Community-Based Suicide Prevention Program in Japan Using a Health Promotion Approach

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Abstract

Suicide prevention programs at a national level in developed countries were briefly reviewed, and the community-based suicide prevention programs in Akita Prefecture, in the Tohoku Region of Japan, were also outlined. Suicide prevention programs were proposed in Western countries in the 1980s. A famous example is the national prevention program in Finland that was started in 1986. The national suicide prevention programs in Western countries share some common features such as their comprehensiveness and diversity. Typical policies of suicide prevention programs were categorized according to primary, secondary and tertiary prevention. Regarding community-based suicide prevention programs using a health promotion approach, the Akita prefectural government incorporated a suicide prevention program into the local health promotion strategy “Health Akita 21” in 2001. An outline of the four action programs was as follows: to raise awareness of suicide prevention, to increase opportunities for mental health consultation, to promote both primary and secondary prevention of depression, and to create a supportive environment for mental health promotion. Community-based suicide prevention programs were started in some communities of model projects that are financially supported by Akita Prefectural government. Efforts to evaluate the effectiveness of community-based suicide prevention programs are needed in the future.

Key words: suicide prevention, community, health promotion, policy, Japan

Introduction

The suicide rate in Japan increased steadily during the 1990s (1), with the great economic recession that occurred during the same period thought to be at least partly responsible (2). The suicide rate in Japan in 2000 was 24.8 per 100,000 persons, one of the highest rates among developed countries (3). One of the goals of “Health Japan 21” (Kenko Nippon 21), a national health promotion campaign that was started in 2000, is to reduce the number of suicides in Japan by about 30% (compared to the baseline number of suicides in 1999) by the year 2010 (4). However, a detailed program of action for suicide prevention at a national level was not clearly described in the “Health Japan 21” document. Instead, the course of action was left to the health promotion programs of the local governments to decide.

Regarding regional differences in suicide rates in Japan, the Tohoku Region (located in the northern part of Honshu

Island) has a relatively higher suicide rate than other parts of the country (5). The reasons for the higher suicide rates in the Tohoku Region are thought to be related to an increase in elderly citizens and depopulation in this region (6). The suicide rate of Akita Prefecture, in the Tohoku Region, was the highest in Japan from 1995 to 2002 (3). In 2002, the suicide rate in Akita Prefecture was 42.1 per 100,000 persons. The Akita prefectural government recognized the importance of formulating a suicide prevention measure and created a comprehensive suicide prevention program that began in 2000 (7). This program focuses on raising awareness of mental health in the community residents as well as on the early detection and treatment of depressive disorders in the community (7). Based on the planned suicide prevention strategy, several action programs have been started in four communities in Akita Prefecture (2, 8). In this review, the authors have focused on the community-based suicide prevention programs presently underway in Akita Prefecture, Japan, and briefly review the world trends of suicide prevention programs at a national level in developed countries.

1. Suicide prevention program as a health promotion policy

Suicide prevention programs were proposed in Western

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countries in the 1980s (9). One famous example is the national suicide prevention program in Finland that was started in 1986 (10). Other countries, like the United States of America, the United Kingdom, and France, have also developed similar national suicide prevention programs (9). The contents of these suicide prevention programs resemble one another since the causes of suicide are considered to be multi-factorial, including individual predisposition, mental disorders, socioeconomic factors, family problems, and social isolation. As a result, prevention programs targeting a single cause are not as effective. Therefore, national suicide prevention programs share some common features such as comprehensiveness and diversity (10). The typical policies of national suicide prevention programs categorized according to primary, secondary and tertiary prevention policies are summarized below.

(1) Primary prevention of suicide

- Health education programs to raise awareness of mental health in the community and workplace
- School-based health education programs
- Empowerment of health professionals through training programs on mental health
- Increase in opportunities for mental health consultation in the community
- Health communication using mass media and information technology
- Improvement of access to mental health services in the community
- Social policies on unemployment and labor conditions
- Promotion of research on suicide prevention and mental health
- Support for non-profit organizations engaged in activities such as the life hot-lines.

(2) Secondary prevention of suicide

- Early detection and treatment of depression and other mental disorders
- Improvement of emergency care for attempted suicides and patients with mental disorders
- Improvement in psychosocial care of physical illness
- Improvement in the management of alcohol and drug misuse
- Strengthening of suicide crisis interventions
- Reduced availability of lethal suicide methods

(3) Tertiary prevention of suicide

- Provision of counseling and support for the families and friends of suicide victims
- Prevention of cluster suicides

1.1. Examples of national suicide prevention programs around the world

An objective-setting public health policy is widely used in developed countries (11). The most famous example is the “Healthy People 2010” policy of the U.S. Department of Health and Human Services (12). The United Kingdom (13), Japan (4), and the WHO Regional Office for Europe (14) have also used this approach in their health promotion initiatives. In the domain of mental health, a reduction in the suicide rate has been assigned a high priority in the action programs of these national health promotion strategies. A few of these national programs

are outlined below.

1.2. National suicide prevention program in Finland

In 1986, Finland became the first country to implement a comprehensive nationwide suicide prevention program; at the time Finland had one of the highest suicide rates in the world (15). The national suicide prevention program consisted of four stages: research (1986–1991), creation of an action program (1992), program implementation (1992–1996), and evaluation (1997–1998). The goal of the project was a 20-percent reduction in the incidence of suicide. After the research stage, the project focused on actions that influenced the risk factors for suicide and suicide attempts. Younger generations were the main targets of the program. The action programs included care for high-risk people, recognition and treatment of depression and problem drinking, integration of a support program for mental health, crisis support, prevention of marginalization among young men, and an enhanced educational and cultural atmosphere. The suicide prevention program involved a wide range of occupations, including psychologists, police, medical and public health nurses, social workers, psychiatrists, and religious groups, and a variety of settings like communities, the workplace, school, the armed forces and churches. The program was successful, with a 9-percent reduction in the incidence of suicide achieved over the entire duration of the project (1987–1996).

In 2001, the Government of Finland developed a new public health policy called the “Governmental Resolution on the Health 2015 Public Program” (16). This program, targeted at younger generations, has been developed to reduce accidental and violent death among young adult men by one-third of the level during the late 1990s. The age-adjusted suicide rate is presently 28 per 100,000 persons, compared to 39 per 100,000 persons in 1998.

1.3. National suicide prevention strategy in the United Kingdom

The United Kingdom published the White Paper “Saving Lives: Our Healthier Nation” in 1999, describing a new health promotion initiative for the twenty-first century (13). This national health promotion strategy was an offshoot of the “Health of the Nation” program of the 1990s (17). A suicide prevention program was established with attainable targets in four priority areas (cancer, coronary heart disease and stroke, accidents and mental illness). The goal of the mental illness target was to reduce deaths from suicide and undetermined injuries by at least a fifth, saving 4,000 lives, by the year 2010.

In 2002, the Department of Health of the United Kingdom prepared a document demonstrating the components of the national suicide prevention strategy (18). The following six goals were suggested to help to reduce the suicide rate:

- 1) Reduce the availability and lethality of suicide methods
- 2) Reduce risk among high risk group
- 3) Promote mental well-being in the population
- 4) Improve the reporting of suicidal behavior in the media
- 5) Promote research on suicide prevention
- 6) Improve the monitoring of progress towards the “Saving Lives: Our Healthier Nation” target for reducing suicide

In this document, a series of precise objectives were proposed for each goal, such as key actions already taken, new actions to be taken, further consultation, and information needed.

1.4. National suicide prevention program in the United States of America

The Depression/Awareness Recognition and Treatment program was started in 1988 in the United States of America (19). This program was oriented toward mental health education in community residents to raise awareness and the recognition of depression and mental illness. Furthermore, educational programs for health professionals were held on a nation wide level. As a result, depression patients began to have greater access to general physicians.

In the 1990s, the “Healthy People 2000” program, the National Health Promotion and Disease Prevention Objectives, was launched (20), and a target for the reduction of suicides was set. One of the health status objectives for mental health was to reduce the suicide rate to no more than 10.5 per 100,000 people (Age-adjusted baseline: 11.7 per 100,000 in 1987). Special population targets of youths aged 15–19, men aged 20–34, white men aged 65 and over, and American Indian/Alaska Native men on reservations were also defined. The outcome of the “Healthy People 2000” evaluation revealed that the age-adjusted suicide rate of the total population declined and met the 1997 target level (21).

The target of the new health promotion initiative, “Healthy People 2010” (12), is to reduce the suicide rate to 6.0 per 100,000 people by the year 2010 (baseline data: 10.8 per 100,000 people). With regard to suicide attempts by adolescents, the target was to reduce the 12-month average to 1 percent (baseline data: a 12-month average of 2.6 percent among adolescents in grades 9 through 12 in 1997). In the “Healthy People 2010” program, it was mentioned that a reduction in access to lethal methods and the recognition and treatment of mental and substance-abuse disorders were among the most promising approaches to suicide prevention.

1.5. National suicide prevention program in France

France started both national and regional suicide prevention programs between 1998 and 2000 in response to the findings of the National Conference on Public Health, held in 1996–1997, which confirmed the priority of suicide prevention in public health policy (22). The General Direction of Public Health (DGS) was responsible for the implementation of the regional suicide prevention programs. After an evaluation of these regional suicide prevention programs, a national suicide prevention program (Stratégie française d’actions face au suicide 2000/2005) was established (23). The objectives of this suicide prevention program are to support the needs of psychiatric patients, to develop strategies for young people and their family, to improve the quality of medical care, and to better mediate the efforts of the many professions involved with suicide prevention.

The following four action programs were developed, although the target of the program was not realized.

- 1) Promote suicide prevention by increasing screening

- opportunities among high-risk populations
- 2) Reduce access to lethal measures of suicide
- 3) Improve the system of hospitalization for suicide attempts
- 4) Increase knowledge on suicide epidemiology

2. Community-based suicide prevention program in Japan

2.1. National target for suicide prevention in the “Health Japan 21”

The target of “Health Japan 21” for suicide prevention (4) is to reduce the number of suicides to 22,000 persons (baseline data: 31,755 persons in 1998). However, a program of action for suicide prevention was not detailed in the document produced in 2000. The Ministry of Health, Welfare and Labor initiated various research projects on suicide prevention in both the community and the workplace, and organized a professional committee of suicide prevention to enable a discussion on strategies for suicide prevention. Comprehensive suicide prevention programs have also been prepared, in advance, by health promotion initiatives of local governments.

2.2. Suicide prevention program in a local Japanese government in Japan: “Health Akita 21”

Akita Prefecture had the highest suicide rate in Japan between 1995 and 2002. This fact was of great concern to citizens, health professionals, the mass media, local governmental officials, and the Governor of Akita Prefecture (24). Although efforts to raise awareness of suicide and mental health have been conducted sporadically by academic researchers, health centers, and the mass media since the 1990s (25), no systematic effort or comprehensive measures were in place to cope with suicide prevention. A series of articles in the Asahi Shimbun (Asahi Newspaper) entitled “Jisatsu No Shuhen” (On Suicide) dealt with various aspects of suicide and related social problems in Akita Prefecture and marked a turning point in public awareness (24). The contents of the articles included the epidemiological features of suicide in Akita Prefecture, the family backgrounds of suicide victims, the recent trend in suicide studies, readers’ opinions on suicide, community activities for suicide prevention, the activities of the Akita Life Hotline, etc. The newspaper provided objective information on suicide to the citizens of Akita and created an atmosphere in which suicide prevention could be dealt with at the prefectural level.

In November 1999, the Governor of Akita Prefecture announced that official financial support would be given to the suicide prevention program in the fiscal 2000 budget (24). Fiscal 2000 marked the start of the new health promotion strategy, the “Health Akita 21” (Kenkou Akita 21), and the suicide prevention program was incorporated into this health promotion strategy as an independent priority agenda. “Healthy Akita 21” was made public in March 2001 (7); at that time Akita Prefecture was the only region to make a suicide prevention program an independent priority area in a local health promotion initiative in Japan.

The goal of the suicide prevention program in “Health Akita 21” is as follows (7): to reduce the number of suicides in

Table 1 Targets of “Health Akita 21” to be achieved by the year 2010

Indicators	Baseline data	Targets
Number of suicides	486 (persons)	330 (persons)
1 10~19 years	4	0
2 20~39	65	45
3 40~59	170	115
4 60~	247	170
% of those who complain of depressive symptoms	28%	25%

Table 2 Programs for suicide prevention in “Health Akita 21”

(1) Raise awareness of suicide prevention
· Build an information system on suicide prevention
· Promote continuous programs for raising awareness and consciousness of suicide prevention
(2) Increase opportunities for mental health consultation
· Provide more channels and consultation network in a variety of settings
· Support NPO voluntary activities for suicide prevention
(3) Promote both primary and secondary prevention of depression
· Reorient mental health services for early detection and treatment of depression
· Construct a mental health promotion program in the community setting
(4) Create a supportive environment for mental health promotion
· Financial support by the prefectural government to communities for strengthening community actions for suicide prevention (model projects on suicide prevention)
· Start a research project on community diagnosis and community development
· Promote suicide prevention programs in the workplace
· Promote health education on suicide prevention in schools

all generations through the efforts of all citizens in the settings of family, school, workplace, and community, and to recognize the dignity of individuals and the importance of life. The targets of the program are shown in Table 1. Table 2 shows an outline of the four action programs for suicide prevention in “Health Akita 21”.

In 2001, Akita Prefecture initiated these model projects for community-based suicide prevention and provided financial support to implement the action programs at the community level (26). At the same time, a research project on community diagnosis and community development was initiated in collaboration with public health researchers; in this research project, quantitative evaluation of socio-cultural risk factors of depression will be performed in model communities.

2.3. Community-based suicide prevention programs using a health promotion approach in Akita Prefecture, Japan

One well-known program for suicide prevention in Japan is the program in Matsunoyama Town in Niigata prefecture (27). In the 1980s this small town began to screen and treat depressive residents as a suicide prevention measure. The effectiveness of the program in screening depression at a community level was confirmed. Inspired by this success, the same approach to the early detection and treatment of depressive residents has been performed since 1999 in Nagawa Town, in Aomori Prefecture in the Tohoku Region of Japan; however, the results of this

project does not yet been evaluated (28).

On the other hand, community-based suicide prevention programs using a health promotion approach were started in 2001 in Aikawa Town, one of the model project towns that are financially supported by the Akita prefectural government (8). The comprehensive suicide prevention program was planned and executed as a part of the “Healthy Town” project (The Healthy Town Aikawa 21). The health promotion approach for suicide prevention includes items like community participation, community empowerment, individual empowerment, and creation of a supportive environment. The action programs were approved by a local committee of “Healthy Town Aikawa 21”, which recognized suicide prevention as a high priority mental health need. The following major actions were proposed:

- (1) Establish goals for mental health promotion in “Healthy Town Aikawa 21”
- (2) Provide opportunities for residents to discuss priorities in mental health promotion through a workshop setting
- (3) Promote continuous awareness-raising activities on mental health topics oriented toward suicide prevention
- (4) Conduct a screening program to detect depression in senior citizens in collaboration with a university research project team
- (5) Realize regular follow-up visits by public health nurses to screened high-risk residents
- (6) Start a health educational program for voluntary mental health promoters
- (7) Promote community collaboration between medical clinics and a town health center regarding mental disorders

In Fujisato Town, another model project town in Akita Prefecture, awareness-raising activities proposed by a non-profit organization (NPO) have been adopted as an important action program in this town’s mental health promotion initiative (29). This NPO, known as the Association for Mental Health and Life, was founded by a Buddhist priest and his companions to raise awareness regarding the dignity of human life. The health and welfare department of Fujisato Town decided to incorporate this NPO’s activity in its mental health promotion plan because of its active contribution to community activities. In 2002, Fujisato Town decided to adopt a suicide prevention program with three major action programs:

- (1) Provide opportunities for mental health consultations with health professionals who circulate through town regularly
- (2) Raise awareness of mental health
  - Host a symposium on mental health promotion
  - Decrease the number of home-bound elderly during the snowy winter season
- (3) Support activities for preventing social isolation
  - Increase the activities of mental welfare volunteers
  - Facilitate access to individual consultation counters

These community-based suicide prevention programs focused on raising awareness of suicide prevention, identifying high-risk patients with depression, increasing the opportunity for professional mental health consultations, and strengthening the social support system for socially isolated residents. These programs could be effectively combined with other programs provided by the prefectural government, such as medical training programs on psychiatric primary care for general

physicians, and collaboration between medical clinics and a town health center for the management of depressed patients.

The main target populations of the community-based suicide prevention programs mentioned above are the middle-aged and elderly citizens. Suicide prevention programs targeted at younger generations in workplace and school settings have also been proposed by "Healthy Akita 21".

3. Future of community-based suicide prevention programs in Japan

The background for the development of community-based suicide prevention programs was the establishment of the objective-setting health promotion initiative, "Health Japan 21". The traditional method of policy transmission, from national to local governments, requires the policy decision makers of local governments to rapidly formulate new objective-setting health promotion initiatives. Consequently, health policy makers in town halls are obliged to select the health targets they consider to be high priorities in their communities. In this context, some local governments have given suicide prevention

a high priority in their health promotion programs. A typical example is the case of the Akita prefectural government. With such an open policy window for local governments, a variety of community-based suicide prevention programs have been formulated and implemented in Japan. Health promotion initiatives for suicide prevention are now in the implementation stage in Japan, and program evaluations have not yet been performed. An intermediate evaluation of the community-based suicide prevention programs will be conducted around 2005. Whether community-based suicide prevention programs using a health promotion approach will be effective at decreasing the suicide rate in selected communities in Japan remains uncertain. Further efforts to learn more about suicide prevention from both medical and public health aspects will be needed for a complete evaluation of these suicide prevention programs.

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