

Practice for Suicide Prevention in Japan –Focusing on Varieties of Risks–

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Introduction

Our research group, Suicide Prevention Research Project Team, had studied under the theme of “Potential of Social Work in Suicide Prevention Practice”, and carried out the survey of social work practices in suicide prevention. This paper shows the information about situation of suicide and practice for prevention of it in Japan, which has been under the base of above survey.

This paper, at first, shows summary of suicide and practice for prevention of it for the past in Japan. Next, after introducing of concept of three steps in suicide prevention, it shows recent practices especially on the point of views of risks and field. And lastly, it presents three issues as future issues which we should address.

1. Suicide in Japan

Whenever we talk about suicide in our country, the explosion of suicide in 1998 is mentioned. The number of suicide in the yearly number, it's about 23,000 previous year, jump up to over 30,000. It was an increase of about 30% (Fig. 1). Also the suicide rate (the number of suicide per 100 thousand) increased from 19.4% in 1997 to 26.0% (Fig. 2), it was startling findings that Japan was ranked in the top 10 in the suicide rate by WHO. In the latest findings by WHO, Japan is ranked 6th.

After that, although with some rise and fall, the number of suicide in the yearly

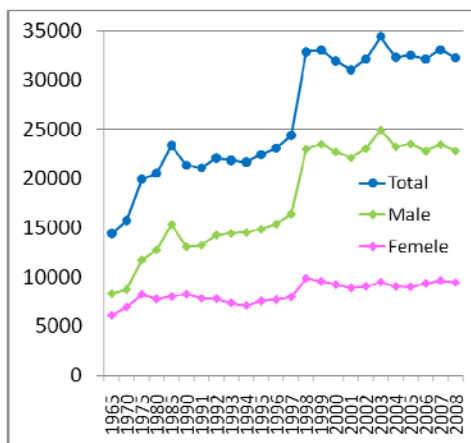


Fig. 1: The Number of Suicide in Japan

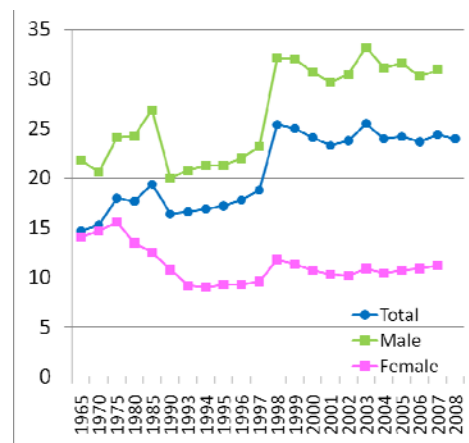


Fig. 2: The Rate of Suicide in Japan

Source: “Jisatsu no Gaiyo Shiryo (Summary date of suicide)” (NPA)

“Jisatsu-Shibo-Tokei no Gaikyo: Jinko-Dotai-Tokei, Tokusyu-Hokoku (Summary of

number have kept over 30,000 in survey by Ministry of Health, Labour and Welfare(MHLW)¹. And now, the word “30,000 people” became one of benchmark and a key word of current suicide in Japan.

2. Past Practice for Suicide Prevention in Japan

1) Before 1998

Before the increase of suicide in 1998, suicide had been not a critical issue for Japan (MHLW 2008). Government referred to suicide in their various publications only a few times during the decades, and no mention the necessity of specific action or seriousness of issues.

At same time, however, suicide rate tended to be higher in specific areas, some practices had been carried out by local governments in those areas. And some practice by private organization were started, for example, practice of “*Inochi-no-Denwa* (Life Line; 생명의 전화 or 정신건강상담전화)” in 1946, and “*Jisatsu-boushi* Center (Suicide Prevention Center)” was opened at Osaka in 1978.

On the other hand, because of strong tendency to consider suicide as taboo, those practices were not brought to the fore and not carried out actively. It was centered on only telephone counseling service.

2) After Suicide Increase in 1998

Due to increase of suicide in 1998, the strategies to prevent suicide have developed rapidly on the initiative of central government. Leading them, “Kenko-Nihon 21 (Health-Japan 21; Action for Health Promotion of Nation in 21 century)” was started. In this plan, central government set target to reduce the number of suicide in the yearly number to below 22,000 by 2010, as the one of goal for health promotion of nation.

And, practices in the field of mental health for workers got active. Because it is said that there were major economic depression, as we say “bubble economy burst”, and increasing of the unemployed, worsening of work environment behind suicide increase in 1998. It’s explained by big increase of suicide in the age of especially 40s and 50s, which is called the age of men in their prime (fig.3).

In the light of those circumstances, improvements of mental health for especially workers have been developed as a part of suicide prevention. And, “Guideline for Worker’s Mental Health in Work Place”(2000/08/09) or “Manual for Suicide Prevention and Support in Work Place ” (2001), those proposals published in sequence.

¹ In Suicide Survey in Japan, there are 2 types of them by National Police Agency (NPA) and by MHLW. Those two different figures because difference of way to count. In the survey by NPA, there were some years with less than 30,000 suicides after 1998.

Or, some practices was implemented by Ministry of Education, Culture, Sports, Science and Technology (MEXT), for example, Education to value one’s life, staffing of school counselor, improvement of support system was implemented and so on. Those are also as approach for bullying issues, which is recognized as one reason of children’s suicide.

However, despite those efforts, the number of suicide in the yearly number had not shown significant change. The one of the reasons of it is that actions were actually not by the whole national agency but by each government agencies, local governments, or private organizations such as NPO in limited way, though there were the guidelines or the recommendations by central government.

Therefore, “Jisatsu Taisaku Kihon Ho (Basic Act for Suicide Prevention)” was established. This Act is first law that has defined the basic policy in suicide prevention at the national level and stipulate the responsibility of government for it. In the background of this enactment, of course, there was recognition about necessity of practice for suicide prevention by the whole country. And more to say, there was big effect of strong appeals by concerned person, many of them were survival families of suicide (MHLW 2007). By their action, more than ten thousand signatures were collected, and Basic Act for Suicide Prevention was established on Apr. 17th in 2006. And then, Broad Outline for Comprehensive Suicide Prevention was formulated on Jun. 8th in 2007, The white paper on Suicide Prevention was started to publish since 2007.

3. How to Prevent Suicide

1) Three Steps of Prevention

Before describing about actual suicide prevention practice in Japan, I’ll mention

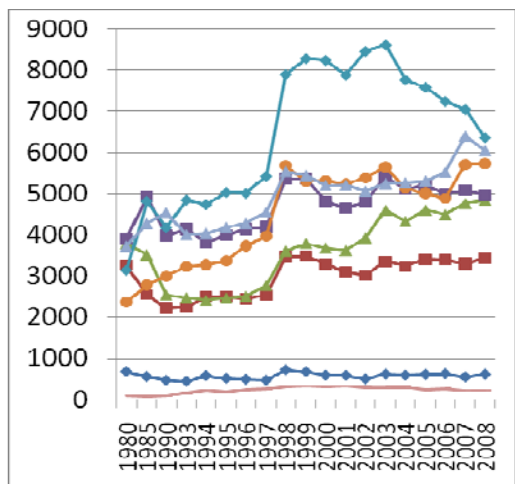


Fig. 3: The Number of Suicide in Age Bracket in Japan

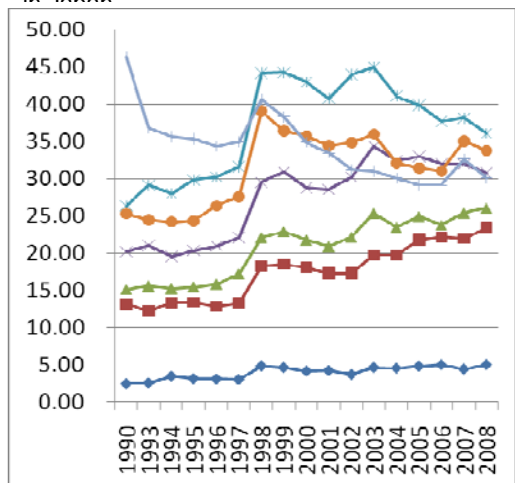
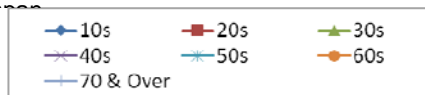


Fig. 4: The Rate of Suicide in Age Bracket in Japan



Source: “Jisatsu no Gaiyo Shiryo (Summary date of suicide)” (NPA)
 “Demographic Shifts” (Statistical Office)

about concept and construction “prevention”.

Just “prevention” is a concept that is very familiar in medical field. That is prevention of disease. The concept of disease prevention is said that there are 3 steps of prevention, those are called first-prevention, secondary-prevention, and tertiary-prevention². It is based on the prevention medicine, first-prevention is aimed at general public rather than particular individuals. It is to provide knowledge or information to avoid disease by enlightenment or education and take action what is called “prevention”. Secondary-prevention is, for the persons who are diseased, early detection and rapid cure, or prevention of complicating disease, it is “cure”. And tertiary-prevention means rehabilitation or treatment for recovery. Those three levels could be replaced with those three words, Prevention – Intervention – Postvention (Takahashi 2006).

Applying those words to suicide prevention, it could be considered that first-prevention means the enlightenment activity about suicide and its prevention, Secondary is actual preventive measures for person at risks of suicide and cure of person attempted suicide, and tertiary is, when suicide is committed, care of survival families of suicide³ or other relations (Takahashi 2006).

The difference between the case of disease and suicide is that, in the case of suicide, there occurred “the suicide” between secondary and tertiary. And if it would be completed, there is no way to approach –or support, care, help – to at least that person committed suicide. At the same time, in the completed case, care or supports for the families and relations have meaning accordingly the secondary-prevention for them. Because, the suicides of family member or relations would bring forth the suicidal risk for person who close to them⁴.

It means that, in suicide prevention, the secondary-prevention is very important. And more, in the secondary-prevention, catching the person at risks is the key. Because it is difficult for person at risks to call for help voluntarily and positively (Takahashi 2006). It is one of the trends of suicide prevention.

2) Catching the Person at Risks and Risk Factors

Then, how can we catch the person at risks? This can be achieved by understanding the risks of suicide correctly, and the risks of suicide could be apprehended from the

² There are other concepts that suggest “the 0(zero)-level prevention” before first or smaller steps, recently. However, I refer to 3 step as the typical concept.

³ If we consider “getting disease” as “carrying out suicide”, construal of secondary and tertiary prevention in suicide prevention would be different. But in this case, I describe as above because I consider the condition with risk of suicide as the condition with disease.

⁴ It is known by previous research that the persons who have any suicide victim in their family has higher risk of suicide (Fujiwara & Takahashi 2005).

reasons of suicide. The reasons of suicide are described as certain “issues” which force someone to suicide, and then, those issues could be thought as the risks of suicide. Confirming of reasons of suicide is essential factor of suicide prevention, therefore many studies have been made on it.

However, it is very difficult to reveal completely the reasons of suicide. Because it is impossible to hear their own account by suicide victims or to make a sweeping judgment about what is reason for complex relationship among multiple reasons (Jisatsu Jittai Kaiseki Project Team 2008) . But, to figure out the reasons and risks of suicide is absolutely necessary. The importance of it is pointed in the Basic Act for Suicide Prevention, as the importance of reality check of suicide.

Another dimension of catching the person at suicidal risks is that request for help cannot be expected so much from the person themselves at risks. That is, it is not sufficiently to be waiting them with hanging a signboard for help, we are needed the perspectives of outreach in suicide prevention. And, the important thing in outreach is where we go out, especially for suicide prevention. Because of not much appeal from the person at risks, it is needed to carry out in the field where we could expect existence of such persons and we could take some positive (or mandatory) interventions for them.

4. Practice for Suicide Prevention in Japan

In the practice for suicide prevention in Japan, one of the most focused factors as risks of suicide is depression and depressive tendency. In the survey by LIFELINK⁵, depression is pointed out as a factor with the highest crisis composite degree, and it also accounts major share of “Issue of health” as reason of suicide in the survey by NPA. In previous studies as well, it is said that most of people who committed suicide have tendency toward depression at least in some degrees (Nishikawa 2009). Depression is thought as the risk factor common to all suicide, so action against depression has become the one of key points in suicide prevention practice.

On the other hand, it is recognized that suicide has age characteristics. Government indicates a policy of different approach by ages. In the Broad Outline, the necessity of different approach for three ages – it’s juvenile, middle age and elderly - is pointed. When we think about that suicides are very involved in people’s life, it is easy to assume those age characteristics. Because life has trends such as life-cycle or life-pattern linked very much to age.

Those, “depression (or depressive tendency)” and “the risk of suicide by ages”, are what we catch in suicide prevention. On the other hand, about where we do it, our

⁵ LIFELINK is NPO in Japan. It is started as self-help group for survival families of suicide and has kept various practices for suicide prevention. It is said that they contributed very much to establish of the Basic Act for Suicide Prevention, and now, it is very influential for also national suicide prevention.

actual practices have carried out in the three main fields. Those are work place, community and school. And it can be thought that those three fields are fitted into three ages indicated in the Broad Outline and be selected to catch effectively the person at significant risk. Actually, two of the three field is very important for catch the two age groups with big number of suicide.

Thus, suicide prevention in Japan is summarized as the approach for depression and age characteristic risks of suicide in work place, community and school.

1) Work Place: the Risk Factor of 50s

Age group of 50s is the biggest group for the number of suicide⁶. It means that, in a way, being 50s is possibly regarded as criterion of high risk of suicide especially for men. This group made the greatest contribution to suicide increase in 1998. Among increase of about 8,000 in total, increase of 50s were about 2,400, it was 30% of the total, and 80% of it was men. And it made an impression that that suicide increase was related deteriorating economy. However, on the other hand, this group is only one group which has been decreasing the yearly number of suicide since 2003 (See Fig.3).

Life of 50s men is mostly occupied by work in term of time and mind, work is centered in their life. At the same time, in late middle age represented by 50s, it is said that people are likely to face the big challenge in the life-cycle (Takahashi 2000). That is, their life shifts gradually from upward trend of earlier age to stagnant or falling trend, and they are made confront limitation of their own development or possibility in body, mind, life, social relation and all aspects. Those changes in life, which is also the developmental task for middle age people, are often brought up to them in work environment.

Thus, work occupies an important place in 50s men's life, and their risks of suicide often occurs mainly in work place and others related work. For example, overwork, change of work environment, loss of job, and some issued resulted by those work issues. And, the companies can take an important and effective role to catch quickly and to provide appropriate response when the risks occur. That is, suicide prevention practices in work place.

Though practices in work place is, of course, not aiming only 50s men. It is true that 50s suicide have made big impact on suicide of whole of the country and suicide prevention in work place have needed to help them. So, it could be thought as the reason of the focusing on the mental health for workers by government and the reason of the putting it first on the list of actual practice report in the first White Paper on Suicide Prevention.

⁶ In sort of over 50, when it sorts them into two groups, 50s and over 60, the biggest group is over 60, and when into three or more, 50s and 60s and over 70, for example, 50s is biggest. Now, MHLW uses smaller categories – 50s, 60s, 70s and Over 80 – from 2007.

And then, as above, suicide of 50s has decreased since 2003, the number of suicide in the yearly number down by about 2,000 from the peak-year, 2003. And the majority of such decrease is men's suicide. It is hard to say that this situation could be unrelated to spreading of mental health for workers in recent years.

As a result, in recently, mental health care have been promoted in work place in the daily work and the specific occasions – advancement, demotion, change of position or task and so on - in which is considered possibility of rising risks. For example, building up the check systems for health problems, like depression, in both of physical and mental of workers, education of supervisor workers, and using the outside agencies specialized in EAP (Employment Assistance Program).

2) Community: The Risk Factors for Elderly

Elderly, same as adolescence, have been regarded as high-risk age of suicide (Takahashi 2006). Japan also has been no exception, and in both after and before 1988, issues of elderly suicide have ever come up in social topic. But, in those cases, it had been the issues mainly in certain areas. Some of those areas with high suicide rate have had some characteristic, for example high population aging rate. So, it has been thought that elderly suicide has regional characteristics.

It means, however, from the other view point, that there have been some practices for suicide prevention for elderly since before in those areas. In that context, it is expected that there have been a certain accumulated know-how on suicide prevention of elderly compared with of 50s men.

As the issues of elderly suicide had been focused in a certain areas, it has some characteristics matching to regional one. Besides the population aging rate as above, it is the income levels, with or without beneficial industry and so on. So, practices for suicide prevention of elderly have been carrying out based on regions, that is, communities.

The reason of that elderly suicide prevention is based on community is not only regional characteristics of it, but trends in life of elderly also make sense. Elderly is generally have not so much object to which they belong, and community is last one to which they could belong. Or else, one of the risk factor for elderly suicide is “isolation” or “loneliness” (Takahashi 2006). It is thought that their suicide is influenced by those feelings which they felt during that they have been losing (or felt to be losing) gradually affiliations of social roles after golden age. In that point, it could be effective to provide support as relationship with other people by network community.

Actually, the practice for suicide prevention in community is founded on communication or relationship during people in community. Watching-over activity and visiting activity is main practice in those areas, especially elderly people who live alone. And even if elderly people with family, some of them have risks. Isolation or loneliness would occurred not only by being alone as real but also by losing the social

role or meaningfulness. So enlightenment and education activities for people are also important. Those could make people in community notice the risks of suicide with person close to, and play a role of suicide prevention in community.

And, in some areas, collaboration with medical agencies such as hospital, clinic and health center have been carried out. Elderly people are often use those agencies in everyday life. By positioning those agencies as the point of risk catching, educating and collaborating with them, it is possible to catch the elderly person at risks more effectively.

On those points above of practice for suicide prevention in community, the public healthcare department have played important role in Japan. Though activity by private section such as NPO is of course very important and essential now in social services for elderly people in community, there are also some difficulties in the case of suicide prevention. For example, it is activities in the depopulation area, approach to sensitivity of suicide issue, handing of personal information and so on. The public healthcare departments have deep connection with medical agencies, they are familiar with community, and they are enforceable as public section. So they are qualified for practices for suicide prevention in community.

3) School: Suicide of School-age

Practice for suicide prevention in school is one of the centered issues in Broad Outline. However, in term of suicide of children, especially early 10s and younger, it actually have shown no significant change for past years. It is true that it had some increase in 1998, but now, it has almost recovered to the level in before 1998. Rather, compared with level in the prewar period, it has decreased not a little.

Nevertheless, approach in school has been come on. The reason of it, one is perhaps that school was selected as general life place before employment from the view point of covering whole population. And another is, it is thought, that suicide of elementary and junior high student have been recognized as a social issues in past years because of its big impact and cruel image, partly because in no small part of media impact.

In the field of school, there are those practices; conducting “the Class of Life”, improvement of support system for early detection and action about health problem in both of physical and mental, stuffing of school counselor or school social worker. Most of those are not aiming at the suicide prevention directly, but at the prevention of bullying or the approach to their family issues impacting children and their school life.

5. Future Issues

1) Suicide of 20s~30s

In a past few years, suicide of 20s~30s have been increasing. As noted before, it has been shown the decrease about 2,000 in 50s group which have brought the big number of suicide. Despite this, there have been no big changes in the total. It is because, of

course, that there have been increase in other groups, and the group with most notable increase is elderly as above, and 30s.

Characteristic of increase of 30s & 20s suicide is that it has tendency to increase also in women compared with other groups, especially in 30s. On a issue related to increase in those two groups, it has been pointed out that young people who complain about feeling of insufficiency of physical and mental in work place have increased in recent years. Some of them are called “Shokuba - Utsu (it means “depression in work place”)", it also have been pointed out the tendency of depression which is felt mainly in work place. This new type depression is said that it is different from traditional depression and, naturally, needed different approach (Yoshino 2009).

And more, though the number of patient who visit psychiatrist because of depression has increased in past years, it is reported that majority of them is 20s~30s, and more women than men (MHLW 2009). From those situation, it is thought that 20s~30s young people are pushed by stress from issues related work into situation with high suicidal risk, and that it occurs increase of suicide in those ages.

In addition to those situation, the important problem of suicide in those ages is that it have just started to be recognized, and so, that there have been made not so much studies still yet. It means that adequate practices also have not been carried out yet. Also about the reason of increase of stress for those ages in work place, though there have been some explanations, all of them are a matter for speculation, and there is no revealed cause yet.

However, from the concerning about increasing situation of suicide and depression in recently, and about stress in work place, it is sure that there is necessary of suicide prevention focusing those ages. Thus, it is needed to promote studies related suicide of those ages, for example, actual condition survey at the start of it.

2) Suicide of University Student

Though I told that there have been slight increase in 20s suicide, awareness of the issue have been directed mainly to “young worker” at present. And on the other hand, school is one of the three fields of suicide prevention, and but suicide of early 10s and younger have made not big change.

However, about “suicide of students”, it has shown significant increase. And in fact, major component of this increase is suicide of university students (Fig. 5). Junior high school students also have shown increase, but university students are more greatly.

At the same time, it could be said that they are not likely to be caught by the safety net of suicide prevention with such a perspective. It doesn't mean that there are no practices for suicide prevention in university, however, those are left to the each university's self-initiative, so conditions of practice is different between each universities. And more, university and such high education institutions have limitation in holding and controlling of the daily life of students compared with other

level schools. Until now, practices for suicide prevention in university are almost only enlightenment or creation of a kind of counseling counter, it shows difficulty of outreach approach from universities.

But then, it is clear that university student suicides have been increasing, at the same time, the reason of it has not been shown yet.

What is worse is that the category “university student” is elusive group. They are minority in both groups of 20s and students. The university students are, in 20s group, absorbed by young workers. And on another front, in the student group, they are not likely to attract attention compared with younger member, as we say “children”. As a result, studies about university student suicide have not been made enough. In suicide of this category, same as 20s~30s suicide, the issue at present is assess what is really happened.

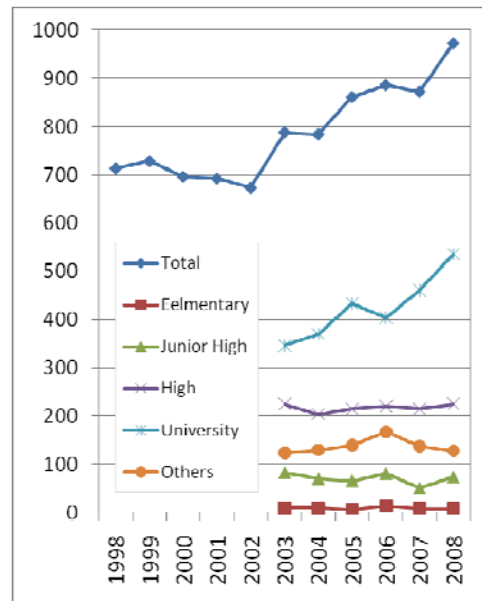


Fig. 5: The Number of Student's Suicide
Source: “Jisatsu no Gaiyo Shiryo (Summary

3) The Earlier Catching and Potential of Social Work

As has already been mentioned, the outreach is important in practice, what and how we catch suicide risks have been concerned in the suicide preventions in Japan. And as a next issue, we should now think about when.

There is the concept of “Early Intervention (EI)”. This is the concept that it tries to (or thinks it could) stop mental ill developing or becoming severe by providing adequate care or treatment on the level of revealing any signs which suggest that mental illness would develop in the later. Briefly speaking, it is intervention more early stage of mental illness than previously. It could be, from the perspective of prevention, the prevention on the level between first and secondary, or early secondary prevention. It is early intervention just same in the categorization by Takahashi (2006). Also in practice for suicide prevention, it would be needed to focus on practices for those early detection and rapid prevention.

The importance of such approach on earlier level is pointed in Broad Outline in 2007 as “Development of human resource undertaking a role as “Gate Keeper””. In Broad Outline, thought general practitioner is supposed as this resource because of early recognition of depressions, and more, it is pointed out the importance of bringing such recognition to public such as family or colleague who are closer to person at risks, in Recommendation on Promotion of Comprehensive Suicide Prevention (Apr. 2007).

As real example, in Adachi Ward, Tokyo, they undertook the training for teller

window officer to be gate-keeper. Or, LIFELINK (NPO) held the gate-keeper training workshop for general public. In those training, they provide to participant the knowledge needed to notice the sign of suicide from persons' attitude or atmosphere and to lead them to adequate specialized agency. Those approaches have been still only in limited extent. So it is expected that those approaches developed widely and become basic measure in suicide prevention in Japan. If it does, the gate-keeper who can notice the sign of someone close to would increase, and it would be impossible to reduce the risk of suicide in earlier.

Meanwhile, the underlying reason of suicide is "life issues". Even so the highest risk factor linked with suicide is the depression, there could be "life issues" behind it. And, the primary and actual role of social work is support to those "life issues". In this context, general social work – not specialized social work activity for suicide prevention – could have a certain potential to contribute to suicide prevention.

In Japan, it is thought that general social workers are not much recognizing that their own practice would link with suicide prevention (Hikitsuchi et al. 2010). But, social workers who are in direct contact with people's "life issue" are one of the qualified persons for suicide prevention in early stage. It could be effective for comprehensive suicide prevention that general social workers acquire the knowledge for being gate-keeper or recognize that their own activities could promote suicide prevention.

Thus, by increasing the number and type of people who plays a part of suicide prevention as gate-keeper, as well as person close to him/her like family, colleague, social workers of general services and social service staffs, it could become to be possible to prevent suicides in earlier stage.

Conclusion

The ideal practice of suicide prevention is, at least about social environment, making the society without any social problems which drive people into the suicide and changing the society for it. But it is actually impossible, and real practice for suicide preventions are presupposed the existing of problems.

Suicides have been currently one of the social issues for many countries in the world. In the midst of making many studies and surveys about suicide, it have been known that suicide is not only personal problems or of responsibility, and that it is needed the comprehensive approach in practices for suicide prevention by the whole national agency. Meanwhile, practices for suicide prevention have been constructed of catching the person at risks and of solution of their issues, and have been based on social supports and medial procedures. And there have been not only various studies about strategy for the escalation of situation or for the person who shows intention to commit suicide, but also practices for those case. Therefore, after now, it is needed to enhance the preventive practices in earlier stage on which people have not had consciousness of

“Suicide” yet.

In addition, it is essential to recognize clearly the situation of suicide such as reasons or characteristics and to take measures matching it. And, needless to say, because suicides could be understood as issues much have been with social issues, the situation have changed by times as well as culture, environment. So it is important to keep the correct recognition of situation in now, and keep to studies or surveys for it.

And more, suicide prevention will be required to carry out not only by utilizing specialized persons or agencies but also by changing recognition of people. For it and promoting field survey, it is required to make social environment in which whole people can exchange opinions each other about this issue and make a move, instead of taking it as taboo.

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※Underline portion means that it is write in Japanese originally while it is replaced by English work because it has almost same pronounce in both language.