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Suicide Prevention Needs to Be a Top Japanese National Priority

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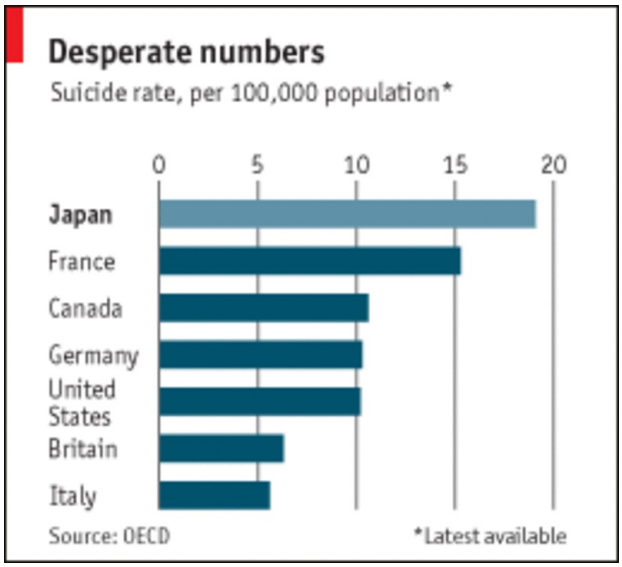
Japan: A Suicide Superpower

The number of deaths by suicide in Japan on March 1, 2010 was 138. The current administration had monitored the total number of daily suicides in 2004 and 2008, but this was the highest daily total. This does not include the number of deaths by car accidents on that day. The average number of deaths due to car accidents in 2009 was 4,914, or about 13 people per a day. The suicide rate is almost ten times higher than the rate of deaths by car accidents. This article is a plea to recognize and confront this social problem.

According to statistics released this May by the Metropolitan Police Department, 32,573 people killed themselves in 2009. For the last decade, every year the suicide numbers have been well over 30,000. I do not think I am exaggerating when I call Japan "Jisatsu Taikoku" (The World's Suicide Leader). According to the government, suicide is a private matter and not a public policey issue. Thus, regardless of the number of suicides, the government has done nothing to intervene. However, when 360,000 people have killed themselves over the past dozen years, I would say it is already well beyond a private matter. These numbers are of epidemic proportion, sufficient for us to consider establishing a public suicide prevention project. Among developed nations, this is the highest rate in the world—after Russia, which has terrible economic hardships and poverty, and a tremendous alcoholism problem. If we do not do something soon, Japan's suicide rate could surpass that of Russia, and we would literally become the world's suicide leader.



Figures for 2008

We often say that people tend to take their lives in spring; however, in reality they do so throughout the year. Also, people tend to think that depression is the cause of suicide, as some psychiatrists often like to point out. But while I am sure depression can trigger suicide, I think it is too simplistic to say that only depressed people kill themselves. Psychologists, psychiatrists, and others who are working in suicide prevention also recognize that other social factors can cause suicides.

The Administration's Passive Policy

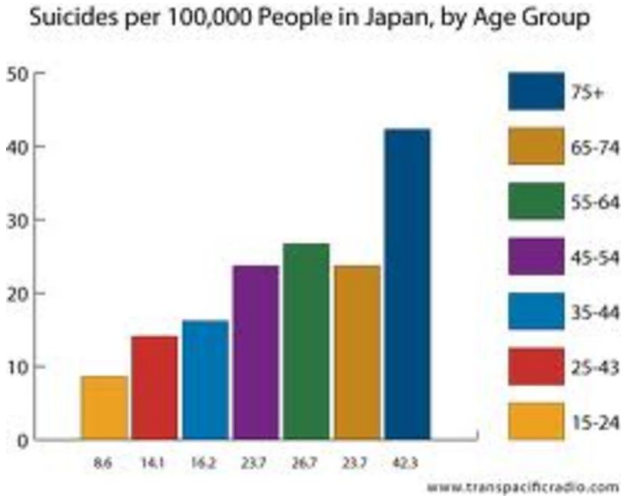
The government finally approved the "Community-based Prefectural Emergency Fund for Suicide Prevention" in June 2009 when Aso Taro was the Prime Minster.

Although the "The Basic Law Regarding Suicide Countermeasures" was already enacted in 2006, it was only a policy guideline, not an actual law with measures designed to prevent suicide. The administration provided no budget to implement this law, so it did little to stop people from killing themselves. This time the government has allocated ten billion yen for communities to promote suicide reduction programs. This was a great legacy left by Mr. Aso: before then, neither cities nor prefectures had any budgets for suicide prevention.

The government gave this community-based fund a three-year timeline (2009-2011). Now the biggest issue is what each community should do with these monies during these next three years. I looked at the suicide prevention projects of two communities, Tokyo and Osaka. These have the largest number of suicides in Japan. For example, in 2009 the number of suicides in Tokyo was 2,989 and in Osaka, 2,039.[1] Tokyo received 589 million yen from the ten billion yen national fund. However, since this fund was given in the middle of the 2009-10 fiscal year, they could not transfer money to use for actual programs in 2009, and only four hundred thousand yen has been used so far. Thus, we need to see how they utilise these funds in fiscal year 2010-11 and 2011-12.

The major goal of the project in Tokyo is to train "gate-keepers." Gate-keepers are people who seek out depressed people in their early stages and provide suggestions to help them receive medical treatment. The problem is that the qualifications of a gate-keeper is not clarified, and their status is very obscure. Furthermore, they are not required to have any special qualifications or skills. It appears that these new gate-keepers are just like the old-time neighbors who were always sticking their noses into others' business. It used to be that people watched others in the community regardless of whether they knew each other or not, just through daily meeting and greeting. Now it seems we have to train people to care about their neighbors, and give them special names, gate-keepers. This shows just how people nowadays have become unconcerned about others, and how difficult it is to live in society if you have problems or hardships. It is so ironic that because people do not care about others, people kill themselves.

The main role of these gate-keepers is to see that people in the early stages of depression receive treatment. Apprentice gate-keepers learn the basic symptoms of depression during their training. Depression is not just caused by psychological stress, but is due to a very complicated set of social and psychological issues. However, the gate-keeper course is not designed to teach any of these subtleties. The administrative officials presume that as long as people acquire a rudimentary knowledge of depression—



which, I have to say, is the basic-level knowledge that anybody even remotely interested in psychology or mental health probably already knows – they can act as gate-keepers. Such optimistic attitudes—representative of the current Administration—see the risk of suicide as lower than it actually is. I wonder if they really can lower the suicide rate by 20 percent by 2016 as they promise.

Recently some physiologists raised doubts about curing depression simply by prescribing anti-depressants. There is growing concern among medical professionals that the Administration's plan of simply catching depression in its early stages will work. However, some involved in suicide prevention programs say that doing something is better than doing nothing. Tokyo has so far spent almost all its funds on holding suicide prevention lectures by well-known psychologists and psychiatrists, and sponsoring other events like courses for gate-keepers.

Japan's Aokigahara Forest is known as the "suicide forest" because people often go there to take their own lives

There is a growing group of people who believe that suicide prevention needs to be considered from various angles besides just medical treatment. Specifically, it is necesary to look at the fundamental social problems underlying suicide, such as poverty and indebtedness, or problems at work such as harassment due to differing positions of power. We need to establish more places where people can get specialized help promptly, such as from lawyers and social workers. It seems that many prefectural administrations are considering establishing such offices with their government funds, or have done so. Unfortunately, being a government bureaucracy, they only offer counseling during daytime business hours. Thus, it is natural to criticize these projects as only fulfilling bureaucratic obligations. The government must depend then on non-governmental volunteer groups for counseling depressed people after hours, especially late at night when more depressed people take their lives.

Tokyo is planning to organize 61 counseling centers. However, government officials really have no idea of who is struggling or who might be considering suicide, or if they would even avail themselves of counseling. Also, people who need treatment might not know such social services are available. Unfortunately, the prefectural administrations have yet to come up with a good plan to make these counseling systems public. The person in charge of the Tokyo project tells me that he and his team plan to announce their services through non-governmental volunteer groups. Unfortunately, the Tokyo city government did not talk about providing financial support for these volunteer groups. But even if Tokyo were to provide some funds to help the volunteer groups, the procedure of dispersing the money is incredibly complex. Tokyo said that funding would be considered only after the groups submitted detailed budget plans. Thus, I doubt the practicality of using these funds: the attitude of the Tokyo office is that if you wish to use public funds, you have to submit an application form first before we will even consider helping you. This is not the attitude to take towards groups trying to help others.

The current Inochi no Denwa (Life Telephone Hotline), which is supported by citizens' donations and staff volunteers, is facing serious financial problems right now. It has been reported it is not getting enough volunteers to run the service anymore. At the same time, the desperate voices of many people contemplating suicide are posted on the internet almost daily. I talked to many people who said they wanted to die. But they told me that, after talking about their problems with the people at Inochi no Denwa, they changed their minds. Thus, we should be aware of the help that Inochi no Denwa service is providing. They are indeed successfully preventing suicides. Many people who thought of taking their lives changed their mind simply by talking to others about their hardships. Many people need this service right now. However, at the moment the Tokyo government is only accepting grant applications to support this service. After the officials read the projects which have been submitted, then they will decide which are good enough to consider providing some money. Inochi no Denwa has to go though this bureaucratic process to order to obtain support.

Not only Tokyo, but each prefecture has spent hundreds of million of yen every year supporting public counseling centers. However, when people who are suffering from depression call these centers many receive answers like "You should talk to your family doctor" or "We don't treat depression." These centers need to be staffed by social workers, especially those trained to treat mental health issues. If necessary, specialists could shift work schedules so that people contemplating suicide could receive counseling 24 hours a day. So far, we do not have such a service in Tokyo. Although Tokyo has received over 500 million yen from the basic fund, it has not yet provided any practical plans to use this money. Without examining the real reasons why people contemplate suicide, all they are doing is just making a paperwork project. I worry that Tokyo will end up spending all this money with no real results for helping people contemplating suicide.

Now I would like to take a look at the case of Osaka, a prefecture which also has a high suicide rate. Previously Osaka had only five million yen for suicide prevention. It was way too little to do anything, and the Osaka suicide prevention project team leaders scoffed at this financial situation, saying all they could do was make a flyer saying "Do Not Kill Yourself!" and put it in packages of free tissue paper and pass them out on street corners.

However, this time they got ¥487,243,000. This is a big improvement! But they are doing almost the same thing as the Tokyo project is doing, which has been bogged down in bureaucracy (for example, telling people not to kill themselves, making a course for gate-keepers, and accepting applications from private organizations to provide small grants). I cannot see anything unique that Osaka is doing; it is as if they were just following other prefectures. The reason for this is that people in the main office in Osaka are just not coming up with new ideas to lead the community. Instead, they are asking the counties to submit projects. Some county offices are actually

Government official hands out suicide prevention information at Shinbashi station in Tokyo March 1

applying for grants to put their plans into practice. The main office in Osaka has to approve these plans, however, before they will be provided with money. The amount of the grants depend on the population of each county. Because of the way the Osaka office divides up the money, some counties receive less than three million yen annually. This is the same sad situation that Osaka faced before when they had little money and could only help people by giving out flyers on the streets inside free packets of tissue paper. Probably all that Osaka will do will be hosting some lectures by invited psychologists or psychiatrists. But even then, in order to save money, these lecturers will come from local universities and hospitals. Their attitude is almost like, since we received these funds we have to do something with them. This is simply a waste of our tax money.

As I pointed out before, attitudes towards suicide prevention in both the Tokyo and Osaka projects are too lackadaisical considering the large number of suicides. In fact, only three people are on the suicide prevention project in Tokyo, and six in Osaka. I do not say more people will necessarily produce better results, but these numbers are much too small. So small a number of people working on suicide prevention projects clearly tells us that these officials still believe suicide is a private matter, not a social problem.

What is a Practical Policy?

There is one prefecture that has started seriously tackling suicide prevention, applying unique ideas to put the ten billion yen budget given out by the national government to work. Nagasaki was known for seriously working on suicide prevention even before this fund was set up. Nagasaki has provided psychiatric social workers (PSW) in critical care centers in the prefecture since January 2010.

Even people who attempted suicide but whose lives were saved at a medical center are often treated indifferently at critical care centers. The staff at the typical emergency room is generally even too busy to get enough sleep. Under these conditions, people who attempt suicide are just a burden in the ER. These people tend to be treated unsympathetically by ER doctors and nurses who generally consider these patients to be a nuisance. Furthermore, not only are the problems of patients not solved, they feel even more aware of their weaknesses, feeling like outcastes. As a result after returning home, these patients often try to kill themselves again. In Nagasaki, however, PSWs counsel patients after their physical conditions improve. PSWs try to find the individual reasons for each suicide attempt, and to find solutions for each patient. Until now PSWs had waited for patients to come to them for counseling; in Nagasaki, however, PSWs go to the patients to reach them. Since this program has just started, we do not know how effective it will be in the long run in preventing repeated suicide attempts. I can only say that this kind of plan is a good start in suicide prevention. I wholeheartedly support the Nagasaki program.

Another notable project is the "Sleeping Campaign" of Shizuoka Prefecture. This project had been put into practice even before government funds were available. The head of the community psychiatric clinic recognized that in many cases one of the early symptoms of depression is sleep disorder. Such symptoms include insomnia, or waking up in the middle of the night and not being able to go back to sleep even by morning. This project started in the 1960s in Fuji City. Before then they posted flyers about depression treatment events not only at traditional "bureaucratic" locations such as city hall or public health centers, but also in bars and liquor stores. This was because the majority of the people this campaign targeted were males in their forties and fifties. Furthermore, they also put up banners on pedestrian overpasses providing announcements for their events. The Fuji office announced their events in ways private advertising agencies might use, rather than in the bureaucratic manner and language of civil authority. As a result, more middle-age men who were suffering from sleeping disorder received treatment.

The majority of people suffering from sleep disorders usually go to a general practitioner rather than a psychiatrist and psychologist. In Shizuoka, officials asked general practitioners to refer these patients to psychiatrists. As I mentioned earlier, the treatment of depression requires not just medication, but psychiatrists and psychologists reaching patients in the early stages of depression, and helping them face their problems. I think it is worthwhile to use national funds for this. After receiving government funding, Shizuoka could conduct this project not only in Fuji, but in cities throughout the prefecture.

Shizuoka is a good example of how even one person can make a difference. We shouldn't use this money just to invite famous psychiatrists and psychologists to give lectures, or let them just use medicine to prevent suicides. We need to face the issue from various aspects and to use these funds more effectively.

A Step Backwards by the New Administratio

The national government adopted Shizuoka Prefecture's "Sleeping Campaign" in March, 2010 (decreeing it "Suicide Prevention Month"), and it has been in effect ever since. All over Japan, they posted a campaign flyer depicting a high school girl worried about her father. The government also promoted the campaign over the internet. Seeing the progress of this project, however, we can only conclude that the central administration in Kasumigaseki has been relatively out of touch, or even incompetent, compared to how local agencies are handling the problem. We can say the same thing for the whole Democratic Party of Japan—which controls the current administration—because the government has reduced the project's budget for the coming year.

Fukushima Mizuho was the director of the suicide prevention project for the central government. However in the midst of the political chaos from the end of May to early June in 2010, she was discharged from her position as Minister of State for Consumer Affairs and Food Safety, Social Affairs, and Gender Equality in the Hatoyama cabinet when his administration dissolved. Kan Naoto, the next Prime Minister, appointed Arai Satoshi from the Democratic Party of Japan as State Minister for National Policy. The problem was that Prime Minister Kan did not assign the suicide prevention project to Arai Satoshi at the start. Mr. Arai was given this responsibility later, and only as one of his many other duties, when the new administration began. If you look at Mr. Arai's home-page to see his policy on suicide prevention, you will find nothing. This is a major setback.

According to the Asahi Shimbun, Haragushi Kazuhiro, Minister of Internal Affairs and Communications under the Kan administration, proposed "The Basic Law for Battling Depression" at the Meeting to Establish Suicide Countermeasures in February, 2010. However until now, neither Haragushi nor the rest of administration—whose duty it is to promote this project—has done anything at all. In other words, Haragushi seems to show no inclination to do anything, which I think is inexcusable for a cabinet minister.

A team to prevent suicide and treat depression was added to the Ministry of Health in January, 2010. They are recommending that a mental health checklist be added to the annual physical examinations given by corporations and city health departments. But the

bureaucracy is still in the process of consulting with well-known psychologists and psychiatrists about this. It is a slow process. I also have some doubts about this plan. It is common knowledge among those who work in the mental health fields that a majority of people would likely be diagnosed as having either first or second stage depression if a simple checklist given at an annual physical is the only tool used. Even if the people who were told they have symptoms of depression were treated with drugs, I am not sure how much this would prevent suicide.

According to Dr. Ohno Masakazu, an expert on karōshi ("death from over work"), and particularly, on suicide[2]:

> It is too simple to even say that we treat patients, much less people who might turn to suicide. We need to consider all these issues with an open mind and come up with different solutions for specific problems, like financial difficulties or sexual harassment. In order to pursue this we need to work together with people from many different areas of society. We should use these funds to find the various social reasons underlying suicide. We need communication between special lawyers and the Labor Standards Inspection Office, for example. In the end, if we do not change our views toward suicide—viewing suicide as a public issue and not a private matter—we will not decrease the number of people who try to take their own lives. So far there is no medical evidence, nor any research by social scientists, that indicates that simply treating depression will reduce the number of the suicides. It is a pity that the Administration does not understand this point.

Unfortunately, there is no concrete plan yet in place by the current Administration to prevent suicide, nor does one seem to be coming in the future. Since this Administration, together with the whole Democratic Party of Japan, does not think that there is any real suicide crisis, concerned citizens worry that the Democratic Party of Japan will simply let people die without doing anything.

We worry that the current administration will make the same mistakes that the late Prime Minister Takeshita Noboru did with his "Ten Billion Yen Hometown Reformation Project." This nightmarish plan was put into practice in 1988 and 1989. I heard that the rural countryside became awash with money. Politicians often think that if they toss large amounts of money at a problem, that will solve it. However, if administrators have no real ideas, the money is simply wasted. I lost my mother to suicide and I am still living with the pain. People carry the sadness of losing a family member all their lives. I have even become quite depressed myself sometime, and twice when the symptom got worse I tried to commit suicide. When I tried to kill myself, no one helped me. I did not know who I could turn to, either. It is the social environment that causes people to attempt suicide.

It is too easy to say that people who end up killing themselves are mentally weak. But a person who has lost a family member to suicide—or people who have tried to kill themselves—will say that it is society that is actually sick. A sick society is one that allows itself to forgets about its mentally troubled people. This is the reason why I am insisting that suicide is a national crisis. We need to do something, because last year (2009) the number of suicides was over 30,000. Instead of blaming this as a legacy of former Prime Minister Aso, it is now time for all of us to actively deal with the suicide problem, both at the local and national level. We should not waste this ten billion yen!

This article was published in the October 2010 Sekai. 自殺対策は国家的急務

社会全体で取り組むために、何が必要か

Ueno Rei, born in 1962, is a nationally recognized journalist. His most recent book Gan no Jidai, Kokoro no Kea (Care from the Heart in the Era of Cancer) was published by Iwanami.

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Notes

[1] Akita prefecture and others in northern Tohoku have the highest suicide rates. The present study focuses, however on the two cities cities with the largest *number* of suicides.

[2] Ohno, a professor in the Faculty of Business Administration at Kinki University. passed away suddenly after our interview.

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