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SUBMISSION:

FINALIST 03 (MENTAL HEALTH)

TOPIC:

How is Japan addressing mental health challenges and promoting psychological well-being among its population?

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FINAL ESSAY

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Chosen question: How is Japan addressing mental health challenges and promoting psychological well-being among its population?

1.0 INTRODUCTION

Suicide is a critical global health issue, claiming the lives of over 720,000 people each year and ranking as the third leading cause of death among young individuals aged 15 to 29, highlighting a severe and urgent problem (World Health Organization, 2024).

Japan, like many other countries such as South Korea and Lesotho, grapples with a disturbingly high suicide rate. For 5 years, from 2019 to 2023, the fluctuating trend of the tragic loss of the total of 2,433 undergraduate students to suicide as reported by Suicide Statistics National Police Agency underscored the gravity of the situation and the pressing need for effective intervention.

The COVID-19 pandemic has exacerbated mental health challenges worldwide, and Japan has been significantly affected. Before the pandemic, Japan was seeing a gradual decline in suicide rates (Tanaka & Okamoto, 2021). However, since 2020, there has been a noticeable increase, particularly among women (The Mainichi, 2022). The pandemic has introduced new stressors, including financial hardships, social isolation, and heightened anxiety, all of which have contributed to this troubling rise in suicide rates.

Undergraduate students in Japan face a unique set of challenges that can intensify mental health issues. The demanding academic environment, coupled with societal expectations for success, creates an atmosphere of considerable stress and anxiety. To achieve such perfectionism, parents tend to adopt attitudes with low levels of emotion and high levels of parental control or overprotection, called affectionless control (Mirowsky, 2003). Majority of suicidal young people tend to not ask for counsellors' help, but rather seek help from friends (Otsuka et al., 2019).

In response to the escalating suicide rates, Japan has taken several significant steps to address this crisis. The 2016 revision of the Suicide Prevention Law mandates that each prefecture develops its own suicide prevention strategies, enabling more localized and tailored interventions. Additionally, the appointment of a Minister of Loneliness in 2021 highlights the government's recognition of social isolation as a major factor contributing to mental health issues. This role aims to tackle the broader problem of loneliness and its impact on mental well-being.

Similarly, Malaysia has faced rising mental health issues and suicide rates, particularly among its younger population (Chua & Vaisnavi, 2021). Although Malaysia has recently begun implementing targeted mental health initiatives, such as the National Suicide Prevention Strategic Action Plan, its approach is still in the early stages compared to Japan's more established policies and programs.

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This study aims to investigate the suicide trends among Japanese undergraduates from 2019 to 2023, with a focus on understanding gender differences in motives and the effectiveness of Japan's mental health policies, such as the Basic Act on Suicide Countermeasures and the initiatives of the establishment of the Ministry of Loneliness. The findings could also offer valuable insights for other countries, like Malaysia, that are still developing comprehensive frameworks for suicide prevention. Understanding what strategies are effective and which areas need enhancement can help in creating a more supportive and compassionate environment for young people grappling with mental health difficulties.

2.0 METHOD

This study looked at quantitative data and qualitative data to understand how many Japanese undergraduates are facing mental health challenges for 5 years, from 2019 to 2023, and the way Japan (both government and NGOs) address the challenges. Information was gathered from various online sources and recent research to provide a clear picture of current trends.

Data Source

The quantitative data were obtained from academic databases and government reports published in 2019, 2020, 2021, 2022, and 2023. Major reference included Suicide Statistics (SSNPA) which is managed by the National Police Agency (NPA). Meanwhile, the qualitative data were obtained from the Basic Act on Suicide Countermeasures and The General Principles of Suicide Countermeasures Policy.

Data Collection

Specifically, the quantitative data were extracted from PDF reports from the government website. The content of the reports are about number of suicides by some group categories, and the cause/motives. The selection criteria included relevance to undergraduate students, hence only the dataset under the title of 'number of suicides by occupation and cause/motive' will be utilized.

There are 7 categories of suicidal motives (family-related, health-related, economic and life issues, job-related, relationship-related, school-related, and unmentioned others with 75 subcategories). Whereas the qualitative data were extracted from いのち支える自殺対策推進センター (Japan Suicide Countermeasures Promotion Center (JSCP)), a nationally designated research organization in Japan. They are playing the role in leading comprehensive suicide countermeasures in the nation.

Limitation

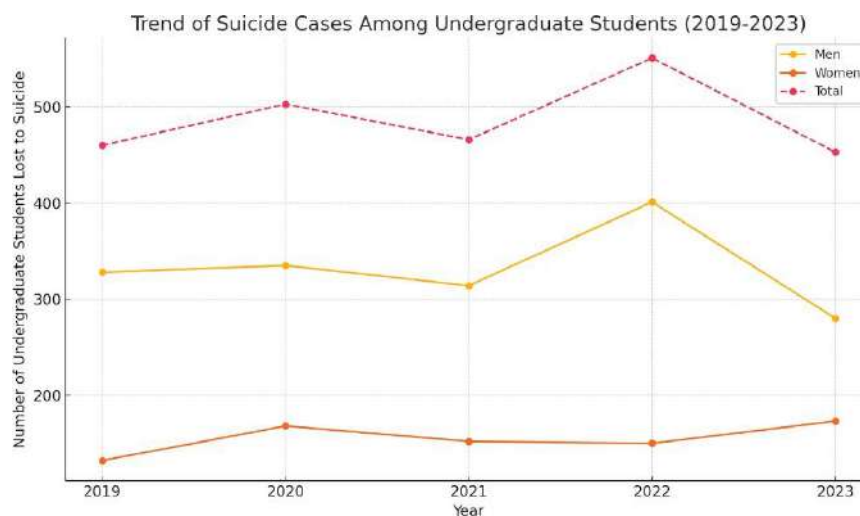
1. The study's limitations stem from its reliance on secondary data, which may not fully capture the nuances of individual experiences. Additionally, the accuracy of the findings fully depends on the reliability of the source data.
2. Since this essay is using secondary data from publicly available sources, no direct ethical approval was required. However, adherence to ethical guidelines was maintained by ensuring the integrity and accuracy of the data.

3. Apart from that, the Ministry of Loneliness is also just recently appointed. Hence, there is no enough data to prove the effectiveness of the ministry.

3.0 FINDINGS AND DISCUSSION

3.1 Fluctuations Disaggregated by Sex

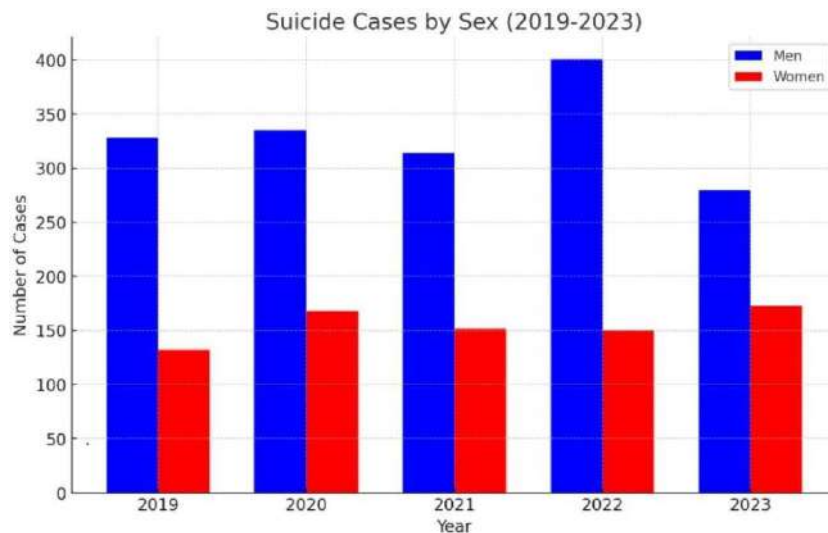
Graph 1 shows the trend of suicide among undergraduate students from 2019 to 2023. Total suicides from 2019 to 2023 reported in SSNPA were as follows: 328 of them being men, and 132 being women in 2019, 335 of them being men, and 168 being women in 2020, 314 of them being men, and 152 being women in 2021, 401 of them being men, and 150 being women in 2022, and 280 of them being men, and 173 being women in 2023.



Graph 1: The trend of suicide cases among undergraduate students from 2019 to 2023.

Graph 2 shows the suicide cases among undergraduate students from 2019 to 2023 by sex. The suicide mortality of male undergraduates increased by a few numbers from 2019 to 2020, dropped by 20 in 2022, sharply increased in 2022 before going down the slope in 2023. 2023 recorded the smallest number of suicide mortality of male undergraduates in 5 years.

Meanwhile, the suicide mortality of female undergraduates is not as 'aggressive'. There was an increment from 2019 to 2020 by 30, and the numbers dropped by 10 and a few numbers until 2022, and contrary with the suicide mortality of male undergraduates, the number increased by 20 in 2023, which makes 2023 recorded the highest number of suicide mortality of female undergraduates in 5 years.



Graph 2: The suicide cases among undergraduate students from 2019 to 2023 by sex.

3.2 Fluctuations Disaggregated by Motives

Table 1 shows the fluctuation of suicide cases disaggregated by motives from 2019 to 2023 (The Suicide Statistics National Police Agency). The chosen motives are the ones that have the highest suicide counts under the cause categories. In 5 years, school-related causes are the leading cause due to the high numbers by male undergraduates. In 2019, the total suicide for school-related causes is 132 suicides (men 79.5%; women 20.45%), 2020 is 150 suicides (men 71.3%; women 28.7%), 2021 is 153 suicides (men 75.2%; women 24.8%), 2022 is 202 suicides (men 76.2%; women 23.8%), and 2023 is 195 suicides (men 73.3%; women 26.7%).

Among male undergraduates, school-related causes are consistently the leading cause, with majority taking their lives under the motive of having poor academic performance (43 in 2019; 53 in 2020; 51 in 2021; 66 in 2022; 59 in 2023), followed by health-related causes, with majority having depression (36 in 2019; 31 in 2020; 30 in 2021; 34 in 2022; 23 in 2023).

On the other hand, the leading cause for female undergraduates are health-related causes, with majority having depression (16 in 2019; 26 in 2020; 28 in 2021; 20 in 2022; 28 in 2023), followed by school-related, with majority committing suicide with the reason of having poor academic performance (10 in 2019; 9 in 2020; 14 in 2021; 14 in 2022; 15 in 2023).

Other suicidal subcategories in school-related, health-related, and economic and life issues motives, as well as 4 other suicidal motives which are not one of the big numbers will not be shown in this essay, except 'feeling of loneliness' as it will be pointed out to show the effectiveness of the Ministry of Loneliness appointment in 2021.

Table 1: Suicide cases disaggregated by motives

Year	Cause	Motive	Male		Female	
			Suicide counts	Suicide under the same cause, but other motives	Suicide counts	Suicide under the same cause, but other motives
2019	School-related	Poor academic performance	43	62	10	17
	Health-related	Depression	36	44	16	26
	Economic and life issues	Failure to be employed	19	12	3	4
2020	School-related	Poor academic performance	53	54	9	34
	Health-related	Depression	31	37	26	19
	Economic and life issues	Job failure	19	23	10	3
2021	School-related	Poor academic performance	51	64	14	24
	Health-related	Depression	30	37	28	28
	Economic and life issues	Job failure	18	12	5	1
2022	School-related	Poor academic performance	66	88	14	34
	Health-related	Depression	34	39	20	21
	Family-related	Discord in parent-child relationship	14	16	4	5
2023	School-related	Poor academic performance	59	84	15	37
	Health-related	Depression	23	36	28	35
	Relationship	Broken heart	13	5	13	7

3.3 The Effectiveness of Japan's Mental Health Policies

How does Japan tackle this issue? This responsibility does not fall on the government only, but on the whole community as well. There is a proverb that says 'it takes a village to raise a kid'; and what difference does it make if we implement it on the issue in discussion? None. It indeed takes a village to nurture the mental health of the youths.

Let us start with The Basic Act on Suicide Countermeasures which was enacted in 2006. Its aim is to create a systematic and coordinated approach to preventing suicide, addressing the issue through public policy, education, healthcare, and community support. Based on the Basic Act, the cabinet carried out a decision to promote suicide countermeasures through The

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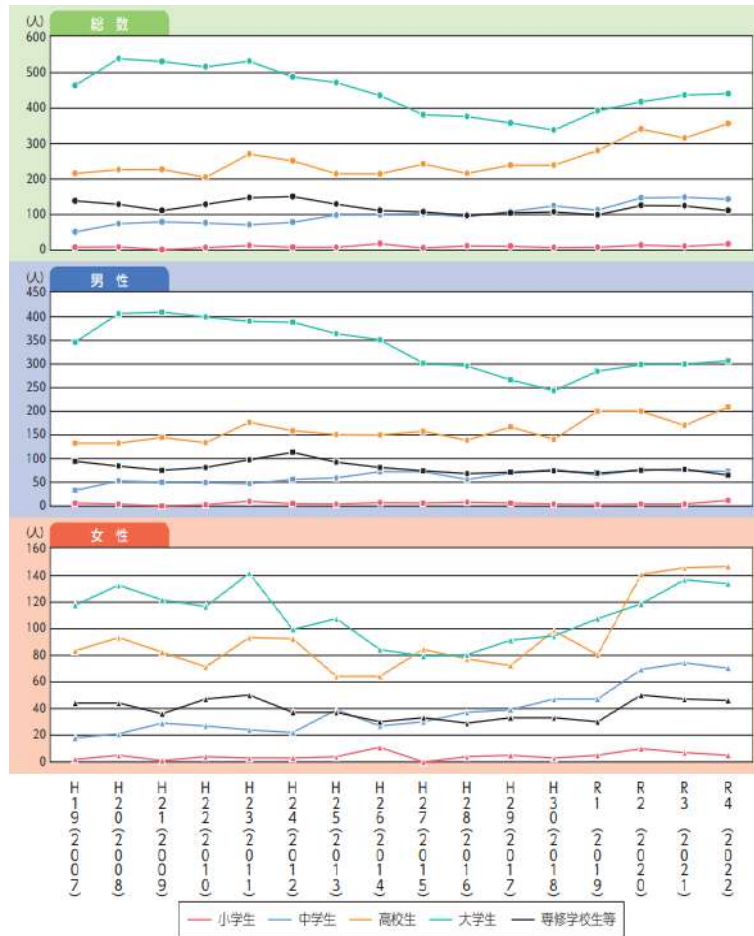


General Principles Suicide Countermeasures Policy under the mentioned act, with an established guidelines for suicide prevention. This policy has been revised approximately every 5 years (first term: 2007–2012; second term: 2012–2017; third term: 2017–2022) (Matsumoto et al., 2023). The numerical targets for suicide countermeasures shall reach at least 30% by 2026 compared to 2015; (2015: 18.5 \Rightarrow 2026: 13.0 or less) *2020: 16.4 per 100,000 population (厚労省, n.d.).

Now, how does this policy make an impact on undergraduates?

Graph 3 shows the suicide statistics of students, with pink being elementary school students, blue being middle school students, orange being high school students, mint being university students and black being vocational school students etc. from 2007, the year The General Principles Suicide Countermeasures Policy implemented until current.

From 2007 until 2011, the number of suicides are above than 500. The policy that focused on youth on this term is ‘development of mental health support services in schools’ (厚労省, n.d.). Starting 2012, the trend decreased until reaching 338 in 2018, the lowest since the start of the establishment of the policy. 2012 is the first year of the second term – the newly added policy after a revision had done is ‘enhancement of support and counselling systems for bullied children and victims of child abuse or sex crimes’ (厚労省, n.d.). After an increase began in 2019, the second year of the third term, the term which they introduced ‘education on how high-risk youth can request support’ under the new category ‘development of suicide prevention programme for children/adolescents’ (厚労省, n.d.), the numbers continued to rise exceeding 400 until 2022. Initially, the first two policies were listed as subcategories before the new category in the third term was introduced (Matsumoto et al., 2024).



Graph 3: Suicide Trends of Students in Japan

Source: Ministry of Health, Labor and Welfare's Suicide Countermeasures Promotion Office from the National Police Agency's "Suicide Statistics"

According to Fujikawa et al. (2016), bullying is a big thing in Japan and it is one of the biggest factors in suicidal ideation. As mentioned by Matsumoto et al. (2024), there's an eight-fold increase in suicides linked to bullying from 2007 to 2021 as per published by MEXT. While the rise is significant, students' suicide mortality rate for the motive of bullying is only <1% of the whole suicide report (including other motives) during those years. Despite the fact that it's not thoroughly mentioned whether it is school students or university students (since the focus of this essay is only for the undergraduate), this shows the impact of The General Principles Suicide Countermeasures Policy in preventing suicides among those who experienced bullying.

For 5 years, the two leading motives for suicide are poor academic performance and depression. These might have a relation with bullying. People just don't perform poorly in academic as well as having depression with no reason. As bullying is a big thing in Japan, the connection between one of the biggest factors in suicidal ideation and two leading motives for suicide must be there. Sometimes, bullying is something that people hushed about. While it is not a taboo topic, some people find it not suitable to be discussed out loud. Hence, people

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opt to choose the cause of death with something ‘visible’, which are poor academic performance and depression and not the reason behind why they are acting as so.

What about counselling? Public institutions provide counselling services free of charge to people who do not make enough to support their health bill (Kirihare, 2020). But, majority of suicidal young people tend to not ask for counsellors’ help, but rather seek help from friends (Otsuka et al., 2019). Only a few took suicide prevention education (15% of their respondents, which is around 83 out of 556 random Japanese young adults aged 18-29 years), which results in them not realising that their friends are actually calling for help. For the record, young adults who experience suicidal ideation reach to 50% (Sugioka & Wakabayashi, 2012 as cited by Otsuka and Anamizu, 2019). To compare, the prevalence of suicidal ideation in Malaysia is only 9% (Peltzer et al., 2017).

Suicidal young people rarely seek professional assistance, which contributes to a major barrier to the implementation of suicide prevention programmes (Matsumoto et al., 2023). Hence, support from parents, schools (universities), and the whole community is crucial to take broader action by monitoring and identifying measures for implementation.

But the reality is, among 86 national universities, only 69 implement the suicide prevention measures in their alma mater (Takahashi et al., 2022). Table 2 shows the categorised measures that are currently being implemented at the 69 universities (Takahashi et al., 2022). The category that is most cited is the counselling system and programs and information awareness disseminated on and outside campus regarding the counselling institutions, followed very closely by educational and training programs relating to the discussed issue for students by 26 times. This is quite a high number, considering there were only 83 out of 556 taking suicide prevention education in research conducted by Otsuka et al. in 2019.

Additionally, it is shown that many universities actually do approach high-risk individuals with suicidal thoughts, or individuals who might develop suicidal thoughts due to some personal causes/factors that might trigger them (poor grades, etc). One of the things that I genuinely found amazing is that to prevent suicide, they create homeroom tutor system just like how the school ones’ work. Due to this prevention effort, every student in each class will have someone very close to them that can actually look over them for early detections. Everyone matters; thus everyone is seen.

From Table 2, we can see that there are two types of education and training related to mental health; one for the students while another is for faculty and staff members. To prevent mental health issues among students, schools (elementary, junior high, high school, and university) have primarily focused on increasing the number of mental health support staff (Matsumoto et al., 2023).

Table 2: Categorization of suicide prevention measures in Japanese national universities.

Table 1
Categorization of suicide prevention measures in Japanese national universities.

Stage	Category and content of the measures implemented	N
Prevention	Education and training related to mental health and suicide for students	26
	Education and training related to mental health and suicide for faculty and staff members	19
	Awareness programs/information on counseling institutions on/outside the campus	27
	Homeroom tutor system and non-screening-based interviews	2
	Creation of a livable place	3
Intervention	Screening questionnaires and subsequent interviews for students	13
	Approaching high-risk individuals with suicidal thoughts, poor grades, etc.	26
	Counseling organizations and counseling	27
	Information sharing and collaboration among faculty and staffs of different departments	10
	Development and distribution of crisis response manuals and guidelines for the staff	

Note. The total does not equal the number of universities that answered but the number of free descriptions categorized.

Source: Suicide prevention measures in the national universities of Japan

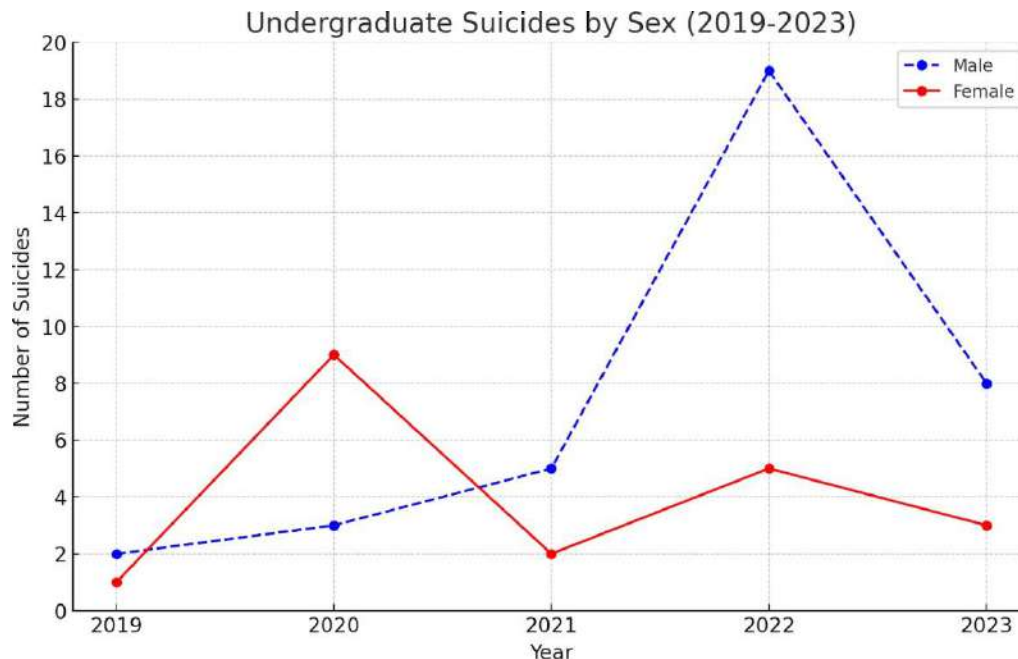
For comparison, Table 3 shows the suicide prevention measures in Malaysia, extracted from Malaysia Guideline on Suicide Prevention and Management (Ministry of Health Malaysia)

Table 3: Suicide Prevention Measures in Malaysia (Ministry of Health Malaysia).

Stage	Category and content of the measures implemented
Prevention	Creating awareness by making mental health campaigns.
	Providing a safe environment by minimising hanging points, building walls at suitable height, supplying close circuit cameras around the premise.
	Screening for risk factors.
	Early detection by identifying several warning signs.
	Risk assessment for suicide by determining the level of risk and deciding on management plan.
	Psychological first aid for immediate response when an individual with suicidal risk has been identified.
Intervention	Organizing Suicide Acute Response Team (SART); a team approach in the immediate acute management of incident of suicide attempt in government institutions.
	Immediate actions within 24 hours of the event.
	Implementation Care Plan.

As the matter of the appointment of Minister of Loneliness in 2021, the quantitative data of the number of suicides leading by the motive of feeling lonely is represented in graph 4. This

graph shows the number of suicides by undergraduates from 2019 to 2023 by sex to show the differences in statistics before and after the appointment of the Ministry of Loneliness.



Graph 4: The number of suicides by undergraduates from 2019 to 2023 by Sex

Two years before the ministry appointment, both sexes showed particularly low numbers which are one female undergraduate and two male graduates. Probably due to the pandemic, the number for female undergraduates spiked to 9, meanwhile male undergraduates added by 3 in 2020. In 2020, more people died from suicide in one month than the total number of deaths associated with COVID-19 in the whole country (McGinty, 2021). Continuing to 2021, while the number for women declined, the number for men increased progressively. In 2022, a year after the appointment, the number for men spiked to two digits, the highest in 5 years. While the number for women has also increased, it is still below 10. Both sexes showed a downward trend in 2023, 2 years after the appointment, with men's trend dipped while the women's is merely a gradual decrease.

This ministry is responsible for introducing policy measures to alleviate social isolation (Ryall, 2021). In addition to that, according to the same source, they will also do fieldwork and identify who are already isolated or lonely as well as those at risk of being cut off from society. This source also quotes the words of the appointed minister during a meeting, "It is essential that we get a firm understanding of the actual nature of loneliness and isolation and then establish a system of planning, checking and acting for related policy measures in each related administrative field".

Even though the words and the effort that they portray look promising, it is still too early to prove the effectiveness of the Ministry of Loneliness. The only hint that can be collected is

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that there is a downward trend in 2023 after the increment in number of suicides in 2022. The upward trend in the latter year might probably, merely, because of the readjustment that the society might need to have due to the novelty.

Japan is the second country in the world to appoint a Ministry of Loneliness, after the United Kingdom, which had its minister appointed in 2018. In 2017, the UK recorded that nearly nine million out of 66 million people often feel lonely (Barron, 2018). Despite them developing the original standard based on the UCLA Loneliness Scale to integrate the socially isolated people back into society (in which the Japanese government wants to learn and refer to them as the example) (Kawaguchi, 2021; Ryall, 2021), the effectiveness of Britain's loneliness strategy, five years after its launch (2023), remains uncertain (The Economist, 2023). According to the same source, it says that there is no evidence yet that any interventions have been effective. Owing to loneliness is a subjective emotion, it makes it difficult to measure and address effectively.

4.0 CONCLUSION

The alarmingly high incidence of suicide among undergraduate students in Japan suggests that there are complicated problems in society that are linked together. Although the Basic Act on Suicide Countermeasures has established a framework to tackle this pressing issue, it is evident that a more comprehensive and nuanced approach is necessary.

One of the biggest significant factors contributing to this crisis is the intense pressure that young individuals experience to achieve academic success and fulfil societal expectations. To address this, it is crucial to encourage students to prioritise their mental well-being and understand that taking breaks or seeking help is not only acceptable but essential. Students need to be taught that it is totally fine to have a rest, to make peace with fate, and to let go of what has passed. By developing a more supportive atmosphere, working towards reducing the stigma associated with mental health issues is never impossible – enabling young people to openly share their struggles without fear of judgement.

Additionally, it is important to recognize that cultural factors can play a significant role in worsening mental health problems. In Japan, there is a strong emphasis on conformity and avoiding embarrassment, which can make it difficult for individuals to express their emotions or seek help. No matter how many counsellors are appointed, it will not make any difference if the students do not know how to utilise them. Instead, teach the students how to rely on others, to share burdens, so they need not to shoulder everything on their own. It is fine to let loose for a while, it does not harm.

It is also vital to acknowledge that suicide is rarely an impulsive decision. It is a feeling that accumulates, and when someone feels overwhelmed and unable to carry it any longer, they may decide to let everything go. By actively challenging the stigma surrounding mental health, a culture in which young individuals feel empowered to seek assistance and support

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when they need it, can surely be fostered. This perspective – *ideology* – that often pulls the trigger of the youths must be changed. Sure, it cannot be done at the drop of the hat. Yes, it might take generations. But, nothing is impossible to put into action.

3195 words

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