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## Special Feature Article

### Feasibility Study of a Collaborative Community Support Model for Suicide Attempters in Kawasaki City

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#### Abstract

The purpose of this study was to examine the establishment of a support model in Kawasaki City that connects suicide attempters to community support after discharge from an emergency medical center to improve their quality of life and prevent them from reattempting suicide. The participants were suicide attempters living in the center of Kawasaki City (Nakahara, Takatsu, and Miyamae wards) who agreed to participate. Follow-up interviews were conducted with the participants every month after the initial interview by the Kawasaki City Chubu Care Team, which consisted of members of the Teikyo University Mizoguchi Hospital, Nippon Medical School Musashikosugi Hospital, Kawasaki City Mental Health and Welfare Center, Ida Center for Persons with Disabilities, and the health and welfare centers of the Nakahara, Takatsu, and Miyamae wards. The study period was from September 2018 to September 2020. This study was conducted with the approval of the Ethics Committees of Teikyo University School of Medicine and Nippon Medical School Musashikosugi Hospital. Of the 20 participants who agreed to be referred to the Kawasaki Chubu Care Team, 10 (50.0%) were referred to the initial

interview, of whom eight completed the six follow-up monthly interviews. Summary scores for the "physical", "mental", and "role/social" aspects of health-related quality of life (SF-36) showed a trend toward improvement at 6 months. Three of the eight participants reattempted suicide during the follow-up interview period, and one reattempted after the end of the follow-up period. We were unable to conduct the initial interview with 10 patients (50.0%) because they were transferred to another hospital (n=3), transferred to an institution (n=1), could not be contacted (n=4), consent was not obtained from the patient's family (n=1), and consent was withdrawn (n=1). Based on the results of this study, it is necessary to incorporate follow-up procedures other than the six follow-up monthly interviews that are less burdensome for the participants. Further development of community support for suicide attempters is required.

**Keywords:** suicide attempt, emergency medical care, community support, feasibility study

## Introduction

In December 2013, Kawasaki City enacted the "Kawasaki City Ordinance on the Promotion of Suicide Prevention," founded on a proposal by city council members, and in March 2015, it formulated the Kawasaki City Comprehensive Suicide Prevention Promotion Plan based on this ordinance.<sup>8)</sup> Among the issues identified in this ordinance and comprehensive promotion plan, in order to address the issue of support for people who have attempted suicide, which had not yet been addressed, an analysis of the actual situation regarding emergency transport and medical care for self-harm was conducted in 2016 with the cooperation of the Kawasaki City Fire

Department.<sup>8)</sup> The results revealed that many cases of emergency transport due to self-harm were conveyed to three hospitals in Kawasaki City that provide tertiary emergency care. Therefore, from January 1 to December 31, 2017, data from the Kawasaki City Fire Department and three hospitals in Kawasaki City that provide tertiary emergency care were linked, and a survey of emergency transport cases involving patients who visited these three hospitals due to self-harm was conducted.<sup>7)9)12)</sup> The results showed that emergency care was generally divided among the three hospitals. In addition, most of the people who provided counseling and support to suicide attempters were family members and

medical professionals (psychiatrists and physicians in psychosomatic medicine), and few used community counseling services. This revealed the need to establish a community support system for people discharged from emergency care. For this reason, from fiscal 2018 to 2019, Kawasaki City commissioned Teikyo University Mizonokuchi Hospital to implement the Kawasaki City Community Collaboration Model for Supporting Suicide Attempters. The aim of this project was to establish a support model that improves the quality of life (QOL) of suicide attempters after discharge from emergency medical institutions in central Kawasaki City and prevent reattempts by providing follow-up care and connecting them with community support services.<sup>10)</sup> This study analyzed the results of the project.

## I. Methods

### 1. Subjects

The subjects of this study were suicide attempters residing in Nakahara, Takatsu, and Miyamae wards of Kawasaki City who visited Nippon Medical School Musashikosugi Hospital, a tertiary emergency medical institution in central Kawasaki City, and received a written explanation of this study during their hospitalization and gave written consent.

However, the following individuals were excluded: (i) those under the age of 20, (ii) those diagnosed with moderate or severe dementia, and (iii) those whom the physician in charge of this study at Nippon Medical School Musashikosugi Hospital determined during the study explanation to have insufficient understanding of it.

The survey was conducted in two phases. Phase 1 began in September 2018 with the goal of registering and following up on 10 cases. Phase 2 began in August 2019 with the goal of registering and following up on 5 cases considered appropriate for referral to community support services.

### 2. Implementing organizations

This survey was conducted jointly by Teikyo University School of Medicine, Mizonokuchi Hospital as the lead institution, Nippon Medical School Musashikosugi Hospital, Kawasaki City Mental Health and Welfare Center, Ida Center for Persons with Disabilities (which functions as a branch of the Mental Health and Welfare Center), and the Community Care Support Centers (Health and Welfare Centers) of Nakahara, Takatsu, and Miyamae Ward Offices. In addition to psychiatrists, clinical psychologists, and staff members affiliated with these institutions, researchers with experience in supporting people who

have attempted suicide formed the Kawasaki City Central Care Team, which was headquartered at Teikyo University School of Medicine, Mizonokuchi Hospital.

### 3. Survey items

The follow-up interviews conducted by the Kawasaki City Central Care Team asked about: (i) basic attributes (name, sex, age, address, contact information, circumstances at the time of consultation [date and time of transport, cause and motive for suicide attempt or self-harm, past history, outcome]), (ii) health-related quality of life (SF-36), and (iii) whether there were any reattempts or re-self-harm during the follow-up period. Additionally, referencing Pisani, A.R. et al.'s formulation of suicide risk,<sup>11)</sup> the following were assessed during the interviews and utilized for advice and introducing community support services: (i) Suicide risk status (persistent factors: strengths and protective factors, long-term risk factors for suicide, impulsivity and self-control, history of previous suicide attempts), (ii) Suicide risk state (dynamic factors: presence of recent or current suicidal ideation and suicide-related behaviors, current stressors and their intensity, symptoms, distress, and recent changes), (iii) Connections with supporters and support organizations

(available or useful resources), (iv) Anticipated changes (events or stressors that could immediately increase or decrease suicide risk).

### 4. Specific procedures

#### 1) Admission and consent

At the time of emergency admission to Nichi-I Musashi Kosugi Hospital, the staff explained this survey to the subject in writing and tried to obtain written consent to participate. If consent was obtained, the responsible staff member provided the subject's information to the support staff of the "Kawasaki City Central Care Team." If consent was not obtained, the subject received standard treatment support at Nippon Medical School Musashikosugi Hospital.

#### 2) Case Conference

The support staff of the "Kawasaki City Central Care Team" who received the information held a case conference within the team and discussed follow-up interviews and support/coordination policies based on the information about the subject.

#### 3) Interview Scheduling

The support staff contacted the subject via their preferred method of communication and arranged the date, time, and location for the initial interview. Follow-up interviews were generally conducted by two support staff members.

#### 4) Initial Interview and Information Provision

During the initial interview, the support staff provided the subject with written information regarding the following: (i) purpose of the survey, (ii) role of the “Kawasaki City Central Care Team,” (iii) contents of the interview and support, (iv) possibility of introducing support from outside the team or community support when necessary, (v) that follow-up interviews would be conducted for a minimum of six months, (vi) that emergency support may be requested without the individual's consent in cases where it is necessary to ensure the safety of life, and (vii) that consent may be withdrawn at any time. Written consent was then obtained.

#### 5) Follow-up Interviews and Assessment

Following the initial interview, follow-up interviews were conducted every month for six months. During the interviews, the individual's issues and utilization of community support were assessed based on an assessment sheet, and advice and referrals to community support were provided as needed while respecting the individual's needs. Quality of life (QOL) and overall health were evaluated using SF-36 at one, three, and six months after the initial interview. The follow-up period was set at six months because previous

studies<sup>2)5)</sup> showed that the rate of reattempted suicide within one year was high, and that a six-month follow-up was effective. In addition, a suicide prevention study conducted in Japan (ACTION-J) showed a significant decrease in the rate of reattempted suicide in the intervention group at six months,<sup>6)</sup> and this period was considered feasible for the present study. 6) During the follow-up period, case conferences were held monthly at operational or collaborative meetings to share information on each participant's status and discuss future directions.

The support flowchart by the “Kawasaki City Central Care Team” is shown in Figure 1.

#### 5. Management

To manage this study, operational and coordination meetings were held alternately every two months. During the state of emergency due to the COVID-19 pandemic, these meetings were conducted via web conferencing.

The operational meeting involved institutions other than the regional support centers of Nakahara, Takatsu, and Miyamae Ward Offices within the “Kawasaki City Central Care Team,” and they discussed and created the survey plan, necessary forms, and practical workflows. The coordination meeting involved all institutions in the “Kawasaki City Central Care Team”

and reviewed and confirmed the survey plan and related workflows created at the operational meeting.

## 6. Ethical considerations

This survey was conducted with the approval of the Ethics Committees of Teikyo University School of Medicine and Nippon Medical School Musashikosugi Hospital.

## II. Results

### 1. Phase 1 (Figure 2)

#### 1) Referral to the “Kawasaki City Central Care Team”

Nippon Medical School Musashikosugi Hospital received 23 individuals (24 in total) who visited the hospital due to self-harm or suicide attempts. Among these, 16 patients (17 in total) were identified as eligible for support, and all were provided with an explanation. Of these, 13 patients (81.3%) agreed to be referred to the “Kawasaki City Central Care Team.” Four were male and nine were female, with an average age of 51.3 (SD=20.5). Three were employed, nine were unemployed, and one was a user of disability welfare services. Six had a history of self-harm or suicide attempts, and seven did not. All had a history of psychiatric disorders. The methods of self-harm and suicide attempts were overdose of prescription drugs (psychotropic drugs) in 11 cases, sharp

instrument (stab wound) in 1 case, and jumping in 1 case. The psychiatric diagnoses were depression in 3 cases, schizophrenia in 2 cases, panic disorder/anxiety disorder in 2 cases, alcohol dependence in 1 case, and dementia (mild) in 1 case.

Among the 3 individuals (total of 4) who met the criteria for this survey but did not provide consent, 2 (total of 3) denied self-harm or suicide attempts, and 1 cited the reason that they had already sought counseling. All 3 were female and had a history of self-harm or suicide attempts. The methods of self-harm and suicide attempts were all overdose of prescription drugs (psychotropic drugs). The psychiatric diagnoses were panic disorder, schizophrenia, and schizophrenia/bipolar disorder.

Those who were not included in this survey comprised four deaths, two under the age of 20, and one outside the target area.

#### 2) Response by the “Kawasaki City Central Care Team”

Of the 13 individuals who agreed to be referred to the “Kawasaki City Central Care Team” at Nippon Medical School Musashikosugi Hospital, 6 (46.2%) completed the initial interview. The time duration from the date of contact from Nippon Medical School Musashikosugi Hospital to the initial interview was an average of 38.7 days,

with a median of 24 days (range: 7 to 105 days).

All 6 individuals completed 6 follow-up interviews. Two individuals utilized email counseling and two used telephone counseling during the follow-up period, but there was no frequent use. However, the content of the consultations was relatively urgent, such as reports of worsening suicidal ideation and measures to address it, so the support staff of the “Kawasaki City Central Care Team” immediately contacted the individuals concerned. At the end of the six follow-up interviews, the participants' impressions included: “I was able to talk regularly,” “It was an opportunity to reflect on myself,” “I received specific advice and information about community support,” “I gained a deeper understanding of my illness,” “My attending physician was informed of my condition,” and “Talking and expressing my feelings made me feel better. I now feel that it is okay to live.”

Although consent was obtained, seven individuals (53.8%) did not attend the initial interview. The reasons for this were as follows: three individuals were transferred to other hospitals from Nippon Medical School Musashikosugi Hospital (two of whom remained hospitalized and one died), one individual no longer required follow-up interviews due to admission to a facility, two individuals could not be contacted,

and one individual refused due to family opposition.

## 2. Phase 2 (Figure 3)

### 1) Referral to the “Kawasaki City Central Care Team”

A total of 18 patients visited Nippon Medical School Musashikosugi Hospital due to self-harm or suicide attempts. Among these, 7 patients agreed to be referred to the “Kawasaki City Central Care Team.” All 7 were women, with an average age of 34.4 years (SD=10.1).

They included 3 employed individuals, 3 unemployed individuals, and 1 student. Regarding prior history of self-harm or suicide attempts, 4 reported “yes” and 3 reported “no.” All had a history of psychiatric disorders. The methods of self-harm or suicide attempts included overdose of prescribed medications (psychotropic drugs) in 6 cases and a stab wound from sharp object in 1 case. The patients' psychiatric diagnoses were depression in two, adjustment disorder in two, schizophrenia in one, bipolar disorder in one, and mild intellectual disability in one.

### 2) Response by the Kawasaki City Central Care Team

Of the seven patients who agreed to be referred to the Kawasaki City Central Care Team, initial interviews were conducted with four (57.1%). The time duration between the date of

notification from Nippon Medical School Musashikosugi Hospital and date of the initial interview was 18.6 days on average, with a median of 18 days (range: 12 to 27 days). Of the 4 individuals who underwent the initial interview, 2 completed 6 follow-up interviews. There were no email consultations during the follow-up period, but 2 individuals consulted with a support staff member at the ward office. One of them contacted the ward office's community support center by phone when suicidal thoughts arose, and the other consulted about medical and living expenses. At the end of the six follow-up interviews, participants shared the following impressions: "I was able to reflect on myself," "I cooperated because I wanted my experience to help others. Helping others also saves me. Being listened to helped me stabilize and change, and I stopped taking excessive medication."

### 3. Changes in SF-36

The summary scores for physical functioning, mental health, and social functioning for SF-36, administered three times during the first and second follow-up periods, showed an improving trend at the six-month follow-up interview (Figure 4).

### 4. Reattempts and suicides

Of the eight people who completed six follow-up interviews in the first and second phases, three attempted suicide again during the follow-up interview period. All three disclosed their reattempts during the interviews, which led to greater awareness of stress coping. One person reattempted suicide after the follow-up interview period had ended, but after discussing the matter with members of the Chubu Care Team, the need for psychiatric treatment was recognized, and a stable treatment relationship was established. Furthermore, no one committed suicide. The status of reattempts or suicides among the 10 individuals who were referred to the Chubu Care Team in the first and second phases but did not attend the initial interview, and the 14 individuals who did not agree to referral or were not referred, remain unknown.

### III. Discussion

The Kawasaki City Suicide Attempt Support Community Collaboration Model Project was implemented in central Kawasaki City. The aim of this project was to organize the Kawasaki City Central Care Team to follow-up on suicide-attempting patients post-discharge and connect them with community support, with the goal of establishing a support model to improve their quality of life after discharge and prevent reattempts. Prior to

establishment of the Kawasaki City Central Care Team, there was no specific system for follow-up care or community support for patients who had attempted suicide and been discharged from Nippon Medical School Musashikosugi Hospital; such care depended on the efforts of doctors and social workers. The Kawasaki City Central Care Team was able to support patients after discharge by listening to them talk about their living conditions and problems through interviews and telephone consultations, and organizing measures. The establishment of the Kawasaki City Central Care Team can be considered appropriate, as the subjects of this study evaluated the follow-up interviews positively.

In the first stage, consent was obtained at Nippon Medical School Musashikosugi Hospital, where the patient had been transported by emergency ambulance, for referral to the Kawasaki City Central Care Team. In the second stage, consent was obtained for follow-up interviews by the Kawasaki City Central Care Team and referral to necessary community resources. This two-stage consent process was considered appropriate given the physical and mental state of suicide attempters and their families after emergency transport.

However, in order to provide continuous support to more patients, it

was considered necessary to devise a better method for obtaining consent in the first stage. The Kawasaki City Central Care Team consists of the Mizonokuchi Hospital affiliated with Teikyo University School of Medicine, Nichi-I Musashi Kosugi Hospital, Kawasaki City Mental Health and Welfare Center, Ida Center for Persons with Disabilities, and Nakahara, Takatsu, and Miyamae Ward Community Support Centers. Through this team, medical and administrative services were able to collaborate and connect patients with community support services. However, there were cases where it was difficult to schedule the initial interview, and cases where families refused support. Among these cases, there were some where it was considered that advice from legal professionals could be useful in identifying new support measures, leading to the conclusion that legal professionals should be added to the Kawasaki City Central Care Team.

Of the 20 people who agreed to be referred to the Kawasaki City Central Care Team, 10 (50.0%) attended the initial interview, and 8 of them completed 6 interviews. Of these 8 people, 3 had reattempted suicide by the end of the survey period, and 1 had reattempted suicide after the follow-up period. Although the reattempt rate alone is high, all three individuals who

reattempted suicide during the follow-up interview period disclosed their reattempts during the interviews. The one individual who reattempted suicide after the follow-up interview period discussed the matter with members of the Kawasaki City Central Care Team and was able to receive stable psychiatric treatment. In general, people have their own ways of coping with stress and tend to use the same coping methods when faced with stressors. This is why suicidal behavior is repeated. Preventing suicide reattempts is extremely important, but it was difficult to achieve this through monthly follow-up interviews. In addition, opinions are divided on whether case management is effective in preventing long-term suicide reattempts.<sup>14)13)</sup> However, a suicide attempt is a crisis call and an important opportunity to connect citizens in distress with support. Erlangsen, A. et al.<sup>3)</sup> demonstrated that psychological and social treatment for individuals who engaged in self-harm resulted in lower risks of repeated intentional self-harm and overall mortality rates in both short- and long-term follow-up studies, as well as protective effects against suicide in long-term follow-up studies. The fact that the participants in this study positively evaluated the follow-up interviews at the end of the follow-up period and showed an improving trend

in SF-36 during the follow-up period suggests that the follow-up provided by the “Kawasaki City Central Care Team” was meaningful as psychosocial treatment.

The cases referred to the Kawasaki City Central Care Team involved individuals who were struggling with mental disorders, physical illnesses, family problems, workplace issues, and lack of a place where they could feel at ease. Some individuals did not complete the six follow-up interviews, and others who were referred to the Kawasaki City Central Care Team with their consent did not attend the initial interview. Therefore, in addition to monthly follow-up interviews, it may be necessary to incorporate follow-up methods that are less burdensome for the participants.<sup>13)</sup> The World Health Organization (WHO) lists three suicide prevention intervention strategies: universal prevention, selective preventive intervention, and specific preventive intervention. It states that suicide prevention efforts require a broad, multisectoral approach targeting various populations, at-risk groups, and life-course contexts.<sup>14)</sup> In general, support for people who have attempted suicide is an individual preventive intervention strategy targeting specific individuals who show signs of suicide or have a history of suicide attempts. However, when the participants do not

consent to follow-up interviews, it may be necessary to adopt selective preventive intervention strategies targeting vulnerable groups, such as monthly phone calls or providing a list of counseling services, which are more acceptable to the participants.

Currently, based on the Comprehensive Program of Measures to Prevent Suicide and results of ACTION-J,<sup>6)</sup> training for the care and management of suicide attempters in hospitals and local communities is being conducted as part of the “Project to Establish Medical Institutions as Support Centers for Suicide Attempters.” The goal of these efforts is to provide community support, including mental health care, and this study can be considered a step toward that goal.

The limitations of this study were as follows. This study examined the feasibility of a community-based model for supporting people who have attempted suicide, and the number of cases handled was limited. In addition, there are many issues that need to be resolved to continue the project, including how to maintain the Kawasaki City Central Care Team within the community. Furthermore, in April 2020, during the survey period, a state of emergency was declared due to the novel coronavirus disease (COVID-19) pandemic, and since then, the

Kawasaki City Central Care Team's management and coordination meetings have increasingly been held online, limiting face-to-face communication. This may have affected the follow-up results. Despite these limitations, we believe that this proposal is significant as a municipality-based initiative to connect suicide attempters with community support after discharge from emergency medical facilities, with the aim of improving their quality of life after discharge and preventing reattempts.

### Conclusion

We examined the establishment of a support model that aims to improve the quality of life after discharge and prevent reattempts by following up on patients who have attempted suicide after discharge from emergency medical facilities and connecting them with community support. The Kawasaki City Central Care Team, which was established for this purpose, showed potential as an effective support model for continuously supporting suicide-attempting patients after discharge from emergency medical institutions, connecting them with community support, improving their quality of life after discharge, and preventing reattempts. Based on the results of this study, further consideration of

community support systems, including mental health care, is necessary.

#### Editor's note

This special feature article is based on the symposium held at the 117th Annual Meeting of the Japanese Society of Psychiatry and Neurology, with Osamu Tanaka (Aomori Prefectural Mental Health and Welfare Center) as the representative.

There are no conflicts of interest to disclose in relation to this paper.

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This study was conducted by members of the Kawasaki City Central Care Team, which consists of the Mizonokuchi Hospital affiliated with Teikyo University School of Medicine, Nippon Medical School Musashikosugi Hospital, Kawasaki City Mental Health and Welfare Center, Ida Center for Persons with Disabilities, and the Community Watch Support Centers of the three central wards of Kawasaki City. Furthermore, over the course of this activity, we received cooperation from Mr. Yuki Nagano, a lawyer and judicial scrivener who is a member of the Kawasaki City Suicide Prevention Comprehensive Promotion Plan and Regional Collaboration Meeting, and a lawyer at Miyazawa Jun Law Office. We sincerely express our gratitude to him.

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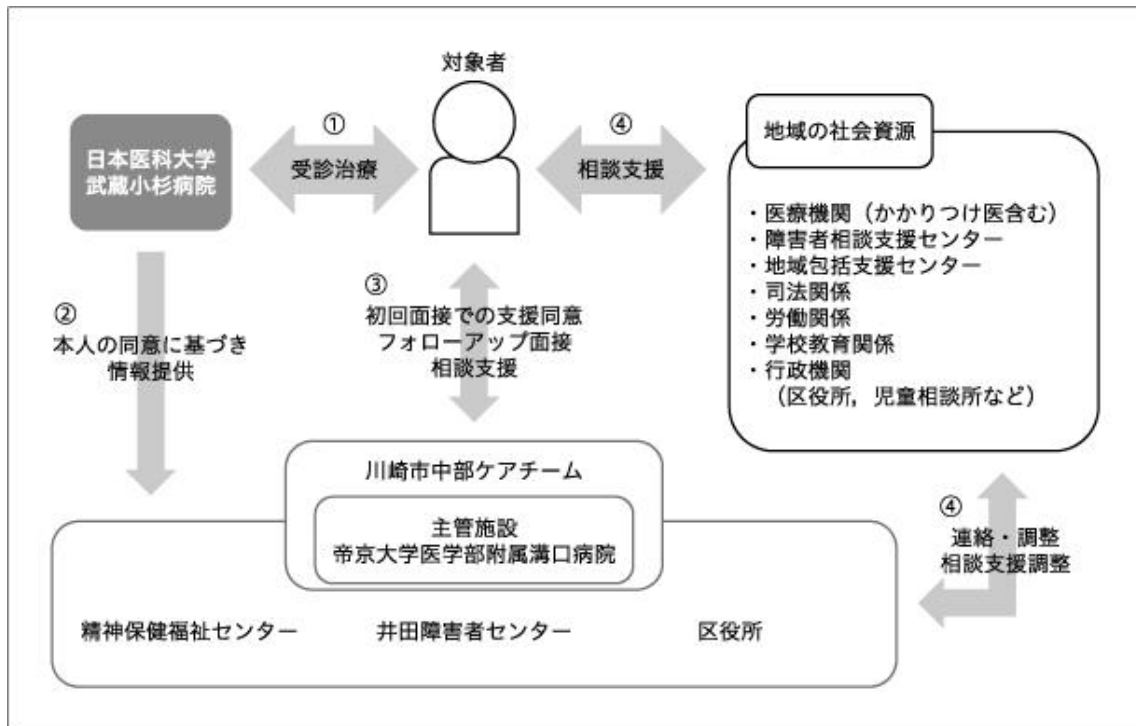


図1 「川崎市中心部ケアチーム」によるフォローアップのフロー

Figure 1: Follow-up Flowchart by the “Kawasaki City Central Care Team”

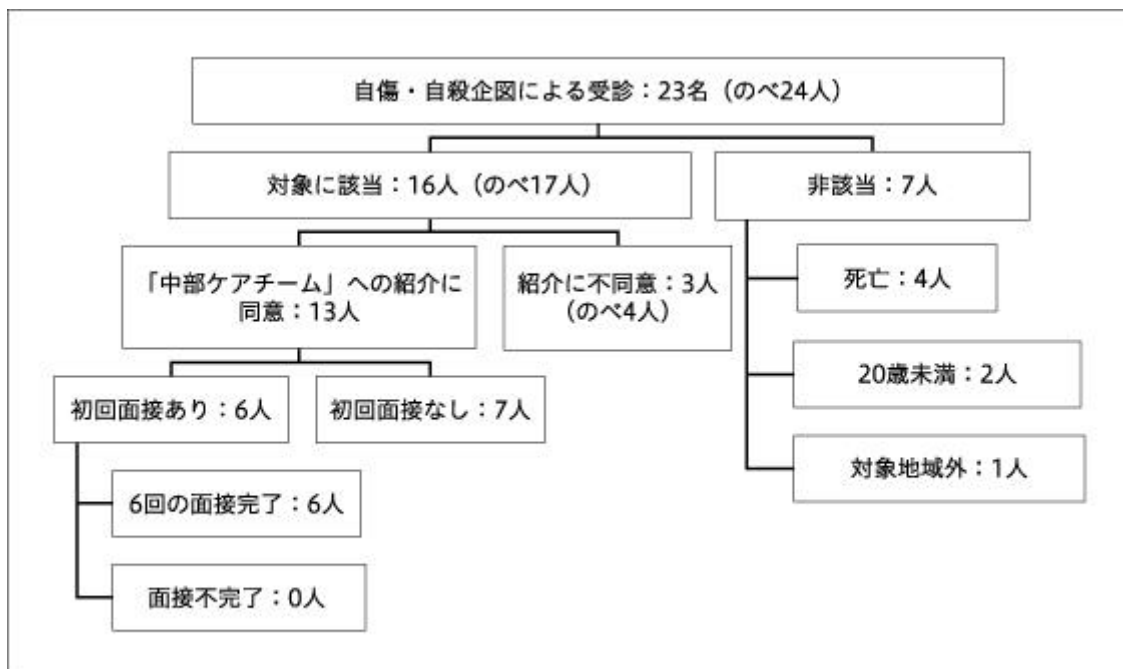


図2 第1期における対応状況

Figure 2: Response Status in the First Phase

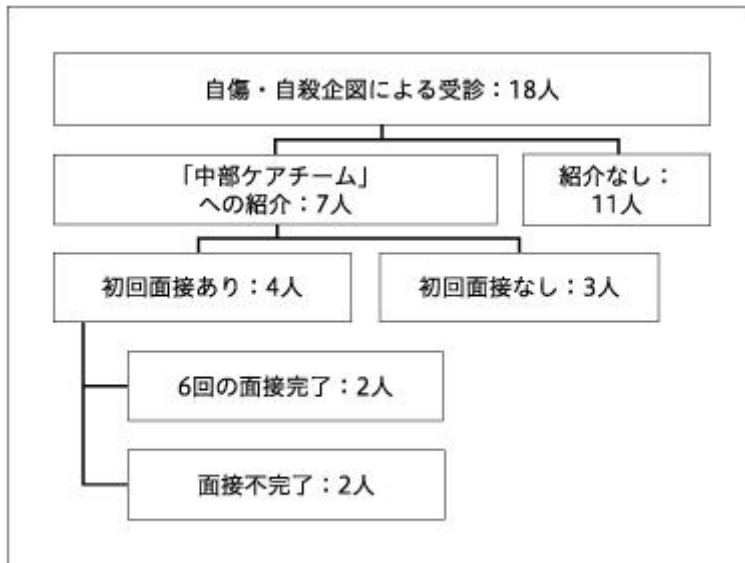


図3 第2期における対応状況

Figure 3: Response Status in the Second Phase

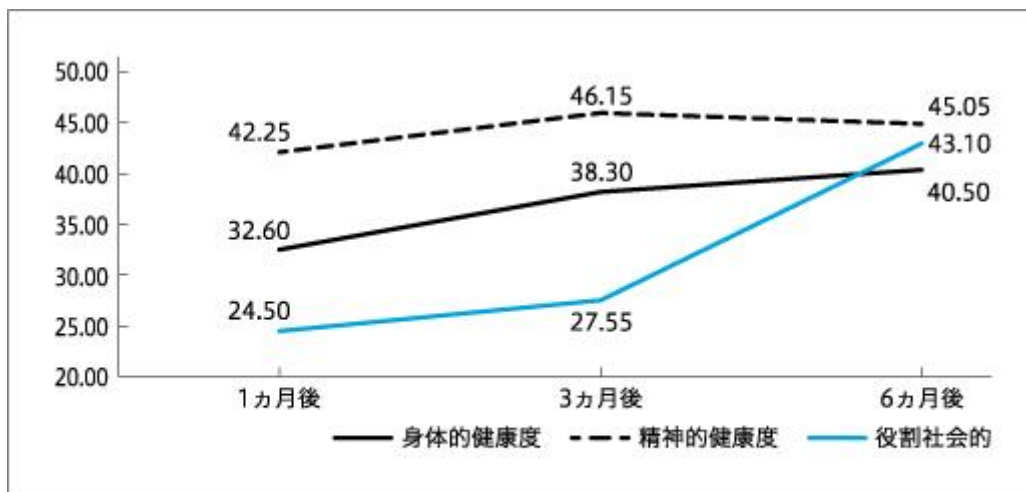


図4 SF-36の推移  
※ N = 8 ; 中央値で算出

Figure 4: Trends in SF-36 Scores

\*N = 8; calculated using the median value