

Economic Distress and Suicide in Japan

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Economic Distress and Suicide in Japan

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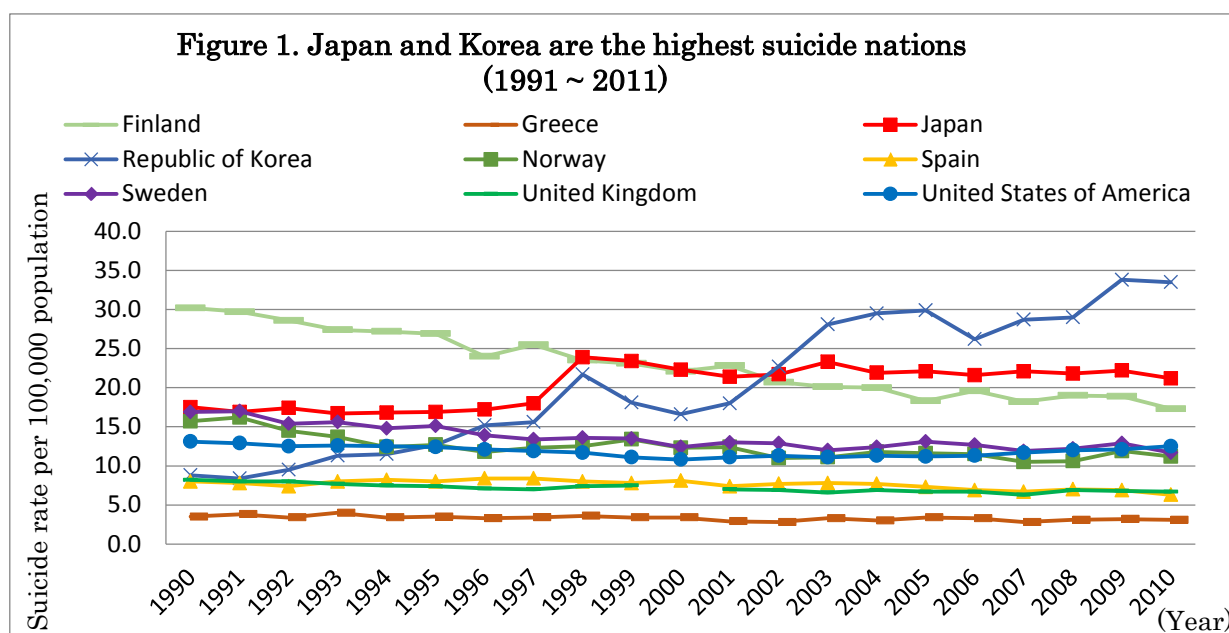
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1. Introduction

The annual number of suicides in Japan increased dramatically from 24,391 in 1997 to 32,863 in 1998, and remained above 30,000 until 2011.¹ Although the number slightly dropped below 30,000 in 2012, the suicide rate remains significantly high.² **Figure 1** shows suicide rates from 1990 to 2011 per 100,000 population³ among selected developed countries. Except for Finland and the Republic of Korea,⁴ the suicide rate in Japan has in general always been higher than in other countries.

The sudden and significant increase in the number of suicides in 1998 was observed primarily among unemployed middle-aged men and individuals facing some form of economic or financial crisis. Since 2003, the number of suicides among young adults has also increased.

Together with a discussion of related social factors, this paper focuses in particular on the possible links between economic difficulty/stress and the situation of increased suicide in Japan since 1998 and 2008. The paper also examines several suicide prevention programs implemented in Japan, and compares them with effective suicide prevention strategies introduced in other developed countries. Finally, the paper will introduce examples of ongoing suicide prevention programs at the local or community level in Japan, and provide recommendations for more effective suicide prevention strategies in the future.



Source: OECD Health Data 2013

¹ Cabinet Office, 2013 White Paper on Suicide Prevention in Japan.

² Cabinet Office, Policies on Cohesive Society, Office for Policy of Suicide Prevention, The Statistics of Suicide in Fiscal 2012.

³ "Suicide rate" refers to the number of suicides per 100,000 population.

⁴ OECD Health Data 2013 - Frequently Requested Data. Statistics for the USA, UK and Greece are available until 2010. No statistics are available for the suicide rate in the UK in 2000.

Chang et al.⁵ investigated the impact of 2008 global economic crisis on international trend in suicide rate. They concluded that there was increased suicide rate after the 2008 economic crisis particularly in men and in countries with higher levels of job loss. However, it focused only on the American countries (Northern American and Caribbean and Central American, Southern American countries) and European countries.

Several researchers have investigated the relationship between Japan's suicide and economic difficulties after 2008 global economic crisis, in particular, unemployment after⁶. However, they mainly focused on unemployment and its relation to suicide, and did not explore the many other social factors which might be related to suicides.

Milner et al. found that greater exposure to unemployment was associated with higher relative risk of suicide, particularly for men than women⁷. Meta-analysis conducted by Milner et al. showed that unemployment was significantly associated with a higher relative risk of suicides; however, such significant association was before adjustment for prior mental health among their participants. After controlling for mental health, the relative risk of suicide following unemployment was reduced by approximately 37%. Therefore, they conclude that the link between unemployment and suicide are complex, and therefore mediators of suicide and unemployment after 2008 global economic crisis should be investigated.

This paper explores the relationships among suicide and economic difficulties and other social factors as mediating factors that could have influenced suicide after economic crisis on 1998 and 2008 in Japan.

2. Current suicide situation in Japan

2-1. Increased suicides among men

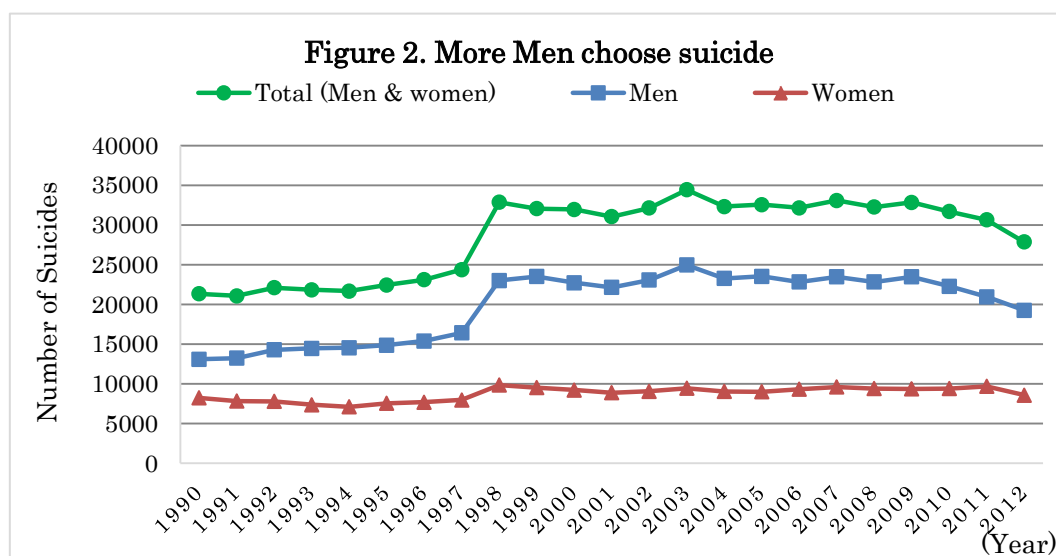
The number of suicides in Japan jumped significantly to over 30,000 after the financial crisis in 1998. This dramatic increase and continued high numbers were seen mainly among men. Suicide figures for women have remained almost constant for 20 years to 2012 (**Figure 2**), and the figures for men, in contrast, have been more than double those for women since 1998.⁸

⁵ Chang SS, Stuckler D, Yip P, Gunnell D. (2013) Impact of 2008 global economic crisis on suicide: time trend study in 54 countries. *British Medical Journal*, 17; 347.

⁶ Ying YH, Chang K. (2009) A study of suicide and socioeconomic factors. *Suicide Life Threat Behav.*; Kondo N, Oh J. (2010) Suicide and karoshi (death from overwork) during the recent economic crises in Japan: the impacts, mechanisms and political responses, *J Epidemiol Community Health*, 64(8):649-50.; Motohashi Y. (2012) Suicide in Japan. *Lancet*, 7; 379(9823):1282-1283.; Yamauchi T, Fujita T, Tachimori H, Takeshima T, Inagaki M, Sudo A. (2013) Age-adjusted relative suicide risk by marital and employment status over the past 25 years in Japan. *J Public Health (Oxf)*; 35(1):49-56; Kuroki, M. (2010) Suicide and unemployment in Japan: Evidence from municipal level suicide rates and age-specific suicide rates, *The Journal of Socio-Economics*; 39, p.683-691

⁷ Milner A, Page A, Lamontagne AD. (2013) Cause and effect in studies on unemployment, mental health and suicide: a meta-analytic and conceptual review. *Psychol Med*. 9:1-9.

⁸ Cabinet Office, Policies on Cohesive Society, Office for Policy of Suicide Prevention, The Statistics of Suicide in Fiscal 2012.



Source: Cabinet Office, 2013 White Paper on Suicide Prevention in Japan

2-2. Increased suicides among middle-aged men and young adults

Following the 1998 financial crisis, most age groups for both men and women show an increased suicide rate (see **Figures 3-1** and **3-2**); however, men in their 50s, followed by those in their 40s and 60s, were the age groups showing the most acute increase. The suicide rate among this group of middle-aged men was high from 1998 to 2003, before gradually decreasing from 2004.

In contrast, there has been a gradual increase in the suicide rate among young adults in recent years. Young adults in their 20s show the greatest overall increase in suicide rate followed by those in their 30s (see Figure 4). On the other hand, those in their 40s and particularly their 50s show a decreased suicide rate since 1998, and the suicide rate overall was lower in 2011 than in 1998. Additionally, according to **Table 1**, which shows an international comparison of 2012 suicide rates among the 15-34 age group, Japan was the only country among G7 nations in which suicide was the leading cause of death,⁹ and only the Republic of Korea had a higher suicide mortality rate among young adults compared with Japan.

The highest proportion of suicides is among middle-aged men, although this age group has shown a gradual decrease in the number of suicides over the past decade. The suicide rate among young adults, meanwhile, has continued to increase since 2002. These findings highlight the fact that middle-aged men and young adults are the most important age groups requiring intervention for effective suicide prevention.

⁹ Cabinet Office, 2013 White Paper on Suicide Prevention in Japan.

Figure 3-1. Suicide Rate by Gender & Age Group <Men>

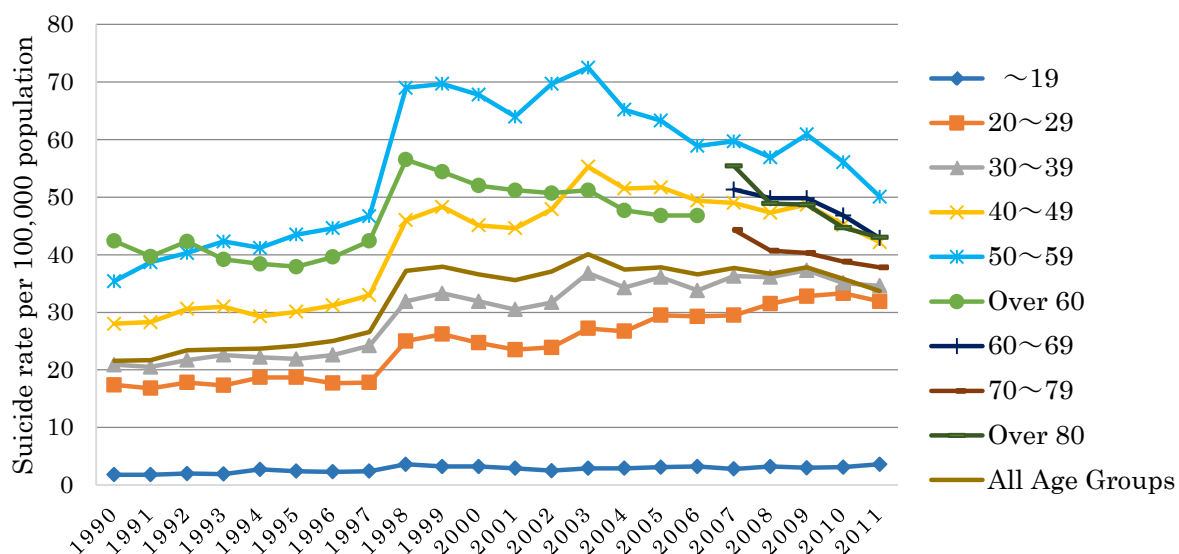
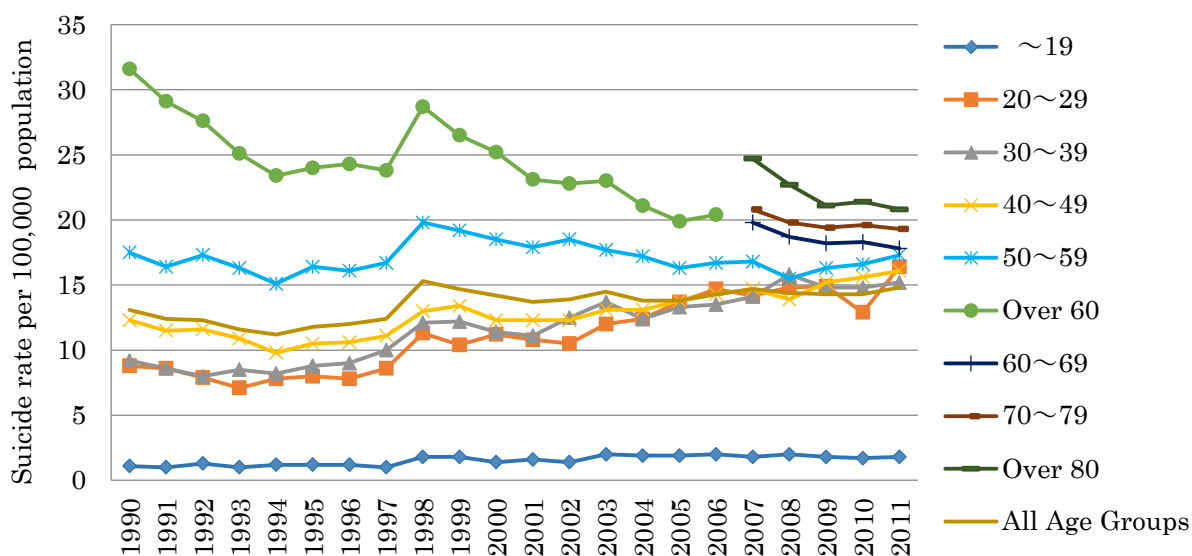
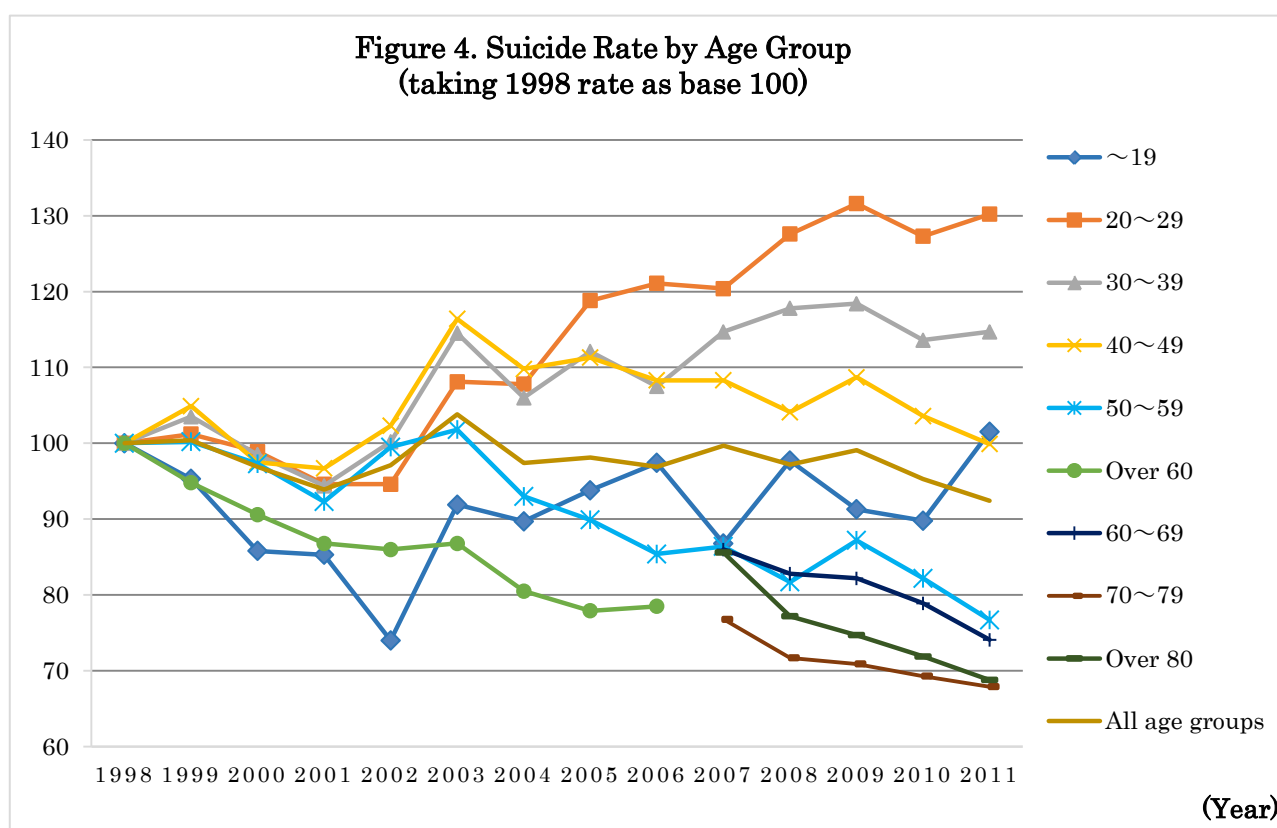


Figure 3-2. Suicide Rate by Gender & Age Group <Women>



Until 2006, people over the age of 60 were considered as a single age group. Since 2007, age groups have been segmented into “60-69 years old,” “70-79 years old” and “Over 80 years old.” Source: Cabinet Office, 2012 White Paper on Suicide Prevention in Japan



Source: Cabinet Office, 2012 White Paper on Suicide Prevention in Japan

Table 1: Total mortality and mortality rate per 100,000 population among 15-34 age group in G7 countries and Korea (Leading Causes of Death)

	Japan	France	Germany	Canada	USA	UK	Italy	Korea
	2009	2008	2010	2004	2007	2010	2008	2009
1st	Suicide	Accident	Accident	Accident	Accident	Accident	Accident	Suicide
Total Mortality	5,673	2,372	2,025	1,715	31,108	2,071	2,320	3,391
(per 100,000)	(20.0)	(15.1)	(10.7)	(19.6)	(37.4)	(12.8)	(16.5)	(23.5)
2nd	Accident	Suicide	Suicide	Suicide	Homicide	Suicide	Cancer	Accident
Total Mortality	2,225	1,584	1,518	1,071	10,309	1,096	1,068	1,837
(per 100,000)	(7.9)	(10.1)	(8.0)	(12.2)	(12.4)	(6.8)	(7.6)	(12.7)
3rd	Cancer	Cancer	Cancer	Cancer	Suicide	Cancer	Suicide	Cancer
Total Mortality	1,506	1,002	1,129	517	9,418	1,032	656	976
(per 100,000)	(5.3)	(6.4)	(6.0)	(5.9)	(11.3)	(6.4)	(4.7)	(6.7)

Source: Cabinet Office, 2013 White Paper on Suicide Prevention in Japan

3. Leading indicators for suicide

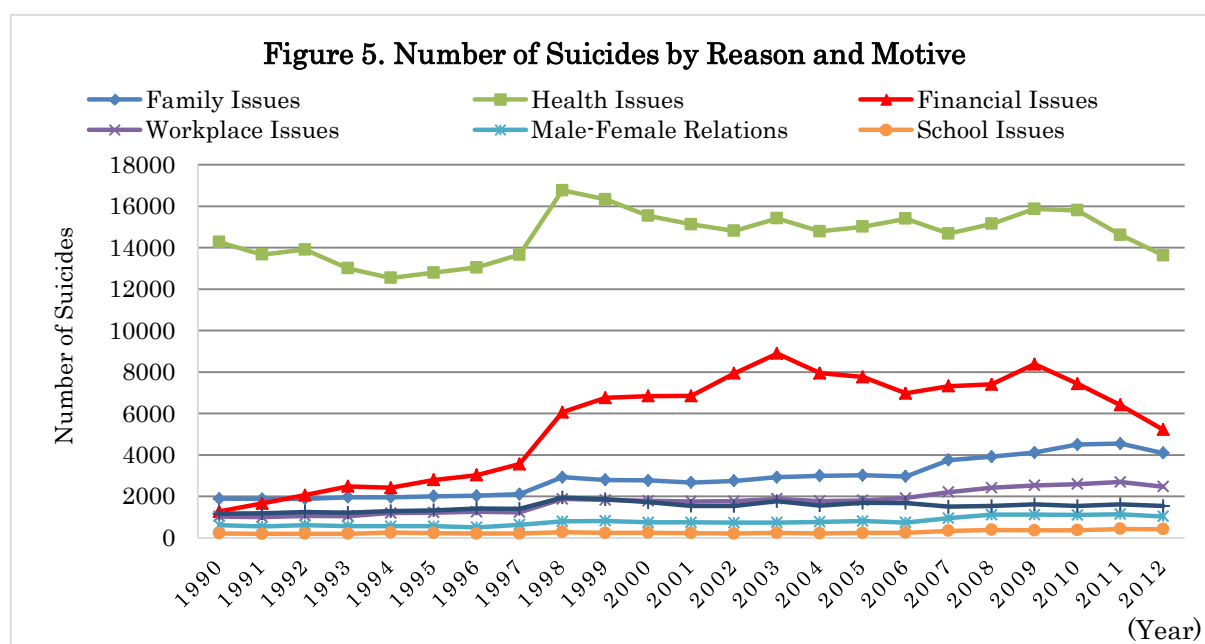
3-1. Suicide and unemployment in Japan

In this section, possible leading indicators for suicide for middle-aged men and young adults are

examined. **Figure 5** indicates that the most common reasons or motives for committing suicide were related firstly to health and secondly to financial issues. These two issues alone were almost entirely responsible for the marked increase in the suicide rate at the time of the 1998 Japanese financial crisis.¹⁰

Middle-aged men and unemployment

Around the end of the fiscal year in March 1998, the number of middle-aged men facing bankruptcy and/or unemployment increased significantly, and so did the number of suicides in this age group. Bankruptcy and/or unemployment are therefore considered to be primary reasons for suicide among middle-aged men.¹¹ Although the number of suicides attributed to financial issues has decreased overall since 2009 (**Figure 5**), such issues remain a major factor in middle-aged men committing suicide. For instance, in 2012, a total of 1,138 men in their 40s committed suicide for financial reasons and 1,211 for health issues – these being the two most common causes of suicide.¹² Among men in their 50s, 1,264 and 1,200 faced financial and health issues respectively.



Up to three possible reasons or motives for suicide identified from farewell notes etc. have been recorded for statistical purposes since 2007. Thus, the number of suicides by reason and motive does not correspond exactly to the actual number of suicides.

Source: Cabinet Office 2013, White Paper on Suicide Prevention in Japan

Young adults and the failure to find a job

In 2008, around the time of the economic downturn precipitated by the Lehman Brothers

¹⁰ Cabinet Office, 2013 White Paper on Suicide Prevention in Japan.

¹¹ Sawada, K., Che, Y. J., Sugano, S. "Study of the relationship between depression, unemployment, and suicide, featuring current research on unemployment".

¹² Cabinet Office, 2013 White Paper on Suicide Prevention in Japan.

bankruptcy, 4,850 young adults in their 30s committed suicide in Japan.¹³ This number was the highest since 1978 when statistics were first recorded. In addition, a major reason for suicide among those in their 20s is “failure to find a job”, and the number of suicides committed for this reason has continued to increase since 2007.¹⁴ This suggests that the increased number of suicides among Japanese young adults in their 20s and 30s is closely associated with the economic downturn.

These points suggest that the increased suicide rates among middle-aged men and young adults in Japan appear to have been precipitated mostly by economic and financial crises.

3-2. Financial crises and suicide issues in other countries

3-2-1. High unemployment rates and low suicide rates in Spain, the UK and USA

Suicides associated with unemployment and difficulties in finding work arising from an economic downturn are also observed in other countries. In this section, the relationship between increased numbers of suicides and economic and financial issues in developed countries outside Japan is examined. **Figure 6** shows historical changes in the unemployment rate in Spain, the UK, USA, and Japan.¹⁵ It shows that the unemployment rate in all four countries increased dramatically soon after the onset of the economic downturn precipitated by the Lehman Brothers bankruptcy in 2008. However, during this period, the suicide rate in Spain, the UK and USA remained relatively low in comparison with the significant increase seen in Japan. In Spain, for instance, the overall unemployment rate increased from 8.3% in 2007 to 25% in 2012,¹⁶ yet the suicide rate ranged only between 6.3 and 7 out of 100,000 from 2007 to 2010.¹⁷ This figure is approximately one third of the suicide rate in Japan at that time. In the UK, the unemployment rate increased from 5.4% in 2007 to 7.9% in 2010,¹⁸ whereas the suicide rate remained almost unchanged, rising only from 6.3 in 2007 to 6.7 in 2010. In the USA, meanwhile, unemployment rates were 4.6% and 9.3% in 2007 and 2009 respectively,¹⁹ while the corresponding suicide rates were 11.7 and 12.1.²⁰

The data on unemployment and suicide rates in Spain, the UK and USA suggest that increases in the suicide rate influenced by rising unemployment and the economic crisis were not as marked in these countries as in Japan.

The unemployment rate in Japan has increased slightly over the last 15 years, from 3.4% in 1997 to its current level of approximately 5%²¹, where it has remained relatively stable for several years

¹³ National Police Agency, Community Safety Bureau, Community Safety Planning Division, Summary Report on Suicide in 2008.

¹⁴ Cabinet Office, 2013 White Paper on Suicide Prevention in Japan.

¹⁵ International Monetary Fund - World Economic Outlook Databases.

¹⁶ International Monetary Fund (IMF), Statistical Data.

¹⁷ OECD Health Data 2013 - Frequently Requested Data.

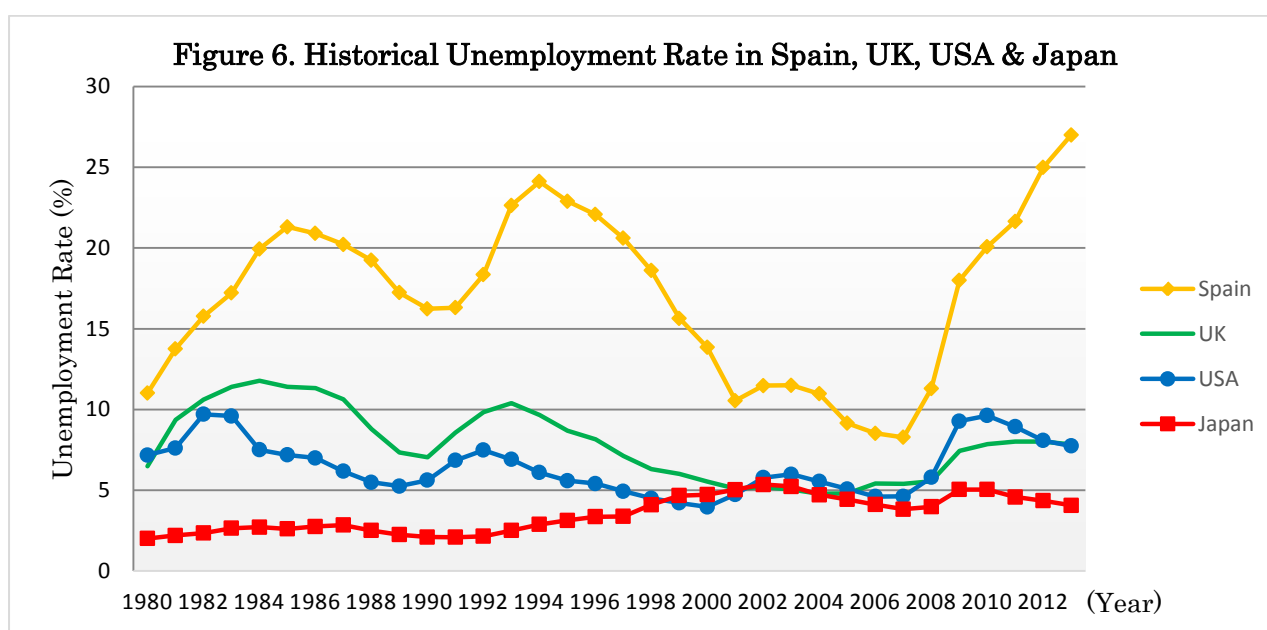
¹⁸ International Monetary Fund (IMF), Statistical Data. Unemployment increased from 5.40% in 2007 to 5.56% in 2008 and 7.46% in 2009. It was 8.02% in 2012 and is an estimated 7.83% in 2013.

¹⁹ International Monetary Fund (IMF), Statistical Data.

²⁰ OECD Health Data 2013 - Frequently Requested Data.

²¹ International Monetary Fund - World Economic Outlook Databases

now (e.g. 4.4% in 2012). Japan's unemployment rate²² thus appears to be relatively low compared to the situation in other countries described above. In spite of this, the suicide rate in Japan has increased dramatically. One explanation for this is the existence of another category in addition to "the unemployed" recorded in statistics; that being the group of "jobless people other than housewives, pensioners, and the officially unemployed." This group comprises the long-term unemployed and those who have given up and are no longer looking for a job.²³ Therefore, the real unemployment rate in Japan can be assumed to be higher than that shown in the statistics above. Notably, comparing the number of suicides in 2012 by occupation, "the unemployed" make up 5% while "jobless people other than housewives, pensioners, and the officially unemployed"²⁴ make up 24.9%.²⁵



3-2-2. Sweden - Increased Unemployment Rate & Decreased Suicide Rate

In Sweden, the suicide rate actually decreased despite the fact that the unemployment rate

²² Ministry of Internal Affairs and Communications, Bureau of Statistics, Q&A on the investigation into the labor force. The unemployment rate indicates the complete unemployment rate. Complete unemployment stood at 2.85 million in 2012, while the non-labor force and labor force were 4,534 million and 6,283 million respectively.

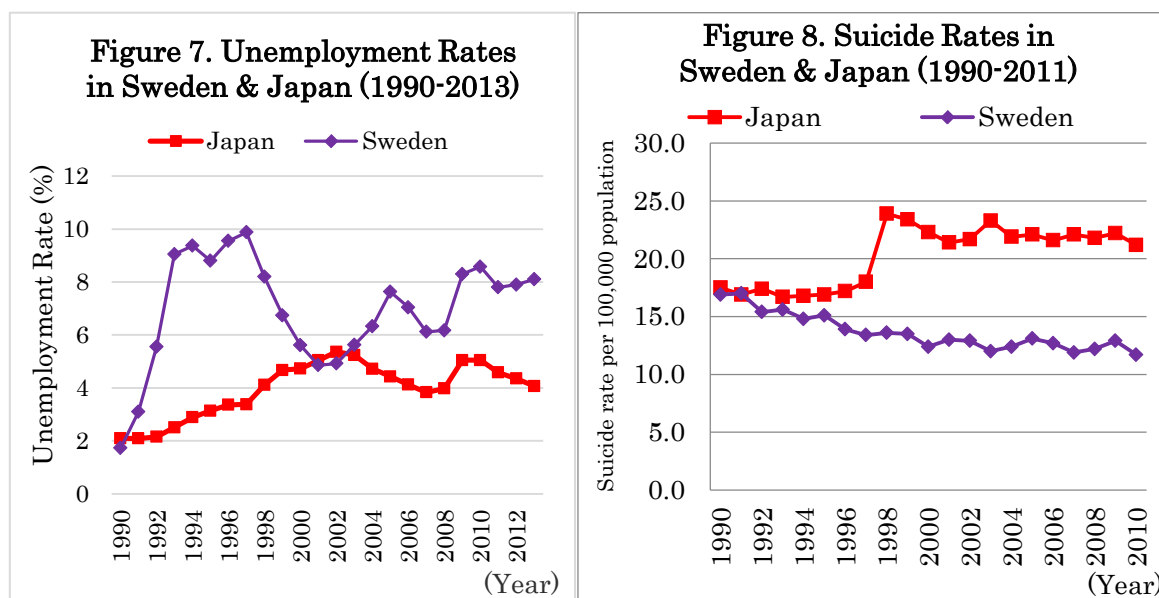
²³ National Confederation of Human-Rights Movements in the Community, "Unemployment from now on": "The complete unemployment rate means the total number of people either receiving unemployment benefit from the governmental employment security office called *Hello-Work*, or people who are still looking for a job using *Hello-Work* even after their unemployment benefit period has ended. While many people cannot find employment despite utilizing *Hello-Work*, a considerable number of people do not even use *Hello-Work*. This fact implies that the actual complete unemployment rate is more severe than the figure announced to the public."

On the other hand, the Ministry of Internal Affairs and Communications insists that "complete unemployment includes job seekers regardless of their use of *Hello-Work*, and in Japan, therefore, the unemployment rate is more likely to be underestimated than in other countries" [Ministry of Internal Affairs and Communications, Bureau of Statistics, Q&A on the investigation into the labor force.]

²⁴ 26.6% of people who committed suicide in 2012 were in employment; however, "in employment" includes those employed on a temporary and/or casual basis, often with low or unstable wages and poor working conditions. Therefore, they were likely to have significant financial difficulties which could have been a leading factor for suicide.

²⁵ Cabinet Office, 2013 White Paper on Suicide Prevention in Japan.

increased due to the severe economic crisis. **Figure 7** shows that the unemployment rate increased from 1.7% in 1990 to 5.6% in 1992 and then to 9.4% in 1994.²⁶ Although it then fell to 4.9% by 2001, it again increased, reaching 8.6% in 2010. Over that entire period, however, the suicide rate fell steadily from 16.9 in 1990 to 11.7 in 2010 (**Figure 8**).²⁷



Source: (Figure 7) IMF - World Economic Outlook Databases, (Figure 8) OECD Health Data 2013 - Frequently Requested Data

The following section introduces the suicide prevention strategies and other social policies that may have contributed to the low suicide rate in Sweden.

Sweden's national suicide prevention project was launched in the early 1990s. Preventive strategies to intervene in socio-environmental issues which could trigger suicide were readily adopted in Sweden since the concept of preventive medicine was already well established there.²⁸ The principal tools for suicide prevention strategies are: 1) Primary: Psychological, educational, and social programs provided for the general population; 2) Secondary: Special care for those at high risk of committing suicide, such as people suffering from depression; and 3) Tertiary: Special care for survivors of attempted suicide and their families.²⁹ Various types of suicide prevention program based around these strategies have been conducted in schools, workplaces, and elsewhere across Sweden over the last 20 years.

Furthermore, safety nets for the unemployed and a well-established re-employment system appear to be two effective social policies that have contributed to the low suicide rate in Sweden in spite of high unemployment. One of the major employment policies, the Active Labour Market Policy, entitles individuals to participate in training courses to acquire new skills and knowledge so

²⁶ International Monetary Fund - World Economic Outlook Databases.

²⁷ OECD Statistics, OECD Health Data 2013 - Frequently Requested Data.

²⁸ Motohashi, Y., Nakayama, T., Kaneko, Y., Takahashi, Y., Kawakami, N. "STOP! Suicide – Efforts in the world and in Japan —".

²⁹ Ibid.

as to find work in fields unrelated to their previous experience. Additionally, employees can gain grants if they hire people from among the long-term unemployed.³⁰

Although in Sweden the unemployment rate has been high, it suggests that people there are less distressed by the experience of losing their job because of the support and incentives made available through social policies. In this respect, policy could be effective and employment support may contribute to preventing suicide caused by unemployment issues. Another social factor which could contribute to the low suicide rate in Sweden is the encouragement for women's social participation, including paid employment. As a result, even when men become unemployed, the financial burden on many families is not as great as is usually the case in Japan.

For young adults as well, Japan's employment practice is unique. Many companies, for instance, typically recruit only students who have yet to graduate from university/college. With this recruiting system open only to new graduates, individuals who have already graduated cannot easily apply for such jobs. This means that people who fail to find a job while still a student face even greater difficulty finding a job at a later date. Such a custom does not exist in most Western countries, including Sweden, the UK, USA, and Spain as discussed above, and the fact that young adults in Japan have practically no second chance to find a job could be a leading factor for suicide among Japanese young adults.

3-3. Multiple factors related to economic stress

As discussed above, economic stress arising from unemployment appears to be one of the major factors leading to suicide. However, several other factors can also act as triggers. When the number of suicides increased dramatically in 1998, health-related issues as well as financial ones were major contributing factors, and an in-depth analysis of the relationship between possible leading factors and triggers for suicide is necessary.

According to interview conducted by Suicide Prevention Support Center LifeLink,³¹ there were on average four leading factors for people who committed suicide. **Figure 9** indicates that multiple factors for suicide can be complex and inter-related. For example, a person with physical health problems might also have suffered from depression after losing their job, or a person who became unemployed and then found only a non-permanent job might have been unable to cope with the significant drop in wages and had trouble with multiple debts. Effective suicide prevention requires multiple approaches to each factor faced by an individual. For instance, people who are unemployed should receive assistance not only from career services but also other social services, such as counseling for depression.³²

³⁰ Ogawa, A. "Hardship among the Employment Ice Age Generation: How to Deal with Increased Risk of Unemployment Issues".

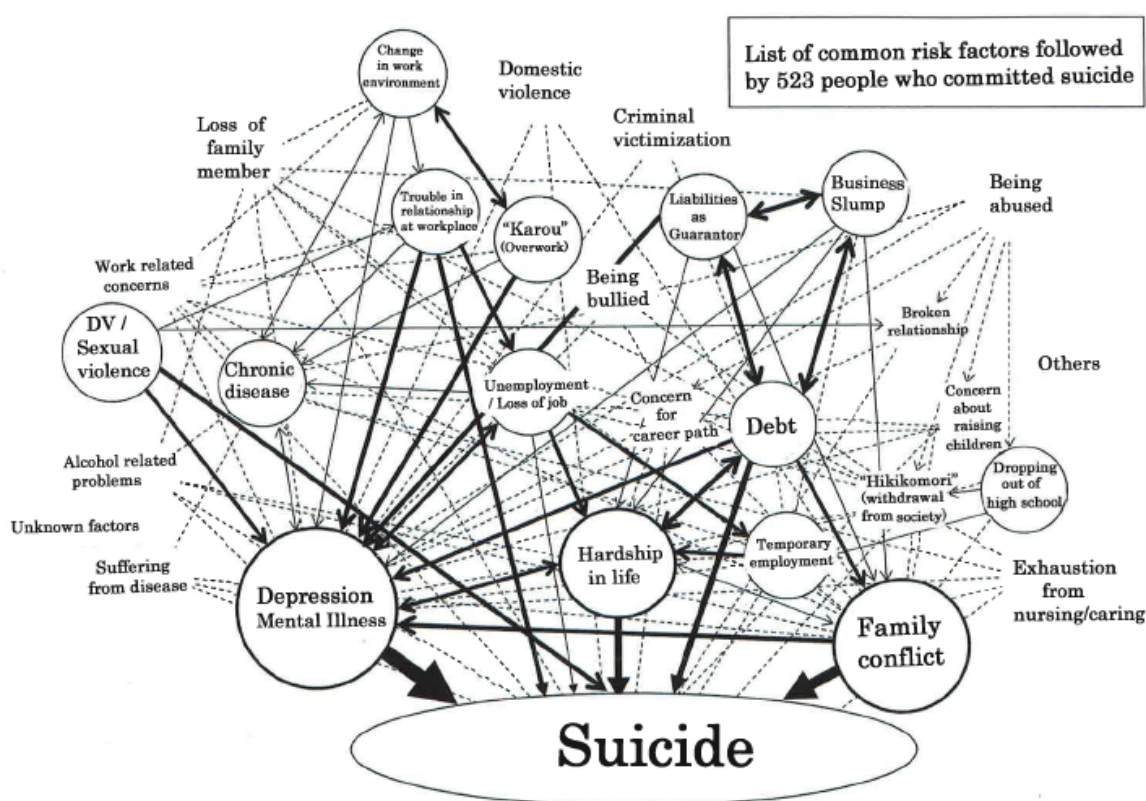
³¹ NPO Suicide Prevention Support Center LifeLink, White Paper on Circumstances of Suicide 2013. conducted interviews with 1,000 friends and relatives of suicide victims in order to identify the possible leading factors for suicide

³² This approach is based on a concept similar to the "interactive model" in Finland, which was the first nation to work on suicide prevention as a national project. The suicide rate decreased by approximately 30% during 1990-2000 when the national suicide prevention program was undertaken. The project in Finland also included interviews with relatives of people who committed suicide, as was done by LifeLink in Japan. It was discovered through the interview process that approximately two-thirds of people who

Social isolation

Another unique aspect of Japanese society which could also be associated with increased suicides is that of “social isolation.” **Figure 10** shows the degree of contact individuals have with friends, colleagues, or others in social groups among OECD countries.³³ It indicates that Japan is the most socially isolated country, which suggests that individuals in Japan have weaker social connections with others than is the case in other OECD countries.³⁴ The suggestion can be made based on this that one effective suicide prevention strategy is to establish strong ties in local areas so that individuals can easily discuss their distress with others.³⁵

Figure 9: Leading factors for suicide, and inter-relation/association among multiple factors



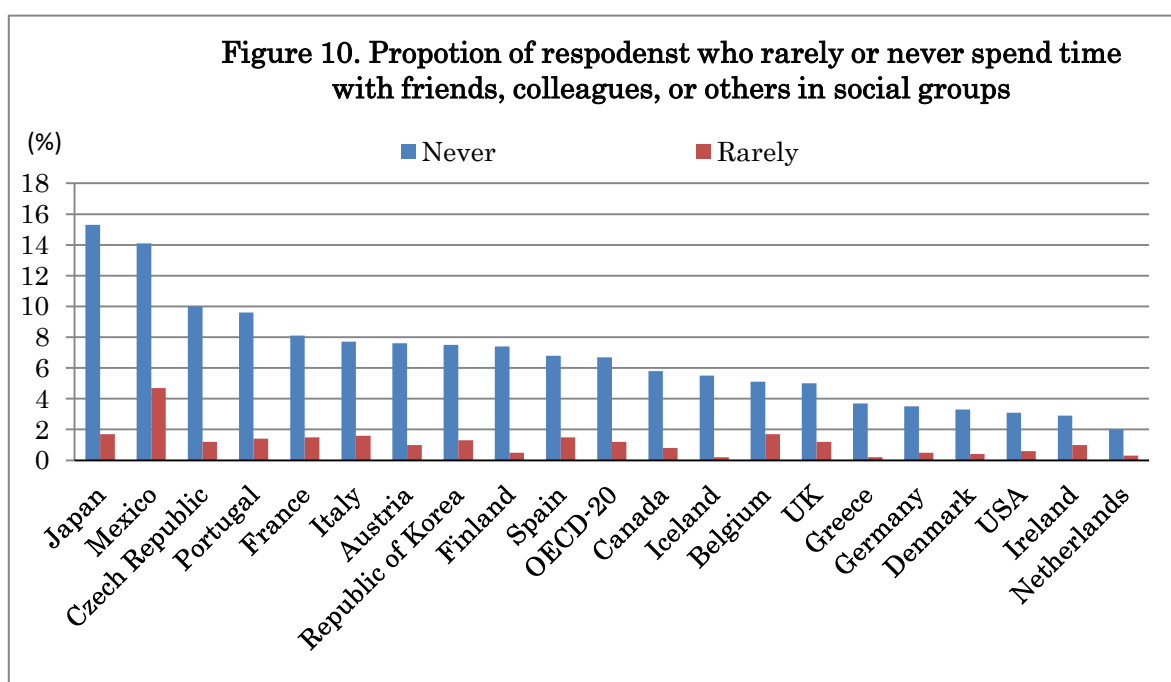
Source: 2013 NPO Suicide Prevention Support Center LifeLink, White Paper on Suicide Prevention in Japan

committed suicide had suffered from depression. The Finnish suicide prevention program did not simply tackle depression itself but also intervened in factors for depression.

³³ OECD, Society at a Glance 2005 - OECD Social Indicators.

³⁴ Ibid.

³⁵ Motohashi, Y. “Towns in which the number of suicides has decreased: The Challenge in Akita Prefecture.”



“Rarely” includes those who responded either “rarely” or “never” to all categories of contact (friends, colleagues, or others in social groups). Source: OECD, Society at a Glance 2005 - OECD Social Indicators (2005)

It appears that the reasons and motives for suicide are typically multiple and that such reasons are complex and inter-related. Therefore, effective suicide prevention should pursue a strategy of intervening in all possible factors for suicide.

4. Suicide Prevention in Japan

From 1998, when Japan experienced a dramatic increase in the number of suicides, the government began to make a greater effort to develop suicide prevention programs as a national strategy. However, these programs appear not to have been effective considering that the suicide rate has remained almost constantly and significantly high, especially among people faced with financial difficulties arising from the economic crises of 1998 and 2007. The following section analyzes both suicide prevention programs adopted as national strategies and instances of programs undertaken in local communities across Japan.

4-1. Japan’s national strategies of integrated suicide prevention

Guidelines for a national suicide prevention strategy, “Integrated Suicide Prevention Outline (*Jisatsusougoutaisakutai*)” (ISPO) were developed in 2007 after enactment of the Basic Act for Suicide Prevention in 2006. After a further review of ISPO in 2012, three basic concepts regarding suicide were identified. They were:

- 1) A person can feel forced into the act of suicide.
- 2) Suicide can be prevented.
- 3) Individuals who consider suicide are often distressed and calling for help.

Based on these concepts, “Six Principles” were developed, as follows:

- 1) Suicide prevention programs should be able to integrate various socio-environmental issues.
- 2) Each Japanese citizen should be encouraged to participate in suicide prevention programs and to consider such issues seriously.
- 3) More special care should be provided for people who have attempted suicide and their family members, and for the surviving relatives of those who have committed suicide.
- 4) Various relevant players should work together closely to support individuals who are at heightened risk of committing suicide.
- 5) There should be insightful analysis into the background reasons/motives for every suicide.
- 6) The processes for suicide prevention should be ongoing.³⁶

The concepts and detailed guidelines for national suicide prevention strategies, including ISPO, appear to have been well established in Japan in recent years, as in many Western countries.

In accordance with the Basic Act for Suicide Prevention, public service organizations and local public authorities were given responsibility for various programs and assignments for suicide prevention, and as a result, suicide prevention units were established in prefectural and city governments across Japan. However, the reality is that few local public authorities conduct or maintain effective suicide prevention programs as outlined in the national guidelines.³⁷ It has been pointed out that the majority of suicide prevention programs have been organized and conducted by volunteer workers from non-governmental and non-profit organizations (NGO/NPO) due to the lack of human resources in prefectural and city governments.³⁸ Moreover, despite the government’s emphasis on the importance of counseling support for survivors of suicide attempts, it has also been noted that there are constraints on budgets to enhance social service facilities and increase the number of counsellors.³⁹ Additionally, free calls are available to a counseling hotline, “*Inochi No Denwa*”,⁴⁰ on the 10th of every month; however, in 2010, only around 4% of calls were connected to a counselor.⁴¹ It is therefore apparent that the resources made available for suicide prevention activities are extremely limited in spite of the high demand for such programs.

4-2. Suicide prevention for the unemployed and people employed in temporary/casual labor

In Japan, various forms of support provided for suicide prevention programs focused on the

³⁶ Cabinet Office, 2013 White Paper on Suicide Prevention in Japan.

³⁷ Kasai, C., Study of Suicide Prevention.

³⁸ Ibid. In most instances, only one person is assigned to each local government’s suicide prevention unit.

³⁹ Dr. Rene Duignan, director of the film, “Saving 10,000 – Winning a War on Suicide in Japan”, pointed out at the Health and Global Policy Institute Breakfast Meeting on April 11, 2013, that there are a number of issues that need to be worked on for effective suicide prevention.

⁴⁰ Federation of Inochi No Denwa Inc. (FIND).

⁴¹ Nihon Keizai Shimbun, “Connection rate for Japan Life Line only 4% on toll-free day”: According to the Ministry of Internal Affairs and Communications, Japan Life Line (*Nihon Inochi No Denwa*) services are provided by volunteers across Japan. The phone line is often too busy for callers to connect, particularly on the 10th of every month when a toll-free service is available. Reasons for the low connection rate include a lack of phone counsellors and limited budgets.

unemployed and/or temporary workers. According to the Ministry of Health, Labour and Welfare, there are a considerable number of employment support services, mainly facilitated by *Hello-Work*, to promote rapid re-employment for middle-aged men and assist young adults without experience to find work.⁴² Guidelines for suicide prevention strategies focused on the unemployed and/or temporary workers are well established,⁴³ yet no evaluation of these support programs has been undertaken, and so it is unknown whether they are effective tools for finding work and thereby helping to prevent suicide. For instance, since 2009, people registered at *Hello-Work* have been provided stress-level check sheets, advice about coping with mental health issues, and information about email-based counseling services.⁴⁴ However, no evaluation report on these services has been made available to the public. The only detail reported was that the numbers of email-based and face-to-face consultations provided at *Hello-Work* between April 2012 and March 2013 were about 6,000 and 5,000 respectively. Such basic information does not indicate whether email-based or face-to-face counseling brought any form of resolution to the issues faced by those using the service.

Another problem is that the *Hello-Work* predominantly provides employment support services at the national level, therefore, individuals need to be registered at *Hello-Work* in order to access major employment support services. However, for individuals with significant distress or depression, it can be difficult to visit *Hello-Work* on a regular basis to maintain their registration.⁴⁵ In addition, the connections between *Hello-Work* and other relevant social services, including social welfare services and legal offices, are not well established. Thus, a job seeker who uses *Hello-Work* receives help only with unemployment issues but not with other possible factors for suicide such as debt, depression, or family problems.⁴⁶

While there are still numerous issues that need to be worked on, the attitude of public authorities towards suicide prevention appears to have been improving gradually. For instance, since January 2010, Osaka prefectural government has collaborated with several area hospitals to which survivors of suicide attempts were taken in order to provide them with special support.⁴⁷ The prefectural government allocates various professionals to the emergency hospitals, including public nurses specializing in mental health, and they investigate the background of suicide attempts through counseling. Survivors of suicide attempts are then introduced to appropriate professional services (e.g. public health centers, psychiatrists etc.). In five hospitals which collaborated with public authorities in Osaka, it was found that 33% of those who received special support between April 2012 and March 2013 had faced financial difficulties. Notably, the number of suicides in Osaka decreased by 330 over the two years from 2010 when the joint government-hospital suicide

⁴² Cabinet Office, 2013 White Paper on Suicide Prevention in Japan.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ The *Hello-Work* membership card expires at the end of each month after an individual registers at a *Hello-Work* office, and this card needs to be renewed in order to continue receiving services through *Hello-Work* such as employment support.

⁴⁶ Atsumi, T. NHK Contemporary Opinion and Public Discussion: Reinforcement of Multiple Approaches for Suicide Prevention.

⁴⁷ Osaka Yomiuri Shimbun, "20% decrease in emergency ambulances for suicide attempts: Cooperation between hospitals and 39 local authorities in Osaka".

prevention program was first launched, and the decrease in the suicide rate in Osaka exceeded the average for Japan overall. Effective cooperation between public authorities and hospitals is considered as contributing to a decrease in the number of suicide attempts, and so it can be suggested that public authorities should also look to work closely with other social services, including employment support services and legal offices, in an attempt to further reduce suicide attempts. However, funding for the Osaka program is set to end in March 2014.

4-3. Community-based suicide prevention activities

The previous section discussed Japan's suicide prevention strategies at the national level. Many of these strategies were studied and adopted from other countries where suicide prevention is well advanced. However, there are certain characteristics unique to Japanese society, such as the employment systems described previously, and so some suicide prevention strategies adopted from elsewhere might not be effective. Therefore, suicide prevention programs should be developed in accordance with the specific circumstances in Japan and its local areas. Since 2010, the government has published data for each prefecture and district (suicide rate, number of suicides, main reasons for suicide, etc.), and several effective suicide prevention programs and activities have recently been launched at the local level. The following section will introduce examples of suicide prevention programs and activities in Akita Prefecture and Adachi Ward, Tokyo.

4-3-1. Akita kokoro no network (Akita Prefecture)

Over the last 18 years, the suicide rate in Akita Prefecture has been the highest in Japan, reaching 27.6 in 2012.⁴⁸ However, in terms of the number of suicides, this figure has decreased from 519 in 2003 to 293 in 2012.⁴⁹ ⁵⁰ In 2001, Akita prefectural government launched a suicide prevention program with the goal "to reduce the number of suicides by 30% by 2010."⁵¹ Under this program, several suicide prevention activities were conducted in six districts of Akita Prefecture from 2001 to 2006. These activities included events to raise awareness of serious suicide issues, investigations into the mental health of residents, and training programs for volunteers with whom residents could discuss sources of distress in their daily lives. The program includes a unique outreach activity whereby every resident is visited and given leaflets about suicide prevention strategies in the local area. The aim of this is to increase ties among local residents, reconnecting them not only with people engaged in suicide prevention but also other local citizens, and helping them become aware of any suicidal tendencies among family members, friends, colleagues or neighbors.

⁴⁸ Ministry of Health, Labour and Welfare, Report of Population Survey 2012: Annual total & monthly report.

⁴⁹ The overall population of Akita Prefecture has decreased in recent years. The population figures were 1,167,365 in 2003 and 1,063,143 in 2012, a decrease of approximately 9% [Binokuni Akita Net, Monthly report of Population & Households in Akita Prefecture]. However, over the same period, the number of suicides decreased by approximately 44%.

⁵⁰ NPO Kumonoito.

⁵¹ The program included a pilot study conducted in 6 towns in Akita Prefecture from 2001 to 2006. In the study, the following forms of support were provided by working closely with local residents: an investigation into basic mental health, raising awareness and providing information about depression and suicide issues, and training for volunteer counselors in each town.

In Akita Prefecture, private organizations have also been engaged in suicide prevention programs. The NPO Kumonoito⁵² focuses on suicide prevention among self-employed people and their families. The Society for Considering Mental Health and Life (*“Kokoro to Inochi wo kanngaerukai”*), founded in 2000, has provided lectures on suicide prevention and opportunities for discussion about effective suicide prevention among local residents.⁵³ They also hold casual events every week to encourage local people to have informal discussions and talk about anything, thereby building relations with neighbors which could contribute to suicide prevention. Such private organizations launched the “Akita kokoro no network” in 2006.⁵⁴ Initially a relatively small network, it developed into the Akita Suicide Prevention Committee (*“Akita fukinotou kenmin undou jikkou iinkai”*)⁵⁵ in 2010, involving the Japanese Medical Association and Akita public authorities.⁵⁶

Additionally, there is a network called “Fukinotou Hotline”⁵⁷, which was launched as a collaboration between public authorities and private organizations. The hotline is available on the official Akita Prefecture website, and there are more than 60 different social service institutions⁵⁸ that people can call or contact via email depending on their concerns and issues.⁵⁹ These social services include the sometimes problematic counseling hotline *“Inochi No Denwa”*, described earlier, but also alternate options for making contact with other social service institutions. This is a good example of the potential for partnerships between public authorities and private organizations.

Another aspect of the suicide prevention strategy in Akita Prefecture is the focus on reducing the number of suicides related to financial issues. **Figure 11** shows that while the number of suicides related to either health or family issues has remained relatively stable for the past decade, the number of suicides related to financial issues has decreased steadily since 2003,⁶⁰ falling from 204 in 2003 to just 58 in 2010, a decrease of 72%. Suicides related to financial issues decreased across Japan as a whole during that period, but the rate of the decrease seen in Akita Prefecture was far greater than for Japan overall (**Figure 5**).

⁵² NPO Kumonoito.

⁵³ Society for Considering Mental Health and Life.

⁵⁴ NPO Kumonoito, Introduction of private organizations in Akita Prefecture.

⁵⁵ Akita Suicide Prevention Committee.

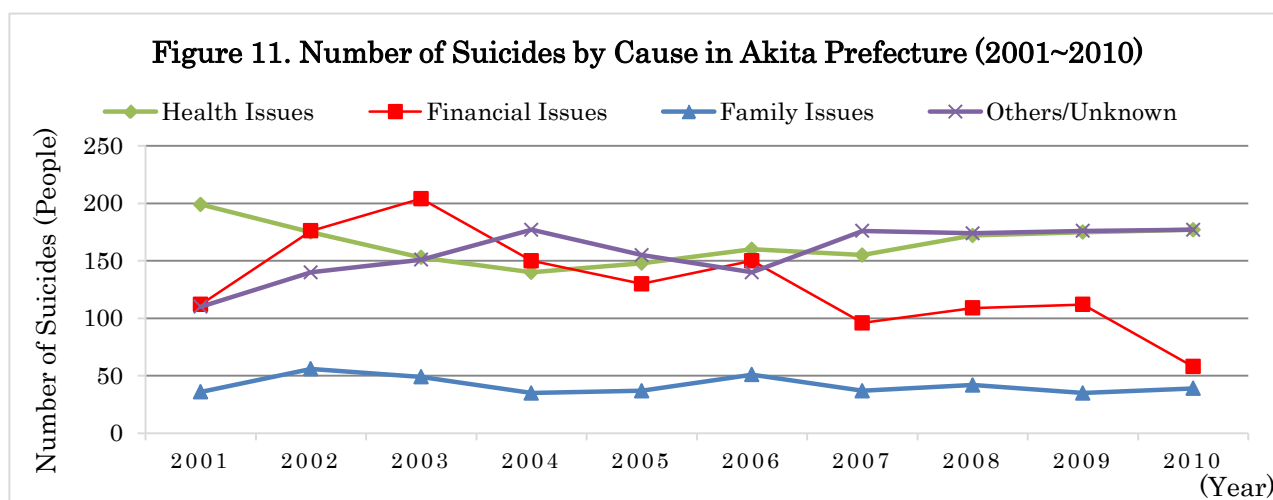
⁵⁶ Akita Suicide Prevention Committee, “An All-Inclusive Society: Special Team Hearing”. Akita Suicide Prevention Committee originally comprised 9 private organizations, increasing to 40 by February 2011.

⁵⁷ Fukinotou Hotline.

⁵⁸ As of September 11, 2013.

⁵⁹ Categorized as: 1. Mental health & suicide issues, 2. Bankruptcy issues among business owners, 3. Legal issues, 4. Money, Banking, and Management issues, 5. Consumers issues, 6. Aged care issues, 7. Dementia issues, 8. Human rights among women, 9. Youth & children's issues, 10. Mental health in the workplace, 11. General public health & mental health issues, 12. Disabilities & inveterate disease issues, 13. Single parent issues, 14. Crime & Safety, 15. Drug issues, 16. Car accident issues, 17. Human rights issues, 18. Life and social welfare issues.

⁶⁰ NPO Kumonoito, Introduction of private organizations in Akita Prefecture.



Source: NPO Kumonoito

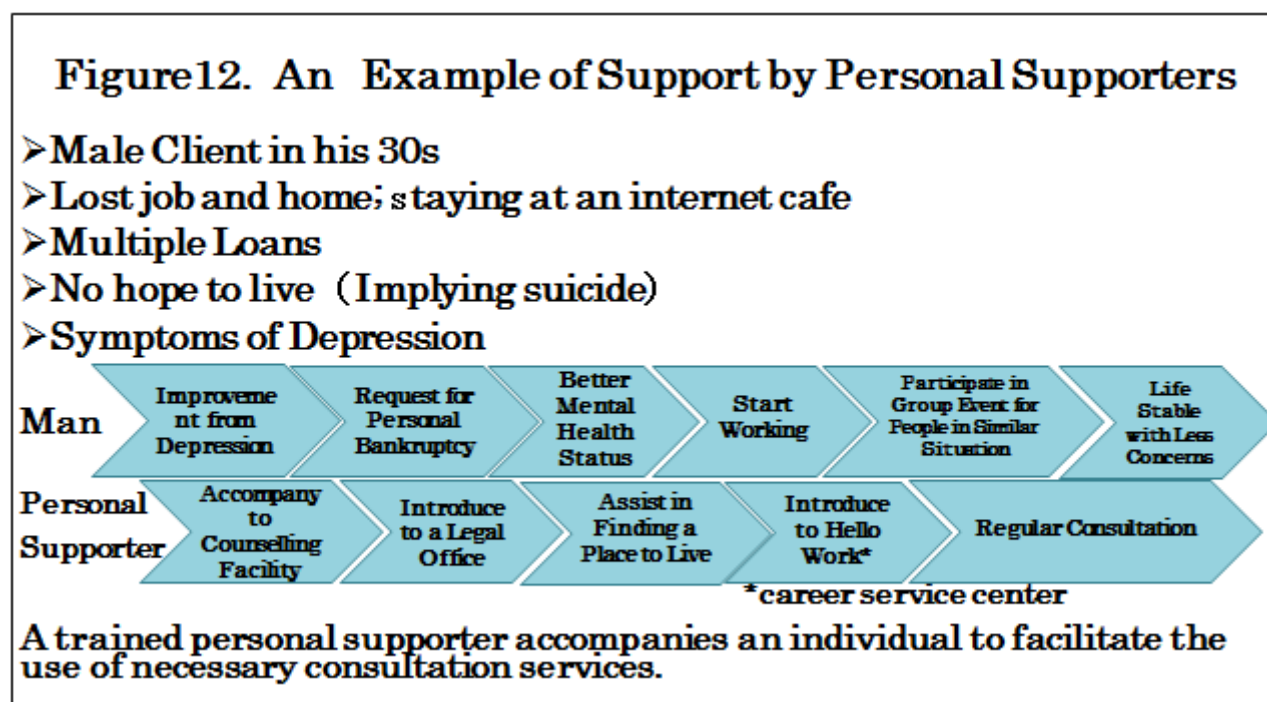
4-3-2. “Connecting (*tsunagu*) paper” and personal supporters in Adachi Ward, Tokyo

The number of suicides in Adachi Ward, Tokyo, increased continually and in 2006 recorded the highest number among all Tokyo’s 23 wards. Since then, the Adachi public authority has implemented countermeasures based on investigations into the background of people who committed suicide.⁶¹ Unlike in rural areas, such as in Akita Prefecture as described above, there are practical barriers to implementing outreach programs in major urban areas, such as visiting all local residents, due simply to the large numbers involved. However, urban areas in general enjoy the advantage of having a number of social services available in close proximity, including legal offices, social welfare offices, and public health service centers. To take advantage of this, each social service institute must have regular contact with others so that staff at each institute can introduce individuals in need of support to the appropriate social services.

In Adachi, it was found that a majority of those who committed suicide had unemployment problems. It was also known that the unemployed are more likely to face multiple debts, financial problems, and depression, which could lead to suicidal tendencies. Thus, Adachi’s public authority regularly holds events where individuals can meet and discuss with different professionals (e.g. lawyers, public nurses, social workers, and employment supporters) at one location. The “Gatekeeper for Life” program has also played an important role in detecting the early small signs which can eventually lead to suicide. All members of staff at the Adachi Ward Office receive lectures about the “Gatekeeper for Life” program. Additionally, there is a tool called a “connecting (*tsunagu*) paper” which is filled in by a “gatekeeper” at Adachi Ward Office to introduce clients to the relevant social services. Since 2012, to ensure that people actually visit and make use of the social services available, a “personal supporter” accompanies the client to the relevant social service institute (**Figure 12**). Such interaction is important in Japanese society, where social ties have

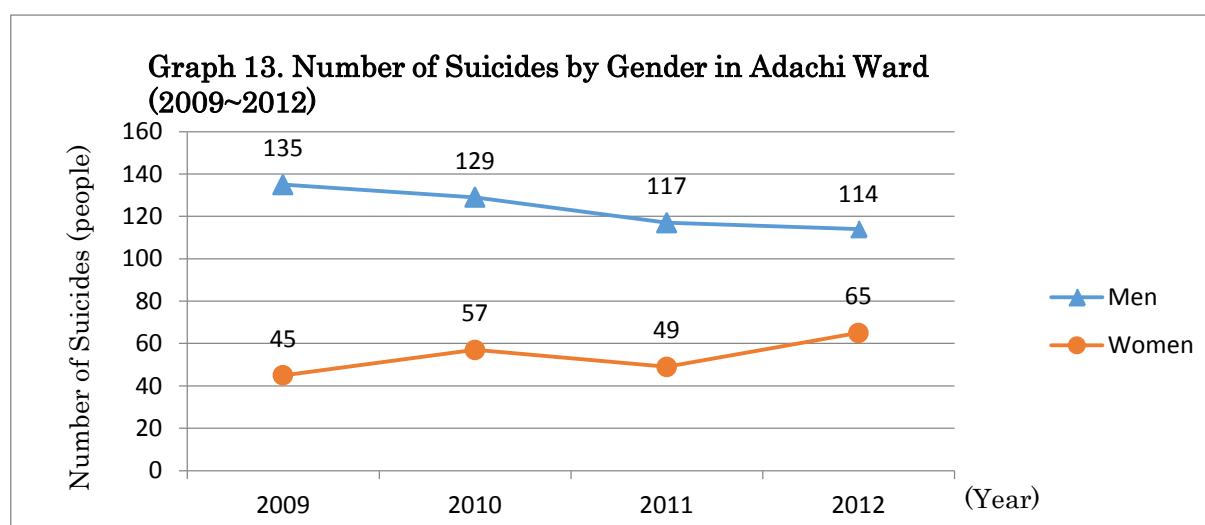
⁶¹ Adachi Ward website, Suicide Prevention in Adachi Ward (Adachi-ku no jisatsu taisaku), <http://www.city.adachi.tokyo.jp/fukushi-kenko/kenko/kokoro/jisatsutaisaku/index.html>, May 2013 (Accessed August 25, 2013).

become increasingly weakened as discussed earlier.



Source: Adachi Ward website (Title of the page in Japanese?)

In Adachi Ward, information like the above is regularly updated both on YouTube and on the Ward's website so that residents are aware that they are entitled to use the appropriate social services in the community. Between 2009 and 2012, with such programs being undertaken in Adachi, the number of suicides there among men decreased (**Figure 13**). At the same time, however, the number of suicides among women actually increased, meaning that further investigation is required.



Source: Adachi Ward website

4-4-3. Lessons learnt from community suicide prevention programs

Based on the suicide prevention programs in Akita Prefecture and Adachi Ward examined above, the creation of public-private partnerships is an important tool to effectively prevent suicide. Various types of social services should be provided by both public and private sectors and the connections between them should be well developed. The suicide rate in Akita Prefecture has been the highest in Japan for 18 consecutive years to 2012. However, based on the improvements already observed there, the suicide prevention model of public-private partnership and the emphasis on the great importance of inter-connectedness among local people should be emulated by other prefectures and districts in Japan.

5. Summary and Recommendations

In 2006, Japan launched its national strategies for suicide prevention. However, these strategies have not yet been effective in reducing the annual number of suicides, which remained above 30,000 for 14 consecutive years until 2011. The number of suicides did in fact decrease in 2012, indicating that carefully considered suicide prevention programs need to continue. In the following section, therefore, recommendations will be made as to ways in which suicide prevention programs can be made more effective, particularly in focusing on those people with a high risk of suicide due to economic stress and related issues which increased dramatically from 1998.

5-1. Multiple approaches to various factors for suicide using trained gatekeepers, personal supporters, and public-private partnerships.

The factors leading to suicide for an individual are normally multiple, with an average of four, and both complex and inter-related. It is therefore important to undertake multiple approaches wherever possible to the various leading factors for suicide. “Gatekeepers” can play an important role in recognizing such multiple leading factors for suicide and referring individuals to the relevant professionals to resolve each issue. In Adachi Ward, all public authority staff receive manuals and lectures to enable them to become effective “gatekeepers” able to recognize possible signs of suicidal tendencies and refer clients to the appropriate social services, both public and private. This is a good example of a well-established partnership enabling a smooth referral process for the distressed client. “Personal supporters” can also play an important role in accompanying individuals when they visit the social service centers to which “gatekeepers” refer them.

5-2. Partnerships among employment support centers and various other social services

Staff at employment centers such as *Hello-Work* should be trained as gatekeepers and be able to introduce those who appear to have issues other than unemployment (e.g. multiple debt, mental health concerns, etc.) to the appropriate services. To enable this, strong partnerships should be established between employment support centers and other social service centers.

5-3. *“Inochi No Denwa”* hotline centers need to work together closely

It is well known that talking to someone about one’s concerns is one of the reasons why a person considering suicide may ultimately decide against taking that final action. Establishing telephone “hotlines” for people considering suicide to discuss their concerns anonymously in a relaxed and non-threatening situation has proved to be very effective in preventing suicide, especially among men.

As pointed out earlier, a poor connection rate to the *“Inochi No Denwa”* hotline, which occurs especially on the 10th of each month when all calls are free of charge, is a problem that needs to be addressed. Today, with the development of the internet, hotlines should, for instance, be able to utilize services such as Skype so that people can call for little or no money.

Another reason why the *“Inochi No Denwa”* hotline experiences poor connection rates is the lack of human resources. The solution is not as straightforward as simply employing more people as this could lead to undertrained counselors and poor quality counseling.⁶² A possible solution when the line is busy is for callers to be re-directed to other hotline centers. The *“Inochi No Denwa”* center in Niigata Prefecture, for example, has provided such redirection services for the cost of a local call. *“Inochi No Denwa”* centers should coordinate together to allocate telephone counselors across Japan.

Another problem for hotlines is people who make frequent calls. In Canada and the USA, the allocated time for each person calling a hotline is limited. Such practical solutions could be implemented in Japan.

5-4. Proper evaluation of suicide prevention programs

As discussed earlier with regard to employment support for the unemployed at *Hello-Work*, proper evaluation of such programs has not yet been undertaken. Detailed evaluations should be conducted on a regular basis to discover who has made use of these services, whether use of the services enabled users to find a job or resolve their issues in some other way, and whether this helped to reduce the suicide rate.

5-5. Data gathering and analysis in communities

The majority of suicides in Japan are still committed by middle-aged men, while decreasing, and those by young adults are increasing. However, whether they are both serious differs by area. For instance, since most of young adults reside in urban areas, their suicides are a far more serious issue in urban areas. The government collects detailed statistics on suicide (e.g. number of suicides, suicide rate, reasons for suicide etc.) in each prefecture, and this data has been available to the public since 2010. Suicide prevention programs appropriate to each locality should be developed

⁶² Phone counsellors need to obtain sufficient skills and knowledge to handle the potentially highly sensitive counselling of suicidal individuals. More than 60 hours of training over a 9-month period is required to become a phone counsellor. Training courses are only available on a long-term basis, with no accelerated courses available. The content of training courses and their length differs among *“Inochi No Denwa”* centers (cf. Yokohama Center & Tokyo-Tama Center).

based on this data.

In conclusion, suicide issues are complex, multifactorial, and inter-related. Individuals who face financial issues could also have family and/or health issues. Therefore, there are no easy solutions with regard to suicide prevention. However, it is considered that suicides related primarily to financial problems and economic stress can be reduced through improved and effective social policies, including better employment systems, promotion of re-employment, training of “gatekeepers” and “personal supporters”, and public-private partnerships in social service areas. Effective suicide prevention strategies such as these need to be implemented more thoroughly in communities across Japan.

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