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Address Japan Support Center for Suicide Countermeasures, National Institute of Mental Health, National Center of Neurology and Psychiatry; 4-1-1 Ogawahigashi, Kodaira, Tokyo 187-8553, Japan

Editor-in-chief Yutaka Motohashi, MD, PhD
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Japan Support Center for Suicide Countermeasures
(<https://jssc.ncnp.go.jp/en/>)

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Office for Suicide Data Analysis,
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Yoshinori Fujiwara, MD, PhD
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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.

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Website:

1. World Health Organization. Suicide mortality rate [Internet]. *Geneva: WHO*; 2017 Dec [cited 2018 Jan 15]. Available from: <http://apps.who.int/gho/data/node.sdg.3-4-viz-2?lang=en>

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Suicide Policy Research

Vol.2 No.2

Contents

| | |
|--|-----|
| The Key Policies of Japan's Suicide Countermeasures | 1 |
| Yutaka Motohashi, Yoshihiro Kaneko, Koji Fujita, and Masashi Kizuki | |
| How Does Community Engagement Pertain to Suicide Countermeasures? | 7 |
| Yutaka Motohashi, Yoshihiro Kaneko, Masashi Kizuki, Koji Fujita, Mia Aoki, Yasuyo Horiguchi, and Sayaka Yoshino | |
| Teaching Primary and Secondary School Students How to Raise an SOS: Three Practical Models for Nationwide Implementation | 13 |
| Yoshihiro Kaneko, Masami Ido, Yuko Baba, and Yutaka Motohashi | |
| Exploring New Directions in Suicide Countermeasures That Make Use of ICT | 28 |
| Jiro Ito, Hajime Sueki, Asumi Takahashi, Yukie Shimizu, and Tomoko Nomura | |
| Evidence for Suicide Prevention Education in Schools: Comparing Programs Abroad and Instruction on How to Raise an SOS | 40 |
| Yutaka Motohashi, Yoshihiro Kaneko, Motoki Tanaka, and Sayaka Yoshino | |
| The Current State of Youth Suicide Countermeasures from a Public Health Perspective | 42 |
| Sayaka Yoshino, Hiroko Matsunaga, and Yutaka Motohashi | |
| Report on the tenth WHO Mental Health Gap Action Programme (mhGAP) Forum | 44 |
| Masashi Kizuki, Yoshihiro Kaneko, and Yutaka Motohashi | |
| Background to and Comments on the Guidebook for Those Bereaved | 48 |
| Koji Fujita, Hiroko Matsunaga, Hyesun Park, and Yutaka Motohashi | |
| Guidelines for the Comprehensive Support of Those Bereaved | 51 |
| Japan Support Center for Suicide Countermeasures (ed. and trans.) | |
| 자살 유가족 지원을 위한 종합 매뉴얼..... | 80 |
| Japan Support Center for Suicide Countermeasures (trans.) | |
| Law on Promotion of Surveys and Research to Facilitate Comprehensive and Effective Implementation of Suicide Countermeasures and Utilization, etc. of Outcomes thereof, etc | 115 |
| The government of Japan (ed.), Japan Support Center for Suicide Countermeasures (trans.) | |

Review

The Key Policies of Japan's Suicide Countermeasures

Yutaka Motohashi¹, Yoshihiro Kaneko¹, Koji Fujita¹, and Masashi Kizuki¹

The Basic Law on Suicide Countermeasures has been revised (effective April 2016), and the new General Principles of Suicide Prevention Policy have been formulated (Cabinet decision, July 25, 2017) with the aim of boldly overhauling the measures Japan takes to prevent suicide. The present paper will first set out the points at issue in the PDCA (plan-do-check-act) cycle for suicide prevention measures, which will become increasingly important after all municipalities have drawn up local suicide countermeasure plans by March 2019. Next, among the key policies in the new suicide countermeasures, I would like to add my comments with regard to instructing schoolchildren on how to raise an SOS, a subject that has attracted interest from educators as a way of preventing suicide among children and young people as well as interconnecting various suicide-related policies and measures, a point emphasized in the new General Principles.

(1) Promoting practical initiatives at the community level through the PDCA cycle

According to the time table set out by the national government, each and every municipality shall draw up a local suicide countermeasure plan by the end of FY2018. In regard to “promoting practical initiatives at the community level through the PDCA cycle,” the new General Principles stipulate that “to assist local public entities in drawing up these plans, the national government, through the Japan Support Center for Suicide Countermeasures, classifies the prefectures and municipalities into types according to the characteristics of suicide in that region and

provides policy packages of suicide countermeasure programs that should be enacted on the basis of these types; the Center also analyzes the results, etc., of each of the programs in the policy packages that the prefectures and municipalities have enacted and, based on the results of these analyses, makes improvements to them and delivers back to the local public entities a policy package with a more accurate set of programs. These efforts, in which the national government and local public entities cooperate in this way, are promoting comprehensive suicide countermeasures that are constantly evolving through the nationwide use of the PDCA (plan, do, check, act) cycle. ... The national government, through the Japan Support Center for Suicide Countermeasures and in cooperation with local public entities, has the responsibility for promoting suicide countermeasures that are constantly evolving through the nationwide use of the PDCA cycle by, among other things, providing support so that all prefectures and municipalities will promote suicide countermeasures tailored to the characteristics of each community in accordance with local plans for such measures.”

Thus, it has been made clear that when it comes to the promotion and implementation of local suicide countermeasure plans, the Japan Support Center for Suicide Countermeasures (JSSC) is deeply involved in tracking the progress of municipal plans nationwide. To do so, it provides the necessary encouragement of and research into the policy-making process at each step of the PDCA cycle for such measures as a whole and collects the necessary data and scientific evidence. Since FY2017, it has

1) Japan Support Center for Suicide Countermeasures

been implementing its Innovative Research Program on Suicide Countermeasure based on a grand design of research for suicide countermeasures. Under this Program, it carries out studies on policy-making from not only a mental health perspective but also an interdisciplinary one involving such fields as sociology, economics and applied statistics so that the national government can implement the PDCA cycle. At the same time, from the perspective of supporting community-based initiatives, the JSSC is strengthening practical and pragmatic support to approaches at the municipality level, including those of private sector entities; providing information; and developing mechanisms (human resource training, etc.) so that a community can come to grips with suicide countermeasures tailored to actual local conditions.

With the promotion of these local suicide countermeasure plans in mind, I would now like to consider what course of action Japan's measures against suicide should take over the next ten years. The new General Principles emphasize "promoting practical initiatives at the community level through the PDCA cycle," and one major course of future action is to put the PDCA cycle on a firm footing for suicide countermeasures. Even though the measures Japan is taking to prevent suicide have improved, a look at the municipal level shows regional disparities in the degree of commitment to these measures as well as in the implementation of specific policies. To eliminate these disparities, all municipalities are required to draw up suicide countermeasure plans and implement measures based on these plans.

In order to eliminate these disparities and ensure that everyone can receive the support they need with respect to suicide countermeasures as "comprehensive support for people's lives," the revised Basic Law on Suicide Countermeasures stipulates that all prefectures and municipalities draw up a Prefectural or a Municipal Plan on Suicide Countermeasures. It also states that the national government may give grants to prefectures and municipalities that implement initiatives, etc., that are necessary in order to implement suicide countermeasures in response to the situation in the

relevant regions based upon the Prefectural or Municipal Plan on Suicide Countermeasures (Article 14). Along with such financial assistance, the national government has developed a framework to provide specific support to municipalities in formulating their suicide countermeasure plans. The new General Principles stipulate that in order to strengthen "support for practical initiatives at the community level," the JSSC "prepares profiles of actual local suicide conditions that analyze the state of suicide in all the prefectures and municipalities ... [as well as] policy packages of local suicide countermeasures, filled with detailed provisions that take into consideration local characteristics, and supports local public entities in formulating local plans for suicide countermeasures." In response to this policy, in December 2017, the JSSC distributed the profiles of actual local suicide conditions and the local suicide countermeasure policy packages to all prefectures and municipalities. Each profile contains recommendations for a Priority Package that reflects local characteristics based on the main distinguishing features of the suicides in the region. By taking into account the analytical data on actual suicide conditions, the Priority Packages recommended to them, etc., municipal authorities have been able to draw up suicide countermeasure plans tailored to the local characteristics of their own communities.

The JSSC in cooperation with the national government and local public entities intends to build a system for constantly evolving suicide countermeasures through a nationwide PDCA cycle. Specifically, in cooperation with local support centers for suicide countermeasures, in addition to seeing to it that we are able to grasp in minute detail the state of progress prefectures and municipalities are making with their local suicide countermeasure plans, we are planning updated versions of both the profiles of actual local suicide conditions as well as the local suicide countermeasure policy packages based on local data. Since the promotion of measures tailored to local characteristics is important for eliminating regional disparities in suicide countermeasures, the JSSC intends to carry out the studies needed for the policy-making process at each stage of the PDCA cycle for such measures as a whole and develop a

system to provide information on local suicide countermeasures that local government officials will find easy to use.

(2) How to promote instruction for schoolchildren on raising an SOS

The General Principles of Suicide Prevention Policy, adopted by Cabinet decision in July 2017, stipulate that “instruction on how to raise an SOS” shall be promoted nationwide in new and different ways in order to strengthen measures to prevent suicide among schoolchildren.² “In addition to attempting to give students a real sense of the preciousness of life,” its aim is to “promote instruction related to maintaining the mental health of children and young people and to equipping them with the skills to cope with stress and the various difficulties they are likely to encounter in society (instruction on how to raise an SOS). In addition, encourage building an environment conducive to providing instruction that will contribute to suicide countermeasures by increasing ... life-enhancing factors among primary and secondary school students.”

Although the Ministry of Education, Culture, Sports, Science and Technology (MEXT) had previously made efforts to promote suicide prevention education by publishing the “Handbook on Introducing Suicide Prevention Education in Schools: What to Tell Children about Suicide Prevention” (2014) and other measures, there were problems with making them available nationwide. According to a survey conducted in FY2017, the nationwide rate for implementing suicide prevention education was confined to around 1.8 percent, stark evidence that popularizing the program had hardly made any progress at all. Since it explicitly addresses “death” and “suicide,” the program emphasized making efforts in advance to build a consensus among parents and other concerned parties, but judging from the results, it is clear that such a demanding precondition was incompatible with a school environment. In terms of what schoolchildren need, the view has been proposed that, rather than providing them with instructions on a basic knowledge of depression and suicide with special consideration after gaining

parental consent, it would be better that priority be given to equipping them with the skill to raise an SOS to a trusted adult when they are facing various difficulties or stress. Hard-and-fast parental consent is not deemed necessary when schoolchildren are not being taught specific knowledge about suicide. In order to expand instruction on how to raise an SOS nationwide, as a future course of action “suicide prevention education” will not be taught as a special class under the guidance of experts for which parental consent is a prerequisite; it is better that the goal of such a class be to enable “students facing difficulties or stress to ask trusted adults for help” as part of “comprehensive support for people’s lives.”

From precedents set in Tokyo’s Adachi Ward and elsewhere, it is thought to be important to position “instruction on how to raise an SOS” as an ordinary educational activity in schools and to implement it in the form of a class taught by a visiting lecturer such as a public health nurse. The educational model in effect in Adachi Ward is a good example that will be useful for expanding instruction on how to raise an SOS in all municipalities. The format is a one-time-only class given by the district public health nurse who serves as a visiting lecturer (the one-time-only visiting lecturer model). The messages included in instruction on how to raise an SOS in Adachi Ward are: (1) cultivate self-esteem [Self-esteem]; (2) find and speak to a trusted adult [Trusted Adults]; (3) if you cannot find an adult you can trust, speak with the local counseling service [Community Resources]; and (4) equip yourself with an understanding of how to raise an SOS [Help-Seeking Skill]. It is hoped that municipalities will refer to precedents such as this and promote initiatives tailored to actual local circumstances. Figure 1 illustrates these four key messages.

A “Notification on promoting instruction on how schoolchildren can equip themselves with ways of coping with difficult situations or circumstances when they are experiencing a strong mental burden, etc., with the aim of preventing suicides among them” (January 23, 2018, 29, Elementary and Secondary Education Bureau Notification No. 38, Social Welfare and War Victims’ Relief Bureau General

Affairs Division Notification 0123 No. 1) was sent out to the heads of the Prefectural Boards of Education and others under the joint signatures of the Head of the Student Affairs Division in MEXT’s Elementary and Secondary Education Bureau and the Counsellor of the Minister’s Secretariat in the Ministry of Health, Labour and Welfare (responsible for suicide countermeasures). The following five items are its key points:

1. When it comes to instruction on how to raise an SOS, in addition to the format of team teaching primarily by teachers used thus far, it is also effective to involve public health nurses, social workers, district welfare commissioners and others.
2. When implementing instruction on how to raise an SOS, it is desirable to make counseling services such as the 24-hour SOS Helpline and Childline widely known.
3. In implementing instruction on how to raise an SOS, given the importance of tailoring the

contents to a schoolchild’s stage of development, it is believed that educational materials and teaching methods should be devised that correspond to actual circumstances at each school.

4. It is thought to be desirable to teach schoolchildren not only how to raise an SOS but also how to listen to one (how to respond to an SOS) and that cooperation should be requested from nongovernment organizations and others that carry out telephone counseling programs.
5. Because instruction on how to raise an SOS can fall under the categories of “public awareness programs,” “programs for young people at risk,” and “specialized programs focusing on local characteristics” as defined in the “Guidelines for Implementing Programs to Strengthen Local Suicide Countermeasures,” plan to make these programs known to the municipalities so that they can make active use of them.

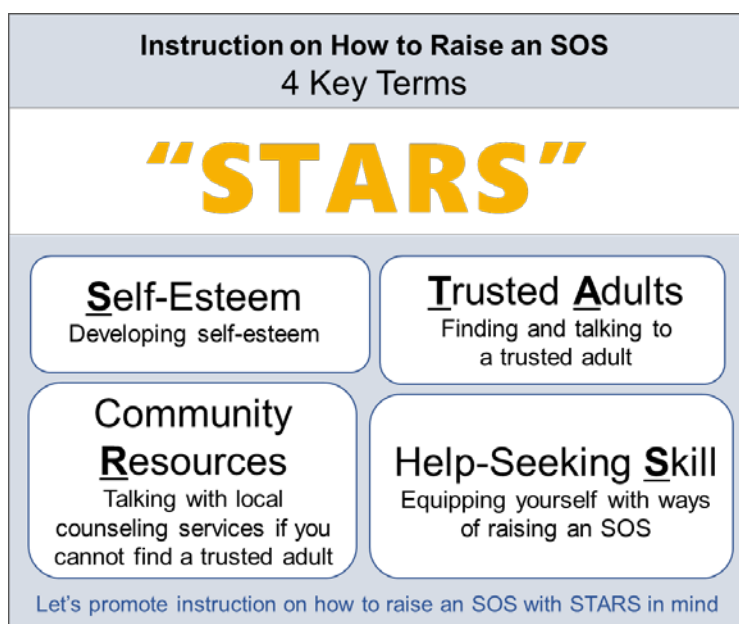


Figure 1. The 4 Key Terms for Instruction on How to Raise an SOS

(3) Improving interconnectedness with related measures

Emphasis has come to be given to the importance of plans to interconnect measures to prevent suicide with

related policies with a view to promoting comprehensive suicide countermeasures in the community. The term “comprehensive countermeasures” means that it is important to move steadily ahead with each and every specialized

suicide prevention policy while at the same time promoting cross-departmental measures in conjunction with various other relevant social policy measures.

Article 2, Item 5 of the Basic Law on Suicide Countermeasures clearly states that “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.” Moreover, in the General Principles of Suicide Prevention Policy, the goal of “strengthening organic coordination with related measures and dealing with it comprehensively” is indicated as a basic policy for the promotion of suicide countermeasures. Specifically, the need to devise ways to interconnect them with related systems is exemplified in the case of issues such as poverty, child abuse, sexual violence, *hikikomori* (social withdrawal), sexual minorities, etc., that are the main potential causes of suicide. It is a fact that it is inherently difficult to devise ways of interconnecting individual departments since central government agencies and local governments specifically assign policies to a particular department that will be responsible for them; budgets as a rule are also paid to each department separately. On the other hand, in order to resolve suicide-related issues comprehensively and effectively, based on the shared philosophy of suicide prevention (i.e., “comprehensive support for people’s lives”), the government and municipalities need to revise the compartmentalized ways each department conducts its business and improve the interconnectedness of measures with one another. As a specific example of improving interconnectedness, I would like to illustrate how to promote the coordination of various suicide-prevention-related policies by taking as my example the “inclusive community-based society” and the “system of self-reliance support for the poor and needy” as spelled out in the General Principles.

First, on interconnecting suicide countermeasures and the system of self-reliance support for the poor and needy: in Article 2 of the Law on Self-Reliance Support for Poor and Needy People, a poor and needy

person is defined as “a person who is truly economically deprived and at risk of being unable to maintain a minimum standard of living.” Specifically, it refers to people who do not receive public assistance but who may come to need it and yet are expected to be able to become self-reliant. Many such persons have a complex assortment of wide-ranging, underlying problems such as abuse, sexual violence, addiction, belonging to a sexual minority, mental retardation, developmental disabilities, psychiatric disorders, being evacuated from a disaster zone, as well as those related to long-term care, multiple debts, work, etc. In addition to economic poverty, they tend to have poor relationships and are easily marginalized from society. Since from the standpoint of suicide countermeasures, the poor and needy are at high risk of suicide, ways need to be devised to interconnect suicide prevention measures with the self-reliance support system for poor and needy persons. The latter system has programs that provide support and counseling for self-reliance, preparation for employment, job training, temporary livelihood assistance, payment of a housing stipend, support and counseling on family finances, support for the education of children from poor and needy households, etc. The support and counseling for self-reliance program, for example, provides one-on-one support to someone who is having difficulty with daily living, a type of support that unquestionably is closely related to the support given to someone at high risk for suicide. In addition, the temporary livelihood assistance program, which provides food, shelter and clothing to the homeless, is likely to be related to the creation of safe places under suicide countermeasures. Thus, although the various programs under the system to support self-reliance are not expressly identified as suicide countermeasures, they are regarded as something that can, in fact, function as such under a different guise.

Next, in regard to the coordination of suicide countermeasures with measures to create a community-based society, the Ministry of Health, Labour and Welfare cites the creation of an “inclusive community-based society” as the philosophy behind its welfare reforms. What this means is that, instead of relying solely on public

welfare, from now on we will build a society in which the people who live in a community support one another. In the welfare field, instead of being divided into the support side and the recipient side as in the common belief that welfare consists of givers and takers, the aim cited as its philosophy is to create a community-based society in which all local residents have roles to play and by supporting one another are able to foster a local community in which they can fully be themselves and live their lives with each other's assistance and in collaboration with public welfare services. The idea is to create a system whereby local residents will work on their own initiative to build a community they regard as "theirs" rather than the all-too-common tendency to think of

it as "someone else's" concern; and, in the case of municipalities, to continue to promote the maintenance of and improvements to a system of "inclusive" comprehensive counseling and support that incorporates backing for community-building initiatives and links to public welfare services. To put it a little more clearly, the aim is to encourage an awareness of personal responsibility and increase the number of residents who take the problems of someone in trouble as if they were their own personal concern and are able to act accordingly.

Figure 2 illustrates the coordination among the various systems related to suicide countermeasures.

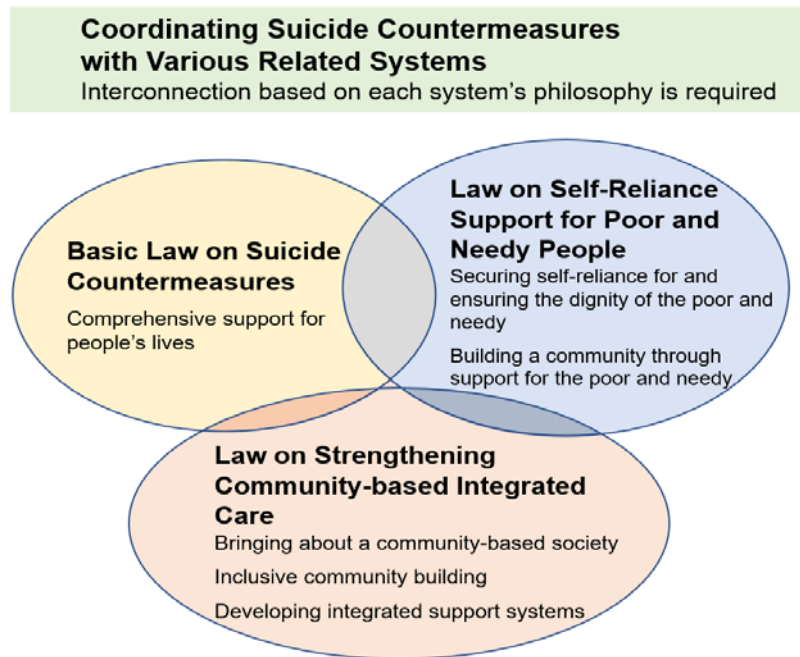


Figure 2. Figure illustrating the coordination among the various systems related to suicide countermeasures.

(4) Conclusion

The goal cited in Japan's new suicide countermeasures is to reduce the number of suicides to more than 30 percent below 2015 levels by 2026. Although the hurdles are high, if we are to reach this goal, it is essential that

we vigorously promote measures to prevent suicide tailored to the regional characteristics of all municipalities based on local suicide countermeasure plans. It is imperative that all concerned proceed with these measures with a clear understanding of what they need to do so.

Review

How Does Community Engagement Pertain to Suicide Countermeasures?

Yutaka Motohashi¹, Yoshihiro Kaneko¹, Masashi Kizuki¹, Koji Fujita¹, Mia Aoki¹, Yasuyo Horiguchi¹, and Sayaka Yoshino¹

1. What is “community engagement”?

Under the terms of the Basic Law on Suicide Countermeasures (revised in April 2016) and the General Principles of Suicide Prevention Policy (July 2017), all Japanese municipalities are required to formulate local suicide prevention plans. Given that “strengthening support for practical initiatives at the community level” is cited first among the General Principles’ priority measures, promoting steps to prevent suicide in the community is becoming one of the most important tasks that Japan’s suicide countermeasures are now facing.¹

Turning to other parts of the world, the emphasis on the community’s role in suicide prevention is also underscored in documents of the World Health Organization (WHO). “Preventing suicide: A community engagement toolkit,” which was published by WHO in 2018 and translated into Japanese by JSSC in 2019, for example, stresses the importance of promoting suicide countermeasures from the perspective of community engagement.² It cannot be said, however, that the keyword “community engagement” is still widely understood in Japan. And without being able to construe the true meaning of the term WHO uses, it is impossible to have a proper understanding of how community engagement pertains to suicide countermeasures.

If one looks up the words “community” and “engagement” in an English-Japanese dictionary, for example, and translates the term as “local efforts,” it would be potentially difficult to grasp what WHO actually means by “community engagement.” One must first understand that WHO’s real intention in

attempting to advance suicide prevention measures with this term is to promote steps in developing countries to eliminate the world’s mental health gaps.³ A “community” is not a place that presupposes an administrative district such as a city, town or village in Japan; and although it may include the concept of a geographical area, essentially, it refers to a group of people who share a common culture, values and norms, a specific population incorporated within a social structure that has developed over the history of the community⁴ (see the next section for details). Based on this correct understanding, we must consider how community engagement can be put to use in Japan’s suicide countermeasures.

2. The definition of community engagement

In order to grasp the true meaning of “community engagement,” it is important first of all to understand the definition of “community.” A clear definition, like the one as follows, is given in the WHO Health Promotion Glossary:⁴ “A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time.”

Moreover, it is essential for an understanding of the concept of “community engagement” that it is grounded on the philosophy and basic policy concepts of health promotion that WHO has been assiduously building upon since 1986. Once one realizes how the concepts of health promotion in these policy documents have changed from the time of the Ottawa Charter of 1986 to the 2016 Shanghai

1) Japan Support Center for Suicide Countermeasures (JSSC)

Declaration, we need to consider what community engagement is.

According to the definition in a WHO policy statement, “Community engagement is the process by which community benefit organizations and individuals build a long term relationship with collective vision for the benefit of the community.”⁵

Moreover, “It is primarily about the practice of moving communities towards a better change through empowerment.”⁵

“Empowerment” is also an extremely important concept in health promotion; it is defined as follows: “In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health.”⁴

And in order for people in a community to engage with suicide countermeasures, an advocacy experience for stakeholders in these measures becomes important.² The definition of “advocacy for health” is as follows: “A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.”⁴

Finally, as shown in Figure 1, there are five principles in a community organization that form the basis of community engagement: fairness, justice, empowerment, participation and self-determination.⁶

Fairness
Justice
Empowerment
Participation
Self-determination

Figure 1 Principles of Community Engagement in an Organization

3. How to make the most of the concept of community engagement vis-à-vis suicide countermeasures

As stated above, community engagement is a participatory (or bottom-up) process in which the community is actively involved in promoting suicide countermeasures. In the final analysis, it should be understood as signifying the whole range of practical

activities that lead to a change for the better in a community’s suicide prevention initiatives through the self-directed involvement of the community itself. “Engagement” is a French term used in the existentialist philosophy of Jean-Paul Sartre⁷, and community engagement, broadly understood, can probably also be interpreted as including the meaning used in the philosophy—i.e. “making our own lives meaningful with subjectivity and taking action.”

If the definition of community engagement is properly understood, one comes to appreciate the underlying awareness that, when promoting suicide countermeasures in developing countries, which is what WHO primarily has in mind, initiatives imposed from above are ineffective, and that the community itself needs to become actively involved in promoting realistic measures based on the actual circumstances in their community.

Returning to suicide countermeasure practices in Japan, the promotion of such measures is not imposed on local communities by the national government; the municipalities themselves are required to implement measures that have a direct bearing on local residents and that are based on local suicide countermeasure plans, which each municipality draws up independently and tailors to actual local conditions. In Japan, the Basic Law on Suicide Countermeasures came into effect in 2006, and a system was established in which the national government took the lead in promoting suicide prevention measures. Although the assessment can be made that, even from an international perspective, Japan has put in place an advanced system for doing so, on the other hand, such a system also entails the risk of relegating to the background the concept of community engagement – i.e. promoting suicide countermeasures through the active involvement of local governments and community stakeholders. It is to be hoped that the need for such involvement, not only by administrative officials but also by concerned persons in workplaces, schools and nongovernmental agencies as well as ordinary citizens, will never be forgotten.

In Japan’s suicide countermeasures, too, it is thought that by advancing them in accordance with empowerment, participation and self-determination, which are the fundamental principles of community

engagement, it will lead as a result to their promotion, as those concerned intended, as measures grounded on fairness and justice.

Figure 2 shows the five principles of partnership, engagement, empowerment, complexity, comprehensiveness (PEECoC principles) that are thought to underlie the philosophy behind Japan's suicide countermeasures. Such measures will be steadily advanced through a proper understanding of these five principles.⁸

4. The relationship between community engagement and suicide countermeasures: Case studies

Up to now the discussion has focused on evaluating the concept of community engagement; this section shall show concretely how community engagement pertains to suicide countermeasures through examples from two developed countries (the United States and Northern Ireland). It will also discuss the possibility of suicide countermeasures as community engagement in the context of regional-development-type public art projects in Japan.

Partnership
Engagement
Empowerment
Complexity
Comprehensiveness

(Note) Called the PEECoC principles based on the first letters of the English words.

Scheduled to become a compulsory item in the education and training of gatekeepers involved in local suicide countermeasures proposed by the JSSC (forthcoming).

Figure 2 Five Principles Thought to Underlie Japan's Suicide Countermeasures

At present, even from an international perspective, the relationship between community engagement and suicide countermeasures is still at an embryonic stage, and the fact is that specific practical examples are few and far between. But even though community stakeholders do not have an adequate understanding of community engagement, various local suicide prevention initiatives can serve as examples of suicide countermeasures as community engagement.

The first example introduced below, a participatory public art project in the US city of Philadelphia, and

the second, the Foyle Reeds art project in Derry-Londonderry, Northern Ireland, are examples of outstanding suicide countermeasures undertaken for the express purpose of preventing suicide. Regional-development-type public art projects in Japan in the third example do not at present include a suicide countermeasures as a community engagement component, but by using the precedents in Philadelphia and Derry-Londonderry as references, they have the future potential for doing so.

(1) Participatory public art in the US city of Philadelphia as a form of community-building from a suicide prevention perspective

In order to reduce the stigma of suicide, the American city of Philadelphia, Pennsylvania initiated a public art project in a public venue in which the general public participated.⁹ This experiment, which took place from 2011 through 2012, was planned as an art project entitled *Finding the Light Within*; specifically, a project was carried out whose main plan was to have numerous city residents take part in painting a public mural. In addition to these mural-painting activities, the project included an open studio, community paint days and the installation and dedication of the mural. It actively engaged a large number of people of diverse backgrounds and built a new community around suicide prevention. As part of this new community-building, artistic activities in which residents participated took place in a public space and included the community design and production there of a large mural about suicide. A "participatory public art" method was adopted for this project, and many members of the community actively took part in producing and publicly displaying a mural on the theme of saving human lives during time of flood. The theme was planned, among other things, to mourn the death by suicide of a Philadelphia firefighter. Completed through the participation of many local residents, this mural has been permanently installed in the city. Another aim behind the production of this mural was to raise early awareness of suicide prevention.

In addition, activities were conducted such as storytelling opportunities and art-related workshops as well as the creation of a storytelling website. These activities allowed survivors of attempted suicide to

tell their stories and share their experiences and enabled individuals and the community to talk together as a way of healing those who had just lost a loved one to suicide and helping them recover.

The aim of this project was for art to play its part in community-building, and it clearly showed how participatory public art in the context of community-building can be involved in a variety of suicide prevention activities. Although there was no quantitative evaluation of this project, a qualitative evaluation was made based on the reports of the participants. Specifically, these reports indicated the potential that participatory public art has for community-building by raising awareness about suicide prevention initiatives, reducing stigma, promoting community revitalization and offering healing to the community and to individuals in need of it. In addition, they suggest that large-scale community involvement in a healing art project has the potential to be an effective suicide countermeasure.

Removing suicide-related stigma in the community, which was as one of the goals of this project, is an important suicide countermeasure, and participatory public art seems to be something that can be useful in doing so. Participatory public art of this sort, it is believed, can have the beneficial effects of heightening an interest in and understanding of suicide prevention measures among participants (“empowerment”), strengthening human relationships and “social support” by enhancing their “sense of belonging” to the community, and improving “social connectedness” and mental health.

The important point in this case study is that participatory public art, in which ordinary residents actively engage in a project carried out as part of community-building, can serve as a suicide countermeasure. In this project, the elements of “engagement,” “participation,” “empowerment” and “self-determination” are intertwined; it also includes the standpoint of “fairness,” i.e. reinforcing social connectedness and social support and removing the stigma attached to suicide. As a result, it fosters concern in society for the socially vulnerable at high risk of suicide, for those who have attempted suicide and for those who have lost loved ones to suicide; and

it considers the possibility of bringing about social “justice” by connecting such people to specific, concrete support. These various elements fulfill the “Principles of Community Engagement in an Organization” shown in Figure 1, and are believed to be worthy to be introduced as excellent examples of suicide countermeasures as community engagement.

(2) The Foyle Reeds project in Derry-Londonderry, Northern Ireland

As another outstanding example of an international participatory public art project which could function as a suicide countermeasure, we can cite the efforts carried out in the city of Derry-Londonderry, Northern Ireland.¹⁰ Because Northern Ireland has the highest suicide rate in all of Great Britain, in 2016, a team of designers from the Royal College of Art in collaboration with the Derry-Londonderry Public Health Agency explored the possibility of promoting suicide prevention from a mental health perspective making use of public art. Specifically, these efforts resulted in the Foyle Reeds project in which 12,000 illuminated “reeds” were installed as public art on the railing of the Foyle Bridge over the river Foyle that flows through the city and that had become a high-risk area for suicides. Less than 3 meters high and extending across the entire length of the bridge, the “reeds” functioned as a public art installation but also served as a physical barrier preventing anyone from jumping off into the river. At night, the illuminated reeds change colors, an artistic effect intended to comfort the spirits of pedestrians crossing the bridge. Art and design are not a magic bullet that can produce immediate results, but mental health experts point to their potential for improving mental health by changing people’s attitudes toward the places where public art is installed. Dr. Layla McCay, the director of the Centre for Urban Design and Mental Health, explains as follows: “One theory is that installations that evoke nature can make people feel less anxious and reduce suicidal thoughts; another is that investing in places that have meaning to communities can evoke pride in a neighbourhood and can improve feelings of belonging and self-esteem. The Foyle Reeds project has elements of both of these theories.”

Although evaluating Derry-Londonderry’s public art project is a task for the future, it is regarded as an

ambitious attempt to make use of public art in conjunction with suicide countermeasures.

(3) The possibility of suicide countermeasures as community engagement for regional-development-type art projects in Japan

Efforts similar to the Philadelphia project that use participatory public art as a form of community-building have also been carried out in Japan. The Echigo-Tsumari Art Triennale, for example, is a modern art project held every three years in Niigata Prefecture. Artworks produced through the cooperation of artists, local residents and their supporters are displayed in vacant houses and former school buildings or in the natural landscape around rural villages.¹¹ Local residents participate and engage in managing the art projects; in addition to the economic effects of regional revitalization, these community activities are believed to be energizing initiatives that contribute to suicide countermeasures by strengthening social connectedness and building social capital through the active participation of residents in volunteer activities. Unfortunately, however, at present, the Echigo-Tsumari Art Triennale takes place within the framework of an art project and regional-development event and does not include a suicide prevention or mental health component. Since many rural communities in Niigata Prefecture are at high risk for suicide, if a suicide prevention perspective could, even in some small way, be included in these regional-development-type public art projects into which so many human and material resources are being successfully invested, they would have the potential to become a new form of local suicide countermeasure based on the philosophy of community engagement. If, for example, the relevant agencies (cultural and health services) of local governments responsible for regional development were to cooperate, regional-development-type public art projects like the Echigo-Tsumari Art Triennale have the potential to function as extremely effective suicide prevention initiatives.

Another example of the regional-development-type art projects taking place throughout Japan that can be cited is ART PROJECT TAKASAKI in Takasaki City, Gunma Prefecture.¹² This project makes use of empty shops along a busy street near the Japan

Railways Takasaki Station and offers city residents the opportunity to come in contact with contemporary art by converting the entire area into an art exhibit; kids workshops and other art activities in which local people can participate are also held at the same time. At present, this regional-development-type art project, too, does not incorporate a suicide countermeasure component, but it would be possible to make the most of the benefits of offering many residents the opportunity to interact widely with art and carry out activities to raise awareness about suicide prevention. By changing the date to early September (it is now held in early October), for example, plans could be devised to include a healing art project component in conjunction with World Suicide Prevention Day and Suicide Prevention Week.

Positioning Japan's regional-development-type art projects within local suicide countermeasure plans as local measures based on the philosophy of community engagement suggests the possibility of being able to further develop local steps to prevent suicide along new lines.

5. Conclusion

In the context of promoting local suicide countermeasures that require being put into daily practice in the community, this paper explains the concept of community engagement, which it is desirable that everyone involved in suicide prevention understands. Behind this concept, a correct understanding of the philosophy of health promotion, which WHO has been advancing since 1986, and the application of these ideas to the day-to-day conduct and practice of suicide prevention are thought to lead to the promotion of fruitful countermeasures. After learning about leading-edge examples of local measures based on the concept of community engagement elsewhere in the world, it is to be hoped that plans to develop such measures with this new concept will be made in Japan as well. This paper has alluded to the possibility of local suicide countermeasures in the context of regional-development-type art projects, but this is merely one suggestion. We hope that community stakeholders will devise new suicide countermeasures that they have freely thought of by themselves.

In any event, it is important to incorporate content that teaches the concepts of community engagement and health promotion in programs to train gatekeepers intended for stakeholders in suicide countermeasures and others.⁸

Additional remarks:

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Review

Teaching Primary and Secondary School Students How to Raise an SOS: Three Practical Models for Nationwide Implementation

Yoshihiro Kaneko¹, Masami Ido², Yuko Baba³, and Yutaka Motohashi¹

Abstract:

Japan's General Principles of Suicide Prevention Policy identify instruction on how to raise an SOS as education designed to equip children and young people "with the skills to cope with stress and the various difficulties they are likely to encounter in society," and regard it as a policy that contributes to suicide countermeasures by increasing the factors that enhance primary and secondary school students' lives. Moreover, in local suicide countermeasure policy packages, it is considered a Basic Package policy that it is desirable for all local governments to invariably implement, and thus it is one that must be given special priority in drawing up local suicide countermeasure plans. After explaining the background to and significance of instruction on how to raise an SOS, this paper presents three innovative models for implementing it and describes the specific nature of their educational content. These are, namely, (1) the Adachi Ward, Tokyo, model as a prototype (the one-time-only visiting lecturer model); (2) the Tokyo Metropolitan Government model aimed at encouraging general implementation (the one-time-only team-teaching model using DVDs); and (3) the Hokkaido University of Education model, which makes use of picture books as part of its Education for Life Project (the one-time-only teacher-directed model using picture books). Finally, this paper introduces efforts to teach children how to equip themselves with the skills to cope with stress and various difficulties (instruction on how to raise an SOS) by citing teachers' reference material from the Tokyo Metropolitan Board of Education. In these ways, interested parties will come to acquire a broad understanding of the specific nature of "instruction on how to raise an SOS."

Keywords: Instruction on how to raise an SOS, suicide countermeasures, Adachi Ward, Tokyo Metropolitan Government, Hokkaido University of Education

1. Shift from suicide prevention education for primary and secondary school students to instruction on how to raise an SOS

The problem of suicide among primary and secondary school students has aroused strong societal concern because of reports of suicides due to bullying and other factors; thus, the issue had been a focus of attention even before now in suicide countermeasures. After the Basic Law on Suicide Countermeasures came into effect in 2006, however, suicide prevention measures prioritized suicides related to the social and economic issues of the middle-aged and elderly, and provisions for public awareness campaigns, counseling systems, etc., left the strong impression that such measures were intended for the middle-aged.¹ Thereafter, Japan's suicide countermeasures had a definite effect, and since 2010, when a decline in the number of suicide deaths was observed for Japan as a whole, the

importance of measures aimed at young people once again came to be noted. On June 27, 2014, a group of Diet members promoting suicide countermeasures submitted an "urgent request for suicide countermeasures for young people" to the Chief Cabinet Secretary. This request contained a proposal for instruction on how to raise an SOS in the following words: "Teach all children 'coping skills for when they encounter stress or difficulties in life.' Because young people facing a crisis in their lives or living conditions 'don't know how to ask for help' and 'are unaware of the existence of counseling facilities or support policies,' in case after case, they are driven to suicide. In order to prevent such situations from happening, equip all children during the compulsory education process with 'the ability to respond appropriately when they encounter stress or difficulties in their daily life or may do so in the future.' Specifically, each year for all students in every school, teach coping methods 'when in distress,' 'when an unreasonable demand is made in the workplace,' 'when the victim of sexual assault,' as well as 'methods for dealing with someone at risk

1)Japan Support Center for Suicide Countermeasures

2)Graduate School of Education, Hokkaido University of Education

3)Mental and Physical Health Promotion Section, Health and Sanitation Office, Adachi Ward, Tokyo

for suicide,' etc., as 'pre-prevention.' In addition, improve and strengthen classes for and the training of teachers."

On June 2, 2015, the year before the Basic Law on Suicide Countermeasures was revised, a "resolution calling for the further promotion of comprehensive suicide countermeasures" was adopted by the House of Councillors' Committee on Health, Labour, and Welfare. The substance of the resolution was based on a written proposal submitted to an "open meeting of the House of Councillors seeking the further promotion of comprehensive suicide countermeasures," which private sector groups took the lead in holding. The resolution proposed that suicide countermeasures be reconfigured as "support for people's lives" through "practical initiatives at the local level," and that plans be made to promote them even further. As a specific request item, it included the implementation of "instruction on how to raise an SOS for all primary and secondary school students."

In the April 2016 revision of the Basic Law on Suicide Countermeasures, the need for students' "instruction on how to raise an SOS" was incorporated in Article 17 of the revised law. To the statement in that Article about the "Promotion of Education and Awareness-Raising related to Maintaining Mental Health" were added the words, "Schools shall endeavor to offer to their pupils, students, etc., in cooperation with their parents, local communities, and other related parties, education to contribute to fostering awareness of the significance of each of them living a life as a worthwhile human being in a spirit of mutual respect. Education should also be provided so they can acquire skills to cope with difficult or psychologically stressful situations etc., and shall provide other education related to the maintenance of the mental health of their pupils, students, etc."

In the General Principles of Suicide Prevention Policy adopted by Cabinet decision in July 2017, specific policies were again presented for the nationwide promotion of "teaching primary and secondary school students how to raise an SOS" in order to strengthen suicide countermeasures for students.² First of all, the aim of such instruction was

stated as follows, "In primary and secondary schools, in addition to attempting to give students a real sense of the preciousness of life...promote instruction related to maintaining the mental health of children and young people and to equipping them with the skills to cope with stress and the various difficulties they are likely to encounter in society (instruction on how to raise an SOS). In addition, encourage building an environment conducive to providing instruction that will contribute to suicide countermeasures by increasing the life-enhancing factors among primary and secondary school students."

Incidentally, the Ministry of Education, Culture, Sports, Science and Technology (MEXT) had previously endeavored to publish and circulate a "Handbook on Introducing Suicide Prevention Education in Schools: What to Tell Children about Suicide Prevention" (2014) and other such works, but there were problems with making them available nationwide. According to a survey conducted in June 2017, the nationwide rate for implementing a suicide prevention education program that explicitly addressed "death" and "suicide" was confined to around 1.8 percent; thus, it is hard to say that sufficient efforts had been made.³ Since this program expressly deals with "death" and "suicide," it emphasized making efforts in advance to build a consensus among parents and other concerned parties, but judging from the survey results, it is understandable that such a demanding precondition would be incompatible with a school environment. Rather than providing students with instructions on a basic knowledge of depression and suicide with special consideration after gaining parental consent, it would be better to make it a priority to equip students with the skills to raise an SOS to a trusted adult nearby when facing various difficulties or stress. These were the circumstances behind the change in direction. Hard-and-fast parental consent is not deemed necessary when schoolchildren are not being taught special knowledge about suicide. In order to expand "instruction on how to raise an SOS" nationwide, instead of teaching "suicide prevention education" as a special class under the direction of experts for which parental consent is a prerequisite, it is preferable that the goal of such a class be to

enable “students facing difficulties or stress to ask a trusted adult for help” as “comprehensive support for people’s lives.”

Given the abovementioned sequence of events, it is thought to be important to position “instruction on how to raise an SOS” as an ordinary educational activity in schools and to implement it in the form of a class taught by a visiting lecturer such as a public health nurse (innovative precedent set in Tokyo’s Adachi Ward and elsewhere). In addition, instead of a lengthy teaching unit lasting three or four hours, it is desirable to learn ways to speak to a trusted adult and to raise an SOS in a single 45 to 50 minute class. In the Adachi Ward precedent, the format is a one-time-only class given by the district public health nurse, who serves as a visiting lecturer (the one-time-only visiting lecturer model). The lesson has four messages: (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 ways of raising an SOS. It is hoped that innovative precedents such as this will serve as useful references in promoting initiatives tailored to actual local circumstances.

Figure 1 illustrates these four key messages.

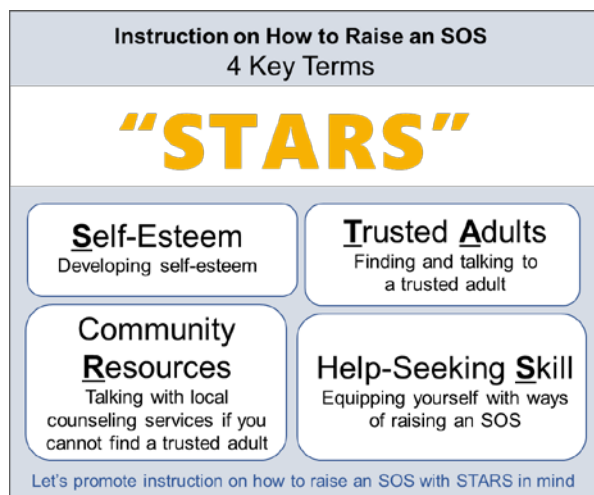


Figure 1. The 4 Key Terms for Instruction on How to Raise an SOS

A “Notification on promoting instruction on how schoolchildren can equip themselves with ways of coping with difficult situations or circumstances when they are experiencing a strong mental burden, etc., with the aim of preventing suicides among them” (January 23, 2018; 29 Elementary and Secondary

Education Bureau Notification No. 38, Social Welfare and War Victims’ Relief Bureau General Affairs Division Notification 0123 No. 1) was sent out to the heads of the prefectural Boards of Education and others under the joint signatures of the Head of the Student Affairs Division in MEXT’s Elementary and Secondary Education Bureau and the Counsellor of the Minister’s Secretariat of the Ministry of Health, Labour and Welfare (responsible for suicide countermeasures). The following five items are its key points:

1. When teaching ways to raise an SOS, in addition to the team-teaching format consisting of classroom teachers used thus far, it is also effective to involve public health nurses, social workers, district welfare commissioners, and others.
2. When implementing instruction on how to raise an SOS, it is desirable to make counseling services such as the “24-hour SOS Helpline” and “Childline” widely known.
3. In implementing instruction on how to raise an SOS, given the importance of tailoring the contents to a schoolchild’s stage of development, it is believed that educational materials and teaching methods should be devised that correspond to actual circumstances at each school.
4. It is thought to be desirable to teach schoolchildren not only how to raise an SOS but also how to listen to one (how to respond to an SOS) and to ask private sector groups and others that carry out telephone counseling programs for their cooperation.
5. Because instruction on how to raise an SOS can fall under the categories of “public awareness programs,” “programs for young people at risk,” and “specialized programs focusing on local characteristics” as defined in the “Guidelines for Implementing Programs to Strengthen Local Suicide Countermeasures,” plan to make these programs known to the municipalities so that they can make active use of them.

Finally, a comment is needed on the term “suicide prevention.” As the name of the law passed in 2006 indicates – the Basic Law on Suicide Countermeasures – a social consensus has been reached that the word “prevention” should not be expressly stated in Japan’s anti-suicide measures.

Since “prevention” is a word used primarily in the field of medicine and means devising medical approaches to ward off disease, the term “suicide prevention” contains the tacit understanding that the model being used for suicide measures is a medical one. Given the background factor that since the late twentieth century, doctors and public health specialists have taken the lead in developing the world’s anti-suicide policies, it has come to be accepted as only natural to use a medical model in suicide countermeasures as well.

Although the medical model has been somewhat effective, its many limitations have also been pointed out. In terms of policy, these limitations include the fact: that measures for family survivors of a suicide and other bereaved persons are incompatible with a medical model; that, when the word “prevention” is explicitly stated, some of the bereaved have expressed the opinion that it made them feel uncomfortable for “not having been able to prevent the self-inflicted death”; and that, because of a disease-centered clinical medicine approach, there was a tendency to look for the causes of suicide in illnesses such as depression and not give sufficient consideration to the socio-economic factors that underlay the illness. For that reason, instead of a medical model of “prevention,” emphasis came to be given to the view that suicide countermeasures should be understood in a multilayered fashion as a comprehensive model for people’s lives that fully incorporates socio-economic and other factors.⁴ In

the health care field as well, the prevailing view since the mid-1980s has been health promotion, which transcends the limitations of the preventive medicine approach as a medical model (primary, secondary and tertiary prevention). By perceiving the social determinants of health multidimensionally, the idea has been for people to achieve “well-being” by keeping in mind a multitiered structure consisting of three levels: personal support, regional cooperation and the social system as a model for living that transcends the medical model. That is the background behind the paradigm shift that was made from “suicide prevention” to “suicide countermeasures,” and from a suicide countermeasure model based on the preventive medicine model of “prevention, intervention and postvention,” to a comprehensive support model known as the Three-Level Model of Interconnecting Suicide Countermeasures.

Figure 2 applies this three-level model, as described in the General Principles of Suicide Prevention Policy, to suicide countermeasures for primary and secondary school students. One would also do well to think of the preventive medicine model of “prevention, intervention and postvention” as being included in the personal support stage of the three-level model; needless to say, the fact remains unchanged that it is important to proceed with these ideas in mind when actually dealing with suicide countermeasures.

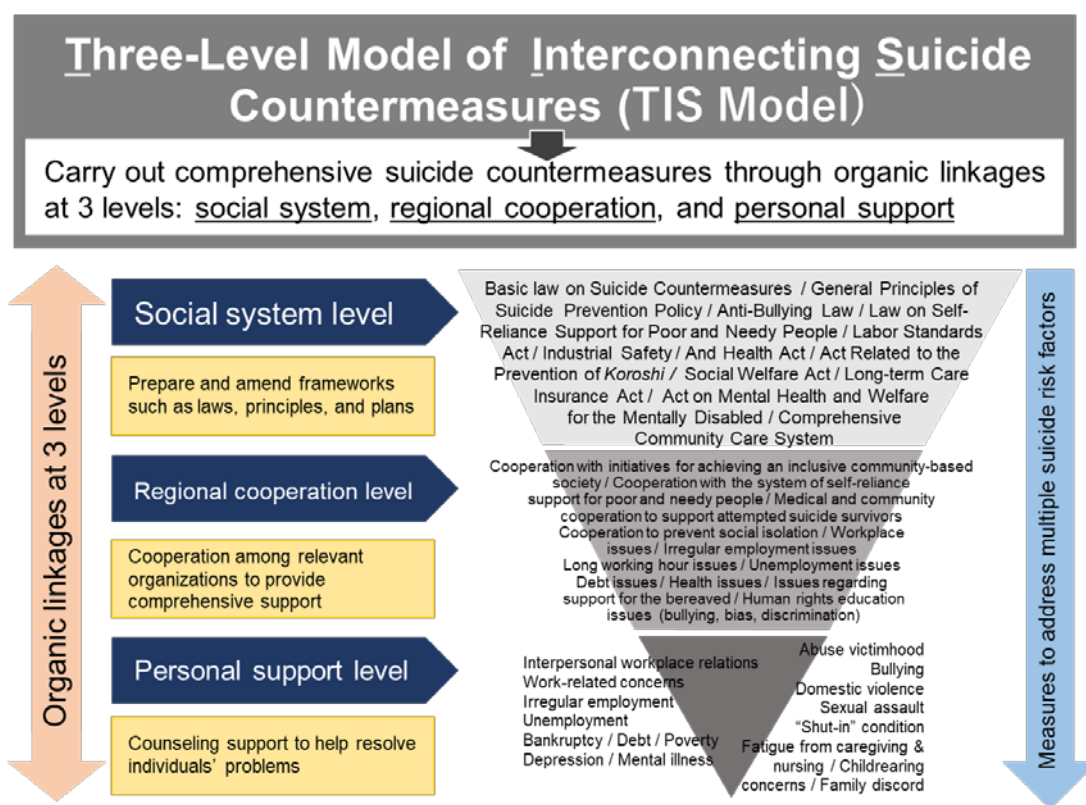


Figure 2. Three-Level Model of Interconnecting Suicide Countermeasures (TIS model): Suicide countermeasures for primary and secondary school children

2. Teaching primary and secondary school students how to raise an SOS: Three practical models

Because instruction on how to raise an SOS as described in the General Principles of Suicide Prevention Policy is conceptually different from the existing suicide prevention education, there are not many model programs to refer to. This paper introduces three practical models that the Japan Support Center for Suicide Countermeasures has been involved in.¹ As a model program to serve as a prototype, we can cite instruction on how to raise an SOS that has been in use since fiscal year 2009 in Adachi Ward, Tokyo; this is a "one-time-only visiting lecturer model," in which the class is taught by the public health nurse, who serves as a visiting lecturer. Subsequently, based on this model, the Tokyo Metropolitan Board of Education has developed an educational model capable of spreading this course to all public elementary, junior and senior high schools as well as special needs education schools in Tokyo with the aim of rapidly expanding the general implementation of "instruction on how to raise an SOS" (February 2018). In addition to compiling the course

content on DVDs and having teachers promote it, it is recommended that the course be given in a team-teaching format in which a visiting lecturer such as a public health nurse as well as the school nurse, school counselor, etc., are involved. The Tokyo Metropolitan Government's educational guidance plan makes it possible for teachers to be able to implement the course in all types of schools without receiving any special training. Finally, there is the practical model devised by the Hokkaido University of Education; it was developed as a priority project in the Education for Life Project that the University has been advocating. Based on its stress management courses and other programs that the University has conducted for a long time, in addition to incorporating the Adachi Ward model, it makes use of picture books as teaching materials, provides a platform for "shared experiences" to raise self-esteem and a platform for teaching ways to raise an SOS, and has developed an educational model in which the lesson can be carried out in a single class period (45 to 50 minutes).

These three models all contain the core concepts for “instruction on how to raise an SOS” that the General Principles assume: “equipping yourself with ways of raising an SOS,” “finding and speaking to a trusted adult,” and “if you cannot find an adult you can trust, speak with the local counseling service”; they also fulfill the condition of giving a one-time-only course in a single class period (45 to 50 minutes). Although there are variations in who gives the course – whether the persons in charge is/are a visiting lecturer (public health nurse), team teaching (classroom teacher, public health nurse, school nurse, school counselor, etc.) or a classroom teacher – the local public health nurse or other outsider always takes part as a visiting lecturer. Whoever is chosen to teach the class is thought to be fine as long as it is made in keeping with the actual conditions in the school and the community. At the present time, these three models can be strongly recommended as practical models for “instruction on how to raise an SOS.”

Table 1. Three practical models for teaching primary and secondary school students how to raise an SOS

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|--|
| <p>(1) The Adachi Ward, Tokyo, model as a prototype</p> |
| <p>(one-time-only visiting lecturer model)</p> |
| <p>Model in which the school and community cooperate, and a public health nurse conducts the class.</p> |
| <p>(2) The Tokyo Metropolitan Government model aimed at encouraging general implementation</p> |
| <p>(one-time-only team-teaching model using DVDs)</p> |
| <p>Model in which the classroom teacher in cooperation with the school nurse, school counselor, a public health nurse, etc., conducts the class using team teaching.</p> |
| <p>(3) The Hokkaido University of Education model, which makes use of picture books as part of its Education for Life Project</p> |
| <p>(one-time-only teacher-directed model using picture books)</p> |

A teacher-directed model in which the preciousness of life and the importance of shared experience is taught using picture books. A visiting lecturer such as the public health nurse, etc., always participates.

In order to expand instruction on how to raise an SOS to primary and secondary school students nationwide, the lesson should not be regarded as a special program for imparting knowledge about suicide prevention (a special course under the direction of experts that presupposes parental consent), but rather as a school educational activity with the aim of enabling students “to ask a trusted adult for help when they are encountering difficulties or stress” as “comprehensive support for life,” and carried out in the form of class taught by a public health nurse or other visiting lecturer.

The educational model in effect in Tokyo’s Adachi Ward is a useful precedent for expanding such instruction to all communities. Specifically, the format is a one-time-only class given by the district public health nurse, who serves as a visiting lecturer (the one-time-only visiting lecturer model). The four messages included in the Adachi Ward class 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 ways to raise an SOS. It is hoped that municipalities will refer to innovative precedents such as this and promote initiatives tailored to their own actual circumstances.

(1) The Adachi Ward, Tokyo, model as a prototype (one-time-only visiting lecturer model)
 Adachi Ward, in cooperation with the Ward’s Board of Education, has been providing instruction on how to raise an SOS for elementary and junior high school students since FY2014. A number of underlying factors led up to beginning this innovative effort. Among them first of all were the facts: that at the time the plan was being formulated, the suicide rate in Adachi Ward was relatively high compared to the rest of Tokyo; that since 2009 it has pioneered a program entitled “Let’s be kind to ourselves,” a special class set up primarily by the Health and Sanitation Office; and that in February 2014, it drew up the Adachi Ward’s Basic Policy for Measures to Prevent

Bullying and recognized the importance of suicide prevention education that worked in tandem with anti-bullying measures. When creating such programs, the Adachi Ward Health and Sanitation Office planned them as part of its suicide countermeasures for young people and strengthened cooperation with the Board of Education and the schools with the aim not only of supporting children and their families but also of connecting them with mental health promotion for children centered on the school nurse.

In Adachi Ward, teaching students how to raise an SOS is regarded as a special class on the one-time-only visiting lecturer model. As a preliminary preparatory meeting, the contact person on the school side first makes arrangements with the visiting lecturer in charge (public health nurse). The goal set for the class is to convey to schoolchildren two simple messages “let’s be kind to ourselves” and “let’s speak to a trusted adult,” while avoiding elements that emphasize suicide prevention such as teaching the facts of suicide, knowing how to prevent it, or understanding the risk factors for it. Most important of all, it is not necessary to ask for prior consent from parents when giving the class. However, consideration is also given, within normal limits, to children bereaved. There is no need for the class to be taught by someone who has special knowledge of suicide prevention or psychiatric medicine (special visiting lecturer, clinical psychologist, etc.), as in the case of suicide prevention education intended for primary and secondary school students. The distinctive feature of this class, and also its main advantage, lies in the fact that the district public health nurse who learned skills through ordinary training teaches the class as a visiting lecturer. A practical example of such a class is given below.

Lesson contents

The lesson period lasts 45 to 50 minutes. A special lecturer, the district public health nurse, teaches the class using Power Point and, at the end of the session, uses a DVD to view the campaign song for the Cabinet Office’s Supporting Life (suicide countermeasure) Project.⁵

[Introduction] First, tell the children, “some of you might not have confidence in yourselves because you’ve grown up in a poor family,” “bad things may have happened to you while you were growing up in the neighborhood where you were born,” “but all of you, each and every one, from the time you were a baby right up to the present day is a very precious person.”

[Development] Teach them coping mechanisms for when they are upset. After introducing specific methods such as deep breaths, exercise, and holding on to a piece of ice, tell them, “What I recommend most is that you speak to a trusted adult.” Suggest that they talk to at least three adults before finding one they can trust. Communicate to them that a trusted adult is someone who will hear what you have to say without criticizing or contradicting you and will listen carefully to your concerns and difficulties. If they can’t find a trusted adult, teach them that it’s OK to get in touch with the local counseling services. The main purpose of the course is to make the students realize that the district public health nurse, who is teaching the class right in front of them, is one of the adults in their community whom they can trust. In addition, teach specific ways of dealing with a friend who seems to be going through a rough time or is being bullied, or if you are being bullied. Tell them, “There are adults out there that you can trust, and it’s all right to ask them for help when things are difficult or painful. If you don’t have anyone you can confide in, one solution is to telephone a counseling center; there is always a place where you can talk about emotional pain that you can’t deal with by yourself. Be kind to yourself, be kind to others, be kind to everyone,” and introduce them to the nearest counseling facilities. Then hand out cards, etc., with a list of the local counseling services.

[Conclusion] In the second half of the class, read out loud the letter “To you who always come in last in a footrace” or “To you who feels distressed at arguments between your parents.” Finally, play the DVD “*Akari*” (Light) by the J-POP group *Wakaba*. This DVD is the campaign song for the Cabinet Office’s Supporting Life (suicide prevention) Project, and the video that accompanies the song contains a powerful message.

(2) The Tokyo Metropolitan Government model aimed at encouraging general implementation (one-time-only team-teaching model using DVDs)

In order to expand instruction for primary and secondary school students on how to raise an SOS, the Tokyo Metropolitan Board of Education, using the Adachi Ward precedent as a reference, set up a Committee for the Promotion of Suicide Prevention Education to prepare teaching material for such a course that classroom teachers would implement in a team-teaching format; in February 2018, that teaching material, including a DVD, was created and distributed to public schools in Tokyo.⁶ Based on the Adachi Ward initiative, it too is a one-time-only class, but its distinctive feature is that it is taught by the team-teaching method with the team consisting of the classroom teacher, the school nurse, the district public health nurse, etc. (the participation of the public health nurse is recommended). In addition, it is recommended that the class makes use of group work and watches a DVD, and the aim is to teach it to all students in elementary schools, junior and senior high schools, and special needs education schools.

The aim of instruction consists of three points: namely, to (1) see to it that children are able to understand ways of coping with stress and can initiate the appropriate help-seeking behavior (raise an SOS to a trusted adult nearby) to deal with a dangerous situation that is now occurring or that may occur in future; (2) make sure that an adult close to them is able to respond to the situation and provide them with support; and (3) when a friend or someone else close by is facing an emotional crisis, make sure that students are able to learn ways of listening (responding to an SOS) so they can grasp the other person's feelings and try to understand his or her thoughts and actions.

In terms of the implementation method, the basic point is to have the classroom teacher who is closest to the children be in charge of teaching the lesson, but it is also regarded as desirable to have other teachers who teach the same grade, the school nurse, the school counselor, etc., provide instruction in the form of team teaching. Also, in order to directly communicate the message to the children that there are number of people in the community to whom they

can turn for advice, it is thought to be effective to have welfare-related departments of the local government coordinate with the school and provide guidance through the participation of the local public health nurse, etc.

When it comes to providing guidance and conducting a class on how to raise an SOS, appropriate use should be made of the DVD teaching material (visuals, educational guidance plan, worksheets, application guide, etc.) that the Tokyo Metropolitan Board of Education prepared in February 2018. Moreover, the DVD teaching material corresponds to the students' stage of development, and there are three levels to choose from, an elementary/junior high/high school edition. It is regarded as necessary, through this class, to make children aware once again of the 24-hour Children's SOS Hotline operated by the Tokyo Metropolitan Education Consultation Center and the telephone numbers, etc., of the local government's counseling services, etc.

The lesson plan for the junior high school edition is given below. In addition, Figure 3 contains excerpts from the "Teaching Material for Promoting Instruction on How to Raise an SOS: Application Guide."

Lesson contents

1. Subject matter: "Be kind to yourself: Coping with stress"
2. Aim: To realize that you are a precious and irreplaceable human being; become aware of various methods for coping with stress; and be able to come up with help-seeking behaviors to deal with a dangerous situation that is presently occurring or that may occur in future.

[Introduction]

1. Get to know the subject matter.

[Development]

2. Watch a DVD (first half).
 - (1) Realize that every single person is a precious human being.
 - (2) Have a general awareness of stress.
3. Discuss with one another what to do to cope when you are going through a hard time.

Question 1: When you are going through a hard time, what do you do to feel better?

Question 2: If a friend seems to be going through a hard time, what would you do to help him or her feel better?

- Write in your worksheet.
- In a group discuss different coping methods.
- Write other people's ways of coping in your worksheet and broaden your range of coping methods.

4. Watch a DVD (second half).

Think about types of help-seeking behavior to deal with a dangerous situation (major stress).

[Summary]

5. Listen to what your teacher, school counselor, public health nurse, etc., has to say.
6. Think back over the class period and write your comments about the lesson in your worksheet.

Points to keep in mind, etc., when teaching

- Do not use suicide-related jargon.
- Because there may be students who might recall painful past events of their own while watching the video, it is desirable to use team teaching so that there will be several teachers observing the students' behavior.
- It is important for the students to realize that friends other than themselves also may go through hard times. It is not necessary for them

to tell the whole class or to summarize their coping methods, etc.

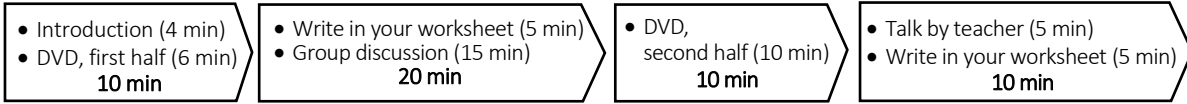
- Please refer to the reference material (CD) because it contains "examples of words to use when requesting advice or responding to such a request, etc." It is better to say, "I want to help you" or something to that effect rather than "do your best" or "don't give up."
- Pass out materials so that students can learn the location of counseling facilities.
- It would be good to have someone like the school nurse or school counselor talk about ways of using counseling facilities, etc.
- When the public health nurse or other visiting lecturer takes part, have that person tell the students directly that they can come to him or her for advice.
- Because a teacher will respond sympathetically when students ask for advice, communicate the message that you want them to tell you about it when they are going through a difficult time and not to suffer alone.

A. Subject matter: “Be kind to yourself: Coping with stress”

B. Aims:

To realize that you are a precious and irreplaceable human being, become aware of various methods for coping with stress; and be able to come up with help-seeking behaviors to deal with a dangerous situation that is presently occurring or that may occur in future.

C. Allocation of class time.



Here we are assuming that the lesson is to be given as a class activity with this as its subject matter.

D. Development of the class period

| | Learning activities/content | Points to keep in mind, etc., while teaching |
|------------------|---|--|
| Introduction (4) | 1. Get to know the subject matter. (Be kind to yourself: Coping with stress) | <input type="checkbox"/> The teacher writes the subject matter of the class on the blackboard and explains how the lesson period will proceed. <input type="checkbox"/> Does not use suicide-related terms. |
| Development (36) | 2. Watch a DVD (first half) (1) Have each student realize he or she is a precious human being. (2) Have a general awareness of stress. | <input type="checkbox"/> Make use of a large-screen television, projector, etc. to play the DVD (first half). <input type="checkbox"/> There may be students who might recall painful events in their past while watching the DVD. It is desirable to use team teaching so that there are several teachers, etc., observing the students' behavior. |
| | 3. Discuss with one another what to do to cope when you are going through a hard time. | |
| | Question 1 When you are going through a hard time, what do you do to feel better? | |
| | Question 2 If a friend seems to be going through a hard time, what would you do to help him or her feel better? | |
| Development (36) | ○ Write in your worksheet. ○ In a group, discuss different ways of coping. ○ Write other people's ways of coping in your worksheet and broaden your range of coping methods. | <input type="checkbox"/> Pass out worksheets. <input type="checkbox"/> The teacher asks questions and provides instructions on activities. <input type="checkbox"/> It is important for students to realize that friends other than themselves also may go through hard times. It is not necessary for them to tell the whole class or to summarize their coping methods, etc. |
| | 4. Watch the DVD (second half). (1) Think about types of help-seeking behaviors in order to deal with a dangerous situation (major stress). | <input type="checkbox"/> Play the DVD (second half) <input type="checkbox"/> Please refer to the reference materials (CD) because it contains “examples of words to use when requesting advise or responding to such a request, etc.” It is better to say “I want to help you” rather than “do your best” or “don't give up.” |
| Summary (10) | 5. Listen to what your teacher, school counselor, public health nurse, etc., has to say. 6. Think back over the class period and write your comments about the lesson in your worksheet. | <input type="checkbox"/> Pass out materials so that students can learn the location of counseling facilities. <input type="checkbox"/> It would be good to have someone like the school nurse or school counselor talk about ways of using counseling facilities. <input type="checkbox"/> When the public health nurse or other visiting lecturer takes part, have that person tell the students directly that they can come to him or her for advice. <input type="checkbox"/> Because a teacher will respond sympathetically when students ask for advice, communicate the message that you want them to tell you about it when they are going through a difficult time and not to suffer alone. |

Figure 3. From “Teaching Material for Promoting Instruction on How to Raise an SOS: Application Guide” (Tokyo Metropolitan Board of Education)

(3) Hokkaido University of Education model, which makes use of picture books as part of its Education for Life Project (one-time-only teacher-directed model using picture books)

Since FY2016, the University's Graduate School of Education has led the way in developing methods for "teaching primary and secondary school students how to raise an SOS."⁷ This program was carried out as part of two studies funded by a Health and Labour Sciences Research Grant, "Study to develop new policies for comprehensive suicide countermeasures using an interdisciplinary and international approach" (chief researcher, Yutaka Motohashi, FY2014–2016) and "Study of policies for formulating and developing a comprehensive support model to promote suicide countermeasures tailored to actual local circumstances" (chief researcher, Yutaka Motohashi, FY 2017–). Thus, in addition to developing methods for "teaching primary and secondary school students how to raise an SOS," it has as its aim the formation of a human resource training system whereby all teachers can understand the basics of suicide countermeasures by incorporating a course on such measures into the regular graduate school of education curriculum and into the classes given at the time teachers renew their licenses.

For its practical model the University used as reference the course, etc., for "teaching primary and secondary school students how to raise an SOS" in Adachi Ward, Tokyo, and came to develop teaching methods and educational guidance plans that take into consideration the contributions of classroom teachers and keep them motivated. Its Graduate School of Education launched the "Education for Life Project" and has drawn up and is comprehensively promoting a six-pillar model for learning how to protect one's life. The distinctive feature of this project is that it regards "instruction on how to raise an SOS" as an urgent task for suicide countermeasures and implements it accordingly. Furthermore, the results of the University's research and practical activities are published on its website. The University has also created a page entitled "Education for Life: Yes/No Study Cards" on its website, which makes it possible to learn about Education for Life and instruction on how to raise an SOS on the Internet.

For its "Education for Life Project," the University has set up bookshelves and filled them with picture books about life. Even in "teaching primary and secondary school students how to raise an SOS," in order to arouse the students' interest, the contents of picture books are introduced in the lesson's introductory section to make the students think about topics like the preciousness of life, and the lesson includes techniques for getting them to write down their impressions. In planning the flow of the class, as in the case of the Adachi Ward and Tokyo Metropolitan Government models, lesson development is based on the central tenets of STARS (cultivating self-esteem, raising an SOS to a trusted adult, talking to the local counseling service, equipping yourself with ways of raising an SOS).

A guidance plan for Hokkaido University of Education's lesson on how to raise an SOS is given in Figure 4.

3. Efforts to teach students how to equip themselves with methods to deal with stress and various difficulties (instruction on how to raise an SOS): from the Tokyo Metropolitan Board of Education's teaching material

The Tokyo Metropolitan Board of Education's "Teaching Material for Promoting Instruction on How to Raise an SOS (Application Guide)," published in February 2018, provides an easy to understand description of the course and its relation to Japan's curriculum guidelines (the Course of Study). This makes it extremely useful for the future implementation of "instruction on how to raise an SOS" on a practical level in schools throughout Japan. For that reason we would like to provide information to the reader by quoting the following.⁶

"The aim of instruction on how to raise an SOS is to see to it that children are able to initiate the appropriate help-seeking behavior (raise an SOS to a trusted adult nearby) in order to deal with a dangerous situation that is currently occurring or that may occur in future, and to see to it that the adult close by is able to respond to the SOS and provide support.

The government's curriculum guidelines indicate that coping with anxiety, problems, or stress is the kind of

content that should be taught in physical education or health and physical education classes from the upper grades of elementary school to the high school level.

In addition to enabling children to understand methods for coping with stress in its health class or other classes, every school needs to equip them with activities that will help them deal with the various issues they face, and with help-seeking behaviors through hands-on activities, etc., aimed at trying to solve problems in their daily lives.

Moreover, through instruction on how to raise an SOS,

it is also important to teach children how to relate to a friend who is experiencing an emotional crisis. Teach students not only how to raise an SOS, but also how to react to that friend's emotions and listen to and try and understand his or her thoughts and actions (how to respond to an SOS).

Based on the curriculum guidelines, relevant contents of instruction on maintaining one's mental health should be taught in courses on physical education and health and physical education, and in extra-curricular activities."

Guidance plan for Hokkaido University of Education, Graduate School of Education's "Let's learn how to raise an SOS"

"Education for Life Project" team

Intended participants: students in the upper grades of elementary school to high school

Objectives:

- Learn ways of sending an SOS to a trusted adult when you are troubled or are going through a difficult time.
- Learn how to cultivate self-esteem, the belief that you are important, by sharing your experiences*¹ with family, friends and people around you.

Preparations: personal computer, projector, DVD of "The House of Small Cubes," printed synopsis of the lesson (slide presentation)

Lesson development (50-minute example)

| | Organization of contents | Lesson contents | References |
|---------------------|--|--|---|
| Introduction | A New Year's card that is looked forward to (5 min) | <p>Talk by teacher (5 min)</p> <p>Every year, teacher T looks forward to receiving a certain New Year's card. When he was the vice-principal at a junior high school in Sapporo eleven years ago, female student A, who was doing the morning exercises, suddenly collapsed. Because the school at the time was equipped with an AED defibrillator, the teachers who had received lifesaving training responded immediately; the girl was taken to the hospital and her life was saved. The doctors praised the teachers and said that their skill and knowledge of lifesaving techniques had saved the girl's life. Later, A had an organ transplant in the United States and regained her health. The New Year's card was from A's family, and this year the attached note said, "This is her first year as an adult." Communicate the message that this story symbolizes the importance of acquiring the "knowledge and skill to save another person's life." Also tell them that another important thing is having the "knowledge and skill to protect our own life," and today we are learning "how to raise an SOS" as a way of doing so.</p> | <p>Distribute printouts of the lesson.</p> <p>In the introductory speech, talk about the importance of the "knowledge and skill to save another person's life" as well as the importance of the "knowledge and skill to protect our own life." It is also all right to use other materials.</p> |
| Development | <p>Development 1</p> <p>Watch the DVD, "The House of Small Cubes"*² (25 min)</p> | <p>When having students watch only part of "The House of Small Cubes"</p> <p>(1) Summarize the first half of the story by including still pictures of scenes from it in a slide presentation. Summary (2 min)</p> <p>A city that is sinking as the sea level rises. But the hero, an old man living alone, is committed to the land and continues to live there by stacking one house on top of another. Only the top floor of his house is above sea level. One day he dropped his pipe in a hole in the floor, and it sank into the sea.</p> <p>(2) Watch the DVD (8 min) *Afterwards tell the students to write down their comments. (Summary of the viewing contents)</p> <p>The old man puts on a diving suit and dives into the sunken house below sea level to fetch his pipe. Then he remembers the past. Scenes of his wife who died three years earlier, of him and his wife playing with their child, of telling his wife he loves her, of talking with the wife of a childhood friend. As he dives deeper, he relives memories that go further and further back into the past. At the end of the story, the old man has returned to the topmost house and places a photograph of his dead wife on the table. The scene ends as he pours wine into two glasses lined up side by side with a peaceful expression on his face.</p> | <p>The film lasts 24 minutes. If it is shortened due to time constraints, give an outline of the story up to the scene where the old man goes to pick up the pipe he has dropped and have them watch the scenes after that. After watching the film, have them write down a number of comments in the lesson printout.</p> <p>Try to have discussions in an empathetic and interactive way.</p> |

Figure 4-1. Guidance plan for Hokkaido University of Education's lesson on how to raise an SOS (Hokkaido University of Education, Graduate School of Education)

| | | | |
|--------------------|---|--|---|
| Development | | <p>(3)Tell the students to write down their comments after viewing the DVD and read them out loud (13 min). After having the students write down their comments, have them talk about them. The teacher responds sympathetically to what they say.</p> <p>(4)Talk by the teacher about “shared experiences” (2 min) “Shared experiences” are events and feelings that you share with family and friends; they are said to strengthen feelings of self-esteem and self-affirmation that you are an irreplaceable human being. Because the hero of the story recalled the experiences he shared with his dead wife and family, he regained his joy in living and his purpose in life. Make an appeal to the students to treasure the experiences they share with family and friends.</p> | <p>Explain “shared experiences” and get them to understand the importance of raising feelings of self-esteem.</p> |
| | <p>Development 2</p> <p>How to raise an SOS (15 min)</p> | <p>How to raise an SOS (15 min)</p> <p>(1)Everyone has times when they feel bad – a case study (5 min) “It’s hard to wake up in the morning; I’m always tired,” “Lot of things are going wrong; it’s no fun,” “I’ve lost confidence,” etc. – Tell the students that everyone has times when they feel bad. If ordinary stress conditions are 50, and they rise to 58 points when “you have a test,” ask the students what it would be if “you had an argument with a friend,” you were taking a “college entrance exam,” you were “broken-hearted,” or “seriously injured or sick”? After having them make their predictions, tell them the answers are “59,” “65,” “68,” and “69” points, respectively, and tell them that everyone has times when they “feel bad” in their daily life.</p> <p>(2)Strategies for coping when you’re feeling bad (10 min)</p> <p>1)“Taking deep breaths,” “exercising” or “doing something you enjoy” Tell them that moving their bodies and being absorbed in something they like to do are also ways of relieving stress.</p> <p>2)Sending an SOS Tell them that the best method and important thing is to “send an SOS” and “tell a person you can trust or someone you’re close to” and not keep it to yourself or brood over it or be distressed by it. Convey the importance of confiding in parents, teachers, the school counselor, friends or a trusted adult nearby. Tell them they can also get counseling at public facilities over the telephone or through social networking services and show them a list of counseling services. Also mention situations in which they might be asked for advice; tell them that it is essential to respond, first, by listening carefully to what the other person has to say, sympathizing with that person’s feelings, worrying about them, and then be sure to refer them to the appropriate counseling services. In particular, when it is difficult for them to talk to a teacher or parent, tell them there is a public health nurse nearby.</p> | <p>Emphasize that everyone has times when they feel bad</p> <p>Introduce a case study. If there is not enough time, omit the question.</p> <p>Stress management</p> <p>Do not suffer alone; speak to a trusted person. Urge them to seek counseling at a public facility they can trust, especially their nearby public health nurse.</p> |
| Conclusion | <p>Summing up what has been learned</p> <p>(5 min)</p> | <p>Summing up what has been learned (5 min) On the review card at the end of the lesson printout, have the students write a summary of the lesson. *If there is time, have someone read their summary.</p> | <p>Confirmation of what has been learned</p> |

Figure 4-2. Guidance plan for Hokkaido University of Education’s lesson on how to raise an SOS (Hokkaido University of Education, Graduate School of Education)

*1 Shared experiences are what form identity through experiences engaged in with other people that produce the same positive feelings.

*2 Director Kunio Kato’s animated short film (2008) received an Academy Award in 2009. When showing this film, care needs to be taken from the standpoint of “reminders of tsunami” and “smoking and second-hand smoke.” If these points are matters of concern, another method is to use as a substitute the DVD “The Elephant’s Back,” which is recorded on “The Day I Depart – complete version” (JULEPS, UNIVERSAL J).

Additional remarks:

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Original Article

Exploring New Directions in Suicide Countermeasures That Make Use of ICT

Jiro Ito,¹⁾ Hajime Sueki,²⁾ Asumi Takahashi,^{1), 3)} Yukie Shimizu,¹⁾ and Tomoko Nomura^{1), 4)}**Abstract**

In recent years, the move to provide online counseling systems to prevent suicides among young people has been gathering momentum, and the implementation of suicide prevention measures that make use of information and communications technology (ICT) is becoming an urgent task. In this study, we have selected an Internet gatekeeper as one suicide countermeasure that makes use of ICT and carried out two studies.

[Study 1] This study was conducted with the joint aims of evaluating the suicide-triggering potential of search advertising that uses suicide-related keywords, and then of drawing up draft guidelines for placing advertisements. Using 13 suicide-related keywords such as “want to die”, “suicide methods”, etc., we collected search ads from around the country and qualitatively and quantitatively evaluated the contents of 52 types of advertising. As a result, when suicide-related keywords were used as search terms, fewer than half the search ads were rated as “not dangerous.” Ads in which the search results were automatically included; those for death-related businesses; those for businesses that persons at risk of suicide were not assumed would visit; those in which the intended users of counseling facilities and the prefectures in which the ads were displayed did not match; and those that call upon people “not to do” things that they couldn’t help doing were all regarded as having a negative impact on browsers. On the basis of the distinguishing features of the ads we extracted, we drew up a draft version of guidelines for counseling and support facilities when placing search advertising that uses suicide-related keywords.

[Study 2] During the present fiscal year, we analyzed counseling cases on an Internet gatekeeper carried out by the Specified nonprofit corporation OVA and made a study aimed at examining the factors involved in the success or failure of online counseling. Of the consultations conducted in FY2017, an analysis was made of 184 users. Eighty-five of them continued counseling, and the likelihood of continuing counseling was shown to be better if the reply to an initial email was made within twelve hours. In addition, the success rate for those 85 persons was 32.9 percent when counseling was defined as a success if either (A) a positive change in mood of the person receiving counseling could be confirmed or (B) the person was able to talk to a family member, a treatment facility, etc. Counseling was most often successful for those who had phone consultations or face-to-face counseling. In the case of online counseling, it is thought to be important to build a trust-based relationship in which the person seeking counseling is able to speak with confidence, one that motivates him or her to seek help from those close by so that they are able to connect with a support provider in a more true-to-life way. In this regard, online counseling that functions as an entry point to suicide-related counseling is likely to be effective.

Furthermore, in accordance with the findings of the abovementioned two studies, we have made proposals for new directions in suicide countermeasures that make use of ICT.

Keywords: youth suicide, ICT, online gatekeeping, search advertising, online counseling

1. Aims

In the 2017 revision of the General Principles of Suicide Prevention Policy, the text clearly states that “Although young people tend to be less likely to seek help or counseling of their own accord, on the other hand, they are also said to have a tendency to drop hints about suicide on the Internet or social networking sites or search the Internet for suicide methods, etc.,” and it

recommends strengthening “outreach measures for young people that make use of information and communications technology (ICT).” Cases in which young people who expressed suicidal intent on social networking services (SNS) became murder victims are also fresh in our memory. In such a social climate, the move to provide online counseling systems has been gathering momentum, and the implementation of suicide prevention measures that make use of ICT is becoming an urgent task.

One form of suicide prevention that uses ICT is an online gatekeeping.¹⁻³ This takes advantage of “search

1) Specified Nonprofit Organization (NPO) OVA

2) Faculty of Human Sciences, Wako University

3) Graduate School of Comprehensive Human Sciences, University of Tsukuba

4) Graduate School of Humanities and Sciences, Ochanomizu University

advertising,” which displays advertisements related to the searched-for keywords on the search results page, and reaches out to users by showing ads for counseling services in the results for such suicide-related keywords as “want to die” or “suicide methods.” Since the specified nonprofit organization (NPO) OVA started its online gatekeeping activity in 2013, ads for counseling facilities that make use of search ads can be found all over Japan.

With the spread of search advertising, issues to be considered are also arising. The first issue is the possibility that search ads are a type of media that have a potential to trigger suicides. Among the media that have previously been studied for their reporting on suicide are newspaper articles,^{4,5} television programs,⁶ and the Internet.⁷ From prior research on these media it is clear that, among other things, suicide coverage tends to be slanted toward content that is likely to attract attention; that detailed information on suicide methods runs the risk of triggering other suicides, such as copycats; and that media which also report appropriate information such as aid resources are scarce. Sueki⁸ reviewed studies examining the media’s impact on suicide and has cited the need in the future to examine the suicide-triggering effects of new media. Search ads, which are new media, may also pose a risk of triggering suicides depending on their wording or display methods, but since outreach via search advertising only began in the past few years, so far no research on such ads has been done. Thus, in this study (Study 1), our first objective was to evaluate the suicide-triggering potential of search ads that use suicide-related keywords and draw up a draft version of guidelines for placing such ads.

The second issue is the methodology for online counseling: once contact has been made with a user at high risk of suicide through a search ad, how do you encourage counseling and prevent suicide. Sueki and Ito⁹ define successful counseling as when there is a positive change in the mood of the person receiving counseling or when such a person initiates new help-seeking behavior with someone whom he or she has never consulted before. And, at the present stage, the success rate for online gatekeeping activities is insufficient. It has been suggested that it is difficult for counseling to achieve success if those receiving counseling have concrete suicide plans. It has also been suggested that, as one factor on the support provider’s

side, there were fewer cases of failure for replies that dealt specifically with the contents of the email from the person seeking counseling and encouraged self-understanding while focusing on that person’s good points. Assuming that online counseling will expand and become more popular from now on, we still need to accumulate information on the factors that contribute to its success or failure. For that reason, our second objective (Study 2) was to analyze counseling cases conducted by the NPO OVA during the present fiscal year and examine the factors related to the success or failure of online counseling.

2. Study 1

(1) Research method

1) Collecting search ads that make use of suicide-related keywords

In order to collect search ads, we decided on which suicide-related keywords to search for. First, we extracted 35 terms in a questionnaire on counseling activities that the NPO OVA carried out in 2017 in mail account A, which had been the responses people had searched for when they finally came in for counseling. In addition, in a similar way as Sueki¹⁰ did, we set the search location for “Japan” in Google Insights for Search and limited the search period to “April 1, 2013 to September 30, 2017,” from the time search ads began to appear to the time of the survey, and collected 25 examples of related terms when a search was made for “suicide,” and an additional 49 examples of suicide-related keywords that Sueki¹⁰ listed. With the exception of duplicate terms, terms such as “suicide news” and “suicide prevention,” where the aim of the search was assumed to be related to prevention or reporting, or proper nouns such as “The Complete Manual of Suicide,” a total of 66 suicide-related keywords were sampled. Next, four persons belonging to the NPO OVA who are qualified psychiatric social workers or clinical psychologists analyzed the keywords and selected representative terms from each category.

Next, using the Google search engine, we collected ads from between October 30 and November 20, 2017. Since the advertisements displayed differed depending on the location of the search, we set the longitude and latitude for the prefectural seats of each of Japan’s 47 prefectures, searched for keywords, and collected search ads up to the third page of the search results. For the ads collected, we compiled information on the

prefecture in which the ad was displayed, the search keywords, the ad contents, etc.

2) Evaluating the danger of search ads and drawing up draft guidelines

The five authors qualitatively examined the suicide-triggering risk of the ads that had been collected. We particularly focused on ads that do not fall under the purview of “Preventing Suicide: A Resource for Media Professionals,”¹¹ but which were considered highly dangerous, and analyzed their characteristics. In accordance with the results, we drew up draft guidelines for search ads that use suicide-related terminology.

(2) Results

1) The suicide-related keywords used in the search and the ads collected

Search terms were classified into seven types, and 13 terms were selected. Table 1 shows the number of times an ad with each of these searched-for terms was displayed. Next, Table 2 shows the types of organizations placing the ads. Since several of the groups produced multiple kinds of advertising, there were 37 organizations placing ads, fewer than the number of ads collected. Because advertisements with minor differences were regarded as the same type of ad, the ads that could be collected consisted of a total of 52 types. A breakdown of the ad content is shown in Table 3.

Table 1 Search terms used and the number of ad placements for each term

| Category | Search term | N |
|----------------------|------------------------|-----|
| Suicide | suicide | 152 |
| Suicide methods | suicide, method | 128 |
| | hanging | 1 |
| Self-harm | self-harm | 77 |
| | wrist-cutting | 83 |
| Suicidal Intent | want to die | 218 |
| Suicidal Ideation | want to die by suicide | 142 |
| Suicide Spots | suicide, popular spot | 36 |
| Suicide Recruitment | suicide, recruitment | 146 |
| | suicide, website | 180 |
| Suicide Preparations | suicide, preparations | 97 |
| | suicide note | 49 |
| Werther Effect | suicide, famous people | 0 |

Table 2 Types of organizations placing advertisements (N= 37)

| Types of organizations | N |
|--|----|
| Medical facility | 10 |
| Administrative agency | 3 |
| (Authorized) Specified Nonprofit Corporation | 7 |
| Public interest incorporated association | 1 |
| Psychological counseling facility | 2 |
| Corporation | 4 |
| Judiciary-related office or corporation | 3 |
| Other | 2 |
| Search engine | 5 |

Table 3 Types of ad content (N=52)

| Specific target/content | N |
|---|---|
| Encourage seeking advice at their office | |
| Those thinking of suicide or who want to die | 5 |
| Those suffering from self-harm or wrist-cutting | 2 |
| Those who want treatment for their wrist-cutting scars | 4 |
| Those suffering from depression or mental illness | 4 |
| Those disconnected from society (so-called “ <i>hikikomori</i> ”) | 1 |
| Victims of sexual violence | 1 |
| Those who are troubled, those worried about someone close to them | 5 |
| Encourage use of their services | |
| Rehabilitation support | 6 |
| Products for scars from wrist-cutting | 2 |
| Religious circles | 1 |
| Will drafting | 3 |
| Special cleaning, disposal of personal belongings | 1 |
| Pamphlets and sites introducing counseling facilities | 3 |
| Search engine, mail order sites | 6 |
| Osteopath | 1 |
| Meeting places | 1 |
| Help-wanted ad | |
| Recruiting employees to deal with suicide countermeasures | 5 |
| Recruiting counselors | 1 |

2) Evaluation of the dangerousness of each ad

Of the 52 types of ads, there were five types that were thought to fall under the purview of “Preventing Suicide: A Resource for Media Professionals.”¹¹ An additional 22 types were judged to be ones that could not be said to pose no danger; thus, 51.9 percent of the ads collected at this time were rated as containing content that had the potential to trigger suicide.

The results of a qualitative examination of the risk potential for these 27 types of ads indicate that ads for

search engines, mail order sites, etc., that install systems which automatically incorporate the search results into ads were judged the most dangerous because when searching for “want to die,” for example, inappropriate sentences such as “recruiting people who want to die” would be displayed. Ads for death-related businesses such as drawing up a will or special cleaning services, depending on the circumstances, were also thought to have the possibility of encouraging suicide plans. Businesses that one would not expect someone at risk for suicide to visit or those in which the targets for counseling services and the prefecture in which the ad was displayed did not match were thought to be highly dangerous both because they provide unnecessary information and because, under certain circumstances, they may cause the browser to think “I was refused counseling.” Also, appeals to “not do” such things as self-harming behavior or suffering alone, etc., that some people cannot help but do, even when meant empathetically, were assumed to have the potential to be taken by the viewer in a negative way.

On the other hand, the remaining 25 types were rated as having a low risk. These were ads whose content encouraged counseling at the ad-placer’s facility in a general way or that offered the services needed by a person searching suicide-related keywords. Such ads contained a warm message, the specific nature of the support or counseling, the benefits of receiving counseling, access to counseling facilities, etc.

We documented these contents and drew up draft guidelines. A simplified version of these guidelines is shown in Figure 1 (see Document 1 for the entire guidelines).

Guidelines for Counseling and Support Facilities When Placing Search Advertising That Uses Suicide-related Keywords

- Make clear who the intended user of the ad is: the person contemplating suicide, a family member, support provider, etc.
- Make the appeal with a message that is simple, warm and empathetic.
- Specifically identify the nature of the service or support.
- Specify the counseling method, whether via email or telephone or access to a counseling or support facility.
- Provide objective information about the service or support, such as the support facility, the number of users, etc.
- Do not make claims for an easy solution, such as “We will completely solve your problems.”
- Do not use facts related to actual suicides, mental illness, or self-harming behavior in headings.
- Do not use the negative message “don’t do” all by itself.
- Do not use misleading expressions for greater impact.
- Be in compliance with the Medical Care Act, the Act against Unjustifiable Premiums and Misleading Representations, and other laws.

Figure 1 A simplified version of draft guidelines for search ads

(3) Observations

In Study 1, the aim was to evaluate the suicide-triggering potential of search advertising that uses suicide-related keywords and to prepare draft guidelines for placing such ads. After using the selected keywords, collecting ads, and examining the contents of 52 ad types, the result was that fewer than half the search ads were rated as not dangerous. Based on the distinctive features of the sampled ads, we drew up a draft version of guidelines for counseling and support facilities when placing search advertising that uses suicide-related keywords.

The present guidelines are based on a small group of ads, and ad contents will change over time. For that reason, it is desirable to plan to enhance the content analysis and target even more ads in the future. In addition, by drawing up examples of appropriate and inappropriate advertising in accordance with the proposed guidelines and empirically verifying their effect on browsers, we will need to bring the draft version closer to practical use.

3. Study 2

(1) Research method

1) Subjects of counseling cases

The NPO OVA’s counseling program places a search ad promoting counseling that limits both the region and the time period, and begins email counseling by return mail to those who viewed the site page and responded by email. In this study, the subjects of an

Internet gatekeeping program intended for residents of the Kanto region were 98 persons who sent an initial email to counseling account A during the period between June 2, 2017 and January 11, 2018, and 90 persons who sent an initial email to counseling account B between February 17 and March 15, 2018.

In addition, in about the third email after the first one had been sent, we asked for responses to a questionnaire in order to improve the counseling program and the assessments of those receiving counseling. We drew up a feedback form using a questionnaire drafting tool called Typeform and made use of a system that automatically stores the aggregate data on Google Drive. When requesting feedback, we pasted the URL of the feedback page in the email and had those receiving counseling access it. In this study, we received feedback from 72 persons receiving counseling (28 males, 42 females and 2 other).

2) Content analysis of the counseling cases

Numerical values were assigned to the time of day we received the initial email (between 12 a.m.-6 a.m., between 6 a.m.-12 p.m., between 12 p.m.-6 p.m., between 6 p.m.-12 a.m.); the time it took to respond to the initial email (hereafter referred to as the time required to reply: less than 6 hours, 6 hours - less than 12 hours, 12 hours - less than 18 hours, 18 hours - less than 30 hours, 30 hours or more); whether or not there was a further response after the initial email; and whether either a phone consultation or face-to-face counseling was conducted. In addition, we took the scores for age, gender, depression and anxiety scale (K6)¹²⁾ from the questionnaire, and the score for suicide ideation scale¹³⁾ and the variables for ease of counseling method (email, chat, telephone, and face-to-face; multiple choices allowed) and conducted a statistical analysis.

We defined successful counseling activities respectively as those in which (A) a positive change in mood of the person receiving counseling could be confirmed (hereafter, mood change), and (B) those receiving counseling were able to talk to a family member or a medical facility, etc. (hereafter, help-seeking behavior). Several psychiatric social workers and clinical psychologists qualitatively examined the contents of the emails and judged their success or failure. SPSS Statistics ver. 25.0 was used for the analysis.

3) Ethical considerations

As matters for those seeking counseling to consider, we explained on the site page promoting counseling that, in principle, confidentiality would be maintained except in an emergency; that it would be possible to receive counseling anonymously; that no fee would be charged, etc. We also stated clearly in the text that details of the counseling would be used for research in a form that would not identify the individual and that the findings would be published, and assumed that we obtained consent to these conditions by receiving emails from those seeking counseling. Moreover, although feedback to the questionnaire was in principle requested, it was not compulsory. We asked a second time about using the data in the study and only made use of the data of the respondents who gave their consent.

(2) Results

1) Descriptive statistics of the counseling subjects

With the exception of four persons who refused to give their consent to the use of the data in the questionnaire for this study, detailed analyses were made of 184 persons. Of these 184 persons over the course of events since the initial contact, the first response of 16 was made in error; 83 did not continue counseling; and there were responses from 85 after the first one (continued counseling). A breakdown of those who did not continue counseling shows that there was no further email after the initial response from 63; 11 were terminated because they fell outside the scope of the counseling; and nine replied to the questionnaire or said that they had replied to the questionnaire but nothing was subsequently heard from them.

Feedback to the questionnaire was obtained from 63 persons who continued counseling, plus nine persons from whom we received feedback but no further response for a total of 72; in terms of the ages of the respondents, 11 were in their teens, 30 in their 20s, 15 in their 30s, 12 in their 40s, and 4 in their 50s. A flowchart of the above subjects is shown in Figure 2.

Of the 85 persons who continued counseling, 15 had phone consultations and four had face-to-face counseling. In terms of the success or failure of counseling, (A) a positive mood change was confirmed for 19 and (B) help-seeking behavior for 18; for nine of them both were applicable. Thus, there was a total of 28 persons who satisfied one or the other condition, for a success rate of 32.9 percent.

2) Correlation between the initial email and continued counseling

Excluding the 16 persons who replied in error and the 11 who fell outside the scope of the counseling, for the remaining 157 persons, we examined the correlation between whether or not they continued counseling and the time period for the initial email as well as the time required to reply using the chi-square (χ^2) test. No significant correlation could be observed between the

time period for the initial email and continuation of counseling. The correlation with the time required to reply was marginally significant ($\chi^2(4)=8.39, p=0.078$); many of those seeking counseling who received a reply to their initial email within 12 hours or more to less than 18 hours made no subsequent response. CrossTab tables and adjusted residuals are shown in Table 4.

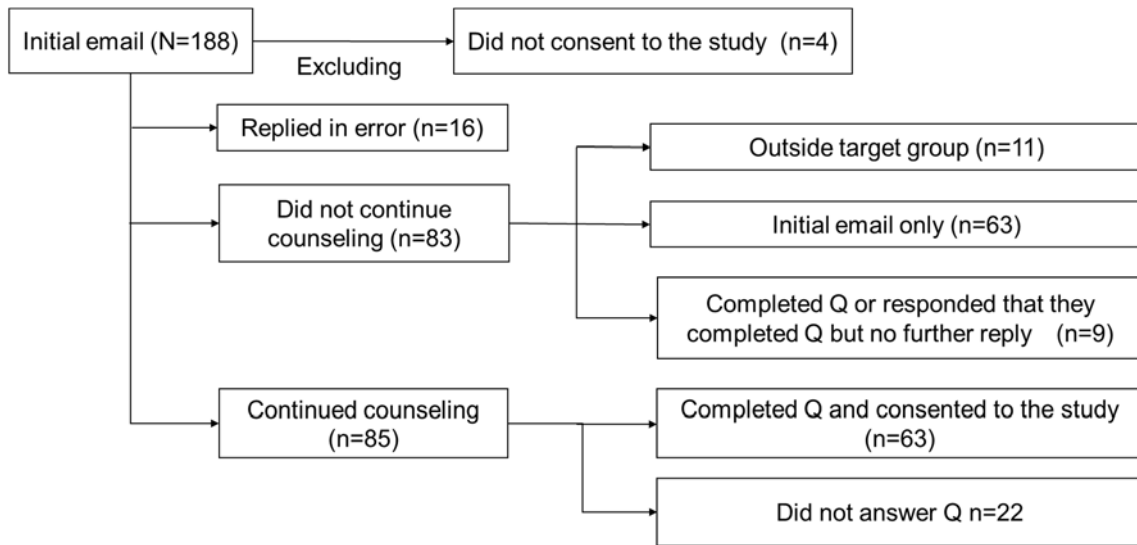


Figure 2 Flow Chart of the subjects counseling process and questionnaire responses. Q is the questionnaire.

Table 4 Correlation between time required to reply and continuation of counseling after first email (n=157)

| Continued counseling | Time required to reply to first email | | | | |
|----------------------|---------------------------------------|------------------------------|-------------------------------|-------------------------------|----------------------|
| | Less than 6 hours | 6 hours - less than 12 hours | 12 hours - less than 18 hours | 18 hours - less than 30 hours | 30 hours or more |
| No reply (n=72) | 26 40.0% (-1.2) | 17 40.5% (-0.8) | 18 66.7% (2.4) | 6 37.5% (-0.7) | 5 71.4% (1.4) |
| Continued (n=85) | 39 60.0% (1.2) | 25 59.5% (0.8) | 9 33.3% (-2.4) | 10 62.5% (0.7) | 2 28.6% (-1.4) |

The adjusted residual is within the () for each cell. $\chi^2(4)=8.39, p<.10$

3) Correlation between phone consultations or face-to-face counseling and the success or failure of counseling

Using Fisher’s exact probability test we studied whether or not conducting phone consultations or face-to-face counseling correlated with the success or failure of counseling. The results showed that both (A) a positive mood change and (B) help-seeking behavior

were found in more persons who had phone consultations than in those who did not ($p=0.035; p=0.000$). Similarly, (A) a positive mood change and (B) help-seeking behavior were found in more persons who received face-to-face counseling ($p=0.033; p=0.029$). CrossTab table and adjusted residuals for each are shown in Table 5 and Table 6.

Table 5 Correlation between having a phone consultation and success or failure of counseling (n=85)

| Phone consultation | | |
|---------------------------------|-----------------------|----------------------|
| Success/failure of counseling | Without | With |
| Positive mood change (n=19) | 12 17.1% (-2.5) | 7 46.7% (2.5) |
| No positive mood change (n=66) | 58 82.9% (2.5) | 8 53.3% (-2.5) |
| <i>p</i> =.035 | | |
| Help-seeking behavior (n=18) | 9 12.9% (-4.1) | 9 60.0% (4.1) |
| No help-seeking behavior (n=67) | 61 87.1% (4.1) | 6 40.0% (-4.1) |
| <i>p</i> =.000 | | |

Table 6 Correlation between having face-to-face counseling and success or failure of counseling (n=85)

| Face-to-face counseling | | |
|---------------------------------|-----------------------|----------------------|
| Success/failure of counseling | Without | With |
| Positive mood change (n=19) | 16 19.8% (-2.6) | 3 75.0% (2.6) |
| No positive mood change (n=66) | 65 80.2% (2.6) | 1 25.0% (-2.6) |
| <i>p</i> =.033 | | |
| Help-seeking behavior (n=18) | 15 18.5% (-2.7) | 3 75.0% (2.7) |
| No help-seeking behavior (n=67) | 66 81.5% (2.7) | 1 25.0% (-2.7) |
| <i>p</i> =.029 | | |

4) Correlation between ease of counseling method and the success or failure of counseling

Of the respondents to the questionnaire (n=72), 59 cited emails as an easy means of counseling, 38 chat, 19 phone consultations, and 22 face-to-face counseling. Of the 13 persons who had phone interviews this time and also responded to the questionnaire, six cited the telephone as an easy counseling method. The four persons who had face-to-face counseling all cited it as easy. A correlation between the ease of counseling method and the

success or failure of counseling could not be confirmed by the χ^2 test.

5) Factors related to the success or failure of counseling

Logistic regression analysis (the variable increase method) was performed on the 72 respondents to the questionnaire, with the success or failure of two types of counseling respectively as the dependent variables, and for the independent variables, gender, age, having a phone consultation, having face-to-face counseling, the four types of easy counseling methods as well as the scale scores for suicidal ideation and K6 were input as the dummy variables. Results were significant for (A) positive mood change for: female ($OR=6.46$, $95\%CI=1.22-34.19$, $p=.028$), having a phone consultation ($OR=6.02$, $95\%CI=1.40-25.90$, $p=.016$), and having face-to-face counseling ($OR=19.44$, $95\%CI=1.27-296.89$, $p=.033$). And for (B) help-seeking behavior, having a phone consultation was significant ($OR=8.89$, $95\%CI=2.37-33.40$, $p=.001$).

(3) Observations and conclusion

In Study 2, we conducted an analysis using the counseling cases of the NPO OVA's online gatekeeping for the purpose of examining the factors related to the success or failure of online counseling activities.

The results of studying the correlation between the time required to reply to the initial email and the subsequent reply process showed that there were few further responses from those seeking counseling who had received replies within 12 hours to less than 18 hours after their first email arrived. Because there were subsequent responses from around 60 percent of those who had received replies in less than 12 hours, an initial reply made within 12 hours is thought to be best. Even when the reply time was rapid, however, considering that about 40 percent of those seeking counseling did not continue, in future it will be necessary to examine other factors related to the continuation of counseling.

In addition, when examining the factors related to counseling's success or failure, it became clear that carrying out phone consultations or face-to-face counseling correlates with positive mood change and help-seeking behavior. Because phone consultations or face-to-face counseling are methods that are closer to real human relationships than online counseling,

they are important for building a relationship of trust with support providers. The assumption is that for those seeking counseling who are able to form such a trust-based relationship with a support provider via email, a positive mood change is likely to occur. In addition, it is suggested that online counseling reinforces help-seeking behavior in the person being counseled and contributes to subsequent help-seeking behavior in the form of phone consultations, face-to-face counseling with a support provider, or discussions with family members or specialists. Consequently, for online counseling, a relationship that motivates help-seeking behavior in the person being counseled is thought to be important, as is building a relationship in which that person and a support provider trust one another and can communicate accordingly. In other words, online counseling is expected to function precisely as a gatekeeper, an entry point for suicide-related counseling.

Being female also correlated with a positive mood change. It is conceivable that women may find it easier than men to express emotions in an email or that the nature of counseling differs between men and women; for these reasons, a more detailed study will be required in the future.

As limitations of this study, the first that can be cited is the low response rate to the questionnaire among those who continued counseling. Some of them may have been unable to answer the questionnaire because of intellectual limitations, young age, confused mental state, etc. For that reason, it must be kept mind that the questionnaire data used in this study does not fully reflect the distinctive features of those who continued counseling this time. It will be necessary to develop methods for analyzing more of the target group on the assumption that a certain number of people who are unable to answer the questionnaire are included in those receiving counseling. Second, in this study, we were unable to study the contents of the email replies sent by the support providers. These emails differed in detailed wording and aims depending on the recipient's attributes and the nature of the counseling, but since the basic approach was consistent with gatekeeping activity, substantive differences were hard to detect in the content of the replies, and it was difficult to make an analysis in the form of a statistical comparison of differences in the success rate. Thus, in

future, in addition to examining formal characteristics such as the number of emails sent and received, the time period, and number of words, as well as their correlation with facts that can be gathered objectively such as the main content of the counseling and its success or failure, we will need to conduct studies of the cases that were successful and those that were not and make the specific methodology qualitatively clear.

4. Policy suggestions and recommendations

As the outcome of these studies, first, we created a draft version of guidelines for search advertising that uses suicide-related keywords (the guidelines are attached as Document 1). Since these draft guidelines are based on the results of the present study, it was not possible to comprehensively cover laws such as the Medical Care Act, the Act against Unjustifiable Premiums and Misleading Representations and other points to be considered regarding the placement of advertising. Also, because the advertisements used this time as references were only a small sampling, it is assumed that a more diverse assortment of ads is currently in circulation. Consequently, it is desirable that guidelines that can be put to practical use be drawn up based on the present draft guidelines.

Second, by conducting an analysis of online gatekeeping counseling cases, it became clear that online counseling can function as an entry point for connecting with more true-to-life support. Thus, instead of simply converting existing methods of counseling as is to an online version, for online counseling to fulfill its purpose, a methodology and framework that is unique to it must first be established. For that reason, from now on, it is desirable to verify its effectiveness by scientific methods in more online counseling projects and draw up an evidence-based manual.

Additional remarks

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Document 1: Draft guidelines for search advertising that uses suicide-related keywords For counseling and support facilities

Guidelines for Counseling and Support Facilities When Placing Search Advertising That Uses Suicide-related Keywords

- **Make clear who the intended user of the ad is: the person contemplating suicide, a family member, support provider, etc.**
- **Make the appeal with a message that is simple, warm and empathetic.**
- **Specifically identify the nature of the service or support.**
- **Specify the counseling method, whether via email or telephone or access to a counseling or support facility.**
- **Provide objective information about the service or support, such as the support facility, the number of users, etc.**
- **Do not make claims for an easy solution, such as “We will completely solve your problems.”**
- **Do not use facts related to actual suicides, mental illness, or self-harming behavior in headings.**
- **Do not use the negative message “don’t do” all by itself.**
- **Do not use misleading expressions for greater impact.**
- **Be in compliance with the Medical Care Act, the Act against Unjustifiable Premiums and Misleading Representations, and other laws.**

NPO OVA 2018

1. Before placing search advertising containing suicide-related keywords

The suicide-related keywords referred to here are expressions such as “suicide,” “suicide methods,” “want to die,” “self-harm,” “wrist-cutting,” etc. These are known to be terms that persons at risk of suicide search for on the Internet. Those bereaved who have lost a family member to suicide are also assumed to be persons who may search for suicide-related keywords such as “suicide note.” Even though they fall outside the scope of targeting, it is necessary to draw up a search ad with due consideration as to the possibility that anyone can see it and the impact it will make on those who do. Also, it is necessary to be in compliance with the law, such as the Medical Care Act and the Act against Unjustifiable Premiums and Misleading Representations.

2. On programs that place search advertising containing suicide-related keywords

- Advertisers are assumed to be counseling and support agencies, medical facilities, and businesses whose intended users are persons at risk of suicide and in need of some sort of service or support, including those contemplating suicide, those who engage in self-harm, those suffering from a mental disorder, crime victims, those disconnected from society such as *hikikomori*, etc.
- The following advertisers place ads with suicide-related keywords that may have an adverse effect on browsers (in the worst case scenario, they may even encourage suicide).
 - 1) Sites that install systems which automatically incorporate the search results into the advertisements (e.g., search engines and mail order sites)
 - 2) Businesses that provide services after a person’s death (e.g., lawyers’ offices responsible for drawing up wills, special cleaning companies)
 - 3) Businesses that do not assume their intended users are persons at risk of suicide (e.g., help wanted ads for counselors, counseling facilities intended for healthy people)

3. Desirable ways of placing an ad

- Do not make a single ad but firmly target ads, one by one, aimed at the intended users, their support providers, or family members, etc.
- As much as possible, match the location of the intended recipients of support or services (e.g., those residing/working in city A) with the prefecture in which the ad is displayed. When targeting the entire country, more careful consideration is required because more people will see it.
- The following items are recommended for inclusion in the ad’s content because they contribute to the trustworthiness of the ad’s content or lowering the threshold for browsers to seek help (it is not necessary to include all of them).
 - A simple, warm and empathetic message (e.g., “It’s been tough, hasn’t it?” “Would you like to talk about it?” “Warm welcome.”)
 - The specific nature of the service or support (e.g., support for receiving a disability pension, assistance in finding a job, treatment of wrist-cutting scars, counseling for family members)
 - Objective information about the service or support (e.g., the goal achievement rate for the service or support, the average time involved, number of users, access, etc.)
 - The counseling methods provided (e.g., possibility of telephone counseling and 24-hour email reception)

4. Undesirable ways of placing an ad

- 1) Unclear for whom the ad is intended, the person contemplating suicide, a support provider, family member, etc.

Reason: When a person at risk of suicide views the ad, depending on its content, it may encourage a suicide to happen. In addition, what the ad may wish to convey cannot be understood; it may be in a form in which the suicide-related keywords inadvertently catch the viewer's eye.

Strategy: Practice targeting and focus the objective of the ad on a single point.

- 2) Making claims for an easy solution, such as “We will completely solve your problems.”

Reason: The problems persons at risk of suicide have are complicated and cannot be easily solved. Such claims are thought to fall within the purview of an exaggerated display of effectiveness.

Strategy: Do not use terms like “completely,” “absolutely,” “99 percent,” etc.

- 3) Using the actual state of suicide (e.g., 30,000 people die as a result of suicide each year) or facts about psychiatric disorders or self-harming behavior (e.g., depression is a disease of the brain) in headings.

Reason: Instead of a general fact, such as “30,000 people die as a result of suicide each year,” carefully convey the context, “Suicide is becoming a social problem in Japan, and suicide countermeasures are an urgent task,” and instead of “Depression is a disease of the brain,” convey the context and background, “pharmacotherapy is needed.” The use of facts such as these in headings may send the message that suicide is the solution or create uncertainty in the viewers that there is something wrong with them because they are depressed.

Strategy: Do not use facts in headings.

- 4) Using only negative messages such as “Don't ...” (e.g., Don't die, Don't hurt yourself, Don't torment yourself, Don't keep things to yourself).

Reason: For actions such as suffering alone, self-harming behavior, addiction, etc., that people can't help themselves from doing, the words “don't ...” run the risk of conveying a negative message and strengthen the self-condemnation and isolation of the viewer.

Strategy: In addition to “don't ...,” propose an alternative message (e.g., Don't suffer alone, please talk to us).

- 5) Using expressions that invite misunderstanding for greater impact (e.g., words regarded as biased such as NEET; words that have a sexual connotation).

Reason: Such terms are interpreted differently by different people and may give some people a bad impression.

Strategy: If another term can be substituted, change the word

Technical Report

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

Yutaka Motohashi¹, Yoshihiro Kaneko¹, Motoki Tanaka¹, and Sayaka Yoshino¹, and
Masashi Kizuki¹

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

goals of which are to equip students with knowledge about depression and reduce suicides and attempted suicides).

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

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

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

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

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

Is there scientific evidence for this method? The SEYLE study³, a large-scale European research

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

Finally, a verification of the benefits of SOS teaching, which JSSC conducted in Adachi Ward in 2018⁴, showed that three months after the course was given, the percentage of students who responded that they “have an adult they can confide in easily” or “often listen to friends when they consult them about their problems” increased significantly, an outcome that supports the fact that the goal of the teaching program is being achieved.

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Technical Report

The Current State of Youth Suicide Countermeasures from a Public Health Perspective

Sayaka Yoshino¹⁾, Hiroko Matsunaga¹⁾, and Yutaka Motohashi¹⁾

From October 24–26, 2018, I took part in the 77th Annual Meeting of the Japanese Society of Public Health, which was held in Koriyama City, Fukushima Prefecture. The main theme of the meeting was “Public health from cradle to caregiving: health support from a disaster response perspective,” and as this title indicates, the very latest research was introduced and extensively discussed from a variety of viewpoints related to health and medical care, welfare and education and on a wide range of subjects over a person’s lifetime from the fetal period to old age. Although all the presentations were extremely interesting, particularly noteworthy in relation to suicide countermeasures was the symposium held on the first day, “Formulating new suicide countermeasures for young people in an age of social media: with a view to preventing a re-occurrence of the Zama incident” (chaired by Dr. Yutaka Motohashi, Director of the Japan Support Center for Suicide Countermeasures [JSSC]). Because the rapid spread of the Internet in an information society and incidents involving social media that accompany it have become social problems, exploring methods to deal with them is a pressing issue. Accordingly, this paper introduces the abovementioned symposium and considers the relationship between the status of social media today and youth suicide countermeasures.

The symposium discussed the actual state of affairs for young people in an age of social media as well as specific measures to support them. In recent years, incidents involving social media have often been covered by the media. Some of these have evolved into cyberbullying and even crimes; in particular, the so-called Zama incident (nine young people who posted messages suggesting their suicidal ideation on

Twitter were killed by a man who was also making use of social media for posting his own suicidal ideation to gain the victims’ trust), a tragic social-media-related incident that occurred in October 2017, shook Japanese society. Since today is an age in which all sorts of information can be transmitted on the Internet and anything can be looked up there, even methods of committing suicide are searchable. As Mr. Jiro Ito of the NPO OVA reported (in Symposium 2-3: “Experiments with web-search-linked support for young people with suicidal tendencies”), however, many of the statements about “wanting to die” that abound on social media can be regarded as psychocathartic acts of spilling out painful feelings, SOS signals seeking help from those around them or other expressions of “wanting to live.” Since, therefore, it is important to provide as much information as possible about how to live, as Ms. Hiroko Matsunaga of the JSSC reported (Symposium 2-1: “Suicide countermeasures using social media for young people with suicidal tendencies: the national government’s approach”), strengthening the counseling function of social media and supporting young people’s efforts to find a place where they belong are being promoted as national policies.

Since youth suicide countermeasures are regarded as ones that the national government should focus on intensively, the General Principles of Suicide Prevention Policy, revised in 2017, addressed the need for such measures to make use of information and communications technology (ICT) and cited “teaching how to raise an SOS” as a means of preventing suicide among primary and secondary school students. There are three teaching models for doing so: the Adachi Ward model, the Tokyo Metropolitan Board of Education model, and

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Hokkaido University of Education's Graduate School of Teacher Education model. JSSC has documented the special features of these three models and has been studying their educational content and verifying their benefits in the interest of promoting their dissemination nationwide. The results confirm that it is important to enhance students' feelings of self-esteem, have them find a trusted adult close by, and know that it is all right for them to ask that adult for help. It has also been shown that the percentage of respondents who say that "there is an adult they can trust near by" increases significantly after they have taken a course on how to raise an SOS.

According to a report by Mr. Yoshiaki Takahashi of the Nakasone Peace Institute, a public interest incorporated foundation (Symposium 2-2: "Youth suicide ideation"), suicidal ideation is said to have high sustaining power among the young generation. Social media are a necessary method of communication when dealing with young people in particular. It is imperative to convey to young people who transmit information to, and accumulate it from, many unspecified persons via social media that there is always a trusted adult close at hand who is ready to receive an SOS from them at any time.

Mr. Akizumi Tsutsumi of Kitasato University School of Medicine (Symposium 2-4: "The development and implementation of a suicide prevention education program for medical students") has been promoting the development of such a program and regards it as critical for those seeking employment as human service professionals to thoroughly learn the necessary communication skills. Face-to-face communication skills are, after all, indispensable not only for human service professionals, but for all people living together in society. Another topic that was raised is the fact that there are few places nowadays where the younger generation can connect with the community; thus, consideration must also be given to what kinds of outlets can be provided in the community and in society as a whole that are tailored to young people's special characteristics. In short, it is probably necessary to examine both how the younger generation can appropriately raise an SOS and how society receives it.

Since the rapid spread of the Internet in an information society and the social-media-related incidents that have accompanied it have become social problems, studying methods to deal with them is a pressing issue. The younger generation has a high affinity with social media, and there are even reports that many of them feel they would be able to communicate more freely through social media counseling rather than conventional telephone counseling. What is important is that social media are merely a starting point. As Mr. Ito of the NPO OVA says, it is a matter of "how do we really connect." What is required now and in the future is to build a better society by making skillful use of social media without being consumed by it.

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Technical Report

Report on the tenth WHO Mental Health Gap Action Programme (mhGAP) Forum

Masashi Kizuki¹, Yoshihiro Kaneko¹, and Yutaka Motohashi¹

Introduction

The tenth meeting of the Mental Health Gap Action Programme (mhGAP) Forum was held at the World Health Organization (WHO) headquarters in Geneva on October 11 and 12, 2018. As a WHO Collaborating Center for Research and Training in Suicide Prevention, the Japan Support Center for Suicide Countermeasures (JSSC) takes part in the forum each year. In this paper, we will provide an overview of the forum and specifically report on the contents of the discussion related to suicide countermeasures.

WHO Mental Health Gap Action Programme

Mental disorders are global public health issues; they account for more than 10% of the global burden of disease,¹ and no fewer than 800,000 people die each year as a result of suicide.² On the other hand, access to mental health services is inadequate and unequally distributed, and a substantial gap exists between the mental health services that are needed and those that are actually available (mental health gap) in many developing regions.¹⁾

In 2008, WHO established the mhGAP with the aim of scaling up the mental health services by governments, international organizations and other stakeholders and expanding the use of basic mental health services in low- and middle-income countries. The mhGAP has designated depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders due to use of alcohol, disorders due to illicit drug use and mental disorders in children as priority

conditions and offers integrated packages of interventions to address each condition.³ To promote mental health services in non-specialized health settings, mhGAP provides the necessary tools and resources, such as Intervention Guides in non-specialized health settings, Training Manuals to train trainers, supervisors, and health-care providers, and an Operations Manual for health care administrators, etc.⁴

The mhGAP Forum

The mhGAP Forum has been held annually since 2009 as a platform by which to, among other things, exchange information on the implementation and evaluation of mhGAP-related projects, discuss ways to accelerate preventive measures in each country, draw up proposals for the WHO secretariat and strengthen cooperation among stakeholders.

The main theme of the 2018 mhGAP Forum was “accelerating country action on mental health” and the second theme was “young people and mental health in a changing world.” The forum this time was attended by around 200 persons, including government representatives as well as participants from international organizations, WHO Collaborating Centers, academic research institutions, NGOs, etc.⁵

The forum consisted of four large sessions and two small group discussions. Small group discussions were held on specific themes. After group agendas for each small group discussion were introduced to the whole participants, each participant joined the group which he or she was interested in and the group drew

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up the key feedback messages resulting from the discussions.

Small group discussion on suicide countermeasures

In the small group discussion on “consultation on accelerating suicide prevention in countries,” presentations were made on suicide-related trends in the international community and on innovative approaches to the problem in Canada, Japan and Ireland, followed by lively discussions on ways to accelerate suicide prevention measures. The substance of these discussions is summarized below.

First, Ms. Louise Bradley, president and CEO of the Mental Health Commission of Canada, introduced a 2014 campaign to exchange ideas on suicide prevention. A series of public meetings were carried out using a grassroots approach that involved a total of 308 parliament members and community stakeholders. As a result, guidelines were drawn up to address ways to prevent suicide in which the community plays the main role. In collaboration with the Mental Health Commission of Canada, WHO edited these guidelines so that could be used in other countries and published them as a document entitled “Preventing suicide: a community engagement toolkit.”⁶

Next, Professor Yutaka Motohashi, director of the JSSC, gave an overview of Japan’s national suicide prevention strategy and the results it has achieved. In accordance with the philosophy of the Basic Law on Suicide Countermeasures, Japan’s suicide prevention measures are implemented comprehensively as social initiatives. He explained that the success of these efforts can be construed as being reflected in the steady decline in recent years in the number of deaths by suicide. As a result of the revision of the Basic Law in 2016, local governments have enacted their own plans, and the national government has developed and distributed tools to support them, including profiles of the actual local suicide conditions, local suicide countermeasure policy

packages, a database of innovative approaches to suicide prevention, etc. Professor Motohashi went on to describe, the documents and regulations related to Japan’s suicide countermeasures, the basic philosophy behind the Basic Law, the key points of the General Principles of Suicide Prevention Policy, the contents of the profiles of the actual local suicide conditions, and the process of combining the basic package with a priority package, and processes to work out an effective local suicide prevention plan.

Professor Ella Arensman, director of research at Ireland’s National Suicide Research Foundation, provided an introduction to the process of formulating Ireland’s national suicide reduction strategies, “Reach Out” (2005–2014) and “Connecting for Life” (2015–2020), their basic strategies and policy evaluation processes as well as an introduction to Ireland’s national self-harm registry. The “Connecting for Life” strategy has seven key goals: to improve the nation’s understanding of and attitudes to suicidal behavior, mental health and wellbeing; to support local communities’ capacity to prevent and respond to suicidal behavior; to target approaches to reduce suicidal behavior and improve mental health among priority groups; to enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behavior; to ensure safe and high-quality services for people vulnerable to suicide; to reduce and restrict access to means of suicidal behavior; and to improve surveillance, evaluation and high quality research relating to suicidal behavior. This strategy is promoted through: whole-of-Government engagement and collaboration, and multi-agency approach to suicide prevention; a focus on formal accountability, adequate response, informed evidence and openness for change in line with emerging evidence-based initiatives; systematic approach to evaluation and research with regard to suicidal behavior by tracking the progress of the strategy implementation against set indicators over the next five years; national and regional Connecting for Life implementation plans. Moreover, in regard to

evaluation, in addition to the suicide mortality rate and the rate of presentations of self-harm in the whole population and amongst specified priority groups, which are the primary outcome indicators for the strategy as a whole, strategic objectives and intermediate indicators are set for each goal, and the National Office for Suicide Prevention implements them in cooperation with an advisory group composed of experts. The presentation also provided the results of the most recent evaluation.

Next, Dr. Alexandra Fleischmann of WHO's Department of Mental Health and Substance Abuse, gave a progress report on global suicide prevention measures based on the following perspectives: the United Nations' Sustainable Development Goals (SDGs); the WHO's 13th General Programme of Work, 2019–2023 (GPW13); and the WHO Mental Health Action Plan 2013–2020. In these plans and goals, The suicide mortality rate is used as a main outcome indicator in these plans and goals: For example, suicide mortality rate is an indicator (3.4.2) within SDGs Target 3.4 to reduce by one third premature mortality from non-communicable diseases by 2030; the GPW13 target No. 28 is a 15% reduction in suicide mortality rate in 5 years; and the Mental Health Action Plan's global target 3.2 is a 10% reduction in the rate of suicide by 2020. Since the global age-standardized suicide mortality rate (per 100,000 population), for example, has already dropped by 8% from 11.4 in 2013 to 10.5 in 2016, we are well on our way to achieving this goal.⁷

A lively discussion then ensued on how to accelerate national suicide prevention measures, and the following key messages were made.

- “Reducing stigma is key, including in structures and institutions, otherwise suicide remains a silent crisis in public health. Everyone needs to know the help available”
- “Acceleration will come from sharing learnings between all countries – regardless of their stage of implementation of national suicide prevention strategies”

- “Evaluation of national suicide prevention strategies is key to accelerating progress. Only three countries have done this”

Feedback from small group discussions

The key feedback points generated in each small group discussion were reported to all forum participants during the plenary discussion period. Some of the points reported by other groups that were considered important for suicide prevention measures as well included interventions based not on the medical model but on a more comprehensive biopsychosocial model that includes social-cultural factors and life course perspectives; multidisciplinary cooperation and the clarification of role sharing at all stages from project planning to implementation; sustainable initiatives spearheaded by local leaders; improvement in the quality of services through the upgrading of guidelines and pre-service education; greater efficiencies through coordination with health programs such as those for other non-communicable diseases and for HIV/AIDS. Reports were also given at this meeting on the current development status of the 11th revision of the International Classification of Diseases (ICD-11); the Programme for Improving Mental Health Care (PRIME); Africa Focus on Intervention Research for Mental Health (AFFIRM); and Emerging mental health systems in low- and middle-income countries (Emerald), etc.; the results of mhGAP-related initiatives around the world; the launch of the Lancet Commission on Global Mental Health and Sustainable Development; and the state of progress, etc., on WHO's Mental Health Action Plan. Finally, in light of the impending revision of that Plan in 2020, discussions were held on the course of action for future mental health initiatives.

Comments

We would like to describe key insights from participating in this mhGAP Forum. First of all, we had a real sense of the enormous differences in the circumstances surrounding the mental health services that each country is facing. In the small group

discussion introduced in this paper, we exchanged ideas on ways to accelerate national suicide prevention measures, but since conditions in each country vary, this meeting was not the place for discussions focused on a specific topics, for example, evaluation systems, detailed intervention techniques, etc. The issues raised by the participants and the demands on the international community were wide-ranging, and WHO and other stakeholders must have devoted a great deal of effort in summarizing them. Among the issues discussed, funding and human resources were not necessarily raised as main factors behind the lack of progress in suicide countermeasures. Actually, one of the key points in the discussion was that unless the stigma is eliminated, the topic of suicide will not even come up as a social problem. This issue was raised by a Canadian participant, so stigma is not simply a problem for developing countries; it is a major factor in various regions in holding back progress in suicide reduction. Furthermore, in the plenary discussion, reports from other groups on different mental health topics also called attention to the issue of stigma; thus, it is understandable that reducing stigma is an important global issues related to mental health. Since Professor Yutaka Motohashi, was asked to be one of the key speakers at the small group discussion, it was thought that the Japanese participants were expected to play a leadership role in communicating Japan's innovative approaches to suicide prevention to the rest of the world. On the other hand, it was also an extremely valuable opportunity for us to learn about the advanced efforts being made in other countries. In particular, in regard to evaluations of suicide prevention policy, according to Professor Arensman, whom we mentioned earlier, several countries around the world are implementing such assessments, but only three have reported the results: Finland, Scotland and Northern Ireland. In Japan, the Ministry of Health, Labour and Welfare's Office for Promotion of Suicide Countermeasures is at the stage of establishing a framework for evaluating Japan's suicide countermeasure policy; and the JSSC is also greatly involved in this work. The National Strategy to Reduce Suicide in Ireland has much in common with Japan's comprehensive public health approaches, and it is conceivable that learning about their

evaluation system, specific evaluation indicators and the experience of evaluation there would be very useful in advancing suicide countermeasures in Japan.

Conclusions

Participating in the mhGAP Forum informed us with key issues underlying global mental health promotion and suicide prevention, such as the magnitude of the problem in the international community and the differences in the points at issue, Japan's standing in regard to suicide prevention measures and the current status of innovative examples in other countries.

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Technical Report

Background to and Comments on the Guidebook for Those Bereaved

Koji Fujita¹, Hiroko Matsunaga¹, Hyesun Park¹, and Yutaka Motohashi¹

The bereaved family and friends of someone who has died as a result of suicide face extreme emotional stress (grief, anger, guilt, denial, confusion, repudiation of the deceased, etc.); in addition, there are liabilities that they face such as debts left by the deceased, compensation for the damages incurred by the suicide and other legal and economic obligations. For that reason, efforts are needed within the context of suicide countermeasures to support these families. Up until recently, the emphasis on support for the bereaved has been on psychological support and mental health measures. But emotional issues are not the bereaved's only concern; many of them have problems accessing information about social resources, procedural matters after a death, counseling services, etc., as well as various livelihood and economic issues (food, clothing and housing, employment, school work, childcare, nursing care, human relations, paying off debts, dealing with inheritance matters, etc.). It is coming to be thought that urgent steps are needed to fill these information gaps and deal with livelihood and economic problems.

The Purpose provision of the revised Basic Law on Suicide Countermeasures (April 2016) stipulates that its aim is “to prevent suicide and enhance support for the relatives, etc., of suicide victims by comprehensively promoting suicide measures.” Moreover, the new General Principles of Suicide Prevention Policy (July 2017) states: “In addition to providing prompt assistance to persons bereaved by suicide, enhance support by, among other things, promoting the provision of information so that such persons, no matter where in Japan they may be, can

receive the information they need about available assistance including related measures. Also, support the activities in the community of self-help groups, etc., for bereaved families.” Five specific initiatives are cited: 1. Supporting the operations of self-help groups for bereaved families; 2. Encouraging post-crisis response in schools and workplaces; 3. Promoting the provision of information relating to the comprehensive support needs of bereaved families and others; 4. Improving the quality of personnel at public agencies who deal with bereaved family members and others; and 5. Supporting bereaved children.

The Japan Support Center for Suicide Countermeasures (JSSC) compiled the “Guidebook for the Comprehensive Support of Those Bereaved” in conformity with the philosophy and basic policies of the nation's suicide countermeasures with the aim of providing the necessary support for those bereaved from a comprehensive perspective.

In compiling this guidebook, JSSC examined what kind of information is needed to comprehensively support the bereaved; how to create a system whereby all the bereaved can obtain the appropriate information in a timely fashion; and how to make this information equally accessible to all. JSSC carried out key informant interviews with administrators who deal with such issues as well as with representatives of private organizations that have had good results in supporting bereaved families, analyzed existing data, etc., and studied them from the perspective of promoting suicide countermeasures in accordance with the General Principles. In addition to the abovementioned stakeholders, JSSC also organized a

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panel of experts, particularly psychiatrists, but also including lawyers and others with the relevant knowledge and experience, and sought a wide range of views from the public and private sectors and academia.

The results showed that some of the information the bereaved need is required immediately after a self-inflicted death occurs, while other types are necessary in the mid to long term. Thus, it became clear that the government and relevant agencies need to provide support so that the bereaved can promptly and accurately get the information they need at the time they need it.

For example, there are many formalities that need to be dealt with at a time when the bereaved are in a state of shock and confusion as a result of the suicide, and these are an enormous burden for them. For that reason, it is important to promptly provide booklets, leaflets, etc. that sum up the information on these procedures in a manner that is easy to understand.

In the mid to long term, it is important to provide information on programs such as the *Wakachiai no Kai* and gatherings for bereaved families as group work sessions and social gatherings where many of those who have lost a loved one can meet and talk about their experiences and listen to those of others. Information also needs to be provided about opportunities for counseling or receiving advice about legal matters; to be more specific, administrative officers in the municipalities may, for example, introduce those families bereaved who require legal support to lawyers, *shiho-shoshi* lawyers (who are qualified to prepare legal documents) and others who are willing to work with them.

In regard to the provision of information to, and equal accessibility of support for, the bereaved, promoting the establishment of a system centered on local support centers for suicide countermeasures will

require coordination among public agencies, private sector groups and private enterprises so that those bereaved can receive the support and information they need wherever they live in Japan.

As for the role of the prefectures, local support centers for suicide countermeasures are expected to carry out training in the appropriate support methods for those engaged in assisting family members and others bereaved; gather the various support information they will need; advise the municipalities on how to provide it; and, when there is a case which is difficult for a municipality to deal with, provide assistance to that municipality in the form of the appropriate advice or guidance, in cooperation with experts as necessary.

The role of the municipalities is to distribute booklets, etc., and provide information on their websites about various procedures, customer support, counseling services, medical care, self-help groups, etc.; they also provide individual counseling, hold *Wakachiai no Kai*, gatherings for bereaved families and other such programs (in collaboration with private agencies) and support the bereaved in rebuilding their lives.

The results of a survey that the JSSC conducted in 2017 on the implementation status of local government projects to support those bereaved are shown in Table 1. The rate of implementation in the form of provision of information to the bereaved, etc., is high at the prefectural level and in designated ordinance cities but low in other municipalities. Moreover, in terms of population size, the implementation rate is high in municipalities with large populations, and low in those with low populations. The ongoing promotion of suicide countermeasures is expected to lead to improvements to the system for providing information and support for those bereaved and the elimination of these regional disparities.

Table 1 Implementation Status of Local Government Projects to Support Those Bereaved (2017)

| Support projects | Prefectures / Designated ordinance cities (67) | Municipalities (1473) | Municipalities including designated ordinance cities | | |
|--|--|--------------------------|---|---|------------------------------|
| | | | Fewer than 50,000 (976) | Between 50,000 and 300,000 (434) | More than 300,000 (83) |
| Provision of information to the bereaved | 65 (97.0) | 366 (24.8) | 206 (21.1) | 120 (27.6) | 59 (71.1) |
| Distribution of booklets, etc. (municipal service) | 55 (82.1) | 266 (18.1) | 137 (14.0) | 94 (21.7) | 53 (63.9) |
| Website | 54 (80.6) | 53 (3.6) | 12 (1.2) | 20 (4.6) | 36 (43.4) |
| Information on counseling | 57 (85.1) | 195 (13.2) | 93 (9.5) | 73 (16.8) | 46 (55.4) |
| Information on the activities of self-help groups | 46 (68.7) | 190 (12.9) | 95 (9.7) | 69 (15.9) | 39 (47.0) |
| Training of public employees | 42 (62.7) | 66 (4.5) | 32 (3.3) | 25 (5.8) | 19 (22.9) |
| Care and counseling support for bereaved children | 33 (49.3) | 75 (5.1) | 53 (5.4) | 19 (4.4) | 12 (14.5) |

() indicate percent

(Source: JSSC, "2017 Survey on the Implementation Status of Suicide Countermeasures of Local Government")

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Translation of a public document

Guidelines for the Comprehensive Support of Those Bereaved *

Edited and translated by the Japan Support Center for Suicide Countermeasures

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I. Introduction

1. Background and aims of drawing up this guidebook

Deaths by suicide soared in Japan in 1998 and continued to maintain a high annual rate in excess of 30,000 lives, but since the passage of the Basic Law on Suicide Countermeasures in 2006 and the formulation of the General Principles of Suicide Prevention Policy in 2007, the whole country has promoted comprehensive steps to prevent suicide, and as a consequence Japan has achieved great success, including a reduction in the number of suicide deaths to pre-spike levels.

The Basic Law on Suicide Countermeasures came into effect as the result of legislation introduced mainly by a nonpartisan group of Japanese Diet members in June 2006 in response to a campaign demanding such measures by private sector groups engaged in suicide prevention or in assisting families bereaved or those who have lost someone close to them through suicide. With the widespread recognition that suicide, once likely to be considered a “personal problem,” is a “social problem,” Japan’s suicide countermeasures have developed in the form of collaborative social initiatives by the national government, local public entities, related organizations, private sector groups, private enterprise, ordinary citizens and other interested parties, and this has led to significant results.

The Basic Law passed in 2006 but before it took effect, with the exception of the activities of a very few private sector groups, hardly any support was provided to those bereaved. Plans to assist bereaved

relatives and others were cited in the provisions of the Basic Law, and for the first time such support was clearly stated in law. After repeated trial and error, in 2015, gatherings for persons bereaved (*Wakachiai no Kai*) began to be held in all the prefectures. As it gradually came to be recognized that bereaved families need not only psychological support but also support for the tough challenges they face in their everyday lives, comprehensive support has come to be the aim.

Ten years passed since the Basic Law went into effect, and steps to prevent suicide made significant progress, but the present state is that, among the developed countries, Japan’s suicide rate is still high.

In 2016, with the aim of “realiz[ing] a society in which no one is driven to take their own life,” the Basic Law was revised through legislation introduced by Diet members in order to expand suicide prevention measures as all-inclusive support for people’s lives through practical and pragmatic initiatives at the local level, and to promote such measures even more comprehensively and effectively. The new Basic Law clearly states that suicide countermeasures ought to be implemented as “comprehensive support for people’s lives,” and that all prefectures and municipalities will draw up their own plans on suicide countermeasures so that everyone can receive that support. Moreover, July 2017 saw the formulation of new General Principles of Suicide Prevention Policy, based on the philosophy and aims of the revised Basic Law, to serve as guidelines for suicide countermeasures that the national government ought to promote.

As support for persons bereaved, the new General Principles cites (1) supporting the operations of self-help groups for bereaved families, (2) encouraging

*Supplementary Information for *Background to and Comments on the Guidebook for Those Bereaved* (Suicide Policy Research 2019; 2:48-50)

post-crisis response in schools and workplaces, (3) promoting the provision of information relating to the comprehensive support needs of bereaved families and others, (4) improving the quality of personnel at public agencies who deal with bereaved family members and others, and (5) supporting bereaved children (Section 4 “Pressing Priority Policies for Comprehensive Suicide Countermeasures,” Item 9 “Improving support for the bereaved”).

The present guidebook sets forth what constitutes “comprehensive support for people’s lives,” based on the General Principles.

Specifically, in addition to support for running self-help groups, etc., this guidebook gathers together the points to be kept in mind on providing information regarding the comprehensive support needs of bereaved families and others that will be available wherever they live in Japan; on the post-crisis response in schools and workplaces; on raising awareness and incorporating specialized instruction into the curriculum to improve the attitudes of personnel at public agencies toward bereaved families and the way they deal with them; and on providing support to young children bereaved; and broadly speaking on facilitating support for those so bereaved.

2. Users of this guidebook

This guidebook gathers together the important perspectives and points to keep in mind so that everyone involved with families bereaved, or with assisting such families, can promote effective approaches in accordance with the provisions for their support set forth in the revised General Principles of Suicide Prevention Policy (adopted by Cabinet decision, July 2017). It has been prepared primarily for the staff of local public entities (at the prefectural or municipal level) involved with suicide countermeasures as well as those who will actually be dealing with suicide countermeasures and measures to support families bereaved in society such as in schools, workplaces or communities.

- Staff at local support centers for suicide countermeasures in prefectures and ordinance-designated cities
- Prefectural and municipal employees
- Those in charge of, or who may be involved in, suicide countermeasures in schools, workplaces or the community (teachers, managers in the workplace, district welfare commissioners, commissioned child welfare volunteers, social welfare councils, etc.)
- Providers of health care, medical care and welfare services
- The legal profession (lawyers, *shiho-shoshi* lawyers*who are qualified to prepare legal documents, etc.)
- Others: families bereaved, those who have occasion to be interact with them, etc. (police, fire departments, funeral directors, religious leaders, etc.) and those engaged in activities to support bereaved families

3. Points to keep in mind when using this guidebook

Each local public entity or related organization that promotes initiatives to support families bereaved as part of their community’s comprehensive suicide countermeasures needs to develop concrete activities based on the actual conditions of its respective communities and the actual state of its social resources. Please be aware that this guidebook does not recommend adopting a uniform response for all bereaved families.

II. Main Text

1. Basic concepts

(1) Who are “the bereaved”?

Among “those bereaved,”¹ at first, the intended users of support programs were primarily thought to be relatives (by blood or by marriage), but recently not just relatives but work colleagues, schoolmates, fiancés/fiancées, partners in common-law marriages, close friends, etc., have come to be included. “Bereaved persons” in this guidebook include all those who may be affected by a self-inflicted death.

Suicide arouses various thoughts and feelings in the bereaved. These range widely from anger to remorse, guilt feelings, denial, confusion, repudiation of the deceased, apathy, etc. When engaged in supporting bereaved persons, it is important to understand their situations and provide courteous and respectful support. From what is known thus far, the suicide of a single person is said to have a profound effect on at least five to ten people close to him or her, but, in fact, it is believed to affect far more people than that. In addition, it has a huge impact not only family and friends but also on the deceased’s local community, school or workplace.

Since the Basic Law and the General Principles were revised and put into effect, the environment surrounding those bereaved has been improving. But since prejudice against suicide still exists in society and since there is a limited number of people the bereaved can talk to about their worries, difficulties and distress, their situation reportedly is both physically and mentally painful.

1. In addition to the term “bereaved” as found in the General Principles of Suicide Prevention Policy, this guidebook will use the term “bereaved.” For the distinction in usage of the terms of “suicide” and “self-inflicted death”, see section 1-1 “The terms suicide and self-inflicted death” of “1. Terminology” in III. Reference Materials at the end of this booklet.

(2) The situation of bereaved individuals and the issues facing them

The death of someone close is a distressing event for anyone, and those who are left behind are said to be affected emotionally, physically, behaviorally, practically and in various other ways. But when a person loses someone close, many complain that, in addition to these effects, as a result of misunderstandings about suicide from those around them and for other reasons, “No one understands,” “I have no one to talk to who is able to share my grief,” “I haven’t received the information I need,” “Problems are occurring at home,” “I have been hurt by the words and attitudes of those around me.” In addition, there are instances in which bereaved persons as next of kin must deal with legal matters and a number of other formalities.

More than a decade after the passage of the Basic Law, activities supporting the bereaved are better provided for than they had been, but ongoing efforts are needed to improve them.

(3) Aims of support for those bereaved

The aims of support for persons bereaved are to view it in a comprehensive way, to eliminate prejudice in regard to self-inflicted deaths and to provide the bereaved with the psychological and practical support they need. For example, in addition to having public agencies explain the various legal and administrative procedures after a death, including inheritance issues, in ways that are easy for the bereaved to understand; introducing them to services where public agencies and private sector groups assisting the bereaved can give them advice; referring them to mental health professionals and so forth, it is thought to be important to provide close, personalized support to the bereaved and offer them the information they need.

The circumstances of those bereaved differ from person to person; however, it is impossible to lump together the problems and situations facing them. There are also instances when bereaved persons need to meet with others like them, who have similar

worries or problems; for that reason, it is important to provide places for the bereaved to get together when they feel the need and to introduce them to the activities of self-help groups or support groups, social events they can take part in, services, etc. Furthermore, it is desirable for society to establish a system to provide support for the bereaved families.

This guidebook suggests counseling and participation in the group activities of a *Wakachiai no Kai* as ways of supporting those bereaved, but since not many of the bereaved actually have the opportunity to take part in such activities, ways of supporting them need to be thought of that are based on their actual circumstances. A number of points also need to be kept in mind when dealing with a bereaved person who has experienced the loss of a loved one (for attitudes when interacting with a bereaved person, see section 2-1 of “2. Useful information in regard to supporting those bereaved” in III. Reference Materials at the end of this booklet). In addition, it is important to note that when a family member dies, many of those left behind face various difficulties and tend to become isolated because healthy family functioning has been lost.

2. Providing information on the comprehensive support needs of those bereaved and others and promoting equal accessibility to it

(1) Support related to the provision of information on procedures, etc., that must be carried out in the immediate aftermath of a death

Even when someone is in a state of shock and confusion, there are many procedures that must be carried out. These procedures, which must be done at a time of intense grief, can become a burden for many bereaved families. First of all, it is important for bereaved relatives and others to be able to obtain brochures, etc., that provide the information they need in easily understandable terms so that they can carry on with their daily lives (for precedents in Minato Ward and Itabashi Ward, Tokyo, see section 2-2 of “2. Useful information in regard to supporting those bereaved” in III. Reference Materials at the end of this booklet). Among the matters facing bereaved families, relatives and others are holding the funeral, procedures

changing names in official documents, etc., dealing with the deceased’s unpaid debts, rebuilding the family’s livelihood, informing the school or workplace and completing various procedures there, and clearing out and moving the deceased’s belongings. Quite a few bereaved families have felt that they were unable to get prompt access to the information they needed about these procedures after a death. In the case of a self-inflicted death, there have even been cases in which bereaved relatives and others hesitate to carry out the necessary procedures due to excessive fear that the cause of death will be made known. Since deadlines of within three months, for example, have been set for some of these procedures, they require attention. It is important to provide booklets that contain information on these matters that is both comprehensive and easy to understand (for further details, see Chart 1 of “3-1. Procedures that those bereaved must carry out,” “3. The legal issues facing those bereaved, and a basic knowledge of such issues” in III. Reference Materials at the end of this booklet).

(2) Support related to the provision of information needed in the mid- to long-term

The General Principles of Suicide Prevention Policy, adopted by Cabinet decision in July 2017, recommends that public agencies and local public entities provide information on counseling and various other services to solve problems facing the bereaved, including the procedures after a death, so that no matter where in Japan they may be, they can get the information and support they need, including on related measures. As examples of support for those bereaved, each prefecture and municipality provides information on appropriate counseling services for legal matters and on *Wakachiai no Kai* and other support groups.

1) Providing information on public support for the bereaved such as *Wakachiai no Kai* and other support services

Group work sessions and meetings for the purpose of having several persons who have been bereaved come together, talk about their mutual experiences and listen to one another are called *Wakachiai no Kai* or

gatherings of the bereaved. There are also private sector groups at the national level such the National Association of Family Survivors of Suicide, in which self-help groups whose participants are the bereaved themselves play the leading part, and the Grief Support Link, Support Network Re for the Bereaved by Suicide, etc., which are jointly run by the bereaved and their supporters in various fields. The nature of the activities and the methods for holding meetings of *Wakachiai no Kai* and gatherings of the bereaved differ depending on the host organization. The rules on who can participate and how to proceed with the meetings also vary from group to group, as do whether professionals may take part or not. Some groups are run only by the persons concerned, while professionals and volunteers can take part in others, and local public entities support the hosting of others.

In addition, some local public entities make it possible to hold meetings of *Wakachiai no Kai* and gatherings of the bereaved on an ongoing basis by collaborating with private sector groups that have a proven track record. For local governments where it is difficult for a single municipality to hold such meetings on a sustained basis, there are also cases where two or more neighboring municipalities work together and host them jointly. Collaboration and role-sharing among the national government, local public entities and private sector groups are thought to be important for the support of bereaved families (for *Wakachiai no Kai* held through the cooperation of two municipalities, see section 2-3 of “2. Useful information in regard to supporting those bereaved” in III. Reference Materials at the end of this booklet).

2) Providing information on legal support for those bereaved

Those who have lost someone face a number of problems that the deceased has left behind. For that reason, one form of mid- and long-term support for the bereaved is likely to be providing information about opportunities for counseling and advice on legal matters.

Issues on which legal assistance is needed include (1) extension of the deliberation period and decisions

about inheritance; (2) workers' compensation claims and compensation for damages in cases of suicide as the result of overwork; (3) matters related to compensation for damages in the event that the self-inflicted death occurred in a rental property or to the duty of disclosure in the event that it occurred on self-owned property; (4) matters related to the payout of life insurance, such as suicide exclusion clauses, etc.; (5) multiple debt problems; (6) Internet issues such as the public disclosure of the name of the person who died; (7) matters related to bullying at school; and (8) matters related to compensation for damages when the death occurred on a railroad line, etc. (for points to keep in mind in regard to dealing with legal matters that the bereaved face, see “3. The legal issues facing those bereaved, and a basic knowledge of such issues” in III. Reference Materials at the end of this booklet).

Administrative officers and others may provide information on lawyers, *shiho-shoshi* lawyers, etc., who are willing to work with families bereaved who require legal support. Issues facing the bereaved and where they can go for advice are listed below:

(1) In cases of difficulties regarding debt or financial problems

- Bar associations (multiple debt problems)
*initial consultation free in some cases
- *Shiho-shoshi* lawyer's associations (counseling on multiple debt problems) *initial consultation free in some cases
- Japan Legal Support Center (Law Terrace)
- Association of Lawyers for Suicide Bereaved Families
- Prefectural consumer affairs centers
- Municipal consumer affairs counseling services
- Welfare offices (public assistance)
- Social welfare councils (social welfare loan program, etc.)

(2) Workers' compensation related (when the self-inflicted death is believed to be the result of overwork, etc.)

- Labor standards inspection offices (general counseling on labor matters)

- Association of Lawyers for Suicide Bereaved Families; National Defense Counsel for Victims of *KAROSHI*
- Occupational health support centers
- Regional Industrial Health Center
- *Rosai* (industrial accident compensation) hospitals
- Counseling organizations

Source: “Supporting the Bereaved: Guidelines for Counselors” (2009), pages 10-11, partially revised.

Moreover, there are also quite a few instances in which some bereaved families fail to initiate these legal procedures because of health problems, social discrimination, etc. These procedures, however, have important implications for rebuilding their lives. Thus, it is important that administrative officials and others explain to the bereaved that legal settlements are recognized as legal rights and provide them with information on legal support.

(3) The role of prefectures and municipalities in regard to equal accessibility to information

Promoting equal accessibility² in the provision of information to those bereaved requires role-sharing between prefectures and municipalities and coordination with private sector groups and others. For example, when providing leaflets describing the necessary procedures after a death and the responsible office counter (or folders that contain all relevant documents) to not just those bereaved as the result of, but also to all bereaved families, the following approaches can be considered: having the responsible municipal office counter distribute them and, in the case of those bereaved, having the police pass them out at the time of the inquest. Methods of providing the information the bereaved need as soon as possible will require coordination among municipalities, prefectures, the police and private enterprises.

2. Equal accessibility means that information is circulated to all the parties concerned nationwide.

1) Support for those bereaved and role-sharing among public agencies

The General Principles of Suicide Prevention Policy stipulates that local support centers for suicide countermeasures be set up in the prefectures and ordinance-designated cities to further promote measures against suicide in the community. These centers are expected to provide assistance for, and track the progress of, local suicide countermeasures in the municipalities within their jurisdiction. In terms of support for those bereaved, enhancing the system in the communities with the local support center at its core is required so that the bereaved can receive the support and information they need no matter where in Japan they may be. On the other hand, it is thought that role-sharing between public agencies and private sector entities will make it possible to engage in more effective support activities for those so bereaved, in terms of holding *Wakachiai no Kai*, supporting self-help groups and support groups, and providing counseling.

2) Prefectures

Local support centers for suicide countermeasures are required to play a role in prefectural support programs for those bereaved. The implementation guidelines for program management at these centers state that they will carry out training on the appropriate support measures, etc., for those engaged in assisting those so bereaved and others, and that they will also gather information on the various kinds of support such families will need and instruct municipalities on how to provide it. In addition, when consulted by a municipality on cases of support for the bereaved that it finds difficult to deal with, a center shall, as necessary, in coordination with professionals and others, give guidance, advice and other appropriate support to the said municipality. It is also thought to be important that the prefectures provide them with relevant information and gather information on municipal initiatives as well as raise public awareness by preparing leaflets and creating websites, etc., as means of providing information to the bereaved. In order to deliver the information the bereaved need in a timely fashion, the prefectures are expected to

collaborate and coordinate as necessary with other public agencies such as the police and the fire department. Setting up regular sessions for the exchange of information between the prefectures and the municipalities, etc., is also to be considered. Because some matters are difficult to deal with in small municipalities where everyone knows one another, prefectures are required to keep a watchful eye on the situation within their borders and take the lead in implementing wide-ranging initiatives. Prefectures and local support centers may conceivably take it upon themselves to coordinate and act as a go-between in implementing *Wakachiai no Kai* hosted jointly by a number of municipalities.

3) Municipalities

Municipalities are responsible for procedures such as changes to the family registration and interment permits, etc., right after a suicide has occurred. They also have responsibilities in terms of mid- to long-term assistance for the bereaved families of those who have taken their own life. This may include, for example, individual counseling or holding *Wakachiai no Kai* or gatherings of the bereaved. But because it is hard to hold *Wakachiai no Kai* single-handedly in a municipality where the population is small, and because some of the bereaved complain that it is difficult for them to take part in meetings in their local area where their acquaintances live, etc., the municipality needs to consider hosting meetings jointly with a neighboring municipality rather than holding them alone. In addition, there are many places where a private sector group collaborates with the municipality in holding *Wakachiai no Kai* as a municipal program. In some cases, holding it as a program of the local public entity through collaboration with the municipality makes it possible for a private sector group to operate on an ongoing basis by having the local government defray the expenses that would ordinarily be paid by charging a participation fee or through staff contributions. There are also instances where opportunities are created for the bereaved to interact with their peers other than regular *Wakachiai no Kai*, opportunities that include special events such as mini excursions and meals. In these examples as well, municipalities may in some

cases help with publicity by publicizing the event and recruiting participants. In regard to support for those bereaved, municipalities are required to cooperate with the local support center for suicide countermeasures and provide the appropriate information and assistance (for the Tokyo self-help group *Mizube no Tsudoi* for those bereaved, see section 2-5 of “2. Useful information in regard to supporting those bereaved” in III Reference Materials at the end of this booklet).

3. Encouraging a post-crisis response in schools and workplaces

(1) Encouraging the appropriate post-crisis response to a suicide in a school

When an elementary or secondary school student dies as the result of suicide, there are limits to the response the principal and staff alone at the school can make after the event. They must be in close contact with the Board of Education and receive the necessary support. While sympathizing with the feelings of the bereaved family and carefully ascertaining their wishes, they should promote coping efforts at the school and, if necessary, connect those who need it with the appropriate support. The cooperation and support of those involved, including the parents of the other students, are important in dealing with the aftermath of a suicide at a school. In order to establish a collaborative framework with those concerned, efforts must be made to disclose accurate information and attend to the students’ emotional care.

(2) Encouraging the appropriate post-crisis response to a suicide in the workplace, etc.

When the suicide of a co-worker occurs in the workplace, etc., his or her colleagues undergo a very strong psychological shock. In addition to provoking reactions such as “I can’t believe it,” “Why didn’t he/she confide in me?,” “Why couldn’t we prevent it?,” “How could such a serious-minded person kill him/herself?,” suicide has a particularly profound impact on those with the strongest ties to the deceased. However, many different situations are conceivable in the workplace. Matters that need to be considered are

how to inform other people in the workplace and points that must be kept in mind in doing so, dealing in all good faith with the bereaved family, and cooperating with an investigation into the workplace environment or working conditions that may possibly be related to the suicide (for further details, see “4. Encouraging the appropriate post-crisis response to a suicide in a workplace, etc., and points to keep in mind” in III. Reference Materials at the end of this booklet).

4. Improving the quality of personnel at public agencies, private sector groups, private enterprises, etc., who deal with bereaved family members

The General Principles of Suicide Prevention Policy stipulates promoting “the dissemination of knowledge about how to deal appropriately with bereaved family members and others among those engaged in suicide-related work in the police and fire departments and other public agencies.” Thus, working to improve the quality of the response to the bereaved by police officers, fire fighters, etc., who are highly likely to deal directly with them at an early stage, is clearly stated.

(1) The appropriate response of police officers, fire fighters, etc., who are likely to interact with the bereaved immediately after a suicide occurs

As the personnel of public agencies who are highly likely to go to the site where the suicide occurred and to interact with the bereaved family immediately afterwards, police officers, fire fighters, etc., must make every effort to be polite and courteous in their dealings with them. The appropriate coordination between local support centers for suicide countermeasures and public agencies such as the police and fire departments is essential for improving the response to the bereaved.

(2) Encouraging an understanding of the appropriate response, etc., of private enterprises that are likely to interact with the bereaved

In addition to the municipality, private enterprises (funeral homes, etc.) are likely to be providers of information on procedures and other matters after a

death that would be helpful to families bereaved. Information considered necessary includes answers to “What do we have to do first?,” “Where do we go for advice about problems?,” etc. Further efforts are required to raise the awareness not only of public employees but also of private enterprises so that the appropriate response to the bereaved will be taken into consideration everywhere in the country.

5. Supporting children bereaved

The General Principles states, “In addition to supporting efforts to make local counseling facilities and the operations of self-help groups for bereaved children in the community widely known to such children and their guardians, improve the counseling system for them primarily by teaching staff at their schools who have many opportunities to be in contact with their students on a daily basis, as well as by public health nurses at child consultation centers, mental health and welfare centers and public health centers.” It goes on to say, “Implement training, etc., to improve the quality of school staff in charge of educational counseling, including care for bereaved children.” The term “children bereaved” means minors who have lost a close relative to suicide and refers to children who have had intimate experience of suicide-related behavior in their families while they were growing up. When such a child is an elementary or secondary school student, support is provided in consultation with his or her surviving parent or guardians after obtaining their consent. In addition, school staff who are highly likely to be asked for advice from such children will need to have the relevant knowledge and understand the appropriate way to respond. To do so, consideration should be given to providing training opportunities for school staff in cooperation with the Board of Education, etc.

(1) The position in which children bereaved find themselves and basic ways of responding to it

Since it is well known that children at a young age or in adolescence respond to the experience of death differently from adults, understanding their specific reactions depending on the age of the child and his or

her relation to the person who has died is important. In addition, when children bereaved lose a parent who was the primary source of household income, it may be difficult for them to proceed to the next grade or to continue their education at all. For such children who have livelihood-related difficulties, “support for people’s lives” that gives priority to helping with their tuition and living expenses and stabilizes their daily life is also important.

(2) Multi-faceted support for children bereaved

Efforts are proceeding, albeit little by little, to support children who have lost persons close to them, such as a parent or a sibling, to a self-inflicted death. But since many children seem outwardly healthy, their grief tends to be overlooked. Recently, however, gatherings of children who have lost a loved one and their families are being held to provide them with grief care, and in some places, the local government offers information on support for children bereaved on its website.

Experiencing the suicide of a family member in childhood or adolescence is said to take a huge toll both physically and emotionally. As much as possible, such children need to have close friends nearby whom they can talk to about what they are feeling and worrying about as well as adults and acquaintances they can confide in.

Since the early 1970s, *Ashinaga*, a private non-profit organization for orphaned students, has been making efforts to provide scholarships to students who have experienced the loss of a family member to suicide. With the aim of encouraging spontaneous sharing among peers who have experienced a similar loss, the organization also provides support for hosting opportunities for such young people to get together with others of the same age and affiliation such as its “*Tsudoi* Programs for Recipients of High School Scholarships” and other such programs. These programs are held throughout Japan, and since *Ashinaga* scholarship graduates who have gone on to and publicizing the meetings and the private sector group being responsible for running them, etc. (on hosting and operating *Wakachiai no Kai* and

college participate, by having them serve as role models, these programs also have the major objective of giving encouragement to bereaved children centered on “self-help and solidarity” and freeing such children from isolation. Further expansion of such multifaceted support with a focus on young people, including the awarding of scholarships, is desirable for those bereaved (for examples of the *Ashinaga* “*Tsudoi* Programs for Recipients of High School Scholarships”, see section 2-6 of “2. Useful information in regard to supporting the bereaved” in III. Reference Materials at the end of this booklet).

6. Achieving comprehensive support of those bereaved

(1) Support for self-help groups and for private sector management of *Wakachiai no Kai* and other such gatherings

The General Principles cites support to make bereaved families and others aware of counseling facilities and support for the operations of self-help groups and other support groups in the community. Many of those bereaved are forced into situations in which they are unable to talk to anyone about the suicide of a loved one and tend to suffer all alone for a long time from feelings of doubt, shame and guilt. This ongoing psychological isolation from the community and from society continues to impede the healing of their bruised self-esteem and their ultimate recovery.

One important support activity for those bereaved is the holding of *Wakachiai no Kai* and gatherings of the bereaved where they can share their thoughts and experiences with those who have had similar experiences. Such meetings are opportunities for the bereaved to talk with one another without anyone criticizing them. Many of these meetings are conducted by private sector groups, but there are also cases, for example, where they are held on a sustained basis as the result of role-sharing, with a local public entity being mainly responsible for securing a venue

gatherings of the bereaved, see section 2-7 of “2. Useful information in regard to supporting the

bereaved” in III. Reference Materials at the end of this booklet).

(2) Public awareness activities to promote understanding in society as a whole of those bereaved

Efforts are indispensable to dispel prejudice and mistaken beliefs about suicide that exist not only among the personnel at public institutions but in society broadly speaking, and to spread knowledge about, and change for the better, socially accepted but erroneous views of those bereaved. Expressions such as “suicide is a bad thing that should never occur,” “improving the worst ranking of suicide rate,” “removing the stigma,” etc., are based on prejudice, and it would be better not to use them. In addition, public awareness activities are important to eliminate

prejudice against, and deepen society’s understanding of, depression and other mental illnesses. To do so will require ongoing activities by various public information media to change the attitudes of the Japanese people as a whole.

These activities could conceivably include, for example, the regular holding of symposiums; giving lectures not only in urban areas but in rural areas as well; the regular holding of staff training at administrative organizations; talks in schools by family or friends of someone who died, etc. In addition, among the public awareness activities carried out as comprehensive suicide countermeasures in educational institutions, efforts must be strengthened even further to dispel prejudice against those bereaved.

III. Reference Materials

1. Terminology

1-1. The terms suicide (Jisatsu) and self-inflicted death (Jishi)³

The General Principles of Suicide Prevention Policy expresses the basic understanding that “suicide is a death to which many have been driven.” In other words, suicide is not just a spur-of-the-moment act during which someone takes his or her own life; it must be understood as a process, one in which a person is forced into a situation where he or she feels compelled to do so. The terms “attempted suicide,” “suicide plans,” “suicide warning signs,” etc., regard suicide as an act.

On the other hand, mainly bereaved families say that since the word “suicide” has connotations of criminal behavior and fosters prejudice and discrimination, they want to replace it with the term “self-inflicted death.” Since the act of suicide itself is not the focal point in expressions having to do with bereaved families or bereaved children, the term “families or children bereaved” is thought to be more appropriate. In leaflets and other materials intended for the bereaved, it is important to use expressions that take their feelings into consideration, such as “those who have lost a loved one to a self-inflicted death.”

Standardizing the usage to one term or the other is not regarded as important; what is important is making a careful distinction about the term one uses depending on the circumstances and the relationship with the person you are dealing with. This guidebook was written with that thought in mind.

1-2. What is grief?

When someone loses someone close to them through death, it is said to affect or change that person in various ways not only emotionally but physically and behaviorally as well. Recently, the reactions to, and

changes resulting from, mourning such a loss have often come to be expressed in Japanese by adopting the English word “grief.” Grief is not limited to bereavement; it is a natural human reaction triggered by the experience of a major loss, an internal conflict and distress. It is said to have an emotional, physical, and behavioral impact as well as an effect on a person’s sense of values, views on life and death and attitude toward religion. Since there are various ways of thinking about grief, we shall summarize them briefly below. A fundamental understanding of grief is necessary when dealing not only with those bereaved but also with the bereaved in general.

- Because the ways of expressing grief, its intensity and duration are diverse, and the problems and difficulties involved vary, grief is unique to each person.
- Not only the cause of death but various factors, such as the circumstances at the time of death, the bereaved’s relationship to the dead person, his or her age, sex, living environment, life history, etc., are all relevant.
- There is no such thing as “good” or “bad” grief nor is there a “correct” or “incorrect” way of grieving.
- One person’s grief cannot be compared to anyone else’s.

1-3. The likelihood that grief may change

The nature of grief is likely to change through the act of mourning, which is a way of living one’s life while going through various hardships and distress. Support activities are important for those who are grieving, such as finding solutions to practical difficulties, providing them with companions who can understand one another and offering them a place where they can freely express their feelings.

The following describe the likelihood of changes in grief:

- Emotional changes:

Though one’s feelings may fluctuate, it is possible to return to a stable state

3. The word “Jisatsu” is usually used to represent suicide in Japanese, while “Jishi” means self-inflicted death and is distinguished in some cases

It is possible to remember and think about the dead person without enormous pain

- Physical changes:
 - Becoming optimistic about maintaining or regaining one's health
 - Being concerned about the health of others
- Behavioral changes:
 - Aiming to build new relationships
 - Resuming activities that had been given up and seeking new challenges
- Mental changes:
 - Reaffirming one's connection with society and searching for something to do
 - Having a vision of the future in some cases

2. Useful information in regard to supporting those bereaved

2-1. Attitudes when interacting with those bereaved

Support for those bereaved requires discretion because forcibly trying to extract information from them or responding in ways that do not suit their needs is likely to cause secondary damage.

Responding in ways that keep the following points in mind is desirable:

- Respond with a full understanding of the bereaved's mental state and reactions
- Respond in a quiet place where their privacy is protected and where consideration is given to their being able to express their feelings
- Listen with acceptance and sympathy (listen closely to what they say and be thoroughly receptive to their feelings) and respond calmly. Take all the time necessary to respond when consulted
- Take a thoroughly nonjudgmental attitude (ask "What can I do to help you?" without making your own judgments about, or interpretations of, the bereaved's thoughts)
- Provide the support that the bereaved themselves want (respect their autonomy)

- Simply get close to the bereaved (just be there for them)
- Clarify their needs while sorting out the issues that confuse them
- There is a tendency to focus exclusively on mental health issues, but listen carefully to what they say about specific problems that they have with finances, education, legal proceedings, prejudice, religious beliefs, etc.
- Express your support and promise to give it by saying, "If something is bothering you, please contact us anytime"

Likewise, the following are responses that should never be made:

- Words of encouragement such as "you can do it" or questions about the cause like "Why weren't you able to stop him or her?"
- Glib words of comfort
- Attempts to probe into family matters and forcibly extract detailed information (this ought to be avoided because of the risk it will cause secondary damage)
- Imposing your own opinions or arbitrary ideas, such as saying "This is what you ought to do"
- Arbitrarily deciding that all bereaved persons require mental health care
- Pressuring the bereaved to reveal their feelings
- Words, actions, and other responses based on the thought that bereaved persons are all the same

Source: "Supporting the Bereaved: Guidelines for Counselors" (2009), pages 8-9.

2-2. Information for the bereaved provided in Minato Ward and Itabashi Ward, Tokyo

At the counter in the Minato Ward Office that accepts notifications of a death, a leaflet describing the various procedures after a death is handed out to all the bereaved. Included in it are the locations of various counseling services for bereaved families who have lost a loved one; it also carries information on *Wakachiai no Kai* as one such services. Whether or not they are bereaved, care is taken to help them obtain the relevant information. Minato Ward and Itabashi Ward

also make information available on their websites in regard to support for those bereaved.

An item entitled “To bereaved families who have lost a family member as the result of suicide (self-inflicted death)” is offered on the Itabashi website, and anyone can read it.

- Gatherings for the bereaved (*Wakachiai no Kai*)
- Telephone counseling for the bereaved
- Support for bereaved children
- Counseling services on topics such as liabilities and inheritance, legal matters, workers’ compensation, employment, business management and welfare
- The public and private procedures required after submitting the notification of a death
- The mental and physical reactions that the family may experience

Minato Ward, Tokyo, website (in Japanese, with automated translation system available)

<http://www.city.minato.tokyo.jp/chiikihoken/ikiru/ji/satutaisaku.html>

*The leaflet handed out to all bereaved persons is not available on the web.



Itabashi Ward, Tokyo, website (in Japanese)

http://www.city.itabashi.tokyo.jp/c_kurashi/056/056610.html



2-3. *Wakachiai no Kai* hosted through the cooperation of two municipalities

As an example of coordination at the municipal level, two Metropolitan Tokyo cities, Hino City and Tama City, jointly host a single *Wakachiai no Kai* program on an ongoing basis. Hino City had previously been

holding bimonthly *Wakachiai no Kai* meetings; then neighboring Tama City joined the private sector group that had been cooperating in running it and, after repeated consultation, the new program was born. It is called the “Hino City and Tama City *Wakachiai no Kai*” and hosted by Hino City in the odds months and by Tama City in the even months. The meetings are held at the Sekido Community Center in Tama City because of its convenience for the participants, and both cities are responsible for securing the venue, publicizing the event, and handling inquiries. The private sector entity is in charge of running the group on meeting days.

As a result, the following points are beneficial for both those running the meetings and those participating in them: (1) expansion of the target area makes participation easier; in other words, since a certain number of participants is guaranteed, meetings can be held efficiently; (2) while each city hosts bimonthly meetings, the same effect as holding monthly meetings can be obtained; (3) collaboration with a private sector group that has a long track record makes continuity possible.

2-4. Four distinctive features of legal assistance for those bereaved

In providing legal assistance as support for those bereaved, the following four distinctive features need to be kept in mind:

- (1) The complexity of the rights of persons who take their own lives: When someone with several legal problems is driven to take his or her life, the decedent’s rights can in some cases become complicated. Moreover, there are also cases in which legal issues may become complicated as a result the manner in which he or she died (in a rental property, on a railroad line, etc.). The bereaved, however, may not necessarily be aware of all the obligations the person who took his or her own life (the decedent) had. Since the bereaved may be having difficulties with their own emotional and physical state, they have a tendency to consult legal practitioners only about the problems with which they are particularly concerned. For that reason, when legal advice is sought by a bereaved family, practitioners must be particularly careful not to be

caught up in the bereaved's main concern. It is extremely risky, for example, to recommend renouncing an inheritance without careful consideration just because the bereaved fear they are likely to be sued for damages by the railroad company. The reason is that a possibility exists that the amount of damages claimed by the railroad company can be reduced and renunciation of inheritance will also cause the bereaved to lose positive property of the decedent (deposits with banks, land, the right to claim damages against the company if he or she had a workplace issue, etc.).

(2) Legal issues involving the bereaved themselves: The first legal issue involving the bereaved themselves is whether or not to inherit the rights of persons who take their own lives. When, after hearing from the bereaved, it is judged that the deceased may have had complex legal issues, if the deliberation period has not yet passed, steps should immediately be taken in family court to extend it (proviso of Article 915, Paragraph 1 of the Civil Code). In addition, legal issues unique to the bereaved include claims for workers' compensation, life insurance claims, joint guarantees with the deceased for debts and lease contracts, the duty of disclosure when selling in the event that the person who took his or her life died on real estate owned by the bereaved, etc. Unlike inheritance issues, these legal problems can take some time. When it comes to the legal issues of the bereaved themselves, it is useful to separate inheritance issues from other problems and examine them independently.

(3) Issues related to the physical and mental state of the bereaved: As a result of the profound emotional damage the bereaved have endured because of a family member's self-inflicted death, in quite a few cases they suffer from mental illnesses such as depression and PTSD or have suicidal thoughts. The physical and psychological problems of the bereaved have a direct impact on legal practices. When ill health such as depression is involved, they may lack the will to seek legal advice, and so the legal problems themselves may go completely undetected. In addition, they suffer from a strong sense of remorse about their inability to help and may say that legal procedures make it painful for them to think any more about the family member. Thus,

even when solving a legal matter is simple, some bereaved families deliberately choose not to seek a solution. In the case of examinations in legal procedures, lawsuits and at other times when the psychological burden is particularly onerous, it is necessary to pay attention to the bereaved's physical condition.

(4) Issues involving prejudice, etc., against self-inflicted deaths: Because prejudice against self-inflicted death still remains, there are many cases in which the bereaved are extremely afraid that others will find out about it. In addition, such prejudice may also cast dark shadows within the bereaved family itself. There are cases, for example, in which someone is strongly opposed to the bereaved family taking legal procedures because of the mentality of not wanting outsiders to know about the self-inflicted death. On the other hand, there may also be situations in which the family blames each other about the cause of the death. Under such circumstances, even simple inheritance cases, such as those involving only real estate, bank accounts, etc., may often be prolonged due to the emotional entanglements on both sides.

Source: "Points to Be Keep in Mind about Legal Support for Those Bereaved" (written by Teruyuki Ogoshi), *Hōritsu no Hiroba* Vol. 69, No. 10 (2016), excerpted from pages 41-49 and revised

2-5. *Mizube no Tsudoi*, a Tokyo self-help group for families bereaved, and the *Ai no Kai*, a group for spontaneous sharing in Sendai

The *Mizube no Tsudoi* was founded in February 2009 and has been holding spontaneous sharing meetings once a month since March of that year. Meetings are held alternately in Setagaya Ward and Shibuya Ward in the afternoon of the fourth Sunday of every month; first, after an explanation of the organization's aims, the participants introduce themselves, then divide up into two to four groups and talk among themselves as a way of sharing their feelings. After the meeting is over, the location changes, and a "cool down" time is provided. In addition to hosting the occasional mini excursion or meal, the group maintains a blog and posts information on self-inflicted death.

In addition, in light of the fact that many families bereaved cannot talk about it and do not want it to be publicly known, a self-help group for such families, the *Ai no Kai*, was launched in 2006 in Sendai City, Miyagi Prefecture. In order to encourage the participation of the elderly, those with disabilities, bereaved families with young children and those overwhelmed by work or caregiving throughout the prefecture as a whole, regular meetings of *Wakachiai no Kai* are held in six locations. After the 2011 earthquake, *Tsumugi no Kai*, a group for parents who had lost their children, started up in Sendai City, Ishinomaki City, and Kesenuma City and provides places for parents who had lost their children in the tsunami to meet; gatherings for those bereaved by the earthquake are also held in Iwanuma City and Ishinomaki City. Such groups have the additional aim of letting the survivors lead healthy lives in order not to waste the deaths of those who have died.

Source: Ministry of Health, Labour and Welfare, “2016 White Paper on Suicide Prevention in Japan,” p.130, and the “2014 White Paper on Suicide Prevention in Japan,” p.149.

2-6. Ashinaga “*Tsudoi* Programs for Recipients of High School Scholarships”

Every summer a *tsudoi* for high school students receiving *Ashinaga* scholarships takes place for three nights and four days in eleven different places across Japan. More than 1,700 high school students participate, and over 650 university and vocational school students who are also *Ashinaga* scholarship recipients serve as their group leaders and big brothers and sisters. Initially through games, outdoor activities and other forms of recreation, high school students who are meeting for the first time open up to one another; then in “let’s talk about ourselves” sessions, they talk to their peers about the death of their mother or father, the difficulties they are having, the hardships their surviving parent faces, incidents that have happened with relatives, friends and neighbors, etc. The realization that “I’m not alone; others have gone through the same sadness and suffering that I have” inspires the courage to carry on

with hope for the future. That is *tsudoi*’s greatest achievement.

Source: The *Ashinaga* website
<https://en.ashinaga.org/what-we-do/japan/tsudoi-program/>

2-7. Hosting and operating *Wakachiai no Kai* and gatherings for bereaved families

Depending on the nature and functions of the institution, group, or organization hosting and operating meetings such as *Wakachiai no Kai* and gatherings for bereaved families, matters such as who can participate, the rules of procedure, the participation of professionals, etc., differ. The ambience required for such meetings is one in which it is acceptable for participants to be able to express their feelings frankly and with peace of mind. This condition is thought to be most easily satisfied by groups of peers who have gone through similar experiences. Even when persons other than those concerned are involved, it is important that such meetings are places where participants can truly feel secure. For the bereaved who do not want to join a group, personal consultations, telephone counseling and other such methods need to be considered. Since, in any event, the important point is to present information about holding (implementing) such meetings in an easily understandable way so that participants can take part without anxiety, it is necessary to clarify in advance who can participate, the rules of procedure, the presence or absence of professionals or of staff other than those immediately concerned, the operating body and its basic objectives, etc.

A self-help group is a gathering of peers who have been bereaved; it is an activity aimed at “mutual aid” by having the bereaved talk to each other about their experiences and wishes. For that reason, as a rule, participants are limited only to those concerned (the immediate families of those bereaved, etc.), and there are some meetings in which professionals and supporters can take part. At times other than “spontaneous sharing,” however, “cool down” periods or social gatherings after the sharing sessions,

for example, there are cases in which outsiders are allowed to participate.

The facilitator of a *Wakachiai no Kai* is careful not to interpret or criticize the remarks of others or to give guidance or advice. When a support group (private sector volunteers, professional groups such as bar associations, private sector entities, specialized public agencies such as public health centers, support groups run by municipalities, etc.) sets up a *Wakachiai no Kai*, it is important to start with the training of facilitators and insure that their quality is high. Below are the major private sector groups:

National Association of Family Survivors of Suicide (<http://www.zenziren.com>)

Grief Support Link (<http://www.izoku-center.or.jp/>)

Nationwide Network of Care Groups for the Bereaved by Suicide (<http://www.jishicare.org/>)

3. The legal issues facing those bereaved, and a basic knowledge of such issues

3-1. Procedures that those bereaved must carry out

Chart 1. List of procedures that, in general, those bereaved must carry out (Information on procedures may be different from the list depending on individual cases.)

| Name/destination of notification | Location of procedure | Procedure deadline | Necessary documents |
|--|---|--|--|
| Municipality | | | |
| Report of death | Counter in the municipal office located in either the place of death, place of family registration, or place of residence of the deceased | Within 7 days <u>from the day of death</u> (3 months if outside the country) | Death certificate or autopsy report (Reports can be accepted 24 hours a day.) |
| Application for permission for cremation | Counter in the municipal office located in either the place of death, place of family registration, or place of residence of the deceased | Upon presentation of the Report of Death | Application for permission for cremation |
| Suspension of pension payments | Social Insurance Office or the municipality's National Pension Department | Within 10 days <u>from the day of death</u> | Report of death of the pension beneficiary, pension certificate, certified copy of closed family register, etc. |
| Notification of the loss of qualification for long-term care insurance | Municipality's Welfare Department | Within 14 days <u>from the day of death</u> | |
| Claim for the national pension lump sum death benefit | Municipality's National Pension Department | Within 2 years <u>from the day of death</u> | Written request for lump sum death benefit, pension book, certified copy of closed family register, copy of residence record, seal, bank account number |
| Claim for the national survivor's basic pension | Municipality's National Pension Department | Within 5 years <u>from the day of death</u> | Written request for the award of the national survivor's basic pension, pension book, certified copy of the family register, copy of the death certificate, withholding slips, seal, bank account number |
| Claim for the national widow's pension | Municipality's National Pension Department (Wife without children who had been married 10 years or more) | Within 5 years <u>from the day of death</u> | Written request for the award of the national widow's pension, pension book, certified copy of the family register, copy of the death certificate, income certificate, seal, bank account number |
| Change of head of household | Each Pension Office | Within 14 days <u>from the day of death</u> | Notification of change of head of household |
| Claim for the national health insurance funeral expenses claim | Municipality's National Health Insurance Department | Within 2 years <u>from the day of death</u> | Application for payment of funeral expenses, health insurance card, seal, bank account number, receipt from the funeral company |
| Application for high-cost medical expense benefit | Health insurance society or Social Insurance Office, municipality's National Health Insurance Department | Within 2 years from paying medical expenses | Application for high-cost medical expense benefit, notice of refund for high-cost medical expenses, health insurance card, receipts for medical expenses incurred, seal, bank account number |

| Family court in the area the deceased lived | | | |
|--|---|--|--|
| Probate of will | Family court in the area the deceased lived | Promptly | Original will, certified copy of the family register of the testator, certified copies of the family register of all heirs, certified copy of the family register of the legatee |
| Renunciation of inheritance, extension of the deliberation period vis-à-vis inheritance | Family court in the last area the decedent lived | Within 3 months from the time one learned that inheritance proceedings had begun | Declaration of renunciation of inheritance or written request for an extension period, certified copy of revised original family register, certified copy of family register, residence record deletion certificate |
| Social Insurance Office or health insurance society with jurisdiction over deceased's place of employment | | | |
| Claim for survivor's welfare pension | Social Insurance Office with jurisdiction over the deceased's place of employment | Within 5 years <u>from the day after death</u> | Written request for the award of the survivor's welfare pension, pension book, certified copy of family register, copy of the death certificate, income certificate, copy of residence record, seal, bank account number |
| Claim for payment of funeral expenses from health insurance | Health insurance society or Social Insurance Office | Within 2 years <u>from the day after death</u> | Written request for payment of funeral expenses from health insurance society, health insurance card, copy of death certificate, seal, bank account number |
| Application for high-cost medical expense benefit | Health insurance society, Social Insurance Office or municipality's National Pension department | Within 2 years from paying medical expenses | Application for high-cost medical expense benefit, notice of refund for high-cost medical expenses, health insurance card, receipts for high medical expenses incurred, seal, bank account number |
| Labor Standards Inspection Office with jurisdiction over the deceased's place of employment | | | |
| Surviving family compensation benefits of workers' accident compensation insurance | Labor Standards Inspection Office with jurisdiction over the deceased's place of employment | Within 5 years from the day after death | Surviving family compensation pension payment claims form, surviving family special allowance application form, surviving family special pension application form, certified copy of family register, death certificate, withholding slips, documents certifying that the surviving family shared the livelihood with the deceased. If such a relationship did not exist, request the form for a surviving family compensation lump sum payment. |
| Workers' accident compensation insurance for funeral expenses | Labor Standards Inspection Office with jurisdiction over the deceased's place of employment | Within 2 years from the day after death | Invoice for funeral expenses, copy of death certificate, certificate attesting that the funeral was carried out |

3-2. Inheritance

3-2-1. What is an inheritance?

An inheritance means that the bereaved family member who is the heir assumes all the legal issues of the decedent who has died by suicide.

3-2-2. What constitutes unconditional acceptance, renunciation and qualified acceptance?

The bereaved family member may accept an inheritance, refuse it, or place restrictions on it. These constitute an unconditional acceptance of the inheritance, a renunciation of the inheritance and a qualified acceptance of it.

Unconditional acceptance: inclusive acceptance of both the positive⁴ and negative assets⁵

Renunciation of inheritance: refusal to accept both the positive and negative assets

Qualified acceptance: acceptance of the negative assets within the extent of the positive assets

3-2-3. Warning about the deliberation period

In the case of a qualified acceptance and a renunciation of inheritance, a time limit known as a deliberation period is provided.

And when the deliberation period has elapsed, it is deemed to be an unconditional acceptance.

In short, as a rule, if within three months of a suicide or of a person learning that he or she is the heir, procedures are not undertaken for a renunciation of an inheritance or for a qualified acceptance of it, the inheritance is deemed to be unconditionally accepted.

3-2-4. Making use of procedures for an extension

A deliberation period of three months right after a suicide is an extremely short period of time for a family bereaved.

Thus, if there is uncertainty during the deliberation period about the value of the positive and negative assets, etc., the heir can petition the family court for an extension of the deliberation period and by so doing secure the time to think the matter over and consult a lawyer.

Such a petition is made to the family court that has jurisdiction over the decedent's last place of residence. For costs and the necessary documents, please refer to the following URL (in Japanese).

http://www.courts.go.jp/saiban/syurui_kazi/kazi_06_25/

3-2-5. Be cautious about renouncing an inheritance

Renouncing an inheritance makes it impossible to inherit both the decedent's positive or negative assets. For example, if the decedent died by suicide in a rental property due to overwork, his or her heir may have the right to claim damages from the decedent's company but may also be liable for damages from the lessor. In this case, careful consideration is needed because if the heir overestimates the liability for damages and renounces the inheritance, he or she will also lose the right to claim damages from the company.

3-2-6. Does paying the funeral expenses invalidate the effect of renouncing an inheritance?

If the heir has disposed of any or all of an inheritance during the deliberation period, it is deemed to be an unconditional acceptance, and the effect of a renunciation of inheritance is not recognized.

The effect of renunciation of an inheritance is recognized, however, in the case of (1) disposing of the movable property belonging to the decedent that is deemed to have no economic value (personal belongings left behind by the deceased such as clothing, tableware and books); (2) paying funeral expenses and charges for a grave within the range considered appropriate in general societal terms; (3) paying debts that have reached the repayment date, because these are not understood to constitute unconditional acceptance.

4. Positive assets include real estate, bank accounts, stocks, bonds, etc.

5. Negative assets include liabilities (loans, liability, for damages, etc.).

3-3. Suicide as the result of overwork

3-3-1. Workers' compensation claims and claims for damages

There are two legal procedures in the event of a suicide from overwork: (1) a claim to the national government for workers' compensation, and (2) a claim against the company, etc., for damages.

Since these two procedures are completely independent of one another, either claim can be made first, or they can both be made at the same time.

If workers' compensation finds that the suicide was attributable to work, however, that finding can be used as evidence in claims for civil damages; for that reason, in general, the claim for workers' compensation is made first in most cases, and after that claim has been accepted, the claim for damages is made.

3-3-2. The importance of evidence-gathering at an early stage

Most of the evidence supporting a work-related psychological burden can be in the company's possession.

But as time passes, that evidence disappears or is lost, and, in malicious cases, it is not uncommon for it to be tampered with or destroyed. Thus, it is conceivable through the court to use the procedure known as preservation of evidence to gather the evidence that the company has.

When suicide as the result of overwork is suspected, it is very important, first, to consult a lawyer with ample experience and to gather evidence at an early stage.

3-4. Issues when a suicide occurs in a rental property

3-4-1. Do not pay immediately

When a suicide occurs in a rental property, etc., in some cases, the lessor may make a claim for damages against the bereaved family member who was the decedent's guarantor or who is his or her heir. There are also cases, however, in which the heir may renounce the inheritance, and even when that is not

feasible, it is possible in some cases to reduce the amount of the claim.

Thus, if the lessor does make a claim, do not pay it immediately, but be sure to have the lessor submit written documents on the substance of the claim and materials indicating reasonable grounds for it.

3-4-2. Examples of excessive claims

The following matters should be considered in regard to the substance of a claim for damages from the lessor. If the claim seems excessive, consult a lawyer or other specialist.

- ◆ Cost of restoring the rental property to its original state

A lessor may sometimes claim costs, such as renovation expenses, to restore the rental property to its original state on the grounds that the suicide took place inside it.

According to the Ministry of Land, Infrastructure, Transport and Tourism guidelines, however, "among the reduction in the property value caused by the tenant's habitation or use," the scope of original state restoration is limited to "the restoration of loss and damage of the property through the tenant's willful intention or negligence, breach of the duty of due care, and any other usage that exceeds usage in a normal way."

Thus, if the suicide had occurred in the entrance hall, for example, a claim for renovation expenses to install a built-in kitchen or a prefabricated bath in areas physically separated from the entrance hall would be considered excessive.

- ◆ Future rent

The lessor may make a claim for future rent for the period the rental property is vacant on the grounds that the property is empty and new tenants will not move in because a suicide occurred there.

It must be added, however, that there is no clear criteria regarding the period of future rent even in court. Based on judicial practice, there seem to be many cases where future rent for roughly one to two years has been approved. Consequently, a claim for future rent that greatly exceeds judicial practice, such as for five years, would be considered excessive.

◆ Amount of depreciation in real estate appraisal value

Recently, cases have appeared now and then in which the lessor makes a claim for the amount of depreciation on the grounds that the suicide has caused the appraisal value of the property to go down. When the case is framed in this way, a claim often amounts to tens of millions of yen.

It is believed, however, that cases in which the depreciation in real estate appraisal value is admitted as a loss are only likely to be recognized in extremely rare circumstances such as when the tenant, or the person living with him or her, who died as a result of suicide had known about the sale beforehand; for that reason, most such claims are considered excessive.

3-5. Issues in cases where suicide occurs on a railroad line

3-5-1. Can a sizable claim be made?

When a suicide occurred on a railroad line, it is said that sizable claims for damages amounting to tens of millions of yen may be made against a family bereaved. The list below is thought to be an itemization of such claims, however; consequently, claims amounting to tens of millions of yen can probably be said to be rare.

◆ Refunds of transfers and express train fares

Refunds may amount to around ten million yen if the incident occurs in a city at rush hour, but conversely to only tens of thousands of yen if it happens in the middle of the night on a single track in a rural area.

◆ Cost of repairs to the railroad coach, etc.

If the size of the amount claimed is large, a case is conceivable in which a person intent on suicide drove into a railroad crossing in a car causing considerable damage to the crossing and to the train.

However, if there is no damage, there is no claim for the cost of repairs or, in many cases, if the damage is small, it would amount to around several hundred thousand yen.

◆ Labor costs

Railroad companies may claim labor costs for the station employees who responded to the incident. Ordinarily, however, most cases seem to be in the tens

of thousands of yen to the hundreds of thousands of yen range.

3-5-2. Cases where the decedent is *doli incapax* (not criminally responsible)

If the decedent is judged to be *doli incapax* (not criminally responsible) due to a mental disorder, etc., the bereaved family member who is the decedent's heir is not liable for damages. Further, in such cases, it becomes a question of whether or not the bereaved family member who was providing supervision and care is directly liable for damage claims from the railroad company. He or she is unlikely to be liable for damages, however, if supervision and care had been carried out as required by socially accepted norms.

3-6. Issues related to the suicide exclusion in life insurance

3-6-1. Will life insurance benefits be denied in the case of suicide?

It is common in life insurance policy provisions to include a special contract of suicide exclusion whereby the insurance company is not obligated to pay life insurance benefits for a suicide that takes place within three years from the inception date of the policy, which generally is the day on which all procedures of (1) signing or sealing the policy application form, (2) doctor's examination or declaration of insured, and (3) payment of the first insurance premium have been completed.

Thus, if the suicide took place within the exclusion period, the policy will not accept the life insurance claim for a prescribed period on the grounds that the death was suicide.

3-6-2. What constitutes a case in which the payment of life insurance benefits is permitted even though the suicide took place within the exclusion period?

Even if a suicide occurred during the exclusion period, the suicide exclusion clause is understood not to apply, and the payment of life insurance benefits will

be permitted, if the assessment can be made that there was a loss of free decision-making capacity, or the significant decline thereof, as the result of a mental disorder.

In addition, the assessment of such a loss or significant decline is understood in judicial practice to be made together with an assessment of (1) the original personality and character of the decedent before becoming ill with the mental disorder; (2) the symptoms and severity of the disorder; (3) the behavior and mental state of the decedent up until the act of attempting suicide; (4) the suicide's modus operandi (the means and method of self-inflicted death); and (5) whether or not there was a motive for the suicide.

3-6-3. What are the methods of substantiating a loss or decline?

In order for the bereaved family to substantiate the loss or significant decline of the decedent's free decision-making capacity, it is necessary to assemble at an early date the data needed, such as the sequence of events that led up to the suicide; clinical records and other medical documents if he or she was consulting a doctor; the verbal evidence of the people around him or her; the circumstances of the suicide; materials that the Labor Standards Inspection Office compiled in the event the death was recognized as an industrial accident, etc.

3-7. Multiple debt issues

3-7-1. Taking positive and negative assets into account

If the decedent who died by suicide had sizable liabilities, such as consumer credit debt, and no positive assets, renouncing the inheritance should be considered. If, however, deposits with banks exist, or positive assets may exist, such as the possibility of having the right to claim damages against the decedent's company on the grounds that the suicide was the result of overwork, a cautious response is required, such as initiating the procedures to extend the deliberation period, etc.

3-7-2. When the person bereaved is a guarantor

If the bereaved person is the guarantor for a borrower who has died by suicide, since the guarantee obligation is unaffected even though he or she has renounced the inheritance, the bereaved person is not exempt from liability. In that case, it is conceivable that the bereaved who is the guarantor will need to initiate bankruptcy procedures, etc.

3-7-3. When it is unclear whether debts exist or not

Ordinarily, debts can be ascertained from the bills already delivered or those received after a suicide. In addition, if one is a bereaved family member within a certain range of relationship, it is possible to submit a request for information disclosure to credit information agencies, the JBA (Japanese Bankers Association's Personal Credit Information Center), the JICC (Japan Credit Information Reference Center Corp.), and the CIC (Credit Information Center).

3.8 Malpractice issues

3-8-1. Breach of a hospital's or attending physician's duty to prevent a suicide

In accordance with a medical care contract, a hospital or attending physician generally has the obligation to prevent a patient's suicide (hereinafter referred to as "the duty to prevent suicide").

The purpose of psychiatric care, however, is considered to be relieving a patient's instability and pathological disorder through various therapies and rehabilitating him or her, while respecting his or her freedom and human rights as much as possible.

Due to the special nature of psychiatric care, the discretion of the physician's judgment is construed to be broader than in other medical settings, and there are cases when a breach of the hospital's or attending physician's duty to prevent suicide may be difficult to prove.

3-8-2. Foreseeability

In determining whether or not a breach of the duty to prevent suicide existed, the judgment is made from two points of view: foreseeability (could the suicide be foreseen?) and breach of the duty to avoid the consequences (was the obligation to prevent the suicide discharged?).

Thus, based on the special features of psychiatric care mentioned above, in judicial practice, foreseeability in most cases is only affirmed “when the imminent risk of suicide is recognized immediately beforehand.”

3-9. Issues related to the self-inflicted deaths of primary or secondary school students (including bullying)

3-9-1. The school’s legal liability

In general, schools have the duty to prevent the suicides of primary or secondary school students (hereinafter referred to as “the duty to prevent suicide”).

In order to prove that that duty has been breached, however, foreseeability of suicide is necessary in this case, too. Generally speaking, when a student was seriously and persistently bullied and teachers were aware of it and of changes in the demeanor of the student who was being victimized, etc., the likelihood that foreseeability will be affirmed and that the school will be found legally liable is said to increase.

3-9-2. The legal liability of the perpetrators of bullying and their parents

In cases in which the perpetrators themselves cannot be held accountable (around 12 years of age), the legal liability of their parents, who neglected their duty to supervise, can be pursued.

In addition, in cases in which the perpetrators themselves can be held accountable, in addition to their legal liability, that of their parents can also be pursued. Since it is extremely rare, however, that the parents of the perpetrator could have foreseen the

suicide of the student who was being bullied, it is considered exceptional for the parents to be found legally liable.

3-9-3. The legal liability of teachers

In the case of public schools, as a rule, teachers are not legally liable because they are government employees.

On the other hand, in the case of private schools, when an individual teacher is found to have breached his or her duty to prevent suicide, etc., that teacher may be held legally liable.

3-9-4. Death benefits (Injury and Accident Mutual Aid Benefit System)

The Injury and Accident Mutual Aid Benefit System of the Japan Sport Council provides benefits (medical expenses, disability compensation or death compensation) to parents of primary and secondary school students in cases of accidents (injury, illness, disability, or death) that occurred to said students while under the supervision of a school.

If a self-inflicted death while under school supervision is found to have been caused by severe psychological strain resulting from bullying, corporal punishment or for any other grounds that cannot be attributed to the said primary or secondary school student themselves, a death compensation of 28 million yen will be paid.

3-9-5. Gathering evidence

In addition to the accident report, the corporal punishment report, cumulative guidance record, investigation report, minutes of staff meetings, etc., prepared by the school, documents that have the potential to describe the circumstances of the student’s life at school and the troubles that occurred there include: the results of questionnaires to other students carried out after the suicide and the investigation report prepared by the fact-finding committee set up in accordance with the Act on the Promotion of Bullying Prevention Measures, etc.

In addition, in the event that it becomes a criminal case (juvenile case) and subject to criminal prosecution or the like, the family bereaved, in their position as such, can view and make copies of the evidence, such as the investigator's record of the oral statements of the alleged perpetrator, etc.

3-9-6. The Act on the Promotion of Bullying Prevention Measures, etc.

The Act on the Promotion of Bullying Prevention Measures clearly establishes that bullying is forbidden; Article 4 states that children should not engage in bullying.

(1) The responsibility of the national and local governments

The national and local governments are charged with the responsibility to comprehensively formulate and implement measures to prevent bullying, etc. Schools and teaching staff are deemed to have the responsibility to address bullying by detecting it early and preventing it in the school as a whole, and, when it is believed that a primary or secondary school student enrolled in the said school is being bullied, to deal with the situation promptly and appropriately.

(2) Guiding Principles for a Background Investigation When the Suicide of a Child Occurs (revised edition) (July 2014, Ministry of Education, Culture, Sports, Science and Technology [MEXT])

The processes that will be conducted when the suicide of a primary or secondary school student occurs include carrying out a preliminary investigation, making judgement about whether or not to move on to a more detailed investigation, conducting the detailed investigation, etc. However, in the event that a decision not to move on to a detailed investigation is made, these guidelines describe the knowledge necessary to conduct a background investigation in regard to the steps to be taken when bullying is suspected in the background and the precautions to be taken in normal times.

(3) Guidelines for Investigating a Serious Case of Bullying (March 2017, MEXT)

These guidelines set forth the basic position of a school or its founding director; their first steps in understanding the gravity of the situation; reporting on how the situation occurred; setting up an organization to investigate it; explaining the investigation policies to the student who is the victim and his or her parents, etc.; implementing the investigation; explaining and making public its results; protecting personal information; responding to the incident on the basis of the investigation's findings; or having the head of the local public entity and others reinvestigate the matter.

(4) Manual on the Emergency Response When the Suicide of a Primary or Secondary Student Occurs (March 2010, MEXT)

This manual outlines the preparations a school needs to make to deal with an emergency when the suicide of a primary or secondary student occurs; how to interact with the bereaved family; how to gather and submit information and explain it to the other parents; emotional care; school activities (preparations to reopen the school, how to informing classmates, period of mourning for classmates), etc.

(5) Independent committees

If it is determined that the suicide was the result of bullying, the school or its founding director (Board of Education or Incorporated Educational Institution) may be asked to set up an independent committee. This committee will investigate what happened to the student, the cause of the suicide, the school's response to it, and whether or not the school's response after the suicide was appropriate; it will also make recommendations to prevent any recurrence. Since in the case of public schools, there may be related regulations in the bylaws, etc., when the request is made to set up of an independent committee, it is desirable to check the bylaws.

3-9-7. Filing for human rights relief (Legal Affairs Bureau, etc.)

The Ministry of Justice's Human Rights Organizations call a case in which a person's human rights are suspected of being violated an infringement of human rights. Since bullying is clearly an issue in which human rights are being violated, it is possible for the victim to apply for remediation. Telephone counseling or a face-to-face consultation with human rights volunteers is also available.

In addition, the Tokyo Bar Association, for example, has set up a Children's Human Rights 110 hotline and carries out telephone counseling and face-to-face consultations.

3-10. Internet-related issues

There are cases in which the mass media may report the real name of a family member who has died by suicide without regard for the bereaved family's wishes, or information about a suicide may be posted on "stigmatized property sites" when the death took place in a condominium, etc. Such cases raise the risk that privacy-related information will be spread on the Internet. In these cases, it may be possible to ask the site or blog administrator or the company operating the search engine to delete the information. In the event that the request is refused, however, legal procedures may be necessary, such as filing an injunction with the court demanding that the information be deleted.

4. Encouraging the appropriate post-crisis response to a suicide in a workplace, etc., and points to keep in mind

4-1. How to convey the news and those who must be considered

In a workplace, when the suicide of an employee has occurred, after those concerned have attended the funeral, etc., back in the workplace someone in a suitable position must tell them the truth matter-of-factly from a neutral standpoint. It is important to avoid criticizing the deceased or, conversely,

idealizing him or her more than necessary; afterwards, gather the co-workers with the deepest ties to the individual together and express your feelings frankly to one another and get to know how each other is feeling. Realizing that you are not the only one who has mixed emotions may also lighten the psychological burden of those who are left behind.

4-2. Points to keep in mind when a suicide has occurred in the workplace

If there are any persons who show any of the follow signs that they have been especially strongly affected when a suicide has occurred in the workplace, it is necessary to be prepared to provide opportunities for them to be able to consult with a specialist at an early stage and, depending on the circumstances, to coordinate with their families.

- Persons who had strong ties to the deceased
- Persons who have a mental illness
- Persons who have previously attempted suicide
- The first persons to find the deceased or those who took him or her to the hospital
- Persons whose situations are similar to the deceased
- Persons who feel responsible that the suicide occurred
- Persons who were especially upset at the funeral
- Persons whose behavior changed after the suicide occurred
- Persons who have various problems
- Persons who are unable to get sufficient support

To sum up, persons in positions of authority in the workplace need to pay due consideration to the following points when a suicide occurs there:

- Convey accurate information without delay in a way that keeps distress to a minimum.
- Explain the reactions that are likely to happen to others when a suicide occurs in the workplace.
- Provide opportunities for co-workers to share their feelings with one another after having experienced the death of a colleague.
- Provide care for high-risk persons who are upset because the suicide has occurred.
- If any issue that could lead to a suicide has been found, make a long-term plan to deal with it.

Source: Committee to Study and Create a Suicide Prevention Manual for Workers, Japan Industrial Health & Safety Association, Ministry of Health, Labour and Welfare, “The Prevention of Suicide in the Workplace and Responding to It,” revised in 2010, 5th edition

<http://www.mhlw.go.jp/new-info/kobetu/roudou/gyousei/enzen/dl/101004-4.pdf>

4-3. Dealing with the bereaved

When a suicide has occurred in the workplace, it is necessary to deal with the bereaved family honestly. First, one must make every effort to listen in all good faith and with whole-hearted attention to the bereaved family’s grief, and try to get them to understand that in the workplace the deceased’s fellow workers have also lost a valued colleague and are mourning his or her death. The bereaved may also ask many questions, such as “Were there any problems at work?” “What happened before the suicide occurred?” “Did you take steps to prevent it?” “Is there any possibility that the suicide was the result of overwork?” Convey the facts calmly and sincerely; do not give a perfunctory response and say that you cannot answer that right now but will do so later. If the deceased was the main source of support for the bereaved family, it is necessary to help them wholeheartedly with the procedures, etc., wherever possible, provide the information that can be provided and give consideration to the bereaved’s mental and physical care.

4-4. Suicide that is thought to have been related to work or the workplace environment, and the recognition of it as an industrial accident

Since it is believed that many of workplace suicides are likely to be related to work or the workplace environment, comprehensive countermeasures are being encouraged to prevent workers’ suicides. For that reason, public awareness and the dissemination of the necessary knowledge are regarded as especially important tasks. Above all, there is a need to deepen the understanding of even more workers and other interested parties about the ways in which depressed

persons and those around them can understand the symptoms of depression and detect them at an early stage; the timing for referring a worker suspected of suffering depression or other mental illness to an industrial physician or medical specialist; methods of intervening in the workplace, etc.

5. Useful information for supporting children bereaved and others

5-1. Groups that provide economic support, etc., to children bereaved death

Groups and organizations that provide economic support, etc. to children bereaved include the following:

- Japan Student Services Organization
- Boards of Education, etc., (assistance for school expenses, scholarship systems)
- *Ashinaga* and other private sector youth groups

5-2. Supporters of children bereaved, counseling services for such children and programs, etc., to create a place where they feel they belong

School counselors who put their expert knowledge in clinical psychology to use and provide counseling and other support for primary and secondary school students and their parents are posted in schools. In addition, support for children bereaved is also carried out at child consultation centers.





- *Ashinaga*

Every summer *Ashinaga* holds a *tsudo*i retreat for bereaved high school, vocational school and university students (not limited to those who lost a parent to self-inflicted death) (for details, see section 2-6 of “2. Useful information in regard to supporting those bereaved” in III. Reference Materials).







- “Gathering for children and their families who have lost someone close,” hosted by the Grief Support Link (a joint project with the Tokyo Metropolitan government)
Trained staff including professionals are involved in activities that have been held every month since January 2013 at St. Luke’s International Hospital

in Chuo Ward, and that bring together children between the ages of six and eighteen, who have lost a parent or sibling, and their surviving parent or guardians. The program deals with each bereavement according to age in an environment in which the children participating can feel safe.

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|---|---|---|
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| 2 | <p>“2016 White Paper on Suicide Prevention in Japan” [Ministry of Health, Labour and Welfare, July 2016] http://www.mhlw.go.jp/wp/hakusyo/jisatsu/16/index.html</p> |  |
| 3 | <p>“2017 White Paper on Suicide Prevention in Japan” [Ministry of Health, Labour and Welfare, July 2017] http://www.mhlw.go.jp/wp/hakusyo/jisatsu/17/index.html</p> |  |
| 4 | <p>“The Prevention of Suicide in the Workplace and Responding to It” [Committee to Study and Create a Suicide Prevention Manual for Workers, Japan Industrial Health & Safety Association, Ministry of Health, Labour and Welfare, 2010 revision, 5th edition] http://kokoro.mhlw.go.jp/brochure/worker/files/H22_jisatsu_yobou_taiou.pdf</p> |  |
| 5 | <p>“<i>Jisatsu tte Ienakatta (We Couldn’t Call It Suicide)</i>” [Edited by the Children Bereaved Editorial Board & <i>Ashikaga</i>, published by Sunmark Publishing, 2005]</p> | |

Useful websites for obtaining the latest information (including training) on suicide countermeasures

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| National Association of Family Survivors of Suicide http://www.zenziren.com/ |  |
| Japan Support Center for Suicide Countermeasures https://jssc.ncnp.go.jp/en/index.php |  |
| Nationwide Network of Care Groups for the Bereaved by Suicide http://www.jishicare.org/ |  |
| Association of Lawyers for Suicide Bereaved Families http://www.jishiizoku-law.org/ |  |
| Grief Support Link http://www.izoku-center.or.jp/ |  |
| NGO LIFELINK http://www.lifelink.or.jp/hp/top.html |  |

[Executive Editors]

| | |
|------------------|--|
| Yutaka Motohashi | Japan Support Center for Suicide Countermeasures |
| Koji Fujita | Japan Support Center for Suicide Countermeasures |
| Kayako Sakisaka | Japan Support Center for Suicide Countermeasures |

[Committee of Experts for the “Guidebook for the Comprehensive Support of Those Bereaved”] (honorifics omitted)

| | |
|--------------------|---|
| Hisako Arai | Health Guidance Coordinator, Health Promotion Section, Minato Public Health Care Center, Minato Ward, Tokyo |
| Hiroko Ishikura | Representative, Kokoro no Café Kyoto |
| Teruyuki Ogoshi | Lawyer, Life Partner Law Firm |
| Naoko Sugimoto | Representative, Grief Support Link |
| Sachiko Tanaka | Representative Director, National Association of Family Survivors of Suicide |
| Tetsushi Tsujimoto | Director, Shiga Mental Health and Welfare Center |

Akiko Mukasa Professor, Faculty of Psychology, Graduate School of Hiroshima International
University
School Counselor, Fukuoka Prefecture

Kazuhiro Yamaguchi Representative, Support Network Re for the Bereaved by Suicide

[Office in Charge]

Japan Support Center for Suicide Countermeasures

자살 유가족 지원을 위한 종합 매뉴얼

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I 들어가면서

1. 매뉴얼의 작성 경위 및 목적

일본의 자살자 수는 1998년에 급증하여 매년 지속적으로 3만명을 웃도는 높은 자살률을 유지하였으나, 2006년도에 『자살대책기본법』이 제정되고 2007년에 『자살종합대책대강』이 마련된 이후, 범 국가적 차원으로 종합적인 자살대책을 시행해온 결과, 자살자 수가 1998년 이전 수준까지 감소하는 등 큰 성과를 거두고 있습니다.

자살대책기본법은 자살로 인해 가까운 사람을 잃은 사람들과 자살 유가족 지원 및 자살대책을 마련하고 있는 민간단체의 종합적 자살 대책 요구에 따라 2006년 6월에 초당파 국회의원단이 중심이 되어 의원 입법으로 마련되었습니다. 일본의 자살 대책은 지금까지 「개인의 문제」로 치부되어 왔으나 이제는 「사회의 문제」로 널리 인식되어 국가, 지방공공단체, 관련단체, 민간단체, 기업, 국민 등 관계자들의 연계에 의한 사회적 대책으로서 전개되어 큰 성과를 거두고 있습니다.

2006년에 제정된 자살대책기본법의 시행 이전에는 극소수의 민간 단체에 의한 활동 외에는 자살 유가족에 대한 지원이 거의 이루어지지 않았습니다. 자살대책기본법에서는 남겨진 친족들을 지원할 수 있는 자살 유가족 지원이 처음으로 법률로 명시되었습니다. 시행 착오를 거듭하면서 2015년에는 모든 도도부현에서 자살 유가족 모임(자조모임)이 개최되었습니다. 자살 유가족의 심리적 지원 뿐만 아니라, 생활상의 곤란에 대한 지원의 필요성이 인식되면서 종합적인 지원을 목표로 활동을 하고 있습니다.

자살대책기본법이 시행된 지 10년이 지나 그동안 자살 대책이 크게 진전됐지만 선진국 중 일본의 자살 사망률은 여전히 높은 상황입니다.

「누구도 자살로 내몰리지 않는 사회」의 실현을 목표로 자살 대책을 지역 차원의 실천적인 대책에 의한 삶의 포괄적인 지원으로 그 확충을 도모하고, 보다 종합적이고 효과적으로 추진하기 위해 『자살대책기본법』이 2016년에 개정되었습니다. 개정된 자살대책기본법에서는 자살 대책이 「삶의 포괄적인 지원」으로 실시되어야 한다고 명기되어 있으며, 누구든지 「삶의 포괄적인 지원」으로 자살 대책과 관련된 필요한 지원을 받을 수 있도록 모든 도도부현 및 시정촌에서 자살 대책 계획을 수립할 수 있도록 의무화되었습니다. 또한, 2017년 7월에 개정된 자살대책기본법의 이념과 취지에 따라 정부가 추진해야 할 자살 대책의 지침으로서 새로운 『자살종합대책대강』이 마련되었습니다.

새로 마련된 『자살종합대책대강』은 남겨진 사람들에 대한 지원으로서 (1) 유가족 자조 그룹

등의 운영 지원, (2) 학교나 직장에서의 사후 대응 촉진, (3) 유가족의 종합적인 지원 요구에 대한 정보 제공, (4) 유가족을 접하는 공공 기관 직원의 자질 향상, (5) 유자녀에 대한 지원을 들 수 있습니다 (제 4 자살 종합 대책의 당면한 중점 시책 9. 남겨진 사람들에 대한 지원을 충실히 한다).

이 매뉴얼은 『자살종합대책대강』에 따라 「삶의 포괄적인 지원」에 대하여 설명합니다. 구체적으로는 자조 그룹 등의 운영 지원 외에, 전국 어디에서나 입수할 수 있는 유가족의 종합적인 지원 요구에 대한 정보 제공과 학교와 직장에서의 사후 대응시 유의점, 그리고 유가족과 관련된 공공 기관 직원의 의식과 대응에 대한 계발, 유자녀의 지원에 대해서도 언급하여 자살 유가족 지원을 실시하는데 많은 도움이 되고자 그 유의점을 정리한 것입니다.

2. 매뉴얼 사용 대상자

이 매뉴얼은 새로 마련된 자살종합대책대강(2017년 7월 국무회의 결정)의 내용을 토대로, 자살 유가족 및 자살 유가족의 지원과 관련된 관계자들이 실질적으로 활동을 하면서 염두에 두어야 할 중요한 관점이나 유의점을 정리한 것입니다. 주로 자살 대책에 관한 지방공공단체 (도도부현, 시정촌) 관계자, 학교, 직장, 지역 등에서 실질적으로 자살 대책 및 자살 유가족의 지원활동에 종사하는 분들을 대상으로 제작되었습니다.

- 도도부현, 정부령 지정 도시의 지역 자살대책추진센터 관계자
- 도도부현, 시정촌 직원
- 학교, 직장, 지역에서 자살 대책과 관련 가능성이 있는 자, 담당자 (교원, 직장의 관리자, 민생위원·아동위원, 사회복지협의회 등)
- 보건 의료 복지 관계자
- 법률 전문가 (변호사, 법무사 등)
- 기타 : 자살 유가족과 접할 기회가 있는 자(경찰, 소방공무원, 장례업자, 종교 관계자 등), 자살 유가족 지원 활동과 관련된 자

3. 매뉴얼 이용시 유의사항

지역의 자살 종합 대책의 일환으로 자살 유가족 지원 활동을 추진하고 있는 각 지방 공공 단체나 관련 조직에서는 각 지역의 실정과 사회 자원의 실정을 맞는 구체적인 활동을 전개해야 합니다. 아울러 이 매뉴얼은 모든 유가족에 대한 획일적 대응을 권장하지 않습니다.

II 본 편

1. 기본적 개념

(1) 자살 유가족이란?

「자살로 남겨진 사람들」¹ 중, 지원 사업 대상자는 이전에는 주로 친족(혈족·인척)이었으나, 최근에는 친족뿐만 아니라 직장 동료, 학교 친구, 약혼자나 내연관계에 있는 자, 친한 친구 등도 포함되었습니다. 이 매뉴얼에서 「자살 유가족」이라 함은 자살로 인해 영향을 받을 가능성이 있는 모든 사람을 포함하고 있습니다.

자살은 유가족에게 많은 생각을 갖게 합니다. 그것은 분노, 후회, 죄책감, 부인, 혼란과 거절, 혹은 냉담 등 광범위한 것입니다. 자살 유가족 지원과 관련된 경우는 유가족이 처한 상황을 이해하고 세심한 지원을 해야 합니다. 지금까지 한 사람의 자살은 적어도 주변 다섯 사람, 열 사람에게 심각한 영향을 미치는 것으로 알려져 있지만, 실제로는 더 많은 주위 사람들에게 영향을 미치는 것으로 보고 있습니다. 또한 자살은 가족과 친구뿐만 아니라, 지역 사회 및 학교나 직장에도 큰 영향을 미칩니다.

자살대책기본법과 자살종합대책대강이 개정, 정비되어 자살 유가족을 둘러싼 환경이 개선되어 가고 있습니다. 그러나 사회에는 아직도 자살에 대한 편견이 있고, 자살 유가족에게는 고민이나 어려움, 괴로움을 상담할 상대도 제한되어 심리적으로나 신체적으로도 힘들어하는 것으로 보고되고 있습니다.

(2) 자살 유가족이 처한 상황 및 직면한 과제

가까운 사람의 죽음은 누구에게나 고통스러운 일이며, 남겨진 사람은 정신적, 신체적, 행동면, 생활면 등에서 다양한 영향을 받을 수 있습니다. 자살로 가까운 사람을 잃은 경우에는 이 외에도 자살에 대한 주변의 오해와 편견으로 「이해하지 못하겠다」, 「남에게 말할 수가 없고 슬픔을 나눌 수 없다」, 「필요한 정보를 얻을 수 없다」, 「가정에 불화가 생긴다」, 「주변 사람들의 말과 행동 때문에 상처받는다」는 말을 많이 듣습니다. 그리고 남겨진 사람들은 유가족으로서 법적인 문제나 다양한 절차에도 대응해야 할 경우가 있습니다.

1 이 매뉴얼에서는 자살종합대책대강에 따라 「남겨진 사람」이라는 표현 외에 「자살 유가족」이라는 표현을 사용하고 있습니다. 자살과 자사의 표현은 권말의 Ⅲ. 참고자료 용어 1-1 자사·자살의 표현 p.14 참조.

자살대책기본법이 제정된 지 10년 남짓, 자살 유가족 지원 활동은 이전에 비하면 체계가 잡혔지만 앞으로 더 치밀한 노력이 필요합니다.

(3) 자살 유가족 지원의 목표

자살 유가족 지원의 목표는 종합적인 관점에서 자살에 대한 편견을 없애고 심리면·생활면의 필요한 지원을 실시하는데 있습니다. 예를 들어 공공 기관이 상속 문제를 포함하여 사후 법적 및 행정적 제반 수속 방법에 대해 유가족에게 알기 쉬운 방법으로 안내도 하고 공공 기관이나 유가족 지원 관련 민간 단체에서 상담 창구를 소개하거나, 심리치료 전문가와 연결하는 등 필요한 정보 제공과 함께 유가족에 대한 밀착형 지원이 중요할 것입니다.

그러나, 자살 유가족은 각기 다른 과제를 안고 있어 직면하게 되는 문제나 상황을 한꺼번에 처리하기에는 쉽지 않습니다. 자살 유가족에게는 같은 고민과 문제를 안고 있는 사람들과의 만남이 필요한 경우도 있고, 그들이 필요하다고 느낀 시기에 「유가족끼리의 모임 장소」를 제공하거나 자조 그룹(self-help group) 및 지원 그룹(support group) 활동과 참여 가능한 기회와 서비스를 소개하는 것이 중요합니다. 또한 사회에 대한 자살 유가족 지원 제도를 구축하는 것도 바람직합니다.

본 매뉴얼에서는 자살 유가족 지원 방법으로 상담이나 「자조모임」 등의 활동 참여에 대해서도 제시하고 있지만, 실제로는 이러한 활동에 참여할 수 있는 여건이 되는 자살 유가족이 많지 않아, 실정에 맞는 자살 유가족 지원 방법을 생각해야 합니다. 자살 유가족 대응 시에는 다음 몇 가지 점에 유의해야 합니다(III. 참고 자료 2. 자살 유가족 지원에 관한 참고 자료 2-1. 자살 유가족 대응 시 태도 p.15 참조). 또한 가족이 자살로 사망한 경우, 유가족은 가족 기능을 상실하여 다양한 어려움에 직면하는 경우가 많아 고립되는 사실을 명심해야 합니다.

2. 유가족의 종합적인 지원 요구에 관한 정보 제공 및 정보 균등화의 추진

(1) 사후 직후에 처리해야 할 절차 관련 정보 제공

자살로 인한 충격으로 혼란스러운 상황이라도 반드시 처리해야만 하는 수속이 많이 있습니다. 슬픔 감정이 강한 시기에 뱉아야 할 수속은 유가족 누구에게나 부담이 될 수 있습니다. 우선 남겨진 친족들이 일상 생활을 영위할 수 있도록 필요한 정보를 알기 쉽게 안내한 책자 등을 얻을 수 있도록 해야 합니다(III. 참고 자료 2. 자살 유가족 지원에 관한 참고 자료 2-2. 동경의 미나토구와 이타바시구에서 실시하고 있는 유가족에 대한 정보 제공 p.16 참조). 남겨진 가족이나 친족들이 직면하게 되는 일에는 장례식, 공문서 등의 명의 변경과 같은 제반 수속,

고인이 남긴 빚 처리, 남겨진 가족의 생계 또는 학교나 직장에서의 연락 및 각종 수속의 처리 완료, 고인의 유품 정리나 이동 등이 있습니다. 이러한 사후 직후의 수속과 관련된 필요 정보를 신속하게 접할 수 없어 불편하다는 유가족들이 많습니다. 자살로 친족을 잃은 경우 남겨진 사람은 사인이 알려지기를 꺼려해 필요한 절차를 망설이는 경우도 볼 수 있습니다. 몇 가지 절차, 예를 들어 3개월 이내 등의 기간이 설정되어있는 것도 주의를 요합니다. 이러한 제반 정보를 알기 쉽게 정리하여 기록된 책자가 제공되어야 합니다(III. 참고 자료 3. 자살 유가족이 직면하는 법률 문제의 기초 지식 3-1. 자살 유가족에게 반드시 필요한 수속, 표 1. pp.21-22 참조).

(2) 중장기적으로 필요한 정보 제공

2017년 7월 국무회의에서 결정된 자살종합대책대강은 자살 유가족이 전국 어디에 있어도 관련 시책을 포함한 필요한 지원 정보를 얻을 수 있도록 공공 기관이나 지자체에 사후 수속 절차를 포함하여 자살 유가족들이 직면하는 문제를 해결하기 위한 각종 서비스와 상담센터 정보를 제공하도록 권장하고 있습니다. 자살 유가족에 대한 지원으로 각 도도부현·시정촌이 「자조모임」에 관한 정보 제공과 법적 문제와 관련된 적절한 상담센터의 정보 제공도 생각해 볼 수 있습니다.

1) 자살 유가족 「자조모임」 관련 정보

많은 자살 유가족들이 모여 서로의 경험을 공유하기 위해 만들어진 모임이나 그룹 활동의 장을 「자조모임」이나 「유가족 모임」이라고 합니다. 전국 규모의 민간 단체도 있고 유가족 당사자 본인들이 참여하는 자조 그룹이 중심이 되어 이루어진 「전국 자살 유가족 연학회」과 유가족 당사자와 다양한 분야의 지원자가 함께 운영하고 있는 「전국 자살 유가족 종합지원센터」가 있습니다. 자조모임이나 유가족 모임의 활동 내용 및 개최 방법은 주최 단체마다 다르고, 참여할 수 있는 사람의 범위와 모임을 진행하는 규칙 등도 단체마다 다릅니다. 또한 전문가의 참여 여부도 각기 달라 당사자끼리만 운영되는 단체도 있으며, 전문가와 자원 봉사자가 참여할 수 있는 그룹 또는 지방 공공 단체가 개최를 지원하는 경우도 있습니다.

지자체에서는 자조모임이나 유가족 모임을 검증된 민간 단체와 연계하여 실시하는 곳도 있습니다. 또한 인근 두 곳 이상의 시정촌이 협력하여 자조모임이나 유가족 모임을 공동으로 개최하는 곳도 있습니다. 자살 유가족 지원에 대해서는 행정, 지자체 및 민간 단체의 협력과 역할 분담이 중요합니다(III. 참고 자료 2. 자살 유가족 지원에 관한 참고 자료 2-3. 두 시정촌 협력으로 개최되는 「자조모임」 p.17 참조).

2) 자살 유가족의 법적 지원에 관한 정보 제공

자살 유가족은 자살로 사망한 사람이 남긴 다양한 법적 문제에 직면합니다. 따라서 자살 유가족에 대한 중장기적인 지원의 하나로, 법적 문제와 관련된 조언과 상담 기회에 대한 정보 제공이 필요합니다.

법적 지원이 필요한 과제로는 ① 상속에 관한 판단과 숙려 기간의 연장, ② 과로 자살에 의한 산재 신청 청구와 손해배상 청구, ③ 임대 물건 내에서 자살이 발생한 경우의 손해 배상 문제와 소유 물건 내에서 자살이 발생한 경우의 고지 의무 문제, ④ 자살 면책 조항 등 생명 보험금 수령 문제, ⑤ 다중 채무 문제, ⑥ 자살로 사망한 사람의 실명 공개 등의 미디어, 인터넷 관련문제 ⑦ 학교에서의 집단 따돌림 문제, ⑧ 철도 사고에 대한 손해 배상 문제 등이 있습니다(III. 참고 자료 3. 자살 유가족이 직면하는 법률 문제 기초 지식 pp.21-31 참조).

법적 지원을 필요로 하는 자살 유가족에게 행정 담당자는 자살 유가족 지원에 협조적인 변호사나 사법서사(법무사) 등의 정보를 제공할 수 있습니다. 자살 유가족이 직면하는 문제와 상담센터로는 다음과 같은 곳들이 있습니다.

① 채무와 경제 문제로 어려움을 겪고 있는 경우

- 변호사회 (다중 채무 상담) ※ 첫 상담은 무료인 곳도 있음
- 사법서사(법무사)회 (다중 채무 상담) ※ 첫 상담은 무료인 곳도 있음
- 일본사법(법무)지원센터 [법테라스]
- 자살 유가족지원 변호인단
- 도도부현의 소비생활센터
- 시정촌의 소비생활 상담창구
- 복지사무소 (생활보호)
- 사회복지협의회 (생활복지자금 대출 제도 등)

② 산재 관련 (과로 자살이 의심되는 경우)

- 자살 유가족 지원 변호인단, 과로사 변호인단
- 산업보건추진센터
- 지역산업보건추진센터
- 산재병원
- 상담기관

[출처] 「자살 유가족 지원을 위하여 ~ 상담담당자를 위한 지침~」 (2009 년) pp.10-11 일부 수정

또한 자살 유가족들 중에는 몸 상태나 편견 때문에 법적 절차를 밟지 못하는 경우가 많습니다. 그러나 법적 절차는 자살 유가족 생활을 재구축하는데 중요한 의미를 갖습니다. 따라서 행정 담당자는 자살 유가족에게 법적인 해결책은 법적 권리로 인정 받고 있음을 설명하고 법적 지원을 위한 정보를 전달해야 합니다.

(3) 정보의 균등화²에 대한 도도부현, 시정촌의 역할

자살 유가족에 대한 정보 제공의 균등화를 추진하려면 도도부현 및 시정촌의 역할 분담과 민간 업자의 연계가 필요합니다. 예를 들어 자살 유가족 뿐만 아니라 유가족 모두에게 필요한 사후 수속과 담당 창구가 소개된 전단지 등을 전달할 경우 시정촌의 담당 창구에서 전달하는 방법 외에 자살 유가족의 경우는 검시 때, 경찰관이 전달하는 방법도 생각해 볼 수 있습니다. 자살 유가족에 대하여 더 이른 시점에 필요한 정보를 제공하는 방법에 대하여 시정촌, 도도부현과 경찰, 민간 업자와 연계할 필요가 있습니다.

1) 자살 유가족 지원을 위한 공공 기관의 역할

자살종합대책대강에서는 지역에서 자살 대책 사업을 한층 더 적극적으로 추진하기 위해 지역 자살대책 추진센터를 도도부현과 정부가 지정한 도시(정령 지정도시)에 설치하도록 규정하고 있습니다. 이 센터는 관내 시정촌의 지역 자살대책의 진척 관리와 지원 등을 하게 될 것입니다. 자살 유가족 지원에 있어서는 전국 어디에서나 자살 유가족이 필요한 정보와 도움을 얻을 수 있도록 지역 자살대책 추진센터를 중심으로 한 지역의 체제 정비가 요구되고 있습니다. 한편, 공공 기관과 민간 단체가 역할 분담을 함으로써 「자조모임」의 개최 및 자조 그룹, 지원 그룹의 지원과 유가족이 요청하는 상담에 대하여, 보다 효과적인 지원 활동을 할 수 있을 것으로 생각됩니다.

2) 도도부현

도도부현의 자살 유가족 지원 사업은 지역 자살대책 추진센터가 모든 역할을 담당해야 합니다. 지역 자살대책 추진센터는 운영 사업 실시 요강에서 자살 유가족 지원사업에 종사하는 자에게 적절한 지원 방법에 관한 연수를 실시하거나, 자살 유가족이 필요로 하는 다양한 지원 정보를 수집하여, 그 제공에 대해 시정촌을 지도함과 동시에, 자살 유가족 지원에 대해 시정촌에

2 균등화는 전국 모든 관계자에게 정보가 전달되는 것을 의미합니다.

서 대응하기 힘든 사례를 상담했을 경우에는 필요에 따라 전문가와 연계하면서 해당 시정촌에 대하여 적절한 지도나 조언 등이 필요하다고 명시되어 있습니다. 도도부현이 관련 정보의 제공 및 시정촌의 대책에 관한 정보 수집과 유가족에 대한 정보 제공으로 전단지나 홈페이지를 제작하는 것도 좋겠습니다. 유가족에게 필요한 정보를 더 빠르게 전달하기 위해 경찰과 소방 공무원 등 공공 기관과의 연계나 조정도 필요에 따라 도도부현에서 담당해야 할 것입니다. 또한 도도부현 및 시정촌과의 정기적인 정보 교환의 장을 설정하는 일도 생각해볼 수 있습니다. 규모가 작은 시정촌에서는 얼굴이 너무 많이 노출되어 활동에 제약이 있을 수 있기 때문에 도도부현이 현 내의 상황을 파악하여 다양한 장소를 물색해 두는 것이 좋겠습니다. 「자조모임」의 여러 시정촌에 의한 공동 개최 중개 및 조정을 도도부현과 지역 자살대책 추진센터가 담당하는 것도 생각해 볼 수 있습니다.

3) 시정촌

자살이 일어난 직후의 호적이나 매장과 관련된 수속은 시정촌에서 담당합니다. 또한 중장기적인 자살 유가족 지원을 시정촌에서 담당할 수도 있습니다. 예를 들면, 개별 상담 또는 「자조모임」과 「유가족 모임」 개최입니다. 그러나 「자조모임」 개최는 인구 규모가 적은 시정촌에서는 단독 개최가 어렵고 아는 사람이 많은 지역에서는 모임에 참여하기 불편하다는 자살 유가족들의 요구가 있으므로, 한 곳의 시정촌에서만 개최하지 말고, 인근 시정촌과 공동으로 개최하는 방법도 좋을 것 같습니다. 또한 「자조모임」 개최는 민간 단체가 시정촌과 연계하여 시정촌의 사업으로 실시하는 곳도 많이 있습니다. 지방 공공 단체의 사업과 연계하여 일반적으로 참가자의 참가비 징수와 스텝들의 기부금으로 충당했던 경비를 지자체가 부담하여 지속적으로 운영해 나갈 수 있게 된 사례도 있습니다. 일반적으로 「자조모임」 외에도 간단한 나들이나 식사 모임 등의 특별한 행사가 기획되는 경우도 있고, 유가족 간의 교류의 장이 만들어지는 경우도 있습니다. 이 경우도 시정촌의 홍보로 참가자를 모집하거나 홍보면에서 협력을 할 경우도 있습니다. 자살 유가족 지원에 관해서 시정촌은 지역 자살대책 추진센터와 연계하여 적절한 정보 제공과 지원을 해야 합니다(III. 참고 자료 2. 자살 유가족 지원에 관한 참고 자료 2-5. 자살 유가족 동경 자조모임 「미즈베(물가) 모임」 과 센다이의 자조모임 「아이(썩빛) 모임」 p.19 참조).

3. 학교와 직장에서의 사후 대응 촉진

(1) 학교에서의 자살 사후 대응 촉진

학생이 자살로 사망한 경우 해당 학교의 교장을 비롯한 교직원들끼리 사후 대응을 하는 데는 한계가 있습니다. 교육위원회와 긴밀한 연락을 취해 필요한 지원을 받아야 합니다. 유가족의 마음으로 유가족의 뜻을 조심스럽게 확인하면서 대응해야 하며, 필요 시에는 적절한 지원 단체와 연결하는 것이 좋습니다. 학교에서는 자살 사후에 학부모를 포함한 관계자의 협력과 지원이 중요합니다. 관계자와의 협력 체제 구축을 위해 정확한 정보 공개와 함께 다른 학생들의 마음 케어에도 신경을 써야 합니다.

(2) 직장에서의 자살 사후 대응 촉진

직장에서 직원이 자살로 사망할 때 주위 사람들은 심리적으로 매우 강한 충격을 받습니다. 「자살이라니 믿을 수 없어」, 「왜 상담해 주지 못했을까」, 「왜 막지 못했을까」, 「그렇게 성실한 사람이 자살하다니」와 같은 감정과 함께 자살한 고인과 절친했던 사람들에게 특히 심각한 영향을 끼칩니다. 단지 「직장」이라고 해도 실로 다양한 상황이 발생할 수 있습니다. 직장에 있는 주변 사람들에게 전하는 방법이나 유의해야 할 점, 유가족에 대한 성의 있는 대응 또한 자살과 관련이 있을 수 있는 업무 환경 및 근무 상황에 대한 조사에 협력해야 합니다 (Ⅲ. 참고 자료 4. 직장에서의 자살 사후 대응 촉진과 유의점 pp.32-33 참조).

4. 유가족을 대응하는 공공기관의 직원, 민간단체, 민간업자의 자질 향상

자살 종합 대책 요강에는 「경찰, 소방 공무원 등의 공공 기관에서 자살 관련 업무에 종사하는 자에 대한 적절한 유가족 대응에 관한 지식 보급을 촉진한다」고 했으며, 초기에 자살 유가족과 직접 대응할 가능성이 많은 경찰관이나 소방 공무원 등의 유가족에 대한 대응의 질을 높여야 한다고 명기되어 있습니다.

(1) 사후 직후에 유가족을 접할 수 있는 경찰관, 소방 공무원 등의 적절한 대응

자살이 일어난 현장에 가서 직접 유가족과 접할 가능성이 많은 공공기관의 직원인 경찰이나 소방 공무원 등은 자살 유가족에게 정중하게 대응하도록 유념시키고 있습니다. 지역 자살대책 추진센터와 경찰·소방 등 공공 관이 적절한 연계를 함으로써 유가족에 대한 대응을 적절히 해 나갈 필요가 있습니다.

(2) 유가족을 접할 수 있는 민간업자의 적절한 대응에 관한 이해의 촉진

자살 유가족에게 도움이 되는 사후 절차에 관한 정보 제공자로는 시정촌 외에 다른 민간 업체(장례업자)가 있을 수 있습니다. 필요한 정보는 가장 먼저 해야 할 일과 고충상담센터 등을 들 수 있습니다. 전국 어디서나 자살 유가족들을 적절하게 대응할 수 있도록 공공 직원뿐만 아니라 민간업자의 의식도 더욱 높여 나갈 필요가 있습니다.

5. 자살 유자녀의 지원

자살종합대책대강은 「지역의 유자녀 등 자조 집단 등의 운영, 상담 기관의 유자녀나 그 보호자에게 알려주는 일, 아동·학생들과 평소 접할 기회가 많은 학교의 교직원을 중심으로 아동 상담센터, 정신보건복지센터와 보건소의 보건사 등에 의한 유자녀에 관한 충실한 상담 체제 및 지원까지 포함하여 교육 상담 교직원의 자질 향상을 위한 연수를 실시한다」고 명기되어 있습니다. 자살 유자녀란 가까운 친척을 자살로 잃은 미성년자를 지칭하며, 성장 과정에서 가족 등의 자살 관련 행동을 가까이 경험한 아이들을 의미합니다. 자살 유자녀가 아동·학생이면 지원은 보호자의 동의를 얻어 부모와 협의하여 실시합니다. 또한 자살 유자녀 관련 상담을 받을 가능성이 높은 교직원은 적절한 지식과 대응 방법을 이해할 필요도 있습니다. 따라서 교육위원회 등과 협력하여 직원들에게 교육의 기회를 제공해야 할 것입니다.

(1) 자살 유자녀가 처한 입장과 기본적인 대응 방법

아동기와 사춘기 아이들의 사별이라는 상실 경험에 대한 반응은 성인의 그것과는 다른 것으로 알려져 있으며, 자녀의 연령이나 사망한 사람과의 관계에 따라 보여지는 특유의 반응을 이해하는 것이 중요하다고 할 수 있습니다. 또한 자살 유자녀가 주된 가계 수입을 담당해 온 부모를 잃게 됨으로써 지속적인 교육이나 진학이 어려울 수 있습니다. 생활상의 어려움을 안고 있는 자살 유자녀에게는 학비와 생활비 지원을 우선으로 하여 일상 생활을 안정시키는 「삶을 위한 지원」도 중요합니다.

(2) 자살 유자녀를 위한 다양한 지원

부모나 형제 자매 등 가까운 사람을 자살로 잃은 자살 유자녀에 대한 지원은 조금씩 나아지고 있습니다. 아이들은 겉으로는 아무렇지도 않게 보이는 경우가 많아 아이들의 비탄(Grief)

은 그냥 지나쳐 버리기 쉽습니다. 그러나 최근에는 아이들의 비탄(Grief)을 케어하기 위한 「소중한 사람을 잃은 유자녀와 그 가족의 모임」의 개최를 하고 있으며, 지자체에 따라 홈페이지에서 자살 유자녀 지원에 관한 정보를 제공하는 곳도 있습니다.

아동기나 사춘기에 가족의 자살을 경험하는 것은 정신적·신체적으로 큰 부담을 줍니다. 가능한 범위에서 속마음이나 고민을 말할 수 있는 가까운 친구나 자신의 마음을 털어놓고 대화를 나눌 수 있는 성인이나 지인이 주변에 있어야 합니다.

「아시나가 육영회」는 가족의 자살을 경험한 학생들에게 장학금을 주는 활동을 하고 있으며, 같은 경험을 한 또래들에 의한 「자조모임」을 목적으로 「고교 장학생 모임」을 비롯해 나이와 소속별로 젊은이들이 모이는 행사도 개최하고 있습니다. 이 모임은 일본 각지에서 개최되어 대학생이 된 아시나가 육영회 졸업생이 참여하여 유자녀들의 고독으로부터의 해방과 「자조 및 연대」를 중심으로, 졸업생이 롤모델이 되어 유자녀를 격려하기 위한 목적도 있습니다. 장학금 수여를 포함하여 이러한 젊은층을 대상으로 한 다양한 자살 유가족 지원을 확대하는 것이 바람직합니다 (Ⅲ. 참고 자료 2. 자살 유가족 지원에 관한 참고 자료 2-6. 아시나가 육영회 「고교 장학생 모임」 p.19 참조).

6. 종합적인 자살 유가족 지원을 위해서는

(1) 자살 유가족의 자조 그룹 지원이나 민간 단체에 의한 「자조모임」의 운영 지원

자살종합대책대강에서는 「지역의 유가족 자조 그룹의 운영, 상담 기관 알리기, 정신 보건 복지 센터와 보건소의 보건사가 유가족과의 상담 체제를 충실하게 해야 한다」고 명시되어 있습니다. 자살 유가족의 대부분은 소중한 사람의 자살에 대해 누구에게도 말할 지 못하고 오랫동안 혼자서 의문, 수치, 죄책감에 빠져 고민하는 경향이 있습니다. 지역 사회에서의 심리적 고립의 지속은 상처받은 자존심의 회복과 재기를 막게 됩니다.

자살 유가족이 같은 경험을 한 사람과 생각과 경험을 공유하는 자조모임이나 유가족 모임의 개최도 중요한 자살 유가족에 대한 지원 활동의 하나입니다. 자조모임이나 유가족 모임은 유가족들이 누구에게도 비난 받지 않고 이야기를 주고 받을 수 있는 장입니다. 이 모임의 개최는 민간 단체가 실시하는 경우도 많습니다. 예를 들어 지방 공공 단체가 주로 개최 장소 확보와 홍보를 담당하고 민간 단체가 진행을 담당하는 등 역할을 분담하여 지속적으로 개최하는 곳도 있습니다 (Ⅲ. 참고 자료 2. 자살 유가족 지원에 관한 참고 자료 2-7. 「자조모임」 「유가족 모임」의 개최, 운영에 대하여 pp.19-20 참조).

(2) 사회 전체의 자살 유가족에 대한 이해를 촉진하기 위한 계발활동

공공 기관의 직원뿐만 아니라 사회의 자살에 대한 잘못된 인식과 편견을 해소시키고, 자살 유가족에 관한 지식의 보급과 잘못된 사회 통념의 개선을 위한 노력이 필수적이라고 할 수 있습니다. 「자살은 절대 일어나서는 안되는 일」 이라든지 「최악의 불명예」 등과 같은 말은 편견에 근거한 말이므로 사용하지 않도록 하는 것이 좋습니다. 또한 우울증 등의 정신 질환에 대한 편견을 없애고 사회의 이해를 위한 계발 활동이 중요합니다. 그러기 위해서는 다양한 홍보 매체를 통해 국민 전체의 의식을 바꾸어 나가는 활동을 계속해야 합니다.

예를 들어, 정기적인 심포지움 개최 및 도시 지역뿐만 아니라 지방에서도 강연회를 개최하거나 행정 기관 직원의 정기적인 연수 개최, 학교에서의 자살 유가족 강연회 등을 생각해 볼 수 있습니다. 교육 기관의 자살 종합 대책 관련 계발 활동에서도 자살 유가족에 대한 편견을 해소시키기 위한 대책을 더욱 더 강화하는 데 노력해야 합니다.

Ⅲ 참고 자료

1. 용어에 관하여

□ 1-1. 자사(自死)·자살(自殺)의 표현에 관하여

자살 종합 대책 대강에는 「자살은 그 대부분이 내몰린 끝의 죽음」이라는 기본 인식이 깔려 있습니다. 즉, 자살은 사람이 스스로 목숨을 끊는 순간적인 행위뿐만 아니라 사람이 목숨을 끊지 않을 수 없는 상황에 몰리는 과정으로 파악할 필요가 있습니다. 「자살시도」 「자살기도」 「자살 신호」 등의 표현은 자살을 행위로 파악하고 있는 것입니다.

한편, 「자살」이라는 말은 범죄를 상기시킬 수도 있고 편견과 차별을 조장한다 하여 유가족들을 중심으로 「자사」로 바꿔 달라는 목소리가 있습니다. 유가족이나 유자녀에 대한 표현은 「자살」이라는 행위 자체가 초점이 아니기 때문에 「자사(自死) 유가족」 「자사(自死) 유자녀」가 적절하다고 생각합니다. 유가족을 위한 전단지 등에서는 「소중한 사람을 자사(自死)로 잃은 사람에게」라는 유가족의 심정을 배려한 표현을 하는 것도 중요합니다.

어느 한쪽으로 통일하는 것이 아니라 관계와 상황에 따른 세심한 구분을 해 나가는 것이 중요합니다. 본 매뉴얼에서도 이러한 개념을 바탕으로 설명하고 있습니다.

□ 1-2. 비탄 (Grief)란?

사람은 가까운 사람을 사별로 잃으면 정신적인 면 뿐만 아니라 신체와 행동에 여러가지 영향과 변화가 일어나는 것으로 알려져 있습니다. 상실에 의한 슬픔의 반응과 변화를 최근에는 비탄이라고 표현하는 경우가 많아지고 있습니다. 비탄은 사별 뿐만 아니라 큰 상실감으로 인한 인간의 자연스러운 반응이며, 내면의 갈등과 고뇌입니다. 정신면, 신체면, 행동면 그리고 가치관이나 사생관, 종교관에도 영향이 있다고 알려져 있습니다. 비탄에 관한 생각은 여러 가지가 있지만 대체로 다음과 같이 집약될 것입니다. 자살 유가족뿐만 아니라 유가족 전반과 관련될 때 필요한 기본적인 이해입니다.

- 슬픔을 표현하는 법, 슬픈 정도, 기간은 다양하며 안고 있는 문제와 고민들이 각기 다르다.
- 사인 뿐만 아니라 사망했을 때의 상황, 사망한 사람과의 관계, 연령, 성격, 생활 환경, 생육력(키운 기간) 등 다양한 요소가 관련된다.
- 「좋다」 「나쁘다」 또는 「올바른 슬픔」도 「잘못된 슬픔」도 없다.
- 타인의 슬픔과 비교할 수 없다.

□ 1-3. 비탄의 변화 가능성

비탄은 다양한 고뇌와 갈등을 거쳐 인생을 살아가는 여정인 애도의 작업을 통해 변화해 나갈 수 있습니다. 생활면의 어려움을 해결해 나가며 서로 이해할 수 있는 동료나 마음 편히 감정을 드러낼 수 있는 장을 제공하는 등의 지원 활동이 필요합니다.

다음은 비탄의 변화 가능성을 보여주는 것입니다.

- 정신면 : 마음이 흔들리는 일이 있어도 안정된 상태로 돌아갈 수 있다.
큰 고통을 감내하며 고인을 기억하고 추모할 수 있다.
- 신체면 : 건강 유지 및 회복에 좋은 영향을 준다.
다른 사람의 건강에도 좋은 영향을 준다 .
- 행동면 : 새로운 인간 관계를 구축하게 된다.
정지되어 있던 활동을 재개하거나 새로운 것에 도전한다.
- 사고면 : 사회와의 관계를 재인식하고, 자기가 할 수 있는 일을 모색한다.
미래에 대한 비전을 가질 수 있다.

2. 자살 유가족 지원 관련 참고 자료

□ 2-1. 자살 유가족을 대하는 태도에 관하여

자살 유가족 지원은 유가족의 요구에 맞지 않는 대응이나 무리하게 캐물으려고 하는 것은 이차적인 상처가 될 수도 있기 때문에 신중한 대응을 필요로 합니다.

다음 사항에 유의해 대응하는 것이 바람직합니다.

- 유가족의 심리와 반응을 충분히 이해한 후 대응한다.
- 프라이버시를 지켜주면서 감정을 표출할 수 있도록 배려된 조용한 장소에서 접촉한다.
- 받아들이고 공감하는 마음으로 경청(말을 잘 들어주고 상대의 기분을 제대로 받아들이는)하고 온화하게 대응한다. 또한 상담에 필요한 충분한 시간을 잡는다.
- 판단을 섞지 않는 태도 (유가족의 생각에 해석이나 판단을 하지 말고 「내가 어떻게 해야 당신에게 도움이 될 수 있을까요?」 라고 물어 보는 자세)를 견지한다.
- 유가족 스스로 원하는 지원을 한다(유가족의 주체성을 존중한다).
- 유가족의 마음으로 대한다(우선 함께 있어준다).
- 혼란스러워 하는 유가족의 문제를 정리하면서 요구를 명확히 한다.
- 정신 건강 문제에만 주목하기 쉬운데, 경제, 교육, 재판, 편견, 신앙 등 구체적인 문제에 조심스럽게 이야기를 듣는다.
- 「힘든 일이 있으면 언제든지 상담하라」 는 지원 표명과 약속.

그리고 절대로 해서는 안되는 대응으로는 다음과 같은 것들이 있습니다.

- 「힘내」라는 격려와 「왜? 막지 못했나」는 등의 원인 추궁.
- 형식적인 위로.
- 유가족인지 확인하려 하거나 세부적인 내용을 무리하게 캐내는 것.
(이차적인 상처가 될 우려가 있으니 삼가해야 함)
- 「이렇게 해야 한다」는 식의 일방적인 생각과 의견 강요.
- 유가족이 모두 정신 치료가 필요하다고 단정짓는 대응.
- 무리하게 감정을 토로하게 하려는 태도.
- 유가족 모두가 똑같다는 언동이나 대응.

[출처] 자살 유가족 지원을 위한 상담자 매뉴얼(2009년) pp.8-9

□ 2-2. 동경도 미나토구와 이타바시구에서 실시하고 있는 유가족에 대한 정보 제공

도쿄도 미나토구에서는 사망 신고 접수 창구에서 사후의 여러가지 절차가 설명된 책자를 유가족 전원에게 배포하고 있습니다. 그 중 소중한 사람을 잃은 유가족을 위한 다양한 상담처가 기재되어 있는데, 그 중 하나로 「자조모임」에 대한 정보도 기재되어 있습니다. 이에 따라 자살 유가족 여부에 관계없이 해당 정보를 얻을 수 있도록 배려되어 있습니다. 미나토구와 이타바시구에서는 홈페이지에서도 자살 유가족 지원에 대한 정보를 공개하고 있습니다.

이타바시구의 홈페이지에서는 「자사(자살)로 가족을 잃은 유가족에게」라는 항목을 공개하고 있으며 누구나 열람할 수 있습니다.

- 유가족을 위한 모임 (자조모임) ● 유가족을 위한 상담전화
- 유자녀에 대한 지원 ● 부채와 상속 · 법률 · 산재보상 · 취로 · 경영 · 복지 등의 상담창구
- 사망신고 후 필요한 공적 · 사적인 절차
- 가족들에게 일어날 수 있는 몸과 마음의 변화

[도쿄도 미나토구 홈페이지]

<http://www.city.minato.tokyo.jp/chiikihoken/ikiru/jisatutaisaku.html>

※ 유가족 전원에게 배포되는 책자는 웹상에서 공개되어 있지 않습니다.



[동경도 이타바시구 홈페이지]

http://www.city.itabashi.tokyo.jp/c_kurashi/056/056610.html



□ 2-3. 두 시정촌의 협력으로 개최되는 「자조모임」

시정촌 차원의 협력 사례로서 도쿄도 히노시와 타마시의 2 개의 시가 공동으로 자조모임 프로그램을 지속적으로 개최하고 있습니다. 이보다 먼저 격월로 자조모임을 개최하던 히노시와 그 운영에 협력해 온 민간 단체에 인근의 타마시가 합류하여 상호 협의 끝에 탄생되었습니다. 히노시는 홀수달, 타마시는 짝수달에 개최하며, 명칭은 「히노시·타마시 자조모임」이며, 행사장은 참가자의 편의성을 고려하여 타마시에 있는 세키도 공민관으로 정했으며 행사장 확보·홍보·문의 대응을 히노시·타마시에서 담당합니다. 당일의 그룹 운영은 민간 단체가 담당하고 있습니다.

이로 인해, (1) 대상 지역이 넓어져 참가하기 편해진 점, 즉 일정 수의 참가자가 확보되어 보다 효율적인 개최를 할 수 있는 점, (2) 각 시는 격월 개최지만 매월 개최와 동등한 효과를 얻을 수 있는 점, (3) 활동 기간이 긴 민간 단체와의 협력을 통해 연속성 있는 내용으로 할 수 있는 점이 참가자나 운영 측에게도 도움이 됩니다.

□ 2-4. 자살 유가족에 대한 법적 지원 4 가지의 특수성

자살 유가족에게 법적 지원을 할 때는 다음과 같은 4 가지의 특수성에 유의해야 합니다.

(1) 자살로 사망한 사람의 권리 관계의 복잡성 : 법률 문제를 많이 떠안은 채 자살하게 되면 자살로 사망한 사람의 권리 관계가 복잡해질 수 있습니다. 또한 자살 방법(임대 주택 내부에서의 자살, 철도 사고 자살 등)에 따라 법률 문제가 복잡해지는 경우도 있습니다.

그러나 자살 유가족이 자살로 사망한 사람의 채권 채무를 모두 파악하고 있지는 않습니다. 또한 자살 유가족은 몸 상태나 심리적인 문제를 안고 있는 경우가 있기 때문에 자신이 특별히 궁금해하는 문제 외에는 법률 실무자와 상담을 하는 않는 경향이 있습니다.

따라서 자살 유가족에게 법률 상담을 의뢰 받았을 때 「분노에 사로 잡히지 않도록」 강하게 주의시켜야 합니다. 예를 들어, 철도 회사에서 손해 배상을 청구할 것 같다는 말에 휘둘러 안이하게 상속을 포기하도록 권하는 것은 매우 위험합니다. 왜냐하면 철도 회사에서 손해 배상액을 줄여줄 수도 있고, 상속 포기로 플러스 재산(예금, 토지, 직장 문제가 있는 경우의 회사에 대한 손해배상청구권)도 잃기 때문입니다.

(2) 자살 유가족 자신의 법률 관계 : 자살 유가족 자신의 법률 관계에 대해 먼저 문제가 되는 것은 피상속인인 자살로 사망한 사람의 권리 관계 상속 여부입니다. 자살 유가족에게 들

은 이야기로 피상속인인 자살로 사망한 사람이 법률 문제를 다수 안고 있을 가능성이 있다고 판단한 경우에는 숙려 기간이 경과하지 않은 경우, 즉시 가정 법원에서 숙려 기간 연장 절차를 밟아야 합니다(민법 제 915 조 1 항 단서).

또한 자살 유가족 고유의 법률 문제로는 산재 청구, 생명보험금 청구, 자살로 사망한 사람의 빛과 임대차 계약의 연대 보증, 자살로 사망한 사람이 자살 유가족 소유의 물건 내에서 사망한 경우의 매각 고지 의무 등이 있습니다. 이러한 문제들은 상속 문제와는 달리, 어느 정도 시간이 걸릴 수 있습니다.

이와 같이 자살 유가족 자신의 법률 관계에 대해서는 상속 문제와 그 외 다른 문제를 별도로 검토하는 것이 좋습니다.

- (3) 자살 유가족의 몸 상태나 심리적 문제 : 자살 유가족이 가족의 자살로 인해 심각한 충격을 받은 결과, 우울증이나 PTSD 등 정신 질환을 앓다가 자살 충동을 일으키는 경우가 적지 않습니다.

그리고 자살 유가족의 몸 상태나 심리적인 문제는 직접적으로 법률 실무에 영향을 미칩니다. 예를 들어, 우울증 등을 겪고 있는 경우에는 법률 상담을 받을 의욕이 생기지 않기 때문에 법률 문제 자체가 묻혀버릴 수 있습니다. 또한 「가족을 지켜내지 못했다」는 강한 자책감과 「법적 절차로 더 이상 가족을 떠올리는게 괴롭다」며 쉽게 해결할 수 있는 법률 문제인데도 방치해 놓는 자살 유가족도 있습니다. 법적 절차를 밟기 시작할 때나 소송에서의 심문 등, 심리적 압박이 특히 가중되는 시기에는 자살 유가족의 마음 상태에 각별히 주의를 해야 합니다.

- (4) 자살에 대한 편견 등의 문제 : 아직도 남아있는 자살에 대한 편견으로 자살 유가족은 자살 사실이 다른 사람에게 알려지는 것을 극도로 두려워하는 경우가 적지 않습니다. 또한 자살에 대한 편견은 자살 유가족들 사이에서도 어두운 그림자를 드리울 수가 있습니다.

예를 들어, 자살 사실을 외부인에게 알리고 싶지 않은 심리가 작용하여 법적 절차를 밟으려는 자살 유가족에 대하여 다른 자살 유가족이 강력히 반대하는 경우가 있습니다.

한편, 자살의 원인을 자살 유가족들끼리 서로 떠넘기려는 경우도 있습니다. 이런 상황이 되면 부동산이나 예금밖에 없는 단순한 상속 사건에서도 양측의 감정 싸움이 장기화되는 경우가 적지 않습니다.

【출처】 오고시 데루유키(2016) 「자살 유가족에 대한 법적 지원의 유의점」, 『법률광장』 제 69 권 제 10 호, pp.41-49 의 일부 발췌 · 수정

□ 2-5. 자살 유가족 동경 자조모임 「미즈베(물가) 모임」 과 센다이의 자조모임 「아이(썬빛) 모임」

「미즈베(물가) 모임」은 2009년 2월에 설립되어 그해 3월부터 매월 한 번씩 자조모임을 개최하고 있습니다. 매월 4번째주 일요일 오후에 세타가야구와 시부야구에서 교대로 개최하며 먼저 모임 취지 설명 후, 참가자의 자기 소개가 끝나면 2~4 그룹으로 나누어 「자조모임」을 테마로 토론을 시작합니다. 종료 후에는 장소를 바꾸어 심신을 평온한 상태로 되돌아가게 하는 쿨다운 시간을 갖습니다. 때로는 간단한 나들이나 식사 모임을 개최하기도 하고 블로그를 개설하여 자사(自死)에 대한 정보도 게재하기도 합니다.

또한 자살 유가족의 대부분은 세상에 알리고 싶어하지 않는 「이야기 할 수 없는」 유가족임을 감안하여 2006년에 미야기현 센다이시에서 자살 유가족 자조 그룹인 「썬빛 모임」이 만들어졌습니다. 현내 전지역의 고령자, 신체장애자, 어린 자녀가 있는 유가족, 간병과 일에 쫓겨 사는 유가족들의 참여도 촉구하기 위해 현내 6개 지역에서 「자조모임」을 정기적으로 개최하고 있습니다. 지진으로 자녀를 잃은 부모 모임인 「츠무기 모임」도 센다이시, 이시노마키시, 게센누마시에서 시작되어 쓰나미로 자녀를 잃은 부모들의 교류 장소로 이용하면서 그와 연계하여 지진 유가족 모임을 이와누마시와 이시노마키시에서 개최하고 있습니다. 이 활동들은 세상을 떠난 소중한 생명을 살리기 위해 유가족 자신이 건강하게 살아가는 것을 목적의 하나로 삼고 있습니다.

[출처] 후생노동성, 2016년도판 「자살 대책 백서」 p.130 및 2014년도판 「자살 대책 백서」 p.149

□ 2-6. 아시나가 육영회의 「고교 장학생 모임」

고교 장학생 모임은 매년 여름 방학 기간에 지역별로 전국 11곳에서 3박 4일 일정으로 실시되고 있습니다. 1,700명 이상의 고등학교 장학생이 참여하여 650명 이상의 대학·전문학교 장학생이 고등학생의 오빠, 언니가 되어 각 반을 이끌고 있습니다. 내용은 처음에 게임이나 야외 활동 등의 레크리에이션을 통해 처음 만난 고교생끼리 친교시간을 갖는 것을 시작으로 「나를 말해보자」라는 테마로 아버지와 어머니의 죽음, 괴로웠던 일, 어머니와 아버지의 고생, 친척, 친구, 이웃과의 사건 등을 함께 자리한 친구들과 이야기를 주고 받습니다. 「친구들도 자신과 같은 슬픔과 괴로움을 경험하고 있어 자신이 외톨이가 아니다」라는 것을 깨닫고 용기를 얻게 됩니다. 이것이 「자조모임」의 가장 큰 목적입니다.

[출처] 아시나가 육영회 홈페이지 <http://www.ashinaga.org/activity/meeting/>

□ 2-7. 「자조모임」과 「유가족 모임」의 개최 및 운영에 관하여

「자조모임」과 「유가족 모임」의 집회를 개최·운영하는 기관이나 단체, 조직이 갖고 있는 성격과 기능에 따라 참여할 수 있는 인원의 범위와 회의 진행 규칙, 전문가 참여 여부 등이 다릅니다. 「자조모임」과 「유가족 모임」에 요구되는 환경은 참가자가 편안한 마음으로 있는 그대로의 생각을 표현할 수 있고, 그것을 받아주는 모임입니다. 같은 경험을 한 당사자끼리의 모임에서는 이것이 가장 중요하다고 할 수 있습니다. 당사자가 아닌 사람이 관련된 경우에도 참가자가 진심으로 안심할 수 있는 장소여야 합니다. 그룹을 원하지 않는 유가족에게는 개인 면담이나 전화 상담 등의 방법도 검토할 필요가 있습니다. 어떤 경우에도 개최(실시)에 관한 정보를 알기 쉽게 보여주는 건 참가자들을 안심하고 참여할 수 있게 하는 중요한 요소이며, 참여할 수 있는 자의 범위와 회의 진행 규칙, 전문가나 당사자 이외의 스텝 유무, 운영 주체와 그 기본 방침에 대해 사전에 명확히 해 둘 필요가 있습니다.

자조 그룹은 자살 유가족 당사자끼리 모여 경험과 소원을 서로 이야기하며 「상부상조」하는 것을 목적으로 합니다. 따라서 참가자를 원칙적으로 당사자(자살 유가족 중 친족 등)들에게만 국한시켜 자원봉사자나 전문가가 참가할 수 없는 모임도 있습니다. 그러나 「자조모임」이외의 시간, 예를 들면 쿨다운 시간과 「자조모임」의 친목회 등은 참가가 인정되는 경우가 있습니다.

「자조모임」의 진행자는 다른 사람의 발언에 대한 해석과 비판, 조언과 지도 등은 하지 않도록 합니다. 지원 그룹(민간 자원봉사자, 변호사회 등 전문가 조직, 민간단체, 보건소 등의 공공 전문 기관, 지자체 등)이 「자조모임」을 시작하기 전에 먼저 촉진자(facilitator)의 양성부터 착수하여 양질의 촉진자를 확보해야 합니다.

주요 민간 단체는 다음과 같습니다.

전국 자살 유가족연락회 (<http://www.zenziren.com>)

전국 자살 유가족종합지원센터 (<http://www.izoku-center.or.jp/>)

자살 유가족 케어단체 전국네트워크 (<http://www.jishicare.org/>)

3. 자살 유가족이 직면하는 법률 문제의 기초 지식

□ 3-1. 자살 유가족에게 반드시 필요한 수속

표 1. 일반적으로 유가족이 해야 할 절차 목록

(개개인에 따라 목록과 다를 수 있음)

| 신고 명칭· 신고처 | 수속처 | 수속 기한 | 필요한 서류 |
|-------------------|------------------------------------|---------------------------------|---|
| 시정촌 | | | |
| 사망 신고 | 사망장소, 본적지, 주소지 중 한 곳 | 사망한 날로부터 7 일 이내(국외인 경우 3 개월 이내) | 24 시간 접수 사망 진단서 또는 사체검안서 |
| 사체 화장 허가 신청서 | 사망 장소, 본적지, 주소지 중 한 곳 | 사망 신고와 함께 진행됨 | 사체 화장 허가증 신청서 |
| 연금 수급 정지 | 사회 보험 사무소 또는 시정촌의 국민연금과 | 사망 날로부터 10 일 이내 | 연금수급권자 사망신고, 연금증서 또는 제적등본 |
| 간병보험자격 상실신고 | 시정촌 복지과 | 사망한 날로부터 14 일 이내 | |
| 국민연금 사망 일시금 청구 | 시정촌 국민연금과 | 사망한 날로부터 2 년 이내 | 국민연금 유가족기초연금 재정청구서, 연금수첩, 호적등본, 사망진단서 사본, 원천징수표, 인감, 송금 계좌 번호 |
| 국민연금 유가족 기초 연금 청구 | 시정촌 국민연금과 | 사망한 날로부터 5 년 이내 | 국민연금 유가족기초연금 재정청구서, 연금수첩, 호적등본, 사망진단서 사본, 원천징수표, 인감, 송금 계좌 번호 |
| 국민연금 미망인연금 청구 | 시정촌의 국민연금과 (결혼 10 년 이상의 자녀가 없는 아내) | 사망한 날로부터 5 년 이내 | 국민연금 미망인연금 재정 청구서, 연금수첩, 호적등본, 사망진단서 사본, 소득증명서, 인감, 송금계좌 번호 |
| 세대주 변경 | 각 연금사무소 | 사망한 날로부터 14 일 이내 | 세대주변경 신고 |
| 국민건강보험의 장례비 | 시정촌의 국민건강보험과 | 사망한 날로부터 2 년 이내 | 장례비 지급신청서, 건강 보험증, 인감, 송금계좌번호, 장의사의 영수증 |
| 고액 요양비 신청 | 건강보험조합 또는 사회보험사무소 시정촌의 국민건강보험과 | 의료비 지불일로부터 2 년 이내 | 고액 요양비 지급신청서, 고액 의료비 환급안내, 건강보험증, 자기부담 의료비 영수증, 인감, 송금계좌 번호 |

| 신고 명칭·신고처 | 수속처 | 수속 기한 | 필요한 서류 |
|--------------------------------|----------------------|-----------------------------------|---|
| 사망자 주소지의 가정 법원 | | | |
| 유언장 검인 | 사망자 주소지의 가정 법원 | 가급적 빨리 | 유언장 원본, 유언자의 호적등본, 상속인 전원의 호적등본, 수유자의 호적 등본 |
| 상속 포기, 상속에 관한 숙려 기간 연장 신청 | 피상속인의 마지막 주소지의 가정 법원 | 자기를 위해 상속이 시작된 것을 인지한 날로부터 3개월 이내 | 상속 포기 신청서 또는 기간 연장 신청서, 개정 원호적, 호적등본, 제적주민등본 |
| 근무처 관할 사회보험사무소 및 건강보험조합 | | | |
| 후생연금의 유가족 후생연금 청구 | 근무처 관할 사회보험사무소 | 사망일 다음날부터 5년 이내 | 유가족 후생연금 재정 청구서, 연금 수첩, 호적 등본, 사망 진단서 사본, 소득증명서, 주민등본 사본, 인감, 송금계좌번호 |
| 건강보험 매장료 청구 | 건강보험조합 또는 사회보험사무소 | 사망일 다음날부터 2년 이내 | 건강보험 장례비 청구서, 건강보험증, 사망진단서 사본, 인감, 송금계좌번호 |
| 고액 요양비 신청 | 건강보험조합 또는 사회보험사무소 | 의료비 지불일로부터 2년 이내 | 고액 요양비 지급신청서, 고액의료비 환급안내, 건강보험증, 자기 부담 의료비 영수증, 인감, 송금계좌번호 |
| 근무처 관할 노동기준 감독서 | | | |
| 산재보험 유가족 보상급여 | 근무처를 관할하는 노동 기준 감독서 | 사망일 다음날부터 5년 이내 | 유가족보상 연금지급청구서·유가족 특별지급금 지급신청서·유가족 특별연금 지급신청서, 호적 등본, 사망진단서, 원천징수표, 고인과 생계를 같이했던 증명서류. 생계 유지관계가 없는 경우는 유가족 보상 일시 |
| 산재 보험의 장례비 | 근무처 관할 노동기준감독서 | 사망일 다음날부터 2년 이내 | 장례비 청구서, 사망 진단서 사본 장례식 실시 증명서 |

3-2. 상속에 관하여

3-2-1. 상속이란?

상속이란 상속인인 자살 유가족이 자살로 사망한 피상속인의 법률 관계를 그대로 인계하는 것을 말합니다.

3-2-2. 단순 승인, 상속 포기, 한정 승인이란?

상속인인 자살 유가족의 의사에 따라 그대로 상속하거나, 상속을 거부하거나, 상속을 제한할 수 있습니다. 이것이 단순 승인, 상속 포기, 한정 승인입니다.

단순 승인 : 플러스 재산³이나 마이너스 재산⁴ 모두를 포괄적으로 승계한다.

상속 포기 : 플러스 재산도 마이너스 재산도 승계하지 않는다.

한정 승인 : 플러스 재산의 범위에서 마이너스 재산을 승계한다.

3-2-3. 숙려 기간에 주의

한정 승인과 상속 포기에는 숙려 기간이라는 기간 제한이 있습니다.

그리고 숙려 기간이 지나면 단순 승인을 한 것으로 간주됩니다.

즉, 원칙적으로 자살 사실 및 자기가 상속인임을 인지한 날로부터 3개월 이내에 상속 포기나 한정 승인 절차를 밟지 않으면 단순 승인한 것으로 간주됩니다.

3-2-4. 연장 수속의 활용

3개월이라는 숙려 기간은 자살 직후의 유가족에게는 매우 짧은 기간입니다.

그래서 숙려 기간 내에 플러스 재산과 마이너스 재산을 평가하지 못할 경우 숙려기간 중에 가정 법원에 숙려 기간 연장을 신청하여 차분히 생각할 시간과 변호사와 상담할 시간을 확보할 수 있습니다.

숙려 기간 신청은 자살로 사망한 피상속인의 마지막 주소지를 관할하는 가정법원에 합니다.

비용과 필요한 서류는 다음의 URL 을 참고하십시오.

http://www.courts.go.jp/saiban/syurui_kazi/kazi_06_25/

3 플러스 재산에는 부동산, 예금, 주식, 채권 등이 있습니다.

4 마이너스 재산에는 채무(빚, 손해배상의무 등)가 있습니다.

3-2-5. 상속 포기는 신중하게

상속 포기를 하면 플러스 재산도 마이너스 재산도 상속할 수 없게 됩니다.

예를 들어, 피상속인이 회사에서 과로에 의해 임대 건물 내에서 자살한 경우, 회사에 대한 손해배상 청구권을 취득함과 동시에, 임대인에 대한 손해배상 의무를 질 수 있습니다. 이 경우 임대인에 대한 손해배상 의무를 과대 평가하여 상속을 포기하면 회사에 대한 손해배상 청구권도 잃게 되므로 주의가 필요합니다.

3-2-6. 장례비를 내면 상속 포기 효과가 인정되지 않는다?

숙려 기간 동안 상속인인 자살 유가족이 유산의 전부 또는 일부를 처분한 경우 단순 승인을 한 것으로 간주되어 상속 포기 효과가 인정되지 않습니다.

그러나 ① 자살로 사망한 피상속인이 소유하고 있던 동산 중 경제적인 가치가 인정되지 않는 동산의 처분(유품인 의류, 식기, 책 등의 신변 물건 등), ② 사회 통념상 상당한 범위에서의 장례비와 묘지 사용료, ③ 기한이 도래한 채무를 상속인인 자살 유가족의 재산에서 지불하는 경우 등은 단순 승인에 해당하지 않는 것으로 해석되므로 상속 포기 효과가 인정됩니다.

□ 3-3. 과로 자살에 관하여

3-3-1. 산재 청구와 손해배상 청구

과로 자살이 발생한 경우 ① 국가에 대한 산재 신청과, ② 회사에 대한 손해 배상 청구의 두 가지 법적 절차가 존재합니다.

이 두 절차는 각각 완전히 독립적인 절차이기 때문에, 어느 쪽을 먼저 청구할 수도 있고 양쪽을 동시에 청구할 수도 있습니다.

무엇보다, 산재에 의해 자살이 업무에 기인한 것으로 인정되면 그 결과를 손해배상 청구 시 증거로 사용할 수 있으므로, 일반적으로는 산재 신청을 먼저 진행하여 산재가 인정되면 손해 배상 청구를 하는 경우가 많습니다.

3-3-2. 초기의 증거 수집이 중요

업무와 관련된 심리적 부하를 뒷받침할 증거는 회사 측에 있는 경우가 많다고 할 수 있습니다.

그러나 회사 측의 증거는 시간이 지남에 따라 누락, 소멸되거나 악의적인 경우에는 파기 조작되는 경우도 있습니다. 따라서 법원을 통해 회사 측의 증거를 수집하는 증거 보전이라는 절차를 이용해볼 수 있습니다.

과로 자살이 의심될 경우, 먼저 과로 자살에 대한 충분한 경험이 있는 변호사와 상담하여 조기에 증거를 수집하는 것이 매우 중요합니다.

□ 3-4. 임대 물건에서 자살이 발생했을 때의 문제

3-4-1. 바로는 지불하지 않는다

임대 물건에서 자살을 한 경우 상속인인 자살 유가족이나 보증인이었던 자살 유가족에게 임대인이 손해배상을 청구하는 경우가 있습니다. 그러나 상속인인 자살 유가족은 상속 포기가 가능한 경우도 있으며, 상속 포기를 할 수 없는 경우라도 청구 금액을 감액할 수 있는 경우도 있습니다.

따라서 임대인에게 손해배상 청구를 받은 경우 곧바로 돈을 지불하지 말고 반드시 내역과 근거 자료를 서면으로 제출하도록 요청하십시오.

3-4-2. 이런 청구는 과대 청구

임대인의 손해 배상 청구 내용은 다음과 같은 것을 생각할 수 있습니다. 청구가 지나치게 과다하다면 변호사 등의 전문가와 상담하십시오.

◇ 원상복구 비용

임대인은 임대 물건 내부에서 자살한 것을 이유로 리폼 비용 등의 원상 복구 비용을 청구할 수 있습니다.

그러나 국토 교통성의 지침에 따르면, 원상 복구는 「임차인의 거주 또는 사용으로 발생한 건물 가치의 감소 중, 임차인의 고의·과실, 선관주의 의무위반, 기타 비정상적인 사용에 의한 마모·훼손을 복구하는 것」에 한정됩니다.

따라서 예를 들어, 현관에서 자살을 했을 경우, 자살로 인한 심리적 고통을 이유로 물리적으로 분리된 욕실과 부엌의 리모델링 비용을 원상 복구 비용으로 청구하는 것은 과도한 청구로 판단됩니다.

◇ 향후 임대료

임대인은 자살로 인해 새 임차인이 들어오지 않아 공실이 되는 것을 이유로 공실 기간의 향후 임대료를 청구할 수 있습니다.

무엇보다, 향후 임대료 기간에 대해서 재판에서도 명확한 기준이 있는 것은 아닙니다. 판례에 따르면 재판 실무 상 대체적으로 1년에서 2년 정도의 향후 임대료가 인정되는 사례가 많습니다. 따라서 5년분 등 재판 실무를 크게 뛰어넘는 향후 임대료의 청구는 과도한 청구가 될 수 있습니다.

◇ 부동산 평가액의 감소액

최근 임대인의 자살로 인해 부동산 평가가 떨어졌다 하여 그 감소 금액을 청구하는 사례가 간혹 있습니다. 이런 경우 청구액이 수천만 엔인 경우도 적지 않습니다.

그러나 부동산 평가액의 감소액이 손해로 인정되는 사례는 자살로 사망한 임차인 혹은 동거인이 전매를 예견하고 있던 경우 등 예외적인 드문 경우에만 인정될 것으로 보기 때문에, 이러한 청구의 대부분은 과도한 청구가 될 수 있습니다.

□ 3-5. 철도에서 자살이 발생한 경우의 문제

3-5-1. 고액의 비용을 청구?

철도에서 자살이 발생한 경우, 자살 유가족에게 수천만 엔의 고액의 손해배상이 청구된다는 말들이 있습니다. 그러나 손해배상 청구 내역은 다음과 같은 것을 산출할 수 있기 때문에 청구액이 수천만 엔이 되는 경우는 드물다고 할 수 있습니다.

◇ 대체 운송 비용과 특급 요금 환불

도시의 출퇴근 시간이면 1,000 만엔 정도가 될 수도 있지만, 반대로 지방의 한밤 중 사고라면 몇 만엔이 될 수도 있습니다.

◇ 차량 수리비

청구 금액이 고액이 되려면 예를 들어 자동차로 건널목 안으로 들어가 건널목과 열차를 크게 손상시킨 경우 등을 생각할 수 있습니다.

그러나 손상이 없으면 수리 비용은 청구되지 않으며 손상이 작으면 수십만 엔 정도인 경우가 많습니다.

◇ 인건비

철도 회사는 사고 수습처리를 한 역무원의 인건비를 청구할 수 있습니다. 통상적으로는 몇 만 엔에서 몇 십만 엔인 경우가 많습니다.

3-5-2. 자살로 사망한 피상속인이 책임을 질 수 없는 무능력자인 경우

자살로 사망한 피상속인이 정신 장애 등으로 인해 책임을 질 수 없는 무능력자로 판단되면 상속인인 자살 유가족이 손해배상 의무를 지지는 않습니다. 아울러, 이러한 경우 보호 감독을 하고 있던 자살 유가족이 철도 회사에 손해배상 의무를 직접 지게 될 지도 모르겠지만 사회 통념상 요구되는 보호 감독을 하고 있던 경우 손해 배상 의무를 질 가능성은 낮습니다.

□ 3-6. 생명 보험의 자살 면책 문제

3-6-1. 자살인 경우 생명 보험금이 지급되지 않는다?

생명보험 약관에는 책임 시작일 (일반적으로 ① 계약신청서에 서명·날인, ② 의사에 의한 검사 또는 공지, ③ 1회 보험료 지불이 모두 완료된 날)로부터 3년 이내의 자살에 대해서는 보험 급여를 하지 않는다는 자살 면책 특약이 정해져 있는 것이 일반적입니다.

따라서, 면책 기간 내에 자살을 했을 경우 자살임을 이유로 일정 기간 보험 청구를 인정하지 않습니다.

3-6-2. 면책 기간 내의 자살도 보험금 지급이 허용되는 경우는?

자살 면책 특약 기간 중에 자살한 경우라도 정신 장애로 인해 자유로운 의사 결정 능력이 상실되거나 현저하게 감소되어 있던 것으로 평가되면 자살 면책 특약이 적용되지 않아 보험금 지급이 인정됩니다.

또한 자유로운 의사 결정 능력이 상실 내지 현저하게 감소됐는 지의 여부는 재판 실무 상 ① 정신질환이 발병하기 전의 원래의 성격과 인격, ② 정신 장애의 증상과 정도, ③ 자살 시도 행위에 이르기까지의 행동 및 정신 상태, ④ 자살 시도 행위의 형태(사망 수단과 방법), ⑤ 자살 동기의 유무 등을 종합하여 판단합니다.

3-6-3. 입증 방법은?

자살 유가족이 자유로운 의사 결정 능력이 상실 내지 현저하게 감소되어 있었다는 것을 입증하기 위해서는 자살에 이르기까지의 경위와, 정신과 치료를 받고 있던 중이라면 진료 기록 카드 등의 의학적 자료, 주위 사람들의 증언, 자살 방법이나 상황, 산재로 인정받은 경우에는 노동기준 감독서가 만든 자료 등 필요 자료를 조기에 수집할 필요가 있습니다.

□ 3-7. 다중 채무 문제

3-7-1. 플러스와 마이너스 재산을 고려하자

소비자 금융에서의 대출 등 자살로 사망한 피상속인에게 거액의 채무가 있는 경우로, 플러스 재산이 없을 경우는 상속 포기를 생각해볼 수 있습니다. 그러나 예금이 존재하거나 과로 자살로 인해 회사에 대해 손해배상 청구권을 갖고 있을 수 있는 등 플러스 재산이 존재하는 경우, 숙려 기간을 연장하여 신중하게 대응할 필요가 있습니다.

3-7-2. 자살 유가족이 보증인일 경우

자살 유가족이 자살로 사망한 채무자의 보증인일 경우, 자살 유가족이 상속 포기를 했다 하더라도 보증 채무에 영향을 주지 않으므로 보증 채무를 면할 수 없습니다. 이 경우 보증인인 자살 유가족은 파산 절차를 밟을 필요도 있습니다.

3-7-3. 채무가 있는지 알 수 없는 경우

일반적으로 이미 청구서가 배달되었던가, 자살 후에 배달되는 청구서로 채무를 확인할 수 있습니다. 또한 일정 범위의 자살 유가족이라면 JBA(전국은행 개인신용정보센터), JICC(일본신용정보기구), CIC(할부판매법, 대금업법지정 신용정보기관) 등 신용정보기관에 정보공개 청구를 할 수 있습니다.

□ 3-8. 의료 과실 문제

3-8-1. 병원과 담당 의사의 자살 방지 의무 위반

병원과 담당 의사는 진료 계약에 따라 환자의 자살 방지 의무(이하, '자살방지 의무'라함)를 일반적으로 지고 있습니다.

그러나 정신 치료의 목적은 환자의 병적 장애 및 불안정성을 다양한 치료를 통해 제거하고, 가능한 한 환자의 자유와 인권을 존중하여 환자를 사회로 복귀시키는 것입니다.

이러한 정신 치료의 특수성에서 다른 의료 현장보다 의사 판단의 재량이 넓다고 보기 때문에 병원과 담당 의사의 자살 방지 의무 위반 입증에 힘든 경우도 있습니다.

3-8-2. 예견 가능성에 관하여

자살방지의무 위반 유무를 판단할 때는 예측 가능성(자살을 예견할 수 있었는지)과 결과 회피의무 위반(자살을 방지하기 위한 의무를 이행했는지)이라는 두 가지 관점에서의 판단이 이루어집니다.

그리고, 앞서 언급한 정신 치료의 특수성을 감안하면 판례 실무상 「절박한 자살 위험이 직전에 인정되는 경우」에 한하여 예측 가능성을 인정하는 경우가 많습니다.

□ 3-9. 학생의 자살에 관한 문제 (집단 따돌림 문제 포함)

3-9-1. 학교의 법적 책임

학교는 학생의 자살을 방지할 의무(이하, 「자살방지 의무」라 함)를 일반적으로 지고 있습니다.

그러나 자살방지 의무를 위반했다고 하려면, 이 경우에도 자살에 대한 예측 가능성이 필요합니다. 일반적으로 심한 집단 따돌림을 계속 당하거나 교사도 집단 따돌림 사실과 피해 학생의 모습이 달라진 것을 인식하고 있었을 경우에는 예측 가능성이 인정되어 학교의 법적 책임이 인정될 가능성이 높아진다고 할 수 있습니다.

3-9-2. 가해 학생과 그 부모의 법적 책임

가해 학생 자신에게 책임 능력(12 세 전후)이 인정되지 않는 경우에는 감독 의무를 게을리한 보호자에게 법적 책임을 물을 수 있습니다. 가해 학생 자신에게 책임 능력이 인정되는 경우에는 가해 학생 자신의 책임과 더불어 보호자의 법적 책임도 물을 수 있습니다.

무엇보다 가해 학생의 보호자가 집단 따돌림을 당한 피해 학생의 자살을 예견할 수 있었다는 경우는 극히 드물기 때문에 보호자가 법적 책임을 지는 일은 예외적인 경우라 할 수 있습니다.

3-9-3. 교사의 법적 책임

공립학교인 경우 공무원인 교사는 원칙적으로 법적 책임을 지지 않습니다.

한편, 사립 학교인 경우는 교사 개인에게 자살방지 의무 위반이 인정되는 경우에는 교사 개인이 법적 책임을 질 수 있습니다.

3-9-4. 사망 위로금 (재해공제 급부제도)

일본스포츠진흥센터의 재해 급부 제도는 학교 관리하에서의 학생의 재해(부상·질병·장해 또는 사망)에 대한 학생의 보호자에게 재해 급여(의료비·장애 위로금 또는 사망 위로금의 지급)를 지급하는 제도입니다.

학교의 관리 하에서 집단 따돌림, 체벌 기타 해당 학생 또는 학생의 탓으로 돌릴 수 없는 사유로 생긴 강한 심리적 부담으로 인한 자살로 확인된 경우 사망 위로금 2,800 만엔이 지급됩니다.

3-9-5. 증거 수집에 관하여

학교에서의 학생의 생활 태도나, 발생한 문제에 대해 기재되어 있을 가능성이 있는 자료로는 학교가 만드는 사고보고서, 체벌보고서, 생활기록부, 조사서, 직원회의록 외에 학생이 자살한 후 만든 다른 학생에 대한 설문 조사 결과와 집단 따돌림 방지 대책 추진법에 따라 조직되는 조사위원회가 작성한 조사보고서 등이 있습니다.

또한 형사 고소를 하는 등 형사 사건(소년 사건)으로 넘어간 경우에는 자살 유가족의 입장에서 가해 학생의 진술 조서 등의 증거를 열람·등사 할 수가 있습니다.

3-9-6. 집단 따돌림 방지 대책 추진법

집단 따돌림 방지대책 추진법에서는 집단 따돌림에 대한 금지가 명확하게 명시되어 있으며, 제 4 조에 「학생에게 집단 따돌림을 시켜서는 안된다」고 명시되어 있습니다.

(1) 국가 및 지자체의 책무

국가나 지자체에도 집단 따돌림 방지 대책을 종합적으로 수립하여 실시할 책무가 부과되어 있습니다. 학교나 교직원들은 학교 전체적으로 집단 따돌림 예방 및 조기 발견에 힘쓰고 동시에 해당 학교에 재학중인 학생이 집단 따돌림을 당하고 있다고 생각되는 경우는 적절하고 신속하게 이에 대처할 책임을 갖는다고 명시되어 있습니다.

(2) 학생 자살이 발생했을 때의 배경조사 매뉴얼[개정판] (2014년 7월 1일 학생 자살 예방에 관한 조사연구협력자 회의)

학생 자살이 발생한 경우에는 기본 조사의 실시 및 세부 조사로의 이행 판단과 상세 조사의 실시 등이 있는데, 상세 조사를 이행하지 않을 경우 집단 따돌림이 그 배경으로 의심되는 경우의 조치 및 평상시의 준비에 대해 본 조사 지침에 배경 조사의 노하우가 명시되어 있습니다.

(3) 집단 따돌림의 중대 사태 조사에 관한 매뉴얼 (2017년 3월 문부과학성)

이 매뉴얼에서는 학교의 이사장 및 학교의 기본 자세, 심각한 사태를 파악할 수 있는 단서, 심각한 사태의 발생 보고, 조사 조직의 설치, 피해 학생 및 학부모 조사 방침에 대한 설명, 조사 실시, 조사 결과의 설명·공표, 개인정보 보호와 조사 결과를 토대로 한 대응 및 지자체장에 의한 재조사에 대해서도 규정되어 있습니다.

(4) 학생 자살이 일어났을 때의 긴급 대응 매뉴얼(2010년 3월 문부과학성)

학생 자살이 발생했을 때의 학교의 위기 대응 태세, 유가족 대응법, 정보 수집·발신, 보호자에 대한 설명, 심리치료, 학교활동(학교 재개 준비, 해당 학급에 전하는 방법과 학급의 애도 과정) 등에 대해 명시되어 있습니다.

(5) 제삼자 위원회

집단 따돌림에 의한 자살이 발생된 경우에는 학교와 학교 이사장(교육위원회나 학교법인)에게 집단 따돌림 사실을 통지하여 집단 따돌림 사실 여부 등에 대한 조사를 촉구할 수 있습니다. 제삼자 위원회는 학생에게 일어났던 일, 자살 원인, 학교의 대응, 학교의 자살 후의 대응이 적절했는 지에 대해 조사하며 재발 방지에 대한 의견도 제시합니다. 공립학교인 경우에는 조

례 등에 관한 규정이 있는 경우가 있으므로, 제삼자 위원회의 설치를 요구하는 경우에는 조례 등을 확인하는 것이 바람직합니다.

3-9-7. 인권 구제 신청 (법무국 등)

법무성의 인권옹호기관에서는 인권이 침해된 것으로 의심되는 사건을 인권침해 사건이라고 합니다. 집단 따돌림 문제에 대해서도 인권이 침해되는 것이 분명하기 때문에 피해자 구제 절차를 신청할 수 있습니다. 인권옹호위원회와 전화 상담 및 면담 상담도 할 수 있습니다.

또한 예를 들어 동경변호사회는 아동 인권 110 번이 마련되어 전화 상담과 면담 상담이 이루어지고 있습니다.

□ 3-10. 미디어 및 인터넷과 관련된 문제

자살 유가족의 의사와는 무관하게 매스컴이 자살로 사망한 사람의 실명을 보도하거나 아 파트 등에서의 자살에 대한 정보가 「사고 물건 사이트」에 게재되어 개인 정보가 인터넷에 확산될 위험성이 있습니다.

이러한 경우 사이트 블로그의 관리자와 검색 엔진 운영 회사에 삭제 요청을 해볼 수 있습니다. 그러나 삭제 요청에 응하지 않을 경우 법원에 삭제를 요구하는 가처분 신청을 하는 등의 법적 조치가 필요한 경우도 있습니다.

4. 직장에서의 자살 사후 대응 촉진과 유의점

□ 4-1. 전달 방법과 배려해야 할 대상

직장에서 직원이 자살했을 때는 먼저 장례식에 관계자가 참석한 후 합당한 사람이 직장에서 담담하게 그 사실을 중립적인 입장에서 관계자에게 알립니다. 고인을 비난하거나 반대로 필요 이상으로 미화하는 일은 피하고 그 고인과 관계가 깊었던 사람끼리 모여 서로의 솔직한 감정을 털어놓는 것도 중요합니다. 복잡한 심경을 갖고 있는 사람이 나만이 아니라는 것을 알면 남겨진 사람의 심리적 부담이 가벼워질 수도 있습니다.

□ 4-2. 직장에서 자살이 발생했을 때의 유의점

직장에서 자살이 발생했을 때 다음과 같은 심각한 영향을 받을 사람이 있으면 초기에 전문가와 상담할 수 있는 기회를 가질 수 있도록 준비하고 경우에 따라서는 그 가족도 연대할 필요가 있습니다.

- 고인과 강한 유대 관계가 있던 사람
- 정신 질환에 걸린 사람
- 지금까지 자살을 시도한 적이 있는 사람
- 첫 발견자, 이송자
- 고인과 처지가 비슷한 사람
- 자살이 일어난 것에 책임을 느끼고 있는 사람
- 장례식 때 특히 힘들어했던 사람
- 지인의 자살이 발생한 후 태도가 바뀐 사람
- 여러 가지 문제를 안고 있는 사람
- 사람들과 잘 어울리지 못하는 사람

직장에서 책임자 입장에 있는 사람들은 직장에서 자살이 발생하면 다음과 같은 점에 충분히 유의해야 합니다.

- 동요를 최소화하는 방식으로 정확한 정보를 적시에 놓치지 않고 전달한다.
- 자살이라는 충격적인 경험을 한 후에 일어날 수 있는 반응을 설명해 둔다.
- 지인의 자살을 경험한 후의 감정을 다른 동료들과 나눈다.
- 자살로 인해 과도하게 동요하는 사람을 관리한다.
- 자살이 일어난 문제점이 밝혀지면 그에 대한 장기적인 대책을 세운다.

[출처] 후생노동성 중앙노동재해방지협회 노동자의 자살예방매뉴얼 작성검토위원회
「직장에서의 자살 예방과 대응」 2010년 개정 제 5 판 일부 개정

<http://www.mhlw.go.jp/new-info/kobetu/roudou/gyousei/anzen/dl/101004-4.pdf>

□ 4-3. 유가족에 대한 대응

직장에서 자살이 발생한 경우에는 유가족에게 성의 있게 대응해야 합니다. 우선 진정성 있게 유가족의 아픔에 대해 귀를 기울이며 직장에서도 소중한 동료로 떠나 보내고 고인의 죽음을 애도하고 있다는 사실에 유의해야 합니다. 유가족은 직장에 문제가 없었는지, 자살 전에 무슨 일이 있었는지, 자살 방지 조치는 취했는지, 과로 자살의 가능성은 없는지, 여러 많은 질문이 나올 수도 있습니다. 그 질문들에 대해서도 성실한 태도로 냉정하게 사실을 알리고 그 자리에서 답변할 수 없는 것은 나중에 답변하는 등 어설픈 대응을 하지 않도록 해야 합니다. 유가족에게 고인이 가족의 버팀목인 경우는 수속 절차 등에 대해 진심으로 도움을 줄 수 있도록 하며 필요한 정보를 제공하여 유가족의 정신적, 신체적 케어에도 신경 써야 합니다.

□ 4-4. 직장 환경이나 업무가 관련된 것으로 보이는 자살과 산재 인정

직장에서의 자살에는 직장 환경이나 업무가 관련이 있는 것으로 보이는 자살이 많이 있어 근로자의 자살 예방에 관한 종합적인 대책도 진행되고 있습니다. 이를 위해 필요한 지식의 보급과 계발이 특히 중요한 과제라 할 수 있습니다. 그 중에서도 우울증에 대한 본인이나 주위의 이해와 조기 발견 방법, 산업의와 전문의에게 우울증 의심이 있는 근로자를 이어주는 타이밍과 직장에서의 개입 방법에 대해서는 근로자와 관계자 모두 더 많은 학습이 필요합니다.

5. 자살 유자녀 지원에 관한 참고 자료

□ 5-1. 자살 유자녀에게 경제적으로 지원하는 단체

자살 유자녀에게 경제적으로 지원하고 있는 단체와 조직은 다음과 같습니다.

- 일본학생지원기구
- 교육위원회(취학보조, 장학금제도)
- 아시나가 육영회, 기타 민간육성단체

□ 5-2. 자살 유자녀 등에 대한 지원자, 상담 창구, ※이바쇼 조성사업 등

학교 현장에는 아동이나 학생, 보호자에 대해 임상 심리에 관한 전문 지식을 살리면서 상담 등의 지원을 하는 학교 상담 교사가 배치되어 있습니다.

● 아시나가 육영회

매년 여름, 고교생·전문학교생·대학생 유자녀(자살에 한정되지 않음)를 대상으로 한 모임을 개최하고 있습니다(자세한 내용은 III. 참고 자료 2. 자살 유가족지원에 관한 참고 자료 2-6. 참조).





● 「가까운 사람을 잃은 유자녀와 그 가족의 모임」

NPO 법인 전국 자살 유가족 종합지원센터(동경도와 공동 개최사업)

2013년 1월부터 동경도 중앙구에 있는 세이로카 국제병원에서 매월 실시하고 있는 활동으로, 6세에서 18세까지의 부모와 형제를 잃은 유자녀와 그 보호자들이 모여, 전문 직을 포함한 훈련 받은 스텝들이 모임을 진행합니다. 참여하는 유자녀들이 안심할 수 있는 환경 속에서, 연령에 따라 각각의 사별에 대해 매주 대하는 프로그램입니다.

※이바쇼 : 사회생활의 거점이 되는 물리적인 의미로서의 장소 뿐만 아니라 ①편안해서 정신적으로 안심하고 안정할 수 있는 곳 또한 인간관계, ②역할이 주어져서 소속감이나 만족감을 느낄 수 있는 곳, ③타인과 사회와의 연결이 있는 곳, ④자기 존재감·수용감을 느끼게 하는 곳 등을 의미합니다.

◆ 참고문헌 / 참고자료 (인용순)

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◆ 자살 대책의 최신 정보(연수 포함)를 얻기 위한 유용한 웹사이트

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| 일반사단법인 전국 자살 유가족 연학회 http://www.zenziren.com/ |  |
| 자살종합대책추진센터 https://jssc.ncnp.go.jp/ |  |
| 자살 유가족 지원 단체 전국 네트워크 http://www.jshicare.org/ |  |
| 자살 유가족지원 변호인단 http://www.jshiizoku-law.org/ |  |
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| 특정 비영리활동법인 자살대책지원센터 라이프링크 http://www.lifelink.or.jp/hp/top.html |  |

[편집 책임자]

| | |
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| 모토하시 유타카 | 자살종합대책추진센터 |
| 후지타 코우지 | 자살종합대책추진센터 |

[편집 협력자]

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| 카네코 요시히로 | 자살종합대책추진센터 |
| 마츠나가 히로코 | 자살종합대책추진센터 |
| 사키사카 가야코 | 자살종합대책추진센터 (~2018 년 3 월) |

[전문 위원]

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| 아라이 히사코 | 동경도 미나토구 미나토 보건소 건강추진과 보건지도 담당 |
| 이시쿠라 히로코 | 「마음의 카페 교토」 대표 |
| 오고시 데루유키 | 변호사법인 라이프 파트너 법률사무소 변호사 |
| 스기모토 나오코 | NPO 법인 전국 자살 유가족 종합지원센터 대표 |
| 다나카 사치코 | 일반사단법인 전국 자살 유가족연락회 대표이사 |
| 츠지모토 데츠시 | 시가현 정신보건복지센터 소장 |
| 무카사 아키코 | 히로시마 국제대학원 심리과학연구과 후쿠오카현 스쿨 카운셀러 |
| 야마구치 가즈히로 | NPO 법인 자살 유가족지원 네트워크 Re (알·이) 대표 |

[담당 사무국]

자살종합대책추진센터

[번역 · 감수]

충청남도광역정신건강복지센터
자살종합대책추진센터 박혜선

Translation of a public document

Law on Promotion of Surveys and Research to Facilitate Comprehensive and Effective Implementation of Suicide Countermeasures and Utilization, etc. of Outcomes thereof, etc.

Promulgated by The Government of Japan on 12 June 2019

Translated by Japan Support Center for Suicide Countermeasures in June 2019

(Purpose)

Article 1.

Pursuant to the intent of the Basic Law on Suicide Countermeasures (Law No. 85 of 2006), this Law is aimed at promoting further enhancement of suicide countermeasures by setting forth fundamental policy concerning promotion of surveys and research and utilization of the outcomes thereof, etc. to facilitate comprehensive and effective implementation of such countermeasures and stipulating matters concerning designation of a corporation (juristic person) designated to conduct surveys and research, and other matters as may be necessary in relation to establishment of a framework therefor.

(Fundamental Policy concerning Surveys and Research and Utilization of Outcomes thereof, etc.)

Article 2.

Surveys, research and verification, as well as utilization of the outcomes thereof, etc. with respect to the actual circumstances surrounding suicide cases, ways to prevent suicide, desirable forms of support for relatives, etc. of suicide victims, appropriate ways and means of implementing suicide countermeasures in response to the situation in respective regions, the status of suicide countermeasures implementation, etc. or maintenance and improvement of mental health, as well as collection, organization and provision of information concerning suicide countermeasures, including without limitation information on advanced approaches thereto, that are conducted pursuant to the provisions of Paragraph 1 of Article 15 of the Basic Law on Suicide Countermeasures in order to facilitate comprehensive and effective implementation of suicide countermeasures (hereinafter referred to as “Surveys and Research and Utilization of Outcomes thereof,

etc.”) shall be conducted based on the fundamental policy, as follows:

(1) In light of the nature of suicide countermeasures, in that they need to be implemented as a means of providing comprehensive support for living, such countermeasures are promoted in a comprehensive and reliable manner under appropriate allocation of responsibilities and mutual cooperation among national government and local public entities, with the aim of ensuring that appropriate support is extended equally to all those who are in need thereof, regardless of the regions in which they reside;

(2) Surveys and research in respect of appropriate ways and means of implementing suicide countermeasures in response to the situation in respective regions are conducted systematically and on a continuous basis so as to ensure that the outcomes thereof, etc. are properly utilized by the respective local public entities and lead to formulation of practical and effective suicide countermeasures that reflect the actual situation in the respective regions;

(3) It is ensured that sufficient consideration is given to organic coordination of suicide countermeasures and policies relating to health, medicine, welfare, education, labor, and other relevant issues;

(4) Suicide countermeasures are implemented efficiently and effectively under close mutual coordination among relevant administrative organs of the national government, local public entities, the Designated Survey and Research Corporation (referring to the Designated Survey and Research Corporation provided for in

Paragraph 1 of Article 4 hereof; the same in the next Article), private sector entities that conduct activities related to suicide countermeasures, and other relevant parties;

(5) The status of implementation of suicide countermeasures and the effects thereof are verified on a comprehensive and periodic basis and the outcomes thereof are utilized appropriately for formulation and implementation of suicide countermeasures;

(6) Appropriate attention is paid to protection of personal information; and

(7) In order to ensure that surveys and research are conducted in a professional manner based on the latest scientific knowledge, efforts are made to upgrade the levels thereof and to secure international coordination and promote international cooperation in fields relevant to the surveys and research hereunder.

(Development of Framework for Surveys and Research and Utilization of Outcomes thereof, etc.)
Article 3.

1. In order to implement Surveys and Research and Utilization of Outcomes thereof, etc., based on the fundamental policy prescribed in the preceding Article (hereinafter referred to in the next Paragraph and in Paragraph 2 of Article 8 as “Fundamental Policy”), the national government shall, with regard to establishment of the framework therefor, designate the Designated Survey and Research Corporation pursuant to the provisions of Paragraph 1 of the next Article and shall otherwise take necessary measures, including those set forth below:

(1) Preparation of an environment for efficient and effective implementation of the operations of the Designated Survey and Research Corporation;

(2) Establishment of a framework for coordination and cooperation with local public entities, the Designated Survey and Research Corporation, private sector entities that conduct activities related to suicide countermeasures, and other relevant parties;

(3) Implementation of measures to ensure proper handling of personal information in the course of conducting Surveys and Research and Utilization of Outcomes thereof, etc.;

(4) Implementation of measures to secure international coordination and promote international cooperation in fields relevant to the surveys and research hereunder; and

(5) Extension of support to local public entities in their implementation of measures as set forth in the next Paragraph.

2. In order to implement Surveys and Research and Utilization of Outcomes thereof, etc. pursuant to the Fundamental Policy, local public entities shall, with regard to establishment of the framework therefor, establish local bases for implementing Surveys and Research and Utilization of Outcomes thereof, etc. in the respective regions, establish a framework for coordination and cooperation with the Designated Survey and Research Corporation, other local public entities, and other relevant parties and shall otherwise take necessary measures, depending upon the actual situation of the respective regions.

(Designation, etc. of Designated Survey and Research Corporation)
Article 4.

1. The Minister of Health, Labour and Welfare may, upon application, designate, for the entire nation, not more than one (1) general incorporated association or general incorporated foundation that is considered to be capable of performing the operations set forth in the next Article (hereinafter referred to as “Survey and Research Services”) in an appropriate and reliable manner as the Designated Survey and Research Corporation.

2. Upon designating the Designated Survey and Research Corporation pursuant to the provisions of the preceding Paragraph, the Minister of Health, Labour and Welfare shall publicly announce the name and location of the principal office of the Corporation so designated.

3. If the Designated Survey and Research Corporation intends to change the name or the location of the principal office thereof, it shall notify in advance the Minister of Health, Labour and Welfare to such effect.

4. When any matter is notified pursuant to the provisions of the preceding Paragraph, the Minister of Health, Labour and Welfare shall publicly announce the matter so notified.

(Services of Designated Survey and Research Corporation)

Article 5.

The Designated Survey and Research Corporation shall carry out the following services:

(1) Implement surveys, research and verification with respect to the actual circumstances surrounding suicide cases, appropriate ways to prevent suicide, desirable forms of support for relatives, etc. of suicide victims, appropriate ways and means of implementing suicide countermeasures in response to the situation in respective regions, the status of implementation of suicide countermeasures, etc. or maintenance and improvement of mental health, and shall provide the outcomes thereof and promote utilization of such outcomes;

(2) Subsidize the persons that conduct the surveys, research and verification under the preceding Item;

(3) Collect, organize and provide information concerning suicide countermeasures, including without limitation information on advanced approaches thereto;

(4) Offer advice and other assistance as necessary to local public entities with respect to appropriate ways and means of implementing suicide countermeasures in response to the situation of the respective regions;

(5) Educate the employees of local public entities and employees of private sector entities that conduct activities related to suicide

countermeasures, and other related parties, regarding suicide countermeasures; and

(6) Perform services incidental to any of the foregoing.

(Coordination with Local Public Entities)

Article 6.

When the Designated Survey and Research Corporation implements the Survey and Research Services concerning suicide countermeasures of local public entities, it shall endeavor to secure coordination with said local public entities to ensure efficient and effective implementation thereof.

(Confidentiality Obligations)

Article 7.

No person who is or was an officer or employee of the Designated Survey and Research Corporation shall divulge without good reason any confidential information that may have come to his or her knowledge with respect to the Survey and Research Services.

(Business Plan, etc.)

Article 8.

1. The Designated Survey and Research Corporation shall be required to prepare a business plan and budget statement for each business year pursuant to the provisions of the ministerial ordinances of the Ministry of Health, Labour and Welfare, and shall submit the same to the Minister of Health, Labour and Welfare. The same shall apply when any change is to be made thereto.

2. The business plan mentioned in the preceding Paragraph shall be formulated based on the Fundamental Policy and taking into account the contents of the Comprehensive Suicide Countermeasures Policy Principles (referring to the Comprehensive Suicide Countermeasures Policy Principles set forth in Article 12 of the Basic Law on Suicide Countermeasures).

3. The Designated Survey and Research Corporation shall be required to prepare a business report and settlement of accounts at the end of each business

year pursuant to the provisions of the ministerial ordinances of the Ministry of Health, Labour and Welfare, and shall submit the same to the Minister of Health, Labour and Welfare.

(Reporting and On-site Inspection)

Article 9.

1. To the extent necessary for the purpose of ensuring appropriate operation of the Survey and Research Services, the Minister of Health, Labour and Welfare may request the Designated Survey and Research Corporation to submit thereto a report or material concerning the Survey and Research Services, or may direct certain officers of the Ministry to enter the offices of the Designated Survey and Research Corporation to inspect the business status or the books, papers or other items, or to make inquiries of relevant parties.

2. Officers conducting on-site inspections pursuant to the provisions of the preceding Paragraph shall personally carry certificates to verify their identification and shall produce the same to a relevant party whenever so requested thereby.

3. The authority to conduct an on-site inspection under Paragraph 1 hereof shall not be construed as a power authorized for the purpose of conducting criminal investigations.

(Order to Improve)

Article 10.

If it is considered necessary to improve the operations of the Survey and Research Services of the Designated Survey and Research Corporation, the Minister of Health, Labour and Welfare may order said Corporation to take such measures as may be necessary for improvement thereof.

(Revocation of Designation)

Article 11.

1. If the Designated Survey and Research Corporation acts in violation of the order given pursuant to the provisions of the preceding Article, the Minister of Health, Labour and Welfare shall be entitled to revoke the designation thereof.

2. If the designation is revoked pursuant to the provisions of the preceding Paragraph, the Minister of Health, Labour and Welfare shall make a public announcement to that effect.

(Provision of Information and Other Arrangements)

Article 12.

The national government and local public entities shall provide the Designated Survey and Research Corporation with the necessary information and make other arrangements for proper performance of the Survey and Research Services.

(Grants)

Article 13.

The national government may grant, within the budget, a certain amount of money to the Designated Survey and Research Corporation to cover all or part of expenses required for the Survey and Research Services.

(Delegation to Ministerial Ordinances of the Ministry of Health, Labour and Welfare)

Article 14.

In addition to the matters set forth in Article 4 through Article 13 hereof, any matters that need to be stipulated with respect to the Designated Survey and Research Corporation shall be stipulated in ministerial ordinances of the Ministry of Health, Labour and Welfare.

(Penalty)

Article 15.

Any person who divulges confidential information in violation of the provisions of Article 7 shall be punished by being imprisoned for a term of not more than one (1) year or by imposition of a fine of not more than five hundred thousand yen (¥500,000).

Article 16.

1. Any officer or employee of the Designated Survey and Research Corporation who fails to submit a report or material pursuant to the provisions of Paragraph 1 of Article 9, or who submits a false report or false information for such report or material, or who declines to accept, disrupts or evades an inspection thereunder, or who fails to respond or makes a false

response to inquiries made thereunder shall be punished with a fine of not more than two hundred thousand yen (¥200,000).

2.If an officer or employee of the Designated Survey and Research Corporation commits any act of violation provided for in the preceding Paragraph with respect to the operations of the Designated Survey and Research Corporation, in addition to the person who personally committed the violation being punished, the Designated Survey and Research Corporation shall also be subject to the same penalty as set forth in said Paragraph.

Supplementary Provision

This Law shall come into force three (3) months from the date of promulgation hereof.

Reason for Submitting the Bill

In order to promote further enhancement of suicide countermeasures, it is believed necessary to set forth the Fundamental Policy for promotion of Surveys and Research and Utilization of Outcomes thereof, etc. in order to facilitate comprehensive and effective implementation of suicide countermeasures and to stipulate matters for designation of a Designated Survey and Research Corporation and other matters for establishment of a framework for Surveys and Research and Utilization of Outcomes thereof, etc. The foregoing serves as the reason for submission of this legislative bill.