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Special Feature Article

Suicide Prevention Programs for School Communities

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Abstract

According to the suicide statistics of the National Police Agency, the number of suicides in 2019 was 20,169, the smallest number recorded since 1978. On the other hand, the number of suicides among young people has not decreased and that among students increased compared with the previous year, demonstrating suicide by young people to be a serious problem. As for suicide prevention measures for young people, the Cabinet approved the General Outline of Suicide Prevention Measures on July 25, 2017, stating that "education on how to send out SOS" should be promoted.

In addition, the number of cases of young people becoming involved in crimes via the Internet and social networking sites is increasing. Therefore, it is important that the entire school community functions as a place to receive SOS rather than just educating the students. On the other hand, regarding the promotion of suicide prevention in schools, it is difficult to disseminate suicide prevention education, especially that provided by professionals. In addition, according to a survey conducted in Mental Health and Welfare Centers across the country, 64% of the centers felt that suicide prevention measures in schools were difficult to implement. In this article, we introduce the suicide prevention programs for school communities that were implemented in Hamamatsu City, and discuss measures to promote suicide prevention in schools and the roles of psychiatrists and other professionals.

Keywords: school, suicide prevention, school teacher, school psychologist, mental health literacy

Introduction

The number of suicides in Japan, which had remained at the 30,000 level for a long time after increasing sharply in 1998, was 24,025 in 2015 (National Police Agency statistics), the level before an increase, and decreased to 20,169 in 2019, the lowest number since 1978, the year statistics began. On the other hand, suicides among young people have not yet decreased, with the number of suicides among students in 2019 exceeding that of the previous year, and suicides among junior high school students have been on the increase in recent years. Regarding suicide prevention measures targeting young people, the Comprehensive National Suicide Prevention Plan³⁾ approved by the Cabinet on July 25, 2017 calls for "education for children and students on how to send out SOS". In addition, children these days are said to be digital natives, and there is an increasing number of cases in which they are involved in crimes by transmitting SOS to faceless third parties through social media and SNS. Therefore, it is important for the entire school community (in this paper, the school is considered as a society, and refers to a

community composed of teachers, parents, and other school personnel, with students at the center) to function as a real place to receive SOS, in addition to education on the student side. This is an important goal in parallel with education on how to send out SOS. In other words, for suicide prevention in the school setting, it is ideal for the entire school community to develop suicide prevention measures.

However, various problems have been pointed out in the promotion of suicide countermeasures targeting school settings, and in a survey of Mental Health and Welfare Centers (hereafter referred to as "centers") nationwide, many centers felt that it would be difficult to implement suicide countermeasure projects in schools in general.

This paper first introduces comprehensive suicide countermeasures targeting school settings that have been implemented in Hamamatsu City since 2009, and then discusses the issues and responses to suicide countermeasures in school settings, based on the results of a questionnaire survey conducted by the National association of center directors.

The significance of the involvement of psychiatrists, psychologists, and other specialists in suicide prevention in schools will also be discussed.

I. Suicide Prevention in Hamamatsu City

Hamamatsu City became an ordinance-designated city in April 2007, and established Hamamatsu City Mental Health and Welfare Center (hereafter referred to as "the City Center"). Such centers are situated in 69 locations in all prefectures and ordinance-designated cities, as required by the Act on Mental Health and Welfare for the Mentally Disabled, and one of the strengths of ordinance-designated city centers is that they are able to provide services directly to citizens. Hamamatsu City formulated its Suicide Prevention Promotion Plan in FY2009, and in the current plan starting in FY2019, specific efforts from elementary to junior high schools are summarized as "Children's Mental Health Promotion Projects" (Figure 1). These projects are on-demand, with each school receiving an invitation from Hamamatsu City Board of Education (hereafter referred to as the "City Board of Education"). The following is a description of some of the major Hamamatsu City initiatives:

1. Stress Management Classes for

Children

In FY2009, the City Center proposed a project to the Board of Education and launched the "Stress Management Classroom for Children" (hereafter referred to as "SM") for elementary schools. The program targets fourth-graders, who are prone to truancy and problematic behavior due to the "10-year-old wall," a time when interpersonal relationships become complicated. This program was developed based on the activities of the Practical Group for Stress management education⁷⁾⁸⁾ led by Professor Fumio Yamada of Kansai University of Welfare Sciences, and uses the story "Alice the Elephant" as its subject, which aims to help students learn how to better cope with stress. An instructor will visit a school and conduct one 45-minute class session, using presentation slides.

The following activities are conducted: (i) familiarization with the word 'stress', (ii) thinking about better coping methods in stressful situations, (iii) understanding the structure of stress, (iv) connecting the stress structure with actual situations, and (v) relaxation experience.

The story of "Alice the Elephant" is about a group of forest animals who get into a fight during playtime, but violent responses only increase everyone's stress, so they begin to search for other ways to cope. The children will learn

that their moods can change depending on their coping behavior after stress by pretending they are animals and discussing in a group-work format how they would feel and cope if they were the animals. Of course, not all opinions are favorable, but the instructor respects individual opinions and tells the children that expressing their feelings in words or consulting someone is a good way to cope with stress, and that there is no need to be ashamed of expressing SOS. In the last part of the class, students experience relaxation through muscle relaxation, breathing exercises, and imagery as specific stress management methods. The noisy classroom becomes quiet at the end of the class, and the students feel at ease, which is well-received by the teachers. The "Stress Goodbye Sheet" is a tool to consolidate what they have learned by writing down what they felt stressed about later, how they coped with the stress at that time, and how their mood changed, in columns.

2. Adolescent Mental Health Literacy of Teachers and Staff

Hamamatsu City conducted a survey of students in public junior high schools in the city in 2011, and received responses from 2,538 students in grades 1 through 3. In 2012, we conducted a survey of teachers at public junior high schools in the city, and received

responses from 989 teachers. The results of these two surveys revealed that 20.8% of the students had experienced suicidal thoughts, 8.6% had experienced self-harm, 5.5% had actually prepared or planned suicide, and 2.1% had experienced all of these, indicating the imminent adolescent mental health situation. The results also revealed that even when students had problems, they did not consult school personnel as much as teachers would like.

In 2013, we launched the "Adolescent Mental Health Literacy (MHL) for School Personnel" project for junior high school teachers, and began training in adolescent psychology and basic MHL based on the survey results, recognizing students' signs of stress, and listening to students when they talk about SOS. This training uses a guidebook and slides prepared for teachers, and school counselors (hereinafter referred to as "SCs") serve as instructors as children's mental health supporters (hereinafter referred to as "supporters"), as described below. In addition, we have prepared themes such as "self-harm behavior," "developmental disorders," "truancy and withdrawal," and "child abuse," and conduct lectures and case studies in response to requests from schools. The contents of the guidebooks and training themes are updated as needed by a joint working group with

the City Board of Education to make them easier for teachers to understand.

3. Mental Health Supporter for Children

At the start of SM and MHL programs, city center staff served as instructors, but as the number of schools requesting SM and MHL increased, it became difficult to accommodate the requests, and development of the programs had to be reviewed. In addition, the instructors and teachers needed to discuss the characteristics of the children in the classes and details of program arrangements in SM; in MHL, it was necessary to discuss the lecture content and case details in accordance with the school culture, but it was difficult for some schools to find time for such discussions. In response to these issues, we talked with the municipal board of education and launched the "Children's Mental Health Supporter Project" in FY2013, which allows SCs who wish to receive training to serve as instructors for SM and MHL.

Supporter training was started for SCs who will serve as instructors. A scenario script is provided so that any SC can give a high quality lecture. In the training, participants first receive a lecture on child suicide prevention and SM. Next, participants conduct a mock class based on the scenario and receive advice from senior supporters. After

that, the trainees observe an actual class conducted by a senior supporter and finally become instructors at their own schools. This project is budgeted by the City Center so that it does not interfere with the SCs original duties, and the City Board of Education encourages training, especially for SCs who are new to the position, so that supporter activities become common practice.

The significance of this project is that SCs are able to get out of the consultation room and stand on a platform, becoming a familiar presence for children and teachers, and being able to continue to be involved with children after class. The teachers also highly appreciate that they are now able to cooperate with SCs more easily. At the end of the school year, a meeting is held for all supporters to review their experiences, which also serves as a place for SCs to exchange information and nurture solidarity.

4. Parent Program

The Parent Program (hereinafter referred to as "PairPro") is a six-session group program that aims to change the negative viewpoints that parents tend to have toward their children into positive ones²⁾. The original PairPro program was mainly intended for parents with young children, but in response to requests from teachers at

the Children's Mental Health Promotion Conference (described below) for an initiative for parents, the program has been offered to parents of children in the early grades of elementary school since FY2017. At the same time, a training course for PairPro instructors was held for SCs, and SCs who participated in all six training sessions are now engaged as instructors in PairPro programs funded by the City Board of Education.

5. Emergency Mental Health Support Activities and Crisis Management Training for Teachers and Staff

Crisis Response Teams (CRTs) are crisis intervention teams that intervene in the event of a serious incident or accident, including suicide, at schools. Even before the Basic Act on Suicide Countermeasures was enacted, centers across Japan took the initiative in promoting this activity. The mission of CRT is to prevent secondary damage by providing short-term intervention in the school setting when a child commits suicide⁴. CRTs create a "place of safety" by presenting a clear message of unconditional acceptance of students throughout the school community through psychoeducation not only to students but also to teachers, staff, and parents.

The City Center has been implementing these activities as

"emergency mental health support activities" since FY2012, taking the mid- to long-term into consideration, and has prepared a manual summarizing the activities that school personnel should carry out, which can be referred to on the intranet of all schools. In addition, practical crisis management training based on case studies is regularly provided for school principals and school nurse teachers.

6. Mental Health Promotion Council for Children

The Mental Health Promotion Conference for Children is Hamamatsu City's own conference where teachers from schools in Hamamatsu City that have implemented SM and MHL gather to review the project, and it has been held continuously since FY2013. The City Board of Education, supporters, and Hamamatsu University School of Medicine staff specializing in child psychiatry attend the meeting to discuss issues and identify new needs, which will be reflected in the following year's content. In addition, the participating teachers are generally enthusiastic and serve as facilitators in the future, motivating each other and building face-to-face relationships with specialists.

7. Council for the Development of Children's Mental Health Promotion

System

Unfortunately, there is a vertically divided structure problem between the educational administration and public health administration in Japan, and it can easily become a barrier to school suicide prevention. Hamamatsu City established the Council for the Development of Children's Mental Health Promotion System in FY2016 with the aim of eliminating this vertical structure. The meeting is led by the director of the School Education Department and director in charge of medical care of the Health and Welfare Department, who are the heads of the educational administration and health and hygiene administration, respectively, and includes the directors of the Board of Education and health and hygiene-related divisions, a local child psychiatrist, and a professor of Hamamatsu University School of Medicine. The committee members share issues regarding implementation of the suicide prevention project introduced so far, discuss solutions, and decide on measures to deal with them. The countermeasures are also concretized and divided into long- and short-term efforts, and the progress is reported at each meeting.

II. Suicide Prevention Issues and Responses Targeting Schools

Although each center in Japan has

trained gatekeepers for each of the three stages (Prevention, Crisis Intervention, and Response) of suicide prevention and is working to create a safety net, the results of a survey conducted by the National Association of Directors of Mental Health and Welfare Centers targeting centers nationwide (Survey on Human Resource Development and Networking in Suicide Prevention in FY 2016: March 10-24, 2017; questionnaire survey through either distribution of questionnaires via email or direct response on the website; 100% response rate) revealed that various issues exist in suicide prevention targeting schools.

Although 79.7% of the centers were implementing suicide prevention targeting schools, 64% of the centers had difficulties in implementing suicide prevention in schools, and the main challenges were categorized into the following four groups: (i) Difficulties in continuous collaboration, such as "Difficulties in collaborating with boards of education in different departments" and "Personnel transfers in boards of education and school staff make collaboration difficult," (ii) School initiative, such as "No schools raise their hands even if we ask for their cooperation" and "It is difficult to gain understanding of the need for suicide prevention at schools," and (iii) Teachers' busyness, such as "teachers

are busy and have little time, and a policy approach seems necessary," and (iv) Feeling of hesitation toward the topic of suicide, such as "teachers' hesitate to deal with suicide" and "talking about suicide in the context of adolescent mental health instead of bringing it to the forefront" (Figure 2). To add more with respect to (iv), it has been pointed out that there is a tendency to avoid talking about "death" and "suicide" in an educational setting¹⁾, and efforts that take into account such avoidance in this setting are necessary to promote suicide prevention at schools. Motohashi et al. also point out that the national implementation rate of "suicide prevention education" based on "Suicide prevention which should be conveyed to children: A guide for introducing suicide prevention education in schools"⁵⁾ published by the Ministry of Education, Culture, Sports, Science and Technology was only 1.8%, and one of the reasons cited for this is hesitation to use suicide-related terms.⁶⁾

The following is a discussion of specific measures and responses to these issues of (i) through (iv), drawing on the example of Hamamatsu City:

1. Continuous Collaboration

The suicide countermeasures at the city center described in this paper are implemented year-round, so the SCs

work together with the city board of education on a daily basis. The SCs also act as supporters, and there is a face-to-face relationship between the city center, SCs, and teachers.

Regarding the negative effects of the vertical sectioning system and personnel transfers from one year to the next, the position of suicide prevention in Hamamatsu City has been shaken with each change in the head of a section or the person in charge of a section of the board of education. However, continuity has been ensured since the setup of the Council for the Development of Children's Mental Health Promotion System, where departmental executives meet regularly to discuss long-term strategies.

2. Initiative of Schools

Proactive guidance from the city board of education has been a strong motivator for schools. Schools naturally take the initiative when SC in charge of their own school implements the program. It is also necessary to renew the program and its contents to meet the needs of teachers, as in the case of Hamamatsu City's introduction of PairPro. The materials used for project explanations and training are prepared in a format that is easy for teachers to understand, and packaged so that SCs can easily explain and lecture on the project. The SM project packages

(explanations for teachers, classroom slides, lecture scenarios, goodbye stress sheets, etc.) can be downloaded and used by members of the National Association of Directors of Mental Health and Welfare Center.

3. Teachers' Busyness

This is also important from the perspective of "reforming work styles in schools." Although teachers understand the necessity of suicide prevention, they already have many roles to play, and it is necessary to give consideration to the realistic division of roles. Hamamatsu City introduced SM directly at a school where he/she is in charge, thereby eliminating the briefing sessions that used to be held by gathering teachers from the schools at the city center. In addition, since major school projects are often decided at the end of the previous school year, it is desirable to present the project schedule at an early stage to facilitate the introduction of SM, especially during the summer vacation when there are many training sessions for teachers.

4. Hesitation of Handling the Theme of Suicide and the Significance of Specialists' Involvement

In order to improve MHL, the best way to address the problem of hesitation to handle the theme of suicide is to fundamentally review the educational

curriculum for teachers, and provide education on mental health and suicide prevention in teacher education and training. Teachers' hesitation toward the word "suicide" is based on their fear of destabilizing the mental health of students by responding incorrectly, which can be described as "anxiety of opening the lid." In order to promote suicide prevention in schools, it is necessary to address the fact that teachers are not trained in appropriate responses to such situations, and that the teachers themselves are anxious about the support systems. Hamamatsu City has prepared a suicide prevention program for the entire school community to reduce hesitations toward using the words "mental health" and "suicide," while providing teachers with gatekeeper training to reduce anxiety about responding, SCs who are experts in mental health to support teachers, and the City Center, a multidisciplinary team led by a psychiatrist, provides support to the teachers, and a system is in place to "open the lid" so that teachers can deal with children's mental problems with peace of mind.

Thus, for introducing suicide prevention measures into the school setting, it is necessary to have a backup system that allows teachers to perceive children's SOS with peace of mind, and the support of specialists such as psychiatrists and psychologists is

indispensable for this system.

Conclusion

In this paper, we first introduced the suicide countermeasures in school communities in Hamamatsu City, and then discussed the current status of suicide countermeasures in school settings, the challenges they face, and the measures that can be taken to address them.

The general adult population is unaware of the large number of teenagers who want to die. If SOS of "I want to die" is ignored or avoided in the real world, it will flow to the Internet and SNS. However, what these children are ultimately seeking is a connection with people in the real world. Only when they have a positive experience in which their voices are firmly received by adults when they are in trouble, will they feel safe enough to raise SOS. We should promote the creation of a place in the school community where the voice of "I want to die" is unconditionally accepted, along with education on how to give out SOS. In order to fully embrace these voices, a safety net is necessary for school personnel, and the presence of psychiatrists, psychologists, and other specialists is indispensable.

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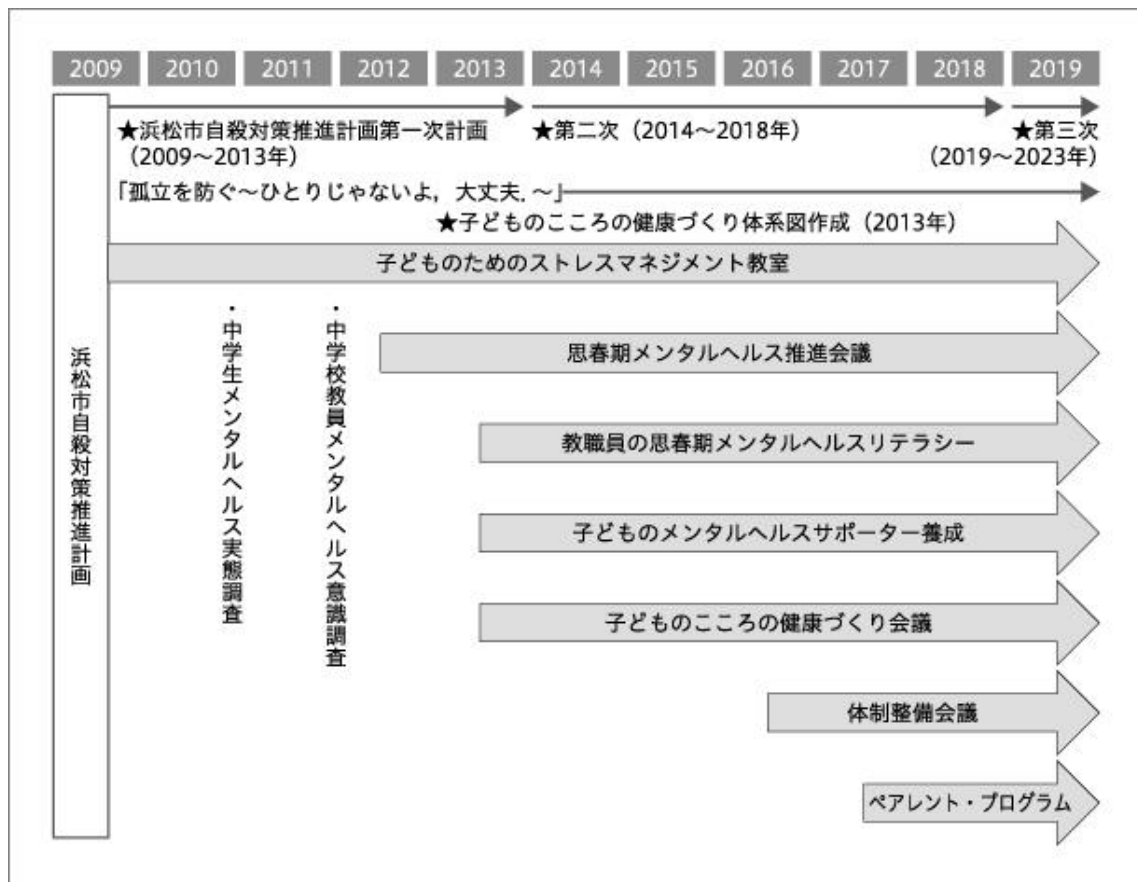


図1 浜松市子どものこころの健康づくり事業

Figure 1: Children's Mental Health Promotion Project in Hamamatsu City

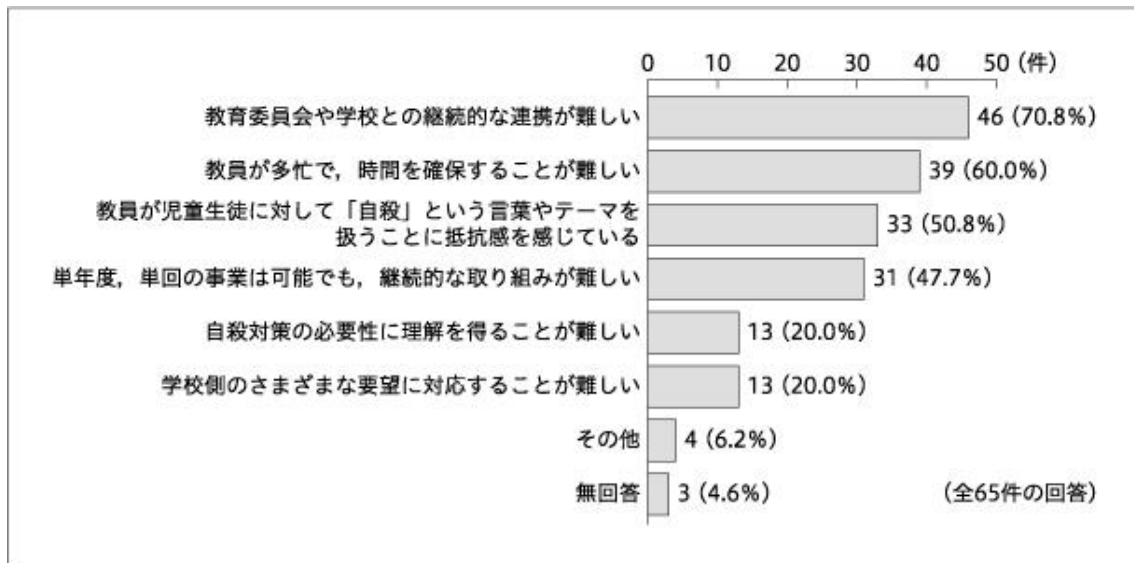


図2 学校における自殺対策の困難感

Figure 2: Difficulties Regarding Suicide Prevention in Schools