하였습니다.

도표 7

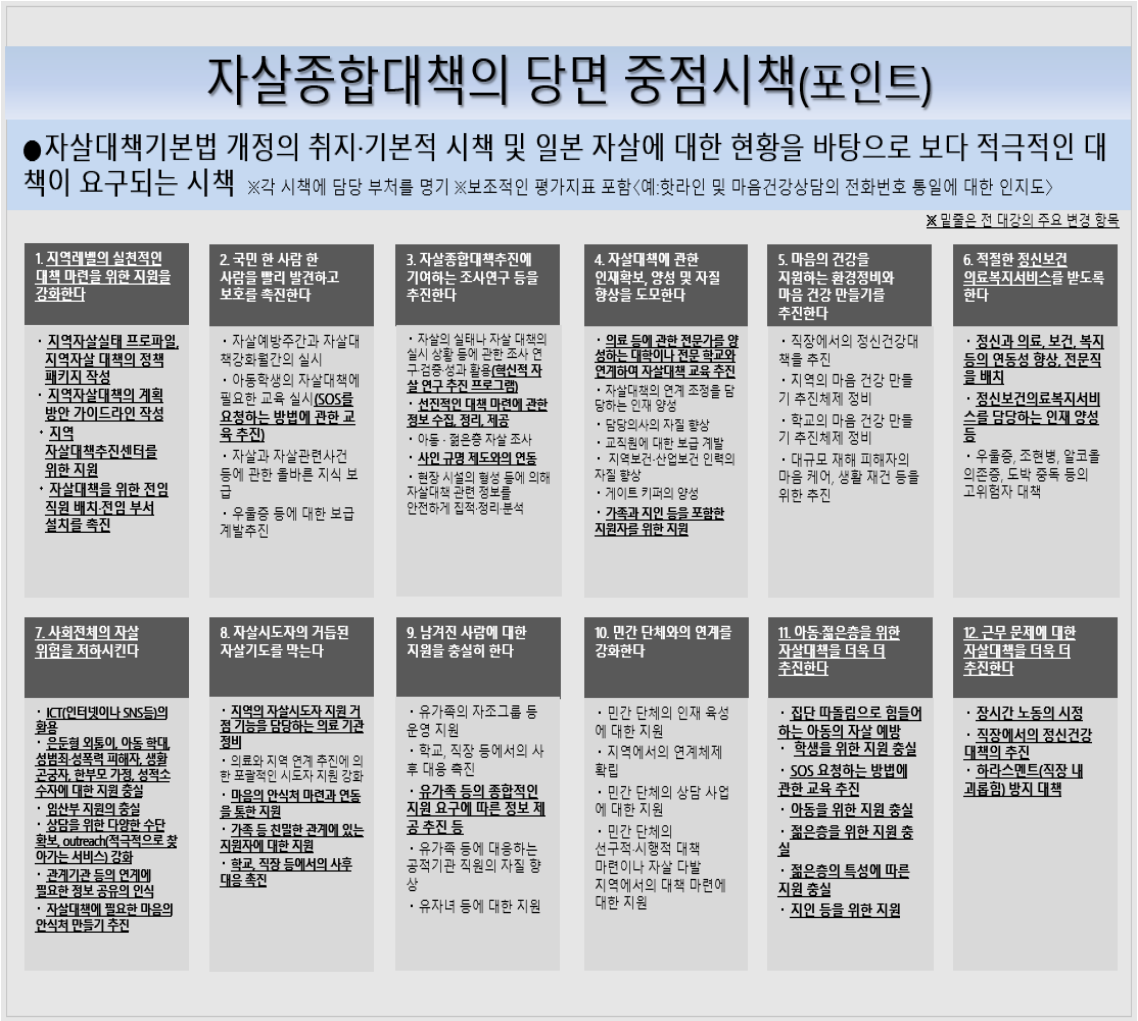


4) 지역자살대책강화 교부금에 의한 지원

개정된 자살대책기본법에서는 도도부현 또는 시정촌의 자살대책계획에 근거하여, 해당 지역 상황을 반영한 자살대책을 위해 필요한 사업 등을 실시하는 도도부현 또는 시정촌에 대해 정부가 교부금을 교부할 수 있다(제 14 조)고 규정되어 있습니다.

정부는 지역의 특성을 반영한 효율적인 대책을 지원하고, 지역의 「자살대책을 마련하는 능력」을 더욱 강화시키기 위해 지역자살대책강화 교부금에 의한 지원을 실시하고 있습니다.

도표 8



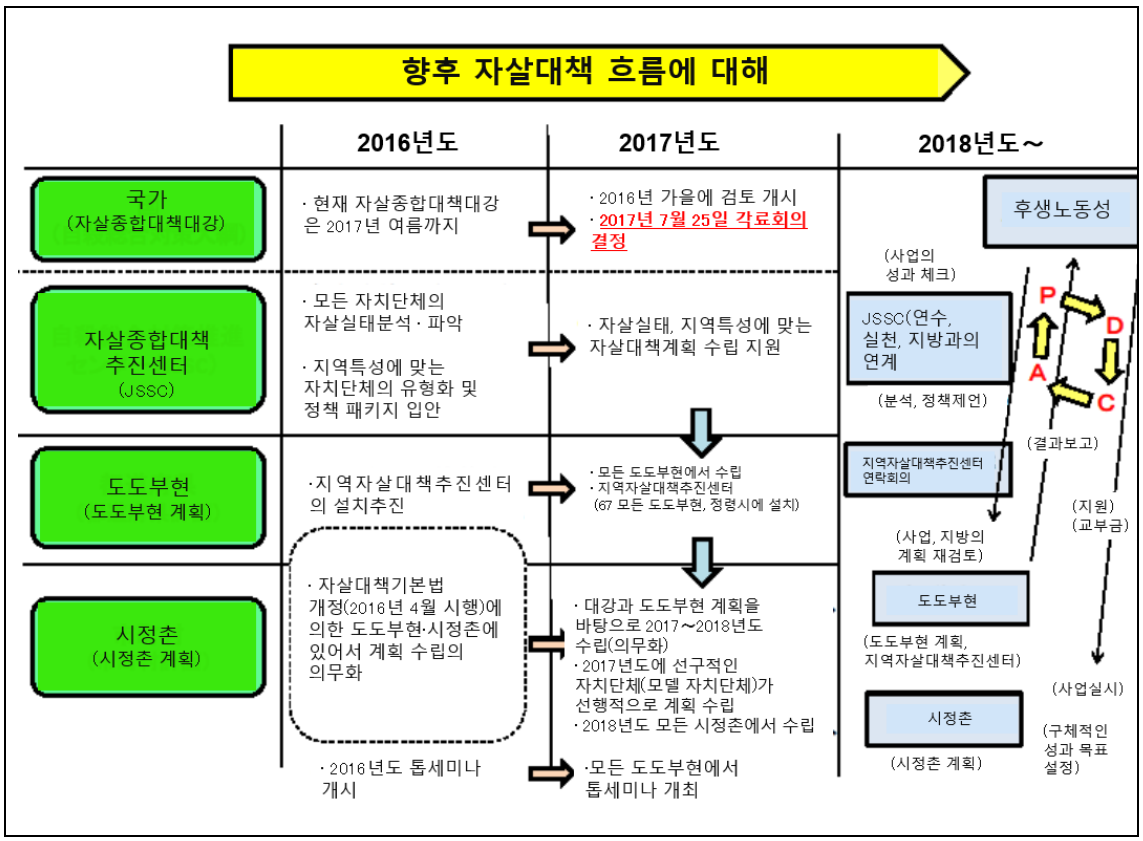
5) 사회 전체가 운영하는 PDCA 사이클

정부는 사회 전체가 함께 자살대책의 PDCA 사이클을 운영함으로써 「누구도 자살로 내몰리지 않는 사회」 실현을 위한 대책을 추진합니다.

구체적으로 우선 정부는 자살종합대책추진센터에서 모든 도도부현 및 시정촌에 따른 자살실태를 분석하여 지역특성을 고려한 자살대책 사업을 정리한 정책패키지를 제공합니다. 도도부현 및 시정촌은 제공받은 정책 패키지 등을 활용하여 지역자살대책계획을 수립(PLAN)하고, 이를 바탕으로 대책을 추진(DO) 합니다. 이러한 방법으로 전국에서 실시된 정책 패키지 등의 성과를 자살종합대책추진센터가 수집 및 분석(CHECK)하여 분석결과를 바탕으로 정책 패키지의 개선을 도모(ACT)하는 흐름입니다.

즉, 정부와 자치단체 등이 협력하여 지역자살대책계획을 사용하여 전국적으로 자살대책 PDCA 사이클을 운영함으로써 자살대책을 상시적으로 진화시키면서 추진하고자 합니다.

도표 9: 자살대책의 PDCA 에 대해서



I-4 지역에서 추진해야 하는 자살대책

1) 국민 개개인과 가장 밀접한 행정 주체로서의 책임

지역 상황에 따른 시책을 정해서 실시할 책임이 있는 지방공공단체는 자살종합대책대강 및 지역실정 등을 감안하여 지역자살대책계획을 정하도록 되어 있습니다. 국민 개개인과 밀접한 행정주체로서 정부와 연계하면서 지역의 각 주체와의 긴밀한 연계 및 협동 노력을 통해 자살대책을 추진할 필요가 있습니다.

2) 행정 수장이 책임자가 되어 부처 전체의 대책으로서 추진

행정의 최대 책무는 주민의 생명을 지키는 것이며, 자살대책은 주민의 생명을 지키는 노력 그 자체입니다. 행정 수장이 책임자로서 관여하여 지역자살대책계획의 수립 등 부처 전체의 대책으로서 지역자살대책을 종합적으로 추진하는 것이 중요합니다. (본 지침 「III—1 의사결정 체제를 만든다」 참조)

3) 코디네이터 역할을 담당하는 전임부서 설치 및 전임직원 배치

삶을 위한 포괄적인 지원으로서 다양한 분야의 시책과 연계, 연동시키기 위해서는 도도부현 뿐만 아니라 시정촌에서도 자살대책과 다른 시책 등 코디네이터 역할을 담당하는 자살대책 전임직원을 배치하거나 전임부서를 설치하여 자살대책을 지역만들기로서 종합적으로 추진하는 체제를 정비할

필요가 있습니다.

또한 자살대책의 담당은 주민 개개인의 지원을 위해 현장을 잘 아는 보건사 등과 일반 직원을 균형 있게 배치하는 것이 바람직합니다.

4) 시정촌과 도도부현 연계의 필요성

삶을 위한 포괄적인 지원인 자살대책의 원점은 주민의 생활 현장입니다. 시정촌과 도도부현은 함께 주민서비스를 담당하는 지방 행정의 실행 주체로서 각자가 강력하게 그리고 상호 연계함으로써 종합적으로 지역의 자살대책을 추진할 필요가 있습니다.

이 때 시정촌의 주된 역할로서는 주민에게 가장 밀접한 기초자치단체로서 주민의 생활에 밀착한 홍보 및 계몽, 상담 지원 등을 비롯하여 지역 특성을 반영한 자살대책 추진의 중심적 역할을 담당할 필요가 있습니다.

또한 도도부현의 주된 역할로서는 시정촌을 포괄하는 광역자치단체로서 시정촌에 대한 지역자살대책추진센터를 중심으로 한 지원(계획수립의 기술적 지원 및 곤란 사례에 대한 연계 등) 외에도, 정신보건복지센터 등 도도부현에 설치된 기관의 업무 실시, 광역적으로 계몽・캠페인 전개, 지역의 자살시도자 등에 대한 지원 체제 정비, 유가족에 대한 정보 제공 및 지원 체제 정비 등, 해당 도도부현 전체 또는 2 차 의료권 등 시정촌 범위를 벗어난 지역을 대상으로 실시함으로써 효과적이고도 효율적인 시책 및 사업을 담당할 필요가 있습니다.

Ⅱ 자살대책계획 수립의 의의

Ⅱ-1 계획 수립의 법적 근거

2016 년에 개정된 자살대책기본법의 제 13 조에서 도도부현 및 시정촌은 자살종합대책대강 및 지역 상황 등을 감안하여 지역자살대책계획을 정한다고 되어 있습니다.

> 제 13 조 도도부현은 자살종합대책대강 및 지역 상황을 감안하여, 해당 도도부현의 구역 내에서 자살대책에 대한 계획(다음 항 및 다음 조에서「도도부현 자살대책계획」이라 한다)을 정한다.
> 2 시정촌은 자살종합대책대강 및 도도부현 자살대책계획, 지역 상황을 감안하여 해당 시정촌의 구역 내에서 자살대책에 대한 계획(다음 조에서「시정촌 자살대책계획」이라 한다)을 정한다.

이것은 개정 이전부터 자살대책기본법에 지방공공단체의 책임으로서「지방공공단체는 기본 이념에 따라 자살대책에 대해 정부와 협력하면서 해당 지역의 상황에 따른 시책을 수립하고 실시할 책임이 있다」는 취지가 규정되어 있었던 것을 보다 구체화하는 의미에서 새롭게 정한 것입니다.

자살대책에 관한 지방공공단체의 대책에 차이가 있어 거주하는 지방공공단체에 따라 자살대책에 관한 지원을 받을 수 있는 사람과 그렇지 않은 사람의 차이가 발생한다는 여론을 반영하여, 자살대책에 관한 지역간의 격차를 시정하고, 이른바 내셔널 미니멈으로서 누구든지 「삶을 위한 포괄적인 지원」으로서 자살대책에 관한 필요한 지원을 받도록 하는 것이 그 목적입니다.

또한 지방공공단체에서 지역 실정을 감안한 자살대책의 수립 및 실시를 보다 적극적으로 추진함으로써 자살대책의 실효성이 한층 더 향상될 것입니다.

유의점 1

▼ 지역자살대책계획 수립 시에는 해당 지역의 건강증진계획 및 지역복지지원계획 등 다른 관련 계획과의 조화를 도모할 필요가 있습니다.

▼ 인구 규모가 작은 시정촌은 근린 시정촌과 공동으로 광역적인 지역자살대책계획을 세울 수 있습니다.

▼ 지역자살대책계획은, 예를 들면 지역복지계획 또는 지역복지지원계획 등의 다른 계획의 일부로서 수립할 수 있으며 반드시 단독적인 계획일 필요는 없습니다. 단, 그러한 경우에는 다른 계획 중 어떤 부분이 지역자살대책계획에 해당되는지 명확히 할 필요가 있습니다.

▼ 중요한 것은 지역자살대책계획이 자살대책의 PDCA 사이클 운영에 필요한 요건을 충족할 것, 즉「검증 가능한 계획」이어야 합니다.

Ⅱ-2 계획 수립의 이점

1) 계획이라는 방법의 효과

자살대책계획을 수립한다는 것은 모든 분야의 부처 내 사업에 자살대책(삶을 위한 포괄적인

지원)의 관점을 반영시키면서 지역만들기를 추진하겠다는 의사를 부처 안팎에 명확히 하는 것이기도 합니다.

그러나 「누구도 자살로 내몰리지 않는 사회」 실현에 관한 시책은 광범하고도 다방면에 걸친 것이어서 특정 부서만으로는 대응이 어렵습니다. 이처럼 제반 행정영역에 걸친 시책을 정합성을 가지고 효과적으로 추진하기 위해서는 계획이라는 방법이 효과적입니다.

행정적 방법으로서의 자살대책계획은, 정확한 현황 파악과 이용 가능한 재무행정상의 능력을 고려하여 정해진 목표 연차까지, 노력하면 달성이 가능할 것으로 예상되는 구체적인 목표와 그 실현 수단을 제시하는 것입니다. 그 수립 과정을 통해 관계 부서는 자살대책의 관점에서 각 시책을 재검토할 수 있으며, 제반 행정 영역에 걸친 시책의 정합성을 확보할 수 있게 됩니다.

2) 역할 분담 등의 명확화

자살대책계획에서 각각의 시책에 대한 담당(과), 실시 시기, 목표치 등을 명확히 함으로써 시책이 착실하게 추진될 수 있도록 종합적으로 관리할 수 있습니다.

또한 부처 내 관계자 뿐만 아니라 주민에게도 「누구도 자살로 내몰리지 않는 사회」 실현 방안에 대한 자치단체의 자세와 구체적 목표, 진척 상황이 뚜렷하게 전달되므로 계몽적인 효과도 기대됩니다.

3) 계획 수립을 통한 합의 형성

광범하고도 다양한 시책을 추진하기 위해서는 정책목표의 우선순위 정하기와 인원, 예산과 같은 재무행정 자원의 효율적인 배분을 빼놓을 수 없습니다. 계획의 수립 과정은 지금까지 자살대책과 관련이 없는 듯이 보여온 분야에 대해 자살대책의 관점을 부여하는 계기가 됨과 동시에 직원의 자살대책에 대한 인식을 높이는 기회가 되어, 결과적으로 부처 안에서 「누구도 자살로 내몰리지 않는 사회」 실현을 위한 시책 진행에 대한 이해와 합의가 도출될 수 있습니다.

또한 계획의 수립 과정에서 지역의 관계 기관이나 주민 등이 참여함으로써 직원 뿐만 아니라 지역 전체에 대한 계몽에도 이바지합니다.

4) 착실한 실행을 위한 담보

언제까지 무엇을 하는지를 대외적으로 명시함으로써 담당 부서 및 관계 부서는 그 실현에 대한 책임을 지게 됩니다. 중간 진척 상황이나 사후 달성 정도에 대해 확인하고 진척상황이 평가 대상이 됨과 동시에, 다음 단계로 나아가는 단서가 되기도 합니다.

5) 정부로부터의 지원

개정된 자살대책기본법에 있어서는 도도부현 자살대책계획 또는 시정촌 자살대책계획에 기초하여 해당 지역 상황에 따른 자살대책을 위해 필요한 사업 등을 실시하는 도도부현 또는 시정촌에 대해서는 정부가 교부금을 교부할 수 있도록 하는 것 외(제 14 조)에, 정부로서도 지방공공단체가 그 책임을 충분히 수행할 수 있도록 필요한 조언 및 기타 원조를 실시한다고 되어 있습니다(제 3 조 제 3 항).

Ⅲ 자살대책계획 수립의 흐름

계획의 수립은 다음의 흐름에 유의하면서 관청을 아우르는 대책으로서 추진해 주세요.
이때 「지역자살실태 프로파일」, 「사업현황조사 사례집」, 「지역자살대책의 정책 패키지」를 적극적으로 활용해 주세요.

1 의사결정 체제를 만든다
- 1) 행정 수장이 책임자가 된다
- 2) 관청 내 횡적인 체제를 정비한다
- 3) 널리 주민의 참가를 장려한다
- 4) 지역네트워크의 참가를 장려한다

2 관계자 간에 인식을 공유한다
- 1) 지역의 자살실태를 공유한다
  「지역자살실태 프로파일」 활용
- 2) 자살대책의 이념 등을 공유한다
- 3) 자살대책의 목표를 공유한다

3 지역의 사회 자원을 파악한다
- 1) 관청내의 관련 사업을 파악한다
  「사업현황조사 사례집」 활용
- 2) 지역의 다양한 활동을 파악한다

4 자살대책계획을 결정한다
- 1) 계획의 전체 구성을 생각한다
- 2) 각 사업의 담당 및 실시 시기를 명확히 한다
- 3) 검증 가능한 지표나 목표를 정한다

또한 2018년까지 수립을 염두에 두면, 2017년 중에 행정 수장을 책임자로 하는 관청 내 횡적인 체제의 정비(1-1. 2), 지역 내 네트워크 만들기(1-4), 관계자간 인식 공유(2)를 먼저 실시한 후에 지역의 사회자원 파악(3)을 가능한 한 추진하는 것이 바람직합니다.

그리고 2018년에 주민의 참가를 장려하고(1-3), 지역네트워크의 협력을 얻어 계획의 결정(4)을 향해 작업을 진행하게 됩니다.

Ⅲ-1 의사결정 체제를 만든다

1) 행정 수장이 책임자가 된다

시정촌장 또는 부(副)시정촌장을 책임자로 하는「생명을 지원하는 자살대책 추진 본부(가칭)」를 설치하여 행정 수장이 관여하는 형태의 자살대책 추진 체제를 정비한다.

행정의 최대 임무는 주민의 생명을 지키는 것이며, 자살대책은 분명히 주민의 생명을 지키는 대책 그 자체입니다. 행정 수장이 책임자로서 관여하는 형태로 계획 수립을 포함한 지역자살대책을 추진하기 위한 체제를 정비하는 것이 바람직합니다.

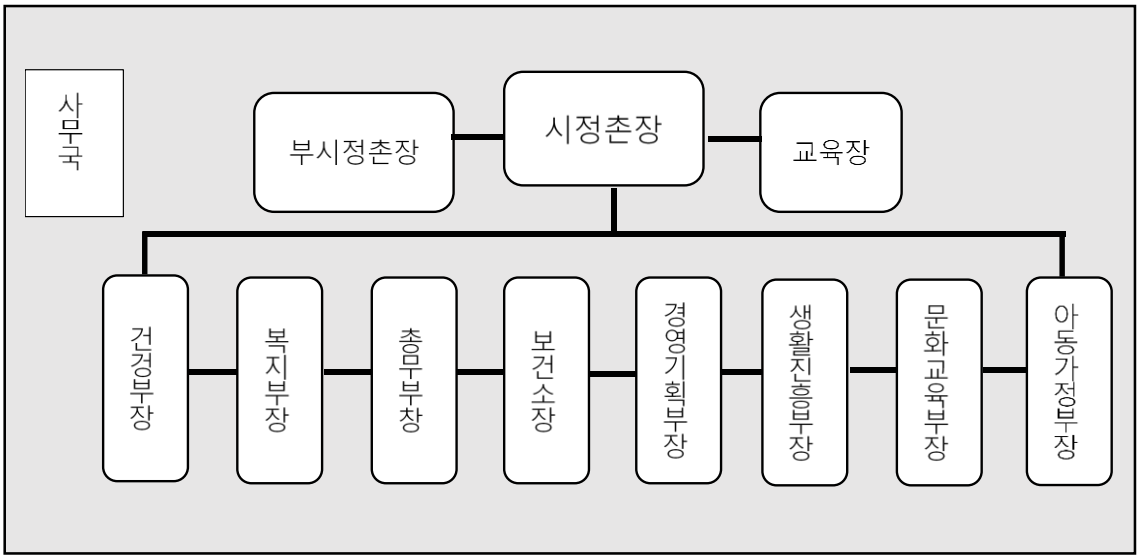
또한 그러한 체제의 명칭은 자살종합대책대강의「제 1 자살종합대책의 기본 이념」에 나오는 바와 같이「생명을 지원하는 자살대책」이라는 이념을 전면에 내세워, 예를 들면「생명을 지원하는 자살대책 추진 본부」로 한다면, 자살 대책이「삶을 위한 포괄적인 지원」이라는 것으로 이해되기 쉬울 것으로 생각됩니다. 그리고「자살대책 = 우울증 대책」과 같은 발상이 관청 내에 아직도 남아 있는 것 같다면, 이렇게 체제의 명칭을 바꿈으로써 그런 발상을 없애는 방향으로 이어질 가능성이 있습니다.

2) 관청 내 횡적인 체제를 정비한다

「생명을 지원하는 자살대책 추진 본부(가칭)」에 관청 내 관계 부서가 폭넓게 참여함으로써 행정 전체로서의 자살대책을 추진하는 체제를 정비한다.

자살대책기본법의「제 2 조 기본 이념」에는「자살대책은 보건, 의료, 복지, 교육, 노동 및 그 외의 관련 시책과 유기적인 연계를 통해 종합적으로 실시되어야 한다」고 되어 있습니다.

이 취지에 입각하여 지역에서 자살대책을 추진하는「생명을 지원하는 자살대책 추진 본부(가칭)」에는 관청 내 폭넓은 분야의 관계 부서가 참여하여, 관청 내 횡적인 체제를 정비하는 것이 바람직합니다. 다음은 그 한 예입니다.



유의점 2

▼ 행정 수장이 관여하는 관청 내 횡적 체제 정비란 쉽지만은 않습니다만, 실효성 있는 계획을 세우기 위해서는 관계 부서들의 참여가 필수불가결하며, 관계 부서의 협력을 얻기 위해서는 행정 수장이 지시를 내리는 것이 효과적입니다. 그런 의미에서 행정 수장을 책임자로 하는 체제의 정비가 계획 수립의 열쇠라고 해도 과언이 아닙니다.

▼ 행정 수장이 관여하는 관청 내 횡적 체제를 새롭게 정비하는 것이 어려울 경우에는, 기존의 조직과 체제를 활용할 수 있습니다.

▼ 행정 수장이 관여하는 관청 내 횡적인 체제에 있어서는, 우선「관청을 아우르는 대책으로서 자살대책계획을 수립할 것을 결정하는 것」이 중요합니다. 나아가 계획수립사무국(자살대책 담당과)이「결정에 근거한 작업」으로서 관계 부서에 협력을 호소하고, 계획수립에 필요한「자살대책(삶을 위한 지원)의 관점에서의 사업현황조사」와「각 사업의 담당 및 실시 시기의 명확화」 등을 진행시키는 것이 포인트입니다.

▼ 이러한「조직적인 결정」을 거치지 않으면 자살대책의 담당(과)로서 계획수립에 대한 협력을 다른 부서에 호소해도「우리 부서는 자살대책과는 관계없다」며 충분히 협력하지 않아 결과적으로 효과적인 계획을 만들 수 없게 될 우려가 있습니다.

▼「생명을 지원하는 자살대책추진본부(가칭)」아래에 관계 부서 직원으로 구성된 계획 수립 워킹팀을 설치하여, 실무적인 논점 정리 등은 그 워킹팀이 수행하고, 최종적인 계획의 결정을「생명을 지원하는 자살대책 추진 본부(가칭)」가 하는 방법도 있습니다.

3) 널리 주민의 참가를 장려한다

계획 수립의 과정에서 지역 주민의 필요를 파악하는 동시에 지역 주민의 이해도를 높이기 위해 퍼블릭 코멘트나 타운 미팅을 실시하고, 주민 등이 참여하는 검토모임을 마련하여 널리 주민의 참가를 장려한다.

구체적으로는 계획 수립 작업에 들어가기 이전 단계에서, 지역 주민이 가지고 있는 고민과 과제를 파악하기 위해 주민을 대상으로 한 의식 조사를 하거나, 계획의 골자 혹은 초안이 마련된 단계에서 퍼블릭 코멘트와 타운 미팅을 갖는 등을 생각할 수 있습니다. ※의식 조사안에 대해서는「정책 패키지」를 참조

또한 주민과 전문가를 포함한 검토모임을 마련하여 행정과 주민 등이 공동으로 계획을 수립하는 것은 자살대책추진에 대한 주민 등의 주체적인 참여를 얻는데 효과적입니다.

4) 지역네트워크의 참가를 장려한다

계획 수립의 과정에서 자살대책의 지역네트워크에 참여하는 단체 등의 요구를 파악함과 동시에 참여 단체 등의 이해도를 높이기 위해, 모임 등을 통해 의견과 요구사항을 듣는 기회를 마련하여 널리 지역네트워크의 참가를 장려한다.

자살대책에 있어서는 의료, 보건, 생활, 교육, 노동 등에 관련된 상담기관 등 다양한 관계 기관의 네트워크 만들기가 중요합니다.

만약 지역에 유사한 네트워크가 없다면 이번 계획 수립을 기회로 설립하는 것이 바람직합니다. 명칭을「생명을 지원하는 자살대책 네트워크」,「생명을 지원하는 상담 지원 네트워크」,「생명을 지원하는 자살대책 협의회」등으로 한다면 활동 취지에 대한 이해가 수월해질 것입니다.

이때, 지역의 유사한 네트워크(지역공생사회의 실현을 위한 모임, 생활곤궁자 자립지원 및 아동학대방지에 관한 네트워크 등)의 협력을 얻어 새롭게 설립하거나 또는 기존의 네트워크에 자살대책의 관점을 새롭게 추가하는 것으로 대체하는 것도 하나의 방법입니다.

【정, 촌의 예】
사회복지협의회, 민생위원, 지역포괄지원센터, 보건소, 진료소, NPO 법인, 사회복지법인, 교육위원회, 경찰서, 소방서, 상공회, 변호사회, 농협, 노인 클럽, 부녀회, 자치회, 지역자살대책추진센터 등

【시, 구의 예】
복지사무소, 아동상담소, 사회복지협의회, 민생위원, 지역포괄지원센터, 보건소, 정신보건복지센터, 의사회, 치과의사회, 약사회, 병원, NPO 법인, 사회복지법인, 교육위원회, 경찰서, 소방서, 노동기준감독서, 헬로 워크(노동부 고용센터), 지역산업보건센터, 상공회의소, 변호사회, 철도회사, 지역자살대책추진센터 등

유의점 3

▼지역의 자살대책의 경우, 계획 수립 이상으로 그 실행이 중요합니다. 따라서 계획 수립의 프로세스에 가능한 한 많은 관계자들을 끌어들여「이것은 자신들이 관여하여 세운 계획」이라는 당사자 의식을 가진 사람을 많이 만듦으로써 지역자살대책의 담당자를 늘려가는 것도 중요합니다.

▼ 특히, 자살대책을「지역만들기」로서 전개하기 위해, 지역의 다양한 관계 기관과의 실무적인 협동은 빼놓을 수 없습니다. 지역네트워크에 참여하는 단체에는 어떠한 형태로 계획 수립에 관여하게 하여(단순히 의견을 듣는데 그친다 할지라도), 계획을 실행에 옮길 때에 협력을 얻을 수 있도록 하는 것이 중요합니다.

▼ 만약 지역네트워크가 아직 없고 또한 계획 수립 전에 만들기도 어려운 경우에는 계획을 결정 및 실행하는 타이밍에 맞춰 만드는 것도 하나의 방법입니다.

III-2 관계자간에 인식을 공유한다

1) 지역의 자살실태를 공유한다

시정촌장을 비롯하여 모든 직원이「자살은 대부분 궁지에 내몰린 결과로서의 죽음」이라는 것을 이해시키고, 아울러 해당 시정촌의 자살실태에 대한 인식을 공유한다.

자살종합대책대강에는「자살의 현황에 대한 기본 인식」으로서「자살은 대부분 궁지에 내몰린 결과로서의 죽음이다」라고 되어 있습니다. 자살대책 추진의 대전제로서 지역 관계자가 이러한 기본 인식을 공유할 필요가 있습니다.

또한 정부가 전국의 모든 시정촌에 제공하는「지역자살실태 프로파일」을 관계자간에 공유하여, 자신들의 자치단체에서 어떤 연령대나 성별, 직업 등의 주민(예를 들면「40-59 세의 남성으로 무직이며 혼자 사는 사람」,「60 대 이상의 여성으로 동거인이 있는 사람」,「20-39 세의 남성으로 무직이며 혼자 사는 사람」등)의 자살이 많은지, 전국 평균과 비교했을 때 어떤 특징이 있는지, 지역의 자살실태에 관한 인식을 공유하는 것도 중요합니다.

가까운 사람을 자살로 잃은 유가족 등의 수는 자살로 죽은 사람의 몇 배에 이른다는 것도 함께 인식을 공유할 필요가 있습니다.

유의점 4

▼ 인구 규모가 작고 자살자 수가 적은 자치단체의 경우, 지역의 자살실태를 통계적으로 분석하기 곤란한 경우가 있으므로, 그런 경우는 주민을 대상으로 의식 조사를 실시하여 주민의 목소리와 요구를 계획에 반영시킬 수 있습니다.

▼ 인구 규모가 크거나 면적이 큰 자치단체는 시정촌 단위의 통계로는 범위가 너무 커서 지역적인 특징이 묻혀 버리는 경우가 있으므로, 이 경우 통계법 제 33 조 제 1 호의 규정에 기초하여「인구동태조사」의 사망소표(小票)를 이용하여「자치단체의 소지역에 따른 실태」를 파악할 수 있습니다. ※자세한 것은「지역자살대책의 정책 패키지」참조

2) 자살대책의 이념 등을 공유한다

시정촌장을 비롯하여 모든 직원이 지역자살실태를 바탕으로 어떻게 대책을 추진해야 할지, 자살대책의 기본 이념과 기본 방침에 대한 인식을 공유한다.

구체적으로는 적어도 다음의 4 가지에 대해서 인식을 공유하는 것이 바람직합니다.

① 자살대책이란「삶을 위한 포괄적인 지원」이다

② 자살대책 추진은「관계 부서(기관)의 긴밀한 연계」가 중요하다

③ 자살대책추진은「지역 안전망의 구축」이기도 하다

④ 자살대책 추진에서「행정 수장의 리더쉽」은 빼놓을 수 없다

이 사항들은 2016 년부터 도도부현 단위로 순차적으로 개최되고 있는 시정촌장을 대상으로 한 연수회「지역자살대책의 리더쉽 세미나」에서 강조되고 있는 포인트입니다.

유의점 5

▼「사회가 다양화되면서 현장에서 일어나는 문제도 복잡해지고 있다. 기존의 제도와 지원책으로는 대응하지 못하는 문제가 늘어나고 있다. 자살은 그런 문제가 가장 심각해진 결과로서 일어난다. 거꾸로 생각하면, 자살에 대응할 수 있는 지역 안전망을 만들어 둔다면 그것으로 지역의 다른 모든 문제에도 대응할 수 있게 된다. 자살대책은 지역만들기를 할 수 있는 절호의 계기이며, 주민의 생명을 지키기 위해서 그것을 이끌어야 할 사람은 리더 여러분들밖에 없다」(「지역자살대책의 리더쉽 세미나」기조 강연에서)

▼ 행정 수장이「지역자살대책의 리더쉽 세미나」에 참가하지 않은 경우에는 해당 체제를 정비하기 전 또는 정비할 때(예를 들면,「본부」의 최초의 모임 시) 행정 수장을 포함한 관리직을 위한 연수회를 개최하는 방법이 있습니다. ※연수회에 대해서는「정책 패키지」를 참조

▼ 행정 수장의 이해를 면밀하게 구하면서 행정 수장이 관여하는 관청 내 횡적인 체제를 정비하는 것이 중요합니다. 그런 체제가 계획 수립의 강력한 추진력이 됩니다.

3) 자살대책의 목표를 공유한다

자살종합대책대강의「자살대책 수치목표」에 나온대로 일본의 자살대책이 최종 목표로 하는 것은「누구도 자살로 내몰리지 않는 사회」실현이며, 정부의 당면 목표인「2026 년까지 자살 사망률을 2015 년과 비교해 30%이상 감소시킨다」에 대해 인식을 공유한다.

각각의 시정촌에서도 최종 목표로서는「누구도 자살로 내몰리지 않는 지역」실현을 목표로 해야 합니다만, 당면한 수치목표로서는 정부가「2026 년까지 자살 사망률을 2015 년 대비 30%이상 감소」, 자살 사망률(이하「자살률」이라고 한다.)을 13.0 이하로 줄이는 목표로 하고 있는 것을 감안하여 적절하게 설정합니다. 자살률이 전국 수치보다 높은 경우, 정부보다 높게 감소 목표를 세우는 것은 물론 가능합니다.

또한 인구 규모가 작고 자살자 수가 적은 시정촌의 경우에는「누구도 자살로 내몰리지 않는 ●●(●●에 시정촌명을 넣는다)」를 그대로 목표로 삼거나 또는 다년간의 수치 목표(예를 들면, 최근 5 년간의 자살자 수가 ○명인데, 향후 5 년간은 자살자 수를 △명 이하로 한다 등)를 내걸어도 좋습니다.

덧붙여 수치목표는 자살종합대책대강에 기재된 바와 같이, 자살률 뿐만 아니라 자살자 수에 대해서도 명시하는 것이 바람직합니다. 이때 국립사회보장・인구문제연구소의「일본의 지역별 장래인구추산」을 활용하는 것도 생각할 수 있습니다. ※계획에 포함되는 사업평가지표에 대해서는 본 지침「III-4-3 검증 가능한 지표와 목표를 정한다」를 참조해 주세요.

III-3 지역의 사회 자원을 파악한다

1) 관청 내 관련 사업을 파악한다

계획 수립 시에는, 관청 내 관련 사업을 파악할 필요가 있다. 이때 「사업현황조사」가 효과적인 방법이다.

계획을 수립할 때에는, 자살대책이란「삶을 위한 포괄적인 지원」이라는 관점에서 기존 사업을 최대한 계획에 포함시킬 수 있도록 관청 내의 관련 사업을 폭넓게 파악하는 것이 중요합니다. 이때 효과적인 방법이「사업현황조사」입니다.

「사업현황조사 사례집」을 보면 뜻밖의 사업에서 자살대책과의 관련성을 발견할 수 있는 등, 보다 충실한 계획을 만드는 데 참고가 됩니다. 반드시「사업현황조사」방법을 이용하여 수립 작업을 진행하는 것이 바람직합니다.

《사업현황조사의 진행 방식》

▼A 안: 가장 꼼꼼하고 가장 바람직한 방식입니다.

장점 : 관청내의「삶을 위한 지원」관련 사업을 최대한 자살대책에 활용할 수 있다.
단점 : 수고와 시간이 걸린다.

① 「●● 연도 주요 시책의 개요」나 「●● 연도 주요 시책의 성과」 등의 예산 및 결산 관련 자료를 사용하여 시정촌의 전체 사업 리스트를 작성한다.

② 「사업현황조사 사례집」을 참고하여 전체 사업 리스트 중,「삶을 위한 지원」에 관련된 또는 관련될 수 있는(관련 없는 것 이외의) 사업을 찾아낸다. 1개의 사업 속에 「복수의 사업」이 포함되어 있는 경우는 그 사업 하나 하나를 최대한 자살대책에 활용하기 위해서 가능한 한 세분화하고 조사한다.

【예 1: 생활보호대상자 자립지원사업】
⇒「자립상담지원사업」,「주거확보급부금지급사업」,「가계상담지원사업」,
「아동학습지원사업」,「공동숙박장소제공사업」 등

【예 2: 정신보건사업】
⇒ 「정신장애인의 상담기회 제공」,「알코올 의존증에 관한 의식 계몽」,
「곤란 사례에 대한 개별 지원」,「정신장애인의 가족을 위한 강연회・가족 교류회」 등

③ 조사한 사업(이하 「업무」를 포함한다.)에 자살대책의 관점을 추가한 「사업안」을 구상한다. 이때 「사업현황조사 사례집」에 수록된 유사 사업을 참고하면 좋다.

【예 1: 도서관 관리사업】 도서관은 평상시부터 활자에 친숙한 지역주민들이 모이는 장소로, 포스터나 패널 등을 전시하거나 자살 대책과 상담회 등의 홍보 계몽의 장소로서 효과적입니다. 또한 자살 대책에 도움이 되는 「안식처(특히 아이를 대상으로 한)」로서의 기능을 가지는 경우도 있습니다.

【예 2: 세금체납 징수사업】 자살의 배경에는 생활고나 빚 등의 경제적인 문제를 안고 있는 경우가 있으므로, 세금을 체납 중인 사람 중에는 경제적인 문제를 품고 자살 위험을 떠안고 있는 사람이 있을 가능성이 있습니다. 그래서 세금 징수원이 체납자가 그런 상황에 있을지도 모른다라는 시각을 가지게 되면, 필요한 경우 주민에게 상담회 등의 정보를 전달할 수 있습니다. 그런 의미에서 세금 징수원에게 자살 대책 연수회에 참가하도록 하는 것은 효과적입니다.

④ 자살대책의 관점을 추가한 사업안에 대해서 각 사업의 담당자와 사업안의 내용과 실현 가능성에 대해서 협의한다. 아울러 파악이 누락된 「삶을 위한 지원」에 관련된 사업이 없는지 최종 확인한다.

⑤ 계획에 담을 최종 표현을 확정한다.

▼B 안: A 안의 ①과 ②의 작업을 단축시킨 방식입니다.

장점 : 수고를 적게 들이면서 어느 정도 사업을 찾아낼 수 있다.
단점 : 각 부서의 「이해도의 차이」로 인해 파악할 수 있는 사업이 차이가 난다.

① 「사업현황조사 사례집」을 관청 내 각 부서와 공유하고 각 부서에서 그것을 참고하면서 「삶을 위한 지원」 과 관련되거나 관련 가능성이 있는 사업을 찾는다.

② 그 다음은 A 안의 ③ 이하와 같다.

▼C 안: A 안의 ①~③의 작업을 단축시킨 방식입니다.

장점 : 수고를 들이지 않고 일단 사업현황조사 작업을 할 수 있다.
단점 : 각 부서에게 맡기게 되면 거의 사업을 찾아내지 못할 위험이 있다.

① 「사업현황조사 사례집」을 관청 내 각 부서와 공유하고 각 부서에서 이를 참고로 하여 자살대책의 관점을 추가한 「사업안」을 고안한다.

② 그 다음은 A 안의 ④ 이하와 같다.

유의점 6

▼관청 전체적으로(적어도 관리직에게) 자살대책에 대한 이해도를 높여 두면 관련 사업의 파악 작업이 보다 원활히 진행될 수 있습니다.

▼ 행정 수장이 관여하는 관청 내 횡적인 체제에서 「실천적인 계획 수립을 위해서 관련 사업의 파악을 실시」 하기로 결정하여, 그 결정을 따르는 형태로 작업을 하면 다른 부서와의 조정이 보다 원활히 진행될 수 있습니다.

▼ 관련 사업의 파악 작업은 다른 부서와의 정보교환과 커뮤니케이션의 기회가 되어 서로의 사업 내용에 관한 이해 촉진으로 이어집니다. 관청 내 관계자와의 「얼굴을 마주하는 연계 관계」 의 재구축 및 재강화가 되기도 합니다.

▼ 「우리 사업과는 관련성이 없다」 고 생각하는 관계 부서가 적지 않을 가능성이 있으므로 주체적으로 작업을 진행하도록 이해를 구하는 등, 관련 사업 파악 작업은 시간을 들여 면밀하게 진행하는 것이 중요합니다.

▼ 관청내의 다양한 사업을 「삶을 지원하는 대책」 로서 자리매김시키고 폭넓게 계획에 참여시킬 수 있다면 결과적으로 보다 포괄적이고 관청을 아우르는 자살대책을 추진하게 됩니다. 이렇게 「삶을 위한 지원」 을 총동원하여 만든 계획은 자살 이외의 문제 해결에도 효과를 발휘하여 지역 안전망 구축에도 도움이 될 것입니다.

2) 지역의 다양한 활동을 파악한다

지역의 민간단체 등의 「삶을 위한 지원」 관련 활동을 파악한다. 그 중 자살대책의 관점을 추가할 가능성이 있는지에 대해 면밀하게 조사한다.

지역의 민간단체 등이 실시하고 있는 활동도 폭넓게 계획 속에 포함시키는 것이 바람직합니다. 이를 위해 관청내의 관계 부서에 「삶을 위한 지원」 관련 사업을 문의할 때, 각 관계 부서와 연결된 민간단체 등에 대해서도 함께 확인하는 방법도 있습니다.

민간단체 등의 활동을 모두 파악할 수 없는 경우, 지역 안에서 「계획에 포함되는 단체」 와 「포함되지 않는 단체」 가 나올 우려가 있습니다. 그런 상황을 피하기 위해서는 계획에 포함시키는 민간단체 등의 활동에 대해서는 지역네트워크 등에 의뢰하여 정리하는 방법을 고려할 수 있습니다. 또는 이미 파악된 범위의 민간단체 등의 활동을 계획에 일단 포함시키고, 그 후 만약 새롭게 파악된 민간단체 등의 활동이 있다면 이들은 계획의 재검토 시기에 추가하는 방법도 있습니다.

어느 경우든지 민간단체 등의 활동을 계획에 포함시키기 위한 조사나 협의 등을 실시하는 것은 지역의 다양한 단체 등과의 연결고리를 만드는 절호의 기회가 될 수 있으므로 가능한 한 폭넓게 민간단체 등의 활동을 계획에 포함시키는 것이 바람직합니다.

III-4 자살대책계획을 결정한다

1) 계획의 전체 구성을 고려한다

본 지침의「Ⅳ 계획에 담을 내용을 결정한다」를 참고하여 지역의 자살실태를 고려한 계획을 수립하기 위한 전체 구성을 생각한다. 이때「특히 중점을 두어야 하는 대책은 무엇인가?」,「지역의 강점(예를 들면, 주민에 의한 지역 활동이 활발하다」「관련 시책의 네트워크가 기능적」 등)을 활용할 수 있는 대책은 무엇인가?」등의 관점도 중요시한다.

계획의 책임 소재를 명확하게 하기 위해서도, 최종적인 결정은 행정 수장이 관여하는 관청 내 횡적 체제의 책임으로 정할 필요가 있습니다. 정부의 자살종합대책대강도 최종적으로는 각료회의의 결정을 거치게 되어 있습니다.

2) 각 사업의 담당 및 실시 시기를 명확히 한다

계획에 포함되는 사업에 대해 각각 사업의 담당(과)를 명시한다. 또한 각 사업의 실시 시기도 명확하게 한다(시기의 범위를 설정해도 좋다).

자살종합대책대강의「자살종합대책의 당면 중점 시책」에도 모든 사업의 담당부처가 명시되어 있습니다. 그리고 명시되지는 않았지만 실제로 담당부처의 어느 과가 담당할지도 정해져 있습니다.

시정촌의 계획의 경우에도 모든 사업에 대해서 어느 과 또는 팀이 담당하는지를 명시하는 것이 효과적입니다. 각자 담당한 사업에 책임을 갖고 주체적으로 사업에 임하도록 하는 것이 그 목적입니다.

또한 각각의 사업의 실시 시기에 대해서도 명확히 할 필요가 있습니다. 다만 각 사업의 담당자와의 협의를 거쳐서 계획에 포함시키는 것이 중요합니다.

유의점 7

▼계획의 각 사업에 대해서 담당(과 또는 팀)과 실시 시기를 명확히 한 후, 자살대책 담당이 실시하는 주요 업무는 각 사업의 진척 관리입니다. 다른 측면에서 보면, 계획에 포함시킨 사업에 대해서는 관계 부서에 일일이 의뢰하지 않아도 진척이 잘 된다는 장점이 있습니다.

3) 검증 가능한 지표와 목표를 정한다

검증 가능한 계획을 세우기 위해서는 계획에 포함되는 사업에 대해 가능한 한 평가지표와 목표를 정하도록 한다. 또한 반드시 정해야 하는 평가지표와 목표에 대해서는 본 지침서의「Ⅳ 계획에 담을 내용을 결정한다」를 참고한다.

계획 전체의 목표인 「자살대책의 수치목표」와는 별도로 각각의 사업에 대해서도 가능한 한 평가지표와 목표를 정하는 것이 바람직합니다.

이것은 특히 시정촌 단위의 자살대책의 경우, 각 사업의 실시가 자살 감소라는「결과」로 바로 나타나는 것은 아니기 때문에 자살의 증감이라는「결과」가 아닌 자살 감소를 위한 수단(사업)으로서 적정한지 그「과정」을 평가할 필요가 있기 때문입니다. (예를 들면, 자살대책에 관한 계몽 캠페인을 개최해도 곧바로 자살이 감소하지는 않습니다. 따라서「참가자 수, 참가비율」 또는「참가자 설문지 결과」 등에 기초하여 그 이벤트가 자살을 줄이기 위한 활동 = 과정으로서 적당한 내용인가를 검증하는 것이 바람직합니다. ※설문지 양식은 「정책 패키지」를 참조)

또한 주민을 대상으로 한 의식 조사를 정기적으로 실시하는 경우(자살대책에 특화된 것 뿐만 아니라 기존의 의식 조사를 포함), 그 안에 자살대책의 평가지표가 될 수 있는 질문 항목을 추가하는 방법이 있습니다. ※자세한 사항은「정책 패키지」를 참조

Ⅳ 계획에 담을 내용을 결정한다

Ⅳ-1 계획의 명칭을 정한다

「생명을 지원하는 ●● 자살대책 행동 계획(●●는 시정촌명)」 등 계획의 명칭에 있어서도 「생명을 지원한다」는 메시지를 알기 쉽게 밝혀두면 계획의 취지 등에 대한 이해를 얻기 쉬워집니다.

정부의 자살종합대책대강에 있는 같은 방식으로 「~누구도 자살로 내몰리지 않는 ●● 실현을 목표로~」와 같은 부제를 추가하는 방법도 있습니다.

Ⅳ-2 계획의 구성을 결정한다

다음과 같은 요소를 계획에 포함시키는 것이 바람직합니다. 구성 차례나 항목 명칭은 하나의 예이며, 다음과 똑같을 필요는 없습니다. (괄호안은 보충 설명)

1) 들어가면서(시정촌장의 메시지를 직접 주민에게 전하기 위해)

2) 계획 수립의 취지 등

2-1) 취지(자살대책의 기본 방침, 즉 「삶을 위한 포괄적인 지원으로서 추진」, 「관련 시책과 유기적인 연계에 의한 종합적인 대책 추진」, 「대응 단계에 따른 각 레벨에 맞춘 대책의 효과적인 연동」, 「실천과 계몽을 양대 축으로 추진」, 「관계자 역할의 명확화, 관계자에 의한 연계 및 협동의 추진」을 바탕으로 자살대책을 관청을 아우르는 대책으로서 추진해 가기 위한 계획이라는 점 등)

2-2) 계획의 위상 정립(자살대책기본법에 기초한 계획인 것과 다른 개별 계획과의 관련성 등)

2-3) 계획의 기간(자살종합대책대강에 입각하여 대체로 5 년 이내로 한다)

2-4) 계획의 수치목표(정부 목표, 즉 「2026 년까지 자살 사망률을 2015 년 대비 30%이상 감소시킨다」에 입각하여 적절히 설정)

3) ●●에서의 자살의 특징(「지역자살실태 프로파일」 등을 활용하여 기재)

3-1) 전국과 비교

3-2) 과거와 비교(연별 추이)

3-3) 대책의 우선적 대상 파악(지역에서 많이 일어나는 사망사례에 대한 이미지를 공유하기 위해 = 지원 대상을 정하기 쉽게 하기 위해)

※ 다음을 지역의 필요성과 실시 가능성에 따라 보충적으로 활용하는 방법도 있다

- 주민의식조사나 관계 단체에 대한 설문지 결과 등
- 소지역별 분석(사망소표 등을 이용)
- 자살시도로 인한 구급 출동 건수 등

・자살관련 상담 건수 등

4) 지금까지의 대책과 평가(이 항목은 차기 계획부터 포함될 수 있을 것이다)

5) 생명을 지원하는 자살대책 마련(각 사업의 담당과 실시 시기를 명시한다)

5-1) 기본 시책

⇒「지역자살대책의 정책 패키지」에서 전국적인 실시가 바람직하다고 되어있는 다음의 5항목(기본 패키지)에 대해서, 정책패키지에 소개된 사례 등을 바탕으로 작성

① 지역 내 네트워크의 강화
② 자살대책 지원 인재 육성
③ 주민에 대한 계몽과 홍보
④ 삶의 촉진 요인 지원
⑤ 아동 및 학생을 대상으로 한 SOS 요청하는 방법에 대한 교육

5-2) 중점 시책

⇒「지역자살실태 프로파일」의 추천 패키지를 바탕으로 지역자살대책의 정책 패키지로부터 지역의 특성을 반영한 대책(중점 패키지: 예를 들면 「아동 및 젊은층 대책」, 「고령자 대책」 등) 항목을 몇 가지 선택하여, 정책 패키지에 소개된 사례 등을 참고로 작성

5-3) 삶을 위한 지원 관련 시책

⇒「사업현황조사」등에 따라 파악된「삶을 위한 지원」관련 사업을 자살종합대책대강의 중점 시책의 항목에 맞춰서 일람 게재(「사업현황조사 사례집」 참조)

6) 자살대책의 추진 체제 등

6-1) 자살대책 조직 관계도(추진 본부와 네트워크 등의 관계성 정리)
6-2) ●● 생명을 지원하는 자살대책추진본부(가칭)
6-3) ●● 생명을 지원하는 자살대책 네트워크(가칭)
6-4) 자살대책 담당과 및 담당자(「계획 수립」 사무국)

7) 참고 자료(자살대책기본법, 자살종합대책대강 등)

Ⅳ-3 평가지표 등을 포함시킨다

지역의 자살대책을 조금씩이라도 발전시키기 위해서는 자살대책계획에 따라 실시하는 사업을 적정하게 평가 및 검증할 필요가 있습니다. 계획을 검증하기 위해 평가지표사례를 참고하여 적절한 내용을 포함시켜 주세요. (물론 독자적으로 평가지표를 설정할 수 있습니다.) 또한 평가지표를 세우기 어려운 항목에 대해서도 실시 여부, 실시 내용을 기록하여 평가의 재료로 하는 것이 바람직합니다.

《수치목표》

1) 자살대책의 수치목표에 대해서

▼자살 사망률, 자살자 수

⇒본 지침서「III-2 관계자 간에 인식을 공유한다」의「3 자살대책의 목표를 공유한다」를 참조

《평가지표》

1) 기본 시책 「자살대책을 지원하는 인재 육성」에 대해서

▼5 년 후까지 자치단체 직원(관리직과 일반직 각각)의 자살대책 연수 수강비율

⇒양적 목표 예: 70% 이상의 관리직 및 일반직이 수강

⇒질적 목표 예: 70% 이상의 설문지 답변자가「참가해서 좋았다」,「자살대책에 대한 이해가 깊어졌다」고 평가

▼5 년 후까지 주민을 대상으로 한 연수 및 강연 참가비율

⇒양적 목표 예: 0. 5% 이상 및 200 명 이상의 주민이 수강 및 참가

⇒질적 목표 예: 70% 이상의 설문지 답변자가「참가해서 좋았다」,「자살대책에 대한 이해가 깊어졌다」고 평가

2) 기본 시책 「주민에 대한 계몽과 홍보」에 대해서

▼「자살예방 주간」과 「자살대책강화의 달」에 대한 계몽

▼「요리소이(가까이 다가감) 핫라인」이나「마음건강상담(전국 공통) 다이얼」등 지역의 상담 기관에 대한 계몽

⇒예: 주민의 약 3 명 중 2 명 이상이 들은 적이 있다고 답변(주의: 주민의식조사 등을 실시하지 않은 경우 포함시키기 어려움)

▼「게이트 키퍼」에 대한 계몽

⇒예: 주민의 약 3 명 중 1 명 이상이 들은 적이 있다고 답변(주의: 주민의식조사 등을 실시하지 않은 경우 포함시키기 어려움)

3) 기본 시책 「아동 및 학생을 대상으로 한 SOS 요청하는 방법에 대한 교육」에 대해서

▼5 년 후까지 아동 및 학생을 대상으로 한 「SOS 요청하는 방법에 대한 교육」의 실시 비율

⇒예: 모든 공립초・중학교에서 수업을 1 회 이상 실시

4) 중점 시책 = 지역자살대책의「중점 패키지」에 대해서

중점 시책에 대해서는 각 사업의 담당과 및 실시 시기를 명시할 뿐만 아니라 가능한 한 평가 지표를 포함시키는 것이 바람직합니다.

《실시 여부/실시 내용 기록》

1) 기본 시책「지역 내 네트워크 강화」에 대해서

▼언제 어떤 활동을 실시했는지 기록

2) 기본 시책「삶의 촉진요인 지원」에 대해서

▼상담회 개최 결과와 상담회 후의 후속조치 내용 등을 기록

3) 삶을 위한 지원 관련 시책에 대해서 사업 일람에 기재된 각 사업에 대해, 각각의 실시 여부와 실시 내용을 기록함과 동시에 각 사업 담당자로부터 「실시 후 느낀 점」이나 「개선 과제」 등에 대해서 의견을 모으는 것이 바람직합니다.

※「자살 위험군에 대한 개별 지원」과 「유가족 등의 자조모임 운영」과 같은 사업의 경우, 지원 건 수나 참가자 수 등의 양적인 수치로 평가하는 것이 반드시 적절하지는 않습니다.

Ⅴ 계획의 추진 상황의 확인 등

무엇보다 중요한 것은 계획 수립 후 관청 차원에서 주민과의 협동 하에 계획에 따른 대책을 실시하는 것입니다. 계획을 착실히 추진하기 위해서는 계획 추진의 책임 주체를 명확히 하고, 또 계획 추진 상황에 대해서 정기적으로 파악 및 확인하는 것이 중요합니다.

Ⅴ-1 계획 추진의 책임 주체

계획은 시정촌장 또는 부시정촌장을 책임자로 하는 「생명을 지원하는 자살대책추진본부(가칭)」가 중심이 되어 추진하세요.

Ⅴ-2 추진 상황의 파악 및 확인

계획 상의 각 사업의 추진 상황에 대해서는 「생명을 지원하는 자살대책추진본부(가칭)」가 매년 또는 적절한 시기에 파악 및 확인하세요.

Ⅴ-3 추진 상황의 평가 및 공표

확인한 추진 상황에 대해서는 자살종합대책추진센터와 지역자살대책추진센터의 협력을 얻어 적절한 시기에 평가를 실시하여, 예를 들어 매년 계획을 바탕으로 실시된 사업과 그에 대한 평가를 정리하여 공표하거나 관계 기관에 배포하는 방법이 있습니다.

Ⅴ-4 지역자살대책의 정책 패키지에 대한 협력

정부는 자살종합대책추진센터가 전국 각지에서 실시되는 선진적인 대책방법에 관한 정보를 적절히 수집 및 집약하여 지역자살대책의 정책 패키지의 내용을 적절한 시기에 갱신하고, 자살대책에 관한 최신 및 최선의 정보를 전국의 자치단체에 제공할 방침입니다.

자살종합대책추진센터가 자치단체의 자살대책과 관련하여 대책 상황 등 조사를 실시할 때 많은 협력을 부탁드립니다.

Ⅴ-5 유연한 운용의 필요성

마지막으로 지역의 자살 상황은 다양한 사회 환경 변화 등에 의해 급변할 가능성이 있습니다. 계획을 착실하게 추진하면서 그러한 변화가 감지되었을 때에는 계획이라는 틀에 너무 얽매이지 말고 유연하게 현장의 변화에 대응하여 주십시오.

계획의 최종적인 목적은 지역 주민의 생명을 지키는 것입니다. 아무리 계획대로 대책이 진행된다 하더라도, 지역의 자살 상황의 변화에 대응하지 못하거나 결과적으로 지역 주민의 생명을 지킬 수 없다면 의미가 없습니다.

지역의 「삶을 위한 지원」과 관련된 사업 및 활동을 총동원하기 위한 시도이기도 한 지역자살대책 계획수립은 이를 면밀하게 실시하는 과정을 통해 지역의 자살대책 기반을 강화하며, 만일의 상황에도 유연하게 대응할 수 있는 지역의 힘을 키울 수 있게 될 것입니다.

또한 원래 계획에 포함되지 않았던 사업을 새롭게 실시하는 경우, 지역의 자살실태나 자살대책 과제의 변화 등, 그 사업을 새롭게 실시하는 이유를 명확히 밝힌 후 사업을 계획에 추가할 수 있습니다.

◎자살대책기본법의 일부 개정한 법률안 신구 대조표

○자살대책기본법(2006 년 법률 제 85 호)

개 정 안	현 행
목차 제 1 부 총칙(제 1 조-제 11 조) 제 2 부 자살종합대책 대강 및 도도부현 자살대책 계획 등(제 12 조-제 14 조) 제 3 부 기본적 시책(제 15 조-제 22 조) 제 4 부 자살종합대책 회의 등 9 제 23 조-제 25 조) 부칙	목차 제 1 부 총칙 9 제 1 조-제 10 조) 제 2 부 기본적 시책(제 11 조-제 19 조) 제 3 부 자살종합대책 회의(제 20 조 · 제 21 조) 부칙
제 1 장 총칙 (목적) 제 1 조 이 법률은 최근 우리나라에서 자살로 인한 사망자 수가 높게 유지되고 있는 상황이고, 누구도 자살로 내몰리지 않는 사회 실현을 목표로, 이에 대처하며 나아가는 것이 중요한 과제가 되고 있다는 것에 비추어서 자살대책에 관한 기본이념을 정하고 국가 및 지방공공단체 등의 책무를 명확하게 함과 동시에 자살대책의 기본이 되는 사항을 정하는 것 등으로 인해 자살대책을 종합적으로 추진하여 자살방지를 도모하고 그와 함께 자살자의 친족 등의 충실한 지원을 도모하고 더욱 더 국민이 건강하고 살아가는 보람을 가지고 생활할 수 있는 사회의 실현에 기여하는 것을 목적으로 한다.	제 1 장 총칙 (목적) 제 1 조 이 법률은 최근 우리나라에서 자살로 인한 사망자 수가 높게 유지되고 있는 상황인 만큼, 자살대책에 관한 기본이념을 정하고 국가 및 지방공공단체 등의 책무를 명확하게 함과 동시에 자살대책의 기본이 되는 사항을 정하는 것 등으로 인해 자살대책을 종합적으로 추진하여 자살방지를 도모하고 그와 함께 자살자의 친족에 대한 충실한 지원을 도모하고 더욱 더 국민이 건강하고 살아가는 보람을 가지고 생활할 수 있는 사회의 실현에 기여하는 것을 목적으로 한다.
(기본 이념) 제 2 조 자살대책은 삶을 위한 포괄적인 지원으로서, 모든 사람이 소중한 개인으로서 존중됨과 동시에, 살아갈 힘을 기본으로 하여 삶의 보람과 희망을 가지고 살아갈 수 있도록, 그 방해가 되는 모든 요인을 해소하는 데 도움이 되는 지원과 그것을 뒷받침하고 촉진하기 위한 환경의 정비 충실이 폭넓고 적절하게 도모해야 한다는 취지로서 실시되지 않으면 안된다.	(기본 이념) 제 2 조 〔신설〕

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*Korean translation of old and new Basic Law on Suicide Countermeasures [Japanese] (Refer to Eng. version: Suicide Policy Research 2017; **1**:8-13)

2 자살대책은 반드시 개인의 문제만으로 취급되어지는 것이 아니라, 그 배경에는 다양한 사회적 요인이 있다는 것을 포함하여 사회적 대책으로서 실시되지 않으면 안된다. 3·4 〔생략〕	자살대책은 반드시 개인의 문제만으로 취급되어지는 것이 아니라, 그 배경에는 다양한 사회적 요인이 있다는 것을 포함하여 사회적 대책으로서 실시되지 않으면 안된다. 2·3 〔생략〕
5 자살대책은 보건, 의료, 복지, 교육, 노동, 기타 관련 시책과 유기적 연계가 마련되어 종합적으로 실시되지 않으면 안된다.	4 자살대책은 국가, 지방공공단체, 의료기관, 사업주, 학교, 자살 방지 등에 관한 활동을 실시하는 민간단체, 기타 관계자들의 상호 밀접한 연계하에 실시되지 않으면 안된다.
(국가 및 지방공공단체의 책무) 제 3 조 국가는 전 조항의 기본 이념(다음 항부터 「기본 이념」이라고 한다.)에 준하여, 자살대책을 종합적으로 수립 및 실시할 책무가 있다. 2 지방공공단체는 기본 이념에 따라 자살대책에 대해서 국가와 협력하면서 해당 지역의 상황에 맞는 시책을 수립 및 실시할 책무가 있다. 3 국가는 지방공공단체에 대한 전 항의 책무가 충분히 이뤄지도록 필요한 조언 및 기타 원조한다.	(국가의 책무) 제 3 조 국가는 전 조항의 기본이념(다음 조부터 「기본 이념」이라고 한다.)에 준하여, 자살대책을 종합적으로 수립 및 실시할 책무가 있다. 〔신설〕
〔삭제〕	(지방공공단체의 책무) 제 4 조 지방공공단체는 기본이념에 준하여 자살대책에 대해 국가와 협력하면서 해당 지역의 상황에 맞는 시책을 수립 및 실시할 책무가 있다.
제 4 조 〔생략〕	제 5 조 〔생략〕
(국민의 책무) 제 5 조 국민은 삶을 위한 포괄적인 지원으로서 자살대책의 중요성에 관한 이해와 관심이 깊어지도록 노력한다. (국민의 이해 증진)	(국민의 책무) 제 6 조 국민은 자살대책의 중요성에 대한 관심과 이해가 깊어지도록 노력한다. 〔신설〕

제 6 조 국가 및 지방공공단체는 교육 활동, 홍보 활동 등을 통해 자살대책에 관한 국민의 이해가 깊어지도록 필요한 조치를 강구한다. (자살예방 주간 및 자살대책강화의 달) 제 7 조 국민들 사이에서 널리 자살대책의 중요성에 관한 이해와 관심을 고조시킴과 동시에, 자살대책의 종합적인 추진에 도움이 되기 위해 자살예방 주간 및 자살대책강화의 달을 마련한다. 2 자살예방 주간은 9 월 10 일부터 9 월 16 일까지로 하고, 자살대책강화의 달은 3 월로 한다. 3 국가 및 지방공공단체는 자살예방 주간에 계몽 활동을 널리 전개하도록 하고, 그에 걸맞는 사업을 실시하도록 노력한다. 4 국가 및 지방공공단체는 자살대책강화의 달에 자살대책을 집중적으로 전개하도록 하고, 관련 기관 및 관련 단체와 상호 연계 협력을 도모하면서 상담 사업, 기타 그에 걸맞는 사업을 실시하도록 노력한다. (관계자의 연계 협력) 제 8 조 국가, 지방공공단체, 의료기관, 사업주, 학교(학교 교육법(1947 년 법률 제 16 호) 제 1 조에서 규정하는 학교를 말하며, 유치원 및 특별지원학교 유치부를 제외한다. 제 17 조 제 1 항 및 제 3 항에 있어서 동일), 자살대책에 관한 활동을 하는 민간 단체, 기타 관계자는 자살대책의 종합적이고 효과적인 추진을 위해 상호 연계를 도모하면서 협력한다.	
제 9 조 〔생략〕	제 7 조 〔생략〕
〔삭제〕	(시책의 대강) 제 8 조 정부는 정부가 추진해야 할 자살대책의 지침으로서 기본적이고 종합적인 자살대책의 대강을 정하지 않으면 안된다.

제 10 조 〔생략〕	제 9 조 〔생략〕
(연차 보고) 제 11 조 정부는 매년 국회에 우리나라 자살의 개황 및 강구한 자살대책에 관한 보고서를 제출하지 않으면 안된다.	(연차 보고) 제 10 조 정부는 매년 국회에 우리나라 자살의 개요 및 정부가 강구한 자살대책의 실시 상황에 관한 보고서를 제출하지 않으면 안된다.
제 2 부 자살종합대책대강 및 도도부현 자살대책계획 등 (자살종합대책대강) 제 12 조 정부는 정부가 추진해야 할 자살대책의 지침으로서 기본적이고 종합적인 자살대책대강(다음 조항 및 제 23 조 제 2 항 제 1 호에 있어서 「자살종합대책대강」이라 한다)를 정하지 않으면 안된다. (도도부현 자살대책계획 등) 제 13 조 도도부현은 자살종합대책대강 및 지역의 실정을 감안하여, 해당 도도부현의 구역 내에서 자살대책에 대한 계획(다음 항 및 다음 조에서 「도도부현 자살대책계획」이라 한다)을 정한다. 2 시정촌은 자살종합대책대강 및 도도부현 자살대책계획, 지역의 실정을 감안하여 해당 시정촌의 구역 내에서 자살대책에 대한 계획(다음 조에서 「시정촌 자살대책계획」이라 한다)을 정한다. (도도부현 및 시정촌에 대한 교부금의 교부) 제 14 조 국가는 도도부현 자살대책계획 또는 시정촌 자살대책계획에 준하여 해당 지역의 상황에 따른 자살대책을 위해 필요한 사업, 그 종합적이고 효과적인 대책 등을 실시하는 도도부현 또는 시정촌에 대한 해당 사업 실시에 필요한 경비를 충당하기 위해 추진되는 자살대책의 내용, 기타 사항을 감안하여 후생노동성령이 정하는 예산 범위 내에서 교부금을 교부할 수 있다.	〔신설〕

제3부 기본적 시책 (조사 연구 등 추진 및 체제 정비) 제15조 국가 및 지방공공단체는 자살대책의 종합적이고 효과적인 실시에 도움이 되도록 자살의 실태, 자살 방지, 자살자의 친족 등 지원 방법, 지역의 상황에 맞는 자살대책의 방법, 자살대책의 실시상황 등, 또는 마음 건강 유지 증진에 대한 조사 연구 및 검증, 그 성과의 활용을 추진함과 동시에 자살대책에 관한 선진적인 대책에 관한 정보, 기타 정보수집, 정리 및 제공을 실시한다. 2 국가 및 지방공공단체는 전 항목 시책의 효율적이고 원활한 실시에 도움이 되도록 체제 정비를 실시한다.	제2부 기본적 시책 (조사 연구의 추진 등) 제 11 조 국가 및 지방공공단체는 자살방지 등에 관한 조사 연구를 추진함과 동시에 정보 수집, 정리, 분석 및 제공을 실시한다. 2 국가는 전 항목 시책의 효과적이고 효율적인 실시에 도움이 되도록 체제 정비를 실시한다.
〔삭제〕	(국민의 이해 증진) 제12조 국가 및 지방공공단체는 교육활동, 광고활동 등을 통해 자살 방지 등에 관한 국민의 이해가 깊어질 수 있도록 필요한 시책을 강구한다.
(인재 확보 등) 제 16 조 국가 및 지방공공단체는 대학, 전문학교, 관련단체 등과의 연계 협력을 도모하면서 자살대책과 관련한 인재 확보, 양성 및 자질의 향상에 필요한 시책을 강구한다.	(인재 확보 등) 제13조 국가 및 지방공공단체는 자살 방지 등과 관련한 인재 확보, 양성 및 자질의 향상에 필요한 시책을 강구한다.
(마음 건강 유지와 관련한 교육 및 계몽 추진 등) 제 17 조 국가 및 지방공공단체는, 직장, 학교, 지역 등에서 국민의 마음 건강 유지와 관련한 교육 및 계몽 추진 및 상담 체제 정비, 사업주, 학교 교직원 등에 대한 국민의 마음 건강 유지와 관련한 연수 기회 확보 등 필요한 시책을 강구한다. 2 국가 및 지방공공단체는, 전 항목의 시책으로 대학 및 고등 전문학교와 관련한 것을 강구하는데 있어서, 대학 및 고등학교, 전문학교의 교육 특성을 배려하지 않으면 안된다. 3 학교는 해당 학교에 재적하고 있는 아동, 학생 등의 보호자, 지역 주민, 기타	(마음 건강 유지와 관련한 체제 정비) 제 14 조 국가 및 지방공공단체는 직장, 학교, 지역 등에 있어 국민의 마음의 건강 유지에 관한 체제 정비에 필요한 시책을 강구한다. 〔신설〕

관계자와의 연계를 도모하면서, 해당 학교에 재적하고 있는 아동, 학생 등에 대한 각자가 소중한 개인으로서 함께 서로 존중하면서 살아가는데 의식 함양 등에 도움에 되는 교육 또는 계몽, 어려운 사태, 강한 심리적 부담을 받았을 경우 등에 대한 대처 방법을 습득하기 위한 교육 또는 계몽, 기타 해당 학교에 재적하고 있는 아동, 학생 등 마음 건강 유지와 관련한 교육 또는 계몽을 실시하도록 노력한다.	
(의료제공체제의 정비) 제 18 조 국가 및 지방공공단체는 마음 건강 유지에 지장을 일으키는 것으로 자살의 우려가 있는 자에 대해 필요한 의료가 조기 및 적절히 제공될 수 있도록 정신질환이 있는 사람이 정신건강에 관해 학식 경험을 가지는 의사(이하 이 조항에 있어 「정신과의」라고 한다)의 진료를 받기 쉽도록 환경 정비, 신체 상해 및 질병에 대한 진료의 초기 단계의 해당 진료를 실시하는 의사와 정신과 의사와의 적절한 연계 확보, 응급의료를 실시하는 의사와 정신과 의사와의 적절한 연계 확보, 정신과 의사와 그 지역에서 자살대책과 관련한 활동을 실시하는 기타 심리, 보건 복지 등에 관한 전문가, 민간 단체 등 관계자와의 원활한 연계 확보 등 필요한 시책을 강구한다.	(의료제공체제의 정비) 제 15 조 국가 및 지방공공단체는 마음 건강 유지에 지장을 일으키는 것으로 자살의 우려가 있는 자에 대해 필요한 의료가 조기 및 적절히 제공될 수 있도록 정신질환이 있는 사람이 정신건강에 관해 학식 경험을 가지는 의사(이하 이 조항에 있어 「정신과의」라고 한다)의 진료를 받기 쉽도록 환경 정비, 신체 상해 및 질병에 대한 진료의 초기 단계의 해당 진료를 실시하는 의사와 정신과 의사와의 적절한 연계 확보, 응급의료를 실시하는 의사와 정신과 의사와의 적절한 연계 확보 등 필요한 시책을 강구한다.
제 19 조 〔생략〕	제 16 조 〔생략〕
(자살 시도자 등 지원) 제20조 국가 및 지방공공단체는 자살 시도자가 재시도 하지 않도록 자살 시도자 등 적절한 지원을 실시하기 위해 필요한 시책을 강구한다.	(자살 시도자에 대한 지원) 제 17 조 국가 및 지방공공단체는 자살 시도자가 재시도 하지 않도록 자살 시도자에 대한 적절한 지원을 실시하기 위해 필요한 시책을 강구한다.
(자살자의 친족 등 지원) 제21조 국가 및 지방공공단체는 자살 또는 자살 시도가 자살자 또는 자살 시도자의 친족 등에게 미치는 심각한 심리적 영향이 완화되도록 해당 친족 등 적절한 지원을 실시하기 위해 필요한 시책을 강구한다.	(자살자의 친족 등에 대한 지원) 제 18 조 국가 및 지방공공단체는 자살 또는 자살 시도가 자살자 또는 자살 시도자의 친족 등에게 미치는 심각한 심리적 영향이 완화되도록 해당 친족 등에 대한 적절한 지원을 실시하기 위해 필요한 시책을 강구한다.

(민간단체 활동의 지원) 제 22 조 국가 및 지방공공단체는 민간 단체가 실시하는 자살 방지, 자살자의 친족 등 지원에 관한 활동을 지원하기 위해 조언, 재정상의 조치, 기타 필요한 시책을 강구한다.	(민간단체 활동에 대한 지원) 제 19 조 국가 및 지방공공단체는 민간 단체가 실시하는 자살 방지 등에 관한 활동을 지원하기 위해 필요한 시책을 강구한다.
제 4 부 자살종합대책회의 등 (설치 및 소장 사무) 제 23 조 〔생략〕 2 회의는 다음과 같은 사무를 담당한다. 1. 자살종합대책대강안을 작성할 것. 2・3 〔생략〕	제 3 부 자살종합대책회의 (설치 및 소장 사무) 제 20 조 〔생략〕 2 회의는 다음과 같은 사무를 담당한다. 1. 제 8 조 대강안을 작성할 것. 2・3 〔생략〕
(회의 조직 등) 제 24 조 〔생략〕 2~7 〔생략〕	(조직 등) 제 21 조 〔생략〕 2~7 〔생략〕
(필요한 조직 정비) 제 25 조 전 2 조에 정하는 것 외에, 정부는 자살대책을 추진하는 데 있어서 필요한 조직의 정비를 도모한다.	〔신설〕

○ 내각의 중요 정책에 관한 종합 조정 등에 관한 기능 강화를 위해, 국가 행정 조직법 등 일부 개정한 법률(2015 년 법률 제 66 호) (발췌) (부칙 제 2 항 관계)

(밑줄 부분은 개정 부분)

개 정 안	현 행
(후생노동성 설치법의 일부 개정) 제 11 조 후생노동성 설치법(1999 년 법률 제 97 호)의 일부를 다음과 같이 개정한다. 〔생략〕 제4조 제1항 중 「전 조」을 「전 조 제1항 및 제2항」 으로 고치고, 같은 항 제89 호를 다음에 다음의 1 호를 추가한다. 89 의 2 자살종합대책대강(자살대책기본법(2006 년 법률 제 85 호) 제 12 조에 규정하는 자살대책 대강을 말한다)의 작성 및 추진에 관한 것. 제 4 조에 다음과 같이 1 항을 추가한다. 3 제 1 항에 정하는 것 외에, 후생노동성은 전 조 제 3 항의 임무를 달성하기 위해 같은 조 제 1 항 및 제 2 항의 임무와 관련한 특정 내각의 중요 정책에 대해 해당 중요 정책에 관해서 각의에서 결정된 기본적인 방침에 준하여 행정 각부 시책의 통일을 도모하기 위해 필요한 기획 및 입안, 종합 조정에 관한 업무를 담당한다. 〔생략〕	(후생노동성 설치법의 일부 개정) 제 11 조 후생노동성 설치법(1999 년 법률 제 97 호)의 일부를 다음과 같이 개정한다. 〔생략〕 제 4 조 제 1 항 중 「전 조」을 「전 조 제 1 항 및 제 2 항」 으로 고치고, 같은 항 제 89 호를 다음에 다음의 1 호를 추가한다. 89 의 2 자살대책의 대강(자살대책기본법(2006 년 법률 제 85 호) 제 8 조에 규정하는 자살대책 대강을 말한다)의 작성 및 추진에 관한 것. 제 4 조에 다음과 같이 1 항을 추가한다. 3 제 1 항에 정하는 것 외에, 후생노동성은 전 조항 제 3 항의 임무를 달성하기 위해 같은 조 제 1 항 및 제 2 항의 임무와 관련한 특정 내각의 중요 정책에 대해, 해당 중요 정책에 관해서 각의에서 결정된 기본적인 방침에 준하여 행정 각부 시책의 통일을 도모하기 위해 필요한 기획 및 입안, 종합 조정에 관한 업무를 담당한다. 〔생략〕

The 2nd International Forum on Suicide Prevention Policy

Research Evidence ~Innovation of Suicide Countermeasures in Japan ~

Date 20 January, 2018 (10am ~ 4pm)

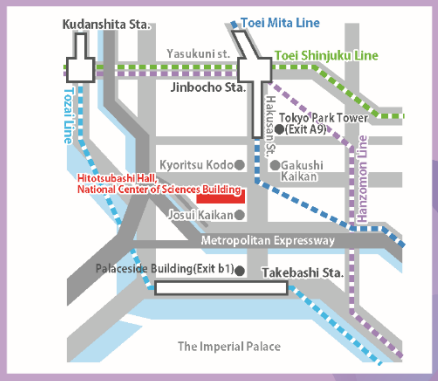
Venue Hitotsubashi Hall, Medium Conference Room 3・4

Participation fee Free

Pre-registration is required due to the convenience of the number of seats. Please e-mail to the Office of the Research Project Team specifying name, affiliation and contact information.

General Principles of Suicide Prevention Policy (approved by the Japanese Cabinet on July 25, 2017) stated a new practical policy framework based on the Basic Law on Suicide Countermeasures. This symposium will focus on "Research Evidence" which support innovation of comprehensive measures to prevent suicide.

Professor Jong-Woo Paik, Kyung Hee University College of Medicine, will be invited as a keynote speaker, to review a Japanese suicide policy from an international context. He will address on a recent strategy and program for suicide prevention in South Korea.



Hitotsubashi Hall,National Center of Sciences Building
2F,2-1-2 Hitotsubashi,Chiyoda-ku,Tokyo 101-8439
-By train(Subway)-
Tokyo Metoro Hanzomon Line/Toei Mita Line/Toei Shinjuku Line "Jinbocho" Exit A9
Tokyo Metoro Tozai Line "Takebashi" Exit 1 b 3-5minutes walk from the stations

Keynote lecture

Professor Jong-Woo Paik
Kyung Hee University College of Medicine

Chaired by Dr. Yutaka Motohashi
Director, Japan Support Center for Suicide Countermeasures

Symposium

Research Evidence ~Innovation of Suicide Countermeasures in Japan ~

Yoshinori Fujiwara	Director, Tokyo Metropolitan Institute of Gerontology
Takafumi Kubota	Associate Professor, Tama University
Michiko Ueda	Associate Professor, Waseda University
Jiro Ito	Board of directors, Non-profit Origaization OVA

Sponsorship | Japan Support Center for Suicide Countermeasures ,NCNP
Endorsement | Research Team funded by Japanese Ministry of Health, Labour and Welfare

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Language : English

Recent Trends for National Suicide Prevention Strategy in Korea*

Jong-Woo Paik[1]

Korea has had the highest suicide rate among the Organisation for Economic Co-operation and Development (OECD) countries for 13 consecutive years. The rate has been decreasing slightly since 2011. Some 13,092 people killed themselves in 2016, down 17.7% from 15,906 in 2011. The suicide rate in 2016 was 25.6 per 100,000 people, twice as much as it was 20 years earlier. This is a truly important and grave problem, considering the fact that suicide is the fourth biggest cause of death in Korea.

The Korean Association for Suicide Prevention (KASP) was founded in 2003, and it has since implemented numerous nationwide suicide prevention campaigns. In 2004 and again in 2008, the Ministry of Health and Welfare announced a National Suicide Prevention Plan, but these efforts did not serve as an effective measure. In 2011, the National Assembly passed the Suicide Prevention Act, which provided a legal foundation for suicide prevention measures, because of concerted efforts from various sectors. In particular, rural areas saw a clear effect, in the form of a declining suicide rate among the elderly, upon the suspension of lethally toxic pesticides. Screen doors were installed in many subway stations. The safety measures implemented on the bridges in Seoul, such as the Mapo Bridge, also contributed to reducing the suicide rate. The KASP developed a standardized Korean suicide prevention program for education on suicide prevention in 2011. This three-hour program, which includes video materials from exemplary cases, teaches early detection of suicide warning signals, a proper understanding of the risk of suicide, and how to link mental health specialists and resources for help. The Korean Suicide Prevention Center (KSPC) has distributed this program, and 370,000 Korean citizens have completed the course so far. Versions for adolescents, workers, and soldiers have been developed and are currently available.

The KSPC was founded pursuant to the Suicide Prevention Act passed in 2011. The Center launched a relay campaign to raise awareness regarding the respect for life called *Goinchanni* (meaning, "Are you (doing) okay?"), in which celebrities participated. It also established recommendations for reporting suicide cooperation with the Journalists' Association of Korea and has been monitoring media articles. Forty-seven hospitals across the country are implementing an emergency room–based postvention program for those who attempt suicide. The program has brought about a reduction in the suicide rate, which has declined by half compared to that of the group that received no services. KSPC has covered treatment costs and provided support with daily activities for those who attempted suicide and to bereaved families with the cooperation of the Life Insurance Philanthropy Foundation since 2015. Several local governments, including Nowon-gu in Seoul and Gwangju city, have demonstrated the effectiveness of suicide prevention policies in reducing the rate of suicides by embracing such active policies.

The development of the Korean suicide prevention strategy was largely inspired by numerous foreign examples of suicide prevention. In particular, Japanese efforts have significantly contributed to the direction of Korean suicide prevention campaigns: the family members of people who had committed suicide have actively participated in raising social awareness about the gravity of the problem since 2000. In addition, private organizations such as Lifelink engaged the public by means of a signature campaign. In response to this, the Japanese National Assembly created an Assembly members' group for suicide prevention (Japanese Society of

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http://jssc.ncnp.go.jp/file/pdf/2018-0120-IntForumSuicidePreventionPolicy-2nd-En.pdf

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Comprehensive Suicide Prevention Policy-Making), and passed a suicide prevention act in 2006. It is a great achievement that a national-level suicide prevention measure was established on the basis of a government-private partnership, with the Assembly also developing evidence-based programs, such as Action-J. It is also highly valuable that evidence has been established and has eventually become a universal service through medical insurance coverage. In addition, we find it to be highly commendable that the Japan Support Center for Suicide Countermeasures supports local communities in establishing their own strategies and host an annual prefecture-level seminar attended by community leaders. The Finnish psychological autopsy study of all suicides is another well-known example. The noteworthy implication of this case is that, based on a decision by the president, a number of participating experts visited all bereaved families to offer their condolences and to make efforts to identify the cause of their family member's suicide.

A new turning point for Korean suicide prevention efforts occurred in 2017. The bereaved families participated in the National Transition Committee *Gwanghwamun 1 beonga* ("Gwanghwamun 1st street") of the new administration under President Moon Jae-in. They voiced their efforts regarding suicide prevention. The KASP, LifeLine Korea, and Citizens' Coalition for Safety, all of which have been striving to prevent suicide, also hosted a forum at the National Assembly in cooperation with the press to urge more active measures. As a result, suicide prevention was included in the new government's 100 national agenda items. President Moon Jae-in ordered that more effective measures for suicide prevention be established. In response to the bereaved families' petition, the Minister of Health and Welfare personally announced the suicide prevention measures, and an increased budget for the next year was passed by the National Assembly. At the end of February, the National Assembly members' forum for suicide prevention will be launched in Korea. A survey analyzing the five-year data on death by suicide collected by the Korean National Police Agency will also be conducted across the country. Furthermore, full-time lecturers specializing in education on suicide prevention will be trained to accomplish the goal of getting 2 million people to complete the Korean standardized suicide prevention program by 2020. The public will be educated in order to meet this target. A department for suicide prevention will also be established within the Ministry of Health and Welfare. A control committee will be established, which will be the leading body of the national suicide prevention countermeasures, in cooperation with various ministries under the direction of the prime minister.

Japan was the first country to experience the problem of a high suicide rate in Asia. South Korea is the second country suffering from the gravity of this problem. A high suicide rate is a serious issue from which many other countries may potentially suffer in the future. We expect to continue the exchange and cooperation between Korea and Japan so that we can offer our leading efforts to the world as an exemplary case of respect for life.

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Research on Promoting Suicide Countermeasures by Boosting Social Capital with Senior Volunteers

Yoshinori Fujiwara[1]

Although in recent years the suicide rate in Japan as a whole has been decreasing gradually, that of the younger generation, especially those under 20 years old, remains unchanged since 1998. Therefore, the Basic Law on Suicide Countermeasures (revised on April 2016), focuses on children and younger adults through the promotion of education in schools on how ask for help to reliable persons when facing crisis such as mental stress, depression, or bullying.

In addition, the prevention of social isolation, which is a risk factor of suicide, is important not only for children and younger adults with low self-esteem but also for older persons who have lost their spouse or who are retired and have lost their social role in life. Therefore, it is important for them to reconnect to their community and to obtain the support they need before they feel isolated (Motohashi et al. 2017).

On the other hand, we have promoted a senior school volunteer program called REPRINTS® since 2004. Currently, four hundred senior volunteers visit 80 schools, kindergartens, children's center, and so on, to read picture books in 14 cities in Japan. This program has demonstrated reciprocal merits among children and senior volunteers on mental health (Fujiwara et al. 2009; Yasunaga et al. 2016).

As such, an intergenerational program (IGP) is based on the concept of social capital, which is defined as features of social organization such as trust, norms, and networks. Social capital can improve the efficacy of society by facilitating coordinated actions and by effectively promoting health among older and younger adults.

Based on these backgrounds, the applied research project has developed educational programs for junior high school or elementary school students to empower self-esteem and to strengthen social support-networks. We have two research fields: urban Fuchu city and rural Kita Akita city. This educational program consists of reading suggestive picture books by senior volunteers and listening to a lecture by public health nurses (PHNs).

We are selecting suitable picture books suggesting the importance of living, social support and network through working groups with the "REPRINTS®" senior volunteers and specialists such as clinical psychologists.

We aim that these PHNs and senior volunteers can be regarded as good receivers for the students who would like to ask for help.

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Government Policies and Suicide

Michiko Ueda[1]

Suicide is a significant social issue in many parts of the world, including Japan. According to the World Health Organization (WHO), over 800,000 people die by suicide each year, which amounts to one death every 30 seconds. This talk explores the association between government policies and the number of suicide deaths.

We first focus on government partisanship as an overall indicator of government policy orientations to see if government partisanship affects the number of individuals who die by suicide. Our analysis using cross-national data found that suicide rates tend to decrease when a leftist party or a Christian Democratic party is in power. These parties tend to expand welfare policies and promote macroeconomic policies for higher economic growth, both of which can affect the quality of life of those in need.

The impact of economic and welfare policies on suicide rates will then be discussed. Using panel data of 47 prefectures in Japan, we analyzed how economic and welfare policies adopted by Japanese local governments are associated with the number of suicide deaths in prefectures. We found that suicide rates tend to decline when the government implement policies to improve the economic conditions of those who suffer from unemployment and poverty. These findings highlight the importance of government policies in reducing suicide.

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Development of an Integrated Exploratory Policy Making Support Model for Public Micro Data Contributing to Comprehensive Suicide Countermeasures

Takafumi Kubota[1], Yoshitake Takebayashi[2], Mayumi Oka[3], Motoi Okamoto[3]

In a process of increasing risk of suicide related behaviors, it has been pointed out that multiple factors in a multifaceted area such as social, economic, health and psychology interact. However, empirical studies on the pattern of the interaction are lacking at home and abroad. We have applied various statistical clustering methods to public statistics (Vital Statistics (demographics survey), the Population Census (census), Comprehensive Survey of Living Conditions (national life basic research), etc.) and have studied patterns of complex interactions of diverse factors related to suicide. As a result, it was found that Comprehensive Survey of Living Conditions showed 1) It includes K6 which measures mental suffering which is a major risk factor of suicide 2) It contains subjective stress, information on various societies and economic factors, and it has high utility value in analyzing patterns of interactions of various risk factors. As a result of pattern analysis of interactions, mental stress and economic factors commonly explain the severity of mental suffering among high-risk groups of suicide (those with mental disorders, unemployed people, caregiver burden), and revealed that the patterns of interaction between mental stress and economic factors are different between groups.

In order to effectively advance suicide countermeasures, it is required to devise countermeasures according to local characteristics at the local government level. Therefore, in this research, based on the results so far, we applied for non-purpose based on Article 33 of the statistical law on the Comprehensive Survey of Living Conditions, analyzed taking regional factors into account, and analyzed the interaction pattern of suicide risk factors consider.

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Promotion of Suicide Prevention using ICT

Jiro Ito[1]

Suicide is the top cause of death of Japanese youth whose age is between 15 to 39.

The problem of young Japanese suicide is seriously continuing in comparison with foreign countries.

In Japan, anyone can easily access to specific information about means to kill themselves using search engines.

Social Network Service (SNS) is filled with numerous words of “I want to die” by the youth who cannot ask for help in real.

In 2017, there was a harrowing incident that young people who said, “want to die” in SNS were the target for murder and actually killed.

Japanese young people generally use the message applications as means of daily communication that enable them to communicate with text.

It is difficult for the youth to use any consulting services with unfamiliar means as telephone.

It is imperative to establish text-based consulting technology and arrange consulting services suitable for their needs.

The presenter has been running online gatekeeping from 2013 to outreach the youth with suicide ideation. Specifically, an advertisement to encourage viewers to use e-mail-based psychological consultation services in a certain area was placed on the top of web pages that shows the search results of suicide-related keywords, like “how to die,” or “want to die.” The viewers have already been screened at that point, regarded as those at high risk of suicide. We offer continual consultation, assessment, connection with new appropriate supporter face to face, and watch over them.

We use mainly e-mail and chat system as means of consultation, in addition telephone and face to face if necessary. These consultation activities are administered by the team consist of qualified persons as psychiatric social worker and clinical psychologist.

In this presentation, I report concretely the present state, outcomes and subject of online gatekeeping, and propose future study for the solution to promote suicide prevention using ICT.

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