出國報告（出國類別：考察）

臺日自殺防治交流計畫

服務機關：衛生福利部

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全國自殺防治中心（臺灣自殺防治學會承作）

廖士程常務理事、黃敏偉理事、許庭禎計畫專員

派赴國家：日本

出國期間：107 年 3 月 6 日至 107 年 3 月 9 日

報告日期：107 年 4 月 30 日

摘要

自殺是全世界公共衛生之問題，根據世界衛生組織(World Health Organization, WHO, 以下稱 WHO)的統計，全球每年有超過一百萬人自殺，其中有 60%在亞洲地區。日本的自殺死亡人數於 2003 年達到歷史最高點，當年自殺死亡人數約為 3.4 萬人，2012 年以後則開始低於 3 萬人，2017 年日本 2 萬 1,321 人，每 10 萬人口自殺標準化死亡率為 19.5，自殺死因排名為全世界第 6 位，自殺人數呈現連續 8 年減少的趨勢，相較 2003 年最高峰減少近 4 成。

近年在臺灣自殺防治工作亦頗具成效，自殺標準化死亡率從 2006 年最高峰每 10 萬人口 16.8，2014 年下降至近年最低點每 10 萬人口 11.8，減少近 3 成，惟自 2015 年起又有微幅增加之趨勢，而日本近年自殺防治成效卓著且自殺死亡率持續下降中，為此，為能強化臺灣自殺防治作為，故由本部心理及口腔健康司及本部委託辦理全國防治中心計畫之臺灣自殺防治學會代表共 6 人赴日考察，希望深入瞭解近年日本政府訂定“自殺對策基本法”等法規及政策之影響，及日本自殺防治工作推動經驗，以作為臺灣擬訂相關自殺防治政策之參考，爰安排本次考察活動。

本次考察行程非常緊湊，實際僅 2 天共計 4 個地點，包括拜訪國立精神・神經醫療研究中心自殺綜合對策推進中心、與日本自殺防治專家學者代表於上智大學進行圓桌會議、參訪民間機構 TELL JAPAN 及東京都立中部綜合精神保健福祉中心等，從中央到地方，隸屬日本中央政府自殺防治對策研究中心、東京都級精神保健中心、川崎市自殺防治中心，與民間電話及危機諮詢等單位，透過參訪、討論、座談及分享等形式與內容，達到雙方經驗交流，並學習到日本各項自殺防治作為經驗與成效及精神醫療社區保健服務，成果豐碩。

本次考察活動非常感謝臺灣自殺防治學會全力協助安排赴日考察行程，亦感謝日本川崎市健康福祉局障害保健福祉部部長竹島正 (TADASHI TAKESHIMA)熱心安排及引薦日本各界專家與會，並藉由旅日高韶霞小姐協助即時精準翻譯的傳達，跨越臺日雙方語言障礙。本次考察行程進行順利圓滿達成任務，讓我們對日本的自殺防治對策有最近距離的觀察，並為雙方未來交流建立良好的互動關係，有利於臺灣制訂更好的自殺防治政策。

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壹、目的

本計畫以透過參訪、討論、座談及分享等形式與內容，期待達成以下 4 個目的：

一、瞭解日本政府 2006 年立法頒定「自殺對策基本法」，2007 年通過「自殺總合對策大綱」，及2015 年修訂「自殺對策基本法」，2016 年修訂「自殺總合對策大綱」之精神、重要對策及立法經驗。

二、瞭解日本政府自殺防治業務之整合與改變之寶貴經驗，自殺死亡率持續下降原因，以作為學習目標。

三、瞭解日本政府與民間單位推動自殺防治工作之現況與運作情形，及面臨問題與解決策略，作為臺灣未來自殺防治政策之規劃、執行及評值之參考，提升自殺防治效能。

四、藉由本次交流活動，建立友善互訪機制，促進臺日自殺防治專業溝通與資源分享，創造更卓越的防治績效。

貳、考察人員及行程

一、考察人員

成員	姓名	服務機關	單位/職稱
1. 團長	鄭淑心	衛生福利部	心理及口腔健康司 簡任秘書
2. 團員	詹金月	衛生福利部	心理及口腔健康司 科長
3. 團員	廖敏桂	衛生福利部	心理及口腔健康司 技正
4. 團員	廖士程	全國自殺防治中心 (臺灣自殺防治學會承作)	臺灣自殺防治學會 常務理事
5. 團員	黃敏偉	全國自殺防治中心 (臺灣自殺防治學會承作)	臺灣自殺防治學會 理事
6. 團員	許庭禎	全國自殺防治中心 (臺灣自殺防治學會承作)	全國自殺防治中心 計畫專員

二、考察行程

日期	參訪行程/地點	拜會/參與對象
3月6日(二)	抵達日本東京都 進行考察行前準備及綜合討論	
3月7日(三)	國立精神・神經醫療研究中心自殺綜合對策推進中心	自殺綜合對策研究室長 藤田幸司
	圓桌會議 地點：上智大學	1.帝京大學醫學部附屬溝口病院教授兼日本自殺防治學會理事長 張賢德 2.和光大學心理與教育系副教授 末本新 3.日本生命線電話線連盟執行董事 森野嘉郎 4.川崎市健康福祉局障害保健福祉部部長兼精神保健福祉中心所長 竹島正 5.埼玉醫學大學急診醫學系講師 高井美智子 6.上智大學研究員 小高真奈美 7.立命館大學綜合心理系教授 川野健治
3月8日(四)	TELL 日本	1.Lifeline Director Vickie Skorji 2.Executive Director Sam Annesley
	東京都立中部綜合精神保健福祉中心	東京都立中部綜合精神保健福祉中心主任 熊谷直樹
3月9日(五)	返回台北	

參、 參訪紀要

行程一、107 年 3 月 7 日上午：拜會國立精神・神經醫療研究中心之自殺綜合對策推進中心 (Japan Support Center for Suicide Countermeasures, JSSC)

一、地址：〒187-8551 東京都小平市小川東町 4-1-1

二、日本代表：室長 Dr. Fujita(藤田幸司)1 人

三、摘要：由自殺綜合對策推進中心(以下簡稱 JSSC)的 Dr. Fujita(藤田幸司)室長簡報“A society where no one is driven to suicide” with comprehensive support for communities 簡報(如附件 1)，相關內容摘述如下：

（一）介紹自殺綜合對策推進中心(JSSC)

2006 年 10 月，基於「自殺對策基本法」及「自殺總合對策大綱」之頒布，精神保健研究所於精神保健計畫部下設立自殺預防綜合對策中心，單位內部目前共 9 人，包含室長 4 位、全職職員 2 位、兼職人員 3 位，主要分成實務跟研究兩方面，其任務為自殺防治相關資訊之彙整與傳播、人道服務資源之開發、自殺防治網絡之合作促進、自殺流行病學研究、精神疾病自殺潛在因素之研究、自殺身亡者遺族之照護研究及自殺企圖者之照護研究。

（二）介紹自殺綜合對策推進中心(JSSC)與各都道府縣自殺防治策略合作關係

1. 日本有 47 個行政區，共 1,700 市町村，由 JSSC 負責分析 1,700 個市町村的自殺相關數據，以提供地方政府參考，透過個別分析出來的自殺數據，同時發放各地方政府由厚生勞働省所做的指南，並且輔導各市町村設立因地制宜的自殺防治計畫，以及利用研究經費委託當地的學者專家進行教育訓練活動。
2. 於各都道府縣建立針對自殺遺族支持之相關資訊，並且強化自殺企圖者之支持系統，加強自殺企圖者在出院後的追蹤。
3. 建立校園衛生教育資源，教導學生或兒童求救方式，說出自殺前的求救訊息。(日本兒童自殺人數雖然不多，但近幾年一直沒有下降趨勢，所以學生或兒童的自殺是目前日本最重要的課題之一。)

（三）近年日本自殺人口特性分析

1.1998 年日本經歷了亞洲金融風暴，自殺死亡人數從 2 萬 4,391 人驟增至 3 萬 2,863 人，自殺死亡之主要族群為有工作能力但失業的中高年男性。此數據在往後的十多年一直維持在 3 萬人以上，並在 2003 年達自殺高峰期 3 萬 4,427 人。2016 年的自殺死亡人數降低至 2 萬 1,897 人，與 2015 年相比減少了 2,128 人。

2.在 1998 年到 2006 年期間，日本注重「精神衛生法」，普遍認為自殺是個人的問題，限定自殺成因為憂鬱症或酗酒，當時民眾對於自殺及精神疾病存有迷思及偏見，甚至認為在某些情境下，自殺行為是可被允許的；但對於精神疾病卻存有歧視，因此推動精神疾病的去污名化有其必要性。在 2006 年之後，日本社會開始重視自殺為社會議題，並制定「自殺對策基本法」及通過「自殺總和對策大綱」，以有效推動自殺防治工作。

3.依年齡別區分，中高年男性因心理因素及社會經濟壓力，自殺死亡人數快速增加，為日本自殺問題惡化之主要原因。另老年自殺者之自殺原因，主要為身體機能老化及老人照顧老人之體力負荷問題；兒童及青少年則因透過網路自殺訊息傳播，自殺比率有成長趨勢，為未來所應關注之重點族群。

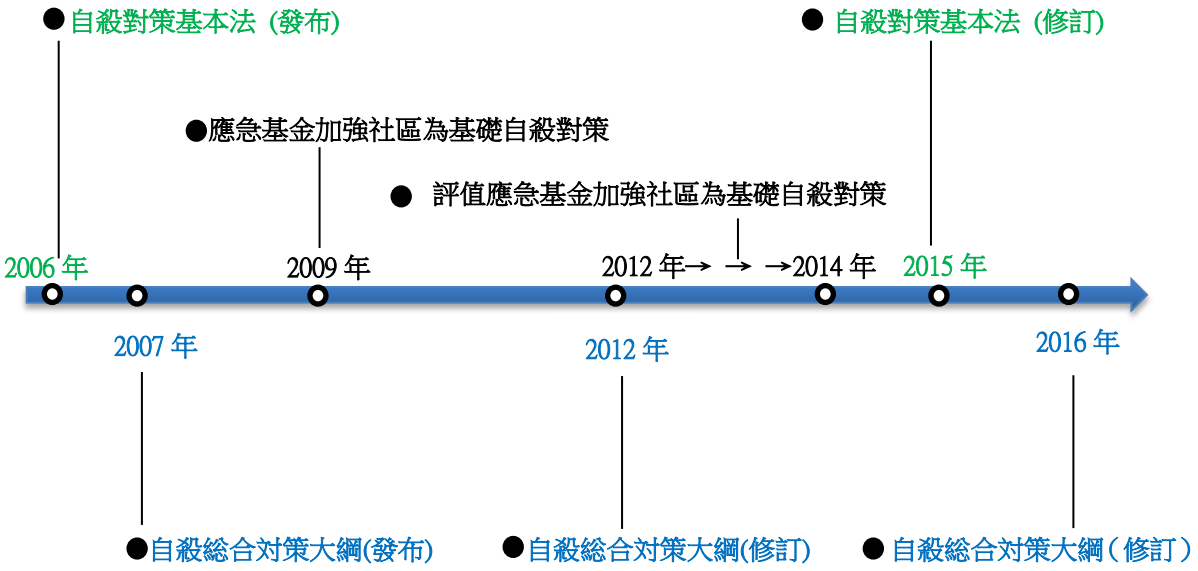
（四）日本「自殺對策基本法」及「自殺總合對策大綱」

1.立法意旨：

1998 年日本經歷了亞洲金融風暴，自殺死亡人數從 2 萬 4,391 人，迅速攀升至 3 萬 2,863 人。1998 年到 2006 年間，日本社會普遍認為自殺是個人的問題，限定自殺成因出於憂鬱症或酗酒，且當時人們對精神疾病存有偏見及迷思。2005 年至 2006 年日本開始將自殺看作是社會問題，並且轉變發展成為具體行動。因此，日本政府鑒於自殺死亡人數居高不下，於 2006 年制定「自殺對策基本法」，此後自殺預防的任務從厚生勞働省轉換到內閣府，2007 年通過「自殺總合對策大綱」，旨在提供政府的指導，其哲學思想是希望自殺預防政策有助於國民生活在其中覺得生活有目的，各種責任有助於促進此種社會的建成，開始全面性及系統性推動自殺防治相關策略。

2.修訂時間：

2006 年制定之自殺對策基本法，2007 年發布自殺総合対策大綱，之後按照每 5 年修訂一次的時間表進行自殺総合対策大綱審查，2008 年金融危機出現，2009 年日本政府通過應急基金加強社區為基礎自殺對策，使自殺預防經費得到保障，用於強化區域自殺預防行動，2012 年修正自殺総合対策大綱，以突顯年輕人和自殺未遂者提供支援與幫助，在基本法施行第 10 年之際, 2015 年修訂自殺對策基本法，2016 年配合發布修訂自殺総合対策大綱，為以欺凌等引發的年輕人自殺問題仍然很嚴重，及促使各地各自分析自殺者所面臨問題的傾向並根據實際情況進行應對，以強化自殺防治策略，重要自殺防治專法(對策)發布與修訂時間演進(如圖 1)。



▲圖 1.日本重要自殺防治專法(對策)發布與修訂時間演進

3．2015 年修訂目標：

2015 年修訂「自殺對策基本法」，以 A society where no one is driven to suicide 為目標，希望締造一個不會有人被逼去自殺的社會，組織一個保護網，運用社會中所有的資源，強化連結各組織並促使合作，以執行全面性自殺預防策略，整合心理健康促進、醫療照護與社會福利資源，共同推動自殺防治。

4.修正重點：

（1）強調除了原有精神醫療的介入之外，必須納入更多領域的人一同合作，並且從第一線做起。因此，從 2016 年 4 月開始，日本各個都道府縣和市町村都要制定

自殺防治對策。

（2）其中有一些相關的對策，例如：Change in the Money-Lending Business Control and Regulation Law 主要在禁止高利貸，以往有限定，利息不能超過 20%，但是仍有一些非法的灰色地帶，經過立法之後，嚴厲禁止利息在 20%-30%的灰色地帶。

（3）2015 年時內閣府編列 2016 年自殺防治策略預算為每年 2.5 億日圓。

（4）「自殺對策基本法」與「自殺総合対策大綱」之概要和特徵（如圖 2、3），包括：

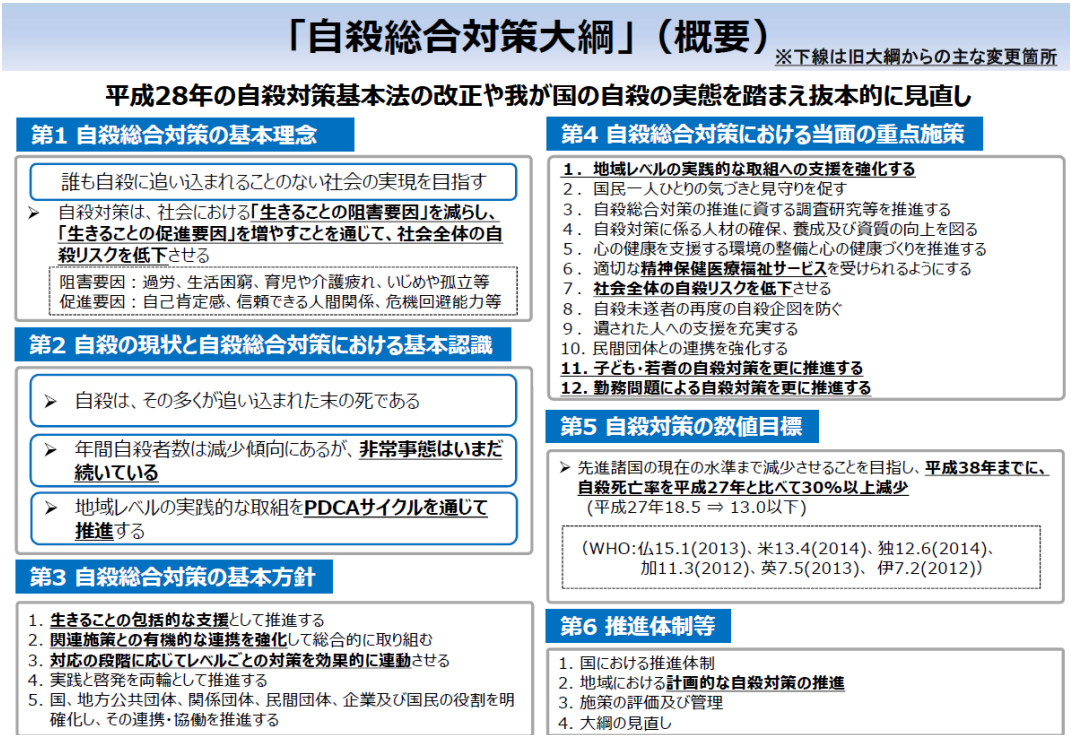
4-1).規定中央和地方政府要完善學校的諮詢體制。

4-2).明確規定「爭取實現無人被迫自殺的社會」。

4-3).過去只規定了中央政府有制定自殺防治對策的義務，而修正版要求所有都道府縣和市町村都要制定防治對策。

4-4).學校要同家長及當地居民攜手，對兒童和學生進行有關「SOS 出動方法」及應對壓力方法的教育和啟蒙。

4-5).將自殺死亡總人數控制在每年 1.6 萬人，自殺死亡率在平成 38 年(2026 年)的時候比平成 27 年(2015 年)減少 30%以上(自殺死亡率從 18.5 下降至 13.0 以下)，目標維持和其他已開發國家相同。



▲圖 2.資料來源：厚生勞働省網站　自殺總合對策大綱（概要）

http://www.mhlw.go.jp/file/06-Seisakujouhou-12200000-Shakaiengokyokushougaihokenfukushibu/0000172350.pdf

▲圖 3.資料來源：厚生勞働省網站　自殺總合對策的重點措施

http://www.mhlw.go.jp/file/06-Seisakujouhou-12200000-Shakaiengokyokushougaihokenfukushibu/0000172355.pdf

4.立法後效益：

自從 2006 年設立「自殺對策基本法」後，開始重視自殺是社會問題，往後自殺死亡人數開始逐漸下降，明顯改變的是在就業年齡的男性自殺率下降，在日本的社會中一旦被解雇就很難再找到新工作,因此針對失業群設立了就業輔導中心，提供就業服務資源，另外，針對因失業無住所的人會提供臨時住所協助失業者再找到工作。

自此，即使是 2008 年發生雷曼兄弟金融風暴的事件，日本也沒有因此而導致自殺死亡人數上升。日本政府認為這歸功於在自殺防治對策中有一個綜合諮商窗口，往後 2011 年東北大地震、福島核災事件，雖然對社會造成很大的恐慌，亦有因此而自殺的人，但整體自殺死亡總人數並沒有飆升的現象，至 2017 年底，日本自殺死亡率已持續下降 8 年。

5. 參考資料連結網址：

（1）自殺対策基本法（平成 18 年法律第 85 号）最終改正：平成 28 年法律第 11 号 (2016 年)

網址：http://www.mhlw.go.jp/wp/hakusyo/jisatsu/17/dl/s1.pdf

（2）自殺総合対策大綱～誰も自殺に追い込まれることのない社会の実現を目指して～（平成 29 年 7 月 25 日閣議決定）(2017 年)

網址：http://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000172203.html

（3）自殺綜合對策手冊(自殺総合対策パンフレット,内閣府自殺対策推進室)

網址：http://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000130979.html

（4）自殺措施白皮書（主體）(厚生勞動省)

網址：http://www.mhlw.go.jp/wp/hakusyo/jisatsu/17/index.html

（5）區域自殺對策政策子計畫（地域自殺対策政策パッケージ, JSSC)

網址：https://jssc.ncnp.go.jp/file/pdf/20171218_policypackage_01.pdf

（6）地方公共団体の自殺対策関連ホームページ

網址： http://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo /shougaishahukushi/jisatsu/local_gov_link.html

行程二、107 年 3 月 7 日下午：圓桌會議

一、會議地點：上智大學圖書館會議室日本〒102-8554 Tokyo, Chiyoda, Kioicho,7-1

二、主持人：川崎市健康福祉局障害保健福祉部 竹島正(Takeshima Tadashi）部長

三、日本代表：共 7 位專家學者分享近年自殺防治相關議題

四、內容摘要：依序由日本各專家學者代表進行簡報，其中穿插我方代表提問及台灣現況說明，原訂由廖士程醫師準備簡報介紹台灣自殺防治現況，後因討論熱烈時間不足，改以提供簡報電子檔予與會代表參考，有關各專家學者代表相關簡報內容摘述如下：

1.講題：社團法人日本自殺防治學會(JASP)簡介

講者：理事長 張賢德

日本自殺防治學會於 1970 年成立，創始者為 Masuda Rokuro，也是當時的理事長，同時是日本生命線聯盟(FIND)的創始會員之一。成立初期曾幾次呼籲政府自殺議題的重要性，但未被採納，直至 2006 年日本政府設立自殺對策基本法(Basic Act on Suicide Prevention)，才逐漸提升自殺防治的重視。在這之前，自殺在日本被視為個人議題，沒有社會共識。

影響自殺的原因很多，尤其是精神疾病，如憂鬱症；另外可能的原因是宗教信仰，WHO 曾經發表研究顯示沒有宗教信仰的國家自殺死亡率非常高，雖然並非單一原因，但宗教確實對個人想法有很大的影響。1998 年日本受到泡沫經濟的影響，自殺死亡人數創下史上最高(超過 3 萬人)，所以從 2000 年開始日本政府便積極推動自殺防治，JASP 的成員也開始增加並與政府合作。

2.講題：如何在網路上防治自殺？（如附件 2）

講者：和光大學心理與教育系副教授 末本新

2017 年 10 月日本發生一件利用推特(Twitter)假借相約自殺名義，犯下 9 起殺人案件，受害者的共通點是在推特上發出尋死的訊息。末本副教授分享日本在 2013 年針對與 Google 合作網路自殺防治所做的研究，摘述如下：

在網路搜尋欄位輸入自殺的關鍵字，Google 就會顯示心理諮詢的廣告，剛開始會先用 Email 聯繫，若對方願意，會提供較正式的協助。諮詢方式目前常用的是智慧型手機的聊天軟體，例如 LINE、Skype，但基本上還是使用桌上型電腦；除此之外，介入的方式也相當多元，若個案為高危險群，會協助就醫或家訪，提供諮商服務的都是臨床心理師或是精神醫療相關專業人員，因研究結果發現，接受專業人員諮商較接受義工諮詢來的有效果。研究結果也顯示，越快回覆效果越好，因此都儘量在 24 小時內回應。一旦個案願意接受諮商，就會寄出表單請對方填寫，以進行評估，目的是想了解並提供個案最適切且持續性的支援。個案的結案標準有兩項：自殺計畫展延、願意

求救。若個案透露出以上兩種訊息，就認定輔導是成功的。在本項研究中，有 30%至 40%的個案可達到上述兩項結案標準。

目前碰到的困難有兩個，第一個是有些提供救助的廣告連結會被干擾，點擊進去反而會出現遺書教學；第二個是網路諮商還是有技術上無法克服的問題，無法完全取代面對面的方式。

3.講題：日本生命線電話線連盟(FIND)服務現況

講者：日本生命線電話線連盟執行董事 森野嘉郎

1971 年日本生命線電話線連盟在東京成立，至 1997 年 8 月成立全國生命線聯盟，當年僅有 5 個組織，隨後全國開始設置，目前共有 49 個中心。一開始各地區提供自己的諮詢專線，至 2001 年才有一支全國性的電話，而至 2006 年開始接受 Email 諮商。近幾年的困難是服務人力越來越少，且有高齡化的趨勢，原本約有 8,000 人提供服務，但現在剩不到 6,000 人，不但人數持續下降，服務人員平均年齡為 60 歲左右。另外則是資金的問題，以及使用電話諮詢的人數也逐漸減少。

日本生命線電話線連盟的業務主要是「電話諮商」，49 個中心都是以全年、每日 24 小時為服務目標，但實際上能提供這樣服務的只有 60%左右。免費電話也無法每天都做到，只能每個月一天(每月的 10 日)。多年來，有許多提議希望能夠分門別類，因此在 2011 年東日本大震災提供了 2 年的免費服務給受創者，去年也開始針對東北大地震及福島核災的受害者，提供免費的電話諮詢服務。

電話線連盟目前最常接到的抱怨是不容易接通，其實 49 個中心，僅 3-5%能打通。經過調查，原因是有 10%的諮詢者占據 50%的時間，因此之後便開始限制，若上個月使用時間過多，下個月就會受到限制。官方同時也會針對內容做篩選，提供高風險的個案另一支電話。目前共有 40 支電話可以接通，免費電話撥打約 2 至 2.5 次便可以接通。

4. 講題：川崎市的自殺防治對策（如附件 3）

講者：川崎市健康福祉局障害保健福祉部部長 竹島正

川崎市大約有 150 萬人口(2017 年人口增加破 150 萬，日本整體人口下降)，面積為 144 平方公里，跟台灣一樣人口密度很高，有重工業、汙染公害的問題。因為川崎市有很多市民運動，所以具有比較先進的觀念，新的政策比較容易被市民接受。2013 年川崎市訂定自殺防治對策條例，2015 年成立了整合性社區照護系統(Integrated Community Care System)，實施的對象是川崎市的全體市民。

川崎市從 2002 年開始發展自殺防治對策,起初是因為川崎市為神奈川縣一部分，所以跟著神奈川縣同時實施。2015 年(竹島正部長於川崎市就職)制定三年期的推進計畫，2018 年實施新的三年期推進計畫。推進計畫是以 2013 年訂定的自殺防治對策條例為綱領，規範計畫應該執行的內容，並且必須每年做成報告於市議會報告。地方政府需設置自殺對策評價委員會，其組成主要為學者，對於計畫成果做出評價、討論與研究。

根據民政及警察單位提供的自殺粗死亡率趨勢圖，川崎市的自殺死亡率低於全日本，整體呈現下降趨勢。推進計畫是橫向連結的體制，由副市長擔任主席，市民團體等組織都必須與政府做橫向聯繫，JASP 的張賢德理事長就是其中一位重要的成員。

2018 年推進計畫的架構，以 Care System 作為計畫的核心概念，底下延伸出許多小型計畫，裡面有一部分就是自殺防治的計畫。Care System 施行對象包含全體市民，因為做自殺防治時需要跟各種有自殺風險的人互動，所以 Care System 的幫助很大。

第一次推進計畫是根據 JASP 張賢德理事長的研究 Suicide Process Model，第二次推進計畫的主題如下：

(1)針對自殺企圖者及自殺遺族的對策更加充實。

(2)根據不同年齡層做出對應。

(3)川崎市共有 7 個區，不同區有各自不同的對策。

(4)川崎市有很多外籍人士，所以對策必須兼具多樣性。

(5)高風險群支持者的人才培養，以及強化支持者與各組織的連結。

(6)自殺及精神健康問題的減少。

(7)確保當地醫療資源。

接下來 3 年推進計畫的目標分為兩類，第一類為定量目標，以過去三年(平成 26-28 年)的平均自殺粗死亡率每 10 萬人口 15 人為基準，訂定往後三年平均自殺粗死亡率降低 5%以上(每 10 萬人口 14.2 人以下)的目標。第二類為定性目標，研究如何以科學作為根據，以有效性、效率性的方式推進自殺防治對策。

地區自殺對策推進的重要要素：

(1)政府制訂條例以及推進計畫是重要的。

(2)三個會議存在(市議會、地區性會議、評價會議)。

(3)行政上的聯繫。

(4)各種自治團體、研究者、地區活動的協助，由研究者研究數據，把結果回饋給地區從事活動者。

(5)講到自殺議題可能會讓人民恐懼，所以需要包裝成 Care System 這種比較 Soft 的概念，對於當地人民比較容易接受。

另外針對自殺汙名化的議題，日本的死因排行中，自殺一直在第 7 位，大約是癌症的 $\frac{1}{12}$，雖然政府不停的教導民眾要正視自殺問題的存在，但太過於強調的時候反而不好，以自然的方式，用資料去說明自殺的問題是真正存在你我身邊。與其說是自殺汙名化的問題，不如說是自殺者罹患的精神疾病被汙名化。因為在日本的歷史上有切腹的問題，切腹反而是被尊敬的行為，所以在日本被汙名化不一定是自殺，被汙名化的是疾病。

5. 講題：川崎市自傷或自殺企圖個案之緊急救護與通報（如附件 4）

講者：埼玉醫學大學急診醫學系講師 高井美智子

2016 年 WHO 出版針對自殺企圖或自傷者設置監控系統之實務手冊，日本對於自殺企圖者的數據來源，包括國家政策機構提供的自殺統計數據、消防及災難機構(FDMA)提供的緊急救護現況，與醫療機構收置的自殺企圖患者統計數量。目前日本並沒有任

何的全國自殺通報系統。

本研究是以川崎市試辦針對自殺企圖者之自殺通報系統，參與的醫院有 3 家，包括聖瑪莉安娜大學附設醫院、川崎市立醫院、日本醫科大學附設醫院。除這 3 家醫院以外，其他個案不列入本研究。共 412 位自傷或自殺企圖個案被納入且接受通報紀錄。

自殺監控（Surveillance for Suicide Attempts and Self-harm）是一個可以利用自殺企圖者準確評估當地地區的自殺習性，另外當地的心理衛生及精神醫療相關機構也可以共享此資訊，進而針對地區的常用自殺方法擬定相關防治策略。

6. 講題：自殺心理剖析研究（如附件 5）

講者：上智大學研究員 小高真奈美

此部分由上智大學的小高研究員介紹日本自殺防治策略應用及相關研究。在 2007 至 2016 年期間，上智大學的研究中心參與對醫院內受觀護對象（自殺行為者）之自殺因素關聯性的研究。上智大學的研究資料庫也曾嘗試連結台灣的自殺防治相關研究，但礙於語言因素，能做的事情較有限。研究內容如下：

上智大學研究中心於 2007 年 12 月成立研究小組，近期出版將近 20 篇自殺防治策略的論文；擁有 47 個相關策略，同時共有 17 座城市參與相關研究計畫。

服務對象主要為自殺行為者及其家屬（遺族），提供心理上與實際生活的支持。相關心理健康促進教育教材，例如自殺行為者的關懷聯絡資源（對象為親密關係的自殺者），這些問卷工具和教材主要是由 Michelle 博士和 kawakani 博士所設計。

在 2014 年東京自殺防治中心，進行自殺遺族的相關醫療測驗，以做為自殺遺族的研究。會發放意願卡給自殺遺族，自殺遺族無論是有意願、無意願或是仍在考慮中，他們都須將卡片寄回東京自殺防治中心，然後再撥打確認電話，以確保其意願。

2016 年再度規劃進行自殺外部危險因子的小型相關研究。去年展開自殺外部危險因子的研究，但由於些許政治因素影響，並沒有爭取到執行計畫預算，所以研究中心計畫的經費較少，要再尋找其他民間資源支援。

此計畫的研究目的和對象是想要了解中年男性的自殺行為，與一般自殺調查問卷有所不同。目前面臨的困難之一在於研究訪談很難找到受試者，亦可能會有回憶性偏

差。另外因本研究對象是以中年男性為主，外推到其他對象，調查問卷尚有修正之必要。

7. 講題：學校自殺防治計畫（如附件 6）

講者：立命館大學綜合心理系教授 川野健治

日本社會有個特別的問題是兒童的自殺行為，且自殺率不容易降低。但實際上校內教師害怕接觸這個問題，因此主要課題在於如何設計出教師及學生皆可接受、且有成效的方案。

目前使用 G(Gradual)、R(Resilience)、I(In a school setting)、P(Prepare scaffolds)，是一種多階段的自殺防治方案，目標是促使學生能夠理解感受、表達情緒、了解和學習因應行為及同理他人相關情緒等。

方法則是以漫畫教導學生如何理解他人感受、使用牌卡表達自己及他人的感受、學習因應技巧、播放諮商影片 DVD。

目前在國中實施的結果發現能有效提升學生的自尊感受、減少負面壓力反應。原先執行此方案需要五節課的時間，但校方反映執行時間太長，所以另外製作濃縮為三節課。原則上須要達成的四個目標，縮短後變成只有一部分的成效，所以還是要五節課才可完整達成目標。另外，目前也正在針對大學生開發方案。也有開發給教師用的自殺防治教材，提供教師正確的知識及給學生正確的諮商。雖然也有許多學校反對，但我們會將教材先準備好，再慢慢進行推廣。

行程三、107 年 3 月 8 日上午：參訪 TELL JAPAN

一、參訪地址：〒107-0062 東京都港区南青山 6-10-11 ウェスレーセンター2F

二、日本代表：Lifeline Director Vickie Skorji 、Executive Director Sam Annesley 等 2 人

三、內容摘要：由 2 位代表介紹機構業務、示範 CHAT 諮詢電腦個管流程及參訪機構環境與空間安排等

（一）簡介（如附件 7）

TELL JAPAN 為日本電話線連盟旗下的組織，過去 5 年來日本持續透過科技來改變社會服務，希望能滿足不同人口的需求，其中面對困難是多數人並非擁有智慧型手機，或是無法使用手機的聽障者；TELL 專線是以英語服務為主，但是，近年來 TELL 持續發展不同的語言服務。TELL 在資金及政府支持方面仍需努力，目前資金平均每年 200 萬日圓。

當個案來電時是處於緊急情形(例如個案有自殺企圖)，應立即請求警消人員協助，然而，TELL JAPAN 是以英語服務為主，在日語的環境下，語言成為最大的障礙。

除了提供電話諮詢服務，該中心亦有針對個案的個別需求，媒合各心理健康中心，提供諮商及心理治療，同時也有精神科醫師、臨床心理師投入其中，以便因應緊急情況；另外，亦有提供一些支持性的團體治療，例如憂鬱支持團體、焦慮支持團體、哀傷支持團體等，因為系統的支持性是重要的，透過面對面的方式，能夠提供許多益處（友誼、連結性），同時也能夠協助危機處遇。

（二）TELL 宗旨

以電話匿名、保密的免費英語談話服務，全年無休提供給整個日本地區。另有提供安全、保密的空間可討論任何議題。透過高度訓練的志工組成，並能在危機時提供情緒支持、社會資源媒合及連結。

（三）人員培訓及服務量

TELL Lifeline 的訓練為一年兩次，開放給在日本地區的英語使用者；在東京同時提供面對面、線上的訓練；東京以外，僅開放線上訓練。目前每年服務超過 7,000 通電話。大約 55%的電話都來自日本的英語使用者，另外 45%為外國人。

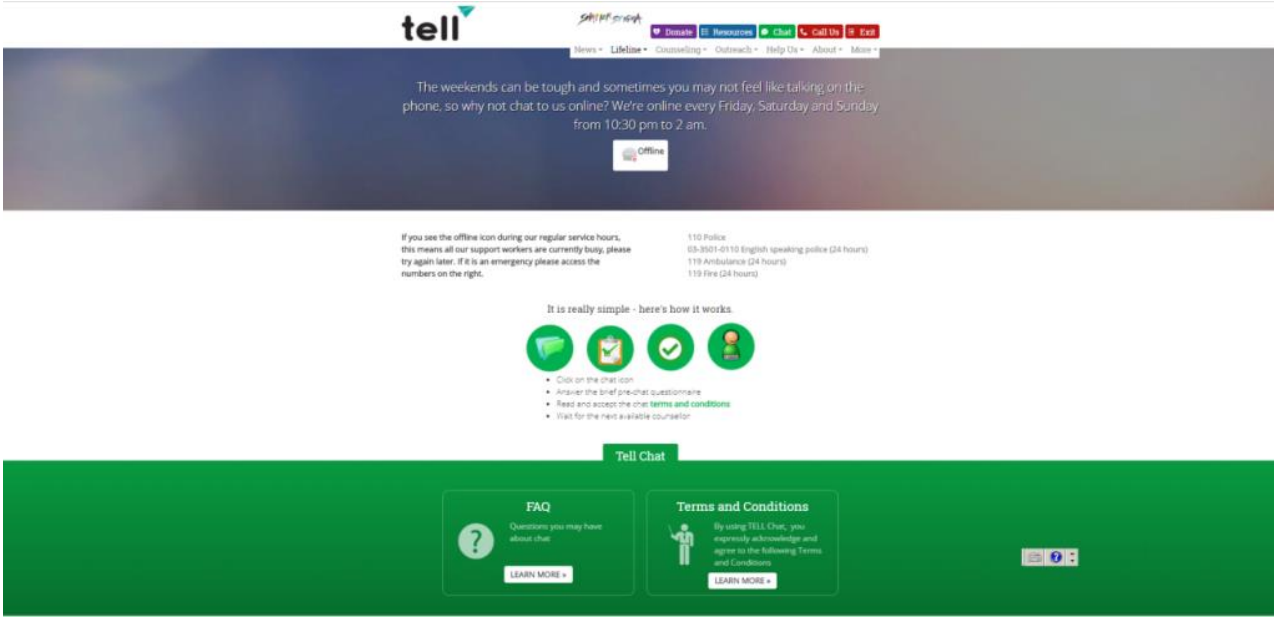
（四）諮商服務

提供保密的面對面諮商服務，對象為成人、伴侶、家庭、兒童與青少年。

1. 對於無法到診所諮商者，提供視訊諮商。
2. 以日語或英語來提供兒童與成人完整的心理衡鑑。
3. 提供特殊治療予飲食相關疾患與酒藥癮濫用者。
4. 提供員工關懷服務。
5. 服務按項目需要收取費用。

（五）TELL CHAT 即時通訊軟體諮詢服務

全世界有 55%的網路用戶每天使用即時通訊軟體與他人聊天溝通、分享資訊，為配合時勢所趨，針對不喜歡用電話聊天的群眾，增加 CHAT 諮詢服務(如圖 4)，只要透過電腦、智慧型手機等工具，回答簡短的問卷，閱讀並接受聊天條款和條件，就可安排諮詢顧問在網路上接受線上諮詢。服務時段每週五，週六和週日上午 10:30 至凌晨 2 點。



▲圖 4.資料來源：TELL JAPAN 網站　網址 http://telljp.com/lifeline/tell-chat/

（六）外展服務

TELL 努力推動創新的服務、提高覺察與擬定專案來改進每人與家庭的生活，並在社區之中更充分地發揮作用。

1. 「兒童照護專案」提供工作坊與兒童保護系統中的資源。
2. 「個別育兒專案」提供父母或教師工作坊、資源媒合、各項支持與交流機會。
3. 提供教師、父母關於壓力、LGBTQ、網路霸凌與自殺防治的資訊。
4. PFA 提供訓練於學校、大使館、商業與團體。
5. 「飲食相關疾患專案」提供校園專業人員與社區一些工作坊與訓練課程。
6. TELL Movies 為一系列的影片與討論，促進在心智方面相關議題的專業與社區教育。
7. 對於主管或員工提供現場企業實務與工作坊。

（七）提供企業員工協助方案（Employee Assistance Program, EAP)

1. 針對公司：厚生勞働省要求當公司人數超過 50 人時必須提供員工壓力評估。

2. 針對員工：

(1) 透過具有專業訓練及證照的治療師，提供具隱私性的壓力評估以及進一步指引。

(2) 了解如何經由生活方式的選擇，調適工作壓力。

(3) 維持平衡生活及工作。

3.針對管理階層：

(1) 加強雇主了解員工需要的幫助及支持。

(2) 了解、增進員工的身心健康即能提升生產力。

(3) 提供工具去了解及支持團體的身心健康。

行程四、107 年 3 月 8 日下午：參訪東京都立中部綜合精神保健福祉中心

一、參訪地址：〒156-0057 東京都世田谷区上北沢二丁目 1 番 7 号

二、日本代表：東京都立中部綜合精神保健福祉中心主任 熊谷直樹 1 人

三、內容摘要：介紹中心組織、業務、功能及參訪機構環境與空間安排等（如附件 8）

由 Dr. Kumagai 主任簡介該中心業務。東京共有 23 區，分成 10 區及 13 區，東京都立中部綜合精神保健福祉中心因位在 10 區的中間而命名之，該中心服務大約四百六十萬人，並涵蓋 44 間心理健康中心。中心除了管轄自己的區域，還負責整個東京的心理健康服務的統合。

「東京都立中部綜合精神保健福祉中心」成立於 1985 年，員工皆屬東京都公務員，包含 10 位全職精神科醫師、16 位職員、9 位公共衛生護士、7 位社工、3 位職能治療師、5 位心理師及 19 位護士，共計 69 位職員。

該中心主要提供東京都民心理健康諮詢及衛教宣導，並可作為精神障礙者回歸社會前之復健處所，及作為地方精神保健福利機構與基層保健所、醫療機關間之轉介平台(兼具我國社區心理衛生中心及康復之家、社區復健中心等精神復健機構之特性)。

「東京都立中部綜合精神保健福祉中心」分成四個部門，如下：

（一）行政部門(Administrative Office)

中心擔任東京都精神疾病審議會的秘書單位，依據精神衛生福祉法(Law Related to Mental Health and Welfare of the Person with Mental Disorder)規定，負責審查東京都地區精神障礙證明申請、門診醫療補助費用申請及 18 歲以下政府補助住院費用申請等。

（二）日間治療部門(Div. of Day Treatment)

提供職業重建、強化獨立生活及社交技能，提供給精神疾病個案各種職業課程、工作技能、社交技巧、認知行為治療，為期一年，針對不同類型的個案給予不同的課程，包含庇護性工作訓練以及個別化訓練課程，例如: 針對憂鬱症患者主要目標是回歸職場；針對較年輕的患者，則是回歸學校；針對思覺失調症患者提供工作訓練。情況較嚴重者住進日間治療中心，一年之後回歸「區」的層級接受服務。另外也設有職業介紹所，協助精神病患回歸職場，因此，針對服務提供人員的訓練也是該中心負責。

（三）心理健康服務部門(Div. of Mental Health Service)

1. 公共關係(Public Relations)：提供給國民知識及資訊，根據不同的病症亦有製作小冊子發放，以提升心理健康意識。
2. 研究(Research)：該中心研究各種心理健康服務，並將研究結果應用在規劃及增進公共服務上，並且發行研究結果以方便民眾取得。
3. 教育及職員訓練(Education and Staff Training)：提供給相關系所(例如:醫藥、社會工作、職能治療、護理、公共健康)的大學生訓練，給予其實習機會；另外，也負責心理健康相關專業人員在職訓練以及針對管理階層的人進行訓練。
4. 諮詢和技術協助(Consultation and Technical Assistance)：提供公共衛生護士及復健機構人員專業諮詢及工作支持。
5. 社區網絡連結(Community Networking)：連結社區組織並提供支持，例如:有心理疾患的家屬、自助團體、社區工作坊以及義工。
6. 心理健康諮詢(Mental Health Consultation)：依據不同的心理問題提供諮詢服務，包括酒精依賴、物質濫用、青少年問題、心理疾患的預防及早期介入，但不會直接

給予治療或診斷，嚴重者會轉介到診所或醫院。

（四）社區服務部門(Div. of Community Service)

這個部門由社區外展服務科(community outreach service section)及危機處置單位(crisis unit)組成，因應地區衛生中心(public health center)的要求派遣外展服務團隊，服務因缺乏經驗或中斷精神病治療而脫離精神衛生服務的個案，外展服務的成員包含精神科醫師、護士、社工和臨床心理師。外展服務可以在個案有輕微的精神疾病發作時，安排至 crisis unit 安置達六週。外展服務包含：

1. 與中斷心理衛生服務的個案建立關係。
2. 整合不同的觀點及意見以支持服務提供者。
3. 準備因應危機處理的資源。
4. 建立持續的支持網絡。
5. 建立與訓練服務提供者。

肆、心得與建議

本次由鄭淑心簡任秘書率領心口司及全國自殺防治中心代表一行 6 人，至日本東京考察自殺防治業務，近距離與自殺防治相關的專家學者作面對面的交流後，了解日本自殺防治推動的歷程與經驗，讓我們留下深刻的印象。近年由於預算緊縮，心口司已多年沒有足夠的出國經費可以至國外做業務考察，相隔 9 年時間，能再次有機會與日本進行自殺防治業務的交流，互相檢視二方多年來的自殺防治成果，真是非常難得寶貴的經驗，以下係針對本次日本考察後，團隊成員提出重要的心得及建議內容如下：

一、 心得

（一） 臺灣自殺防治亦備具特色

近年臺灣自殺防治成效卓有成效，包括：2006 年已建立全國性自殺企圖者通報系統、推動自殺關懷訪視計畫、提供 24 小時全國性免費心理諮詢專線、啟動警消即時救援服務、推廣簡式健康量表檢測情緒困擾狀態，近年亦配合媒體報導及網路流行之趨勢，建立六不六要自殺新聞報導原則、教唆自殺網站之監測與

處置流程、每日自殺新聞監測、自殺工具取得限制（木炭、巴拉刈），與串聯精神照護、藥癮及社政等自殺高風險族群之個管系統找出高風險個案等，優於日本的自殺防治策略，讓日本專家學者希望借鏡臺灣之處。

（二） 落實以整體「社會安全」宏觀視野看待自殺問題

根據本次參訪的專家學者大多認為，日本社會跳脫過去普遍視自殺是個人的問題，限定自殺成因是出於憂鬱症或酗酒等個人因素，落實以整體「社會安全」宏觀視野看待自殺問題，是近年日本自殺死亡率逐步下降的重要關鍵因素。回顧近年臺灣自殺防治工作，在 2008 年底面對全世界的金融風暴，為降低其影響，當時行政院劉兆玄前院長於 2009 年初即邀請各縣市政府首長、學者專家及相關部會召開「研商社會安全網絡」會議，中央結合地方與民間團體共同推動「落實福利、擴大照顧」、「關愛生命、防治自殺」、「創造機會、照顧失業」、「立即關懷、安心就學」以及「強化治安、偵防犯罪」五大網絡工作事項，強化對弱勢民眾在福利、就業、就學、自殺防治及治安等方面投入資源，建立推動機制，後來臺灣雖然持續幾年失業率偏高，但自殺率反而持續下降，顯示不管在日本或臺灣經驗，如果能更加落實以整體「社會安全」宏觀視野看待自殺問題，將會是自殺防治成功的一大關鍵。

（三） 自殺防治專法具有成效

日本訂定「自殺對策基本法」以及「自殺總合對策大綱」，促使整體社會及公私部門更加落實以整體「社會安全」宏觀視野看待自殺問題，避免將自殺僅單純歸因於精神疾病因素或個人因素，有利於跨部門、跨專業之整合與相互支援；惟目前在臺灣要推動自殺防治專法，各界仍有不同的聲音。為往前推進自殺防治，在目前尚無專法前，仍可運用本部中長程計畫、年度作業計畫，配合經費的投入，訂定目標、詳細列出各部會司署及縣市政府所需執行之策略、步驟，並定期檢視成果，採取和不同部門協作方式，多面向開展有效自殺防治工作，應能同樣達到其效果。

（四） 日本環環相扣鉅細靡遺的自殺防治策略

由日本近年自殺死亡人數明顯下降趨勢觀之，排除宏觀經濟復甦與失業率

下降的有利社會經濟環境外，從國會立法，內閣府推動跨部會自殺防治工作之整合，到系統建置運作順利後回歸厚生勞働省主責，由國家策略落實至地方行動方案，這種由中央到地方，從立法到執行，確實值得作為臺灣面對未來自殺防治工作挑戰之重要參考。

（五） 系統性推動自殺防治相關策略的對策發揮了作用

自殺在日本已成為全國性的社會議題，近年來，雖日本的自殺率在全世界及亞洲依然相對較高，但自殺死亡人數持續有下降趨勢。根據日本厚生勞働省分析，關於自殺率下降的原因，相關省廳及都道府縣全面性、系統性推動自殺防治相關策略的對策發揮了作用，故臺灣亦應結合各面向的全面性，選擇性與指標性策略，橫向與縱向全面展開，訂定明確之自殺防治 KPI，運用管理策略，逐步落實。

（六） 強化中央與地方自殺防治策略互動回饋機制

1. 自殺對策基本法的制定，是在原有精神醫療介入的基礎上，納入社會安全跨領域、跨部門及從中央到地方政府合作的元素，從 2016 年 4 月開始(基本法第二版)，各個都道府縣和市町村都要制定自殺防治對策。
2. 日本自殺綜合對策推進中心分析自殺相關數據，以提供地方政府實際自殺情形，透過個別分析出來的自殺數據，結合厚生勞働省所做的綜合性指南，以厚生勞動省於各市町村既有的基層衛生福利設施為基本執行單位，輔導各市町村訂定自己的自殺防治計畫，並利用研究經費委託當地的學者專家進行教育訓練活動，市町村也要回報數據至道府縣，各道府縣要將數據彙整回報至自殺綜合對策推進中心。雖然自殺綜合對策推進中心並未說明回報數據之具體內容，此種強化中央與地方自殺防治策略互動回饋之機制，值得臺灣參考。
3. 另可學習日本自殺綜合對策推進中心，由本部結合學校及研究單位，共同將所匯集的資料進行更細緻的數據分析，具體的回饋給地方政府，並提出可行建議，與地方政府就資料結果進行溝通，並由地方政府提出因地制宜的自殺防治策略，進一步將相關的結果做成年報，必要時可以讓縣市之間彼此觀摩交流，並將有優質成效的自殺防治結果進行揭露與表揚，鼓勵各縣市標竿學習，彼此互相勉

勵提攜，共同為自殺防治而努力。

（七） 臺灣社區心理衛生中心功能的省思

1. 我國自 1992 年到 2005 年 6 月底已完成全國各縣市均設立社區心理衛生中心之目標，依現行精神衛生法規定，自殺防治是各縣市社區心理衛生中心的業務之一，社區心理衛生中心是各縣市落實自殺防治及促進心理健康之重要平台，然而推行迄今，我國各縣市社區心理衛生中心之實質功能仍有差異。
2. 本次赴日參訪經驗，深感於社區第一線的心理衛生，對於自殺防治工作之重要性。日本方面相對應機構，其功能包括心理健康諮詢及衛教宣導，並可作為精神障礙者回歸社會前之復健處所，及作為地方精神保健福利機構與基層保健所、醫療機關間之轉介平台，兼具我國社區心理衛生中心及康復之家、社區復健中心等精神復健機構之特性。
3. 其中與社會安全相關觸角，包括與心理衛生服務的個案建立關係、整合不同的觀點及意見以支持服務提供者、建立危機處理資源、提供持續的支持網絡、提供心理健康服務供給者教育訓練等，皆能作為省思臺灣社區心理衛生中心功能之借鏡。

（八） 運用科技輔助提供多元的心理諮詢管道

1. 目前配合網路及智慧型手機的發展，已可提供多元的諮詢管道，本次看到 TELL JAPAN 已發展通訊軟體及電子郵件等進行心理諮詢服務，目前臺灣的心理諮詢服務仍限縮於傳統電話服務，應該多加運用不同媒介，提供多元服務資源。
2. 應運用科技輔助，結合搜尋網路平台與社群，建立關鍵字防範策略，並在各網絡平台提供有效的自殺防治與心理健康促進相關主題，深化國人對自殺防治的重視與達到推動社會安全網絡計畫的目標。
3. 須重視多元文化，台灣目前有相當比例之新住民，可以考量建置電話或網路溝通平台，讓他們可以用本身熟悉的語言來表達個別的情緒，減少因社會適應困難而產生的自我傷害。

（九） 資源到位

日本方面相對應機構，人員編制之充足，預算經費之充裕，配套法令之完

善，轉介機制之健全，實為我國強化社區心理衛生中心功能及自殺防治工作之重要參考。

二、 建議

(一)重新盤點各部會自殺防治工作策略，確立各部會職責，工作步驟及評值指標，並配合世界衛生組織倡導自殺預防-全球要務，將自殺防治列為重要發展工作，在既有基礎上，基於資源和現實情形制定可行的行動步驟。

(二) 每年編印自殺防治年報，做為資料彙整，編纂當年度中央、地方及民間團體重要的自殺防治工作發展，並對推動工作進行客觀記載及系統性整理與分析，以探究當前自殺防治政策、問題及成效評值之參考。

(三)發展運用科技輔助提供多元的諮詢管道，提供多樣可及性的心理諮詢服務。

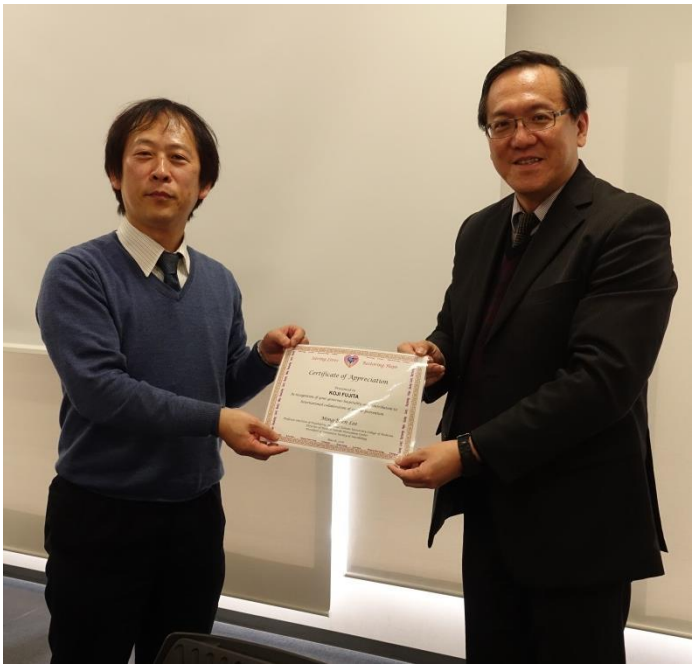
伍、 活動照片

行程一、107 年 3 月 7 日上午：拜會國立精神・神經醫療研究中心之自殺綜合對策推進中心（JSSC）

▲JSSC 室長 Dr. Fujita(藤田幸司)代表負責接待及簡報

▲本次考察成員聆聽“A society where no one is driven to suicide”簡報

▲ 鄭淑心簡任秘書代表致贈本部禮品



▲ 廖士程醫師代表自殺防治學會致贈感謝狀

▲ 本次考察團員與 JSSC 室長 Dr. Fujita(藤田幸司)合影留念

行程二、107 年 3 月 7 日下午：圓桌會議

▲ 本次圓桌會議地點上智大學

▲ 本次考察團員與日方專家學者 7 人進行圓桌會議

▲川崎市健康福祉局障害保健福祉部竹島正部長進行 Suicide prevention in Kawasaki City 簡報

▲ 圓桌會議代表全體合影留念

行程三、107 年 3 月 8 日上午：參訪 TELL JAPAN

▲ 由 TELL JAPAN 2 位代表介紹機構業務

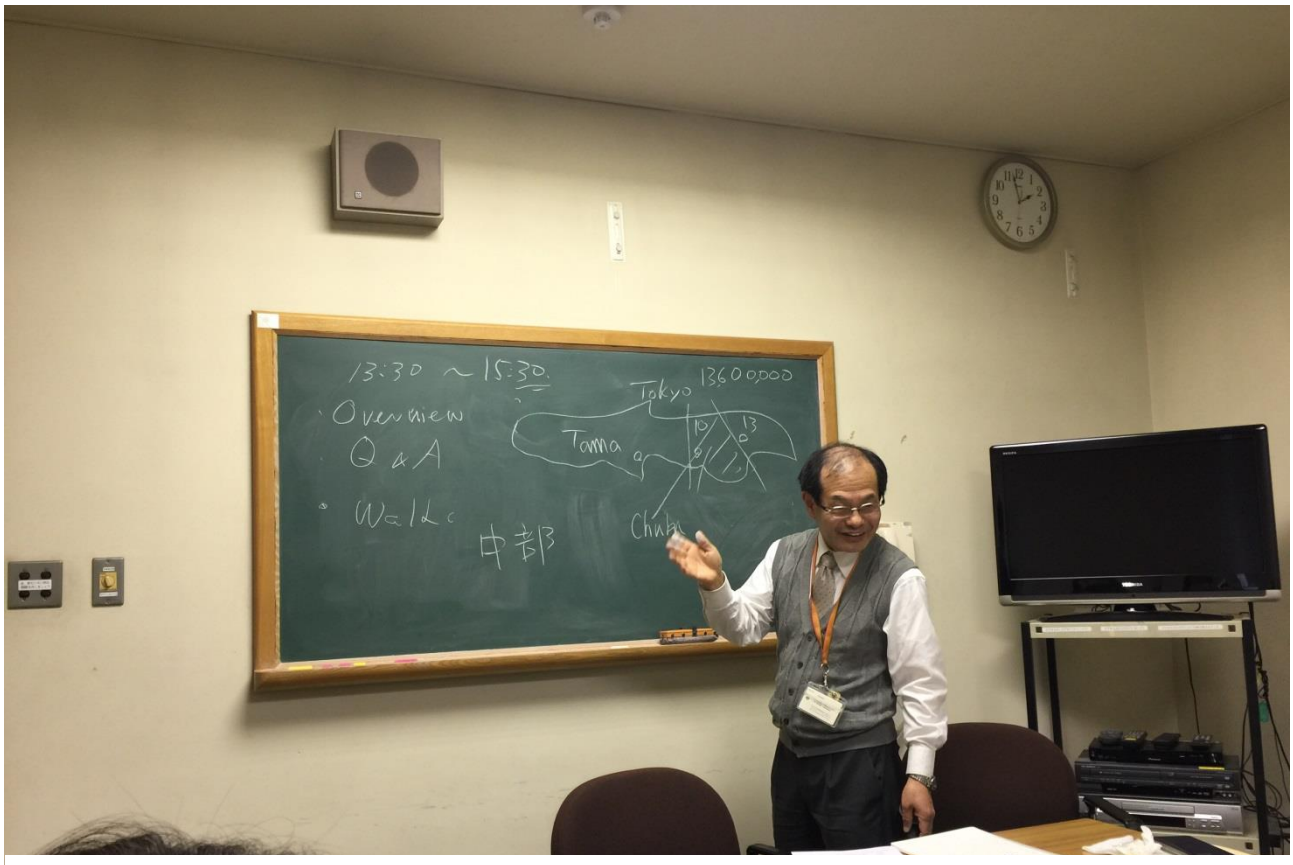
▲Director Vickie Skorji 介紹 TELL 宣傳海報

▲Director Vickie Skorji 介紹 CHAT 諮詢服務

▲Executive Director Sam Annesley 介紹機構環境與空間安排

行程四、107 年 3 月 8 日下午：參訪東京都立中部綜合精神保健福祉中心

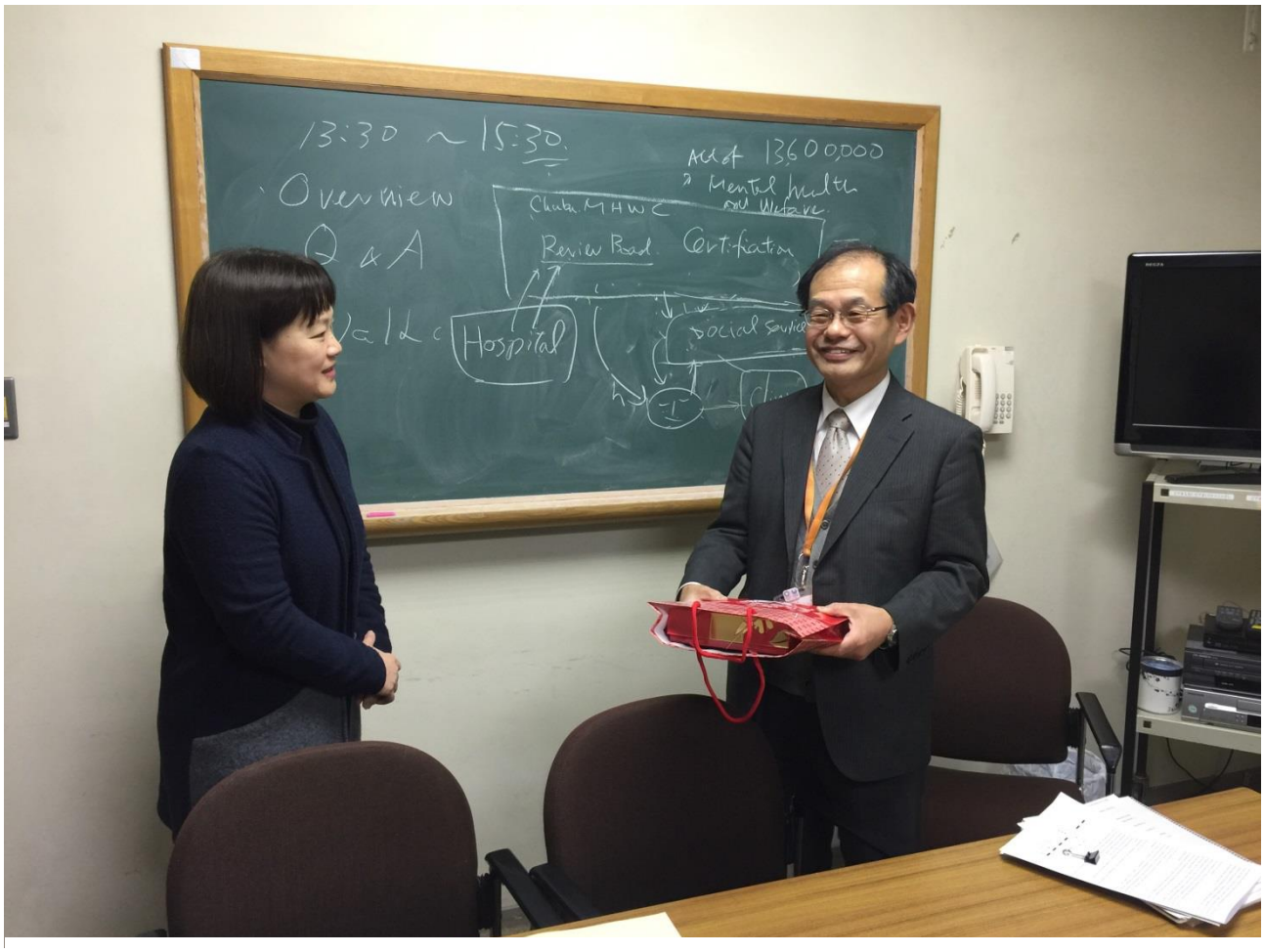
▲ 東京都立中部綜合精神保健福祉中心外觀



▲ 東京都立中部綜合精神保健福祉中心熊谷直樹主任介紹機構

▲ 提供精神個案短期住宿服務

▲ 介紹日間照護課程表



▲ 致贈本部禮品

▲ 全體合影留念

陸、 附件（簡報、簡章）

▼ 附件 1. A society where no one is driven to suicide(by Yutaka Motohashi)

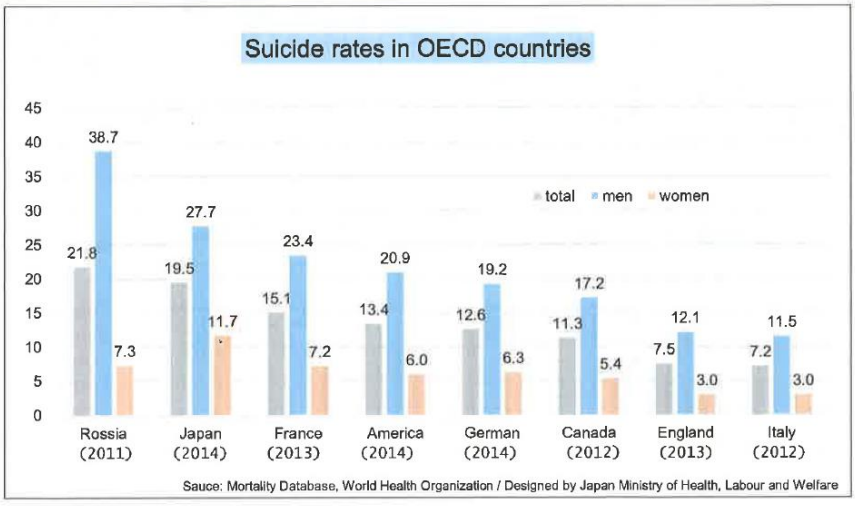
いのち
支える
To Support Life

“A society where no one is driven to suicide”

with comprehensive support for communities
~Project of suicide countermeasures developed in municipalities~

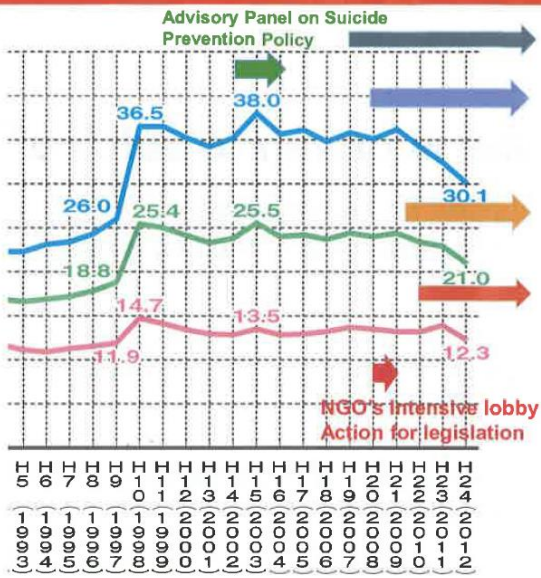
Yutaka Motohashi
Director
Japan Support Center for Suicide Countermeasures
National Center of Neurology and Psychiatry

An international comparison on suicide rates in OECD countries



Decrease in suicide rate after policy intervention

Is there any causality between decrease in suicide and policy intervention?



Develop the Basic Law on Suicide Countermeasures

Change in the Money-Lending Business Control and Regulation Law

Program to Remedy the Multiple Debt Problem

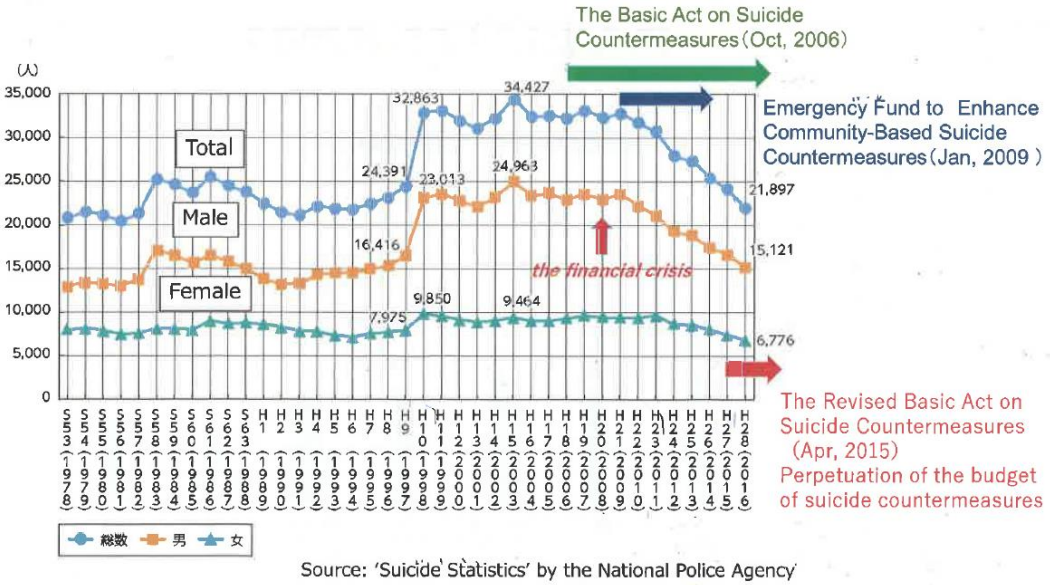
Urgent Plan for Suicide Prevention for Saving the Lives

Start of Comprehensive Consulting Service

Emergency Fund to Enhance Community-Based Suicide Countermeasures

The Report of the Advisory Panel on Suicide Prevention Policy, dominated by opinion of psychiatrist, lacked recognition of socioeconomic factors, resulting in failure of effective policy proposal for reducing suicide.

Decrease in suicide rate after policy intervention



Emergency Fund to Enhance Community-Based Suicide Countermeasures (Jan, 2009)

The Revised Basic Act on Suicide Countermeasures (Apr, 2015)

Perpetuation of the budget of suicide countermeasures

Source: 'Suicide Statistics' by the National Police Agency

Recent trend of suicide prevention policies in Japan

Establishment of Framework of Policy

Awareness-raising Eradication of stigma

Provision of financial framework at local level

Comprehensive approach NPO's activities Strengthening community action

PDCA cycle and Evaluation

October, 2006 Enforcement of Basic Law on Suicide Countermeasures

June, 2007 Suicide Prevention Principles

January, 2009 Emergency Fund to Enhance Community-Based Suicide Countermeasures

June, 2012 Revision of Suicide Prevention Principles

October, 2014 Announcement of achievement of strategic research project NOCOMIT-J.

2012~2014 Evaluation of Emergency Fund to Enhance Community-Based Suicide Countermeasures

2015 New governmental budget for suicide prevention policy in 2016 was proposed

(250 million yen) by the Cabinet Office

Evaluation of policy effectiveness will be asked.
Promotion of community-based suicide prevention policy

Basic Law on Suicide Countermeasures

Identification of the fundamental principles

"...in an effort to realize a society in which no one will be driven to take their own life."
(added to Article 1)

With the aim of ensuring that all people are valued as human beings and are able to live meaningful lives with hope for the future based upon their zest for living, suicide countermeasures must be implemented as comprehensive support for people's lives in a way that contributes to overcoming various factors that may interfere with the accomplishment of this aim and widely and appropriately establishing and enhancing the environment to assist and facilitate such support.
(created as Article 2-1)

Suicide countermeasures must be implemented on a comprehensive basis through the organic coordination of measures and policies related to health, medicine, welfare, education, labor and other relevant issues.
(created as Article 2-5)

From suicide prevention as a disease model to suicide countermeasures as comprehensive countermeasures

The limit of a model that serious depression results in suicide

↓

Reconstruct suicide countermeasures as comprehensive countermeasures

Implementation of Basic Law on Suicide Countermeasures (2006)
Development of General Principles of Suicide Prevention Policy (2007)
Implementation of revised Basic Law on Suicide Countermeasures (2016)

A great paradigm shift has occurred in its fundamental principles and method of suicide countermeasures during 10 years

It has been recognized that we need to take advantage of ideas or methods of public health beyond the area of medical care for solving suicidal problems (Doctors are just actors as well as public health nurses, welfare stuffs, and private parties)

Suicide countermeasures must be implemented on a comprehensive basis through the effective coordination of measures and policies related to health, medicine, welfare, education, labor and other relevant issues.
(Article2-5 in Basic Law on Suicide Countermeasures)

Basic policies indicated in revised Basic Law on Suicide Countermeasures

1. Promotion of Surveys and Research, etc., and Development of Framework (Art.15)
2. Securing of Human Resources, etc. (Art.16)
3. Promotion of Education and Awareness-Raising Related to Maintaining Mental Health, etc. (Art.17)
4. Development of Framework for Medical Treatment Provision (Art.18)
5. Development of Framework to Prevent Suicide, etc. (Art.19)
6. Support for Suicide Attempt Survivors, etc. (Art. 20)
7. Support for Relatives, etc., of Suicide Victims (Art.21)
8. Support for Activities by Private Sector Entities (Art. 22)

4

Support for promotion of suicide countermeasures in communities Roles of Japan Support Center for Suicide Countermeasures

- Conduct analysis and provide data on the actual status of suicide to identify the local features in prefectures and municipalities.
- Give technical supports based on evidence to develop a plan for suicide countermeasures in prefectures and municipalities.
- Classify suicide countermeasures in community and give supports for prefectures based on practical policy package to promote suicide countermeasures in community. (e.g. more suicide among young workers, elderly men who lost his job)
- Make a system to provide information for bereaved people by suicide in all prefectures.
- Train stuffs and develop a system to support suicide survivors.
- Create practical educational method of "How to send SOS" targeted at children or student.

Promotion of suicide countermeasures in local community

Purpose / outline

(Purpose)

- It is serious that the suicide rate in Japan still remains high level though it has marked less than 30,000 for the past 3 years. In the above situation, an engagement with "Fund of imperative enhancement in suicide countermeasures in communities" showed some certain results in reducing suicides in recent years.
- Encourage continuous countermeasures according to community characteristics and develop suicide preventions corresponding to various risks such as changing a financial context.

cf. General Principles of Suicide Prevention Policy (determined in 2012) sets a goal that suicide rate (the number of suicide per 100,000 population) will be reduced by over 20% by 2016 compared with 2005.

(Outline)

- Support community/private groups which have practical efforts combining with various engagements according to their contexts.

flow of fund

government —assist→ **prefectures** —assist→ **municipalities or private group etc.**

Rate of assistance:

- Address high-risk factors or disasters: 10/10
- Services to be especially enhanced (e.g. young people, enhanced models, and development of plans): 2/3
- Public awareness or consulting service constantly implemented etc.: 1/2

Framework / examples

- Implement suicide countermeasures adapted for various generations and risk factors according to community contexts and focus on the measures for young people, suicide survivors, and people at high-risk of suicide.

Sample services

- **Development of consultation services easier available**
  Also provide services at night and holidays. (Chiba)
- **Suicide preventions focused on young people**
  School visiting and lecture "engagement for living" and training gatekeepers targeted for teachers. (Hokkaido)
- **Support preventions of re-attempting suicide etc. for survivors**
  Developed "Support services with community-linking countermeasures for suicide survivors in Tokyo" (Tokyo)
- **Suicide preventions in high-risk areas.**
  Support services for suicide attempters in Aokigahara forest (Yamanashi) etc.

Expected result

Contribute to realize a peaceful and safe society by providing community with support for living in order to address various factors underlying people who completed suicide, have attempted suicide(s) as well as patients of depression. Continuing social or economic activities including seeking jobs before being driven to suicide can also contribute to promote economic growth.

The Fundamental principle of comprehensive suicide countermeasures

Suicide countermeasures should be designed into change with a core of practical effort in local-level aiming to reduce risk of suicide in whole society through reducing "limiting factor for living and increasing "promoting factor for living" " in society.

Basic policy of comprehensive suicide countermeasures

1. Promote it as a comprehensive support for living
2. Engage it comprehensively with enhancing organic linking to policies involved
3. Work with effective implementation on a step by step according to responding to the situation
4. Promote it practice and rising awareness as a pair of wheels
5. Identify roles of government, local authorities, relevant groups, private groups companies and people, and promote their collaboration

The target value of suicide countermeasures

➢**Reduce rate of suicidal death by over 30% by 2026 compared with that of 2015**
aiming to reduce by the current levels in developed countries

(18.5 in 2015 ⟹ under 13.0)

6

Policy Objective of Basic Package

Promote basic policies of suicide countermeasures to be ready for throughout Japan.

Policy Objective of Community Characteristic Package

Promote policies in order to improve suicide countermeasures in communities into more effective one corresponding to their characteristics by adding detailed policies according to their contexts to Basic Package.

Policy Objective of High Priority Policy Package

Promote four focused policies as a matter of high priority added to eight basic policies in new Basic Law on Suicide Countermeasures, which indicated to be further engaged based on the current status of suicide in Japan.

Structure of the Basic Package

policy perspectives

①Consider in a real life situation
②Promote based on a local context
③Make leaders involved
④Closely collaborate with relevant policies

fundamental policies

1. Collaboration of stakeholders including private groups and enhancement of network
2. Enhancement of developing human resources for "awareness"
3. Enhancement of rising public awareness for citizen
4. Enhancement of support policies for people at high-risk

basic policies

1. Enhance supports for practical engagements at the community-levels
2. Promote individual awareness and watching.
3. Promote studies and surveys that contribute to promotion of suicide comprehensive countermeasures
4. Ensure, develop and improve human resources involved and enhance their abilities in suicide countermeasures
5. Improve the settings for mental health support and develop mental health
6. Make easier accessibility of proper services for mental health, medical, and welfare
7. Reduce suicide risk in whole society
8. Prevent suicide re-attempt for survivors
9. Enhance supports for bereaved people
10. Enhance collaborations with private groups
11. Further promote suicide countermeasures for children and young people
12. Further promote suicide countermeasures in troubles at the workplace

The Policy Objective of reducing suicide rate

The new General Principles of Suicide Prevention Policy reported "We are still under an abnormal condition and cannot put it aside," and proposed that the suicide rate will be reduced by more 30% than 18.5 in 2015 after 10 years.

Sankei Newspaper Apr 27, 2017

The policy goals set a vision,
have a proof of the evidence,
and take the achievability into consideration


政府新大綱の報告書案

若者の自殺防止を強化

"Enhance the suicide prevention for youth"

規制委員長、原子力機構批判

安全への姿勢 問題視

Identification of Policy Packages of Suicide Countermeasures in Communities and Profiles of the Suicide Actual Condition on Basic Law on Suicide Countermeasures

Apply them to development of the plans of local suicide countermeasures with practical engagements at the community-level

自殺総合対策大綱（素案）：第２.自殺の現状と自殺総合対における基本認識
＜地域レベルの実践的な取組をPDCAサイクルを通じて推進する＞

Analyze the effect of services

provide

Japan Support Center for Suicide Countermeasures provides Policy Package of Suicide Countermeasures in Communities Profile of the Suicide Actual Condition

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Operate PDCA cycle

Provide smarter Policy Packages with local authorities by analyzing the efforts on each service of suicide countermeasures in Policy Packages implemented by prefectures or municipalities and improving it based on the result.

自殺総合対策大綱（素案）：第２.自殺の現状と自殺総合対における基本認識
＜地域レベルの実践的な取組をPDCAサイクルを通じて推進する＞

8

Suicide Prevention using the Internet:
Our current practice and research

Hajime SUEKI (Wakō University)

Introduction myself

- 末木 新（Hajime SUEKI）
  - Born in 1983
  - Associate professor, Faculty of Human Sciences, Wakō University (Tokyo, Japan)
  - Certified Clinical Psychologist, Ph.D.
  - Received the doctorate in education from the Graduate School of Education, University of Tokyo in 2012
  - Research interests include suicide prevention from the viewpoint of online media usage and economic cost

2

Documents distributed

- **Handout 1**: Lessons from the Zama Killings: Using the Internet to Prevent Suicide (https://www.nippon.com/en/currents/d00371/)
- **Handout 2**: Appropriate targets for search advertising as part of online gatekeeping for suicide prevention (doi: 10.1027/0227-5910/a000486)
- **Handout 3**: Suicide prevention through online gatekeeping using search advertising techniques (doi:10.1027/0227-5910/a000322)

3

Agenda

1. **Youth suicide in Japan**
2. **Internet Gatekeeping activity**
3. **Future challenges**

4

Agenda

1. **Youth suicide in Japan**
2. **Internet Gatekeeping activity**
3. **Future challenges**

5

Ranks of causes of deaths by age

Around half of deaths among Japanese 20s are caused by suicide

Age	1st	2nd
10-14	cancer(22.8%)	suicide(18.9%)
15-19	suicide(36.6%)	accident(23.6%)
20-24	suicide(50.1%)	accident(17.4%)
25-29	suicide(47.2%)	accident(12.3%)
30-34	suicide(39.4%)	ancer(18.4%)
35-39	suicide(29.1%)	cancer(23.8%)
40-44	cancer(29.2%)	suicide(20.3%)
45-49	cancer(33.4%)	suicide(14.5%)

2017 [suicide prevention white paper]

6

Zama Killings (see handout 1)

- **Outline of the incident**
  - 9 youth at teens and twentieth were murdered in 2months
  - The suspect looked for the female victims using Twitter, searching tweets "want to die"
  - He send messages "let's die together" "I will help you die" to let them in his house and killed the victims.
- **Japanese government has discussed recurrence preventing measures**
  - Countermeasure against inappropriate web post about suicide
  - Mental care for youth sending suicidal messages in the internet
  - Measures to protect youth from harmful environment in internet

7

My study about Twitter and suicide

There were significant links between suicide-related Twitter use and suicidal behavior

- **Results of my survey (Sueki, *J Affect Disord*, 2015)**
  - Of the participants (N=14,529), 56.1% had a Twitter account; 7.7% had a lifetime history of tweeting "want to die"; 2.5% had a lifetime history of tweeting "want to commit suicide".
  - Tweeting "want to commit suicide" or "want to die" showed statistically significant relationships with lifetime history of suicidal behaviors (e.g. suicide attempt).
  - Simply having a Twitter account and tweeting daily did not show any association with suicidal behaviors.

Sueki, H. (2015). The association of suicide-related Twitter use with suicidal behaviour: A cross-sectional study of young Internet users in Japan. *Journal of Affective Disorders, 170*, 155–160.

8

Results for the search for shinitai (I want to die)

9

The Internet as the frontline for suicide prevention

The risk of suicide by those searching for suicide-related terms is high

- **Evidence/basis**
  - Many time-series studies revealed a significant relationship between suicide rates and search volume for suicide-related content. (Yang et al., 2011; McCarthy, 2009)
  - Lifetime suicidal behaviors are significantly related to suicide-related searches. (Sueki, 2011)
  - About 60% of suicide website users have attempted suicide one or more times. (Sueki et al., 2012)

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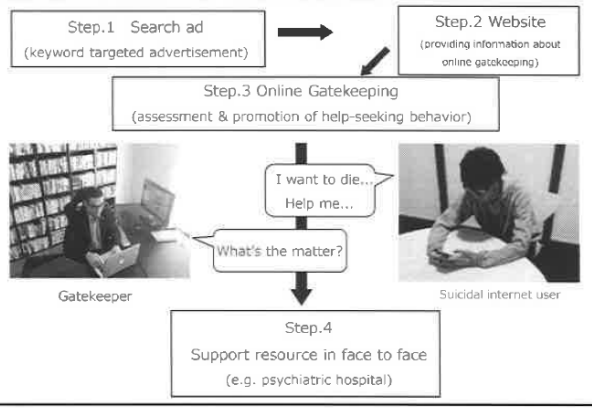
Agenda

1. **Youth suicide in Japan**
2. **Internet Gatekeeping activity**
3. **Future challenges**

11

Outline of our practice (online gatekeeping for suicide prevention)



Reasons for making a system that experts are involved for suicide prevention

Internet communication on suicide among non-experts does not function as suicide prevention

- **Evidence/basis** (Sueki et al., *Plos One*, 2014)
  - Study design: A two-wave panel study of 5495 Internet users
  - The internet users who had employed the internet for suicide-related reasons (n = 2813), compared with those who had not (n = 2682), showed a significant increase in suicidal ideation and depression/anxiety.
  - Those who disclosed their own suicidal ideation on the web showed increased suicidal ideation.
  - Mental health consultation with an anonymous other online increased depression/anxiety.

Sueki, H., Yonemoto, N., Takeshima, T., & Inagaki, M. (2014). The impact of suicidality-related internet use: A prospective large cohort study with young and middle-aged internet users. *PloS ONE, 9*, e94841

13

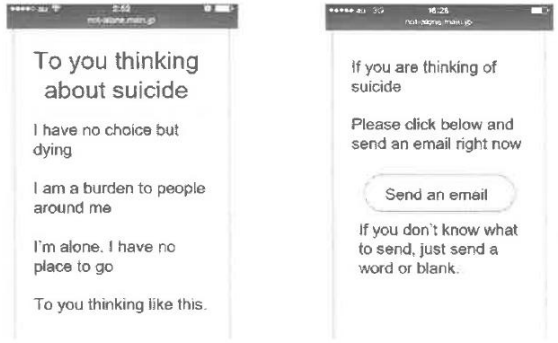
Search "want to die" "means of suicide" using PCs or smartphones

14

Advertisement urges access to page

15

Tell message to those thinking of suicide



16

Can send email with one click anywhere, anytime and anonymous

17

Communicating with users Email, chat, phone, and real

18

Aid model

- **Basic policy**
  - Connecting users who has no connection to social resources such as psychiatric hospitals
  - Basically respond within 24 hours and do follow up
- **Flow of support**
  - 1. Assess the condition of the user.
  - 2. Empower users to take help seeking actions.
  - 3. Lower psychological and physical cost of access to real aid.
  - 4. Urge help-seeking in real, based of 1-3

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Achievement of online gatekeeper model (see handout 2&3)

- **Definition of achievement**
  - Had change in any of 2 points below.
    - Emotional change: Could see positive emotional change.
    - Help-seeking action: Connected to new social resource.
- **Achievement rate**
  - Had suicide preventing change in 30-40% of users.
  - For details, refer to the handout 2 and handout 3
  - Research on the effect of intervention using RCT has not been implemented

20

Agenda

1. **Youth suicide in Japan**
2. **Internet Gatekeeping activity**
3. **Future challenges**

21

Challenge 1: Expanding effective outreach using ICT

- **Issues**
  - It is not clear how to make effective advertisements
  - Harmful ads are displayed
- **How to improve**
  - Implement research on how to make advertisements to derive help-seeking behavior
  - Creating guidelines on how to advertise (Mainly to reduce harmful advertisements)

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Challenge 2: Establishing counseling skills and expanding acceptance

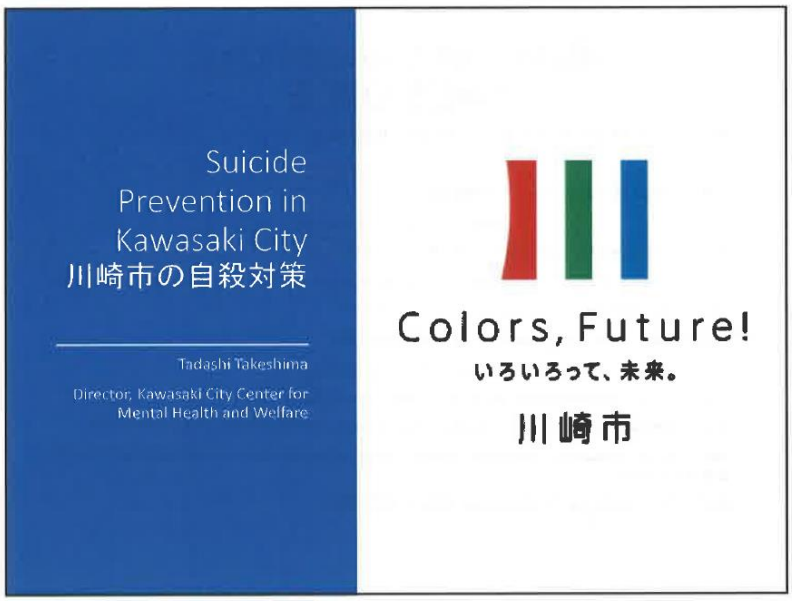
- **Issues**
  - Japanese youth use text messaging apps as daily communication tools.
  - Existing consultation services using phones is high threshold for youth. There is not enough text based consulting services.
  - Building online consulting skills and services to match youth needs is urgent issue.
- **How to improve**
  - We provides email, live chat consulting.
  - 30% of the cases are successful. We will build a online consulting model by examining the actual successful/failed cases and the consulting means.

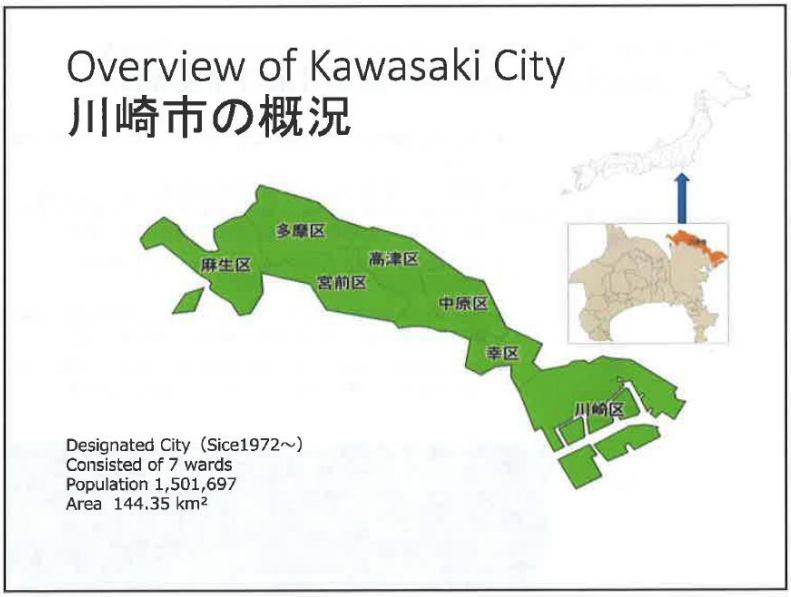
23

Thank you for your attention

h_sueki@wako.ac.jp

▼ 附件 3 . Suicide prevention in Kawasaki City(by Tadashi Takeshima）





History of Kawasaki City
川崎市の歴史

- **1924** **Birth of Kawasaki City (population 48,000)　川崎市誕生**

Developed as an industrial city

- **1945** **Major attack from the air　川崎大空襲**

Redeveloped as an industrial city

- **1957** **The population reached 500 thousand　市人口50万人突破**
- 1971 Ordinance to build a center for the persons with disabilities　川崎市心身障害総合センター条例
- 1972 Ordinance for pollution prevention 公害防止条例
- **1972** **Switched to a Designated City　政令指定都市へ移行**
- 1973 The population reached one million 100万人目の市民誕生
- 1977 Japan's first ordinance for environmental assessment 全国初の環境アセスメント条例施行
- **2014** **Ordinance for suicide prevention policy development 川崎市自殺対策の推進に関する条例**
- **2015** **A vision to build an integrated community care system for all citizens 川崎市地域包括ケアシステム推進ビジョン**
- **2017** **The population reached 1.5 million 市人口150万人突破**

Developmental Process of Suicide Prevention Policy in Kawasaki City 川崎市の自殺対策の発展経緯

- 2002 Foundation of Kawasaki City Center for Mental Health and Welfare
- 2007 Foundation of Liaison Committee for Suicide Prevention in Kanagawa Prefecture, and in Kawasaki City かながわ自殺対策会議」設置。「川崎市総合自殺対策庁内連絡会議」設置

第２次川崎市自殺対策総合推進計画
（案）

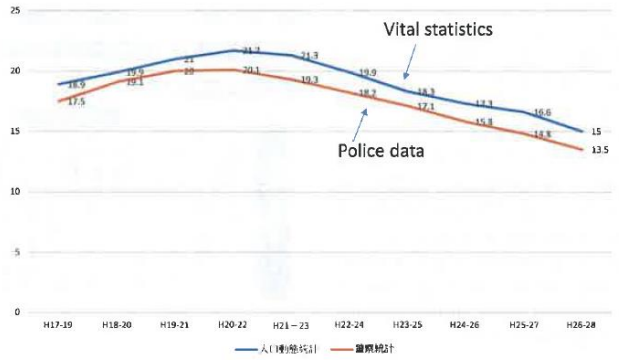
- 2013 Ordinance for suicide prevention policy development 「川崎市自殺対策の推進に関する条例」制定
- 2015 First Promotion Plan for Suicide Prevention「川崎市自殺対策総合推進計画」（実施年度：平成27～29年度）
- 2018 Second Promotion Plan for Suicide Prevention 「第2次川崎市自殺対策総合推進計画（実施年度：平成30～32年度）

川崎市

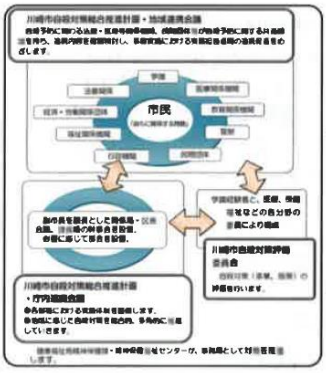
Characteristics of the Ordinance　条例の特徴

- Clarified the role of the city 市の役割を明記「自殺に関する現状を把握し，市の状況に応じた施策を総合的かつ計画的に策定し，及び実施する」
- Formulation of promotion plan for suicide prevention 自殺対策総合推進計画の策定
- Annual report for suicide prevention 年次報告書の作成
- Evaluation committee on suicide prevention自殺対策評価委員会の設置

Suicide Rate in Kawasaki City by Vital Statistics and Police Data (3 year average)
人口動態統計と警察統計による川崎市の自殺死亡率の推移(3年平均)



Basic Structure for Suicide Policy Development of Kawasaki City 川崎市における自殺対策の基本的な枠組



■川崎市地域自殺対策総合推進計画・庁内連携会議 Suicide Prevention Administrating Committee Chaired by a Deputy Mayor

- 各部署における実施体制を整備し，地域に応じた自殺対策を総合的，多角的に推進する

■川崎市自殺対策総合推進計画・地域連携会議 Community Liaison Suicide Prevention Committee Chaired by the Director of the Mental Health Center

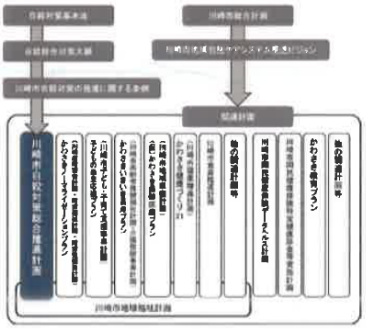
- 自殺予防に関わる法曹・医療等関係機関，医師団体等が自殺予防に関する共通認識を持ち，連携内容を確認検討し，事業実施における実務担当者間の連携促進をめざす

■川崎市自殺対策評価委員会 Evaluation Committee for Suicide Prevention Policy Development

- 自殺対策（事業，施策）の評価を行う

第2次川崎市自殺対策総合推進計画の位置づけ The Position of the Second Promotion Plan for Suicide Prevention

- 自殺対策基本法及び自殺総合対策大綱を踏まえつつ，平成26年4月施行の「条例」に基づく計画とし，「川崎市地域包括ケアシステム推進ビジョン」を上位概念として，「かわさきノーマライゼーションプラン」をはじめその他の関連する計画と連携を図り，また市の新たな総合計画策定において整合性を図る計画とする The top concept is to build an integrated community care system for all citizens, and the suicide prevention promotion plan is one of the individual plans under the concept



Vision to Build an Integrated Care System for All Citizens 川崎市地域包括ケアシステム推進ビジョン

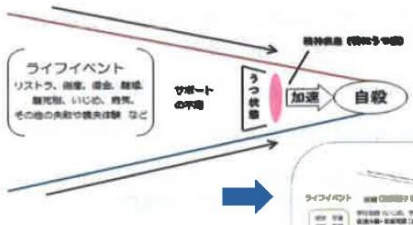
- Not only for the elderly, but also for the people with disabilities, for the children and their parents, and for the healthy people at present 高齢者をはじめ，障害者や子ども，子育て中の親などに加え，現時点で他者からのケアを必要としない方々を含めた「全ての地域住民」を対象として，その構築を推進する

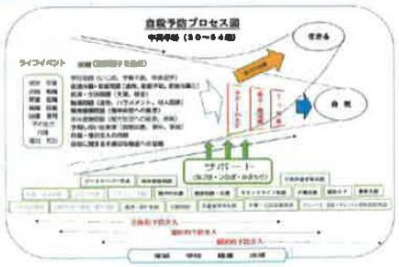
Planning Years and Major Targets 第2次川崎市自殺対策総合推進計画の計画期間と主要な課題

- Three years plan to match other plan 関係する他の計画と連携を図る必要があることから，平成30年度からの3年間とする

- **Strengthen policies for high-risk people including suicide attempt and the bereaved** 自殺の危険の高い集団，自殺未遂者，遺族等への対策の充実
- **Strategic approach based on life stage** ライフステージ別の対策の必要性
- **Strategic approach based on the characteristics of each ward**地域ごとの自殺対策の必要性
- **Diversity informed policy development** 多様性を尊重し，共に支え合える組織づくり，地域づくり
- **Human resource development to support high-risk people**支援者・組織間の連携強化及びそれを担う人材育成
- **Fighting against stigma for suicide prevention and mental health promotion** 自殺と精神保健の問題へのスティグマの減少
- **Strengthen community mental health** 地域精神医療体制の確保

From a "Suicide Process Model" to "Suicide Prevention Process Model" 自殺プロセス図から自殺予防プロセス図へ





Clarify our purpose and expected efforts

Target of the Plan 計画の目標

- **Quantitative Target 定量的な目標：** To decrease the three year average suicide rate by 5% in the next three years 人口動態統計における過去3年間（平成26-28年）の自殺死亡率15.0を基準として，次の**3年間**の平均を**5%以上減少**（14.2以下）することを目指す
- **Qualitative Target 定性的な目標：** Promote comprehensive suicide prevention activities based on evidence, considering need, effectiveness and efficiency, and type of interventions, universal, selective and indicated 自殺の実態分析を踏まえた**科学的根拠**や**必要性・有効性・効率性**に基づく取組及び自殺予防のための**全体的予防介入，選択的予防介入，個別的予防介入**に当たる取組を進め，**総合的な自殺対策の推進**を図る

Conclusion まとめ

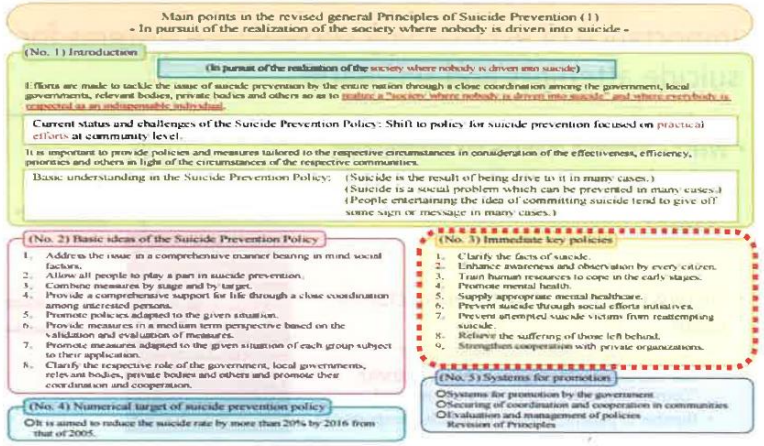
Core elements to promote suicide prevention policy
地域自殺対策推進の重要な要素

- The existence of the ordinance and the promotion plan for suicide prevention 条例、推進計画の存在
- The existence of three meeting body, 3つの会議体の存在
- Collaboration between inside and outside 行政内外の連携
- Collaboration among local government, researcher and community 自治体、研究者、地域活動の協働
- The existence of top concept which can convey positive message; for example, the integrated community care system for all citizens 全ての地域住民を対象にした地域包括ケアシステム等のポジティブな上位概念の存在

March 7th, 2017

Case series study on emergency transportation by self-harm and/or attempted suicide in Kawasaki City

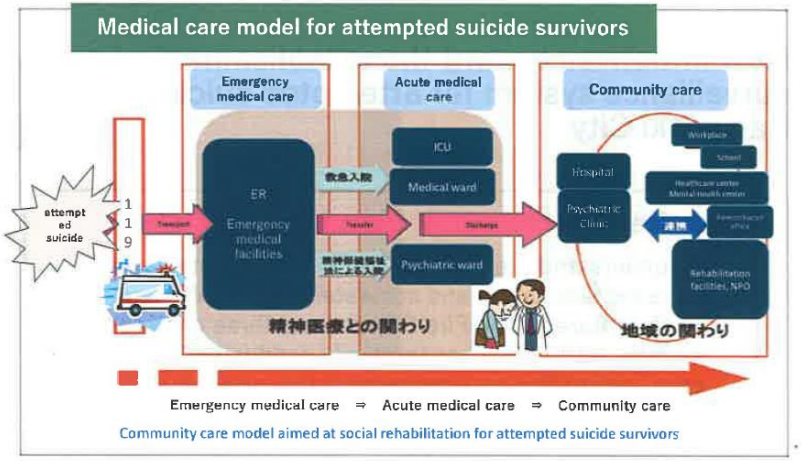
Michiko Takai, Ph.D.
Department of Emergency Medicine,
Saitama Medical University



Cabinet Office, 2013 White paper on Suicide Prevention in Japan

Immediate Key Policies

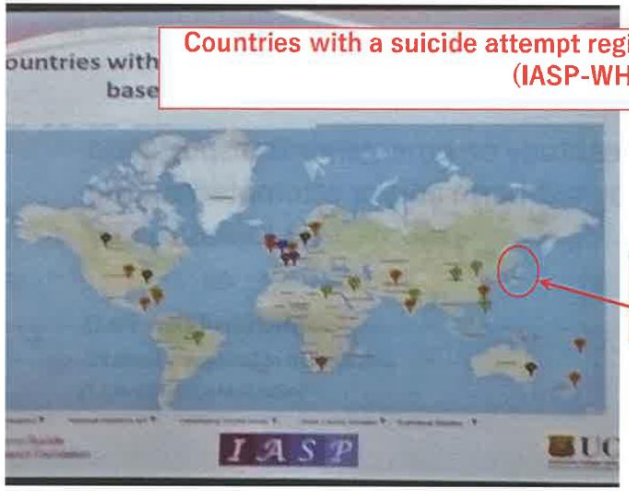
- Efforts to clarify the facts of suicide
- Efforts to enhance awareness and observation by every citizen
- Efforts to train human resources to cope in the early stages
- Efforts to supply appropriate mental healthcare
- Efforts to prevent suicide through social activities
- Efforts to prevent attempted suicide survivors from reattempting suicide
- Efforts to relieve the suffering of those left behind
- Efforts to strengthen cooperation with private organizations



Guidelines for the care of attempted suicide survivors (2009) (translated by CSP)

Importance of establishing surveillance systems for suicide attempts and self-harm

- WHO：Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm (2016)
- Current indices of attempted suicide in Japan：
  - National Police Agency "Suicide Statistics"
  - Fire and Disaster Management Agency (FDMA): "Current situation of emergency and rescue "
  - Number of patients attempted suicide transported to emergency medical institutions



WHO WORKSHOP @ IASP
July 19th, 2017, Kuching, Malaysia

New initiatives toward the establishment of a surveillance system for attempted suicide in Kawasaki City

Objectives

- To understand the regional status of attempted suicide more systematically and accurately, the Health and Welfare Bureau, the Fire Bureau, and three emergency medical institutions cooperatively conducted a prospective case registration on emergency transportation due to attempted suicide in Kawasaki city.

Methods

Study cases

- A total of **412 self-harm and/or attempted suicide cases** (150 male, 262 female; 43.3 ± 18.4 years old) that occurred in Kawasaki city and were transported to one of three emergency medical institutions from January to December 2017 were registered.

Inclusion criteria :
- Emergency transportation by Kawasaki City EMT
- Self-inflicted accident
- Transported to one of three emergency medical institutions

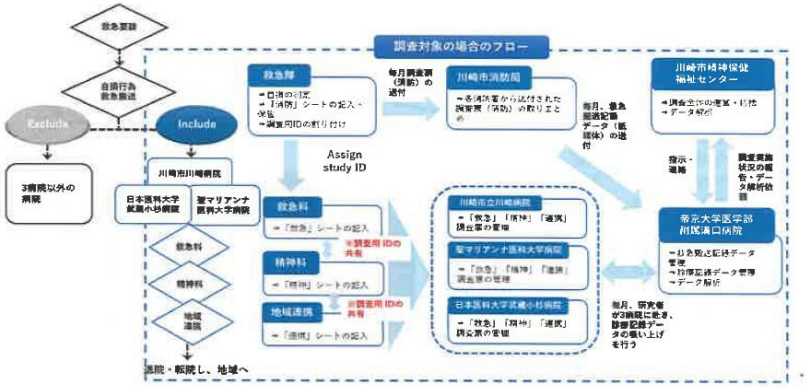
Exclusion criteria :
- Transported to other than the three emergency medical institutions
- Emergency transportation by EMT other than Kawasaki City
- Walk-in the three emergency medical institutions

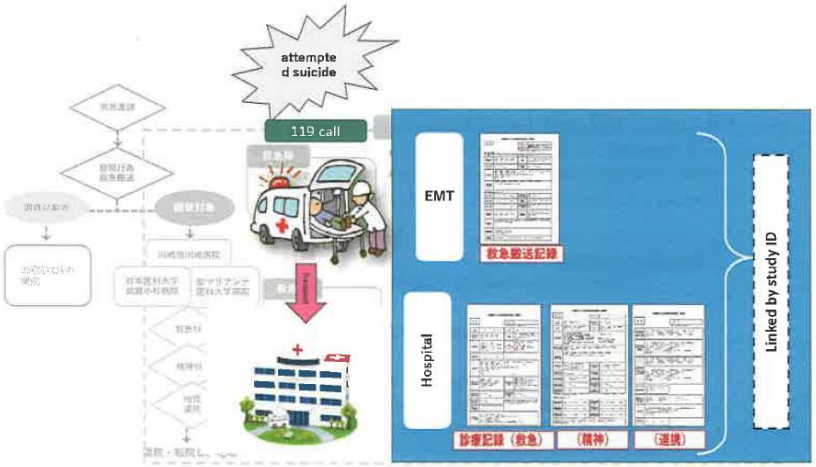
Operational definition of "self-harm and/or attempted suicide"

- In this study, we prepared the inclusion criteria to be considered as a self-harm and/or attempted suicide as follows.

① EMT reported as "self-inflicted accident" to FDMA
② Not included in ①, regardless of whether mean is fatal or not, a case of intentional poisoning, damage, inferable as self-injurious behavior.
③ Although it is difficult for EMT to determine whether it is "self-inflicted" or "accident" at the rescue site, a case that possibly considered as self-injurious behavior.

Overall image of this study

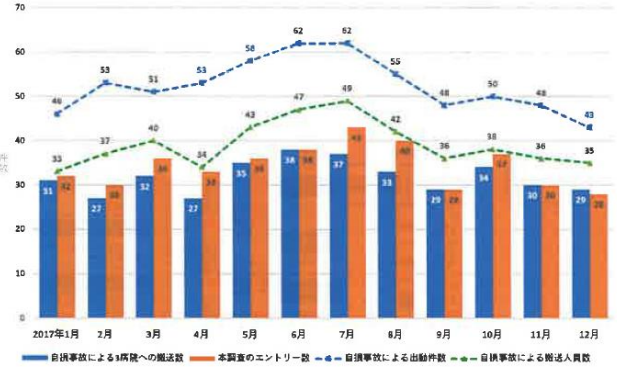




Results

Number of emergency transportation of self-inflicted accident and subject case

According to the Kawasaki City Fire Bureau, emergency transportations to the three emergency medical institutions due to self-inflicted accident represented **approximately 81% of all emergency transportations of self-inflicted accidents** in Kawasaki city.



Results of data linkage

EMT reported as "self-inflicted accident" to FDMA, and assigned study ID.

- 2 cases were excluded according to exclusion criteria.
- EMT reported as "self-inflicted accident" to FDMA, but did not assign study ID (3 cases)

Fire Bureau

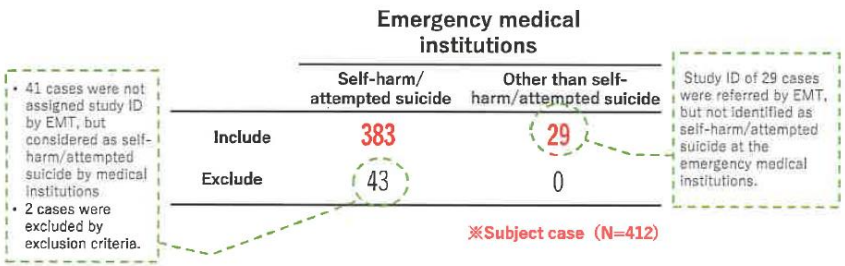
	Self-inflicted accident	Other than self-inflicted accident
Include	379	33
Exclude	5	0

※Subject case (N=412)

EMT did not report as "self-inflicted accident" to FDMA, and assigned study ID according to inclusion criteria.

The EMT recognized and registered 412 cases as self-harm and/or attempted suicide. Study ID of the 412 cases was referred to the 3 emergency medical institutions.

Linking data by study ID, a discrepancy in the perception of attempted suicide cases between the EMT and emergency medical institutions was found.

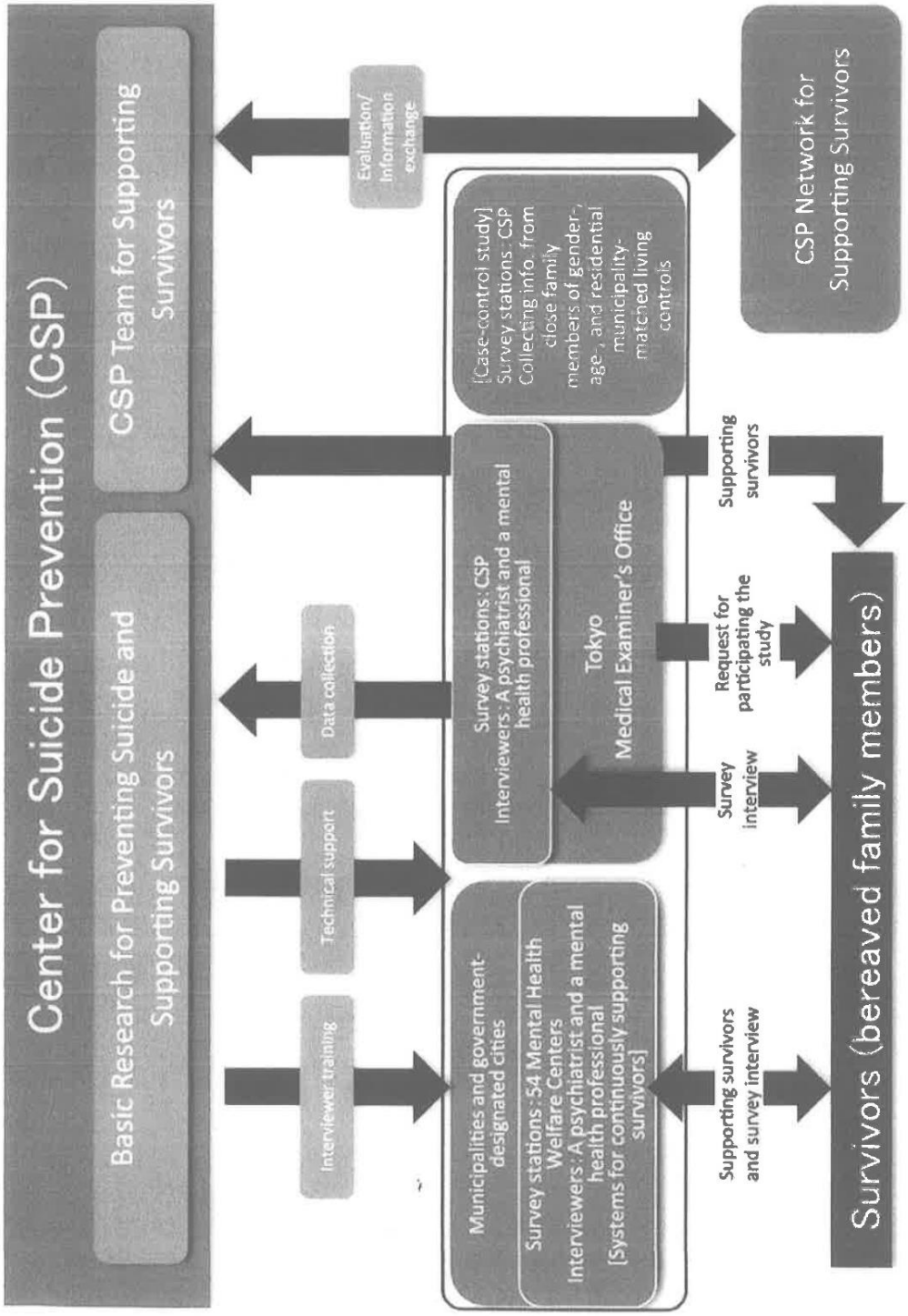


Conclusions

- **Strength**
  - **This result** suggests that case registration could more accurately **evaluate** regional information concerning attempted suicide, **which may lead** to more effective support. Community **stakeholders** who are involved in the treatment and support of those who attempt suicide can share **this** regional information, thus promoting suicide prevention collaborations across occupational functions.
- **Limitation**
  - It includes multiple emergency transportation by the same person, which is different from the **actual** number of emergency transportation of self-harm and/or attempted suicide.

Thank you

▼ 附件 5 . Psychological autopsy study in Japan



▼ 附件 6 . School-based educational program for suicide prevention(by Dr.Kawan)

2018/3/

Round-table Meeting for Suicide Prevention and Mental Health Research between Taiwan and Japan
2018.3.7 Venue: Sophia University (1 Kioi-cho, Chiyoda-ku, Tokyo,102-8554)

Development of school based suicide prevention program

Ritsumeikan University
College of Comprehensive Psychology
Kenji KAWANO

1

BACKGROUNDS

- Suicide prevention education in schools is an important suicide prevention strategy.
- The practice of affected suicide prevention education of America has spread gradually, but the verification of effectiveness is not enough in Japan(Kubota, 2015).
- To practice and evaluate suicide prevention education programs, defining the goal of the program is needed.
- And, it is necessary to examine the constructive concepts being the goal of the suicide prevention education.

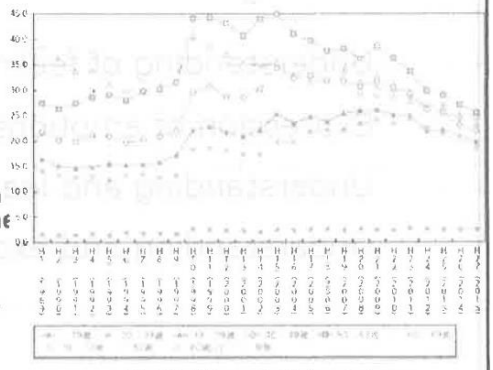


Fig.1 Suicide mortality by age group

2

GRIP is a multi-stage suicide prevention program which brings up the coping behavior of the student and reduces a risk of self-harm and the suicide by promoting the supporting relations in the school.

Gradual
Resilience
In a school setting
Prepare scaffolds

3

Four goals of "GRIP"

Understanding of feelings
Expression of emotions
Understanding and learning coping behavior
Understanding and experiencing consultation

Strengthening of the protective factors related to suicide

4

Tools

5

No.1 Mind profiling

- With a work-book" Mind profiling"
- To be able to recognize my/others feelings

□ゆううつ □不安 □怒り
□わくわく □恥(は)ずかしい □悲しい
□罪悪感(ざいあくかん) □興奮(こうふん)
□おびえ
□イライラ □心配 □納(なっ)らしい
□ホッとした □無我夢中(むがむちゅう) □落ち着かない
□落ち込み □パニック □不満
□神経質(しんけいしつ) □うんざり □失望(しつぼう)
□傷ついた □心地良い □嫉妬(げきど)
□憎(にわ)い □悔しい □愛情(あいじょう)
□侮辱(ぶじょく)された □腹が立つ □後(うしろめたい
□罪悪(めんどう)くさい □ムカつく □愉快(ゆかい)な
□ドキドキ □落ち着いた □動揺(どうよう)
□つまらない □困惑(こんわく)

6

No.2 Mind pocket

- Group work
- To multiply coping skills and put them in imaginary pockets

こころのポケットに
すっきりする方法を書きましょう

ほかの人がやっている方法で気に入ったものは？
あなたが、いつもする方法は？

自分ですること	誰かとすること
1	1
2	2

黒板掲示例2　絵を書き、記載された対処法のカテゴリ名を掲示する。

短期的	長期的
笑い飛ばす	友だちへの話しかけ方を考える
とりあえず寝る	失敗しないように頑張る
何事もないようにふるまう	
友達とおしゃべりして忘れる	
勇気をもう	

7

No.3 KINO

- With a original card game "KINO"
- To have a experience to know my/ others feeling change and conflicts when they express their feelings in disclosure.

状況カード1

「実はさぁ」

私は／僕は、ポケモンが大好き。
友だちは皆、モンハン好きなので
いつも話ができない。どうなるか
不安だけど、話してみようかな。

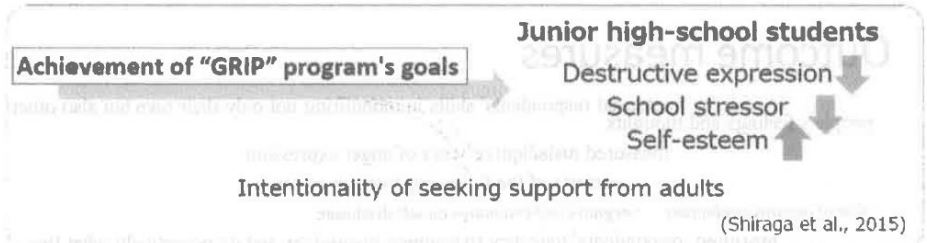
8

No.4-5 Scenario contest

- With DVD
- To know how to do pear consultation through the scenario and make new lines suited to their own in it.

Lines in the DVD	Lines suited to you
M：わかった。誰にも言わないって約束してくれる？	M：わかった。誰にも言わないって約束してくれる？
A：今は秘密を守るっていう約束はできない	A：今は秘密を守るっていう約束はできない
M：じゃあ無理。今言ったこと全部なし。	M：じゃあ無理。今言ったこと全部なし。
A：ねえ、私たち友達でしょ？	A：ねえ、私たち友達でしょ？
M：しつこい。無理だから。	M：しつこい。無理だから。
A：わかってる？自分のからだを傷つけてるんだよ。それを知って心配しない友達がいると思う？　私助けたいの。お願いだから何が起こっているのか話してよ	A：Make New lines

9



- Feasibility studies have been conducted in several schools to examine the validity and effectiveness of the GRIP program.
- Participants were junior high school students who had learned by suicide prevention education program.
- We developed the measurement for evaluating suicide prevention education program.
- This measurement corresponds to the goal of GRIP program.
- To confirm the reliability and validity of the constructs, we examined the effect that the achievement of the program gave to the students.
- As a results, the reliability and validity of the constructs of "GRIP" program was confirmed (Shiraga, 2015).

10

Short Versions of GRIP -study1

- We also developed short versions of GRIP, which consists of three lessons .
- to evaluate the effectiveness of the short forms of GRIP.

- Study design: pre- and post-intervention study
- The GRIP program was implemented with students in one junior high school (n = 197; intervention group), and a control group (n= 147) of students in a different junior high school. The two groups were compared on the following outcome variables assessed with self-report questionnaires.

11

Outcome measures

- *Cognitive monitoring* measured respondents' skills in monitoring not only their own but also other people's feelings and thoughts.
- *Destructive expression* measured maladaptive ways of anger expression.
- *Hesitation in self-disclosure* consists of the following two sub scales:
  - *fear of negative evaluation*
  - *negative self-evaluation* on self-disclosure
- *Resilience* measured respondents' tendency to examine themselves and do proactively what they can
- *Expected costs/benefits of consultation with adults* consist of the following four sub scales:
  - *continuation of problems* measured respondents' expectation as to persistent problems involving a lack of consultation with nearby adults.
  - *negative results* measured respondents' negative cognition about seeking support from nearby adults.
  - *positive results* measured respondents' positive cognition about seeking support from nearby adults.
  - *self-help oriented* measured respondents' tendency not to consult with adults but to try and solve problems by themselves
- *Help-seeking preference* consists of the following two sub scales:
  - *help-seeking attitudes*
  - *less reluctance to being helped*
- *Consideration skill* measured whether respondents can consider others.
- *Relationship among classmates* measured whether respondents have good relationship with their classmates.

12

Results

- ANCOVA using pre-test scores as covariates was conducted to compare post-test scores of above outcome measures between the intervention group and the control group.
- the intervention group had higher post-test scores as compared to the control group .
- These results partially supported the effectiveness of the short forms.
- However, significant change from pre-test to post-test in the intervention group was not found.

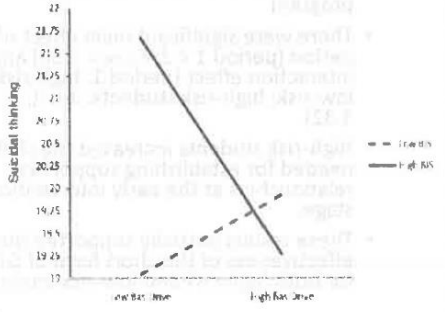
Table 1 Means and SDs for pre- and post-test scores

		Intervention group n = 197		Control group n = 147	
		pre-test	post-test	pre-test	post-test
Cognitive monitoring	*M*	2.45	2.50	2.37	2.38
	SD	(0.44)	(0.46)	(0.51)	(0.49)
Positive results	M	3.28	3.32	3.14	3.01
	SD	(1.02)	(1.03)	(1.07)	(1.19)
Help-seeking attitudes	M	3.60	3.60	3.59	3.40
	SD	(1.01)	(0.95)	(0.98)	(1.06)

13

Short Versions of GRIP –study2

- Does the short form GRIP program have effects in high-risk adolescents with high behavioral inhibition and low activation systems?
- Behavioral activation system (BAS) activate behavior toward incentives, behavioral inhibition system (BIS) relate to avoidance of conditioned aversive stimuli.
- Previous research found that suicidal thinking was significantly increased, when high levels of BIS were combined with low levels of BAS-Drive (Rasumussen et al., 2012).



14

Results

Table 2 Comparison to pre/post test scores in low-risk students of intervention and control group

	intervention group n = 167		control group n = 111	
	pre-test	post-test	pre-test	post-test
Cognitive monitoring	2.43(0.45)	2.50(0.44)	2.41(0.50)	2.37(0.52)
Positive results (expected benefits of consultation with adults)	3.27(0.98)	3.36(1.00)	3.14(1.07)	3.05(1.18)
Help-seeking attitudes	3.61(1.01)	3.62(0.93)	3.56(1.04)	3.35(1.10)

- Even though there were no significant difference in high-risk students between intervention and control group, low-risk students in the intervention group showed higher cognitive monitoring skills (Madj = 2.50 vs. 2.37), positive cognition about seeking support from adults (Madj = 3.32 vs. 3.11), and help-seeking preference (Madj = 3.60 vs. 3.38), compared to those in the control group (ps <.05).
- Participants in control group slightly decrease the scores: This could be because it is in Adolescents.

15

Results

- 2 (high vs. low-risk) x 3 (lesson period) ANOVA was conducted for GRIP skills to examine the effectiveness of the program
- There were significant main effect of period (period 1 < 2; $F_{2,350} = 7.50$) and interaction effect (period 1: high-risk < low-risk; high-risk students: 1 < 2; $F_{2,350} = 3.32$)
- High-risk students increased the skills needed for establishing supportive relationships at the early intervention stage.
- These results partially supported the effectiveness of the short form of GRIP for both high-risk and low-risk students

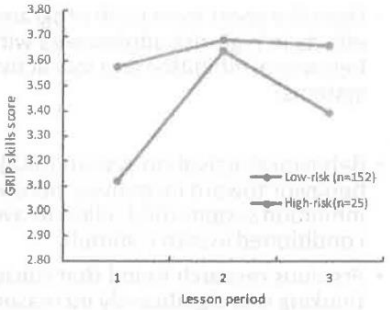


Figure 2 High/low risk students X period interaction

*GRIP skills :Participants in intervention group completed GRIP skills (5 items, 5-point scale, α = .83-.89)after every lessons e.g.) "I can express my feelings by words" "I can talk about distress with a close adult"

16

rhythmic phrase with finger motions

Once you become painful to think alone,
一人で考えて、考えて、苦しくなったら、

let's talk feel free to anyone.
ちょこっと、二人で話してみよう。

If a difficult problem, try to consult to find the adult of the third person.
むずかしいことは、三人めに大人をみつけて、そうだん。

17

rhythmic phrase with hand motions

When you feel brighter,
気持ちが、ぱぁーっと、晴れたら、

let's GRIP the feeling.
ぎゅっと、その気持ち、つかめ。

18

▼ 附件 7 .TTELL JAPAN

For further details on the range of services available and to discuss your organization's needs, contact us at:

03-4550-1191 or
outreach@telljp.com

TELL Lifeline
03-5774-0992
9:00am-11:00pm/daily

TELL Chat
telljp.com
Saturdays 10:30pm to Sundays 9:00am

TELL Counseling
03-4550-1146 English
03-4550-1147 Japanese

TELL Business Office
TEL:03-4550-1191
FAX:03-3797-3665

www.telljp.com

tell

TELL CORPORATE SERVICES

THE FACTS

- Millions of workdays per year are lost to mental health issues such as stress, anxiety and depression.
- The effect of depression on labor productivity in Japan costs more than US$14 billion
- Depression-related presenteeism (attending work while unwell) in Japan costs US$8.3 billion
- More than 26% of businesses surveyed by Japan's Ministry of Health, Labor and Welfare in 2014 reported cases of workers resigning or taking leave of more than one month for mental health reasons

A mentally healthy workforce is linked to higher productivity, greater creativity, lower medical costs and less absenteeism. The cost of mental illness to a business can be mitigated through timely diagnosis and appropriate treatment.

THE NEED

Employers face a unique and ever-changing set of challenges as the stresses on their employees increase and diversify in the workplace. There is pressure on employers to

- Create a work environment that is supportive of an employee's physical and cognitive health while at the same time achieve the company's stated goals
- Manage a diverse work force in a fast-paced, high stress work environment
- Help employees navigate the demands on their time and energy, allowing them to be as effective and efficient as possible and less absenteeism

THE SOLUTION

TELL Corporate Services helps you:

- Increase employee and manager awareness of stress-related mental health issues and the impact on personal well-being and organizational productivity, and
- Provide customized professional and therapeutic services to your team that increases positive mental health, overall employee satisfaction, and output

THE COMMITMENT

TELL Corporate Services will:

FOR YOUR COMPANY

- Administer a stress assessment to all employees in English or Japanese. For organizations with over 50 employees, this is required by the Ministry of Health, Labor and Welfare.

FOR YOUR EMPLOYEES

- Provide confidential results of stress assessments, along with a guide to "next steps" including consultation with professionally trained and licensed therapists
- Provide professional counseling sessions to those who request it
- Understand how to manage work-related stress through lifestyle choices
- Maintain appropriate boundaries between work and personal life

FOR YOUR MANAGEMENT TEAM

- Improve understanding of which employees may require support and help
- Help understand the value of focusing on employees' well-being to increase productivity, decrease absenteeism/presenteeism, greater retention, and reduce medical costs to the organization
- Provide tools to understand and support their team's well-being

TELL Corporate Services is a bilingually administered program that includes:

- Delivery of workshops designed for both employees and managers covering an array of topics including stress management, work-life balance, bullying in the workplace and others
- Seminars to help managers identify employee stress issues and provide them with the tools to reduce employee stress and improve organizational productivity
- Stress test administration and communication of individual results to employees as well as overall reporting of collective data to the human resources management team
- Communication to employees of "next step" options to mitigate work-related stress (e.g., making work-life balance lifestyle changes, seeking counseling for more serious issues)
- Provision of professional counseling sessions to those employees who request it
- Program management including the development of program guidelines, mental health crisis management plans, and administration manuals
- Preparation of program reporting for the Labor Standards Bureau

TELL FUNDRAISUNG

TELL's work is made possible by the support of donors, sponsors, and volunteers. Here are ways you can support TELL:

DONATE

- TELL relies on the generosity of the community to support our efforts. Your support and donations make a real difference in people's lives. TELL is a certified non-profit organization and donations are tax-deductible.

VOLUNTEER

- TELL needs volunteers to offer their time and talents to help with the Lifeline, Outreach activities, special projects, and fundraising events.

SPONSOR

- Corporate sponsorship of TELL programs and events is vital to help keep our key services running and funding new projects and services, improving the lives of individuals both in international community and many thousands of English-speaking Japanese.

RAISE AWARENESS

- Like us on Facebook and Twitter, help us Shatter the Stigma towards mental health.

Visit the TELL online: www.telljp.com
Facebook.com/TELLJapan
Twitter: @TELLJapan
#talktoTELL

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FAX:03-3797-3665

www.telljp.com

tell
LIFELINE

TELL LIFELINE

A free anonymous and confidential English-language telephone and chat service offered throughout Japan every day of the year.

- TELL Lifeline & TELL Chat provide a safe, confidential space to discuss any issue.
- TELL's Lifeline Services are staffed by highly trained volunteers who are committed to providing emotional support, resources, and connections in times of personal crisis.
- TELL's Lifeline training runs twice a year, and is open to English speakers anywhere in Japan. In Tokyo the training is offered in both in-person and online formats. Outside Tokyo, only online training is an option.
- Volunteering with the Lifeline is a great opportunity for both personal and professional development and provides meaningful support to the community.
- TELL Lifeline receives around 7000 calls a year from all over Japan.
- Approximately 55% of calls are from Japanese speakers of English and 45% foreign nationals.

Need to talk? We're here to listen.
Contact us from anywhere in Japan.

TELL Lifeline: **03-5774-0992**
9:00 a.m. – 11:00 p.m., 365 days a year.

TELL Chat: **telljp.com**
Saturdays 10:30 p.m to Sundays 9:00a.m.

TELL COUNSELING

Provides confidential face-to-face counseling to adults, couples, families, children and adolescents.

- Unable to make it to our clinic? Video based distance counseling is available for adults on request.
- TELL Psychological Testing and Assessment Team provides comprehensive psychological assessment for children and adults in Japanese and English.
- Specialized treatment options for eating disorders and alcohol/substance abuse issues.
- Employee Assistance Program services available.
- Counseling services are covered through the following insurance companies - HTH, GeoBlue, International SOS / TRICARE, and Cigna.
- All services are provided on a sliding scale fee basis; please inquire for more information.

Make an appointment today!

Visit: www.telljp.com/counseling
Call: 03-4550-1146 English
03-4550-1147 Japanese

TELL Counseling Reception Hours:
Monday – Friday, 9:00am - 5:00pm

Counseling Hours by appointment:
Monday – Saturday, 9:00am - 8:00pm

TELL OUTREACH

Strives to drive innovation in services, awareness, and programs to improve the lives of individuals & families to function more fully within the community.

- Child Advocacy Program offers workshops & resources to assist in navigating the Japanese child protection system.
- Exceptional Parenting Program offers a series of workshops, resources, supports and networking opportunities for parents/educators of children with diverse needs.
- Lifeline School Awareness Programs for middle and high school students.
- TELL provides workshops for educators and parents on topics such as stress, LGBTQ, cyber bullying and suicide prevention.
- Psychological First Aid (PFA) training for schools, embassies, businesses, and groups.
- TELL Eating Disorders Program provides workshops and trainings for schools professionals, and the community.
- TELL movies is a series of films & discussions that promote professional and community education on mental issues.
- On-site corporate presentations and workshops available for managers and employees.

▼ 附件 8 . Tokyo Metropolitan Chubu comprehensive Center for Mental Health and Welfare

Tokyo Metropolitan
Chubu comprehensive Center
for Mental Health and Welfare

Address 2-1-7 Kamikitazawa Setagaya-ku
Tokyo 156-0057, JAPAN
Phone +81-3-3302-7711 for services
+81-3-3302-7575 for business
Fax +81-3-3302-7839

Homepage URL http://www.fukushihoken.metro.tokyo.jp/chusou/index.html

◇ Missions

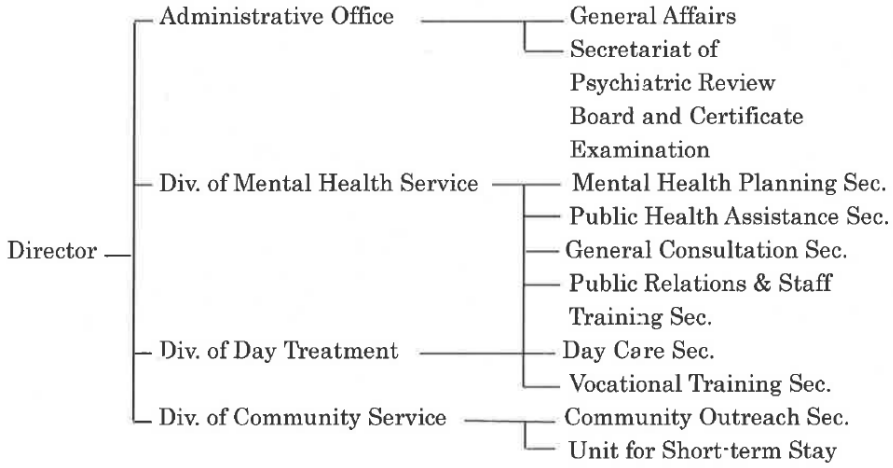
This center is one of the three metropolitan (comprehensive) centers for mental health and welfare in Tokyo. We are located in the central district of Tokyo covering 10 wards with the population of approximately four million six hundred thousand in collaboration with the ward offices and their forty-four public health centers located in the district.

This center aims at promotion of mental health and prevention of mental disorders; rehabilitation, the community outreach services and the short-stay service for persons with mental disorders collaborating with other mental health and welfare facilities in the community.

◇ Brief History

1972 Established; as "Tokyo Metropolitan Setagaya Rehabilitation Center" that specialized in rehabilitation and resettlement for people with chronic mental disorder.
1985 Restructured; as "Tokyo Metropolitan Chubu Comprehensive Center for Mental Hygiene" that combined the community mental hygiene department with the rehabilitation center.
1988 Renamed to; "Tokyo Metropolitan Chubu Comprehensive Center for Mental Health'
1995 Renamed to; "Tokyo Metropolitan Chubu Comprehensive Center for Mental Health and Welfare"

◇ Organization



◇ Staff

office clerk	16	occupational therapist	3
psychiatrist	10	psychologist	5
public health nurse	9	nurse	19
social worker	7		

Total 69

◇ Missions

This center is one of the three metropolitan (comprehensive) centers for mental health and welfare in Tokyo. We are located in the central district of Tokyo covering 10 wards with the population of approximately four million six hundred thousand in collaboration with the ward offices and their forty-four public health centers located in the district.

This center aims at promotion of mental health and prevention of mental disorders; rehabilitation, the community outreach services and the short-stay service for persons with mental disorders collaborating with other mental health and welfare facilities in the community.

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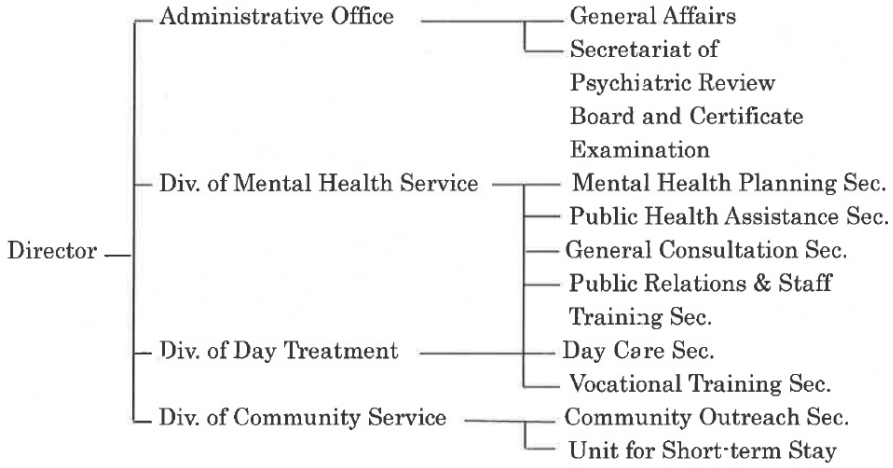
◇ Organization



◇ Staff

office clerk	16	occupational therapist	3
psychiatrist	10	psychologist	5
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social worker	7		

Total 69

Services

◇ Division of Mental Health Service

Public Relations

This center provides community knowledge and information for acquiring mental health awareness to promote normalization.

Research

This center engages in various research programs associated with mental health services. Research results are utilized for planning and improvement for public services. We also publish the research result so that citizens would have easier access.

Education and Staff Training

This center provides several educational training programs for public health nurses and other mental health workers in the community. The examples of programs are as follows.

* practical education for students studying mental health
  (E.g. students of medicine, social workers, occupational therapists, nurses and public health nurses)
* staff training programs on psychiatric rehabilitation and community care
  (E.g. public health nurses, social workers, facility care workers)
* training programs for care-managers working with persons with mental disorders
* educational programs for family on substance abuse problems
* educational programs for family on adolescent problems

Consultation and Technical Assistance

This center provides consultation and work support for developing skills to public health nurses and rehabilitation facility staffs.

Community Networking

This center provides support in organizing systems and associations in the community, such as alliances for families of persons with mental disorder, community workshops and group-homes, self-help groups and association of volunteers.

Mental Health Consultation

This center provides clinical consultation to citizens on various psychological problems as follows;

* Alcohol dependence
* Substance dependence
* Adolescents problems
* Prevention and early intervention of mental disorders

A person who seeks for consultation needs to call at first. Interview is set as needed.

◇ Administrative Office

Secretariat of Psychiatric Review Board and Examining for Certificates

According to the Law Related to Mental Health and Welfare of the Person with Mental Disorder, this center serves as the secretariat of Tokyo Metropolitan Psychiatric Review Board,

and examines mental certificates prescribed by psychiatrists for applicants of #1: Certificates of Health and Welfare of Persons with Mental Disorder, #2: public expense for outpatient psychiatric care and pharmacy fee. It examines medical certificates for applicants of public financial support by Tokyo Metropolitan Government for inpatient psychiatric care to persons with mental disorder under the age of 18.

◇ Division of Day Treatment

Day Treatment has two sections, one for vocational rehabilitation and the other for living and social skill improvement. Both provide various vocational programs to the clients with psychiatric problems to get a job or to return to work. In addition, various group therapies are also provided, such as a job skill session, a social skill training session and a cognitive behavioral therapy session.

Several courses are prepared according to the applicant needs, such as Work Training Course for Schizophrenia, Return to Work Course for Depression and Special Program for Autism Spectrum Disorder.

◇ Division of Community Service

This division consists of community outreach service section and a crisis unit. Upon the request of a public health center, we send the outreach team to an individual who is disengaged from mental health services due to inexperience or discontinuance of psychiatric treatment. The outreach team consists of a psychiatrist, a nurse, a social worker and a clinical psychologist.

Outreach services are;

① Establishing a relationship with an individual who is disengaged from mental health services
② Coordinating different opinions and viewpoints on support among service providers
③ Preparing resources for coping with crisis
④ Establishing continuous support network
⑤ Educating and training for service providers

We also assist the individuals under the case of outreach so that they could stay in a crisis unit for up to 6 weeks when they suffer from minor psychotic episodes.