WEBINAR SUMMARY:

Young Suicide in Japan

With Professor Kenji Kawano and Professor Daisuke Kawashima, moderated by Dr Jo Bell

Thursday 3 April 2025

Dr Bell:

I'm delighted to have been invited here today to moderate this webinar, which is going to be looking at suicide prevention in the context of Japan, particularly suicide amongst young people in Japan, which I'm sure our two speakers are going to talk about in more depth. I'm really interested to find out about that. A lot of what they talk about aligns with my research that I've done with young people and suicide prevention in particular. We're going to have some comments and questions from me after our two speakers have finished and then there will be time for comments and questions from the audience.

Professor Kawano's talk:

Thank you for the introduction. I'm honored to have this opportunity. Today I'd like to talk about suicide amongst young people in Japan. I'll show some of the possible factors behind suicide amongst young people in Japan. I would also like to introduce some measures to prevent suicide amongst young people.

This slide shows the trend in Japan's suicide mortality rate. It's known that suicide in Japan is synchronized with economic conditions. As you can see, the two peaks correspond to two economic deteriorations: firstly, the 1980s peak, during the oil crisis, and secondly in the late 1990s during the Asian financial crisis.

This next slide shows the suicide mortality rate in Japan by age group. While the suicide mortality rate for many age groups has been declining since 2013, the pattern for teenagers is different. This bottom line shows the number of suicides amongst elementary school students. The next one, orange, is for junior high school students. The third one, the green line, is for high school students. The top, the blue line, is the total number of suicides amongst these three age groups. The number of suicides amongst

these age groups has increased since the onset of COVID-19. However, when we look at the trends in the number of suicides amongst junior high school or high school students, the increase in the number of suicides began from 2014.

We can hypothesize about why the increase began at this time, and whether it has continued to increase since then. I will focus on the new Pharmaceutical Affairs Law of 2014, and changes in social relationships. I believe that these have interacted with each other to change the ways students live in a safe space. Some researchers have also pointed out individual characteristics that make it difficult to adapt to this situation. Let's look at each one.

It has been reported that the pandemic had an impact on suicide in Japan, particularly amongst young people. Professor Adachi pointed out from his own data that the impact on students with developmental disorders was particularly strong. He speculates that children who have difficulty adapting to complex and unpredictable changes in their environment were most affected. In other words, it is possible that the disruption to the school environment and daily life, and the characteristics of those who have difficulty with these were mediating factors in the pandemic's impact on suicides.

This chart is taken from the White Paper on Suicide Prevention, 2024. It compares the causes and motives for suicide amongst elementary school, junior high school, and high school students before and after the pandemic in the US. From this, we can see that amongst junior high school students, the number with unknown or poor academic performance increased. Amongst high school students it was similar, and on top of that worries about career paths increased. However, the category that saw the largest increase is unknown. We need to be careful when interpreting the data.

In Japan, on the other hand, the new Pharmaceutical Affairs Law came into effect in 2014. All over-the-counter drugs became available for purchase online. This chart shows the main drugs used by teenage drug addicts. Over a five-year period, over-the-counter drugs have come to account for 50% of the market, replacing designer drugs. Professor Eto has stated that, based on his clinical experience, there is a link between the abuse of over-the-counter drugs and recent teenage suicide. He also draws attention to the fact that there are no deterrents in place in the process of purchasing over-the-counter drugs online. This slide shows the usage of the internet. The internet usage rate amongst teenagers reached 80% in 2014. It was at the same time as the enactment of the Pharmaceutical Affairs Law. The spread of the internet was a background factor that made it easy to buy over-the-counter drugs.

This slide shows the annual change in the percentage of normal attendance at school. This line also increased after 2014-15. The number of elementary and junior high school students not attending school began to increase. In other words, the number of students for whom school is no longer a safe

place to be has increased. This slide shows the annual change of who junior high school, and high school students mainly consulted about their worries or concerns. The orange portion represents friends, but this is decreasing year by year. Instead, the number of students consulting their mothers is increasing. If we see consultation as one of the indicators of social relationships, it seems that it is shifting from school to home, or friends to family.

This slide shows the annual change in the number of child abuse cases handled by child guidance centers, and there is a clear upward trend. For some teenagers, home is not a safe environment. Alongside the shrinkage of students' two social environments, school and home, the world of the Internet is expanding. If we assume that students' social relationships are shrinking and that the world of the Internet is their new place to be, there are two approaches that can be taken with students who are at high risk of suicide. The first one is to give them support available online. The second one is to help them to redesign their social relationships.

This slide shows the Government Emergency Strengthening Plan for Measures to Prevent Child Suicide. It was announced after the pandemic. The plan involves seven measures. The online measures can be seen in number three: the standardisation of a system for identifying systems list using tablets distributed to each student, as well as number four: the SNS consultation. From a re-designing their social relationships approach, number two: education and awareness-raising activities that contribute to suicide prevention in school. In addition, the other measures include: number one, an analysis of factors contributing to child suicide; or number five, crisis response team; or, number six, support for bereaved children; and the seventh measure is a cooperation between relevant government ministries.

Finally, I will introduce the suicide prevention education program that our group is proposing. GRIP is a suicide prevention program for schools. Students learn the four steps of finding words to express their feelings, using coping behaviors, telling others about themselves, and interacting with others through worksheets, card games, watching videos, and group discussions. The important thing is to work on this program together with classmates and teachers. Through these experiences, they can consider who to talk to when they really need to. Schools will change into safe spaces for building social relationships.

This slide will introduce the intervention effectiveness study. This study examined the impact of behavioral control systems as a vulnerability factor. This is because it has been reported that combination of high behavioral inhibition and low behavioral activation increases the risk of suicide. The GRIP program has confirmed that even such a potential risk for suicide can acquire the ability to seek help.

In this report, I focused on problems at school as a factor that has a significant impact on teenage suicide in Japan. In situations where the school environment is disrupted by a pandemic or other event, it is necessary to consider the possibility that vulnerability factors may be involved. Here, I mentioned developmental disorders, but there are probably other possibilities as well. I also showed that there is a possibility that the social relationship provided by schools and even families is shrinking, and students only feel like they belong on the internet. I mentioned that this makes it difficult for support to reach them and that it also makes it easier for them to access drugs as a background to suicide. Online support is being considered as a way to prevent suicide amongst Japanese teenagers, but we are considering the potential of suicide prevention education. Suicide prevention education not only redesigns students' social relationships, but also has the effect of making them more proactive in suicide prevention, when they become adults. However this report is merely hypothesis-based on available observational data. A survey of the actual situation including psychological autopsy is desired. So that concludes my presentation.

Dr Bell:

Thank you very much Professor Kawano, that was really interesting and already I can see some very similar links to some of the trends and patterns that we see happening in the UK so maybe we could come back to some of those later. But for now, just to say thank you very much for that.

Professor Kawashima's Talk:

Hello, everyone. Before I begin my talk, I want to thank the Daiwa Anglo-Japanese Foundation for inviting me to this webinar as a contributor. It is an honor to be here. I also want to express my gratitude to Ms. Ota and Mr. James for organizing this event. Today, I want to discuss the impact of suicide bereavement on young people, providing an overview of the empirical findings from my previous studies. I will also address some postvention activities and consider future prospects for postventions to support young people in Japan affected by suicide.

First I would like to introduce my city, Nagoya. My university is located in Nagoya, a city in the middle of Japan. You are likely familiar with Tokyo and Kyoto, and Nagoya lies between Tokyo and Kyoto. There are so many places to go sightseeing. The left picture shows Nagoya Castle, which is famous for its golden shachihoko, a statue displayed high on the roof. The upper right picture is from Ghibli Park. Ghibli is a famous Japanese animation company that produced the Academy Award-winning film, Spirited Away.

This slide presents my research interests. As you can see, I have conducted studies on life and death, covering topics such as death attitudes and grief care, suicide prevention, and end-of-life care. Among

these, I would like to focus on suicide prevention and grief care today. More specifically, I will discuss support for suicide loss survivors.

I would like to clarify the meanings of some technical terms. Firstly, a “suicide loss survivor” refers to someone who is profoundly affected by a suicide death. “Postvention” refers to actions taken to support individuals after someone dies by suicide. Additionally, postvention services as prevention strategies as well for the next suicide.

I want to highlight the recent trend in suicide survivorship, which was proposed by Julie Cerel, an American suicide artist. As you can see, suicide loss survivors refers not only to people who have lost close relatives and friends to suicide, but also those who have been exposed to someone's suicide. Suicide-exposed individuals are those who know of someone who died by suicide, but have not experienced the severity and/ or longer-term effects associated with the loss of someone with whom they had a closer or more intimate relationship. Those people are affected by suicide by experiencing significant psychological distress. Cerel and her colleagues proposed that community-level postvention including educational programming and public health initiatives should target anyone exposed because previous studies indicate a higher risk of suicide behaviors among those who are exposed than those unexposed.

We have acknowledged the annual number of suicide deaths in Japan from Professor Kawano's presentation. Each year, more than 20,000 people die by suicide in Japan. With a moderate estimate of six individuals affected by suicide, this was proposed by Edwin Shneidman, at least 120,000 people are left bereaved by suicide each year. To support suicide loss survivors, there are many related efforts such as organizing support groups and counseling services as well in Japan. However, empirical investigations are very limited. This graph displays the number of suicide deaths in 2024. The number of suicides amongst individuals in their 30s and 40s is nearly 5,600, comprising about 30% of the total. According to an OECD report, the percentage of women born in 1975 who were 49 years old this year in Japan is 28.3%. Several other reports indicate that 30% to 40% do not have children. Even though detailed calculations are challenging and can only be approximated, we assume that roughly 60% of this generation have at least one child. We can estimate that about 3,300 people become orphans each year. Furthermore, 800 young people died by suicide last year, and naturally their siblings, friends, and classmates are severely impacted. In the realm of suicide prevention, those affected by suicide are referred to as suicide loss survivors. You can observe how many children are suicide loss survivors based on the figures I mentioned earlier.

I would like to discuss the historical and political context of suicide prevention and postvention in Japan. Although less than in the past, suicide remains a taboo topic for public discussion in modern

Japan. In the past, the appeal of teenager suicide loss survivors who authored a memoir titled, 'I Can't Say Suicide', evolved into a significant social movement that contributed to the passage of a Suicide Prevention Act. The Japanese government enacted the Basic Act for Suicide Prevention in June 2006 to comprehensively prevent suicide and improve support for suicide loss survivors. In fact, suicide prevention and survival support are two wheels of the same cart. Since then, the national government, local governments, and various organizations have carried out a variety of post-survival activities. Many support groups for suicide loss survivors have been established, and government agencies have provided comprehensive counseling services. However, the majority of users of these services are middle-aged or older adults, so younger survivors may not be gaining any benefits from them. The empirical studies on childhood suicide bereavement and its effects on adjustment are quite limited in Japan.

So here I will present some results from my empirical studies. We investigated whether individuals who experienced the loss of a loved one to suicide during childhood exhibited a poorer adaptation after bereavement compared to other survivors of suicide loss. We conducted a statistical analysis using data from 186 Japanese survivors of suicide loss. In this analysis, we controlled for the effects of the deceased's age, the survivor's closeness to the deceased, the years since the loss, experience with the support group and social support. The results showed that participants who experienced suicide bereavement in childhood reported more severe mental health issues compared to those who faced suicide loss after turning 40. In addition, participants who experienced suicide loss in childhood reported higher levels of suicidality than other survivors of suicide loss. These results may be influenced by their financial status and family dynamics during childhood. However, we did not study these effects.

This is another example of my studies. There is strong evidence that widely shared stories about suicide often lead to an increase in suicides within a population. A systematic review examining the connection between social media and suicide on that frequent use of social networking sites and the internet is associated with higher rates of suicide attempts. The WHO has published a reporting guideline outlining the do's and don'ts of reporting suicide. Although social media has been linked to suicide among young people, research on this topic is scarce. We surveyed 125 university students to explore how young people perceive media portraits of suicide. The results indicated that all respondents had been exposed to suicide-related information through the media at least once. Statistical analysis showed that exposure and mental health are significantly associated with suicide-related behaviors. Moreover, exposure may elevate suicide risk even in individuals with good mental health.

These results indicate that childhood suicide bereavement can affect maladjustment, especially by causing deterioration in mental health and highlighting suicidality. Moreover, exposure to

suicide-related content on social media can highlight the risk of suicide, even if their mental health remains relatively stable. However, in this analysis, we are unable to find effective suggestions to help prevent this maladjustment. But several case reports indicate that warm and respectful support from others is essential for promoting adjustment. Therefore, postvention activities at different levels, community, institutional, and personally, are essential for fostering a compassionate community for suicide loss survivors. Postvention is essential both at the community level and at a personal level.

These pictures illustrate our community-level postvention activities. We created flyers that include a brief description of suicide bereavement, contact information for counseling services, and QR code for further details. We also distribute the flyers in various locations in Nagoya. This can be referred to as public awareness activities suicide postvention. We also engaged in other activities, including radio appearances, panel exhibitions, lectures, and workshops for professionals. These post-subvention activities have involved university students, non-profit organizations, and local governments. We also hosted a half-day event for suicide loss survivors before Christmas and New Year's, as these times can be particularly stressful for many survivors. Similarly, the American Foundation for Suicide Prevention has organized events like Suicide Loss Day to foster a safe sense of community for survivors of suicide loss. We will continue our postvention research and activities to foster a compassionate community for young suicide loss survivors. Thank you for listening.

Dr Bell:

Thank you, Professor Kawashima. Again, another fascinating, really interesting presentation with lots there to think about and absorb.

Q&A:

Dr Bell: I'd like to ask my first question to Professor Kawano. You talked about the rise in teenage suicide in Japan over recent years, since around 2016. You seem to be hypothesizing three intersecting possibilities to account for this. The pandemic, the new pharmaceutical laws and the changes in social relationships have all created a kind of a reduced safe space for young people, and certainly some of this seems to correspond with some of the patterns that we've seen in the UK. Your response to that has been to suggest harnessing social media and the internet as a way to connect with young people, and also to develop and implement education programs in schools, and you talked about the GRIP program. I wondered from your perspective what the main challenges have been in integrating suicide education programs like GRIP into curriculums across Japanese schools.

Professor Kawano: The first problem is that many schools themselves are not that keen to engage with the program because they have prejudice or resistance about this kind of thing. There's also really inadequate research being done on the individual issues affecting people dying by suicide or young people dying by suicide, whether they have developmental difficulties or some kind of trauma in their background, so we need more information on that aspect.

Dr Bell: Of course, those might be the very children who are not attending school now because we noticed a drop in children attending since the pandemic. That's interesting and I would say some of that is something that we've observed here in the UK too, getting schools on board with rolling out these programmes is really crucial for these things to work. I suppose it leads on to my next question, which is how well equipped are Japanese schools to provide mental health support and what improvements do you believe are necessary?

Professor Kawano: In many cases where a school approaches and asks for this program to be implemented, it's because they've already had a case of a suicide. But then equally some of them are quite cautious about introducing it, because mentioning suicide they worry will will only encourage it.

Dr Bell: Again, that rings true for the UK, the kind of anxiety around that and wondering whether the staff in the schools are equipped to deal with these issues. One other question. This is about suicide being such a sensitive topic in Japan as it is here in the UK. I'm just wondering what cultural barriers still exist around discussing suicide and bereavement openly in the Japanese context and how do you think they might be addressed?

Professor Kawano: In Japanese culture, there's a tendency to just ignore this kind of issue or not talk about it, to almost 'wash it away'. It's difficult to find a suitable way in which this can be discussed in a Japanese cultural context. I'm interested to know Professor Kawashima's thoughts on this topic.

Dr Bell: We can move on to that in a second because I think it's a question that we can apply generally to both of the speakers but I wonder if I can just move to some of the questions in the chat that I noticed, because someone here asks: Has the use of drugs in suicide increased since the new law came in and since over-the-counter drugs became more available online? You said there was a link to suicide. Have we seen an increase in drug-related deaths that are suicides since this? What sort of drugs are we talking about here?

Professor Kawano: Most of the drugs involved here are things like cold remedies and painkillers. It's not so much that people are trying to use these to kill themselves, but they use them to cheer themselves up, so they're not really facing their problems head on, but avoiding them by using this kind of medicine. That leads to a gradual increase in their suicide risk.

Dr Bell: There's a few more questions for Professor Kawano in the chat, but before we move to those, I'd like to move on to Professor Kawashima with some questions that I have prepared, if that's okay. I'm interested to know what got you interested in suicide bereavement and postvention in the first place, and other things about suicide bereavement that are different to other types of deaths in the Japanese context?

Professor Kawashima: I have experienced being exposed to and affected by suicide deaths of friends and neighbors. I'm interested in the topics of life and death in a much broader sense because of my personal experience of loss of family and close relatives, but it was not suicide loss actually. I used to belong to the Center for Suicide Prevention in Japan and Professor Kawano used to be my boss and we worked together providing support for suicide loss survivors. This was the beginning of my research.

In terms of the differences of suicide loss to other types of death in a Japanese context, actually, we need more research to draw conclusions about cultural differences in types of death. But in my previous survey, we collected data from bereaved individuals who experienced various forms of death, including natural death, sudden death, accidental death, and suicidal death. But I conducted statistical analysis, but there were no significant differences in their adaptation, such as grief complications, depression, and PTSD. Based on this research, I assume that overall adaptation among suicide loss survivors may be similar rather than different.

But I also conducted other research using qualitative analysis and then analyzed the interview data. I found several unique meanings of suicide loss, so there might be differences in grief or sense making of suicide loss experience. For example, thinking suicide is inevitable in modern society. The Japanese government has promoted a public awareness of suicide prevention, especially the idea that relationships and environments may push people towards suicide. This kind of awareness campaign or the actions may affect the suicide loss survivors' meanings of loss. I'm not sure what the differences are, but this is my current thinking.

Dr Bell: Thank you. You talked a lot about social media. I was really interested to learn about your work on the impact of suicide exposure via the media, especially in relation to young people. I was interested because it resonates with some of the work that we've done. In the same context, we heard a lot about people finding out about the death on social media. Often people found out about the death because it was circulating on social media before even an official announcement has been made, of course you pointed out that those guidelines that we have around reporting details about the death and language used doesn't apply to social media. This has resulted in lots of detail and harmful content being circulated rapidly amongst communities. I'm curious to know if that’s something that you've

come across in your work in the Japanese context; people finding out about the death on Facebook and lots of people talking about it, rumours and speculation being spread. What are your thoughts on that?

Professor Kawashima: Actually, the research on this topic is very limited, but I'm also very interested. As you mentioned, suicide-related information, including very detailed content, spreads quickly to young people through social media in Japan as well. We face significant challenges regarding exposure to suicide via these social media platforms. For instance, a few years ago, a high school student broadcasted their suicide by jumping on social media, and video clips rapidly and widely circulated among young people on social media. But I have just started this kind of research, so more attention should be paid to it.

Dr Bell: Thank you. What do you see as the key differences in the needs of younger versus older suicide loss survivors and how can postvention services be adapted to better reach younger people? Something that I picked up on in your research and it's similar in the UK that reaching younger people is a need that we've identified. We're better at reaching older people and adults but not so much younger people.

Professor Kawashima: First of all, we need more research to understand the actual needs of young suicide loss survivors. However, in general, young people feel hesitant to talk about their problems with others. But sometimes it's easier to open up about their problems through the internet or social media. So this probably is the key. As I mentioned in my presentation, social media can be problematic, but on the other hand, it may be a helpful platform. Young children may not understand the meaning of suicide, but young adults have to confront many stigmas and difficulties because of suicide loss. Many survivors face greater challenges regarding their economic status and attachment to family members than they do concerning the loss itself. In terms of the support for young survivors, we should pay more careful attention to the social context or the interpersonal relationships surrounding young survivors.

Dr Bell: Thank you so much, both professors.