Partnerships for Community Mental Health
Part 2 – Chair: A/Professor Chee Ng
Japan

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Community mental health promotion in Japan
- Effort to propose effective suicide prevention measures to the Japanese Government-

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- Suicide in Japan
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- Macroscopic aspects of mental health in Japan
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Pathways to suicidal behavior

- Cultural factors
- Individual factors
- Macroeconomic factors
- Socioeconomic factors
- Family factors
- Life events
- Isolation
- Mental health problem
- Suicide behavior
Transition of the number of suicides in Japan 1878-2009

Developmental stages of suicide prevention efforts in Japan

3rd phase: Actions under the Basic Act on Suicide Countermeasures
- 2004 (Basic Act on Suicide Countermeasures) passed
- 2006 (Foundation of the Center for Suicide Prevention (CSP) in NHMW, NoG)
- Oct 2006/ Basic Act on Suicide Countermeasures enforced
- June 2007/ Comprehensive Suicide Prevention Initiative (CSP) established
- Oct 2006/ Reorganization of the CSP
- Jan 2009/ Preparation of Special Fund for Local Government
- Jan 2010/ Launch the Project Team for Suicide Prevention and Mental Health in the NHMW
- 2016/ Law Project for Suicide Prevention established

1st phase: Actions by Ministry of Health, Labour and Welfare
- 2000s/ Set a numerical target as part of the Health Promotion Project
- 2003/ The NHMW sets aside budget for suicide prevention
- 2007/ Report by Suicide Prevention Council
- 2004/ Introduction of Treatment Guideline for Depression by the NHMW

2nd phase: Actions by the Government
- July 2010/ Upper House resolution to wrap up a comprehensive strategy against suicide
- Sept 2005/ Suicide Prevention Liaison Committee (PLC) established
- Dec 2007/ A Report on National Suicide Prevention Strategy by PLC
Suicide prevention measures by the local governments -Prefectures and Megacities-

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<td>Cross-sectional network in the government</td>
<td>—</td>
<td>37 (57.8%)</td>
<td>45 (70.3%)</td>
<td>51 (77.3%)</td>
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<tr>
<td>Suicide Prevention Committee</td>
<td>6 (10.2%)</td>
<td>61 (95.3%)</td>
<td>64 (98.5%)</td>
<td>64 (97.0%)</td>
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<tr>
<td>Budget for suicide Prevention</td>
<td>8 (13.6%)</td>
<td>63 (98.4%)</td>
<td>65 (100.0%)</td>
<td>65 (98.5%)</td>
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Enactment of the BA on Oct 2006

Macroscopic aspects of mental health in Japan

- **Increase**
  - Number of outpatients, especially mood disorders
  - Suicide rates, especially middle-aged men and young adults
  - Reported cases of child abuse

- **Decrease**
  - Community ties

- **High rate**
  - Prevalence of mental illness between homeless people
  - Suicide rates of people living on welfare
Aim and process of our effort

- Aim: make a proposal for the revision of the CSPI to strengthen community mental health promotion with the societies

2011 Mar: held a conference with the societies
2011 May: set up a working group to make drafts
2011 Jun: asked each society for proposal
2011 Sep: announced first draft of proposal
2011 Dec: announce second draft of proposal to ask public comment
2012 Jan: discuss with experts from WHO and so on

First draft of the Proposal for the revision of the CSPI

First draft of the Proposal for the revision of the CSPI

- Executive summary
- Preface
- Request for the revision of the CSPI
- Towards Evidence-based Suicide Prevention Programmes in Japan
- Process to complete the draft
- Proposal of each society

Japan Suicide Prevention Association,
Japanese Society of Mood Disorders,
Japanese Society of Clinical Neuropsychopharmacology,
Japanese Society of Psychiatric Research on Alcohol,
The Japanese Society of Sleep Research,
Japanese Society of Emergency Medicine,
Japanese Association for Acute Medicine,
Japan Association for Occupational Health,
Japanese Society of Psychosomatic Medicine,
Japanese Association of Student Counseling,
The Japanese Association for Emergency Psychiatry,
Japanese Psychogeriatric Society,
Japan Psycho-Oncology Society,
The Japanese Psychological Association,
Japan Primary Care Association,
Plans for the future expansion or development of this initiative

1st stage: Revision of the CSPI

2nd stage: Strengthen high-risk group approach in the community

3rd stage: Integrate the community mental health services into society

Thanks to

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