

# Role as Mediator in Suicide Prevention

Project team of Suicide Prevention in GP at Doshisha University

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## Backgrounds of the research

Our project team is one of research project of GP (International theory and practices circulated education system provided by the Ministry of Education, Science and Technology) at Doshisha University.

First, I will explain the background of our research. We, the members of this project team have the experience of helping profession in common. In the process of reviewing research in suicide prevention, we realize there is *little* research that refers to role of social work in suicide prevention.

Historically, suicide has been attributed to *personal* problems such as weakness of personality. And in Japan, *only* the medical approach toward mental diseases has been regarded as suicide prevention. Therefore, social workers also tend to recognize that preventing suicide is not their concern but medical doctors' one. However, in 2008, LifeLink( one of the non profit organizations that initiated suicide prevention in current Japan) conducted a survey on *the process* of the suicide. They interviewed 305 families of the bereaved and analyzed *how* and *why* suicide occurred. An outcome of their research is that suicide is a *social* problem. It means that causes of suicide can't be attributed to individuals, but rather to *social-structural* problems underlying a suicide. According to the perspective that suicide is a social problem, we can consider the possibility of the prevention of suicide through helping the interface between a person and society. In this presentation, I will examine role of social work in suicide prevention.

## Purpose of this presentation

Today, I argue "What are roles of social workers in suicide prevention?" First, I look at the current situation of suicide in Japan according to some statistics. Second, I show the outcomes of our research, in which we interviewed helping professionals regarding their practices and consciousness of suicide prevention. Third, I will examine roles of social workers in suicide prevention and present a conclusion.

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## **1 What are trends of suicide in Japan**

### **Suicide rates in countries**

Figure 1 and 2 are a comparison of countries' suicide rates per 100,000 people by age group according to country reports and charts in WHO. According to this comparison, the suicide rate in Japan is high in 40's to 60's male. In the case of the female, the suicide rate is relatively high rate in 60 and over. However, those countries have in common in that the male's suicide rate is remarkably high than female (attention to scale in left side). According to these figures, Korea shows remarkably high in population 60 and over. And it is interesting that high rate in old age can be seen also in China.

### **Relationship between suicide and unemployment**

Figure 3 shows the relationship between number of suicide and unemployment in Japan. Trend of numbers of suicidal persons (in case of male) is correlated with trend of unemployment to some extent.

### **Process that crises are composited to suicide**

Figure 4 show the outcome of the research of pathway of suicide by Life Link(Life Link,2008). They say that there is no single risk factor of suicide, and number of factors are weighted and linked with each other. Figure 4 shows the process that each crisis is composited. "Crisis composite degree" refers to the number of risk factors each crisis has. For example, if the crisis is the first, the crisis composite degree is 1. If a new crisis is linked to the first one, then the crisis composite degree increases to 2. The average of number of composited crisis is 4 (average of 289 people). According to this research, if the 4 risk factors become linked then the person is pushed to suicide. Medical treatment of depression is one of most important to prevent suicide. However, this result tells us that it is also important to intervene each factors which consists of "composited crises" such as work environment, economic problems or human relationship in family and workplace.

## **2 How do practitioners help suicidal people?**

Second, I will focus on what practitioners do in helping suicidal people by showing the research that we conducted.

### **Purpose of interviews**

We conducted the interview to helping professionals in 2008-2009. The purpose of the research was to figure out practices and awareness of professionals in helping suicidal people. Content of research is shown in slide 10.

## **Interviewees**

We conducted interviews with practitioners who work in different kinds of fields and belong to various kinds of institutions (see the table of slide 11), such as the EAP(Employee Assistance Program), emergency medical services, psychiatric medical services and psychiatric mental health in the community.

## **Procedure of analysis**

The procedure of analysis is in slide 12. Slides 13 and 14 show categories according to the 5 themes “perspectives of social work in preventing suicide”. We classified categories to practitioners’ attitudes and skills.

## **Perspectives of social work in preventing suicide**

According to this research, 3 major features of practice are drawn from the perspective of social work in preventing suicide. One is “assessment of suicidal risks”. Second is “recognizing social aspects of problems”. And third is “creating relationships”.

### **1)Assessment of suicide risks**

Most of practitioners assessed suicidal risks during the interviews with clients. All practitioners in EAP use guideline, such as M.I.N.I(MINI international neuropsychiatric interview) to assess the degree of seriousness and urgency. Other practitioners assess suicidal risk according to what they say if clients said something risky, such as “I want to disappear” or “I want to go out” (P). When people said such a risky words, the practitioner dared to reply “Do you mean that you want to commit suicide?” to clarify their state of mind (P). Some practitioners ask about suicidal ideation directly or indirectly and help to verbalize the suicidal ideation or experiences (A,B,H,I,J,K,O,P). Most practitioners assess psychiatric medical needs( A,B,C,E,G,H,I,J,K,L,M,Q).For example, a practitioner who works in medical emergency center said “I think it is impossible to support them without psychiatric evaluation”(E).

### **2) Recognizing social aspect of problems**

At the same time, practitioners acknowledge their problems in listening to their stories(H,I,J,O,P) . And practitioners have compassion regarding the difficulty of living daily life (A,E,F,G,H,I,J,L,O,P,Q) as well as assessment of medical needs. Some interviewees pointed out that they need to practice focusing on problems in social life (E,G,H,I,J,K,L) , including “changes of social states, relationship with family members or self-evaluation” (L).

### **3) Creating relationships**

Some of practitioners ask with the client to promise not to die or next

appointment(A,B,G,H,I,J,K) . A interviewee pointed “the relationships work to prevent suicide as ties”(L). Another practitioner said “The most important thing is how to give the person the message there are people who consider your life is precious”(G). It implies that promising and compassion could build a relationship between the client and practitioner and which would result in preventing to a suicide.

Some practitioners indicated that they were helpful with living issues such as economic problems or a secure place to live (D,E,F,H,I,J,K,L) . A interviewee said “We ask how they earn their daily living and how is their daily living. Sometimes there is a clue in the answer”(E). Practitioners also create an objective relationship “between the person and society”. And most of interviewees indicated the necessity of collaboration with institutions that are related to the person including the company, clinic or professionals of mental health in a community(A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q)

### **3 Examine roles of social work in suicide prevention**

Finally, based on the interview, I will examine roles of social work in suicide prevention. The first one is “advocating people against deprivation”. Second is “mediating gaps of social security”. And third is “improving the environment”. I don’t think they are ideal concepts, rather they are practical matters.

#### **Advocating people against deprivation**

An interviewee pointed out the role of social worker in suicide prevention such as “suicide prevention in mental health field neglects the lack of human relationship. How could we make a place for deprivation of social relationships?”(L)

One of the important roles of practitioners in suicide prevention is “*To advocate people against deprivation*”. Suicidal people have been hurt deprivation from the human relationship in family, work place or other significant relationship. And some of them are deprived of social rights including livelihood, housing or continual jobs. Social workers need to compassionate regarding the difficulty of his/her living in taking the place of the client. And they need to advocate against deprivation in social context as well as assess psychiatric medical needs.

#### **Mediating gaps of social security**

As a concrete form of advocacy, social workers have the role of “*mediating gaps of social security*”. In their daily practice, social workers connect the person to the social security system such as the welfare, unemployment benefits or other kinds of benefits. Social workers’ concrete and important role is to focus on the deprivation of basic social rights and to secure dwelling place or livelihood by connecting clients to the social security system.

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### **Improving the environment**

“Improving the environment” is also important role of social worker. An interviewee indicated “In the current situation, there are fewer companies to set up a system to support for employees who leave work for mental health problems. However, even if there isn’t a system, companies often provide a opportunity of rehabilitation to work something shorter such as half of a day”.(K) He and other EAP practitioners assisted the person to go back to the work. He/She sometimes had overwork, difficulty of working because of their disease or because of human relationship in workplace. Practitioners in EAP referred to their daily practice to contact the client’s boss or the human resource department of the company. Practitioners explain them to the characteristics of depression or propose improvement of the person’s work setting. Collaboration with the related institution and improvement their environment are important work.

### **4 Conclusion**

Suicide has strongly correlated with depression or other mental diseases(WHO statistics). Appropriate psychiatric medical treatment is one of the most important practices in suicide prevention. However, there are 4 composited psycho-social crises to suicide. It means that it is important to intervene during the composited process of crises (such as hardship of life, human relationship in family or work setting). According to our interview, practitioners recognize social aspects of the problems and intervene to secure the clients’ social life and improve the environment. However, not so many social workers are aware that their practice could be suicide prevention : “Honestly, I have not been conscious of suicide specially”(N). I emphasize it is important to recognize that helping “interface between the person and society” could be preventing suicide.

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