# 政策提言（英語）
# Policy Recommendations (English)

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(Topic No. 1-1)

# Suicide and the Socio-Economic Environment

**Principal Investigator:** Michiko Ueda (Faculty of Political Science and Economics, Waseda University)
**Research Period:** FY2019

**Policy Recommendation (Abstract):** Policy package to prevent youth suicides
Carry out counseling via social networking services, etc., concentrating on time periods when youth suicides frequently occur (see attachment). And investigate the factors behind youth suicides by analyzing the social media postings of young people and discussions generated on online counseling.

**Policy Aims:**
Although the number of deaths by suicide in Japan has been trending substantially downward, youth suicides have still not gone down. Since preventing suicide among young people, who are this country's future, is an important policy issue, the aim is to implement effective suicide countermeasure policies for young people at high risk of suicide. Another aim is to investigate the factors behind youth suicide.

**Proposal Details:**
For suicide prevention measures to be effective, it is important to identify the time periods in which suicides are likely to occur and implement counseling programs, etc., during those periods. It has become clear from the latest analysis that the times at which people have died as a result of suicide differ significantly depending on gender and age group (Boo, Matsubayashi, and Ueda 2019). For example, deaths by suicide among middle-aged men frequently occur on weekday mornings, whereas most such deaths among women and the elderly occur during the daytime on weekdays. Furthermore, in the case of those under the age of 45, suicides tend to be concentrated late at night (Fahey, Boo, and Ueda 2019; see attachment). Moreover, it is also becoming clear that postings on Twitter that contain the word "*kietai*" ("I want to disappear"), which is thought to imply suicidal ideation, are clustered around roughly the same time periods as those in which suicides frequently occur (Fahey, Boo, and Ueda 2019). Therefore, to be able to understand in real time the feelings of those who wish to die, make sure to carry out online counseling programs, etc., between midnight and dawn when suicidal ideation increases and deaths by suicide among young people frequently occur. Concurrently, use natural language processing technology to analyze postings on Twitter and other social media and discussions generated on online counseling programs and investigate the factors behind youth suicides.

**References:**
J. Boo, T. Matsubayashi, and M. Ueda. (2019) "Diurnal variation in suicide timing by age and gender: Evidence from Japan across 41 years." *Journal of Affective Disorders*. DOI：10.1016/j.jad.2018.09.030

F. A. Fahey, J. Boo, and M. Ueda. (2019) "Expressions of Suicidal Ideation on Twitter Predict Temporal Patterns in Recorded Suicide Deaths." (under review)

(Topic No. 1-2)

# Study of Support Methods and Specialized and Psychophysiological Care for Cancer Patients

**Principal Investigator:** Yosuke Uchitomi (Innovation Center for Supportive, Palliative and Psychosocial Care, National Cancer Center Hospital, National Cancer Center)

**Research Period:** FY2019

**Policy Recommendation (Abstract):**

Based on research findings, etc., using the National Cancer Registry, prepare and publish a manual to promote suicide countermeasures among cancer patients intended for Designated Cancer Hospitals and related facilities and for healthcare professionals engaged in the diagnosis and treatment of cancer; strengthen the medical care system and the education of healthcare professionals; and create a suicide surveillance system for cancer patients.

**Policy Aims:**

This research project will attempt to clarify actual suicide conditions among cancer patients, those groups at high risk, and the times at which such deaths frequently occur; the state of cooperation among healthcare professionals engaged in the diagnosis and treatment of cancer; and their attitudes toward suicide. However, in order to take actual steps to prevent suicide among cancer patients based on these findings, it is necessary to disseminate information on these matters to hospitals and healthcare professionals engaged in cancer care, strengthen the educational system, and support involvement in suicide prevention. The preparation and publication of a manual and the education of healthcare professionals based on these proposals are aimed at solving these issues and contributing to the promotion of suicide countermeasures for cancer patients.

**Proposal Details:**

To draw up a manual that summarizes the results of this research project, as well as existing evidence on the general population and on suicide among cancer patients, and publish it in book form and online for Designated Cancer Hospitals and related facilities and for healthcare professionals engaged in the diagnosis and treatment of cancer. As holistic measures for the prevention of suicide among cancer patients, based on this manual, accelerate the promotion of access to psychophysiological care services (psychiatry, psychosomatic medicine, palliative care teams, etc.) for cancer patients, and strengthen the educational system for healthcare professionals as regards the importance of psychophysiological evaluations and care from the early stages of cancer diagnosis on, for instance, the Palliative Care Seminar (PEACE: Palliative Care Emphasis Program on Symptom Management and Assessment for Continuous Medical Education), a project commissioned by the Ministry of Health, Labour and Welfare, and Communication Skill Training (SHARE-CST) for doctors engaged in the diagnosis and treatment of cancer sponsored by the Japan Psycho-Oncology Society. As individual and selective measures, based on this manual, expedite screening assessments of those at high risk of suicide as well as case management for such

groups through inter-professional work. Also, verify the effectiveness of suicide prevention measures for cancer patients by using the National Cancer Registry database to monitor the actual state of suicide among such patients over time, and create surveillance measures to revise and strengthen these measures based on the results.

(Topic No. 1-3)

# Study from an International Perspective on Working Conditions, Working Styles and the Suicide Problem

**Principal Investigator:** Shinya Matsuda (Department of Preventive Medicine and Community Health, School of Medicine, University of Occupational and Environmental Health)

**Research Period:** FY2019

**Policy Recommendation (Abstract):**

Canada, where deaths by suicide among young people and immigrants have become a social issue, is developing comprehensive suicide prevention measures through collaboration between industry, academia, and government. This problem has currently become a major policy issue in Japan as well. Thus, the aim of this study is to put together policy recommendations for a model industry-academia-government suicide countermeasures system in Japan with reference to the Canadian example.

**Policy Aims:**

Canada, like Japan, provides healthcare and welfare services in the form of a public-private mix under a public healthcare system that makes use not only of public sector organizations but of private businesses as well. Suicide prevention measures are developed within this framework and are achieving good results. Canadian prevention measures for young people and immigrants, in particular, are highly acclaimed. Thus, this study will conduct a system analysis of Canada's comprehensive suicide prevention measures and compile basic data for considering models for such measures in Japan. In particular, it will make policy recommendations with a focus on a model for youth- and immigrant-related measures.

**Proposal Details:**

In the Canadian province of Quebec, Le Centre de prévention du suicide de Québec, which is the provincial government's main organization for suicide prevention measures; the Family Medicine Department and the Department of Epidemiology, Biostatistics and Occupational Health in McGill University's Faculty of Medicine; and private sector employee assistance program (EAP) organizations develop legislation and create structures (collaboration systems) to be able to carry out comprehensive suicide countermeasures. Based on the results of this system analysis, the present study will make policy recommendations on how to improve the infrastructure in Japan for carrying out suicide prevention policies through the cooperation of industry, academia, and government.

# Anti-suicide policy lessons from Australia

Stuart Gilmour (St. Luka's International University)

## Introduction

This grant will use analysis of Australian suicide prevention policies to develop new strategies for anti-suicide policy in Japan. This document describes how research on these policies may inform Japanese anti-suicide policy.

## Key Australian policies

There are three key Australian policies being considered in this grant:

- Anti-violence policy: Introduced in 1990 and intended to prevent all forms of violence with a whole-of-society approach
- Anti-suicide policy: a comprehensive policy introduced at state and national levels in the 1990s and intended to incorporate a youth suicide strategy
- Media guidelines: A series of standards for Australian media to improve the way in which they report suicide

These three policies affect three different aspects of the process from mental illness and distress to suicide.

## Three key processes for suicide policy

The key policies introduced in the 1990s target three key elements of the process of suicide, described here.

- *Ideation*: The process of becoming aware of and contemplating suicide. In Australia this is connected to an atmosphere of violence, particularly among young people, high levels of mental illness and heavy use of alcohol and other drugs. Anti-violence policies can prevent this ideation by changing the culture in which people conceive of solutions to their personal problems, and manage their mental health issues. Anti-suicide policy can affect the process of ideation by making it easier for people at risk to find support services, and by engaging the non-health sector in prevention strategies (including at work, school and in public)
- *Action*: The decision to enact a suicide plan. This can be triggered by exposure to irresponsible media depictions of suicide, by seeing reports of suicide unconnected to mental health support, and by accessing popular culture depictions of suicide as a brave or responsible choice. Media guidelines can affect these triggers, and anti-suicide policies – especially youth anti-suicide policies – can help people to develop resilience to these messages and divert them to mental health support before they take this action.
- *Replication*: News about suicide and violence can trigger further acts of suicide and violence, and can also normalize the idea that violence is a good personal problem-solving strategies. Media guidelines can make reporting of suicide and murder more responsible and less sensational, while good anti-violence policy can contribute to a more supportive environment in which people read and learn about suicide. These strategies reduce the rate at which suicide replicates and is reproduced in communities

## How this project will affect suicide policy in Japan

This project will identify the key components of Australia's anti-violence and anti-suicide policies of the 1990s, and attempt to understand how they may have affected suicide rates. Based on these findings, the study will attempt to describe how these components can be adapted for Japanese anti-suicide strategies, what additional steps are needed in Japan's anti-suicide strategy, and how they can be evaluated.

(Topic No. 1-4)

# Social Epidemiological Study Creating Evidence to Lower Suicide Risk in Society as a Whole

**Principal Investigator**: Katsunori Kondo (National Center for Geriatrics and Gerontology)
Research Period: FY2019

**Policy Recommendation (Abstract)**:
To develop a "visualization" system for suicide-related factors as a tool for formulating local suicide countermeasure plans in all municipalities; prepare a manual and teaching materials for training purposes; and provide training on how to use it.

**Policy Aims**:
Based on the revised Basic Law on Suicide Countermeasures formulated in 2016, all municipalities are required to draw up local suicide countermeasure plans. However, without information about the distinctive features, problems, and resources of each local government, they end up drawing up a one-size-fits-all plan. The aim is to support the management of local suicide countermeasures by developing a system to "visualize" the suicide-related factors that studies have revealed for every city, town and village in Japan, and by preparing a manual and teaching materials for training purposes and providing training on how to use it.

**Proposal Details:**
This system "visualizes" and analyzes correlations to the suicide rate (18.5 per 100,000 population). The study will start with cities having a population of 100,000 or over and gradually extend data coverage to secondary medical care areas and the prefectural level.

In addition to the data in profiles of actual suicide conditions, this study will obtain information from open data and elsewhere on suicide-related indicators which has reproducibility and validity in correlation with the suicide rate (social participation rate, depression rate, Gini coefficient, number of rainy days, etc.).

And this system "visualize" them through geographic information system (GIS) software, bar charts, scatter plots, etc. , which makes it possible to compare multiple municipalities

The development of a system that can 1) evaluate the strengths and challenges of each city; 2) support the formulation of plans by extracting outstanding good practices among neighborhoods and similar municipalities narrowed down by filter function and by obtaining hints from them; 3) evaluate

project progress for each city based on changes over time in indicators; and 4) improve and expand the indicators through assessment by researchers using the nationwide database and evaluate effectiveness of initiatives.

It is not enough just to develop the system, because there is a risk that it will not be used. Therefore, a user manual and teaching materials will be developed for training purposes and training will also be given to prefectural employees who support the municipalities to help them conduct training at each local government to pass on what they have learned.

(Topic No. 2-1)

# Study to Develop and Deploy Teaching Materials to Improve the Knowledge and Skills That Future Specialists in Medical Care, Healthcare, Welfare, Psychology, etc., Ought to Have Regarding Suicide Prevention

**Principal Investigator:** Akizumi Tsutsumi (Kitasato University School of Medicine)
**Research Period:** FY 2019

**Policy Recommendation (Abstract):**

Propose educational content that will contribute to improvements in the suicide countermeasure competency required of students studying in the areas of medical care, healthcare, welfare, psychology, etc., who are expected to function in the future as public health specialists, clinicians, peer supporters, etc., by assembling the core contents they ought to have vis-à-vis suicide countermeasures and by developing hands-on training that incorporates behavioral science elements. In addition, provide educational materials to package these contents for e-learning and make suicide prevention education widely available.

**Policy Aims:**

Since, in furthering steps to prevent suicide, which is the goal of comprehensive suicide countermeasures, it is important to secure, train and improve the natural abilities of talented persons to deal with these measures and respond to suicide risk factors, suicide countermeasure education needs to be promoted in collaboration with universities, vocational schools, related organizations and others that train specialists in medical care, health and welfare, psychology, etc.

In particular, implement measures to develop educational materials and find ways to make them widely available in order to cultivate the various functions required by specialists in medical care, health and welfare, psychology, etc., such as coordinating and adjusting suicide countermeasures for gatekeepers and others (function of public health professionals), primary care physicians and others who are highly qualified to evaluate suicide risk and have the skills to deal with it (function of clinicians), and providing personalized support, not just as healthcare professionals, by getting close to persons at risk and accompanying them while coordinating with specialists and related organizations in the community (function of peer supporters).

**Proposal Details:**

In addition to the matters included in comprehensive suicide countermeasures and elsewhere, organize lecture materials that cover the functions of those measures required for medical care, health and welfare, psychology and other professions; carry out educational activities that are incorporated into the regular curriculum at medical schools and departments of medicine; and propose a syllabus that has been fine-tuned on the basis of lecture

evaluations. Since hands-on training that incorporates behavioral science elements, such as interview techniques, peer support, and ways of handling suicide attempters, is considered effective in improving the skills of healthcare professionals to deal with cases they may encounter, develop video training materials that incorporate role-playing, etc.

Confirm the versatility of the abovementioned lecture content and training materials by deploying them outside of medical schools and receiving feedback from related professions that specialize in counseling, etc.; and package and plan to distribute them in an e-learning format that can be self-taught, including self-care educational materials for healthcare professionals themselves.

(Topic No. 2-2)

# Study on the Development of Local Suicide Countermeasure Support Models That Make Use of Public Microdata

**Principal Investigator:** Takafumi Kubota (Tama University)
**Research Period:** FY2019

**Policy Recommendation (Abstract):**

Since areas in each prefecture with high levels of suicide-related factors can be detected and ranked by municipality using a choropleth map, this can expedite the policy decisions needed for suicide countermeasures. Furthermore, by making interprefectural comparisons, comparisons can be made in prefectures where trends in suicide statistics are similar.

In formulating specific countermeasures, a tree-based model diagram that shows the classification of each variable makes it possible to know which of the controllable variables has a strong impact on suicide.

Creation of new indicators and other analysis will make it possible to judge whether the increase in the suicide mortality rate is problematic or merely a probability variation and reflect the judgment in countermeasures.

**Policy Aims and Proposal Details:**

In this study, we will apply for permission to use the Ministry of Health, Labour and Welfare's Comprehensive Survey of Living Conditions and the Ministry of Internal Affairs and Communications' Survey on Time Use and Leisure Activities for purposes other than those stated based on Article 33 of the Statistics Act and make an analysis that takes local factors into account. Specific analytical methods include visualization on maps, a machine- learning model and the creation of new indicators.

From the perspective of visualization, from suicide statistics, create choropleth maps for each municipality in every prefecture with respect to the basic data on suicide in the area and visualize the corresponding structure by linking data on industrial and agricultural structures from the Regional Economy and Society Analyzing System (RESAS) and adding information through pictograms that correspond to them. Create linkages between the abovementioned public microdata and suicide statistics; analyze them using a machine-learning model; and, as a result, obtain a tree-based model diagram that shows the classification for each variable. From the perspective of suicide statistics and the creation of new indicators, visualize (index) rapid changes in the annual suicide mortality rate in municipalities with small populations and the living environment in those municipalities (especially the ratio of narrow alleys).

(Topic No. 2-3)

# Improvement of Healthcare, Medical Care and Welfare Services to Support Local Suicide Attempt Survivors Including Workers

**Principal Investigator:** Hiroto Ito (Japan Organization of Occupational Health and Safety)
**Research Period:** FY2019

**Policy Recommendation (Abstract) and Policy Aims:**

The Project to Establish Medical Facilities as Support Hubs for Survivors of Suicide Attempts and Others began in FY2018. The following are regarded as requirements: (1) the convening of a council to coordinate support for survivors of suicide attempts with the aim of building a network between local medical facilities and other stakeholders, such as those in healthcare, medical care, welfare, the fire department, police department, etc.; (2) the holding of workshops for healthcare providers, administrative authorities and others; and (3) the assignment of support coordinators for suicide attempters. The aim of this policy is to develop the abovementioned project with a view to strengthening programs that will lead to the “continuation of appropriate support” for those who have attempted suicide, which is difficult to be realized under Japan’s so-called “free access” medical service system.

**Proposal Details:**

The programs at these medical facilities as support hubs that will link suicide attempters to the “continuation of appropriate support” require various elements from the standpoint of (1) psychiatric and medical services, (2) healthcare and welfare services, and (3) municipal organizations respectively. (1) Many of these support hubs are the psychiatric departments of the flagship medical institution in the area that has a critical care medical center. These departments are required to coordinate with other departments in the hospital, refer suicide attempt survivors who have been treated to a local medical care provider and provide support to prevent a repeat attempt.

(2) Building a network between the support hub and local stakeholders involved in healthcare and welfare services, etc., in addition to its ordinary medical care activities, will require the active strengthening of coordination with healthcare, welfare and other local services through the use of a coordinator. (3) Providing a place for the deliberate exchange of ideas between the support hub and municipal organizations, such as the police and fire departments, with which it ordinarily has little contact, and actively participating in the relevant meetings of those organizations are desirable.

(Topic No. 2-4)

# Study on the Use of ICT to Strengthen Local Suicide Countermeasures

**Principal Investigator:** Jiro Ito (Nonprofit Specified Corporation OVA)
**Research Period:** FY2019

**Policy Recommendation (Abstract):**

To disseminate local suicide countermeasures using information and communications technology (ICT).

**Policy Aims:**

Young people who are at risk of suicide, it is said, tend to post death wishes on social media and use search engines to search for ways to die by suicide. For them these are survival behaviors, but there is a danger they may be exposed to specific suicide methods or other harmful information or become involved in horrific incidents such as the one that occurred in Zama City in 2017. As a countermeasure, outreach programs that use ICT are needed, i.e., initiatives that display relevant counseling services on the Internet and connect users with counseling.

But the threshold is high even for using ICT to inform young people about counseling services when they have little inclination to seek help if counseling methods are limited to telephone conversations or face-to-face meetings. Such methods cannot meet the needs of young people who want counseling anonymously or who do not want their voice to be heard or their face to be seen. Thus, for outreach programs using ICT, it is absolutely essential to improve the system for implementing Internet counseling and provide counseling by methods such as email, chat and other forms of social media that suit the younger generation.

Although using ICT like this is important for suicide countermeasures among the young, regional disparities in its usage are believed to exist. Specifically, when someone use a search engine to look up suicide methods, etc., on the Internet, some places deal with this by displaying local counseling organizations (search advertising using suicide-related keywords) and some do not; some provide counseling by email, chat and other social media and some do not. The reasons behind this seem to be a lack of both onsite outreach programs and counseling support methodologies using ICT and the personnel who can plan and implement such programs, as well as the inability to adapt conventional ways of doing things to methods that use ICT.

Thus, it is important to clarify regional disparities in the implementation status of suicide prevention measures that use ICT and take steps to rectify them by distributing and making widely known the guidelines for ICT outreach programs; Internet counseling manuals; the Ministry of Health, Labour and Welfare’s Guidelines for SNS Counseling Programs with Regard to Suicide Countermeasures; etc., and by holding workshops on the use of ICT in local suicide countermeasures. It is desirable that municipalities nationwide establish outreach policies and counseling systems using ICT so that support can be delivered to young people at high risk of suicide everywhere.

**Proposal Details:**

Establish a nationwide system to conduct outreach and counseling programs that use ICT. First, make provisions so that all prefectures can make use of search advertising in response to suicide-related terms and direct young people to counseling services (the placement of search advertising can be limited to a given area).

Secondly, it is recommended that counseling programs using ICT be implemented in areas where the population between the ages of 10 and 39 is 200,000 or more* and in those areas where young people are becoming a pressing priority policy issue in the profile of actual local suicide conditions.

In order to support and expedite the creation of the abovementioned system, it is necessary to conduct studies in each of the prefectures on the implementation status, etc., of outreach and counseling programs that use ICT and, once regional disparities have been clarified, to hold workshops nationwide on the use of ICT in local suicide countermeasures.

*Estimated from the number of people who received counseling in the online gatekeeping that the Nonprofit Specified Corporation OVA carried out at the request of Adachi Ward, Tokyo. Adachi Ward has a total population of roughly 690,000, of whom around 230,000 are between the ages of 10 and 39. As a result of implementing an ICT outreach and counseling program over a one-year period (FY2018), 79 out of 108 people received counseling in the teens-to-30s age group were continued the counseling. Thus, if an area has a population between the ages 10–39 of around 200,000 or more, it is estimated that it is possible to provide outreach to just under 100 persons a year and refer them to support.

(Topic No. 3-1)

# Study to Promote Suicide Countermeasures by Strengthening Social Capital in Collaboration with Senior Volunteers

**Principal Investigator:** Yoshinori Fujiwara (Tokyo Metropolitan Geriatric Hospital and Institute of Gerontology)
**Research Period:** FY2019

**Policy Recommendation and Details:**

In collaboration with senior volunteers experienced in picture-book reading, public health nurses and other municipal employees, a revised educational program on how to raise an SOS (consisting of a lecture and reading session) has been developed, put into use and verified.

The ultimate policy goal of this study is to create a regional system that brings about a virtuous cycle of suicide countermeasures and social-capital building through the active participation of senior volunteers as community resources.

In terms of policy implementation, the potential for this program to be developed both (1) horizontally (in terms of area) and (2) vertically (in terms of usage with elementary, middle or high school students) can be cited as an important point. In addition, (3) concurrent with this horizontal and vertical development, it can serve as a policy recommendation for a local comprehensive care system model in the broad sense through the involvement of various stakeholders.

In terms of (1) horizontal development, for the lecture part of this program, a basic scenario will be packaged together with a PowerPoint presentation for use by a public health nurse or other municipal employee. Thus, standardized lessons are possible regardless of the special characteristics of a community or its personnel.

In terms of the reading part, a list of recommended picture books has already been compiled that, by interacting with the lecture in the first half of the program, will heighten students' feelings of self-efficacy and make them aware of the social support network in their neighborhood. All these books can be borrowed from their local libraries.

Local senior volunteers can be brought into the program in several ways.

(A) In recent years, a volunteer activity of reading books has been a common social participation and social action program among seniors, and there are many senior volunteer reading groups that visit elementary schools, children's houses, nursery schools and kindergartens in the vicinity of the targeted middle school. These current volunteers have the basic knowledge and skills for reading books. The public health nurse or other municipal employee in charge can teach them the points to remember when reading to middle or high school students, the significance of the program, its aims and implementation methods. Additionally, the program can also be implemented by encouraging them to take gatekeeper training. (B) If there are no current volunteers in the neighborhood who can collaborate on this program, new ones can also be trained. Recruitment methods for

reading volunteers may target (a) social groups with common ties to the community (district welfare officers, commissioned child welfare volunteers, members of local committees for youth support, members of neighborhood associations, town councils, etc.) and (b) school volunteers engaged in various educational support, safety and monitoring activities in neighborhood elementary schools, children's houses, nursery schools and kindergartens; or appeals may be made to (c) those taking gatekeeper training, community health promoters, health supporters, preventative long-term care supporters and others whom public health centers, local comprehensive support centers and other departments of the Public Health and Welfare Bureau train and support. Whichever of the above routes, (a), (b), or (c) it may be, volunteers will need to acquire the basic knowledge and skills for reading aloud and have a thorough knowledge of the aims of this program.

Once selected, it is important that senior volunteers act as independent, autonomous volunteer groups in order to build relationships with the schools and the Public Health and Welfare Bureau that enable them to collaborate efficiently on an on-going basis without getting in each other's way. To that end, it is recommended, as a rule, that they take a volunteer training course consisting of twelve 2-hour-long sessions. Based on the experiences and results our research team has had thus far, it has become clear that the training program for volunteer picture book readers is effective in preventing dementia and the need for long-term care through lifelong learning. A total of seventeen municipalities collaborating in this study, including Fuchu City and Kita Akita City, have already entrusted our research team with this training course and worked together with them. In municipalities that expect these preventive effects, it is fully envisaged that the course will be planned as a dementia prevention or preventive long-term care course conducted by their senior citizen support bureau within its general care prevention budget, or as a lifelong learning or social education course for seniors. In cases where it is difficult to plan a twelve-session course due to budgetary constraints, however, the course can be shortened by combining it with on the job training. Each course is expected to train 15 to 25 senior volunteers.

(2) In regard to vertical development, the lecture part of this program has already been proven effective for first- to third-year middle school students, and the talk can be adapted for elementary school students and high school students by making slight adjustments to the terms used and the contents of the questions. The recommended picture books in the reading-aloud part are applicable for elementary, middle and high school students.

(3) As common themes in suicide countermeasures, collaboration is assumed with (A) the education sector with respect to acting as an intermediary with the schools at which the children and young people are enrolled; (B) the public health sector with respect to having the lecture portion of this program given by the public health center's district public nurse, etc., coordinating the program as a whole, and recruiting community health promoters, health supporters and other candidates to become senior volunteers; and the regional development sector or the public welfare sector with respect to (C) logistical support for maintaining the training and activities of the volunteers by local comprehensive support centers and the senior citizen support bureau and (D) the recruitment of senior volunteer candidates from social groups with common ties to the community (district welfare officers, commissioned child welfare volunteers, members of local committees for youth support, members of neighborhood associations, town councils, etc.). Existing community care conferences and livelihood support councils can also be used to create and promote this sort of collaborative system.

The above can serve as a model for a local comprehensive care system in the broad sense through the collaboration of various local stakeholders.

(Topic No. 3-2)

# Death Investigations and Legal Medicine in Relation to Suicide Countermeasures

With a focus on homicide-suicides (forced double suicides), the death of children and dealing with the bereaved

**Principal Investigator:** Hirotaro Iwase (Department of Legal Medicine, Graduate School of Medicine, Chiba University)

**Research Period:** FY2019

## 1. Research Details

(1) Visited forensic-medicine-based death-investigation facilities overseas and studied how the information obtained primarily from post mortems is linked to stopping the damage from violent deaths including suicide from spreading and preventing a recurrence thereof. Concurrently, studied how they deal with the bereaved family and friends of someone who has died as a result of suicide, murder or accident.

(2) Conducted an aggregate analysis of the death records of persons under the age of 20 who died during a 5-year period (2012–2016) in Chiba Prefecture (child death review, hereinafter referred to as "CDR") and considered how these findings might be useful in preventing a recurrence of violent deaths. The discussions of the Chiba CDR seminar sponsored by the Department of Legal Medicine at Chiba University were also a subject of study.

(3) In addition, conducted document-retrieval-based analyses of homicide-suicide (hereinafter referred to as "HS") using information from autopsies carried out by the Department of Legal Medicine at Chiba University. Although said to be comparable in frequency to deaths due to abuse in the narrow sense, HS is an area in which research and discussions of prevention policies are still scarce.

## 2. Research Results

(1) Databases primarily for the study of violent deaths

The result of the overseas study showed that there were countries and regions where death-investigation facilities including coroners and medical examiners have their own databases, carry out death reviews and propose measures to prevent recurrence. An advanced example is Australia's coronial system, but even in Sweden, on the continental European model, the Rättsmedicinalverket (National Board of Forensic Medicine) is in charge of data collection and management.

On the other hand, there are also countries and regions where analysis and prevention are undertaken on the basis of death certificates (certificate of death or post-mortem certificate in Japan) that are compiled as part of current population surveys recommended by the World Health Organization (WHO). Bavaria, Germany, in particular, has created a database of very detailed information on death investigations by drawing up a multi-purpose format for use with demographic- and disease-related statistics, doctors' records, autopsies, etc.

(2) CDR in Chiba Prefecture

An aggregate analysis of death records was conducted on a total of 1307 cases between 2012 and 2016. The experience of analyzing these records was itself significant, and it was possible to grasp the true state of child deaths in Chiba Prefecture. A number of limitations were perceived, however. One was the difficulty in understanding the whole picture leading up to a death because information related to the investigation into the surrounding environment primarily gathered by the police is not reflected in the death record. Secondly, when no autopsy is performed, in most cases an inquest is carried out by the police medical examiner, but because individual differences exist in the medical examiner's knowledge of forensic medicine, methods of recording cause of death in the post-mortem certificate, etc., doubts have arisen about the accuracy of the medical diagnosis. Thirdly, it has been difficult to grasp the overall circumstances of an individual's death because, even in cases where an autopsy has been performed, information sharing with clinicians is poor.

One attempt to rectify these matters is the Chiba CDR seminar, sponsored by the Department of Legal Medicine at Chiba University, which has already been held 12 times. Here, forensic pathologists, clinicians, authorities at child consultation centers, etc., public prosecutors, police officers, lawyers and others gather together and share information with a focus on case studies. Since, under the Basic Act for Promotion of Death Investigation, which was passed this June, among other things, forensic pathologists and clinicians are obliged to share their information, further progress can be expected if an administrative framework can be established.

(3) HS (homicide-suicides)

Since an HS is a case involving the death of the suspect, as a result, no trial is held, and most of the details of the circumstances leading up to it are not made public, but the impact of an HS on the families, the community and society is immeasurable.

Unlike most cases overseas, which involve spouses or partners, according to a recently conducted survey, most HS cases in Japan are between a parent and child, including minors and adult children, while those involving spouses or partners come next. Moreover, according to this survey, 80 percent of the adult victims were women, and 40 percent were confirmed to have mental illnesses including dementia; thus, these are potential risk factors for adult victims of homicide-suicide. Also, almost all those involved in an HS were related, typically a parent killing an underage child and then themselves, an elderly parent and child or partner, etc. On the other hand, one form of HS is called mass murder suicide, which involves non-family members; this is becoming a major problem particularly in the United States and elsewhere, but since such cases exist in Japan as well, verification is needed to prevent them.

(4) Dealing with the bereaved

In Victoria, Australia and New Mexico, USA, it became apparent that an experienced nurse or psychologist assumes the function of providing support, etc., tailored to the needs of the bereaved with regard to providing explanations at the time of autopsies and death investigations. In cases of unnatural deaths such as murders, suicides, or accidents, in addition to grief at the sudden loss of a loved one, the bereaved are forced to deal with various investigations, legal procedures and changes to their life in the community, and the physical and emotional impact on the bereaved, including children, is enormous. The creation of a uniform

support system that the bereaved can use when a case of unnatural death has occurred is also desirable from the perspective of suicide prevention.

**3. Policy Recommendation**

The Basic Act on the Acceleration of Probes into the Causes of Death, etc. was passed this June and will go into effect in April 2020. Because a Headquarters to accelerate such probes is to be established under this law, many of these proposals should be publicly examined and implemented there.

(1) Databases for cases of unnatural death

i) Improvements to the protocols for death certificates (post-mortem certificates)

Consider changes to the format so that information obtained from a death certificate (post-mortem certificate) contributes to preventing a recurrence of an unnatural death. Encourage ways to make entries, etc., about the circumstances leading up to a suicide or other violent death by increasing the size of the field for the free description of additional items or, in the case of multiple choice, by providing a format that makes it possible to understand concisely the living conditions of the deceased and the presence or absence of known risk factors for suicide (for consideration by the Medical Professions Division of the Health Policy Bureau, Ministry of Health, Labour and Welfare, etc.).

ii) Creation of an unnatural death database

Although the long-term aim is to create a database for unnatural deaths that collects Information of surface examination on bodies by medical practitioners requested by the police and autopsy information that includes judicial autopsies, administrative autopsies, autopsies conducted under the Death Investigation and Identification Act, etc., for the time being, only autopsy information will be compiled. Establish a system to collect and manage information from facilities involved in death investigations in every part of Japan. Because other issues are involved, such as the reduplication of access rights and the disclosure of information on court-ordered autopsies, which as a rule is prohibited under the Code of Criminal Procedure, these will be considered by the Headquarters and subsequently budgeted for.

(2) Organization for death reviews and recommendations therefrom

In future, establish an organization to examine cases of deaths that are deemed avoidable and formulate measures, etc., to prevent their recurrence; consider granting this organization the right to make recommendations and making it compulsory for the parties subject to such recommendations to respond.

(3) Deaths of children

In regard to the deaths of children, in particular, the national government will consider how to conduct effective reviews based on the above in accordance with the aims of the Basic Act on the Acceleration of Probes into the Causes of Death, etc. and the Basic Act for Child and Maternal Health and Child Development.

(4) HS countermeasures

i) First, under the leadership of the national government, clarify the definition of HS in Japan; conduct nationwide studies in accordance with uniform standards; collect data on the occurrences of HS; and confirm any trends.

ii) Although the involvement of mental disorders, etc., on the part of the perpetrator (suicide) is alluded to in the media and elsewhere, little has, in fact, been done to investigate or verify the accuracy of this information. Since this has occasionally led to extremely grave consequences such as the deaths of several children, assessments of mental health status, medical examinations, medical prescriptions, drugs ingested, etc., need to be made that include the views of psychiatric specialists.

iii) Since HS involving an elderly parent and child or siblings occasionally occur, create a system to provide counseling and support for at-risk families living in such a social environment.

(5) Dealing with the bereaved

Establish a national government program to deal with the bereaved and assign specialists such as trained nurses and social workers to act as coordinators with the police, university forensic departments, coroners and other death- investigation organizations.

(Topic No. 3-3)

# The Effective Operation of Online Counseling to Build on Its Role in Preventing Youth Suicide

**Principal Investigator:** Yoshiaki Takahashi (Nakasone Peace Institute)
**Research Period:** FY2019

**Policy Recommendation (Abstract):**
In the more than a year since suicide counseling using social networking services began, there is a need for it to operate more effectively. As part of evidence-based policy making, this study will provide evidence to clarify online counseling's effectiveness in suicide prevention among those who seek help and the reasons why they are only a small fraction of those who attempt suicide.

**Policy Aims:**
The Ministry of Health, Labour and Welfare began supporting online counseling in March 2018. As a result, it attracted 2,760 counseling cases among those in their 20s that March, and 8,570 such cases in fiscal year 2018. On the other hand, according to Nippon Foundation estimates, the annual number of suicide attempts among that age group is between 151,000 and 234,000. In short, only a small fraction (4–6 percent) of suicide attempters seek online counseling. Thus, it is essential to identify why such counseling is limited to so few and whether it leads to preventing suicides among those who use it. The aim of this study is to contribute to the more effective operation of online counseling.

**Proposal Details:**
Since various factors are at work in complex ways in regard to the presence or absence of suicide ideation, it is impossible to take all of them into consideration. By conducting a follow-up study of the same subjects, this research will be able to verify the causal relationship that important factors such as help-seeking attitudes and behavior have on suicidal ideation and suicide attempts. Specifically, it will explore through data analysis, and other research, the following three points and put together policy recommendations based upon them to make online counseling operate more effectively:

1) The distinctive features of help-seeking attitudes and intentions among those in their late teens and 20s (compared with those in their 30s and 40s).
2) The impact of these attitudes and intentions on help-seeking behavior on the Internet and social networking services.
3) The effectiveness of this behavior in inhibiting suicidal ideation and suicide attempts.

(Topic No. 3-4)

# The Development of Screening Tools for Adverse Childhood Experiences for the Early Identification of High Suicide Risk Groups

**Principal Investigator:** Takeo Fujiwara (Tokyo Medical and Dental University)
**Research Period:** FY2019

**Policy Recommendation:**

To develop screening tools to get a grasp on adverse childhood experiences (ACEs), which are risk factors strongly associated with suicide, and use them to identify groups at high risk for suicide during prenatal checkups and at schools.

**Policy Aims:**

Adverse childhood experiences such as childhood abuse or parental death have been shown to be risk factors strongly associated with suicide. Based on the results of this study, the aim is to develop screening tools for ACEs that can be used for a wide variety of groups. Their use will lead to identifying high suicide risk groups during prenatal checkups that almost all pregnant women receive and at schools where all children are enrolled.

**Proposal Details:**

Eight factors have been used in national studies to assess and identify adverse experiences during childhood (up to age 18): (1) parental death; (2) divorce; (3) parental mental illness; (4) intimate partner violence on the mother; (5) physical abuse; (6) physical neglect; (7) psychological abuse; and (8) childhood poverty. Earlier studies asked mothers about these eight ACEs-related factors using questionnaires at their prenatal checkups, and it became clear that a higher number of factors cited increased the risk of suicide. From these results, screening tools are being developed that can be used at prenatal examinations, etc., as well ones that can be used with children enrolled in schools. Guidelines will also be drawn up on how to use them in each setting. The development of these screening tools will make it possible through prenatal checkups and at schools to identify at an early stage more groups at a high risk of suicide.