LIFE
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Japan’s Suicide Problem

Current Situation and Necessary Measures

October 31, 2014

Lifelink

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1. Self Introduction (Separate sheet)

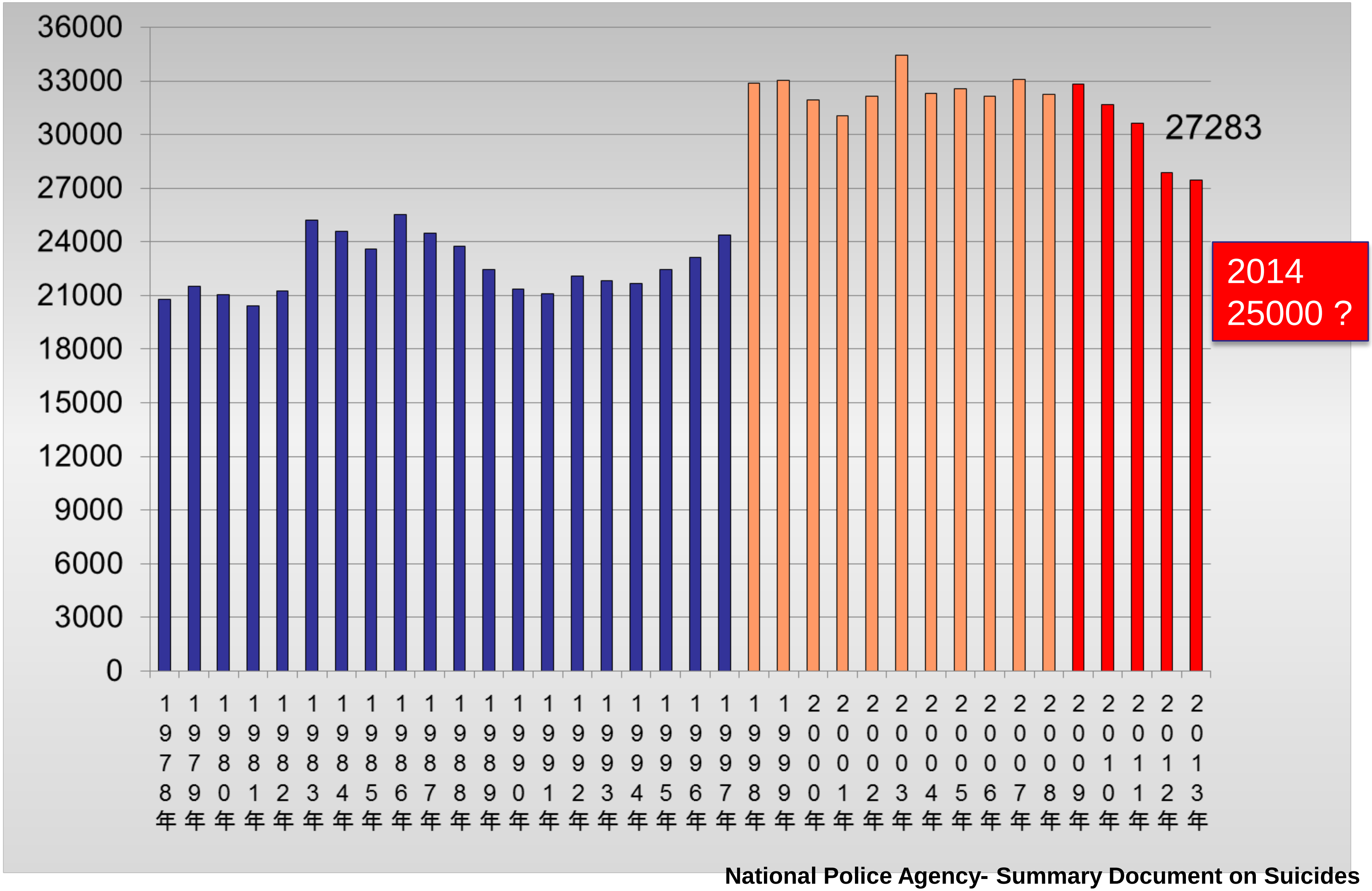
2. Current Situation of Suicide in Japan

3. Past Suicide Prevention Policies

4. General Principles of Suicide Prevention
   (Government guidelines on suicide prevention)

5. Establishment of Japanese Society of Comprehensive Suicide Prevention Policy-Making
   (Separate sheet)

Suicides in Japan



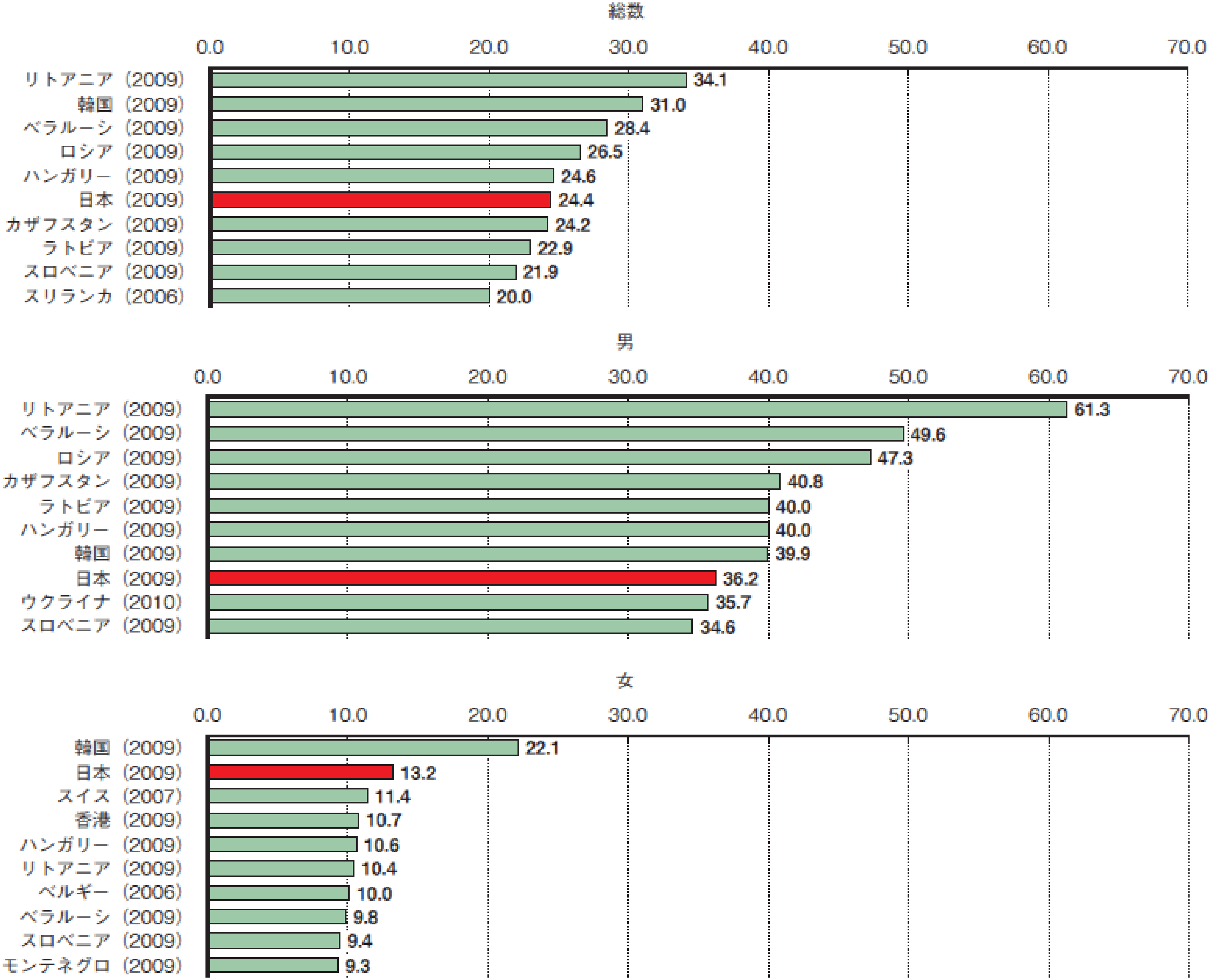
27283

2014
25000 ?

National Police Agency- Summary Document on Suicides

International Suicide Rates

Cabinet Office White Paper on Suicide Prevention in Japan 2014



Traits of Suicide in Japan

◆Men in their 40s to 60s (“father” age group) account for almost 40% of all suicides.

◆Self-employed: 7.8%, employed: 26.7%, student: 3.4%, housewife: 7.0%, involuntary unemployed: 4.5%, welfare recipient: 24.0%, other unemployed: 24.5%

◆Suicides (2013 police statistics): ① Tokyo, ② Osaka, ③ Kanagawa, ④ Saitama, ⑤ Aichi

◆Suicide Rate (2013 demographics): ① Akita, ② Iwate, ③ Niigata, ④ Shimane, ⑤ Gunma

◆The top cause of death in people in their late teens, 20s and 30s is suicide. About half the deaths of people in their 20s are suicides.

◆The male to female ratio is 7:3. Compared internationally, Japanese men have the 8th highest suicide rate and women the 2nd.

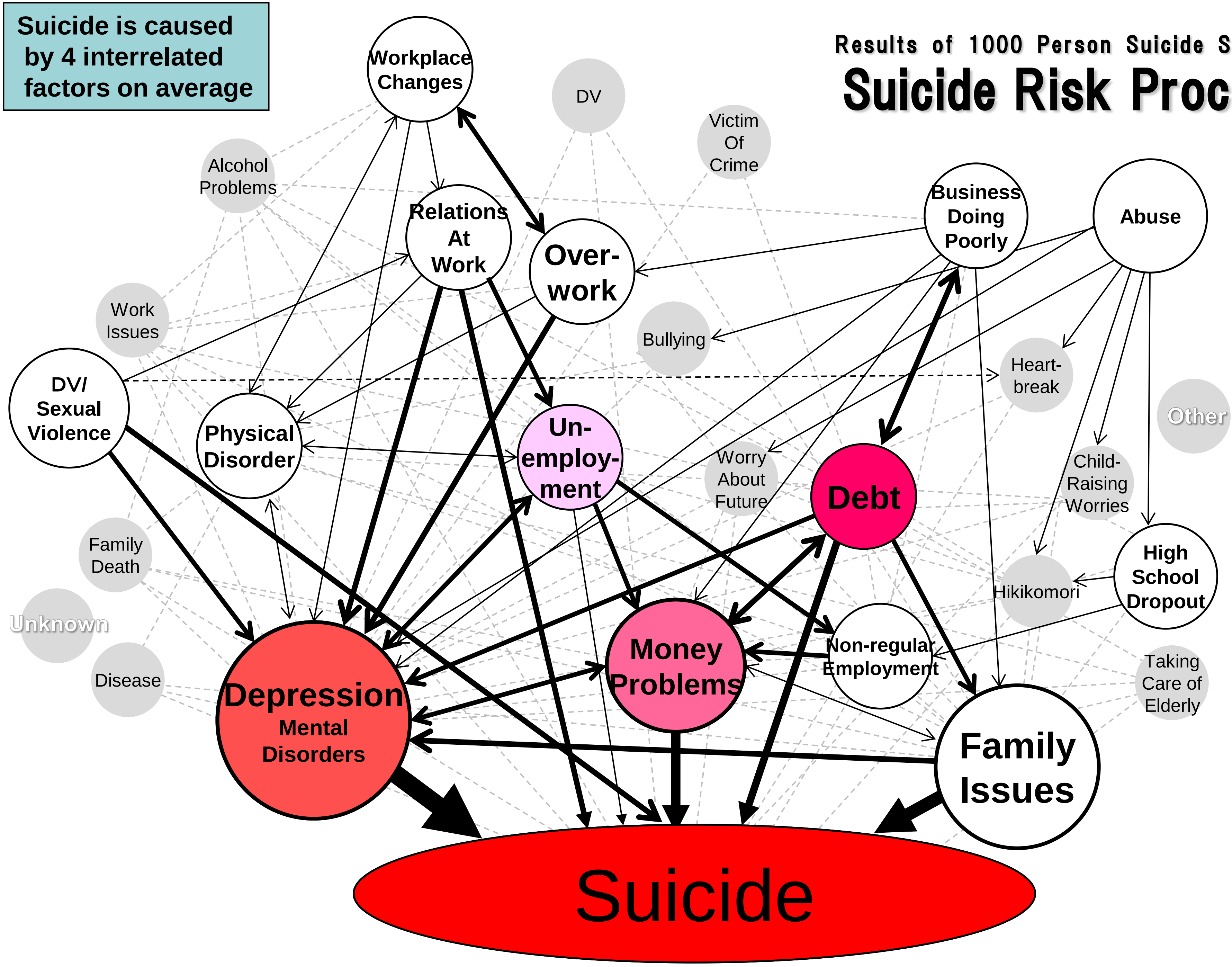
◆When 1 person commits suicide, 4-5 family members are left behind.
→Around 120,000 people every year. Over 3 million in Japan. One out of every 40 people.

◆In modern Japanese society, suicide is a national risk.

Results of 1000 Person Suicide Survey

Suicide Risk Process

Suicide is caused by 4 interrelated factors on average



Workplace Changes

DV

Victim Of Crime

Alcohol Problems

Relations At Work

Over-work

Business Doing Poorly

Abuse

Work Issues

Bullying

Heart-break

DV/ Sexual Violence

Physical Disorder

Un-employ-ment

Other

Worry About Future

Debt

Child-Raising Worries

Family Death

Hikikomori

High School Dropout

Unknown

Money Problems

Non-regular Employment

Disease

Depression Mental Disorders

Taking Care of Elderly

Family Issues

Suicide

Examples of Suicide Risk Process

(｢→｣＝chain reaction, ｢＋｣＝concurrent)

[Unemployed] ①Lose job→money problems→heavy debt→depression→**suicide**
② Joint loan payments→bankruptcy→divorce worry＋worry about future→**suicide**
③ Victim of crime (sexual violence, etc.)→mental disorder→lose job＋heartbreak→**suicide**

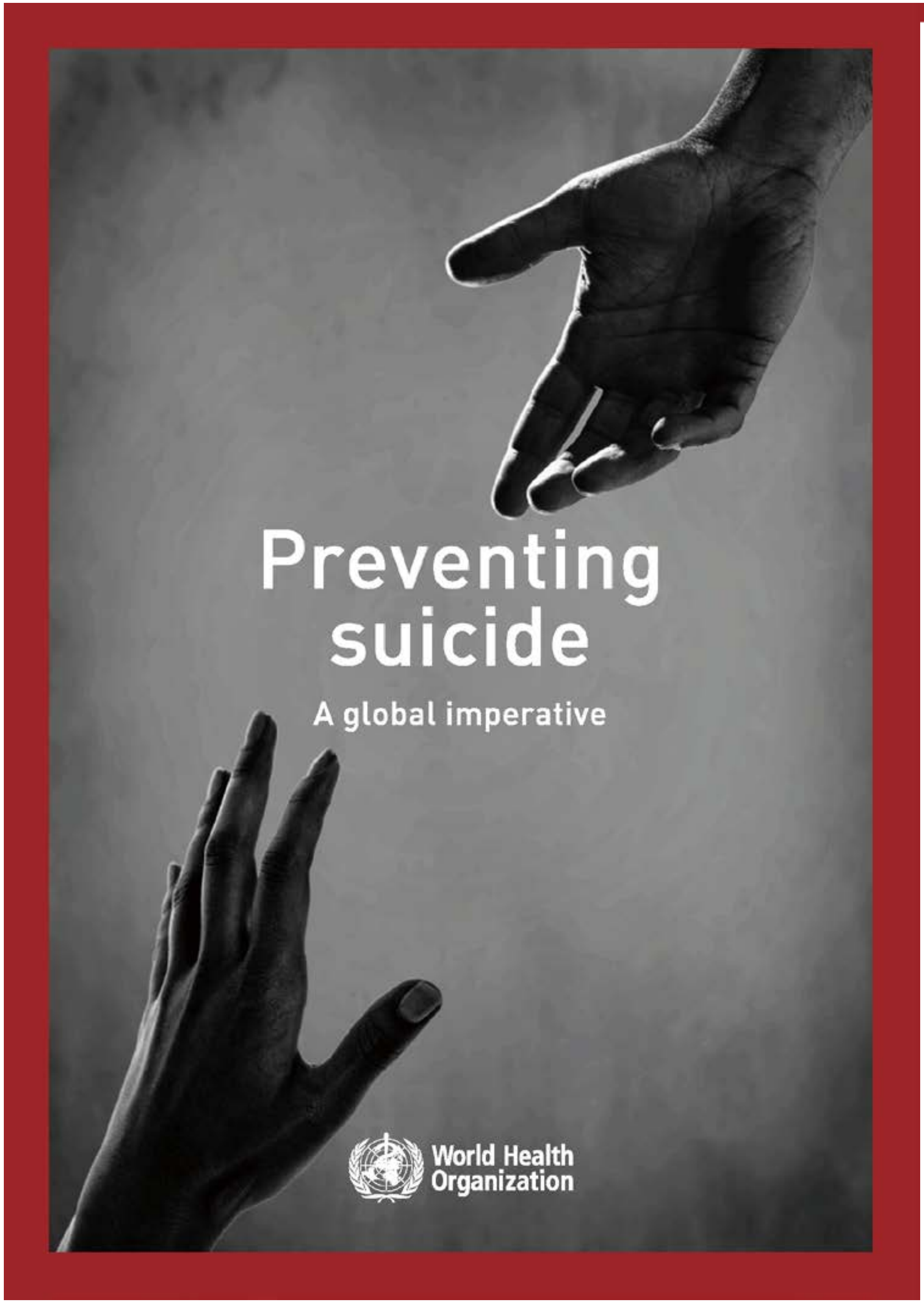
[Worker] ① Transfer→overwork＋human relations at work→depression→**suicide**
② Promotion→overwork→failure at work→human relations at work→**suicide**
③ Bullying in workplace→depression→**suicide**

[Self-employed] ① Business does poorly→ money problems → heavy debt →depression→**suicide**
② Tired from taking care of elderly→business does poorly→overwork→physical disorder＋depression→**suicide**
③ Fired→fail to find new job→forced to start business→business does poorly→ heavy debt → money problems →**suicide**

[Housewife, etc. (unemployed with no work experience)]
① Child-raising worries→fights with spouse→depression→**suicide**
② DV→depression＋divorce worry→ money problems → heavy debt →**suicide**
③ Physical disorder＋death in family→worry about future→**suicide**

[Student] ① Bullying→studies suffer＋relations in school (teachers, etc.)→concerns over future→**suicide**
② Fight with parents→hikikomori→depression→worry about future→ **suicide**

Based on Lifelink 1000 Person Suicide Survey



Preventing suicide

A global imperative

World Health Organization

Case example: Japan – suicide prevention in the face of socioeconomic change

Context

In 1998, the number of suicides in Japan rose remarkably to 32 863 from 24 391 the previous year. In the period 1978–1997 the annual suicide number had averaged approximately 25 000. Most people considered this rapid increase to have arisen from the country's socioeconomic problems. The increase in suicide rates was found in all age groups, but particularly among middle-aged men. Despite the commonly recognized risk factors, suicide remained a social taboo in Japan. It was considered a personal problem and was not widely or publicly discussed.

Drivers of change

In 2000, the situation began to change when children who had lost their parents to suicide began to break the taboo by speaking out in the media about their experiences. In 2002, the Ministry of Health, Labour and Welfare held an "expert roundtable on suicide prevention measures". The ensuing report outlined that a suicide prevention policy must not only address mental health issues correctly but must also include a multifaceted examination of psychological, social, cultural and economic factors. However, this report was treated simply as recommendations from experts and it was not fully reflected in any actual policies.

Suicide began to be viewed as a "social problem" in Japan around 2005–2006 and this triggered concrete actions. In May 2005, the NGO LIFELINK collaborated with a member of the parliament to bring about the first forum on suicide. At the forum, LIFELINK and other NGOs submitted urgent proposals for comprehensive suicide prevention. The Minister of Health, Labour and Welfare, who attended the forum, vowed on behalf of the government to tackle the issue of suicide. This vow was widely reported in the media.

Legislation

Subsequently, a bipartisan parliamentary group was formed in 2006 in support of the formation of a suicide prevention policy. Buoyed by a petition with more than 100 000 signatories calling for suicide prevention legislation, Japan's Basic Act for Suicide Prevention was signed into law in June 2006. Following this, the driving force for suicide prevention shifted from the Ministry of Health, Labour and Welfare to the Cabinet Office, and suicide prevention became an overarching government policy that was not limited to a single ministry. In 2007, the "General principles of suicide prevention" policy was enacted, aimed at preventing suicide and providing support to survivors. Underlying it was the philosophy that a suicide prevention policy would help build a society in which citizens live purposeful lives, and various responsibilities were attributed to the state. The principles of the Basic Act reflect the idea that suicide prevention activities should take account of the complexity of suicide-related factors and should not only focus on mental disorders. Thus, suicide prevention activities should include prevention, intervention and postvention, with close cooperation between stakeholders.

Following the global economic crisis in 2008, the Japanese government secured funding in 2009 through the "Regional comprehensive suicide prevention emergency strengthening fund", or Regional Fund. The Regional Fund was mainly directed at reinforcing local suicide prevention activities, including intensive public awareness campaigns during the crucial month of March – a time when it was recognized that the rate of suicide increased. In 2010, the government designated March as National Suicide Prevention Month. It also introduced reforms to data collection, mandating the National Police Agency to release detailed municipal-level suicide statistics monthly. This facilitated the promotion of suicide prevention measures aligned with local needs.

In 2012, the "General principles of suicide prevention" policy was revised to emphasize support for young people and for those who had previously attempted suicide.

Results

Following a gradual decrease beginning in 2009, the number of suicides in Japan fell below 30 000 in 2012 for the first time since 1998. Most of this decrease occurred in urban areas. The suicide rate for young people continued to rise, signalling the need for new targeted interventions. However, the rates of suicide among middle-aged and older persons had decreased, resulting in the overall decline. Data from the National Police Agency also showed a marked decrease in suicides related to economic and livelihood issues.

Source: Communication from the Suicide Prevention Center, Japan.

Made by Lifelink

General Principles of Suicide Prevention (August 28, 2012 Cabinet decision)

Creating a Society Where No One is Driven to Suicide

Basic Understanding Of Suicide

Many suicides are deaths after feeling trapped

Suicides are a social issue, and many can be prevented

Being driven to suicide is a risk that can happen to anyone

Suicide prevention is comprehensive, cooperati support for living

Close collaboration between government, public services, private organizations and others

Regional analysis of suicide to create suicide prevention plan (focusing on issues)

Support high-risk groups with close cooperation with relevant organizations

Ensuring awareness of local support measures and hotlines (internet support search sites)

Shift to Suicide Prevention Based on Practical, Regional Measures

Creating places in the community, consultation for those struggling, and training people for collaboration

Applying cutting-edge regional measures to the entire country

Support for collaboration by multiple local public services

Other Points to Revise

[Support for Youth]

Bullying prevention▼Survey of suicide from bullying▼Life skill training▼Support for orphans from suicide▼Online consultation search site ▼General support for employment

[Support for People Who Attempted Suicides]

Psychiatric care and livelihood support for emergency patients ▼Consultation network for social factors▼Improved family support▼Practical support research

[Company/Workplace Measures]

Death/suicide from overwork▼Prevention of overwork for all workers, including at small companies and non-regular employees▼Measures for social valuation of efforts to improve workplace environment

[Cooperation with Civilian Organizations]

Training suicide prevention coordinators to encourage cooperation▼Mental care for those involved in suicide prevention▼Support for civilian organizations in areas with numerous suicides▼Support for cutting edge/experimental measures

[Proper Psychiatric Care]

Training mental health professionals▼Mental health system to encourage cognitive-behavior therapy and other treatments▼Overdose prevention▼Study relation between addiction and debt, etc.

[Synergy with Related Policies]

Linking those working for suicide prevention with those working for causes, such as livelihood support, child abuse, sexual violence, hikikomori, sexual minorities, etc.

[Evaluation/Review of Policies]

New systems to review effectiveness of policies▼ Medium-term goals for policies difficult to measure direct impact of▼ Research policies in other countries and impact of reporting on suicides

[Other]

Care for victims of major disasters▼ Public awareness campaign for teachers▼ Study the issues of properties where suicides occurred▼ Create systems for collaboration and cooperation to deal with suicide prevention as a nation