How Japan Reduced Suicides: A Law That Changed Society – The Japanese Model

18

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18.1 Current Situation Regarding Suicide in Japan

Let me begin with some facts regarding suicide in Japan. Figure 18.1 shows the number of suicides in Japan from 1978 to 2014. As you can see, during the 1978–1997 period the number of suicides each year averaged approximately 25,000. However, this number rose dramatically from 24,391 in 1997 to 32,863 in 1998. The Japanese suicide rate per 100,000 also jumped from 19.3 to 26.0. As a result, Japan had one of the highest suicide rates in the world (Fig. 18.2).

The number of suicides per year continued to exceed 30,000 for 14 consecutive years up to 2012. In total, 453,040 people – more than the total population of the city of Nagasaki – committed suicide in Japan during these 14 years. However, from 2010 onwards, the number of suicides per year has been on the decline for 5 consecutive years, and has now returned to pre-1998 levels.

In order to understand the background to the incidence of suicide in Japan, we need to focus on three key points.

The first point to consider is the reason for the sudden increase in the number of suicides that occurred in 1998. There are some important demographic features regarding age groups and occupations that are related to this increase. We need to examine a breakdown of this data in more detail.

The second point to consider is the reason why the number of suicides did not decrease for 14 years. I would like to discuss what was happening during this period in terms of suicide prevention, focusing especially on the establishment of the Basic Act for Suicide Prevention in 2006 and how this brought about drastic changes in Japanese suicide prevention.

The third point to consider is the reason for the decline in the number of suicides, starting from 2010. This decline did not happen automatically. The establishment of

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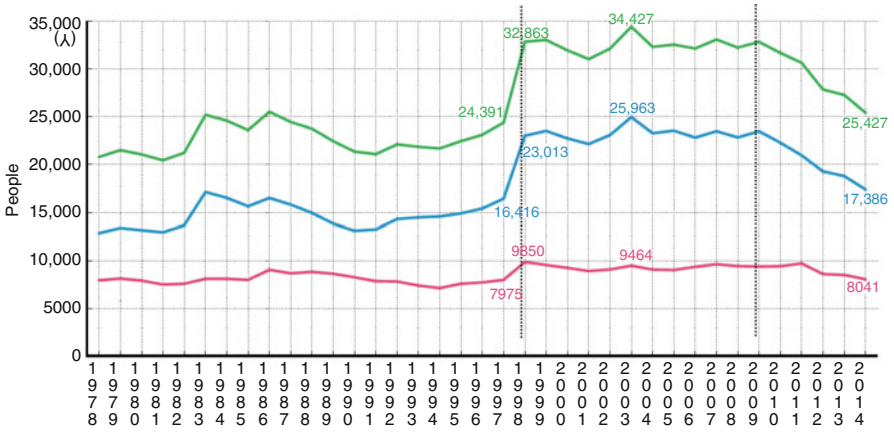


Fig. 18.1 Number of suicides per year in Japan (Source: National Police Agency, "Suicide statistics," prepared by the Cabinet Office)

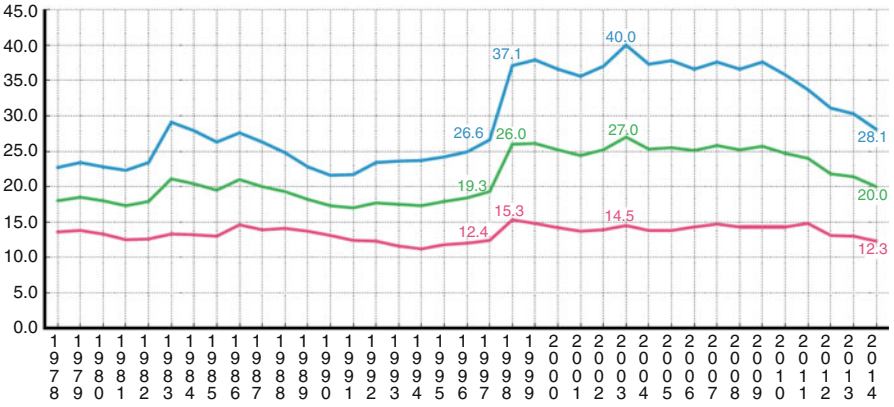


Fig. 18.2 Suicide rate per 100,000 in Japan (Source: National Police Agency, "Suicide statistics," prepared by the Cabinet Office)

the Basic Act for Suicide Prevention brought about five significant changes to the framework used for suicide prevention, and I would now like to discuss these further.

18.2 Sudden Increase in 1998

As I have outlined above, the number of suicides per year, as well as the suicide rate, both rose dramatically in 1998. The increase in the suicide rate was found in all age groups, but was particularly marked among middle-aged men. Figure 18.3 shows a comparison of the suicide rate per age group across different decades. It is obvious that the suicide rate for males aged 40–60 years increased dramatically from 1990 to 2000.

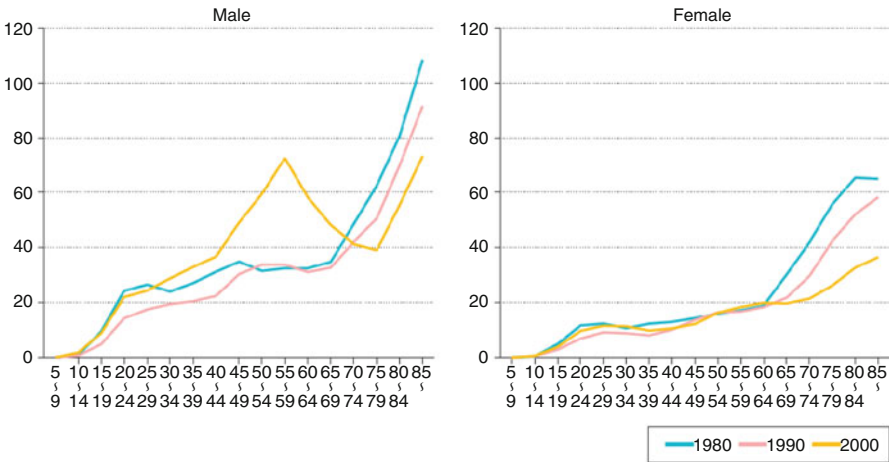


Fig. 18.3 Changes in suicide rate per age group

From 1997 to 1998, the number of suicides in the 40–60 male group increased by 44.6 % from 8,763 to 12,669. This represents 49.6 % of the total increase shown across all ages. We can also demonstrate a link between suicide rates and types of occupation over that same time period. The number of self-employed and family business owners increased by 43.8 % from 3,028 to 4,355, and the number of employees and office workers increased by 39.6 % from 6,212 to 8,673. When we look at a breakdown of the causes and factors contributing to suicide rates, we can see that "work-related issues" increased by 52.6 % from 1,230 to 1,877, while "economic and livelihood issues" increased by 70.4 % from 3,556 to 6,058.

The main reason for these increases in 1998 is thought to have been the country's socioeconomic problems. Actually, this can also be inferred from the timing of the increase. Thus, the number of suicides rose in March 1998. March is the end of the fiscal year in Japan, and several Japanese major banks and financial institutions went bankrupt in the fall of the previous year.

That was the biggest economic collapse ever experienced by modern Japan. Many local businesses also failed and the unemployment rate increased significantly. Many middle-aged men who were the breadwinners for their families lost their jobs. They were deprived not only of their source of income but also their identity and pride as hard-working Japanese businessmen. In Japan, there is a close correlation between the suicide rate and the unemployment rate, as you can see in Fig. 18.4.

18.3 No Decrease for 14 Years

Despite the presence of commonly recognized risk factors, talking about suicide has largely remained a social taboo in Japan. It has long been considered a personal problem and was not widely or publicly discussed. This created a vicious spiral of suicides with no-one willing to talk about them. Misunderstandings regarding

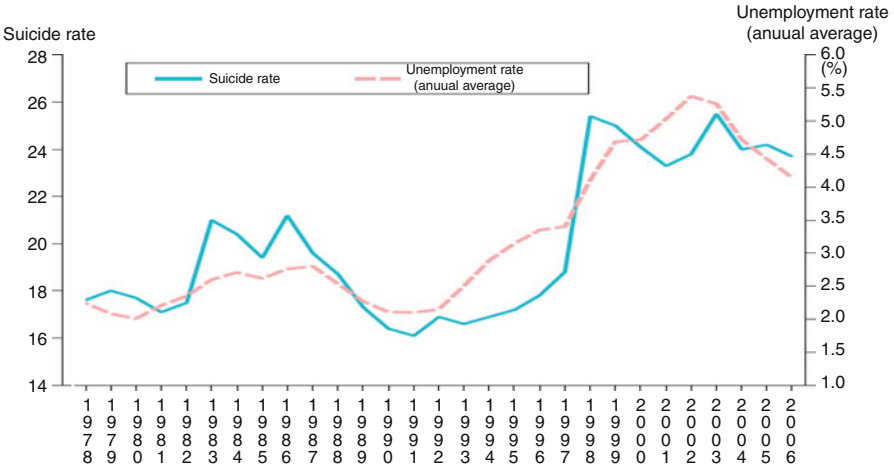


Fig. 18.4 Correlation between suicide rate and unemployment rate

suicide were not addressed and awareness of suicide-related issues was not shared. Thus, no countermeasures were taken and the number of suicides stayed over 30,000 for many years.

In 2000, the situation began to change when children who had lost their parents to suicide began to break the taboo by speaking out in the media about their experiences. I was working as a TV producer for NHK, the Japan Broadcasting Corporation, and I became involved in making documentaries about these bereaved children. I realized that suicides also affect the ones who are left behind, and that there were almost no suicide prevention activities undertaken by the national government and the local governments. About 100 people were committing suicide every single day, but suicide was still regarded as a very personal problem.

As a journalist, I felt that this stigma associated with suicide was the biggest impediment to promoting suicide prevention, so I tried to apply pressure to the government by broadcasting TV programs on suicide-related issues. In 2002, the Ministry of Health, Labour and Welfare held an "expert roundtable on suicide prevention measures." The ensuing report stated that a suicide prevention policy must not only address mental health issues effectively but must also include a multifaceted examination of psychological, social, cultural and economic factors. It seemed that countermeasures would now be taken at long last. However, this report was treated simply as a series of recommendations from experts, and it was not fully reflected in any actual policies. The disappointment felt by the bereaved children and myself was immeasurable.

After continuing to provide coverage of the children affected by suicide, the notes left by people who committed suicide and suicide prevention initiatives, I decided that the effectiveness of Japanese suicide prevention was limited due to the lack of a group dedicated to promoting such initiatives. So, in the spring of 2004 I quit NHK and, in order to help organize further suicide prevention initiatives, I established NGO LIFELINK in fall that same year and took up a position as its representative.

From the beginning, we aimed to get the Basic Act for Suicide Prevention accepted into law. There were two reasons for this. One was to make suicide prevention a government priority – the Basic Act could then form the basis for national and local governments to directly engage in suicide prevention. Another was to help resolve the debate over whether suicide is a private problem or a social problem. Usually a law is created in order to tackle a specific social problem after it has been recognized, but we approached the problem from the opposite direction. We felt that if we could enact a law for suicide prevention, then that would provide strong support for suicide to be recognized as a social problem rather than a purely private one.

So, in May 2005, LIFELINK collaborated with a member of parliament and planned and held the first ever symposium on the theme of suicide prevention within parliament building itself. At this forum, LIFELINK and other NGOs submitted urgent proposals for a comprehensive system of suicide prevention. The Minister of Health, Labour and Welfare, who attended the forum, vowed on behalf of the government to tackle the issue of suicide. This was widely reported by the media who had been gathered together for the forum.

Subsequently, a bipartisan parliamentary group was formed in May 2006 to support the formation of a suicide prevention policy. At the same time, we also organized a petition for suicide prevention legislation – collecting 100,000 signatures in less than 2 months (even though the original goal was only 30,000) and thereby contributing to the creation of the Basic Act for Suicide Prevention. The Basic Act for Suicide Prevention was eventually signed into law in June 2006, finally accomplishing our goal of having suicide in Japan formally accepted as a legitimate social issue.

18.4 Decline from 2010 Onwards

The Basic Act for Suicide Prevention consists of 21 articles (listed at the end of this chapter). The key points can be summarized as follows:

Article 1 states its purpose. "The purpose of this law is to prevent suicide and enhance support for the relatives, etc., of suicide victims by comprehensively promoting suicide prevention measures, and thereby contribute to the creation of a society in which everyone can live healthy, meaningful lives."

In other words, the purpose of the Basic Act is not only to just support individuals but also to change society so that no one feels forced to commit suicide and anyone can choose to live their life to the full.

Article 2 states basic philosophy of the act. "Suicide countermeasures must be implemented not just from the perspective of mental health, but also in a way that is in line with the realities of suicide – based on the fact that suicide has various complex causes and contexts."

The introduction of the Basic Act for Suicide Prevention brought about five significant changes in the framework used for suicide prevention.

First, detailed local suicide statistics are now increasingly made publicly available. In the past, only nationwide suicide statistics were published, once a year, with a 6-month lag time in the results.

Since 2010, however, individual municipalities have reported monthly data on suicides with a lag time of only 1 month. The awareness shown by the heads of municipalities and those individuals in charge of suicide countermeasures has thus markedly improved.

In the past, while municipalities recognized the necessity of introducing suicide prevention programs, they did not have any way to determine their intrinsic effect on actual suicide rates. Their attempts could be compared to shooting an arrow in the dark. However, they have now begun to adopt practical measures reflecting the actual conditions regarding suicide in their local communities.

Second, pioneering efforts have been carried out throughout Japan in the field of modeling. For example, Adachi Ward in Tokyo has developed an urban model of suicide prevention, while Arakawa Ward in Tokyo has developed a supportive program for the survivors of suicide attempts – based on cooperation between the healthcare sector and the local community. Metropolitan Tokyo also holds comprehensive consultation sessions for those suffering mental health- and life-related problems, and hosts a multidisciplinary seminar.

Because suicide rates in urban areas are lower than those in rural areas, the introduction of effective preventive measures has been slower in cities. Recently, however, a series of pioneering efforts involving modeling have been established and reliable examples of suicide prevention programs that can easily be followed in practice have been presented.

Third, municipalities have learned from the models and examples that other municipalities have developed. Moreover, the network that supports the nationwide expansion of these models and examples has now grown – enabling a national platform for suicide prevention measures to be established.

At present, 300 municipalities belong to the Municipality Committee for Creating a Society Without Suicide that was established in 2011. Currently, 80 organizations also belong to the Nationwide Private Network for Suicide Prevention that was established in 2010.

These two networks work very closely with people at high risk of committing suicide and who are in need of appropriate support, and promote mutual cooperation by holding joint training seminars.

Fourth, the importance of the timely introduction of preventive measures has increasingly been recognized. Because an upward trend in suicides in Japan has, historically, been observed every March, in 2010 the Japanese government designated March as Suicide Prevention Enhancement Month. Frequent consultation meetings and educational events are held in March throughout Japan.

The administrative sectors that had once stigmatized suicide have also begun to change their attitude and have now started to play an active role in promoting local suicide prevention programs. In April 2010, following on from Suicide Prevention Enhancement Month, the number of suicides decreased by 16 % compared with the same month in the previous year. This was the maximum rate of decrease ever recorded.

Fifth, the necessary financial sources to support these initiatives have now been assured. In 2009, the Japanese government set up a Fund for the Urgent

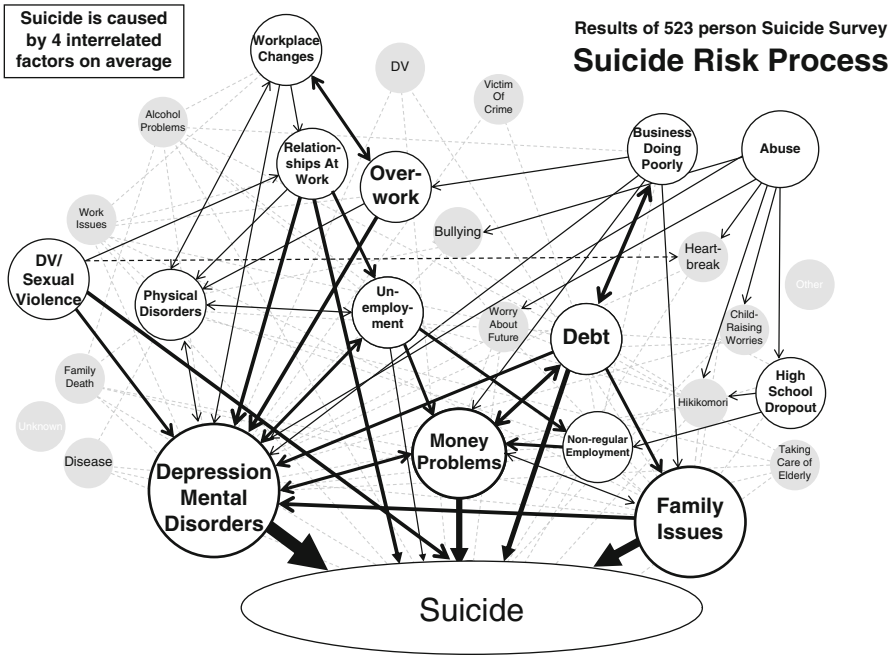
Enhancement of Local Suicide Prevention and distributed funding to all prefectures. Each prefecture then distributed the funds to each municipality. In this way, local governments under financial pressure can now receive a subsidy from the Japanese government in order to introduce the necessary measures.

As a result of a combination of all these five factors, a range of social measures designed to prevent suicide have been introduced over recent years. During Suicide Prevention Enhancement Month, in particular, the sectors in charge promote various programs by following pioneering, locally based models. Using the funds provided, they are then able to introduce measures that correspond to the actual conditions regarding suicide in their local communities.

18.5 Findings That Support Prevention

To complement the five changes made to the framework for suicide prevention, as described above, we also conducted a survey from 2007 to 2013 to help promote the understanding of suicide and suicide prevention activities.

In cooperation with 523 survivors of suicide, we conducted a survey to clarify actual conditions relating to suicide and developed the following diagram entitled "Suicide Risk Processes." This chart schematically illustrates the processes that drive people to commit suicide. Suicide victims are in a complex state of mind because they are, on average, subjected to four different but interrelated suicide risk factors.



For example, unemployment can bring about hardship and significant levels of debt. These factors are often involved in the development of depression, which can then lead to suicide. High school dropouts often have difficulty finding stable employment and can experience more hardship in life than others. These factors can drive them into debt and cause domestic problems which can also lead to suicide. In another example, a woman who had been subjected to abuse in childhood got married but suffered from a psychiatric disorder as a result of her husband's violence. She then got divorced and experienced further hardship in life – leading to her suicide. As demonstrated by these examples, multiple factors are generally linked together to bring about the decision to commit suicide.

18.6 Activities at the Local Level

The major changes highlighted by the framework on suicide prevention and the survey described above have had a very big impact on the local governments involved.

For example, Tokyo's Adachi Ward has been engaged in a comprehensive suicide prevention program since 2009. In 2014, this program contributed to a reduction in the number of suicide victims by 40 individuals, or as much as 20 % compared with the previous year, even though the number of suicides increased by 6 % in the Tokyo metropolitan area as a whole. The percentage reduction achieved by Adachi Ward was the largest of all 23 wards.

Similarly in Akita Prefecture, which has been playing a leading role in promoting the suicide prevention program, the number of suicides decreased by as much as 40 % in 2014, compared to the peak year, as a result of the implementation of long-term comprehensive measures. About 10 years ago, in the former Matsunoyama Town, Niigata Prefecture, the suicide rate (which had been nine times as high as the nationwide average) was successfully reduced to less than one quarter of the national average.

These municipalities differ in population and age composition, but they took similar approaches to promote their suicide prevention programs.

First, they conducted a local suicide assessment to identify the group of individuals at most risk of committing suicide. As I mentioned earlier, the Japanese government began releasing the suicide statistics of local governments in 2010 so that we can now access this data over the Internet. They analyzed the statistics and identified the demographics of the dominant at-risk group, focusing on occupation, age and gender in each region. This process identified a high suicide rate among unemployed individuals and males in their 30s in Adachi Ward, and among elderly females in the former Matsunoyama Town.

Second, the organizations concerned promoted cooperation and provided the high-risk groups clearly identified by the assessment process with comprehensive support. Because the problems that unemployed individuals frequently face were already known, in order to improve confounding problems such as

unemployment, hardship in life, significant debt and depression, lawyers, health nurses, employment agencies and welfare offices all took part in a cooperative approach – holding comprehensive consultation meetings in order to provide these at-risk individuals with support. The problems that elderly females often face include feelings of loss and lack of any meaningful role, poor relationships with family members, and depression. To ameliorate these problems, local clinics, psychiatrists and health centers took a collaborative approach, promoting the early detection and treatment of depression and providing educational programs for family members.

Third, these municipalities did not stigmatize suicide but actively promoted educational activities in the community. In Adachi Ward, display panels for suicide prevention were exhibited in all ward libraries, and community buses displayed posters providing information on the consultation meetings. Ward newsletters featuring suicide prevention were also distributed to all households. In Akita Prefecture, the private, public and academic sectors all made concerted efforts to promote the suicide prevention movement – including a street campaign at the prefectural level.

Many individuals who display a strong desire to die also have a strong desire to live and may decide to do so as long as the necessary support can be obtained. People may choose life if the number of factors that promote this choice can be increased as much as possible – while at the same time eliminating those factors that promote the choice of death to the greatest extent possible. Suicide prevention is one such effort providing comprehensive support for the choice of life. All organizations involved should carefully consider the needs of the high-risk group and take a collaborative approach to prevention. In this manner, more people will decide to live and the number of suicides in the community will decrease.

Local data on suicides should be thoroughly analyzed and practical measures reflecting the actual conditions in each region should be promoted in a comprehensive manner. Therefore, switching from government-led programs that focus on education to municipality-led programs that focus on practical operations should be further accelerated.

Suicide is the result of a serious aggravation of various social problems. More than 70 individuals commit suicide every day in Japan. In this situation, controlling the infinite spread of the grief cycle that results from suicide helps us create a society in which everybody can live a comfortable life or at least a society in which everybody can share in the comfort of living.

18.7 Cf. The Basic Act for Suicide Prevention

Chapter I: General Provisions (Articles 1–10)
Chapter II: Basic Policies (Articles 11–19)
Chapter III: Suicide Countermeasures Council (Articles 20–21)
Supplementary Provisions

18.7.1 Chapter I: General Provisions

(Purpose)

Article 1.

In light of the fact that the number of deaths by suicide has remained at a high level in Japan in recent years, this law sets forth a basic philosophy regarding suicide countermeasures; clarifies the responsibilities of the national government, local public entities, and others; and stipulates foundational matters for suicide countermeasures.

The purpose of this law is to prevent suicide and enhance support for the relatives, etc., of suicide victims by comprehensively promoting suicide measures and thereby contribute to the creation of a society in which everyone can live healthy, meaningful lives.

(Basic Philosophy)

Article 2.

1. Suicide countermeasures must be implemented as a society-wide effort based on the fact that suicide should be viewed not only as the problem of the individual but as something influenced by various social factors.
2. Suicide countermeasures must be implemented not just from the perspective of mental health but also in a way that is in line with the realities of suicide, based on the fact that suicide has various complex factors and contexts.
3. Suicide countermeasures must be implemented as effective policies tailored to the stages of suicide prevention, the response to the risk of suicide, and the post-event response for both those who commit suicide and those who survive a suicide attempt.
4. Suicide countermeasures must be implemented through close coordination between the national government, local public entities, medical institutions, business owners, schools, private-sector entities that conduct suicide prevention activities, and other related parties.

(Responsibilities of the National Government)

Article 3.

The national government shall be responsible for comprehensively formulating and implementing suicide countermeasures in accordance with the basic philosophy stated in the preceding article (referred to in the next section).

(Responsibilities of Local Public Entities)

Article 4.

Local public entities shall be responsible for formulating and implementing policies regarding suicide countermeasures, in cooperation with the national government, in light of the situation in the region in question, and in accordance with the Basic Philosophy.

(Responsibilities of Business Owners)

Article 5.

Business owners shall cooperate in the suicide countermeasures that the national government and local public entities implement and shall endeavor to implement measures necessary to maintain the mental health of the workers they employ.

(Responsibilities of Members of the Public)

Article 6.

Members of the public shall endeavor to deepen their awareness and understanding of the importance of suicide countermeasures.

(Consideration of Personal Honor and Peace in Life)

Article 7.

The implementation of suicide countermeasures must be conducted with full consideration given to the personal honor and peace in life of those who commit suicide, those who survive suicide attempts, and their relatives, etc., and must not unduly violate such personal feelings and values.

(Fundamental Policy Principles)

Article 8.

The government must set forth the fundamental principles for basic, comprehensive suicide countermeasures as guidelines for suicide countermeasures that the government should promote.

(Legislative Measures, etc.)

Article 9.

The government must implement the necessary legislative and fiscal measures, as well as other measures, in order to achieve the purpose of this law.

(Annual Report)

Article 10.

Every year, the government must submit to the National Diet a written report that gives an overview of suicide in Japan and the implementation status of the government's suicide countermeasures.

18.7.2 Chapter II: Basic Policies

(Promotion of Surveys and Research, etc.)

Article 11.

1. The national government and local public entities shall, in connection with suicide prevention, promote surveys and research and collect, organize, analyze and provide information.
2. The national government shall develop a framework to contribute to the effective and efficient implementation of the measures described in the preceding paragraph.

(Promotion of Public Understanding)

Article 12.

The national government and local public entities shall implement the necessary policies to improve public understanding regarding suicide prevention, etc., through educational and PR activities.

(Securing Human Resources etc.)

Article 13.

The national government and local public entities shall implement the policies necessary to secure and train human resources regarding suicide prevention, etc., and to improve the quality of those human resources.

(Development of a Framework Related to Mental Health Promotion)

Article 14.

The national government and local public entities shall implement the policies necessary to develop a framework for the promotion of mental health in professional occupations, schools, regions, etc.

(Development of a Framework for Medical Treatment Provision)

Article 15.

The national government and local public entities shall implement the necessary policies so that the medical care for those who are at risk of suicide due to impediments to the maintenance of their mental health is provided in a prompt and appropriate way, including developing an environment that makes it easy for those with mental disorders to receive medical care from doctors with an academic background in mental health (referred to in the remainder of this article as "psychiatrists"); ensuring the proper coordination between the psychiatrists and the medical doctors who provide medical care for physical injury or disease in the early stages of such medical care; and ensuring the proper coordination between the psychiatrists and the medical doctors who provide emergency medical care.

(Development, etc., of the Framework to Prevent Suicide)

Article 16.

The national government and local public entities shall implement the policies necessary to develop and improve the framework used for the early detection of those at high risk of suicide and the provision of an appropriate response to prevent the occurrence of suicide, including consultations.

(Support for Suicide Attempt Survivors)

Article 17.

The national government and local public entities shall implement the policies necessary to provide appropriate support to those who survive suicide attempts so that they do not attempt suicide again.

(Support for the Relatives, etc., of Suicide Victims)

Article 18.

The national government and local public entities shall implement the policies necessary to provide appropriate support for the relatives, etc., of suicide victims and survivors of suicide attempts in order to alleviate the effects of any serious psychological impacts on them resulting from suicide or suicide attempts.

(Support for Activities by Private-Sector Entities)
Article 19.

The national government and local public entities shall implement the policies necessary to support the activities of private-sector entities in order to prevent suicide.

18.7.3 Chapter III: Suicide Countermeasures Council

(Council Establishment and Affairs under its Jurisdiction)
Article 20.

1. The Suicide Countermeasures Council (hereinafter referred to as the "Council") shall be established in the Cabinet Office as a special organ.
2. The Council shall administer the following affairs:

   (a) Preparation of the draft of the Fundamental Policy Principles provided in Article 8
   (b) Coordination of the relevant administrative organs necessary for the implementation of suicide countermeasures
   (c) Deliberation on key matters related to suicide countermeasures and promotion of the implementation of suicide countermeasures

(Organization, etc.)
Article 21.

1. The Council shall be composed of a chairperson and members.
2. The chairperson shall be the Chief Cabinet Secretary.
3. The members shall be those persons designated by the Prime Minister from among the Ministers of State (other than the Chief Cabinet Secretary).
4. The Council shall have a secretary.
5. The Prime Minister shall appoint the secretary from among the employees of the relevant administrative organs.
6. The secretary shall support the chairperson and the members regarding the affairs under the jurisdiction of the Council.
7. In addition to the matters stipulated in each of the preceding paragraphs, required matters related to the organization and operation of the Council shall be provided by Cabinet Order.

18.7.4 Supplementary Provisions

(Effective Date)
Article 1.

This law shall come into force as from the date specified by a Cabinet Order within a period not exceeding six (6) months from the day of promulgation.

Bibliography

Preventing suicide: a global imperative (World Health Organization, 2009)
The basic act for suicide prevention: translation by the Department of Public Health, Akita University School of Medicine, 2006
White paper on suicide prevention in Japan (Cabinet Office)