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About this journal

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

Comment From the Editor-in-Chief

On April 1, 2016 Basic Law on Suicide Countermeasures enacted in 2006 was totally amended. New principles of Japan's Suicide countermeasures focus on 'Comprehensive Support for better living', not only by high risk group approach, or psychiatric approach, but also stress more partnership with various related organizations, and community based approach.

In addition, General Principles of Suicide Prevention Policy amended in July 2017. We challenge with various programs, projects based on this new Basic Law on Suicide Countermeasures, and new General Principles of Suicide Prevention Policy.

Japan Support Center for Suicide Countermeasures(JSSC) will support these challenges with academic evidences, various tools for better solution to suicide reduction. Particularly, we develop profile of actual local suicide conditions, and prepare policy packages of local suicide countermeasures to assist prefectural, municipal level planning. This time we publish English, and Japanese Journal of Suicide Policy Research. These journals also imply to 'public export of suicide policy from Japan', we wish both journals will actively contribute to promote world suicide countermeasures.

Nov. 20, 2017

YUTAKA MOTOHASHI, MD, PhD



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(Cabinet Decision, 25th July 2017; translated, 10th September 2017)

The Present Trend of Suicide Prevention Policy in Japan

Yutaka Motohashi^{1*} Yoshihiro Kaneko¹ and Koji Fujita¹

1. The Present State of Suicide in Japan and the Role of the Japan Support Center for Suicide Countermeasures

Based on vital statistics compiled by the Ministry of Health, Labour and Welfare, the number of people who committed suicide in Japan in 2016 was 21,897 (15,171 men and 6,776 women), a decrease of 10,212 (31.8 percent) from the 32,109 suicides in 2003, which was the highest number since the suicide rate spiked in 1998.¹ In 1998, there was a notable increase in the number of suicides among middle-aged men, but since 2003 suicides among men aged 45–54 have decreased greatly, and since 2009 a similar decline has been seen among men aged 55–64. It is clear that the decline in suicides among middle-aged men has contributed significantly to the reduction in the number of suicides in Japan as a whole.

Figure 1 shows chronological changes in the suicide rate between 1993 and 2015. It indicates the times at which major comprehensive suicide countermeasures were implemented. A reduction in the suicide rate can be seen since 2010 after the Lehman shock.

The implementation of the Basic Law on Suicide Countermeasures in 2006, the drawing up of the General Principles of Suicide Prevention Policy in 2007, revisions to the Money-Lending Business Control and Regulation Law, the launching of the Program to Remedy the Multiple Debt Problem, the setting up of one-stop counseling services based on the Emergency Plan to Prevent Suicide and Protect Life, and other comprehensive suicide countermeasures that have been rolled out in rapid succession are thought to have interacted with each other and had the effect of helping to alleviate economic problems primarily among middle-aged men.

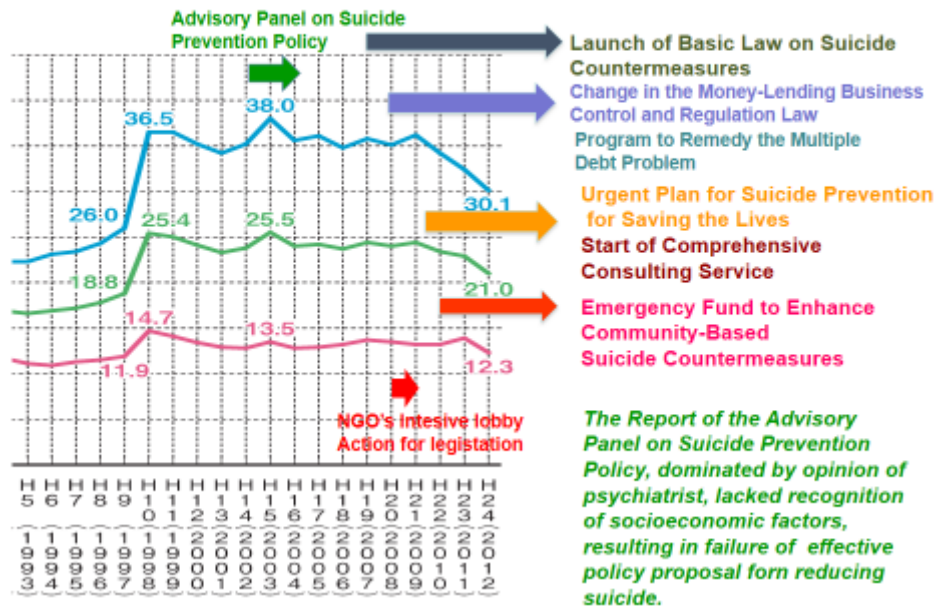


Figure 1. Time series trends in the Japanese suicide rate (1993–2015). Implementation times of various comprehensive suicide countermeasures and changes in the suicide rate.

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The impact on the suicide rate of the Lehman shock, a global financial crisis, was not felt in Japan. An example of a country where the suicide rate went up as a result of the austere budgetary and fiscal policies imposed in the wake of the Lehman shock is Greece. When a strict austerity policy went into effect in 2010 so that Greece could receive financial relief measures, the suicide rate in 2011–2012 rose by 35 percent over the period 2003–2010. Budget tightening led to unemployment in the public sector, and the suicide rate is thought to have risen as a result of the increased economic instability.²

In April 2016, as the Basic Law on Suicide Countermeasures enacted in 2006 headed into its tenth year, the revised Basic Law took effect (see Supplementary Information). The fact that the newly revised law clearly sets forth the basic principles of suicide countermeasures is extremely important. Paragraph 1 in Article 2 stipulates:

With the aim of ensuring that all people are valued as human beings and are able to live meaningful lives with hope for the future based upon their zest for living, suicide countermeasures must be implemented as comprehensive support for people’s lives in a way that contributes to overcoming various factors that may interfere with the accomplishment of this aim and widely and appropriately establishing and enhancing the environment to assist and facilitate such support.

And the fifth paragraph 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”; the specific reference to the areas of “education” and “labor” is expected to significantly strengthen the promotion of suicide countermeasures in the workplace as well as those aimed at children and students.

After the Basic Law was enacted in 2006, suicide countermeasures underwent an expansion at the prefectural and municipal levels. The creation in 2009 of the Fund for the Urgent Improvement of Local Suicide Prevention Measures in particular is believed to have been effective in raising the standard of such measures at the community level. Nevertheless, suicide countermeasures at the municipal level have trouble maintaining constant revenue sources and human resources, nor can it necessarily be said that such measures have been promulgated equally by all local governments. In order to eliminate this sort of disparity in suicide prevention measures at the prefectural and municipal level, the present Basic Law on Suicide Countermeasures stipulates that the prefectures and municipalities are obliged to make the effort to draw up such plans (Article 6). Developing a system to eliminate disparities in community suicide countermeasures will be a major task for the foreseeable future. The mission of the Japan Support Center for Suicide Countermeasures (JSSC), newly established in April 2016, is to help promote such measures, and it will devote itself to developing and offering specific assistance plans.



Figure 2. Suicide rates by prefecture (1955 and 2015). Suicide rates in 1955 were highest in Tokyo, the Kansai area, the Chubu region, etc.; in 2015, rates were highest in the Tohoku region and other areas where the population is declining.

2. Disparities in the Prefectural Suicide Rates: Why Is It Necessary to Draw up Community Suicide Countermeasure Plans?

It is well known that there are regional differences in the suicide rate. The existence of these disparities becomes clear when one attempts to chart the published suicide rates by prefecture. In this paper, we will reaffirm that regional differences in the prefectural suicide rates do exist but that they are not fixed, rather they fluctuate with the times as a result of changes in socio-economic factors.

Figure 2 shows the prefectural suicide rates for the years 1955 and 2015. A glance at the distribution by prefectures of the suicide rate in 2015 shows that the rate is higher in the northern Tohoku area than in other regions. There is a recognizable trend toward high suicide rates in underpopulated rural areas. When we look at the prefectural distribution of the suicide rate in 1955, on the other hand, we see that the places with high rates of suicide were urban areas and that the suicide rate in underpopulated areas such as the northern Tohoku was by no means high.

Some people are inclined to make the groundless claim that “the suicide rate is high among the people of the northern Tohoku region because of the particular characteristics of those who live there,” but it is obvious from Figure 2 that such an argument is wrong. In the 1950s and 1960s, the suicide rate in the rural prefectures of the northern Tohoku, which

contained many depopulated areas, was not high; it was the high rate of suicides in the major cities that was the problem.³ In this period, the problem was suicides among urban youth. Subsequently, as the Japanese economy grew rich during the period of high economic growth, the suicide rate in rural areas went up, and so did the rate in the northern Tohoku. The shift in the suicide problem from the big cities to the rural prefectures is assumed to be related to socio-economic factors such as structural changes in Japanese society during the transition to the period of high economic growth, in particular the steady depopulation of the rural prefectures, changes in local communities and in family relations, etc.

A further look at the suicide rate by prefecture for 2015 in Figure 2 shows that the prefectures with high suicide rates are, in descending order, Akita (26.3), Shimane (24.8), and Niigata (24.6); conversely, those with the lowest rates are, in ascending order, Osaka (14.6), Kanagawa (15.2), and Fukui (15.2).⁴ The determinants for these fluctuations in the suicide rate are complex but are thought to be related to various factors such as population density, skewed demographic composition, the degree to which depopulation has advanced, income levels, etc.

From the above, the strong suggestion can be inferred that, in order to eliminate regional disparities in prefectural suicide rates, in addition to allocating an appropriate budget to suicide countermeasures, it is effective for each prefecture to promote them

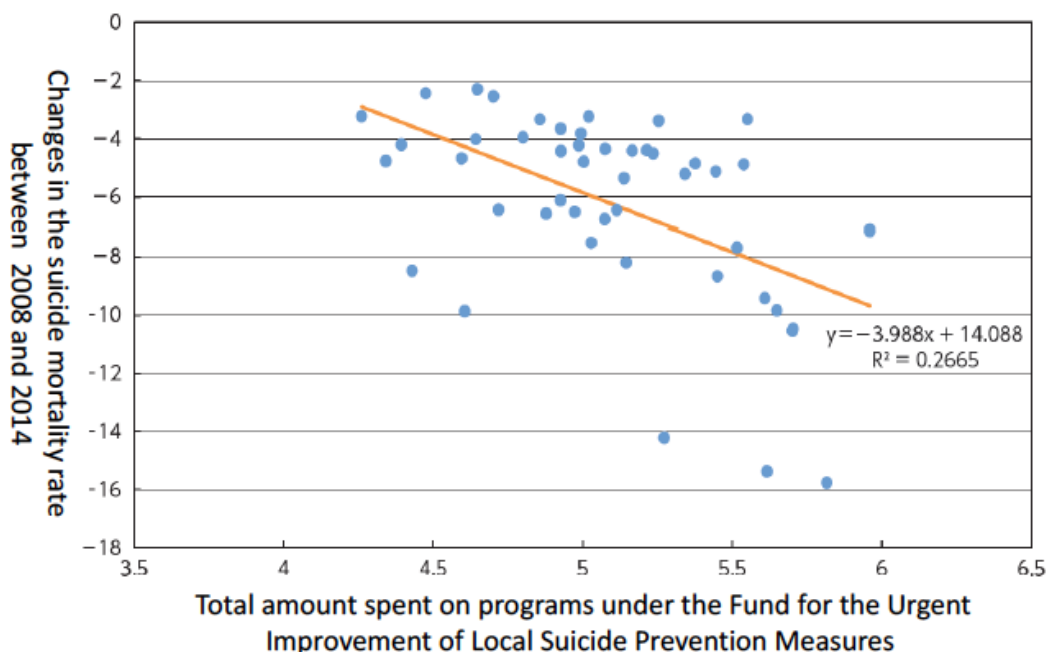


Figure 3. The relation between the total amount spent on programs under the Fund for the Urgent Improvement of Local Suicide Prevention Measures and changes in the suicide mortality rate (*Suicide Countermeasures White Paper* [in Japanese], 2016 edition, p. 73).

vigorously and comprehensively.⁵ It is important to understand that this sort of scientific evidence lies behind the requirement to formulate a community suicide prevention measure plan in the Basic Law on Suicide Countermeasures as revised in 2016.

Since the Basic Law on Suicide Countermeasures went into effect in 2006, such measures have made headway throughout the entire country of Japan; the allotment of a budget for them to the municipalities after the creation in 2009 of the Fund for the Urgent Improvement of Local Suicide Prevention Measures has accelerated the nationwide diffusion of these measures. When the relation between the total amount that was spent on the fund's programs in the prefectures (dispositioned amount for 2009–2014) and changes in the suicide mortality rate (the difference in the rates for 2008 and 2014) is plotted on a scatter graph, the correlation is recognizable. It is clear that the higher the total amount spent per capita was, the further the suicide mortality rate declined between 2008 and 2014.¹ This can be said to suggest that the efforts of the Fund for the Urgent Improvement of Local Suicide Prevention Measures have contributed to a lowering of the suicide rate.

3. Policy Assistance for Understanding Actual Local Suicide Conditions and Formulating a Community Suicide Countermeasure Plan

In order to promote community suicide countermeasures at the municipal level, once the officials in charge of such measures and other interested parties know the actual state of suicide in their area, they will need to accelerate their efforts to formulate an appropriate suicide prevention plan for their community. Eliminating regional disparities in suicide countermeasures, especially those at the municipal level, will require tools that can convey to administrative officers at the city, town, and village level, in a readily understandable manner, the actual state of suicide in their municipalities. At the JSSC, the Office for Suicide Data Analysis has taken the lead in developing “a suicide data profile” as a tool that can show at a glance a community’s actual suicide conditions.⁶ Figure 4 shows an example of a “suicide data profile.” In drawing up such a profile, use was made of existing official statistics. Based on the national census, vital statistics surveys, business and economic statistics, statistics related to living conditions and lifestyles (Comprehensive Survey of Living Conditions, Survey on Time Use and Leisure Activities, etc.), the Office uses pie charts, bar charts, etc., to display in an easy to understandable way the

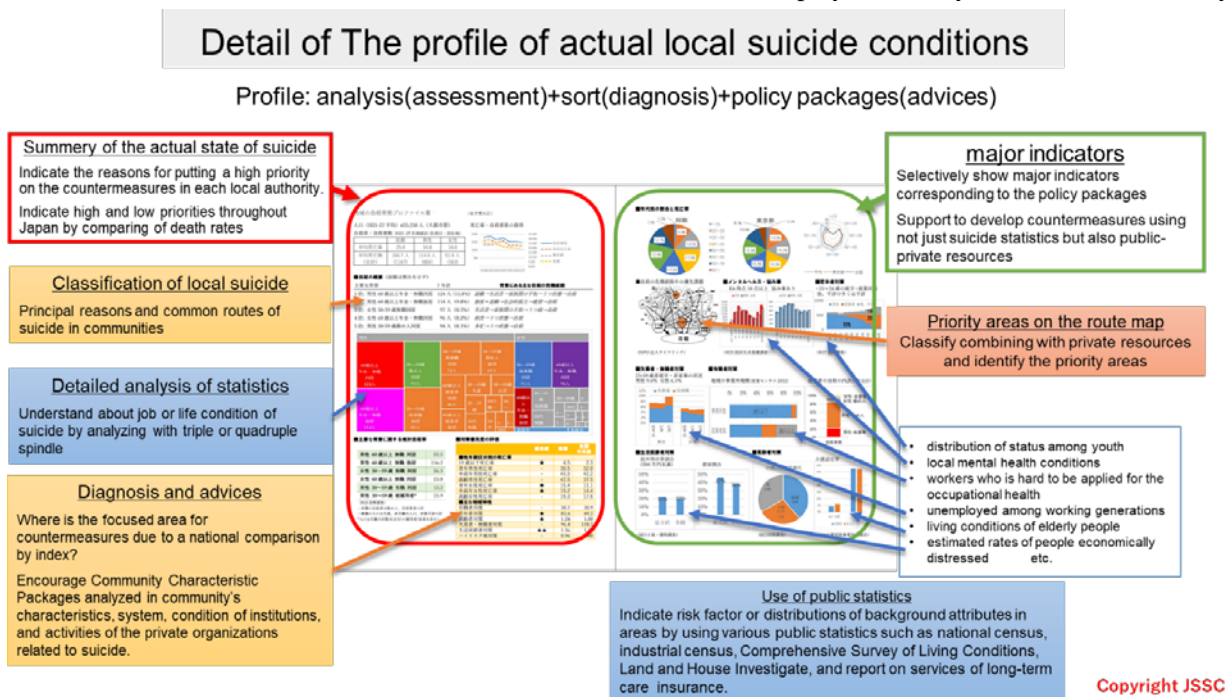


Figure 4. Example of a suicide data profile. A summary of the analytical results and recommended countermeasures (regional specific package) are given in the upper half; the local suicide data that form the background for them are shown in the lower half. The profile gathers together and summarizes the grounds for considering measures that are tailored to actual local conditions.

number of suicide victims for each municipality, its suicide rate, and related local features, and compiles a simplified report, similar to a health screening report, on the measures a community can take to prevent suicides. Figure 4 presents data on the suicide rate by sex, age, and occupation, but it is also possible to display assessments and trends of the means of suicide, comparisons of causes and motives, estimates of mental health states, the implementation status of suicide countermeasures, current conditions at nongovernment organizations, etc. An analysis of these suicide data will become the grounds for drafting measures that are tailored to actual suicide conditions in a community.

On the basis of the data in its suicide data profile, a municipality will formulate a community suicide countermeasures promotion plan. Normally, it will independently draw from among a number of suicide prevention policies to work out a plan tailored to local conditions and decide on its own policy. On the other hand, as a specific support policy for municipalities, the JSSC is thinking of offering a package of policy measures that correspond to local conditions based on the local suicide data profile in the hopes that the municipal officials in charge will find it useful when drawing up their own community suicide countermeasures promotion plan. In future, the Center plans to present every city, town and village with its own suicide data profile and concurrently

provide policy packages and examples of groups of policies for suicide countermeasures that are applicable to each municipality. Figure 5 is an example of a community suicide countermeasures policy package. It consists of two levels, a basic package and a regionally specific package.

The basic package is a group of essential suicide countermeasure policies that are regarded as necessary for any community. Among the policies given in the General Principles of Suicide Prevention Policy is a group of basic policies that are unlikely to be affected by local characteristics: specifically, raising awareness and providing information, building community networks, implementing interdisciplinary coordination, establishing counseling services, developing and training human resources, supporting nongovernment agencies, improving the system of care for suicide survivors and the families of suicide victims, etc. The basic policy package is divided into three types depending on population size. In short, there is a basic package for large urban areas, one for small- and medium-sized cities, and one for mountainous areas. The reason for dividing the package into three groups based on population size is that the results of previous studies provide clear scientific evidence that the intervention of comprehensive community suicide countermeasures in rural (mountainous) areas has the effect of lowering the suicide rate whereas it is known to be

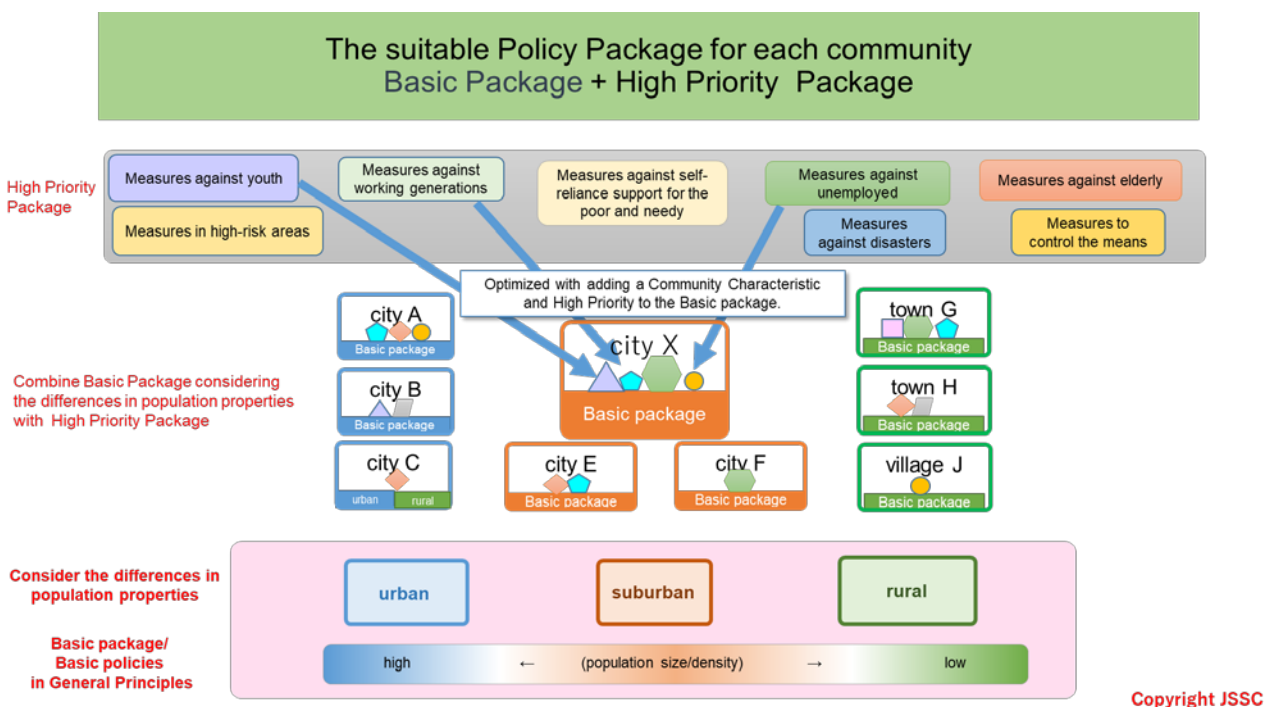


Figure 5. Example combining a basic policy package and a regionally specific package for a municipality. The basic package or regionally specific package is recommended and chosen based on the results of an analysis of each municipality’s suicide data profile and other factors.

difficult to verify the benefits of these measures in metropolitan areas. Unlike mountainous areas, large urban areas are thought to require detailed measures which take demographic factors into consideration.

A regionally specific package, as the term implies, considers a group of policies to be implemented that are tailored to the characteristics of the actual suicide conditions in the municipality they are intended for. For example, in large urban areas, in situations where the lack of social participation among young people who live alone is thought to be an important suicide factor, the strengthening of policies to encourage them to become socially involved would be desirable. Likewise, an area with a notorious suicide spot requires a specialized group of policies to counteract the high risk of suicide there. The JSSC is planning to provide a results table in its community suicide data profile that will show the analytical results of the actual state of local suicides along with a special package recommended for that community. As shown in Figure 5, for the basic recommended package of small- and medium-sized urban areas, specific packages are designated to encourage social participation for members of the younger generation who live alone, to establish one-stop counseling services for young and middle-aged adults, and to promote public involvement in suicide prevention policies as a whole; based on this, the municipal officials in charge can take into consideration the group of policies that should be incorporated in their community's suicide countermeasure plan.

4. The PDCA Cycle for Suicide Countermeasures

Under the revised Basic Law on Suicide Countermeasures, a system has been developed to promote such measures at the community level. Since the law makes each municipality responsible for formulating its own plan, the importance of the PDCA cycle in suicide countermeasures has attracted attention. Formulating a plan means a municipality must lay out a vision for the future, have a clear work schedule for implementing specific policies, check on their state of progress, and make improvements. In future, municipal policy initiatives are likely to be assessed in conjunction with evaluations based on the PDCA cycle. Although it is desirable that evaluations of the effectiveness of suicide countermeasure policies be carried out on the basis of thorough scientific assessments, at present, scientific verification of the effectiveness of these policy interventions cannot necessarily be said to be adequate. As regards evaluating the effectiveness of policy intervention in community suicide countermeasures in Japan, a certain level of scientific evidence has been gathered from national strategic studies and from community intervention studies in the Tohoku region. In rural areas (mountainous

regions), the introduction of comprehensive suicide prevention measures has been shown to be associated with a rapid reduction in the local suicide rate. Unfortunately, in metropolitan areas, however, clear scientific evidence is lacking that local intervention leads to a reduction in the suicide rate.

Based on the circumstances just cited, in promoting future suicide countermeasures, the steady implementation of the PDCA cycle for community suicide prevention measures must go hand in hand with scientific support if the PDC cycle is to operate effectively. In the case of studies on national suicide countermeasures to be conducted primarily by the JSSC, we plan to carry out the research needed to provide the scientific evidence for turning the PDCA cycle. Figure 6 shows the relationship between policy studies of national suicide prevention measures that operate in conjunction with the PDCA cycle. Policy studies that keep in mind working in conjunction with the PDCA cycle are becoming important and are necessary to make the PDCA cycle for suicide countermeasures effective.^{5,7}

PDCA (plan-do-check-act) cycle in suicide countermeasures

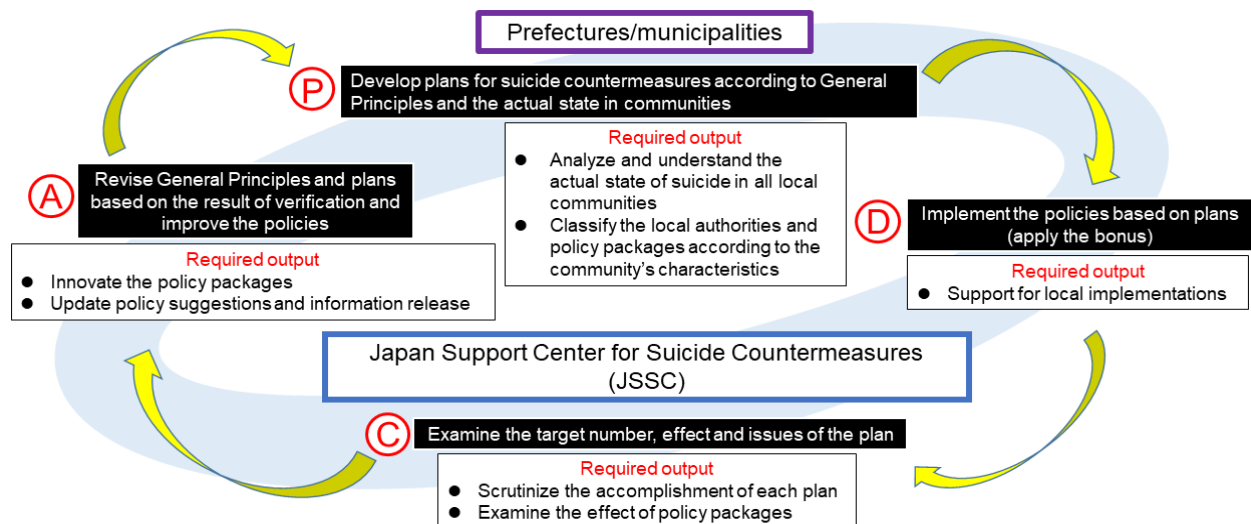


Figure 6. The PDCA cycle for suicide countermeasures

Competing interests

The authors declare that they have no competing interests.

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Basic Law on Suicide Countermeasures*

(Law No. 85 of 2006)

Revised by the Diet, March 22, 2016

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April 1, 2016

CHAPTER I

GENERAL PROVISIONS

(Purpose)

Article 1.

In light of the fact that it has become an urgent challenge to take countermeasures to address the situation where the number of deaths by suicide has remained at a high level in Japan in recent years, this law sets forth a basic philosophy regarding suicide countermeasures, clarifies the responsibilities of the national government, local public entities and others, and stipulates fundamental matters for suicide countermeasures, in an effort to realize a society in which no one will be driven to take their own life. The purpose of this law is to prevent suicide and enhance support for the relatives, etc., of suicide victims by comprehensively promoting suicide measures, and thereby contribute to the creation of a society in which the people in Japan can live healthy, meaningful lives.

(Basic Philosophy)

Article 2.

1. With the aim of ensuring that all people are valued as human beings and are able to live meaningful lives with hope for the future based upon their zest for living, suicide

countermeasures must be implemented as comprehensive support for people's lives in a way that contributes to overcoming various factors that may interfere with the accomplishment of this aim and widely and appropriately establishing and enhancing the environment to assist and facilitate such support.

2. Suicide countermeasures must be implemented as a society-wide effort based on the fact that suicide should not be merely viewed as a personal problem, but rather involves various social factors behind it.

3. Consideration must be given to ensuring that suicide countermeasures are implemented not just from the perspective of mental health, but also in a way that is in line with the realities of suicide cases based on the fact that suicide involves various complex factors and contexts.

4. Suicide countermeasures must be implemented effectively by tailoring them to the stages of suicide prevention, responding to the risk of suicide and providing a post-event response for cases of both completed and attempted suicide.

5. 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.

*Supplementary Information for The Present Trend of Suicide Prevention Policy in Japan (Suicide Policy Research 2017; 1:1-7)

(Responsibilities of the National Government and Local Public Entities)

Article 3.

1. The national government shall be responsible for comprehensively formulating and implementing suicide countermeasures in accordance with the basic philosophy stated in the preceding article (referred to in the next paragraph as the “Basic Philosophy”).

2. Local public entities shall be responsible for formulating and implementing policies regarding suicide countermeasures in cooperation with the national government, in light of the situation in the region in question and in accordance with the Basic Philosophy.

3. The national government shall offer advice and other assistance as necessary to local public entities so that such entities can fully meet their responsibilities under the preceding Paragraph.

(Responsibilities of Business Owners)

Article 4.

Business owners shall cooperate in suicide countermeasures that the national government and local public entities implement and shall endeavor to implement measures necessary to maintain the mental health of workers that they employ.

(Responsibilities of People in Japan)

Article 5.

The people in Japan shall endeavor to deepen their awareness and understanding of the importance of suicide countermeasures as a means of comprehensive support for living.

(Promotion of Understanding of People in Japan)

Article 6.

The national government and local public entities shall implement necessary actions to deepen the people’s understanding of suicide countermeasures through educational and PR activities.

(Suicide Prevention Week and Suicide Countermeasures Strengthening Month)

Article 7.

1. Suicide Prevention Week and Suicide Countermeasures Strengthening Month shall

be designated in order to deepen general awareness and understanding of the importance of suicide countermeasures among the people of Japan and to contribute to promoting suicide countermeasures on a comprehensive basis.

2. Suicide Prevention Week shall be from September 10 through September 16, and Suicide Countermeasures Strengthening Month shall be March.

3. During Suicide Prevention Week, the national government and local public entities shall widely promote awareness-raising activities and endeavor to introduce initiatives that are appropriate for such purposes.

4. During Suicide Countermeasures Strengthening Month, the national government and local public entities shall intensively promote suicide countermeasures and endeavor to implement counseling services and other initiatives that are appropriate for such purposes in mutual coordination and cooperation with related organizations and entities.

(Coordination and Cooperation of Related Parties)

Article 8.

In order to comprehensively and effectively pursue the implementation of suicide countermeasures, the national government, local public entities, medical institutions, business owners, schools (referring to schools provided for in article 1 of the School Education Act (Act No. 26 of 1947), excluding kindergartens and kindergarten divisions of special support education schools; hereinafter the same shall apply in article 17, paragraphs 1 and 3), private sector entities that conduct activities related to suicide countermeasures and other related parties shall cooperate with each other in a coordinated fashion.

(Consideration of Honor and Peace in Life)

Article 9.

The implementation of suicide countermeasures must be conducted with full consideration given to the honor and peace in life of those who commit suicide, those who survive suicide attempts, and their relatives, etc. and must not unduly violate such honor and peace in life.

(Legislative Measures, Etc.)

Article 10.

The government must implement necessary legislative, fiscal and other measures to achieve the purpose of this law.

(Annual Report)

Article 11.

The government must submit to the National Diet every year a written report that gives an overview of the suicide situation in Japan and suicide countermeasures implemented by the government.

CHAPTER II

COMPREHENSIVE SUICIDE COUNTERMEASURES POLICY PRINCIPLES AND PREFECTURAL PLANS ON SUICIDE COUNTERMEASURES, ETC.

(Comprehensive Suicide Countermeasures
Policy Principles)

Article 12.

The government must set forth fundamental policy principles for basic, comprehensive suicide countermeasures (hereinafter referred to in the next article and article 23, paragraph 2, item 1 as the “Comprehensive Suicide Countermeasures Policy Principles”) as guidelines for suicide countermeasures that the government should promote.

(Prefectural Plans on Suicide
Countermeasures)

Article 13.

1. Taking into consideration the Comprehensive Suicide Countermeasures Policy Principles and in light of the actual situation in the respective regions, prefectural governments shall draw up plans on suicide countermeasures within the relevant prefectural regions (hereinafter referred to in the next paragraph and the next article as the “Prefectural Plans on Suicide Countermeasures”).

2. Taking into consideration the Comprehensive Suicide Countermeasures Policy Principles and the Prefectural Plans on Suicide Countermeasures and in light of the

actual situation in the respective regions, municipalities shall draw up plans on suicide countermeasures within the relevant municipal regions (hereinafter referred to in the next article as the “Municipal Plans on Suicide Countermeasures”).

(Provision of Grants to Prefectures and
Municipalities)

Article 14.

In accordance with the provisions of ministerial ordinances of the Ministry of Health, Labour and Welfare, the national government may give grants, within relevant budgetary limits, to prefectures and municipalities that implement initiatives and otherwise make comprehensive and effective efforts, etc., that are necessary in order to implement suicide countermeasures in response to the situation in the relevant regions based upon the Prefectural Plan on Suicide Countermeasures or Municipal Plan on Suicide Countermeasures, and such grants shall be appropriated toward costs and expenses arising from the implementation of such actions and other efforts, taking into consideration such matters as the contents of the suicide countermeasures to be promoted thereby.

CHAPTER III

BASIC POLICIES

(Promotion of Surveys and Research, etc., and

Development of Framework)

Article 15.

1. To contribute to the comprehensive and effective implementation of suicide countermeasures, the national government and local public entities shall promote surveys, research and verification, as well as utilization of the outcomes thereof, with respect to the actual situation surrounding suicide cases, ways to prevent suicides, what forms of support are desirable for relatives, etc., of suicide victims, what suicide countermeasures are required in response to the situation in the respective regions, the status of suicide countermeasures implementation, etc., or with respect to the maintenance and improvement of mental health, and shall collect, organize and provide information concerning, inter alia, advanced approaches to suicide countermeasures.

2. The national government and local public entities shall develop a framework to contribute to the effective and efficient implementation of measures under the preceding paragraph.

(Securing of Human Resources, etc.)

Article 16.

The national government and local public entities shall implement policies necessary to secure and train human resources for suicide prevention and to improve the quality of such human resources in coordination and cooperation with universities, advanced vocational schools and other related entities.

(Promotion of Education and Awareness-
Raising Related to Maintaining
Mental Health, etc.)

Article 17.

1. The national government and local public entities shall implement policies necessary for the promotion of education and awareness-raising regarding maintenance of the mental health of people in professional occupations, schools, regions, etc., and to develop a framework for counseling services and secure opportunities for business owners, school teachers and other persons to be educated regarding how to maintain the mental health of the people in Japan, etc.

2. When the national government and local

public entities implement policies as prescribed in the preceding paragraph that relate to universities or advanced vocational schools, special consideration must be given to the characteristics of the education provided at universities and advanced vocational schools.

3. 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.

(Development of Framework for Medical
Treatment Provision)

Article 18.

The national government and local public entities shall implement necessary policies so that prompt and appropriate medical care is provided to those at risk of committing suicide due to problems related to maintaining their mental health, including developing an environment that makes it easy for those with mental disorders to receive medical care from doctors with a great deal of knowledge and experience in mental health (referred to in the remainder of this article as “psychiatrists”); developing a framework to provide high quality and appropriate psychiatric treatment; securing proper coordination between psychiatrists and medical doctors who provide medical care for physical injury or disease in the early stages of such medical care; securing effective coordination among psychiatrists and medical doctors who provide emergency medical care; and ensuring good coordination among psychiatrists and other professionals in the field of psychological or health and welfare services, etc., private sector entities and other related parties involved in suicide countermeasure activities in that region.

(Development of Framework to Prevent
Suicide, etc.)

Article 19.

The national government and local public entities shall implement policies needed to develop and improve a framework for the early detection of those at high risk of committing suicide and respond appropriately to prevent suicides from occurring by providing counseling services or other forms of support.

(Support for Suicide Attempt Survivors, etc.)

Article 20.

The national government and local public entities shall implement policies needed to provide appropriate support to those who survive suicide attempts, etc., so that suicide attempts will not be repeated.

(Support for Relatives, etc., of Suicide Victims)

Article 21.

The national government and local public entities shall implement policies needed to provide appropriate support for relatives, etc., of suicide victims and survivors of suicide attempts to alleviate the serious psychological impact of suicide or suicide attempts on such individuals.

(Support for Activities by Private Sector Entities)

Article 22.

The national government and local public entities shall offer advice, introduce financial measures and implement other appropriate policies to support the actions of private sector entities for the prevention of suicide or in support of relatives, etc., of suicide victims, etc.

CHAPTER IV

SUICIDE COUNTERMEASURES COUNCIL, ETC.

(Council Establishment and Affairs under Jurisdiction)

Article 23.

1. The Suicide Countermeasures Council (hereinafter referred to as the “Council”) shall be established as a special organ within the Ministry of Health, Labour and Welfare.

2. The Council shall administer the following affairs:

- (1) Drafting of the Principles of the Comprehensive Suicide Countermeasures Policy;
- (2) Coordination of related administrative organs needed for suicide countermeasures;
- (3) In addition to the matters provided in the two items above, deliberation on key matters related to suicide countermeasures and promotion of the implementation of suicide countermeasures.

(Organization, etc., of Council)

Article 24.

1. The Council shall be composed of a chairperson and members.

2. The chairperson shall be the Minister of Health, Labour and Welfare.

3. The members shall be those persons designated by the Prime Minister pursuant to the recommendation of the Minister of Health, Labour and Welfare from among Ministers of State other than the Minister of Health, Labour and Welfare.

4. The Council shall have a secretary.

5. The Minister of Health, Labour and Welfare shall appoint the secretary from among employees of the related administrative organs.

6. The secretary shall support the chairperson and members regarding affairs under the jurisdiction of the Council.

7. In addition to the matters stipulated in each of the preceding paragraphs, necessary matters relating to the organization and operation of the Council shall be stipulated by a Cabinet Order.

(Establishment of Necessary Organs)

Article 25.

In addition to those provided for in the preceding two paragraphs, the government

shall work to develop the organs necessary for the promotion of suicide countermeasures.

SUPPLEMENTARY PROVISIONS (excerpt)

(Effective Date)

Article 1.

This law shall come into force on the date

specified by a Cabinet Order within a period not exceeding six (6) months from the day of promulgation.

SUPPLEMENTARY PROVISIONS (Law No. ___ of 2016) (excerpt)

(Effective Date)

Article 1.

This law shall come into force on April 1st, 2016, except for the provisions of the next paragraph,

which shall come into force on the date of promulgation.

Act for Establishment of Ministry of Health, Labour and Welfare (Act No. 97 of 1999) (excerpt)

Act for Establishment of Ministry of Health,
Labour and Welfare

(Affairs under Jurisdiction)

Article 4.

1. The Ministry of Health, Labour and Welfare shall take charge of the following affairs in order to accomplish the duties set forth in paragraph 1 and paragraph 2 of the preceding article:

[snip]

(89-3) Affairs related to preparation and promotion of Comprehensive Suicide Countermeasures Policy Principles (referring to the fundamental policy principles provided for in article 12 of the Basic Law on Suicide Countermeasures (Law No. 85 of 2006);

[snip]

2. [snip]

3. [snip]

SECTION IV

SPECIAL ORGAN

(Suicide Countermeasures Council)

Article 16-2.

1. The Ministry shall set up the Suicide Countermeasures Council as the special organ to be established within the Ministry of Health, Labour and Welfare pursuant to provisions set forth in a separate law.

2. Matters concerning the Suicide Countermeasures Council shall be handled as stipulated in the Basic Law on Suicide Countermeasures (including orders issued thereunder).

Launch of the New General Principles of Suicide Prevention Policy in Japan

Yutaka Motohashi¹, Kayako Sakisaka^{1*}, Yoshihiro Kaneko¹, Koji Fujita¹ and Manami Ochi¹

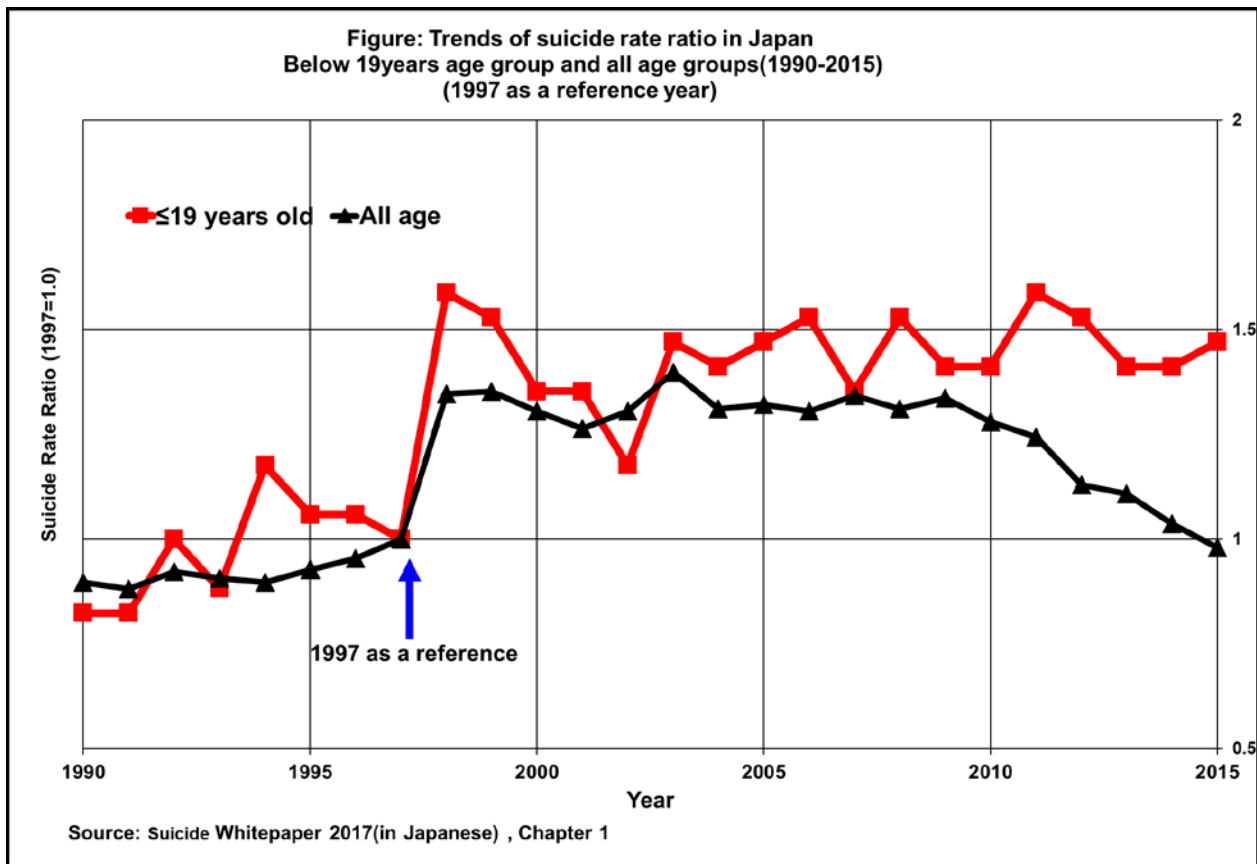
On July 25, 2017, the government of Japan approved the new General Principles of Suicide Prevention Policy (see Supplementary Information). The number of annual suicide deaths in Japan jumped up in 1998 with 32863 cases (see Supplementary Information), and has been continuously high.^{1,2} Japan was the only country among the G7 nations where suicide was the leading cause of death in the 15–39 age group (see Supplementary Information). To address this, the government of Japan drew up the Basic Law on Suicide Countermeasures in 2006, which highlighted suicide death as avoidable death. Suicide death rate in Japan has gradually decreased since 2010; and in 2016, the number of suicide deaths reduced to 21897.³ Thus, we succeeded in reducing the annual suicide rate by 23% in the past decade by these efforts (2015:18.5/2005:24.2).⁴ However, suicide rate per 100000 people in youth, particularly in below 19 years of age drastically increased in 1998, and did not decrease as other age groups. Even after the year 2010, suicide death rate of this age group increased (Figure). This issue is an emergency challenge to Japan.

The new General Principles of Suicide Prevention Policy preferentially addressed the following major issues. First, this aimed at 30% reduction in suicide deaths, and targeted a reduction

in annual suicide deaths to below 16000, the annual suicide rate per 100000 people from 18.5 in 2015 to 13.0 by 2026. Second, this Principles imposed all prefectures and municipalities to develop local plans on suicide countermeasures. Japan has high suicide rate in northern prefectures. For instance, in 2016, the suicide rate per 100000 people was 25.2 in Akita and 25.0 in Iwate, while it was 13.3 in Kanagawa and 14.0 in Osaka.⁵ Therefore, partnerships with local governments and private sectors are essential. Third, the Japan Support Center for Suicide Countermeasures not only develops local planning, but also focuses on a training program for school students entitled ‘How to raise an SOS when you face a crisis’. Fourth, in addition to reinforcing youth suicide countermeasures, we added suicide countermeasures for ‘Karoshi’, or death-by-overwork.⁵ Fifth, the new General Principles of Suicide Prevention Policy provides countermeasures for those who attempt suicide, and for bereaved family members. In Japan, however, such people are hard to reach, and suffer from traditional prejudices about suicide; we should first break through these invisible prejudices. Thus, community-based suicide countermeasures in addition to psychiatric services could be key to achieving this difficult task.

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Declaration of interests

We declare that we have no conflict of interest.

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The General Principles of Suicide Prevention Policy*

Realizing a Society in Which No One Is Driven to Take Their Own Life

Cabinet Decision, 25th July 2017

Translated by Japan Support Center for Suicide Countermeasures and published on 10th September 2017

1. BASIC PHILOSOPHY BEHIND COMPREHENSIVE SUICIDE COUNTERMEASURES

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

Ever since the Basic Law on Suicide Countermeasures (hereafter, the “Basic Law”) went into effect in October 2006, it has steadily achieved results: with the widespread recognition that suicide, once likely to be considered a “personal problem,” is a “social problem,” the whole country has been comprehensively promoting suicide countermeasures; as a result, the year-over-year change in the number of suicide victims has been on a downward track. Nevertheless, since the total number of suicides has been accumulating at a level that exceeds 20,000 persons each year, a state of emergency still continues to exist, and the situation is one that we can by no means be optimistic about.

Suicide is a death to which many have been driven. In its background are not just mental health issues; overwork, poverty, parental burnout and caregiver fatigue, bullying and social isolation and various other social factors are known to be involved. For that reason, suicide countermeasures shall be vigorously and comprehensively promoted at the three levels of “personal support,” “regional cooperation” and “the social system” in ways that will lower the risk of suicide in society as a whole by reducing the social factors that are impediments to life (suicide risk factors) and increasing those that enhance it (protective factors against suicide).

The aim is to “realize a society in which no one is driven to take their own life” by once again affirming that the essence of suicide

countermeasures lies in help for living and by setting forth the philosophy that these measures “support people’s lives.”

2. THE PRESENT STATE OF SUICIDE AND THE BASIC UNDERSTANDING BEHIND COMPREHENSIVE SUICIDE COUNTERMEASURES

Suicide is a death to which many have been driven

Suicide is not just a spur-of-the-moment act during which someone takes his/her own life; it must be understood as a process, one in which a person is forced into a situation where s/he feels compelled to do so. The mental state that leads to suicide can thus be seen as a process in which people are psychologically driven by various worries and fall into a state in which they believe there is no other choice but suicide, or one in which they are driven to a breaking point because of weakening ties to society, a role loss that makes life seem meaningless or a sense of the excessive onerousness of the role expected of them.

A look at the mental state of persons just prior to being driven to suicidal behavior has clarified that the majority are psychologically driven by various worries; as a result, they are in a depressive state or have developed a mental illness such as depression or alcohol-dependency, under the influence of which they are incapable of exercising sound judgment.

Thus, suicide is not the result of individual choice or free will but can be described as a death to which many have been driven.

The annual number of suicides is on the decline, but a state of emergency still continues

In June 2007, the national government, in accordance with the Basic Law, drew up the General Principles of Suicide Prevention Policy (hereafter, “the General Principles”) as guidelines for suicide countermeasures that it ought to promote, and under them it has been comprehensively doing so ever since.

*Supplementary Information for Launch of the New General Principles of Suicide Prevention Policy in Japan (Suicide Policy Research 2017;1:14-15)

As a result not only of these efforts by the national government but also of various initiatives by local public entities, related organizations, private sector entities and others, the annual number of suicides, which since the sharp increase in 1998 had remained high at more than 30,000 per year, has been steadily declining in the seven years since 2010, and in 2015 it was at the level it had been before 1998. A breakdown of the number of suicides shows no change during this period in the fact that men, particularly those middle-aged and older, account for the large percentage, but the death rate from suicide per 100,000 population (hereafter, the “suicide rate”) among this cohort is steadily falling, and the decline in the suicide rate among the elderly has also been striking.

It must be said, however, that a state of emergency still continues to exist. Among young people the suicide rate for those under 20 years of age remains largely unchanged since 1998; in addition, suicide is the number-one cause of death among those in their 20s and 30s, and the rate of decline in the suicide rate since its peak has also been lower for this cohort than for other age groups. Moreover, Japan’s suicide rate is the highest among the seven leading advanced countries, and the annual number of suicides is still in excess of 20,000 people. Many irreplaceable human lives are being driven to suicide every day.

Promoting practical initiatives at the community level through the PDCA cycle

The aim of Japan’s suicide countermeasures is to “realize a society in which no one is driven to take their own life,” and the purpose stipulated in the Basic Law as well is to “contribute to the realization of a society in which the people in Japan can live healthy, meaningful lives.” In other words, promoting suicide countermeasures is regarded as a way of building communities and the society at large.

Also, when the Basic Law was revised in 2016, the tenth year after its enactment, it stipulated that prefectures and municipalities should draw up local plans on suicide countermeasures taking into consideration the General Principles and in light of the actual situation in their respective regions. In addition, 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.

3. BASIC POLICIES FOR COMPREHENSIVE SUICIDE COUNTERMEASURES

1. Promoting them as comprehensive support for people’s lives

Lowering the suicide risk in society as a whole

As the World Health Organization (WHO) has clearly stated, suicide is a social problem that is largely preventable; it is becoming common knowledge throughout the world that suicides are deaths that can be prevented by the efforts of society.

Among the various factors that are the causes of or form the background to suicide are economic and livelihood issues, health problems, family problems, etc.; these problems can be solved by social initiatives such as reviewing existing systems and practices and enhancing the counseling and support systems to deal with the social factors for them like unemployment, bankruptcy, multiple debts and long working hours. Moreover, even though some factors like health or family issues may at first glance seem to be the problems of a particular individual, here too there are many situations in which these problems can be resolved by extending a helping hand of social support in the form of professional counseling, treatment for depression, etc.

In light of the basic recognition that suicide is a death to which many have been driven and a social problem that can largely be prevented, suicide countermeasures shall be deployed as comprehensive support for people’s lives from the stance of lowering the suicide risk in society as a whole and protecting the lives of each and every individual.

Decreasing the factors that impede life and increasing those that enhance it

For both individuals and society, the suicide risk goes up when the factors that impede life (suicide risk factors) exceed those that enhance it (protective factors against suicide). On the other hand, the suicide

risk does not rise in the same way for a society or for all the individuals in it, even though they too may be experiencing unemployment, multiple debts, poverty, and other life-impeding factors. The risk of suicide increases when these factors exceed self-esteem, reliable human relationships, the ability to avoid a crisis, etc., that count as life-enhancing factors; when these positive factors exceed the negative ones, the suicide risk does not go up.

For that reason, suicide countermeasures need to be promoted as comprehensive support for people's lives by lowering the suicide risk through both approaches, i.e., by making an effort to increase the life-enhancing factors as well as decrease the life-impeding ones.

2. Strengthening organic coordination with related measures and dealing with it comprehensively

Strengthening coordination in providing support for life in various areas

Suicide is related in complex ways to a variety of factors such as changes in the workplace and the community as well as health concerns, economic and livelihood issues and problems with personal relations, not to mention an individual's personality traits, family circumstances and views on life and death. In order to prevent suicide by enabling the person who is being driven to it to live safely and securely, a comprehensive approach is important, one that focuses not only on mental health but also has a social and economic component. And, in order to implement this comprehensive approach, close coordination is needed among policy measures, people and organizations in a variety of fields.

For example, health care and medical care facilities that provide counseling and treatment to those who have previously attempted suicide, or are at high risk of doing so, also need to deal with the social factors that are a source of their patients' emotional distress, and so they must be able to refer them to counseling centers that handle these problems. And those in charge of counseling centers for economic and livelihood issues are also required to have a basic knowledge of suicide prevention, such as the signs of suicide risk and methods of responding to them, as well as the location of health care and medical care facilities, etc., where people can receive help.

Efforts at coordination such as these are gradually expanding through practical onsite activities, and similar efforts are also being deployed in related areas such as poverty, child abuse, sexual violence,

hikikomori (social withdrawal), sexual minorities, etc., that are the main potential causes of suicide. Henceforth, to further enhance the effects of coordination, it will be important that those involved in providing assistance for everyday living in these various areas have a shared awareness of the part they play in suicide countermeasures.

Coordination with efforts to realize an inclusive community-based society, with the system of self-reliance support for the poor and needy, etc.

In order to detect at an early stage and provide steady support to those in the community who fall through the cracks in the system or who have complex problems and find it difficult to go for counseling, suicide countermeasures shall be coordinated with various policies and measures, beginning with efforts aimed at creating an inclusive community-based society that will promote the building of a comprehensive support system through the cooperation of local residents and related public organizations.

Since measures aimed at realizing such a society share many aspects with suicide countermeasures – such as enhancing the comprehensive support system in the municipalities, deploying it as a means of community-building in which local residents also participate, and the importance of building a network of related organizations to deal with complex problems and detect those at risk for suicide early before the situation becomes serious – it is important to carry out both measures simultaneously.

Moreover, since the ways of providing such assistance have many aspects in common with the system of self-reliance support for the poor and needy, in order to deal firmly with poverty, which is also an underlying cause of suicide, it is important to develop programs, including the abovementioned support system, in an organic, effective and efficient way by, among other things, making ongoing efforts to refer poor and needy persons receiving counseling for suicide countermeasures to services that offer counseling and support for self-sufficiency, and provide appropriate assistance in cooperation with counseling services for suicide countermeasures to persons at high risk for suicide who are recognized as such at offices providing counseling and support for self-sufficiency.

Coordinating with mental health, medical care and welfare policies and measures

In addition to efforts to detect at an early stage those at high risk for suicide and ensure that they are referred to psychiatric care, in order to deal comprehensively with the various problems that underlie a heightened risk of suicide such as economic and livelihood issues, welfare problems and family problems, increase the interconnectedness of all policies and measures in areas such as psychiatric care, health care and welfare so that everyone can receive the appropriate services.

Also, in order to increase the interconnectedness of all these policies and measures, make adjustments to the social system by assigning psychiatric social workers and other specialists to medical care facilities, etc., in the community.

3. Interconnecting policies and measures effectively at each level tailored to the stage of response

Interconnecting policies and measures at each level: personal support, regional coordination and the social system

Individual policies and measures related to suicide countermeasures shall be comprehensively promoted, taking into consideration the following three levels and organically interconnecting them:

1. Policies and measures to provide counseling and support that works to find solutions for the problems of each individual (personal support level)
2. Policies and measures for practical coordination, etc., among the related organizations to provide comprehensive support to persons with complex problems (regional coordination level)
3. Policies and measures related to enhancing and revising the framework of laws, the General Principles, plans, etc. (the social system level)

Adopting effective policies and measures for each stage of response: prevention, intervention and postvention

In addition, effective separate policies and measures for the three levels of suicide countermeasures in the previous paragraph need to be adopted for each stage:

1. Prevention: respond at the stage when the risk of suicide is still low through public awareness campaigns that provide a correct

understanding of suicide, mental illness, etc., and through initiatives to maintain and improve physical and mental health;

2. Intervention: intervene in the threat of suicide as it occurs and stop it from happening;
3. Postvention: minimize the impact on family members, co-workers and others who have been left behind in the unfortunate event that a suicide or attempted suicide occurs, and prevent new suicides from happening.

Promoting efforts at an even earlier stage of suicide prevention

Because many people are driven to suicide without being able to obtain support since they do not know how to solve the problems they have and are unaware of the counseling facilities in their community, in the schools, promote education that teaches children specific, practical methods on how to ask for help, and from whom, when facing a crisis in their lives or living conditions, and at the same time teaches them it is all right to seek help at hard or difficult times (instruction on how to raise an SOS). If children are able to equip themselves with coping strategies and sort out their problems, these will become life-enhancing factors (protective factors against suicide) and are thought to be connected to the acquisition of life skills and the ability to deal with problems facing them at school and those they will encounter later on as adults.

Also, along with teaching them how to raise an SOS, promote the creation of places children can go to and feel they belong in order to prevent social isolation.

4. Promoting awareness-raising and practical initiatives inseparably from one another

Fostering an awareness that suicide is a “danger that can happen to anyone”

According to a public opinion survey conducted by the Ministry of Health, Labour and Welfare in October 2016, nearly one person in 20 responded that they had thought about suicide during the previous year. Right now suicide is not just an issue for some people or some communities; it is becoming a serious problem that can affect anyone in Japan.

Although being driven to suicide is a “danger that can happen to anyone,” it is a fact that the mental states and underlying circumstances of persons in

crisis are hard to understand; in addition to deepening an understanding of these mental states and circumstances, actively promote public awareness on an ongoing basis so that society as a whole will have a shared recognition that it is appropriate for anyone in a crisis to ask for help.

Promoting efforts to eliminate prejudice against suicide and mental illness

Because prejudice against mental illness and psychiatric treatment is strong in Japan, many people feel a psychological resistance to consulting a psychiatrist. Middle-aged and older men, in particular, a cohort with many suicides, in addition to being prone to having mental problems, are said to have a tendency to make these problems worse by their psychological resistance to talking about them.

On the other hand, even those who think they want to die oscillate violently between wanting to die and wanting to live. Many display the warning signs of suicide such as insomnia or poor health without any known physical cause.

Engage in public relations campaigns and educational activities so that everyone in the country will be aware of the early signs that someone close to them perhaps is thinking of suicide, refer such persons to a psychiatrist or other specialist and monitor them while they are receiving professional care.

Self-regulating by the mass media

Reports on suicide in the mass media, in addition to conveying the facts, can also be highly effective in providing useful information about suicide prevention, such as the signs that indicate suicide risks and ways to deal with them; on the other hand, however, there is also a danger that detailed reports on suicide methods or frequent reports over a short period of time may trigger other suicides.

For that reason, in order to address the issue of the appropriate coverage of suicide in the news media, make the guidelines on suicide reporting widely known. It is to be hoped that the mass media will promote voluntary efforts to provide appropriate coverage of suicide while taking into consideration both the freedom of the press and the public's right to know.

5. Identifying the roles of the national government, local public entities, related organizations, private sector entities, businesses and the people in Japan

and promoting cooperation and coordination among them

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

The roles that the national government, local public entities, related organizations, private sector entities, businesses and the people in Japan ought to play in comprehensive suicide countermeasures are believed to be as follows:

The national government

The national government – which has the obligation to comprehensively formulate and implement suicide countermeasures – maintains and supports the infrastructure needed for each group to promote these measures; advances such measures itself through related systems and policies; and implements efficient and effective policies and programs that it carries out for the country as a whole. It also develops and puts into practice mechanisms to enable each group to coordinate and cooperate closely with one another.

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.

Local public entities

Local public entities – who have the obligation to enact and carry out policies and measures tailored to local conditions – taking into consideration the General Principles and in light of the actual situation in their community draw up local plans on suicide countermeasures. As the governing body closest to individual citizens, they promote suicide countermeasures in coordination with the national government while working in close coordination and cooperation with all the groups in the community.

Local support centers for suicide countermeasures set up in the prefectures and ordinance-designated cities act as area managers, as it were, within their jurisdictions, receiving support from the Japan Support Center for Suicide Countermeasures, while providing assistance in formulating, tracking the progress of and verifying the local plans for suicide countermeasures of the municipalities within their jurisdiction. They are also expected to comprehensively promote such measures as a means of community-building, by, among other things, establishing fulltime departments and assigning fulltime staff members who will have the role of coordinating suicide countermeasures with other policies and measures.

Related organizations

Related organizations – such as universities, academic societies and professional associations in occupations related to suicide countermeasures such as health, medicine, welfare, education, labor and law, as well as groups such as business organizations that have no such direct relationship but can contribute to such measures through the nature of their activities – in view of the importance of having the whole country deal with measures to combat suicide, proactively participate in suicide countermeasures that correspond to the nature of their respective activities.

Private sector entities

Private sector entities active in the community – realizing that not just activities aimed directly at preventing suicide but those in related areas such as health, medicine, welfare, education, labor and law can also contribute to suicide countermeasures – proactively participate in such measures while coordinating and cooperating with other groups and also receiving support from the national government, local public entities, etc.

Businesses

As social entities that employ workers and engage in economic activities, businesses are aware that they have an important role to play in suicide countermeasures by, among other things, working to maintain the mental health and ensure the physical safety of the workers they employ. They also know that suicides resulting from stress-related disorders and work problems not only inflict immeasurable pain on the persons involved and their families, they also lower corporate productivity and vitality, and proactively participate in suicide countermeasures.

The people of Japan

In addition to deepening their understanding of and concern for the conditions that lead to suicide and the importance of measures to combat it that provide comprehensive support for people's lives, the people of Japan realize that being driven to suicide is a “danger that can happen to anyone” and that it is appropriate for someone in such circumstances to seek help; and, in light of the fact that the mental states and underlying circumstances of persons in crisis are hard to understand, they shall strive to deepen an understanding of these factors, be aware of their own mental disorder and that of those around them and be able to deal with it appropriately.

The Japanese people shall be aware that suicide is a problem for society as a whole and a matter of personal concern and shall deal with suicide countermeasures on their own initiative in order to “realize a society in which no one is driven to take their own life.”

4. PRESSING PRIORITY POLICIES FOR COMPREHENSIVE SUICIDE COUNTERMEASURES

In accordance with section 3 above, “Basic policies for comprehensive suicide countermeasures,” establish the following policies as ones that must be addressed particularly intensively in the immediate future, in tandem with the policies and measures that require further efforts in keeping with the aims of the revised Basic Law, the eight basic policies stated in it and the current situation surrounding suicide in Japan.

In addition, policies newly deemed necessary because of the results of future research and studies shall be successively enacted.

The pressing priority policies cited below are clearly ones that the national government must concentrate its efforts on in the immediate future; they are not ones that local public entities need to deal with all-inclusively. Local public entities should give preference to promoting the priority policies needed to respond to the actual conditions of suicide and the true state of affairs in their community.

1. Strengthening support for practical initiatives at the community level

With the revision of the Basic Law in April 2016, prefectures and municipalities are required to draw up local plans on suicide countermeasures, taking into consideration the General Principles and in light of the

actual situation in their region. In addition, in view of the fact that the national government is required to provide advice and other assistance as necessary to local public entities so that they can meet their responsibility to draw up and implement such policies tailored to the situation in the region in question, it is strengthening its support for practical initiatives at the community level by, among other things, providing local public entities with profiles of actual local suicide conditions as well as policy packages of local suicide countermeasures.

(1) Preparing profiles of actual local suicide conditions

The national government through the Japan Support Center for Suicide Countermeasures prepares profiles of actual local suicide conditions that analyze the state of suicide in all the prefectures and municipalities and supports local public entities in formulating local plans for suicide countermeasures. (Ministry of Health, Labour and Welfare)

(2) Preparing policy packages of local suicide countermeasures

The national government through the Japan Support Center for Suicide Countermeasures prepares 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. (Ministry of Health, Labour and Welfare)

(3) Supporting the formulation, etc., of local plans for suicide countermeasures

The national government supports the formulation and promotion of local plans for suicide countermeasures by providing profiles of actual local suicide conditions and policy packages of local suicide countermeasures and by drawing up guidelines with which to formulate plans for such measures. (Ministry of Health, Labour and Welfare)

(4) Drawing up guidelines for formulating local plans for suicide countermeasures

The national government draws up guidelines for formulating local plans for suicide countermeasures as a way of contributing to the smooth working out of such plans. (Ministry of Health, Labour and Welfare)

(5) Assisting local support centers for suicide countermeasures

The national government assists local support centers for suicide countermeasures through training, etc., by the Japan Support Center for Suicide Countermeasures so that these centers, which have been set up in the prefectures and ordinance-designated cities, are able to provide assistance in formulating, tracking the progress of and verifying the plans for suicide countermeasures of the municipalities within their jurisdiction. (Ministry of Health, Labour and Welfare)

(6) Promoting the establishment of fulltime departments for suicide countermeasures and the assignment of fulltime staff members to them

The national government encourages local public entities to comprehensively promote suicide countermeasures as a means of community-building by, for example, establishing fulltime departments and assigning fulltime staff members who will have the role of coordinating local suicide countermeasures with other policies and measures. (Ministry of Health, Labour and Welfare)

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

The revision of the Basic Law in April 2016 clearly stated as its basic philosophy that suicide countermeasures must be implemented as “comprehensive support for people’s lives,” and in order to deepen the public’s awareness and understanding of the aims of these measures, the provisions stipulating the responsibilities of the people in Japan were also revised. In addition, since the national government and local public entities need to take the necessary steps to deepen the understanding of suicide countermeasures among the people of Japan, provisions for Suicide Prevention Week and Suicide Countermeasures Strengthening Month were newly prescribed.

Because being driven to suicide is a “danger that can happen to anyone” but the mental states and the underlying circumstances of persons in crisis are hard to understand, as well as deepening an understanding of such states and circumstances, it is necessary to promote public awareness that suicide is not just an issue for some people or some communities but is a serious problem that can affect anyone in Japan.

Also, develop public awareness programs through educational activities and public relations campaigns, etc., to dispel prejudice and mistaken beliefs about suicide and promote the realization that it is

appropriate for anyone in a crisis that threatens their life or livelihood to seek help, so that there will be a shared awareness that the role of each and every member of the Japanese public in suicide countermeasures is to realize there may be persons contemplating suicide among their own acquaintances, to get close to them, speak to them, listen to them, refer them to a specialist as necessary and monitor them.

(1) Enacting Suicide Prevention Week and Suicide Countermeasures Strengthening Month

During Suicide Prevention Week (September 10 through September 16) and Suicide Countermeasures Strengthening Month (March), which are stipulated in Article 7 of the Basic Law, the national government, local public entities, related organizations, private sector entities and others shall work together in promoting awareness-raising activities focusing on the philosophy of “suicide countermeasures to support people’s lives.” In addition, prioritize support measures so that people with problems who are led to seek help as a result of these activities can receive the help they need. Also, aim to have more than two out of every three persons in Japan know about Suicide Prevention Week and Suicide Countermeasures Strengthening Month. (Ministry of Health, Labour and Welfare; related ministries and agencies)

(2) Implementing education that will contribute to suicide countermeasures among primary and secondary schools

In primary and secondary schools, in addition to attempting to give students a real sense of the preciousness of life by making use of experience-based activities and intergenerational contacts with the elderly and others in the community, 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. (Ministry of Education, Culture, Sports, Science and Technology)

Because suicide among those aged 18 and younger has a tendency to rise sharply just after long vacation breaks, promote efforts such as early detection and monitoring at elementary and secondary schools and junior and senior high schools before, during and just

after a long vacation. (Ministry of Education, Culture, Sports, Science and Technology)

Furthermore, promote media literacy and information ethics education as well as measures to counter harmful and illegal information. (Cabinet Office; Ministry of Internal Affairs and Communications; Ministry of Education, Culture, Sports, Science and Technology)

(3) Disseminating accurate information about suicide and suicide-related phenomena

In order to heighten the response capability of every person in Japan in an emergency (techniques for getting the desired help) and dispel society’s mistaken but common beliefs about suicide and suicide-related phenomena, promote the dissemination of accurate knowledge about suicide through the proactive use of the Internet (including smartphones and cellphones). (Ministry of Health, Labour and Welfare)

Also, promote measures to further understanding of sexual minorities, among whom the percentage of those contemplating suicide has been observed to be high, in view of the fact that one of the underlying social factors for this is lack of understanding and prejudice. (Ministry of Justice; Ministry of Health, Labour and Welfare)

Although suicide is a death to which many have been driven, on the other hand, also make it known that some people die by suicide suddenly and unexpectedly as the result of illness and other reasons. (Ministry of Health, Labour and Welfare)

(4) Promoting public awareness campaigns about depression

Facilitate rest, counseling and visits to a doctor at an early stage by carrying out public awareness campaigns that provide accurate information about psychiatric disorders such as depression and depressive states in each life stage. (Ministry of Health, Labour and Welfare)

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

While respecting the privacy of suicide victims and their surviving families, in addition to implementing multifaceted research and studies that will contribute to the promotion of comprehensive suicide countermeasures, verify the findings from a practical viewpoint of suicide countermeasures and promptly return the verified results to the community to be put into practice in local suicide countermeasures.

(1) Research, studies and verification related to the actual suicide conditions and the state of implementation of suicide countermeasures, etc.

Implement studies to obtain a multifaceted understanding of the reasons for, background to and the process that leads up to suicide, including the social factors, and enhance individual responses and systemic improvements in areas such as health, medicine, welfare, education and labor; also implement studies on the ongoing support at the community level for persons contemplating suicide, including those who have survived a suicide attempt. (Ministry of Health, Labour and Welfare)

At the Japan Support Center for Suicide Countermeasures, in addition to putting suicide countermeasures into practice through the necessary encouragement of and research into the policy-making process at each step of the PDCA cycle for such measures as a whole, promote an Innovative Research Program on Suicide Countermeasures based on a grand research design to collect the necessary data and scientific evidence. (Ministry of Health, Labour and Welfare)

Also, promote the collection and provision of information so that the results of studies made by local public entities, related organizations, private sector entities and others in order to shed light on the actual conditions of suicide will be put to use in policy-making. (Ministry of Health, Labour and Welfare)

(2) Making use of the results of research, studies and verification

In order to contribute to the planning and drawing up of suicide countermeasures at the national and local level, promptly put to use the results of information on such measures that the Japan Support Center for Suicide Countermeasures has collected, organized and analyzed, such as foreign and domestic research and studies on suicide and on actual suicide conditions. (Ministry of Health, Labour and Welfare)

(3) Collecting, organizing and providing information on progressive local approaches

Promote the provision by the Japan Support Center for Suicide Countermeasures of necessary information, such as profiles of actual suicide conditions and policy packages of local suicide countermeasures (including examples of progressive approaches organized by the size, etc., of local public entities), so that local public entities can plan, draw up and implement measures tailored to the actual conditions of suicide and the true state of affairs in

their community. (Ministry of Health, Labour and Welfare)

(4) Studying suicide among children and young people

Analyze the distinctive features of, trends in, background to, particulars of, etc., suicide among primary and secondary school students and carry out research and studies on ways to prevent it. (Ministry of Education, Culture, Sports, Science and Technology)

Also, when carrying out detailed studies of suicide among students at primary and secondary schools, in situations that require a high degree of expertise in analyzing and evaluating the facts, or in situations in which the surviving family members do not want the study to be conducted by the school or the Board of Education, promote fact-finding studies by a third party as necessary. (Ministry of Education, Culture, Sports, Science and Technology)

In view of the fact that suicide countermeasures among the younger generation are becoming an issue, support studies that also provide direct assistance to young people in regard to suicide and the difficulties in their lives. (Ministry of Health, Labour and Welfare)

(5) Shedding light on actual suicide conditions in conjunction with the system to investigate cause of death

For a multifaceted understanding of the actual conditions of suicide, such as the reasons for it including the social factors, background to it and the process that led up to it, strengthen the interconnectedness with policies to promote investigations into the causes of death including the use of information obtained from them, based on the Plan to Promote Investigations into Causes of Death and Other Matters (Cabinet decision of June 13, 2014). (Cabinet Office; Ministry of Health, Labour and Welfare)

At local support centers for suicide countermeasures, promote coordination tailored to local conditions with public health centers and with the councils to promote such investigations set up in the prefectures based on the above Plan; the careful examination and analysis of death certificates in accordance with the provisions of Article 33 of the Statistics Act; and their use for an understanding of the actual conditions of local suicides. (Cabinet Office; Ministry of Health, Labour and Welfare)

Promote nationwide Child Death Reviews with regard to the total incidents of death among children

(including suicide), efforts at which are already being made in advanced areas, in order to be able to put them to use in understanding the actual conditions of suicide among children. (Ministry of Health, Labour and Welfare)

(6) Conducting interdisciplinary research to clarify the pathology of depression and other forms of mental illness, develop methods of treatment and make ongoing improvements to community-based care systems

In addition to clarifying the pathology of depression and other forms of mental illness and developing methods to treat them, both necessary steps in advancing suicide countermeasures, promote interdisciplinary research to develop a system whereby those suffering from depression can receive ongoing care in their communities, and disseminate the results. (Ministry of Health, Labour and Welfare)

(7) Expediting the use and application of existing data

Promote the collection and provision of information from the suicide statistics and other related data which the police and fire departments have, as well as other relevant data in the possession of related organizations, in order to use them in advancing local suicide countermeasures. (National Police Agency; Ministry of Internal Affairs and Communications; Ministry of Health, Labour and Welfare)

In order to contribute to the planning and formulating of evidence-based suicide countermeasures for the national government, local public entities and others, in addition to foreign and domestic research and studies on suicide and the actual conditions of suicide at the Japan Support Center for Suicide Countermeasures, in coordination with the Council for the Promotion of Evidence-Based Policy Making (provisional name), to be newly established as a cross-sectional government agency under the Strategic Conference for the Advancement of Utilizing Public and Private Sector Data, establish an onsite facility to safely collect, organize and analyze information from highly confidential administrative records and existing government statistical micro data that can contribute to suicide countermeasures, and promote the provision of the results of such analyses to local public entities and policy departments. In addition, promote collecting the relevant data that municipalities and local private sector entities have, providing the results of analyses, supporting the application and use of such results and disseminating nationwide progressive community-based

approaches to encourage efforts tailored to actual local conditions and the true state of suicide in a community. (Ministry of Internal Affairs and Communications; Ministry of Health, Labour and Welfare)

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

In addition to recruiting, training and improving the quality of personnel directly engaged as specialists in suicide countermeasures, implement education about and training in such measures in a wide range of fields in light of the fact that it is becoming important to recruit and train specialists, their aides and others who provide comprehensive support for people's lives in many different areas, as personnel involved in suicide countermeasures. Also, train personnel to disseminate accurate knowledge about suicide and suicide-related phenomena and assume the role of gatekeepers who will recognize the signs of suicide risk, speak to people with such signs, listen to them, refer them to a specialist as necessary and monitor them. By taking advantage of Suicide Prevention Week, Suicide Countermeasures Strengthening Month and other opportunities and making this training widely known, aim to have more than one out of every three people in Japan learn about gatekeeping. In addition, train personnel who will have the role of coordinating these local human resources and building comprehensive support networks.

(1) Promoting education about suicide countermeasures in coordination with universities and special vocational schools

When advancing suicide countermeasures as comprehensive support for people's lives, since it is important to recruit, train and improve the quality of personnel involved in dealing with such measures and with the risk factors for suicide, promote education about suicide countermeasures in coordination with universities, special vocational schools and related organizations that train specialists in medicine, health and welfare, psychology, etc. (Ministry of Education, Culture, Sports, Science and Technology; Ministry of Health, Labour and Welfare)

(2) Training personnel in charge of coordinating suicide countermeasures

In order to facilitate coordination among related facilities and organizations, private sector entities, specialists and other gatekeepers in the community, promote the training and placement of personnel who

will be responsible for coordinating all those concerned. (Ministry of Health, Labour and Welfare)

Promote the training of personnel responsible for personalized support who will get close to persons at risk for suicide and accompany them until the risk of suicide subsides, while coordinating with specialists and related organizations in the community to help to solve their problems. (Ministry of Health, Labour and Welfare)

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

Because many patients with depression and other forms of mental illness also have physical symptoms and many of them also consult their family doctors or other primary care providers, during clinical training and other stages of the doctors' training process and through opportunities for lifelong learning, etc., improve doctors' understanding of and response to depression and other mental illnesses and their skill at being able to evaluate their patient's suicide risk accurately taking into consideration the underlying social factors, and disseminate knowledge to them about community-based suicide countermeasures, counseling services in various areas and support measures. (Ministry of Health, Labour and Welfare)

(4) Awareness-raising for school staff

By preparing and distributing teaching materials, support efforts to train school staff such as classroom teachers and school nurses who are in contact with students on a daily basis, as well as faculty members at universities and elsewhere engaged in student counseling, in order to implement awareness-raising not only about teaching children how to raise an SOS but also about how to heighten the sensitivity of the adults around them to recognize the SOS a child has sent and how to respond to it. Implement training, etc., to improve the quality of school staff in charge of educational counseling, including care for the child of a suicide victim. Also, promote understanding among school staff of sexual minorities, among whom the percentage of those contemplating suicide has been observed to be high, in view of the fact that one of the social factors behind this is prejudice and lack of understanding. (Ministry of Education, Culture, Sports, Science and Technology)

(5) Improving the quality of care from community health staff and occupational health staff

In order for local public entities to improve counseling services related to mental health issues at

local mental health and welfare centers, public health centers and elsewhere, the national government in cooperation with local support centers for suicide countermeasures supports the implementation of training for public health nurses and other local health staff to improve the quality of mental health promotion and suicide countermeasures in the relevant areas. (Ministry of Health, Labour and Welfare)

Also, in order to promote mental health measures in the workplace, enhance training, etc., to improve the quality of occupational health staff. (Ministry of Health, Labour and Welfare)

(6) Training for long-term-care support specialists and others

Disseminate information on suicide countermeasures and mental health promotion through opportunities to train long-term-care support specialists, care workers, social workers and others employed in long-term-care services. (Ministry of Health, Labour and Welfare)

(7) Training for district welfare commissioners, commissioned child welfare volunteers and others

In order to support community-based monitoring activities aimed at detecting those at risk for suicide, implement training in policies related to mental health promotion and suicide countermeasures for district welfare commissioners, commissioned child welfare volunteers, and others. (Ministry of Health, Labour and Welfare)

(8) Improving the quality of counselors with reference to social factors

Promote the dissemination of accurate knowledge on mental health and local suicide countermeasures among counselors at multiple-debt counseling services run by consumer affairs centers, local public entities and others, the business counseling services of the Societies of Commerce and Industry and the Chambers of Commerce and Industry, counseling services at Public Employment Security Offices (Hello Work), caseworkers at welfare offices, and support staff at services that provide counseling and support for poor and needy persons to become self-sufficient. (Financial Services Agency; Consumer Affairs Agency; Ministry of Health, Labour and Welfare; Ministry of Economy, Trade and Industry; related ministries and agencies)

(9) Improving the quality of personnel at public agencies who deal with bereaved family members and others

Promote 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. (National Police Agency; Ministry of Internal Affairs and Communications)

(10) Training gatekeepers in various fields

Facilitate efforts to train gatekeepers by providing the necessary support to related organizations, such as providing information conducive to disseminating knowledge of mental health and local suicide countermeasures for occupations which, by the nature of their work, can be expected to play the role of gatekeeper, such as lawyers, persons qualified to prepare legal documents, and other professionals who deal with legal matters such as multiple-debt problems; pharmacists who have many opportunities to learn about the health status of local residents through the dispensing or sales of drugs; and barbers and others who are likely to notice changes in their customers' health because they have many opportunities to meet with them on a regular basis or during a given period of time. (Ministry of Health, Labour and Welfare; related ministries and agencies)

Disseminate the necessary basic knowledge so that everyone in Japan can act appropriately as a gatekeeper when s/he becomes aware of an abnormal change in someone close by. (Ministry of Health, Labour and Welfare)

(11) Promoting mental care for those engaged in suicide countermeasures

For those engaged in suicide countermeasures, including those involved in the activities of private sector entities and the work of local public entities, in addition to promoting the creation of mechanisms to maintain their mental health, even when someone they had counseled attempted suicide, disseminate support methods that make use of mental health expertise. (Ministry of Health, Labour and Welfare)

(12) Assisting those who provide support including family and friends

So that not only persons with problems but also those who support them, including family and friends, do not feel isolated, promote assistance for family members and others. (Ministry of Health, Labour and Welfare)

(13) Developing training materials

In order to support training provided by the national government, local public entities and others to educate and improve the quality of a variety of personnel involved in the suicide countermeasures, in addition to promoting the development of training materials, sponsor training programs for public organizations and private sector entities at the Japan Support Center for Suicide Countermeasures. (Ministry of Health, Labour and Welfare)

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

In regard to the various kinds of stress that can become causes of suicide, encourage systemic improvements in schools, the community and the workplace to maintain and advance mental health by, for example, responding appropriately to stress and reducing stress factors, and improve the workplace environment through measures to counteract harassment and overwork.

(1) Promoting mental health measures in the workplace

In order to create a society where deaths from overwork are eliminated, where there is a good work-life balance, and where it is possible to keep working in a healthy and fulfilling manner, promote measures to prevent deaths from overwork through research and studies, awareness-raising, improvements to the counseling system, and support for the activities of private sector entities, based on the General Principles Regarding Measures to Prevent Death from Overwork and Other Issues. (Ministry of Health, Labour and Welfare)

Also, in order to promote improvements to mental health measures in the workplace, in addition to designing public-awareness campaigns about the Guidelines for Maintaining and Improving Workers' Mental Health on an ongoing basis, work to further disseminate mental health measures in the workplace through a thorough implementation of the stress-check system that was launched in December 2015 with the revision of the Industrial Safety and Health Act. In addition, since, in accordance with the aims of the stress-check system, improvements to the workplace environment ought to be planned from the perspective of checks not only on long working hours and other quantitative workloads, but also on qualitative stress factors such as human relations and the lack of supportive relationships in the workplace, promote mental health measures there by supporting subsidies and other financial aid to collect, share and

implement good examples of initiatives to improve the workplace environment in light of company-wide analyses that make use of the results of stress checks. (Ministry of Health, Labour and Welfare)

Moreover, in addition to providing comprehensive information and implementing email and telephone counseling on a mental health portal site for working people, at prefectural occupational health support centers, carry out awareness-raising seminars for business people, training for human resource managers and occupational health staff in the workplace as well as training to prevent mental health disorders in young workers and supervisors through personal visits to workplaces. (Ministry of Health, Labour and Welfare)

Because the safety and health management systems at small workplaces are not always adequate, local offices of occupational health support centers will carry out counseling for workers who are experiencing mental health disorders during personal workplace visits, etc., and strengthen mental health measures in small workplaces through subsidies and other financial aid to implement stress-checks in such workplaces. (Ministry of Health, Labour and Welfare)

Moreover, in accordance with the Action Plan for the Realization of Work Style Reform (March 28, 2017 decision of the Council for the Realization of Work Style Reform) and the Healthcare Policy (Cabinet decision, July 22, 2014), in addition to implementing various measures such as strengthening occupational health functions and those of occupational health physicians, rectifying the practice of long working hours, tightening the enforcement of laws and regulations and promoting the wider adoption of health management, etc., advance these measures in a unified way by making them interconnected. (Ministry of Health, Labour and Welfare; Ministry of Economy, Trade and Industry)

Also, through the portal site and corporate seminars, continuously encourage specific initiatives by labor and management, publicize them and make them widely known to workers, employers and the people of Japan. In addition to implementing new training for personnel who can lead efforts to prevent power harassment in businesses, intended for specialists and others in personnel management and mental health measures, provide guidance on measures to combat power harassment when providing guidance on mental health measures. (Ministry of Health, Labour and Welfare)

Furthermore, see to it that thorough guidance is provided by the Employment Environment and Equality Division (Office) of the prefectural Labour

Bureaus so that measures are taken to clarify the policy that sexual harassment and harassment related to pregnancy or childbirth is not to be tolerated at any business establishment, make the policy widely known and set up counseling services, etc., so that, at workplaces where an incident of such harassment occurs, efforts are made to deal with the aftermath appropriately and prevent it from happening again. (Ministry of Health, Labour and Welfare)

(2) Improving the system for furthering mental health promotion in the community

In addition to improving counseling capabilities related to mental health issues, and the social and other problems that may underlie them, at mental health and welfare centers, public health centers and other health facilities, promote coordination among community health and occupation health and their related counseling facilities in regard to promoting mental health. (Ministry of Health, Labour and Welfare)

Also, by enriching the activities at social and educational facilities such as community centers and elsewhere, promote the creation of places in the community where different generations can interact with one another. (Ministry of Education, Culture, Sports, Science and Technology)

In addition, promote improvements to places where local residents can gather and relax, by, for example, upgrading parks and playgrounds with a view to maintaining and enhancing mental and physical health. (Ministry of Land, Infrastructure, Transport and Tourism)

In addition to promoting welfare measures for the elderly in farming villages, promote the creation of a safe and pleasant living and working environment by, among other things, providing facilities that can give the elderly a sense of purpose in life. (Ministry of Agriculture, Forestry and Fisheries)

(3) Improving the system for furthering mental health promotion in the schools

In addition to promoting health counseling carried out by school nurses through making more open use of the school infirmary, counseling room and elsewhere, see to improving the counseling system in schools by assigning school counselors, social workers, etc., and encouraging efforts to make them fulltime employees. Also, provide training to improve the quality of these school staff members. And, at universities and other places of higher education, strive to promote efforts aimed at faculty members to deepen their understanding of the issues and needs of their students relative to mental health problems and

personal development and refer students and others with mental problems to the help they need. (Ministry of Education, Culture, Sports, Science and Technology)

Also, through cooperation between schools and the community, promote efforts to increase the number of adults in the community students feel close to and who know how to respond when a youngster sends an SOS. (Ministry of Education, Culture, Sports, Science and Technology; Ministry of Health, Labour and Welfare)

In addition, promote occupational health and safety measures in schools as workplaces. (Ministry of Education, Culture, Sports, Science and Technology)

(4) Promoting mental care for and rebuilding the lives of victims of large-scale disasters

Because the victims of large-scale disasters are likely to have a variety of stress factors, in addition to mental care and the prevention of isolation, rebuilding their lives and other mid- and long-term reconstruction-related measures, tailored to each stage in the recovery process, need to be taken from the time that the disaster occurs. Mental care is also necessary for those who assist them. Thus, in addition to encouraging on an ongoing basis an understanding of the mental health status of the victims of the 2011 Tohoku earthquake and tsunami and the causes of suicide among them and studying and implementing measures to deal with these issues, make sure that the understanding gained from this process is reflected in future disaster prevention measures. (Cabinet Office; Reconstruction Agency; Ministry of Health, Labour and Welfare)

For victims of the Tohoku earthquake and tsunami and the accident at TEPCO's Fukushima Daiichi Nuclear Power Station, in order to reduce the various stress factors caused by changes in their living environment at each stage of the reconstruction process, as well as by the discrimination and prejudice that has accompanied their evacuation, through the coordinated efforts of the national government, local public entities, private sector entities and others, implement ongoing reconstruction-related measures, aimed among other things at rebuilding their lives, in addition to human rights counseling, mental care and the prevention of social isolation through monitoring and other activities. (Ministry of Justice; Reconstruction Agency; Ministry of Education, Culture, Sports, Science and Technology; Ministry of Health, Labour and Welfare)

Also, in addition to improving and enhancing the victims' mental care support programs and expanding studies and research about mental care, carry out

meticulous mental care for the victims, as well as those who assist them, by strengthening coordination between professional mental care and counseling and practical support with regard to the various worries and concerns in their lives. (Reconstruction Agency; Ministry of Health, Labour and Welfare)

As the risk that large-scale disasters may occur increases, in order to be able to carry out appropriate disaster-related health and medical assistance activities in the affected areas, strengthen human resource development and improve the Disaster Psychiatric Assistance Team (DPAT) system, taking into consideration issues that arose during the Kumamoto earthquake of 2016, and proceed immediately to setting up psychiatric hospitals at the disaster scene. Also, because those engaged in disaster relief efforts, such as members of DPAT and others working in the affected areas, may suffer from critical incident stress, take steps, such as prior arrangements with local public entities and related organizations that make up DPAT, on support methods including measures to combat critical incident stress. (Ministry of Health, Labour and Welfare)

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

Together with working toward the early detection of persons with a high risk of suicide and ensuring they are referred to psychiatric care as necessary, enhance the psychiatric care system so that such people can receive the appropriate treatment. Also, since it is likely that in many cases dealing with a situation does not necessarily end simply by referring a person to psychiatric care, even after doing so, it will be necessary to deal comprehensively with the concerns that person has, namely the various problems that underlie his/her heightened risk of suicide, such as economic and livelihood issues, welfare-related problems and family problems. For that reason, reinforce the interconnectedness of each program, psychiatric care, health care, welfare, etc., so that everyone is able to receive the appropriate mental health, medical care and welfare services.

(1) Improving the interconnectedness of each program, psychiatric care, health care, welfare, etc.

Taking into account the mental health and welfare measures and policies in plans related to health, medicine and welfare that each of the prefectures has prescribed, encourage the building of a network of related groups and organizations in the areas of health, medicine, welfare, education, labor, law, etc., that would include psychiatric care facilities in the

community. In particular, improve the interconnectedness among psychiatric care, health care and welfare. (Ministry of Health, Labour and Welfare)

Also, promote improvements to a multi-institutional coordination system to link together counseling facilities in various fields and a medical care coordination system so that those diagnosed with depression by their family doctor or other primary care provider in the community can be referred to a specialist. (Ministry of Health, Labour and Welfare)

(2) Enhancing the psychiatric care system by training personnel responsible for mental health, medical care and welfare services

In addition to carrying out training for psychologists and others engaged in psychiatric care on the appropriate ways to deal with psychiatric disorders and educating psychologists and others who can support psychiatrists, in order to disseminate highly effective treatment methods for ameliorating depression such as cognitive behavioral therapy and reduce the number of those suffering from depression by doing so, implement training mainly in mental health care for those professionally involved in treating persons with depression. (Ministry of Health, Labour and Welfare)

In order to encourage equal access to and the further dissemination of cognitive behavioral therapy and other medical care provided by psychiatrists with the support of psychologists and others, study measures and policies to improve the psychiatric care system including strengthening and upgrading cognitive behavioral therapy training programs, developing human resources and building a system to coordinate them and the handling of such treatments in the medical treatment fee system. (Ministry of Health, Labour and Welfare)

Also, in addition to the diffusion of appropriate drug therapies and the thorough enforcement of measures against drug overdoses, disseminate knowledge about adjustments that may need to be made to the patient's living environment. (Ministry of Health, Labour and Welfare)

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

Taking into account the mental health and welfare measures and policies in plans related to health, medicine and welfare that each of the prefectures has prescribed, encourage the building of a network of related groups and organizations in the areas of health, medicine, welfare, education, labor, law, etc., that

would include psychiatric care facilities in the community. In particular, improve the interconnectedness among psychiatric care, health care and welfare. Also, in order to increase the interconnectedness of these measures and policies, encourage efforts to assign psychiatric social workers and other specialists to medical facilities, etc., in the community. (Ministry of Health, Labour and Welfare) (see beginning of 4.6 (1) above)

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

Because many patients with depression and other forms of mental illness also have physical symptoms and many of them also consult their family doctors or other primary care providers, during clinical training and other stages of the doctors' training process and through opportunities for lifelong learning, etc., improve doctors' understanding of and response to depression and other mental illnesses and their skill at being able to evaluate their patient's suicide risk accurately taking into consideration the underlying social factors, and disseminate knowledge to them about community-based suicide countermeasures, counseling services in various areas and support measures. (Ministry of Health, Labour and Welfare) (see 4.4 (3) above)

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

Promote improvements to the mental care system for children by encouraging studies of a diagnostic model different from that of adults and promoting the training of doctors and others who can deal with children's mental problems. (Ministry of Health, Labour and Welfare)

Increase the number of medical facilities capable of treating small children, including emergency hospitalization, and recruit personnel to do so. (Ministry of Health, Labour and Welfare)

In addition to seeing to the functional enhancement of child consultation centers and municipal child-counseling-related facilities, work to strengthen their coordination with related organizations involved in the care and education of disabled children such as mental health and welfare centers and municipal welfare departments for persons with disabilities. (Ministry of Health, Labour and Welfare)

Furthermore, through the coordination of medical facilities with schools and related organizations involved in the care and education of disabled children, improve the environment so that all children, no matter what their home environment may be, can receive

appropriate mental health, medical care and welfare services. (Ministry of Health, Labour and Welfare)

(6) Implementing screening for depression and other mental illnesses

Promote identifying those in the community who may be depressed by making use of opportunities such as health education and health consultations, home-visits and guidance and medical check-ups at public health centers, municipal health centers and other facilities. (Ministry of Health, Labour and Welfare)

Because there is a need to prevent the elderly in particular from becoming depressed or reclusive from the perspective of long-term-care prevention, it is important to promote community-building so that the elderly can live in their communities with a sense that they have a role to play and a purpose in life. For that reason, promote, primarily at the municipal level, efficient and effective long-term-care-prevention initiatives tailored to actual local conditions, such as creating various places where people can go to in order to promote social participation and care prevention among the elderly. (Ministry of Health, Labour and Welfare)

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

In the Project for Visiting All Families with a Baby (the Hello Baby Project) to visit all homes that have babies up to four months old, in addition to providing the necessary information on parenting support, in cases where families are found to need help including the prevention of post-partum depression, refer them to the appropriate support. (Ministry of Health, Labour and Welfare)

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

For illnesses other than depression such as schizophrenia, alcohol-related health problems, drugs, gambling and other addictions that are risk factors for suicide, in addition to promoting efforts in accordance with the Basic Law on Measures to Prevent Damage to Health Due to Alcohol and other related laws, as well as research and studies in view of the relation of these disorders to debt, family problems, etc., improve the system to provide ongoing treatment and support, build a network of related groups and organizations in the areas of health care, medicine, welfare, education, labor and law

including local medical facilities, and provide support to self-help programs. (Ministry of Health, Labour and Welfare)

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

(8) Supporting cancer patients and the chronically ill

Build a system focused on cancer counseling and support centers and make its existence widely known so that cancer patients can be referred as necessary to professional psychiatric care. (Ministry of Health, Labour and Welfare)

See to establishing a system capable of providing psychological care by, for example, training nurses who can reply appropriately to queries from patients suffering from serious chronic illnesses. (Ministry of Health, Labour and Welfare)

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

Suicide countermeasures need to be implemented in ways that will lower the risk of suicide in society as a whole by decreasing the social factors that impede a person's life (suicide risk factors) and increasing those that enhance it (protective factors against suicide). To do so, promote efforts in various areas to decrease the life-impeding factors and increase the life-enhancing ones.

(1) Improving counseling systems in the community and transmitting easily understandable information on support policies, counseling services, etc.

Provide assistance to local public entities to produce and distribute pamphlets and other awareness-raising materials that list suicide-prevention-related counseling services, etc., tailored to the needs of the

persons for whom they are intended, and encourage the authorities to improve the system so that local counseling services will be easy for residents to use. (Ministry of Health, Labour and Welfare)

Also, as reliable places where people with problems can seek advice anywhere at any time and receive prompt and appropriate assistance, in addition to setting up toll-free telephone counseling services (Yoriso Hotline) available 24 hours a day, 365 days a year, having the telephone counseling provided by local public entities share the same telephone number nationwide (Mental Health Counseling Hotline), and providing the use of said services on an ongoing basis, aim to have more than two out of every three people in Japan learn about them by taking advantage of Suicide Prevention Week, Suicide Countermeasures Strengthening Month and other opportunities and making them widely known. (Ministry of Health, Labour and Welfare)

In addition, strengthen the consolidation and provision of information on comprehensive support for people's lives through search mechanisms that make use of the Internet (including smartphones and cellphones) and make this widely known so that those who need help can easily access information on the appropriate support measures. (Ministry of Health, Labour and Welfare)

As measures and policies aimed at realizing an inclusive community-based society, in order to detect at an early stage and provide steady support to those in the community who fall through the cracks in the system or who have complex problems and find it difficult to go for counseling, encourage the creation of a comprehensive support system through the cooperation of local residents and related public agencies. (Ministry of Health, Labour and Welfare)

(2) Improving counseling services related to multiple debts and increasing safety-net loans

See to the improvement of safety-net loans and the counseling system for those with multiple debts based on the Program to Remedy the Multiple Debt Problem. (Financial Services Agency; Consumer Affairs Agency; Ministry of Health, Labour and Welfare)

(3) Improving counseling services for the unemployed

In addition to promoting employment measures of all kinds for the unemployed, such as support for early reemployment, carry out meticulous vocational counseling at Public Employment Security Offices (Hello Work) and elsewhere as well as providing counseling for various problems in daily life such as

the mental anxieties that arise when facing unemployment; in addition, promote comprehensive support for the unemployed through close coordination with local public entities and others. (Ministry of Health, Labour and Welfare)

Also, at local youth support stations, coordinate with related organizations in the community to provide individualized, ongoing and comprehensive support to enable unemployed young people and others to achieve occupational self-sufficiency. (Ministry of Health, Labour and Welfare)

(4) Implementing counseling programs for business owners

In coordination with the Societies of Commerce and Industry, Chambers of Commerce and Industry, etc., promote on an ongoing basis counseling programs aimed at small and mid-sized enterprises (SMEs) facing a management crisis as well as counseling programs to deal with general business advice for SMEs. (Ministry of Economy, Trade and Industry)

Also, through SME Revitalization Support Councils being set up in all the prefectures, provide small and mid-sized business owners who have financial problems with assistance in revitalizing their businesses such as help in drawing up revitalization plans including mediating with financial institutions and counseling and support at counseling offices. (Ministry of Economy, Trade and Industry)

Furthermore, in addition to thoroughly and constantly making it clear to financial institutions that as a general rule they are not to ask for personal guarantees from a third party other than business owners when making loans, strive to disseminate and make widely known the Guidelines for Personal Guarantees Provided by Business Owners in order to even further encourage loans that do not depend on an owner's personal guarantee. (Financial Services Agency; Ministry of Economy, Trade and Industry)

(5) Improving the provision of information to resolve legal problems

Improve the provision of information for resolving legal problems through the Japan Legal Support Center (Legal Terrace) and make the Center known among the people of Japan. (Ministry of Justice)

(6) Regulating dangerous places, drugs, etc.

See to it that the safety of places where suicides have repeatedly occurred is thoroughly maintained, post information on where to get help, etc., and encourage the installation of platform doors and gates in train stations. (Ministry of Health, Labour and Welfare;

Ministry of Land, Infrastructure, Transport and Tourism)

Also, in addition to seeing to it that regulations on the dispensing of dangerous drugs are widely known and obeyed, make ongoing efforts to find missing persons who, it is feared, may commit suicide. (National Police Agency; Ministry of Health, Labour and Welfare)

(7) Strengthening suicide countermeasures that make use of information and communications technology (ICT)

Strengthen the consolidation and provision of information on support measures through search mechanisms that make use of the Internet (including smartphones and cellphones) so that those who need help can easily access information on the appropriate support measures. (Ministry of Health, Labour and Welfare) (see 4.7 (1) above)

In order to heighten the response capability of every person in Japan in an emergency and dispel society's mistaken but common beliefs about suicide and suicide-related phenomena, promote the dissemination of accurate knowledge about suicide through the proactive use of the Internet (including smartphones and cellphones). (Ministry of Health, Labour and Welfare) (see 4.2 (3) above)

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. For that reason, strengthen not just activities such as home visits and speaking to them in public, but also outreach measures for young people that make use of information and communications technology. (Ministry of Health, Labour and Welfare)

(8) Promoting measures to deal with suicide-related information on the Internet

Request site administrators and others to delete suicide-related information on the Internet. (National Police Agency)

Also, promote measures like making the filtering of content harmful to children and adolescents widely available as a way to deal with information that introduces suicide methods, etc., that might inflict injury on third parties. (Ministry of Internal Affairs and Communications; Ministry of Education, Culture, Sports, Science and Technology; Ministry of Economy, Trade and Industry)

In addition to encouraging efforts prescribed under the Act on Development of an Environment that Provides Safe and Secure Internet Use for Young

People, and seeing to it that the above filtering is widely available under the Basic Plan of the same Act, promote public awareness activities and education on the appropriate use of the Internet. (Cabinet Office; Ministry of Education, Culture, Sports, Science and Technology; Ministry of Economy, Trade and Industry)

(9) Dealing with suicide notices on the Internet

Implement on an ongoing basis prompt and appropriate responses to notices on the Internet of the intention to commit suicide. (National Police Agency)

Also, make filtering software widely available to deal with suicide notice sites on the Internet and with illegal and harmful information, such as a posting that slanders or maligns a particular individual on an electronic bulletin board, and implement support for voluntary measures against such sites taken by service providers. (Ministry of Internal Affairs and Communications; Ministry of Economy, Trade and Industry)

(10) Improving support for caregivers

In order to lighten the burden of those caring for the elderly, strive to implement the necessary support by recruiting personnel engaged in counseling services and improving their quality, etc., so that a system of coordination and cooperation among local comprehensive support centers and other related organizations is put in place and that counseling for caregivers is smoothly implemented. (Ministry of Health, Labour and Welfare)

(11) Improving support for hikikomori (social recluses)

At local hikikomori support centers, which function as primary counseling services specializing in those suffering from acute social withdrawal, in coordination with related organizations in areas such as health care, medicine, welfare, education and labor, provide support and counseling from an early stage to such people and their families and promote measures to deal with the condition. In addition, provide support and counseling for them and their families from doctors, public health nurses, psychiatric social workers, and social workers at mental health and welfare centers, public health centers and child consultation centers. (Ministry of Health, Labour and Welfare)

(12) Improving support for victims of child abuse, sex crimes and sexual violence

Child abuse has a serious impact on personality formation in children and on their mental and physical development; it can also be a risk factor for suicide. In order to further strengthen a series of measures that range from preventing abuse from occurring to helping a child who has been abused become self-sufficient, in addition to enhancing the counseling and support system in municipalities and at child consultation centers, see to improving social protective care. (Ministry of Health, Labour and Welfare)

Also, carry out vigorous publicity and awareness-raising campaigns about 189, the telephone number for child consultation centers across the country, primarily during Child Abuse Prevention Month every November, so that when someone encounters a child who seems to have been abused, s/he can unhesitatingly report this to a child consultation center and seek advice. (Ministry of Health, Labour and Welfare)

Also, in many cases, children raised in social protective care are unable to receive support from their guardians and others once they leave care facilities and are on their own; as a result, many have a variety of problems. For that reason, in order to effectively support these children in their efforts to become self-sufficient, continue to assist them even after they leave care facilities by, for example, not cutting off support at the time they go to college or seek employment, and improve back-up support. (Ministry of Health, Labour and Welfare)

To reduce the psychological burden on victims of sex crimes and sexual violence, in addition to strengthening the gathering of information the victims need and enhancing the coordination of support with the related organizations, promote improvements to the counseling system and to interviews, questioning, etc., that will take the victims' feelings into account. (Cabinet Office; National Police Agency; Ministry of Health, Labour and Welfare)

Also, in order to strengthen coordination with suicide countermeasures, in addition to increasing the coordination of assistance provided by private sector support groups that conduct suicide-prevention-related telephone counseling programs, promote the creation of places where victims can go and feel safe. (Ministry of Health, Labour and Welfare)

In addition, in order to promote support for women who have problems such as victims of sex crimes and sexual violence, encourage efforts to assist them such as outreach programs and the creation of places where

they can go and feel safe through coordination among private sector support groups, women's consultation offices and other related organizations. (Ministry of Health, Labour and Welfare)

The prevalence of psychiatric disorders such as post-traumatic stress is high among victims of sex crimes and sexual violence, because coordination between health care and medical care in dealing with measures to counter PTSD is noticeably inadequate. For this reason, conduct the research and studies needed to implement evidence-based measures from the perspective of appropriately providing support to victims of sex crimes or sexual violence. (Ministry of Health, Labour and Welfare)

(13) Improving support for the poor and needy

In view of the fact that many poor people who have multiple problems are suicide risks, in addition to providing comprehensive assistance through independence support consultation support programs in accordance with the Law on Self-Reliance Support for Poor and Needy People, coordinate closely with related organizations, etc., in the area of suicide countermeasures and provide efficient and effective assistance. Also, to advance this sort of coordination on site in the community, promote a framework for policy coordination by, among other things, making widely known specific practical examples of such coordination and exploring ways to refer a poor and needy person who visits a suicide-prevention-related counseling office to the measures s/he needs. (Ministry of Health, Labour and Welfare)

Moreover, build mechanisms to increase interconnectedness between suicide countermeasures and the system to support the self-sufficiency of the poor and needy by, among other things, providing joint training, including case studies, for counselors at related organizations and making use of a common consultation questionnaire that takes into consideration promoting coordination among related organizations in that system. (Ministry of Health, Labour and Welfare)

(14) Improving counseling services for single-parent families

Many single-parent families, in which one person has sole responsibility for both child-rearing and financially supporting the family, experience various difficulties. In order to assist such families, encourage the assignment of employment support specialists as well as single-parent self-sufficiency support staff at counseling services for single-parent families that are operated by local public entities and provide one-stop counseling on everything from matters related to

child-rearing and everyday living to employment; in addition, promote inclusive comprehensive support by referring them as necessary to other support facilities. (Ministry of Health, Labour and Welfare)

(15) Improving support for expectant and nursing mothers

In order to strengthen support for pregnant women who require assistance during pregnancy and with postnatal child care, women who have had no prenatal health check-up before giving birth and other pregnant women who are deemed to need support for child care, promote coordination with related organizations and enhance support for such women. (Ministry of Health, Labour and Welfare)

Also, ascertain the physical and mental health status and living environment of nursing mothers soon after childbirth through postnatal health check-ups from the perspective of preventing post-partum depression, and strengthen the support for them at an early stage after childbirth. (Ministry of Health, Labour and Welfare) (see 4.6 (6) above)

In the Project for Visiting All Families with a Baby (the Hello Baby Project) to visit all homes that have babies up to four months old, in addition to providing the necessary information on parenting support, in cases where families are found to need help including the prevention of post-partum depression, refer them to the appropriate support. (Ministry of Health, Labour and Welfare) (see 4.6 (6) above)

For those who have physical or mental disorders after childbirth or anxieties about child-rearing, in addition to providing child-care support and mental and physical care for mothers immediately after they leave the hospital and ensuring that there is a support system that enables them to feel comfortable about taking care of their baby, explore legal mechanisms for postnatal care programs taking into account the implementation status of the programs in the future. (Ministry of Health, Labour and Welfare)

(16) Improving support for sexual minorities

Provide counseling at legal affairs bureaus, district legal affairs bureaus, their branch offices or special human rights counseling offices. When a case of suspected human rights violation, such as harassment on account of sexual orientation or gender identity, has been identified through human rights counseling or other means, investigate it as a case of human rights violation and take appropriate measures as the situation demands. (Ministry of Justice)

Because sexual minorities sometimes have suicidal thoughts as a result of social factors such as prejudice and lack of understanding by the community or by

society at large, in addition to promoting understanding of sexual minorities among teaching staff, encourage the implementation of the appropriate educational counseling in schools. (Ministry of Education, Culture, Sports, Science and Technology)

In addition to setting up toll-free telephone counseling services (Yoriso Hotline) available 24 hours a day and 365 days a year as a place to turn to for those who have weak social ties, including those because of their sexual orientation or gender identity, implement support through interviews, counseling and accompanying them as necessary and provide sympathetic support leading to specific solutions. (Ministry of Health, Labour and Welfare)

Since power harassment can be carried out against the background of a lack of understanding about sexual orientation and gender identity, make this fact more widely known in manuals introducing measures to combat power harassment distributed to prefectural Labour Bureaus; in addition, in pamphlets aimed at business owners in regard to fair employment selection, state clearly and make the principle widely known that they are not to exclude certain people such as sexual minorities. Also, make it known on an ongoing basis that sexual harassment in the workplace can be applicable no matter what a person's sexual orientation or gender identity may be. (Ministry of Health, Labour and Welfare)

(17) Strengthening outreach and ensuring a diversity of counseling methods

At counseling programs offered by the national government, local public entities and private sector entities, in order to make counseling as available as possible even in circumstances where counseling over the telephone or in person is difficult because of the special nature of a disability, etc., see to ensuring diverse methods of communication such as faxes, emails and social networking services. (Ministry of Health, Labour and Welfare)

See to creating a counseling system for children that makes use of social networking services by, among other things, supporting initiatives by local public entities. (Ministry of Education, Culture, Sports, Science and Technology)

In order to promote support for women who have problems such as victims of sex crimes and sexual violence, encourage efforts to assist them such as outreach programs and the creation of places where they can go and feel safe through coordination among private sector support groups, women's consultation offices and other related organizations. (Ministry of Health, Labour and Welfare) (see 4.7 (12) above)

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. For that reason, strengthen not just activities such as home visits and speaking to them in public, but also outreach measures for young people that make use of information and communications technology. (Ministry of Health, Labour and Welfare) (see 4.7 (7) above)

(18) Making well known information sharing mechanisms necessary for coordination among related organizations

In order to be able to smoothly provide comprehensive support for people's lives through various kinds of back-up in the community, collect examples of initiatives pertaining to information sharing mechanisms necessary for coordination among related organizations and make them known to local public entities and others to enable them to share information about a counseling client that is needed for organic coordination, while respecting the client's wishes. (Ministry of Health, Labour and Welfare)

(19) Promoting the creation of places to go to that contribute to suicide countermeasures

In order to prevent social isolation from occurring, promote the creation of places for people to go to who may be at risk of social isolation, such as those who find life difficult, young people with low self-esteem, elderly persons who have lost their spouse through death or divorce and middle-aged and older men who are retired and have lost their role in life, so that they can reconnect to the community and to the support they need before they feel isolated. (Ministry of Health, Labour and Welfare; related ministries and agencies)

Promote comprehensive support for people's lives that combines assistance for activities at the abovementioned places that increase the life-enhancing factors (factors protective against suicide) by raising a counseling client's self-esteem, with personalized support that reduces the life-impeding factors (suicide risk factors) by specifically solving the problems s/he has. (Ministry of Health, Labour and Welfare)

(20) Making the WHO guidelines known to the news media

In order to address the issue of appropriate coverage of suicide in the news media, make known to all

media companies the WHO's suicide prevention guidelines, "Preventing Suicide: A Resource for Media Professionals," as well as the guidelines on suicide reporting that Japanese media organizations voluntarily have drawn up, and appeal to the media to make use of them. (Ministry of Health, Labour and Welfare)

Carry out research and studies on the impact of suicide reporting and on media-related measures taken abroad, etc., that will contribute to voluntary measures taken by the Japanese mass media. (Ministry of Health, Labour and Welfare)

8. Preventing repeat suicide attempts

Strengthen measures to prevent repeat suicide attempts in light of the accumulated results of various experimental approaches that have been developed in all parts of the country, such as verifying the benefits of multimodal case management for individuals who have attempted suicide and have been brought to emergency facilities, and testing efforts to help such individuals through coordination between medical facilities and local public entities. Also, improve assistance for family members and other close supporters in their efforts to monitor a person who has survived a suicide attempt.

(1) Equipping medical facilities responsible for the core functions of supporting individuals in the community who have survived a suicide attempt

In order to prevent repeat suicide attempts, there need to be medical facilities that will become the focal point for improving the ability to respond to and support individuals in the community who attempt suicide, by, for example, appropriately intervening on an ongoing basis even after such a person is released from the emergency medical facility to which s/he has been taken, making case studies of difficult cases, and training health professionals in the community; in addition to strengthening support for these initiatives, aim to disseminate model approaches to other medical facilities to be deployed under similar circumstances. (Ministry of Health, Labour and Welfare)

(2) Upgrading the medical care system provided by psychiatrists at emergency medical facilities

In addition to upgrading the psychiatric emergency medical system, by assigning mental health professionals such as psychiatric social workers at emergency and critical care centers and elsewhere, improve the emergency care system so that those who have been treated after a suicide attempt can have their need for psychiatric care evaluated, be

diagnosed by a psychiatrist as necessary and receive care from a mental health specialist. (Ministry of Health, Labour and Welfare)

Also, in order to provide the appropriate support to survivors of a suicide attempt, see to the dissemination of guidelines for the care and treatment of such persons by, for example, training those involved in emergency medicine. (Ministry of Health, Labour and Welfare)

(3) Strengthening comprehensive support for those who have attempted suicide by promoting coordination between medical care and the community

Taking into account the mental health and welfare measures and policies in plans related to health, medicine and welfare that each of the prefectures has prescribed, encourage the building of a network of related groups and organizations in the areas of health, medicine, welfare, education, labor, law, etc., that would include psychiatric care facilities in the community. Promote seamless, comprehensive, ongoing assistance by having medical facilities and local public entities coordinate their support for survivors of a suicide attempt. And, in order to increase this coordination, encourage efforts to assign specialists such as psychiatric social workers to the community, beginning at medical facilities. (Ministry of Health, Labour and Welfare) (see 4.6 (1) above, in part)

Also, promote improvements to a multi-institutional coordination system to link together counseling facilities in various fields and a medical care coordination system so that those diagnosed with depression by their family doctor or other primary care provider in the community can be referred to a specialist. (Ministry of Health, Labour and Welfare) (see 4.6 (1) above)

(4) Providing support through interconnectedness with measures to create places to go to

In order to prevent social isolation from occurring, promote the creation of places for people to go to who may be at risk of social isolation, such as those who find life difficult, young people with low self-esteem, elderly persons who have lost their spouse through death or divorce and middle-aged and older men who are retired and have lost their role in life, so that they can reconnect to the community and to the support they need before they feel isolated. (Ministry of Health, Labour and Welfare; related ministries and agencies) (see 4.7 (19) above)

Promote comprehensive support for people's lives that combines assistance for activities at the

abovementioned places that increase the life-enhancing factors (factors protective against suicide) by raising a counseling client's self-esteem, with personalized support that reduces the life-impeding factors (suicide risk factors) by specifically solving the problems s/he has. (Ministry of Health, Labour and Welfare) (see 4.7 (19) above)

(5) Providing assistance to family members and other close supporters

Improve the counseling system for those who have survived a suicide attempt as provided by public health nurses at mental health and welfare centers and public health centers by building a network of counseling facilities of all kinds related to the social factors that may become causes of suicide. In addition, improve support for the victim's family members, friends and other close supporters in their efforts to monitor him/her after being released from hospital by encouraging even greater improvements to the system to provide ongoing care by building a network of related groups and organizations in the fields of health care, medicine, welfare, education, labor, law, etc., that would include psychiatric care facilities in the community. (Ministry of Health, Labour and Welfare)

Also, in light of reports of empirical studies conducted outside of Japan that suicide-related behaviors and feelings of depression have changed for the better in survivors of suicide attempts who have subsequently received support from family members and others, and that depression and suicidal ideation have also changed for the better in the families themselves, provide training to those who would like to provide support to family members and friends who act as day-to-day supporters of someone who has attempted suicide or who are concerned about such a person. (Ministry of Health, Labour and Welfare)

(6) Encouraging post-crisis response in schools and workplaces

In the event of a suicide attempt at a school or workplace, bring about the appropriate post-crisis response by distributing manuals at the workplace and reference materials for teaching staff at the school immediately after a suicide attempt has occurred so that psychological care can be appropriately provided to classmates or co-workers. (Ministry of Education, Culture, Sports, Science and Technology; Ministry of Health, Labour and Welfare)

9. Improving support for the bereaved

The purpose provision of the Basic Law stipulates that the aim of this law is to prevent suicide and enhance support for the relatives, etc., of suicide victims by comprehensively promoting suicide countermeasures. 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.

(1) Supporting the operations of self-help groups for bereaved families

In addition to support to make bereaved families and others aware of counseling facilities and the operations of self-help groups for them in the community, improve the counseling system provided for them by public health nurses and other health professionals at mental health and welfare centers and public health centers. (Ministry of Health, Labour and Welfare)

(2) Encouraging post-crisis response in schools and workplaces

In the event of a suicide at a school or workplace, bring about the appropriate post-crisis response by distributing manuals at the workplace and reference materials for teaching staff at the school immediately after a suicide has occurred so that psychological care can be appropriately provided to classmates or co-workers. (Ministry of Education, Culture, Sports, Science and Technology; Ministry of Health, Labour and Welfare)

(3) Promoting the provision of information relating to the comprehensive support needs of bereaved families and others

Have the Japan Support Center for Suicide Countermeasures play a central role in seeing to it that bereaved families and others anywhere in the country can receive the information they need about available assistance including related measures. Also, in view of the likelihood that such persons have comprehensive support needs, so that they can promptly receive useful information as necessary, promote the provision of information on the support measures they may need while taking into consideration their privacy and that of the suicide victim, by, among other things, drawing up pamphlets that provide information about the general mental and

physical impact of suicide, things to keep in mind, various formalities, the activities of self-help groups, the location of counseling services offered by private sector entities and local public entities, and other necessary information, and by ensuring they are distributed at related organizations that are likely to be in frequent contact with the bereaved. (Ministry of Health, Labour and Welfare)

Study the problems, including legal problems, that bereaved family members and others are likely to encounter, such as demands for vacancy damages for stigmatized property where a suicide has occurred. (Ministry of Health, Labour and Welfare)

(4) Improving the quality of personnel at public agencies who deal with bereaved family members and others

Promote 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. (National Police Agency; Ministry of Internal Affairs and Communications) (see 4.4 (9) above)

(5) Supporting bereaved children

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. (Ministry of Education, Culture, Sports, Science and Technology; Ministry of Health, Labour and Welfare)

Implement training, etc., to improve the quality of school staff in charge of educational counseling, including care for bereaved children. (Ministry of Education, Culture, Sports, Science and Technology) (see 4.4 (4) above)

10. Strengthening coordination with private sector entities

The activities of private sector entities have a very important role to play in national and local suicide countermeasures. Many private sector entities, however, have problems with organizational management, human resource development, securing funding, etc. In light of these circumstances, with the revision of the Basic Law in April 2016, the national government and local public entities are authorized to offer advice and take

financial and other necessary measures to support the activities of private sector entities.

(1) Supporting human resource development at private sector entities

Support the training of those responsible for counseling at private sector entities, and of coordinators to promote coordination with other organizations. (Ministry of Health, Labour and Welfare)

Support human resource development at private sector entities by, among other things, developing educational materials to train gatekeepers in every field of activity, supporting the development of such materials, the taking of training courses, etc. (Ministry of Health, Labour and Welfare)

(2) Establishing a community coordination system

In addition to encouraging the establishment of a practical coordination system among public organizations, private sector entities and others in the community engaged in carrying out suicide countermeasures, support the provision of information on best practices so that the system will function smoothly. (Ministry of Health, Labour and Welfare)

In order to contribute to resolving consumer problems as well as detecting the signs of suicide before it occurs and strengthening coordination among related organizations, support the building of a monitoring network to prevent damages suffered by consumers at high risk of encountering trouble (the elderly, those who have previously experienced such damages, etc.). (Consumer Affairs Agency)

(3) Supporting counseling programs by private sector entities

Implement ongoing support for counseling programs aimed at suicide countermeasures conducted by private sector entities. (Ministry of Health, Labour and Welfare)

Also, implement ongoing support to provide the information they need for the human resource development of counselors. (Ministry of Health, Labour and Welfare)

(4) Supporting pioneering and experimental approaches by private sector entities as well as their efforts in places where multiple suicides have occurred

To advance efforts in the community and the entire country, support pioneering and experimental suicide

countermeasures carried out by private sector entities, as well as studies of them, etc. (Ministry of Health, Labour and Welfare)

Also, support the provision of the information needed to make it easier for private sector entities to undertake pioneering and experimental measures against suicide. (Ministry of Health, Labour and Welfare)

Support private sector entities in places where multiple suicides have occurred. (Ministry of Health, Labour and Welfare)

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

Although in recent years the suicide rate in Japan has on the whole been trending downward, for those under 20 years of age it remains largely unchanged since 1998, and the rate of decline since its peak is lower among those in their 20s and 30s than for any other age group. And, since suicide ranks high as a cause of death among the young, suicide countermeasures for this cohort are becoming an issue. In addition, because the promotion of education in schools on how to raise an SOS was incorporated in the April 2016 revision of the Basic Law, suicide countermeasures aimed at young people in particular will be promoted even further.

It is important to widen the scope of support so that young people are not excluded from the help they need, but since the circumstances in which they find themselves differ – life stage (grade in school), situation (existence of ties to school and society or the lack thereof) – as do the reasons they are driven to suicide, it is necessary to implement policies tailored to the circumstances in which each group finds itself.

(1) Preventing suicide in children who are victims of bullying

In addition to promoting initiatives laid down in the Act on Promotion of Bullying Prevention Measures and the Basic Policy for Bullying Prevention (October 11, 2013 decision of the Minister of Education, Culture, Sports, Science and Technology), make it thoroughly known that bullying is under no circumstances permissible and that it can occur to any child at any school; instruct all educators on how to recognize the signs of bullying as early as possible and respond rapidly; and, when a problem with bullying occurs, it must not be covered up, but the school, the Board of Education, the family and community must work together to deal with it. (Ministry of Education, Culture, Sports, Science and Technology)

In addition to supporting local public entities with their telephone counseling systems for bullying and other problems through a 24-hour nationwide hotline system (24-hour SOS Helpline) so that children can confide their anxieties and uncertainties at any time, encourage the development of a community-wide system so that the school, the community and the family can work together to detect bullying in its early stages and deal appropriately with it. Also, see to creating a counseling system for children that makes use of social networking services by, among other things, supporting initiatives by local public entities. (Ministry of Education, Culture, Sports, Science and Technology) (see 4.7 (17) above)

Also, continuously implement measures to protect the human rights of children through Children's Rights SOS Mini Letters, etc., that provide intimate insight into children's worries through exchanges of letters with human rights consultants in the community. (Ministry of Justice)

In order to promote an understanding of the immensity of the impact that bullying has on a person, work to provide opportunities in the schools for children and educators to hear firsthand accounts from those who have experienced bullying and from family members whose children died by suicide after suffering from it. (Ministry of Education, Culture, Sports, Science and Technology)

(2) Improving support for elementary school children and junior and senior high school students

Because suicide among those aged 18 and younger has a tendency to rise sharply just after long vacation breaks, promote efforts such as early detection and monitoring at elementary schools and junior and senior high schools before, during and just after a long vacation. (Ministry of Education, Culture, Sports, Science and Technology) (see 4.2 (2) above)

In addition to promoting health counseling carried out by school nurses through making more open use of the school infirmary, counseling room and elsewhere, see to improving the counseling system in schools by assigning school counselors, social workers, etc., and encouraging efforts to make them fulltime employees. Also, provide training to improve the quality of these school staff members. And, at universities and other places of higher education, strive to promote efforts aimed at faculty members to deepen their understanding of the issues and needs of their students relative to mental health problems and personal development and refer students and others with mental problems to the help they need. (Ministry

of Education, Culture, Sports, Science and Technology) (see 4.5 (3) above)

In addition to promoting initiatives laid down in the Act on Promotion of Bullying Prevention Measures and the Basic Policy for Bullying Prevention, make it thoroughly known that bullying is under no circumstances permissible and that it can occur to any child at any school; instruct all educators on how to recognize the signs of bullying as early as possible and respond rapidly; and, when a problem with bullying occurs, it must not be covered up, but the school, the Board of Education, the family and community must work together to deal with it. (Ministry of Education, Culture, Sports, Science and Technology) (see 4.11 (1) above)

In addition to supporting local public entities with their telephone counseling systems for bullying and other problems through a 24-hour nationwide hotline system (24-hour SOS Helpline) so that children can confide their anxieties and uncertainties at any time, encourage the development of a community-wide system so that the school, the community and the family can work together to detect bullying in its early stages and deal appropriately with it. Also, see to creating a counseling system for children that makes use of social networking services by, among other things, supporting initiatives by local public entities. (Ministry of Education, Culture, Sports, Science and Technology) (see 4.11 (1) above)

Also, continuously implement measures to protect the human rights of children through Children's Rights SOS Mini Letters, etc., that provide intimate insight into children's worries through exchanges of letters with human rights consultants in the community. (Ministry of Justice) (see 4.11 (1) above)

As support for children who refuse to go to school, in addition to promoting effective initiatives for providing assistance at an early stage through coordination among related organizations including private sector entities, see to improving the counseling system both in the schools and outside them. (Ministry of Education, Culture, Sports, Science and Technology)

For high-school dropouts and those who graduate without deciding what to do next, try to understand the actual conditions related to their dropping out or their post-school circumstances and share that information, so that Public Employment Security Offices (Hello Work), local youth support stations, schools and other related organizations can coordinate and work together to provide effective support. (Ministry of Education, Culture, Sports, Science and Technology; Ministry of Health, Labour and Welfare)

(3) Promoting instruction on how to raise an SOS

In schools, in addition to attempting to give students at primary and secondary schools a real sense of the preciousness of life by making use of experience-based activities and intergenerational contacts with the elderly and others in the community, promote instruction related to maintaining children's mental health 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. (Ministry of Education, Culture, Sports, Science and Technology) (see 4.2 (2) above)

By preparing and distributing teaching materials, support efforts to train school staff such as classroom teachers and school nurses who are in contact with students on a daily basis, as well as faculty members at universities and elsewhere engaged in student counseling, in order to implement awareness-raising not only about teaching children how to raise an SOS but also about how to heighten the sensitivity of the adults around them to recognize the SOS a child has sent and how to respond to it. Implement training, etc., to improve the quality of school staff in charge of educational counseling, including care for the child of a suicide victim. Also, promote understanding among school staff of sexual minorities, among whom the percentage of those contemplating suicide has been observed to be high, in view of the fact that one of the social factors behind this is prejudice and lack of understanding. (Ministry of Education, Culture, Sports, Science and Technology) (see 4.4 (4) above)

(4) Improving support for children

So that the various problems which children living in poverty have cannot develop into suicide risk factors, deepen coordination between suicide countermeasures and measures that have been implemented in compliance with the Act on Promotion of Child Poverty Measures. (Cabinet Office; Ministry of Health, Labour and Welfare)

In accordance with the Law on Self-Reliance Support for Poor and Needy People, in addition to implementing learning support programs, including the creation of places that children from poor households can go to, promote the creation of places where children in single-parent families, who find themselves in economically or emotionally unstable circumstances after the loss of a parent by death or divorce, can go to discuss their problems, acquire

basic lifestyle habits and receive learning support. (Ministry of Health, Labour and Welfare)

Child abuse has a serious impact on personality formation in children and on their mental and physical development. In order to further strengthen a series of measures that range from preventing abuse from occurring to helping a child who has been abused become self-sufficient, in addition to enhancing the counseling and support system in municipalities and at child consultation centers, see to improving social protective care. (Ministry of Health, Labour and Welfare) (see 4.7 (12) above)

Also, in many cases, children raised in social protective care are unable to receive support from their guardians and others once they leave care facilities and are on their own; as a result, many have a variety of problems. For that reason, in order to effectively support these children in their efforts to become self-sufficient, continue to assist them even after they leave care facilities by, for example, not cutting off support at the time they go to college or seek employment, and improve back-up support. (Ministry of Health, Labour and Welfare) (see 4.7 (12) above)

(5) Improving support for young people

At local youth support stations, coordinate with related organizations in the community to provide individualized, ongoing and comprehensive support to enable unemployed young people and others to achieve occupational self-sufficiency. (Ministry of Health, Labour and Welfare) (see 4.7 (3) above)

At local hikikomori support centers, which function as primary counseling services specializing in those suffering from acute social withdrawal, in coordination with related organizations in areas such as health care, medicine, welfare, education and labor, provide support and counseling from an early stage to such people and their families and promote measures to deal with the condition. In addition, provide support and counseling for them and their families from doctors, public health nurses, psychiatric social workers, and social workers at mental health and welfare centers, public health centers and child consultation centers. (Ministry of Health, Labour and Welfare) (see 4.7 (11) above)

To reduce the psychological burden on victims of sex crimes and sexual violence, in addition to strengthening the gathering of information the victims need and enhancing the coordination of support with the related organizations, promote improvements to the counseling system and to interviews, questioning, etc., that will take the victims' feelings into account. (Cabinet Office; National

Police Agency; Ministry of Health, Labour and Welfare) (see 4.7 (12) above)

Also, in order to strengthen coordination with suicide countermeasures, in addition to increasing the coordination of assistance provided by private sector support groups that conduct suicide-prevention-related telephone counseling programs, promote the creation of places where victims can go and feel safe. (Ministry of Health, Labour and Welfare) (see 4.7 (12) above)

In addition, in order to promote support for women who have problems such as victims of sex crimes and sexual violence, encourage efforts to assist them such as outreach programs and the creation of places where they can go and feel safe through enhanced coordination among private sector support groups, women's consultation offices and other related organizations. (Ministry of Health, Labour and Welfare) (see 4.7 (12) above)

For those in adolescence or young adulthood who have mental health issues, who repeatedly engage in self-mutilation or who have severe difficulties in life due to past experiences of abuse, etc., promote efforts to detect those with psychiatric disorders and intervene at an early stage by, among other things, providing support so that they can utilize the appropriate medical care and counseling facilities by building a network of related groups and organizations in areas such as health care, medicine, welfare, education, labor, including local emergency medical facilities, mental health and welfare centers, public health centers, educational institutions, etc. (Ministry of Health, Labour and Welfare) (see 4.6 (7) above)

(6) Improving support for young people tailored to their special traits

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. For that reason, strengthen not just activities such as home visits and speaking to them in public, but also outreach measures for young people that make use of information and communications technology. (Ministry of Health, Labour and Welfare) (see 4.7 (7) above)

Strengthen the consolidation and provision of information on support measures through search mechanisms that make use of the Internet (including smartphones and cellphones) so that those who need help can easily access information on the appropriate support measures. (Ministry of Health, Labour and Welfare) (see 4.7 (7) above)

In view of the fact that suicide countermeasures among the younger generation are becoming an issue, support studies that also provide direct assistance to young people in regard to suicide and the difficulties in their lives. (Ministry of Health, Labour and Welfare) (see 4.3 (4) above)

(7) Supporting their friends and acquaintances

Young people, it is said, tend to consult friends and others close to them through personal connections rather than go to counseling services at support organizations. And situations are also said to occur in which the close friends to whom they have confided their worries and sought advice become anxious about how to respond and are themselves placed under considerable pressure, and they and their friends come to grief together. Therefore, for those engaged in suicide countermeasures, including those involved in the activities of private sector entities as well as family members, friends and other supporters of someone who is in distress, in addition to promoting the creation of mechanisms to maintain their mental health, even when someone they had counseled attempted suicide, disseminate support methods that make use of mental health expertise. (Ministry of Health, Labour and Welfare) (see 4.4 (11) above)

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

(1) Rectifying the practice of long working hours

To rectify the practice of long working hours, revise the Labor Standards Act as prescribed in the Action Plan for the Realization of Work Style Reform; limit in principle the permitted hours of overtime work over 40 hours per week to 45 hours per month and 360 hours per year; and impose penalties for violations except in the special cases. As a special case, the maximum hours of overtime work shall be 720 hours a year (=60 hours per month on average), which cannot be exceeded even in cases where an agreement has been concluded with the consensus of labor and management on temporary and special situations. In addition, within this 720 hours per year, establish a minimal limit that cannot be exceeded for a case involving a temporary increase in the workload. (Ministry of Health, Labour and Welfare)

On the other hand, in view of the fact that both labor and management reached a consensus on the point that efforts are required to avoid concluding agreements involving overtime work close to the maximum limits, in order to further shorten overtime working hours as much as possible, create new rules

that will set up guidelines within the Labor Standards Act. (Ministry of Health, Labour and Welfare)

Also, in order to prevent suicides and deaths from overwork (so-called *karoshi*), with a view to preventing the health hazards that overwork causes, in addition to strengthening supervision and guidance by Labor Standards Inspection Offices, including thorough supervision and guidance in workplaces where employees work long hours, promote enhancements to the work environment aimed at improving the setting of work hours in order to reduce long working hours for all workers including those employed at small workplaces and non-regular employees. (Ministry of Health, Labour and Welfare)

Moreover, in order to thoroughly ensure an accurate understanding of working hours, make the new guidelines on working hours for businesses widely known. (Ministry of Health, Labour and Welfare)

Also, in order to create a society where deaths from overwork are eliminated, where there is a good work-life balance, and where it is possible to keep working in a healthy and fulfilling manner, promote measures to prevent deaths from overwork through research and studies, awareness-raising, improvements to the counseling system, and support for the activities of private sector entities, based on the General Principles Regarding Measures to Prevent Death from Overwork and Other Issues. (Ministry of Health, Labour and Welfare) (see 4.5 (1) above)

(2) Promoting mental health measures in the workplace

In order to create a society where deaths from overwork are eliminated, where there is a good work-life balance, and where it is possible to keep working in a healthy and fulfilling manner, promote measures to prevent deaths from overwork through research and studies, awareness-raising, improvements to the counseling system, and support for the activities of private sector entities, based on the General Principles Regarding Measures to Prevent Death from Overwork and Other Issues. (Ministry of Health, Labour and Welfare) (see 4.5 (1) above)

Also, in order to promote improvements to mental health measures in the workplace, in addition to designing public-awareness campaigns about the Guidelines for Maintaining and Improving Workers' Mental Health on an ongoing basis, work to further disseminate mental health measures in the workplace through a thorough implementation of the stress-check system that was launched in December 2015 with the revision of the Industrial Safety and Health Act. In addition, since, in accordance with the aims of

the stress-check system, improvements to the workplace environment ought to be planned from the perspective of checks not only on long working hours and other quantitative workloads, but also on qualitative stress factors such as human relations and the lack of supportive relationships in the workplace, promote mental health measures there by supporting subsidies and other financial aid to collect, share and implement good examples of initiatives to improve the workplace environment in light of company-wide analyses that make use of the results of stress checks. (Ministry of Health, Labour and Welfare) (see 4.5 (1) above)

Moreover, in addition to providing comprehensive information and implementing email and telephone counseling on a mental health portal site for working people, at prefectural occupational health support centers, carry out awareness-raising seminars for business people, training for human resource managers and occupational health staff in the workplace as well as training to prevent mental health disorders in young workers and supervisors through personal visits to workplaces. (Ministry of Health, Labour and Welfare) (see 4.5 (1) above)

Because the safety and health management systems at small workplaces are not always adequate, local offices of occupational health support centers will carry out counseling for workers who are experiencing mental health disorders during personal workplace visits, etc., and strengthen mental health measures in small workplaces through subsidies and other financial aid to implement stress-checks in such workplaces. (Ministry of Health, Labour and Welfare) (see 4.5 (1) above)

Moreover, in accordance with the Action Plan for the Realization of Work Style Reform and the Healthcare Policy, in addition to implementing various measures such as strengthening occupational health functions and those of occupational health physicians, rectifying the practice of long working hours and promoting the wider adoption of health management, advance them in a unified way by making them interconnected. (Ministry of Health, Labour and Welfare; Ministry of Economy, Trade and Industry) (see 4.5 (1) above)

(3) Measures to prevent harassment

In regard to the prevention of power harassment, in view of the fact that the Action Plan for the Realization of Work Style Reform states that “within a discussion with attendance of both labor and management, [the government] will discuss [the] enhancement of measures against power harassment in workplaces,” in addition to holding review

meetings of representatives from labor and management and experts and ascertaining the actual state of and issues involved in power harassment in the workplace, carry out studies to strengthen measures against it. (Ministry of Health, Labour and Welfare)

Also, through the portal site and corporate seminars, continuously encourage specific initiatives by labor and management, publicize them and make them widely known to workers, employers and the people of Japan. In addition to implementing new training for personnel who can lead efforts to prevent power harassment in businesses, intended for specialists and others in personnel management and mental health measures, provide guidance on measures to combat power harassment when providing guidance on mental health measures. (Ministry of Health, Labour and Welfare) (see 4.5 (1) above)

Furthermore, see to it that thorough guidance is provided by the Employment Environment and Equality Division (Office) of the Prefectural Labour Bureaus so that measures are taken to clarify the policy that sexual harassment and harassment related to pregnancy or childbirth is not to be tolerated at any business establishment, make the policy widely known and set up counseling services, etc., so that, at workplaces where an incident of such harassment occurs, efforts are made to deal with the aftermath appropriately and prevent it from happening again. (Ministry of Health, Labour and Welfare) (see 4.5 (1) above)

5. NUMERICAL GOALS FOR SUICIDE COUNTERMEASURES

With the revision of the Basic Law in April 2016, meeting the goal of realizing a society in which no one is driven to take their own life is regarded as an important task. Consequently, although the ultimate goal is to realize such a society, the immediate goal is to reduce the suicide rate to the present levels in advanced countries, specifically to more than 30 percent below 2015 levels by 2026.¹ Furthermore, strive to achieve this goal as rapidly as possible, and, in the event that the goal is achieved, regardless of the timeframe for reviewing the General Principles, review the numerical goal including what it ought to be.

6. PROMOTION SYSTEMS, ETC.

1. Promotion systems at the national level

In order to comprehensively and effectively promote policies in accordance with the General Principles,

see to it that there is close mutual coordination and cooperation among the related administrative agencies under the leadership of the Minister of Health, Labour and Welfare by, among other things, flexibly holding meetings primarily of the Suicide Countermeasures Council, or by some of its members as necessary and, in addition, ensure that policies are fully coordinated with one another.

Moreover, the Ministry of Health, Labour and Welfare, where the secretariat for the said Council is located, in addition to encouraging and supporting measures carried out by the related ministries and agencies, will draw up guidelines on formulating local suicide countermeasures plans, support local public entities in formulating such plans and implement comprehensive suicide countermeasures for the country as a whole. In addition to improving the reporting system when a specific case occurs, it will quickly hold an emergency liaison conference of the related ministries and agencies and respond to that case appropriately.

It will also establish mechanisms for the national government, local public entities, related organizations, private sector entities and others to coordinate and cooperate with each other so that suicide countermeasures can be promoted by the country as a whole.

Furthermore, it will coordinate closely with, and promote measures and policies in, related areas, such as health care, medicine, welfare, education, labor, gender equality, the aging society, the low birthrate, youth development, persons with disabilities, support for victims of crime, etc., the realization of an inclusive community-based society, support for the poor and needy and other related policies and measures.

Also, as the focal point for the parties concerned to work together in dealing with the PDCA cycle for suicide countermeasures, the Japan Support Center for Suicide Countermeasures, from not only a mental health perspective but also an interdisciplinary one involving such fields as sociology, economics and applied statistics, shall provide evidence-based policy support so that the national government can implement the PDCA; and, from the perspective of supporting community-based initiatives, it shall strengthen practical and pragmatic support to approaches at the municipality level, including those of private sector entities, provide information and develop mechanisms (human resource training, etc.) so that a community can come to grips with suicide countermeasures tailored to actual local conditions.

2. Promoting systematic suicide countermeasures in the community

Suicide countermeasures are profoundly related to all aspects of society – home, school, workplace and community – and in order to promote comprehensive measures to combat suicide, it is important to ensure the coordination and cooperation of the various local parties concerned and promote policies with a high degree of effectiveness tailored to a community's special features.

To do so, the national government draws up and provides guidelines for formulating local plans for suicide countermeasures, profiles of actual suicide conditions and policy packages, and supports the prefectures and ordinance-designated cities in setting up local support centers for suicide countermeasures so that these centers will draw up, track the progress of and verify the local plans for suicide countermeasures of the municipalities within their jurisdiction. Also, it shall actively appeal to the prefectures and ordinance-designated cities to promote the setting up forums to study measures formulated by Suicide Countermeasures Liaison Committees consisting of related groups and organizations in various fields and having the said Committees work out community-based plans for suicide countermeasures; and it shall offer the appropriate support by providing information, etc., for them to do so. It also shall work actively to see to it that fulltime departments responsible for suicide countermeasures are set up in the municipalities and fulltime workers assigned to them who will have the role of coordinating suicide countermeasures with other measures and policies. Furthermore, it shall

footnote

¹ According to the WHO Mortality Database, the suicide rate in advanced countries was 15.1 per 100,000 in France (2013), 13.4 in the United States (2014), 12.6 in Germany (2014), 11.3 in Canada (2012), 7.5 in Great Britain (2013) and 7.2 in Italy (2012).

Because the suicide rate in Japan in 2015 was 18.5, a reduction of more than 30 percent would equate

offer the appropriate support such as providing information for efforts to coordinate among multiple local public entities. And it shall appeal to local public entities to further increase the participation of private sector entities and others in these community efforts.

3. Policy evaluation and management

In addition to ascertaining the implementation status of policies based on the General Principles and the extent to which they have achieved their goals and evaluating the results, the Suicide Countermeasures Council shall review and improve policies in light of this evaluation.

To do so, under the Minister of Health, Labour and Welfare, it shall establish mechanisms from a position of neutrality and fairness to verify the implementation status of policies based on the General Principles and the extent to which they have achieved their goals and to evaluate these policies' effectiveness, etc., and promote suicide countermeasures effectively.

4. Review of the General Principles

The General Principles shall be reviewed roughly every five years, in light of changes in socio-economic conditions, changes in the circumstances surrounding suicide, progress made in implementing policies based on the General Principles, the status of achieving the policies' goals, etc., taking into consideration the nature of the guidelines for suicide countermeasures that the national government ought to promote.

to less than 13 per 100,000. According to the moderate-range projections of the National Institute of Population and Social Security Research (2017 estimates), the total population of Japan is expected to be 123,000,000 in 2025; in order to achieve this goal, the number of suicide deaths will need to fall below 16,000.