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Special Feature Article

Suicide Countermeasures Promotion Center of Mie Prefecture

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Abstract

We have supported suicide survivors since 2008 in Mie Prefecture. In addition to daily telephone consultations and visit consultations, we have held suicide-bereaved family meeting "Wakachiai no Kai" and suicide-bereaved family supporter training sessions. In particular, "Wakachiai no Kai" have been held mainly by staff members of the Mental Health Center of Mie Prefecture with the cooperation of Mie Inochi no Denwa and other related parties from the beginning. In the present study, the subjects were 132 people, including 34 people who participated in 31 meetings for 5 years and 6 months from May in 2015 to November in 2020. The number of participants who had two suicides in their family by the first participation accounted for 24% of respondents. Some respondents participated in the first meeting long after one or two suicides in their family. Thus, support for suicide survivors is important.

Keywords: suicide survivor, group therapy, mental health and welfare center, suicide countermeasures promotion center

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Introduction

In suicide prevention measures, the importance of suicide survivor support is widely recognized. In Mie Prefecture, the government has primarily implemented support programs for suicide survivor families (telephone counseling, face-to-face counseling, gatherings for suicide survivor families, and training sessions for support providers), but private organizations such as the Mie Life Line Association have also played crucial roles from the outset. In 2011, participants in the suicide survivor gathering "Wakachiai no Kai" established the suicide survivor support group "Gerbera Kai," and they have been holding meetings of suicide survivors in cities such as Tsu and Matsusaka. This paper first provides an overview of support for suicide survivors in Mie Prefecture, and then reports the results of an epidemiological summary of participants in the suicide survivor gathering "Wakachiai no Kai."

The origin of the term "jishi" (self-inflicted death) is said to date back to Maurice H. Pange's *La mort volontaire au Japon (A History of Jishi in Japan)*. He stated that acts such as seppuku (ritual disembowelment) should be referred to as "mors voluntaria" (voluntary death) rather than "suicide." However, it is believed that the reason why suicide survivors began using the term "jishi" is because they did not want to think that their family members had killed themselves.[5)]

In this paper, the terms "suicide" and "self-death" are used as follows, except for proper nouns: for cases related to suicide survivors, the term "self-death" is more commonly used than "suicide," and therefore "self-death" was adopted. In all other cases, such as suicide prevention measures or general references to suicide, the term "suicide" was used.

I. Introduction to Mie Prefecture

Mie Prefecture has a population of 1,800,756 (as of January 1, 2021, according to the Basic Resident Register). It is located in the Chubu region and extends in a long shape from north to south. The Mie Prefectural Center for Mental Health (hereinafter referred to as "the center") is a mental health and welfare center, and the Mie Prefectural Suicide Countermeasures Promotion Center is also located within the center. The center is situated in Tsu City, the prefectural capital, near the geographic center of the prefecture. The distance from Tsu City to Kumano City, near the border with Wakayama Prefecture, is approximately 100 km. There are eight public health centers in the prefecture, and including the public health center in Yokkaichi City, a designated city with its own center, there are a total of nine. The southern

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part of Mie Prefecture has many sparsely populated areas and lacks sufficient medical and social resources.

II. Support for Suicide Survivors in Mie Prefecture

1. Background

Support for suicide survivors in Mie Prefecture began in August 2006 with the establishment of the Mie Prefecture Suicide Prevention Promotion Council. In January 2008, a training session for supporters of suicide survivors was held, and in March of the same year, a gathering for suicide survivors called "Wakachiai no Kai" (Sharing Circle) was launched. In March 2009, the Mie Prefecture Suicide Prevention Action Plan was established. In March 2018, the Third Mie Prefecture Suicide Prevention Action Plan was established and it is currently being implemented.

2. Current Implementation

(i) Suicide prevention and suicide survivor telephone counseling were initially provided at this center on Mondays from 1:00 p.m. to 4:00 p.m. Since fiscal 2020, this service has been expanded to Mondays through Fridays from 1:00 p.m. to 4:00 p.m.

(ii) Suicide prevention and suicide survivor face-to-face counseling are provided at this center on business days.

(iii) Training sessions for supporters of suicide survivors are held once a year by the center for staff members of relevant organizations, such as public health centers, municipalities, and education, employment, and welfare agencies. Lecturers are invited from among researchers in the field of suicide and those involved in suicide survivor support.

(iv) The "Wakachiai no Kai" (sharing circle) gathering for suicide survivors is held by the center on the fourth Saturday afternoon of odd-numbered months for two hours.

III. Regarding the gathering for suicide survivor families "Wakachiai no Kai" (sharing circle)

1. Overview

Since March 2008, our center has been hosting the "Wakachiai no Kai" (sharing circle). The program has been managed by approximately two staff members, primarily public health nurses, with ongoing support since its inception by external collaborators, including the Mie Lifeline Association, Kumano Suicide Prevention Center (currently inactive), and university faculty members. The target participants are individuals who have lost a family member (limited to parents, siblings, spouses, or children) to suicide. Before their initial participation, an individual interview is conducted to collect basic information and assess their suitability for participation in the

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group program. Publicity methods include posting information on the center's website and in prefectural publications, distributing leaflets to cooperating organizations (beauty schools, temples, life insurance companies, police, funeral homes, convenience stores, etc.), and sending emails to related organizations. The program is implemented in accordance with the “Staff Manual for the Operation of the Gathering for Suicide Survivors: Wakachiai no Kai.” Each session consists of registration, an orientation, and the sharing session, and concludes with a summary and completion of a questionnaire.

In addition, individual interviews may be conducted on days other than the “Wakachiai no Kai” gathering if requested by the participants.

2. Epidemiological study

1) Subjects

This study included participants of the “Wakachiai no Kai” gathering for suicide survivor families held over 31 sessions between May 2015 and November 2020, with a total of 132 participations and 34 unique individuals.

2) Survey Items

The survey items included the average number of participants, participant attributes (biological sex, age at first participation), period from suicide to first participation, total number of participations, health center district of residence, referral route, and attributes of family members who died by suicide prior to the first participation (number, relationship, age).

3) Survey Method

The information described above was obtained from the counseling records of the center. All information was handled in a fully anonymized manner to prevent the identification of individual participants. Additionally, due to the small sample size, calculating the number of participants who met multiple survey criteria could potentially lead to individual identification. Therefore, data were analyzed separately for each survey item, and these results were reported individually.

4) Ethical Considerations

The survey items were reviewed and determined with the aim of not identifying individuals and ensuring that they could not be identified. Individual consent was not obtained from participants or their representatives. Instead, an opt-out notice was prepared and posted in locations easily visible to users within the center and on its website. The study was reviewed by the Research Ethics Review Committee of the National Association of Mental Health and Welfare Centers.

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5) Results

The average number of participants per session at the "Wakachiai no Kai" gathering was 4.3. Among the 34 participants (actual number), 9 were male and 25 were female, indicating a higher proportion of females. The age at first participation ranged from 20 to 70 years, and the mean age, excluding participants with unknown ages, was 49.7 years. The period from the first suicide attempt to first participation ranged from 1 month to 36 years, with 5 participants each in the 2-month and 1–2-year categories. Some participants joined several years after the initial suicide attempt (Figure 1). The total number of sessions attended per participant ranged from 1 to 20, with 15 participants attending only once. Excluding those with unknown information, the majority resided in the Tsu Health Center district (8 participants), while no participants from the distant Owase Health Center district or Kumano Health Center district were present (Figure 2). The most frequent referral source was the center's website, which accounted for 8 participants. Regarding the number of family members who had died by suicide before the first participation, 26 participants had lost one family member and 8 participants had lost two, representing 24% of the sample. The most common relationship with the deceased was "child" (18 participants). The age of the deceased ranged from 10 to 70 years, with the 20s being the most frequent age group (7 participants) (Figure 3).

6) Discussion

Shneidman reported that, on average, six family members are left behind after a single suicide.[2]

In this study, 24% of participants had two or more family members who had died by suicide by the time of their first participation. This suggests the clustering of suicide within families and heavy burden borne by suicide survivors.

It was also revealed that a significant number of participants allowed a long period of time to elapse between the first suicide and their first participation. Some participants joined "Wakachiai no Kai" for the first time after the second suicide occurred, while others connected with "Wakachiai no Kai" after a long period following the first suicide. Additionally, there were cases where participants connected with "Wakachiai no Kai" after the death of a family member for reasons other than suicide. These findings suggest that suicide has a significant and long-lasting impact on suicide survivors. Since it is generally difficult to speak openly about suicide or seek counseling, the importance of publicizing and raising awareness of support groups and counseling services

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for suicide survivors, such as the "sharing circle," was reaffirmed.

However, no participants were from the Owase and Kumano Health Center districts. Although these areas are sparsely populated and have few suicide cases, participation in "Wakachiai no Kai" from distant health center districts is likely to be geographically challenging. Furthermore, in regions with few suicides, there is a potential risk of participants being identified by others. Therefore, holding meetings in locations not too far from participants' residences may be considered as an alternative.

In 2020, the "Wakachiai no Kai" meetings in March and May were canceled due to the COVID-19 pandemic, but participants attended the meetings held in January, July, September, and November. In some cases, even when meetings were canceled, individual counseling sessions were provided to address the mental health needs of bereaved family members.

According to Stroebe, M., et al., coping with suicide involves two processes: loss- and recovery-oriented processes, which interact with each other as individuals continue their daily lives. The loss-oriented process includes grief work, grief intrusion, rebuilding of bonds, and avoidance of recovery. The recovery-oriented process includes adapting to life changes, engaging in new activities, achieving liberation from grief, avoiding grief, and developing new roles, identities, and relationships.[9] Additionally, according to a review of previous studies on suicide survivors, sharing experiences of bereavement in a group setting has been reported to be effective in reducing uncomplicated grief, and cognitive-behavioral programs have been found to be useful for individuals with marked suicidal ideations.[6] Conversely, research on suicide survivors has reported that the overall quality of studies is generally poor[1] and that there are no significant differences between suicide survivor groups and other bereaved groups related to general mental health issues (depression, PTSD, anxiety, suicidal behavior).[10]

Suicide and suicidal behavior are considered to exert genetic influences on families independent of psychiatric disorders. Moreover, it has been reported that the higher the lethality of suicidal behavior, the greater the frequency of suicidal behavior within the family.[7] The transmission of suicidal behavior is suggested to be mediated by the spread of impulsive aggression. However, non-genetic family transmission is often explained by the intergenerational transmission

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of abuse or vulnerable family environments.[3)4)]

Based on these findings, suggestions for preventing the clustering of suicides include the need for careful consideration of suicidal behavior in families with highly lethal suicidal behaviors, as well as attention to avoiding or improving abuse and vulnerable family environments within families affected by suicide.

Conclusion

The initiation of local government initiatives to support suicide survivors reportedly mostly occurred in the 2007–2008 fiscal year.[8)] In our prefecture, more than 14 years have passed since the launch of "Wakachiai no Kai" (sharing circle) in 2008. Although the number of participants in each session of "Wakachiai no Kai" has been small, it is considered that continuation of the program is necessary. In municipalities with high staff turnover rates, obtaining the cooperation of related organizations, such as the Mie Life Line Association, has been a major factor in sustaining the program. It is hoped that more institutions and support providers, including private organizations, will become involved in suicide survivor support initiatives.

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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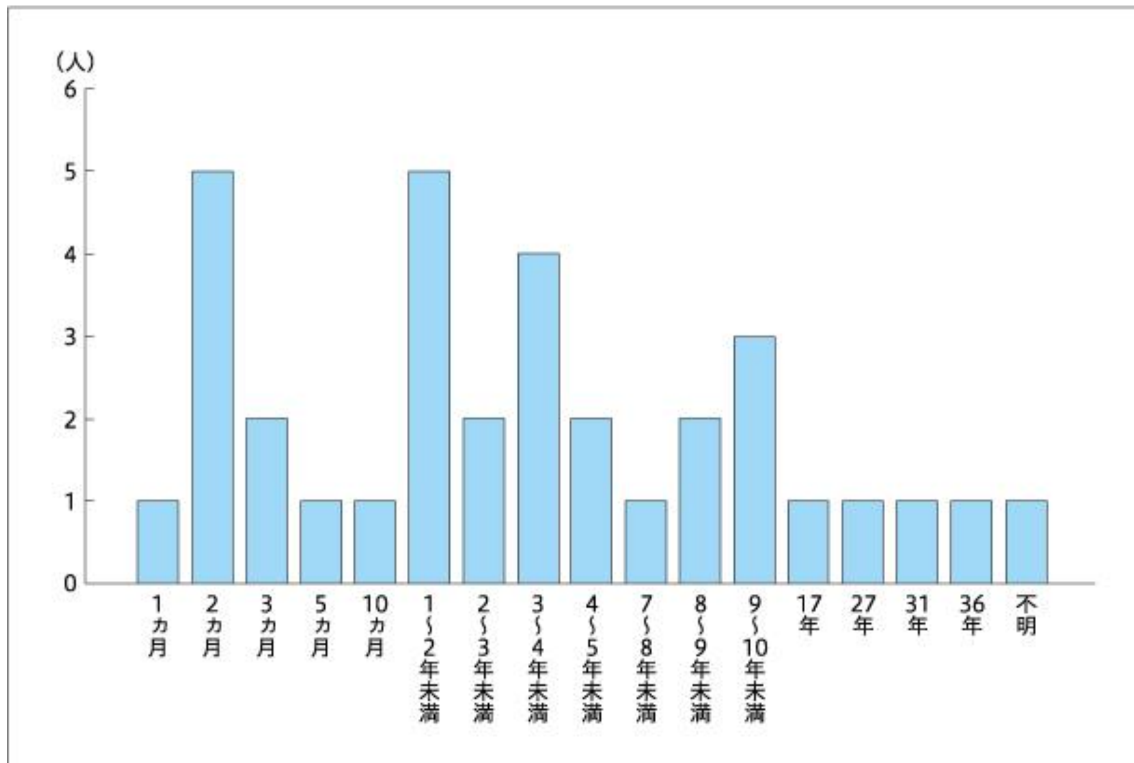

図１　初回自死から初回参加までの期間

Figure 1: Period from initial suicide to first participation

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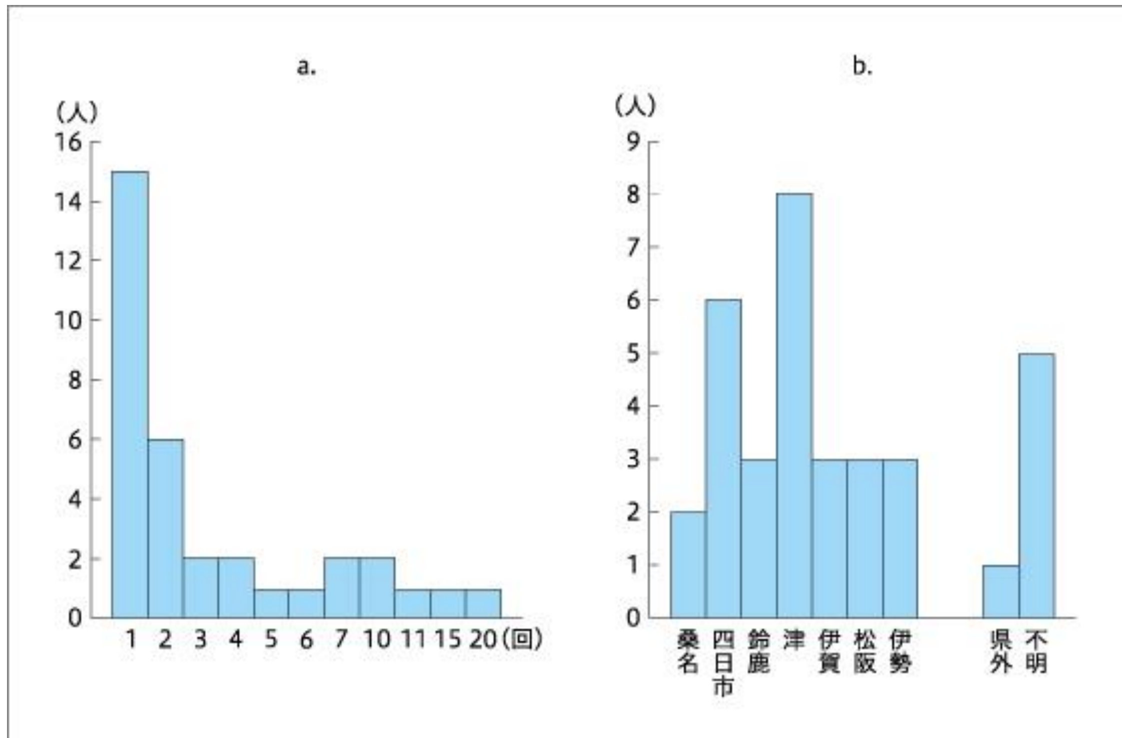

図 2　のべ参加回数と参加者居住地の保健所圏域

a：のべ参加回数，b：参加者居住地の保健所圏域（尾鷲，熊野は参加者なし）

Figure 2: Total number of participants and health center districts where they reside
a: Total number of participants, b: Health center districts where participants reside (no participants from Owase or Kumano)

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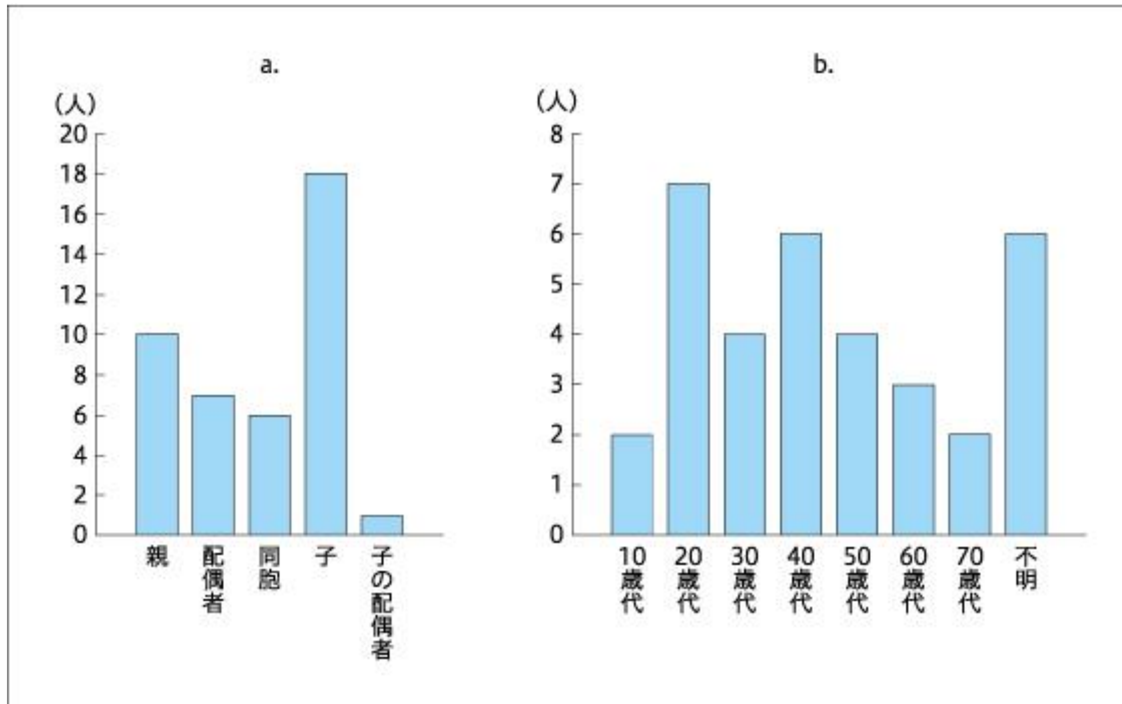

図３　自死者の続柄と年齢

a：自死者の続柄，b：自死者の年齢

Figure 3: Relationship with and age of deceased

a: Relationship with deceased, b: Age of deceased

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