

(Provisional Translation)

The 2025

White Paper on Suicide Countermeasures [Summary]

**FY 2024 General Situation of Suicide and Implementation Status of
Suicide Countermeasures in Japan**

Office for the Promotion of Suicide Countermeasures,
General Affairs Division,
Social Welfare and War Victims' Relief Bureau
Ministry of Health, Labour and Welfare of Japan

Summary of FY 2024 General Situation of Suicide and Implementation Status of Suicide Countermeasures in Japan (The 2024 White Paper on Suicide Countermeasures)

The White Paper on Suicide Countermeasures is a statutory white paper to be reported to the Diet every year based on the Basic Act on Suicide Countermeasures.

◆ The Basic Act on Suicide Countermeasures (Act No. 85 of 2006) (excerpt)

Article 11 Every year, the government must submit to the Diet a report giving a summary of suicide in Japan and describing the implementation of suicide countermeasures that the government has taken.

Contents of the White Paper (Summary)

Introduction

- Basic framework of suicide countermeasures

Chapter 1: Current Status of Suicide

- Annual Trends in Suicide Mortality Rates
- Situation of suicide in 2024

- ✓ While Japan's overall suicide rate is declining, **suicides among those in their teens and twenties increased in 2020 and remain high.**
- ✓ This White Paper primarily analyzes individuals **aged 29 and under**, including **university students**, etc., as well as **employed** and **unemployed persons**.

Chapter 2: Situation Surrounding Youth Suicide and Consultation Services Utilizing Telephone, Social media, etc.

- Situation of Youth Suicide (International Comparison)
- Situation of Youth Suicide in Japan
- Suicide Among University Students, etc.
- Suicide Among Employed Youth
- Suicide Among Unemployed Youth
- Consultation Services Utilizing Telephone, Social media, etc.

Chapter 3: Implementation Status of Suicide Countermeasures in FY2024

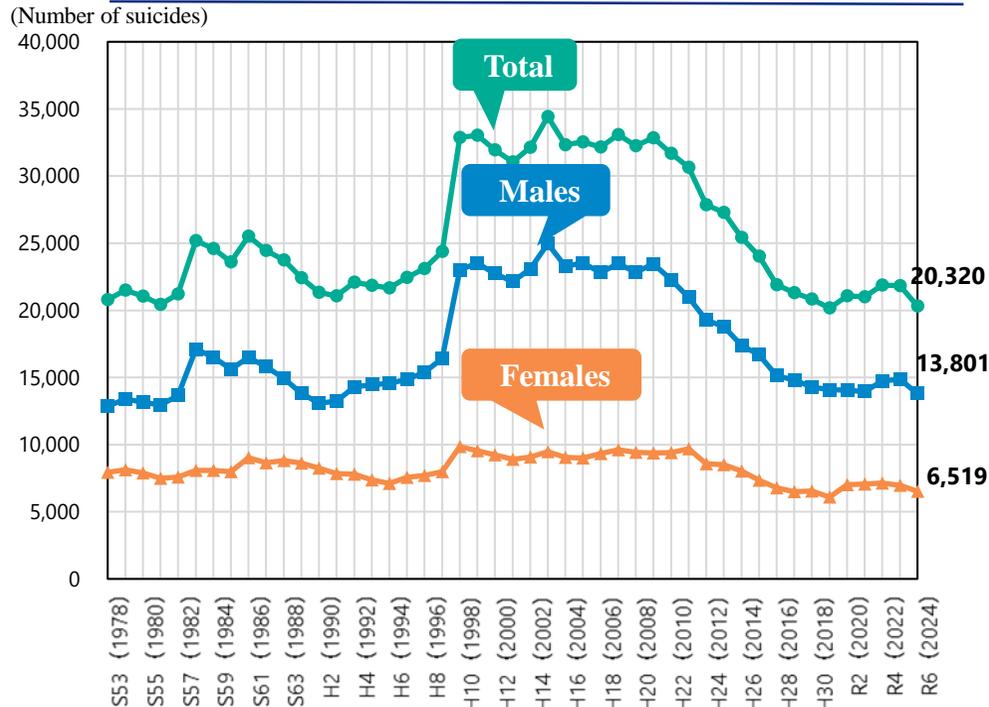
- Compilation of suicide countermeasures initiatives by the Government in FY2024

Chapter 1: Current Situation of Suicide (1)

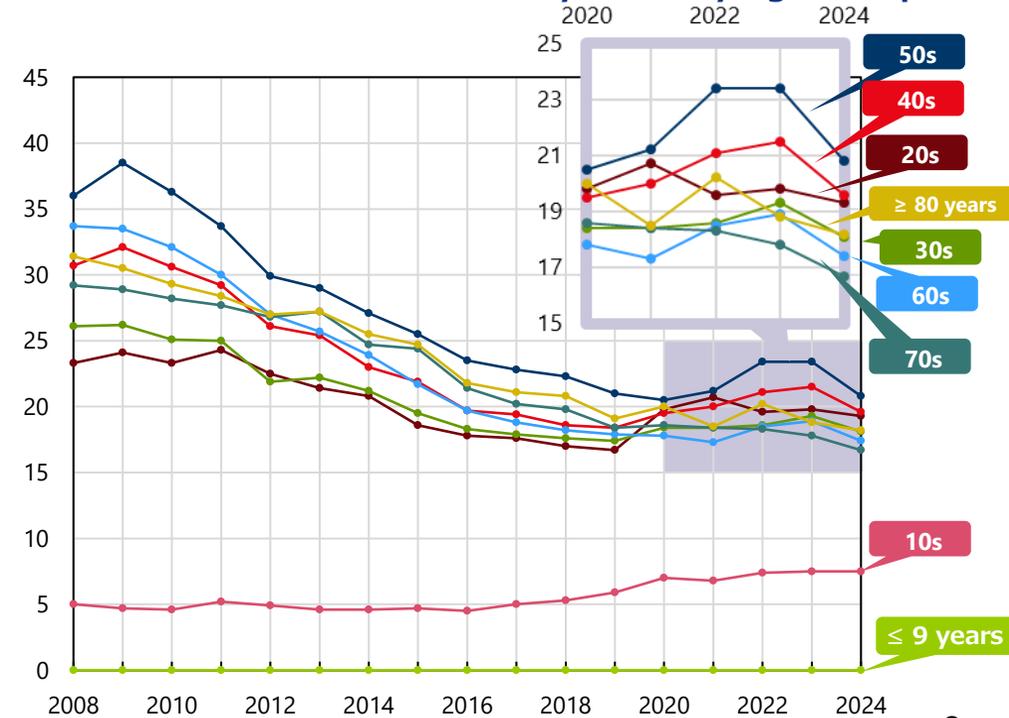
Annual Trend in the Number of Suicides

- The number of suicides in 2024 was 20,320, a decrease of 1,517 from the previous year, marking the second-lowest figure since records began. By gender, suicides among males decreased for the first time in three years, while suicides among females decreased for the second consecutive year.
- The suicide mortality rate (the number of suicides per 100,000 population) by age group showed a decrease in most age groups in 2024. Notably, the rates for those in their 70s and those aged 80 and over were the lowest since records began in 2007, while the rates for those in their 50s and 60s were the second lowest. Conversely, the rate for those in their teens has been on an upward trend since 2017. In 2024, the number of suicides among elementary, junior high, and high school students reached 529, the highest figure since records began in 1980.

Annual Trend in the Number of Suicides



Annual Trend in Suicide Mortality Rates by Age Group



Chapter 1: Current Situation of Suicide (2)

Situation of Suicide in 2024

- By occupation, both "Employed" and "Unemployed" decreased, while "**Students, etc.**" increased.
- By causes/motives of suicides, "**School-related issues**" increased, while others ("family issues," "Health issues," "Economic and life issues," "Work-related issues," "Relationship-related issues," " Others") decreased.

The Number of Suicides by Occupation in 2024

Occupation	Total	Year-on-year change	Males	Year-on-year change	Females	Year-on-year change
Employed	8,092	-766	6,331	-732	1,761	-34
Students, etc.	1,077	+58	591	+19	486	+39
Unemployed	10,800	-666	6,604	-223	4,196	-443
Unknown	351	-143	275	-125	76	-18

The Number of Recorded Causes/Motives of Suicides in 2024 (Multiple Counting is Possible)

Causes/motives	Total	Year-on-year change	Male	Year-on-year change	Female	Year-on-year change
Family issues	4,297	-411	2,643	-234	1,654	-177
Health issues	12,029	-374	7,063	-161	4,966	-213
Economic and life issues	5,092	-89	4,459	-49	633	-40
Work-related Issues	2,564	-311	2,146	-305	418	-6
Relationship-related issues	868	-9	526	-10	342	+1
School-related issues	572	+48	350	+10	222	+38
Others	1,704	-72	1,198	-46	506	-26

*Many suicides have various and complex causes and backgrounds and occur as a result of multiple factors.

**Causes/motives of suicides can be counted up to 4 per suicide, in addition to the cases where there is a suicide note or other documentation to verify words and behaviors before death, including the cases that could be thought from the testimonies from families. For that reason, the number of specified causes/motives is not necessarily equal to the total of causes/motives.

Source: Suicide statistics records from the National Police Agency; compiled by the Ministry of Health, Labour and Welfare

Chapter 2: Situation Surrounding Youth Suicide (1)

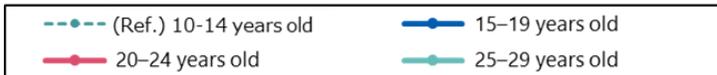
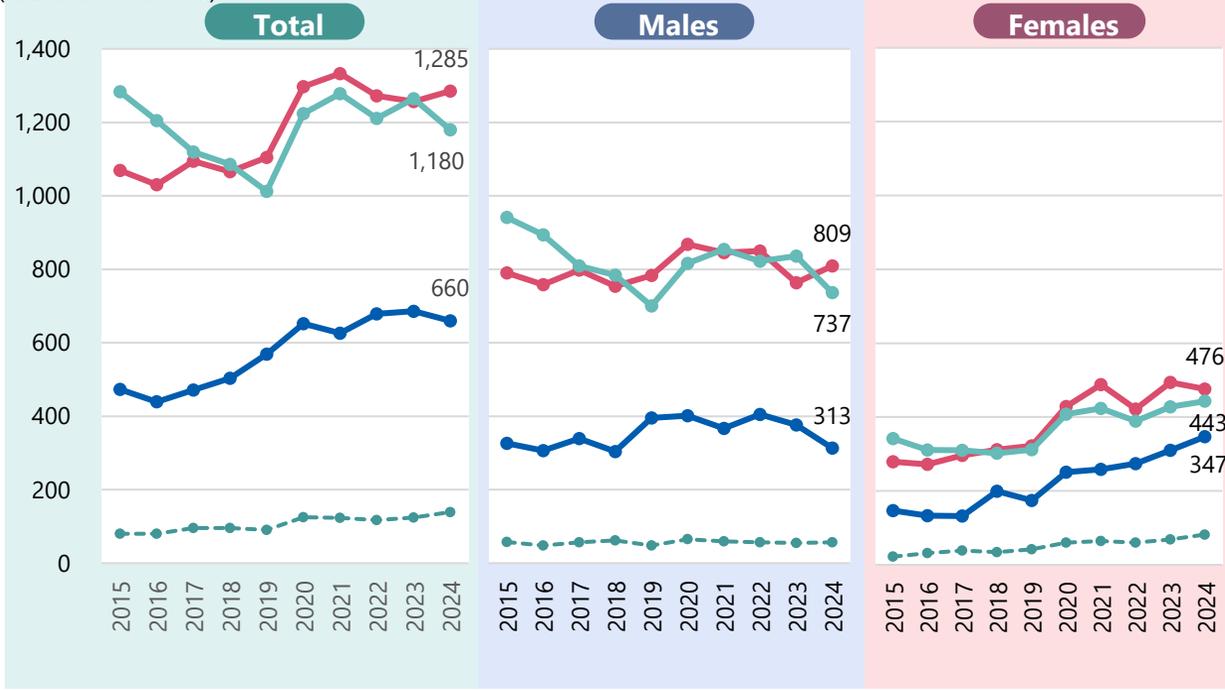
Situation of Youth Suicide

- The number of youth suicides (ages 15–29) **has remained high, exceeding 3,000 since 2020**. Among female youth, the number has been increasing, and **in 2024, the number of female suicides in the 15–19 age group exceeded that of males. However, males still outnumber females in their 20s.**
- The proportion of female youth who died by suicide with a history of suicide attempts is high, exceeding 40% in their 20s and continuing through their early 30s.
- While "Hanging" is the most common method across all age groups, female youth show a higher proportion of "Poisoning (Medication)"** compared to males and females (all ages). Furthermore, overdose is the most common method for suicide attempts among youth (see the column on p.17).

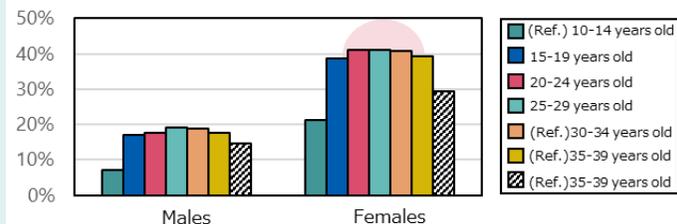
*Starting in 2022, suicide statistics records began distinguishing between "Poisoning (Medications)" and "Poisoning (Non-Medications/Unknown)" for suicide methods. Medications here do not necessarily refer to over-the-counter (OTC) drugs.

Annual Trend in the Number of Youth Suicides by Gender and Age Group (2015–2024)

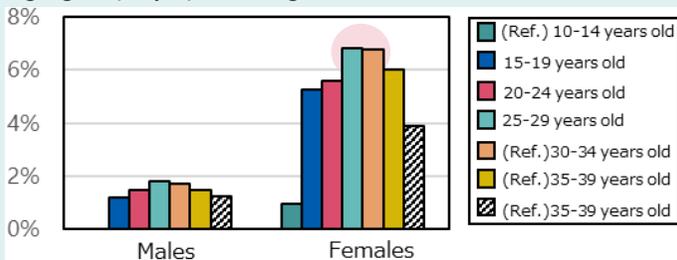
(Number of suicides)



Percentage of youth who died by suicide with a history of suicide attempts by gender and age group (2022–2024)



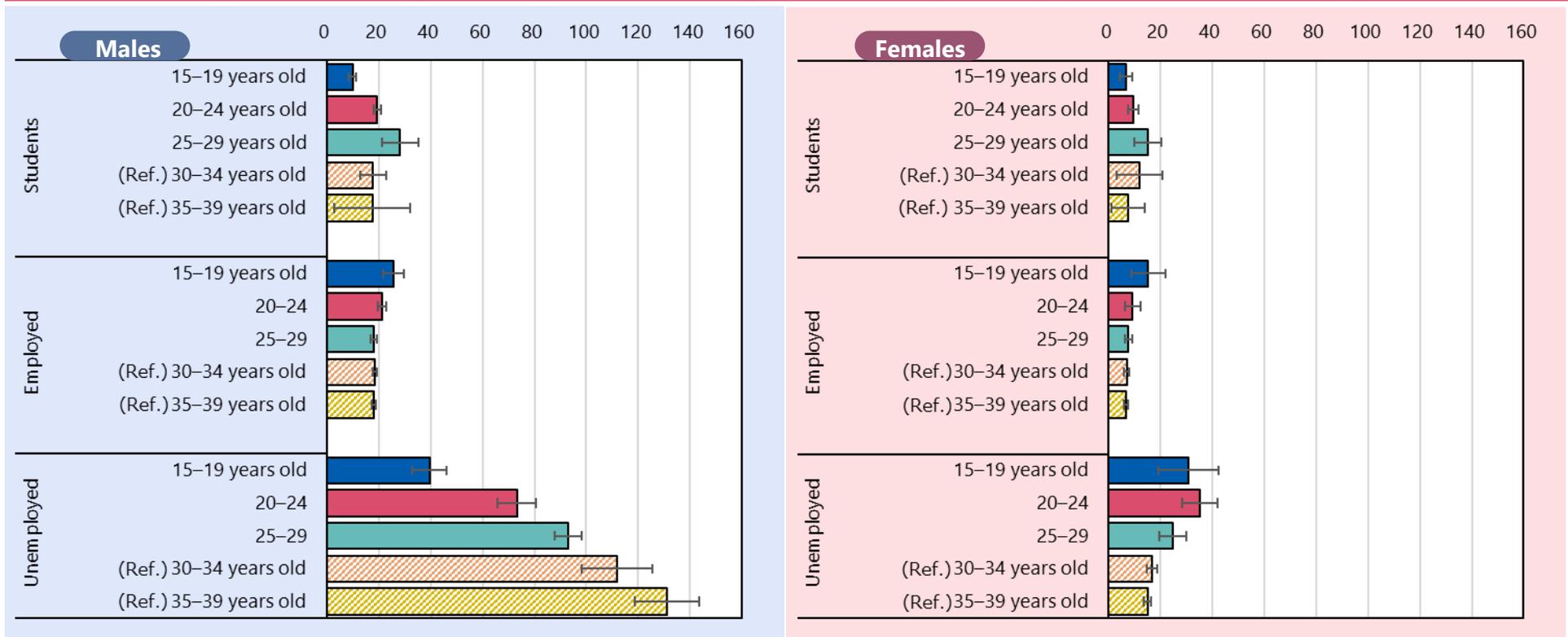
Percentage of youth who died by suicide by gender and age group by "poisoning (medication)" (2022–2024)



Chapter 2: Situation Surrounding Youth Suicide (2) Situation of Youth Suicide

- When examining youth suicide mortality rates by occupation, **the rate among the "Unemployed" is higher than that of other groups, with males showing a particularly significant increase.**
- Among "Employed," the suicide mortality rate is slightly higher **in younger age groups.**
- Among "Unemployed," the suicide mortality rate **for males** increases significantly **with age**, while **for females**, the rate is slightly higher in the **20-24 age group.**

Suicide Mortality Rates Among Youth by Gender, Occupation, and Age Group (2015–2024 Average)



*Each bar graph includes error bars (standard deviation) at the ends, indicating the variation in differences from the average suicide mortality rate for each year.

Source: Suicide statistics records from the National Police Agency; compiled by the Ministry of Health, Labour and Welfare

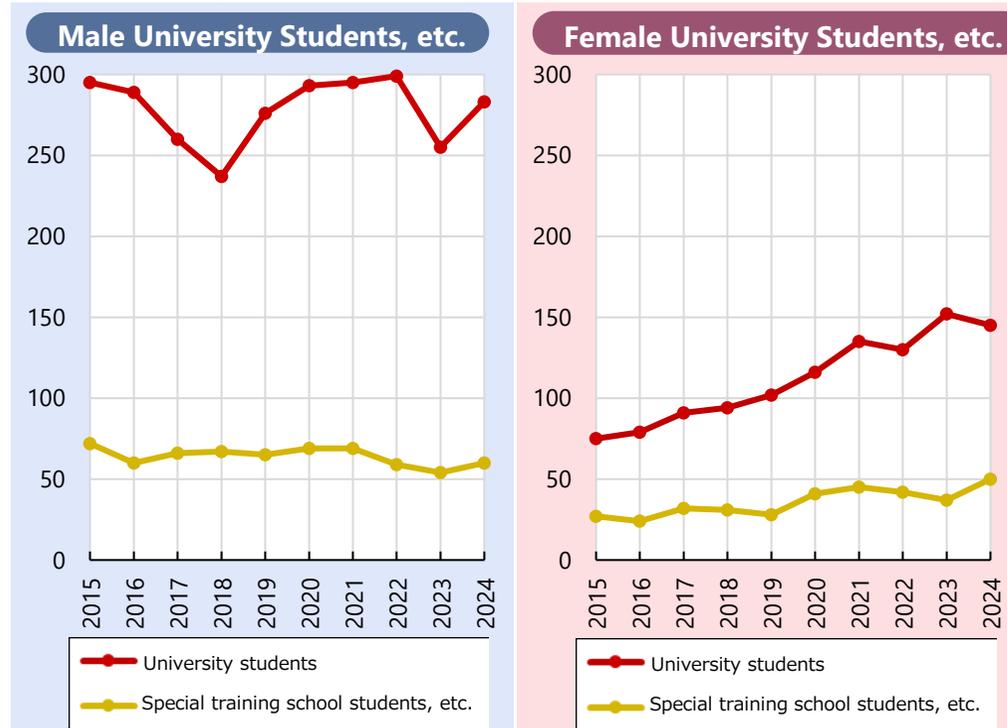
Chapter 2: Situation Surrounding Youth Suicide (3) Suicide Among University Students, etc. (1)

- Regarding "Students," the number of suicides among university students (*1) and special training school students (*2) is **greater for males than for females**. While the figure for males has generally remained stable, it shows an **upward trend for females**.
*1 University students include junior university students, 4th- and 5th-year technical college students, graduate students, etc. *2 Specialized training college students, etc., are the sum of specialized training college students and preparatory school students.
- For male university students, primary causes/motives of suicide are **"School-related issues," including "Academic failure" and "Problems related to career paths (other than entrance examinations)"**
- For females, **"Health issues" such as "Illness concerns and effects (depression)" and "Illness concerns and effects (other mental illness)"** are common.

Trends in the Number of Suicides among University Students, etc. by Gender *

(Number of suicides)

*Age is up to 29 years old. The same applies below.



Top 10 Causes/Motives of Suicide Among University Students, etc., by Gender (Detailed Items)

Male University Students, etc. (n=1,010)		Female University Students, etc. (n=556)	
Academic failure	22.6%	Illness concerns and effects (depression)	21.4%
Problems related to career paths (other than entrance examinations)	19.1%	Illness concerns and effects (other mental illnesses)	15.8%
Illness concerns and effects (depression)	9.8%	Problems related to career paths (other than entrance examinations)	14.2%
Illness concerns and effects (other mental illness)	7.1%	Academic failure	9.5%
Heartbreak	6.6%	Heartbreak	8.3%
Others (school-related issues)	5.5%	Discord with schoolmates (other than being bullied)	6.5%
Others	5.4%	Others	6.5%
Discord with schoolmates (other than being bullied)	5.0%	Others (school-related issues)	5.2%
Loneliness	4.5%	Loneliness	4.3%
Failure to find a job	3.7%	Others (relationship-related issues)	3.4%

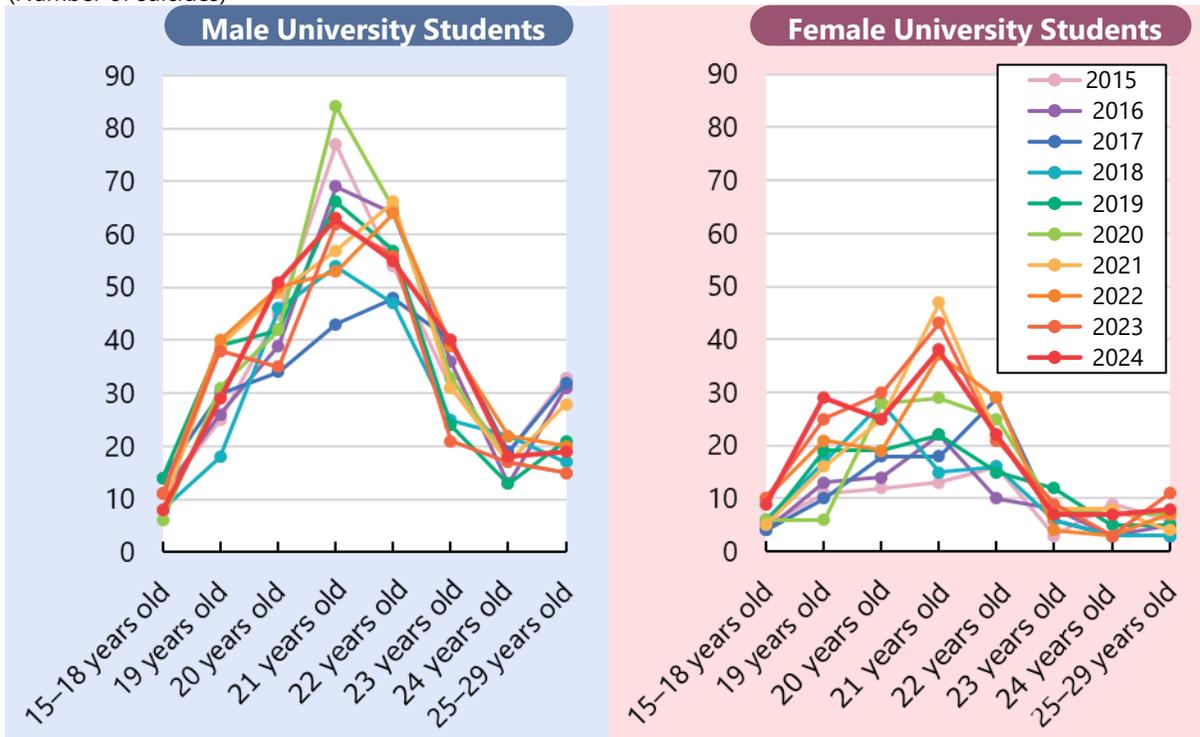
Source: Suicide statistics records from the National Police Agency; compiled by the Ministry of Health, Labour and Welfare

Chapter 2: Situation Surrounding Youth Suicide (4) Suicide Among University Students, etc. (2)

- The number of suicides among university students by age, **for males, peaked at age 21 in most years, forming a mountain-like pattern.** After peaking in 2020, the number has gradually flattened. **For females, since 2021, the highest number has been at age 21, and the peak has become higher, showing a trend approaching that of males.**
- When examining the causes/motives of suicide among 21-year-old university students, the most common category for both males and females was "**Problems related to career paths (other than entrance examinations).**" Among females, this category exceeded "**Health issues,**" such as "**Illness concerns and effects (depression),**" which had been the most common cause among university students, etc..

Trends in the Number of Suicides among University Students by Gender and Age

(Number of suicides)



Top 10 Causes/Motives of Suicide Among 21-Year-Old University Students by Gender (Detailed Items) (2022-2024)

	21-year-old male University Students (n=178)	21-year-old female University Students (n=118)	
Problems related to career paths (other than entrance examinations)	24.2%	Problems related to career paths (other than entrance examinations)	19.5%
Academic failure	19.7%	Illness concerns and effects (depression)	16.9%
Illness concerns and effects (depression)	12.9%	Illness concerns and effects (other mental illness)	15.3%
Illness concerns and effects (other mental illness)	9.6%	Academic failure	8.5%
Heartbreak	8.4%	Heartbreak	7.6%
Discord with schoolmates (other than being bullied)	7.9%	Others (school-related issues)	5.9%
Others (school-related issues)	5.1%	Discord with schoolmates (other than being bullied)	5.1%
Failure to find a job	4.5%	Others	5.1%
Others	3.9%	Failure to find a job	4.2%
Others (economic and life issues)	3.4%	Illness concerns (other physical illness)	3.4%

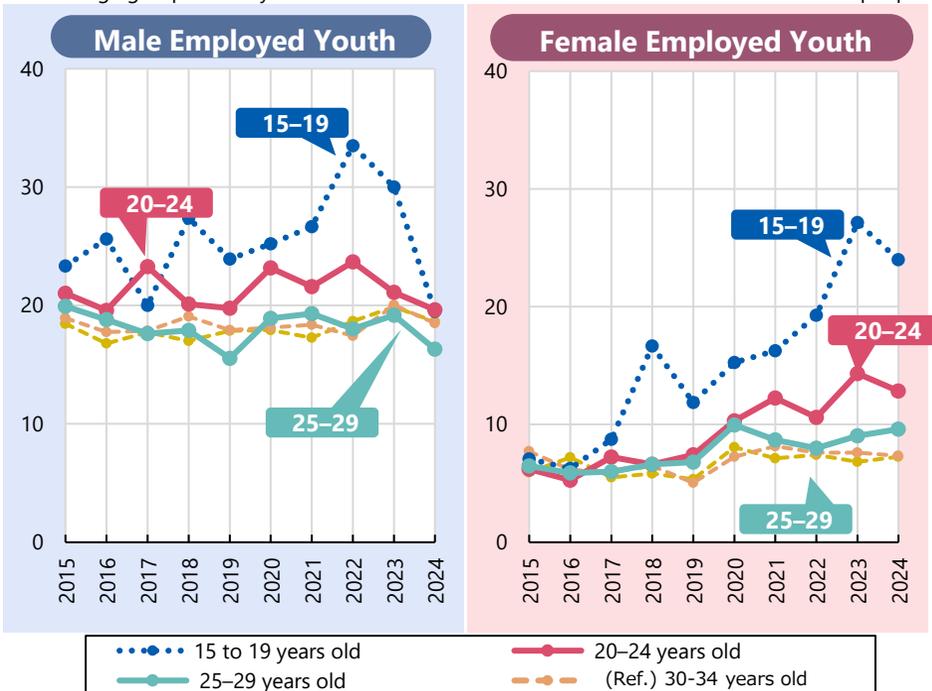
Chapter 2: The Situation Surrounding Youth Suicide (5)

Suicide Among Employed Youth

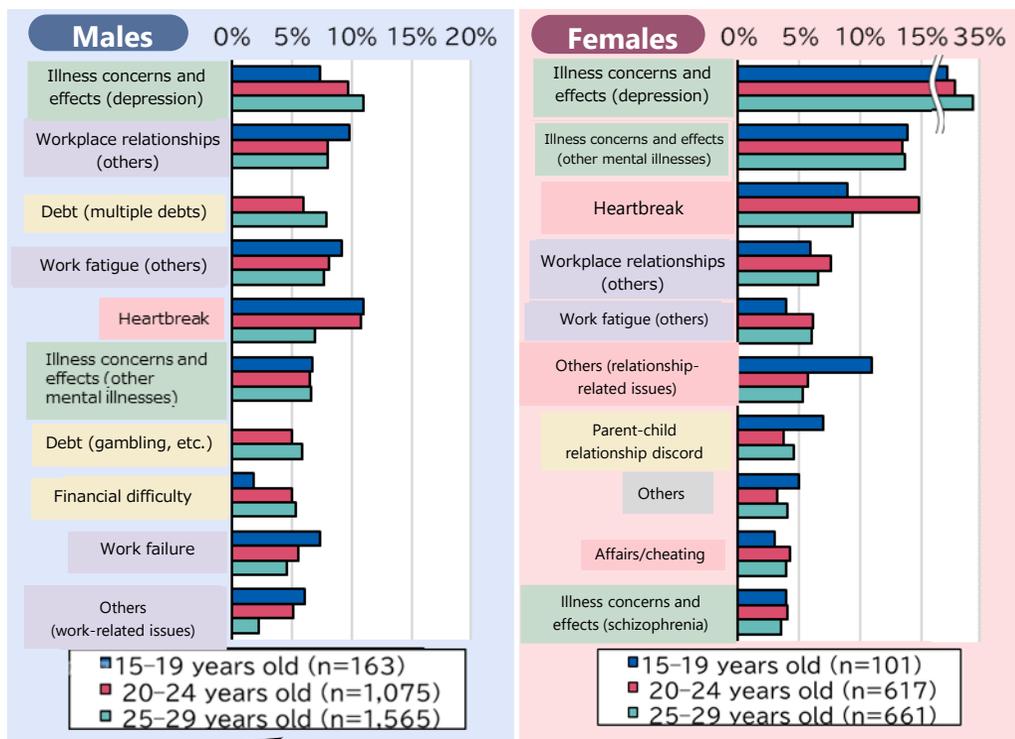
- The suicide mortality rate among employed youth has **generally remained stable or shown a declining trend for males. For females, it has shown an upward trend across the entire young age group.**
- The causes/motives of suicide among employed youth show a high proportion for "**Health issues**" such as "**Illness concerns and effects (depression)**" for both males and females. The proportion for "**Work-related issues**" such as "**Workplace relationships (others)**" and "**Work fatigue (others)**" is also high. Furthermore, among employed males in their 20s, the proportion for "**Economic and life issues**" such as "**Debt (multiple debts)**" is high.

Trends in Suicide Mortality Rates Among Employed Youth by Gender

* The age group "15-19 years old" is shown as a dotted line due to the small number of people.



Top Causes/Motives of Suicide Among Employed Youth by Gender (Detailed Items) (2022-2024)



※Only items ranking within the top 10 in multiple age groups are displayed

Chapter 2: Situation Surrounding Youth Suicide (6)

Suicide Among Unemployed Youth (Trends in Suicide Mortality Rates, Number of Suicides)

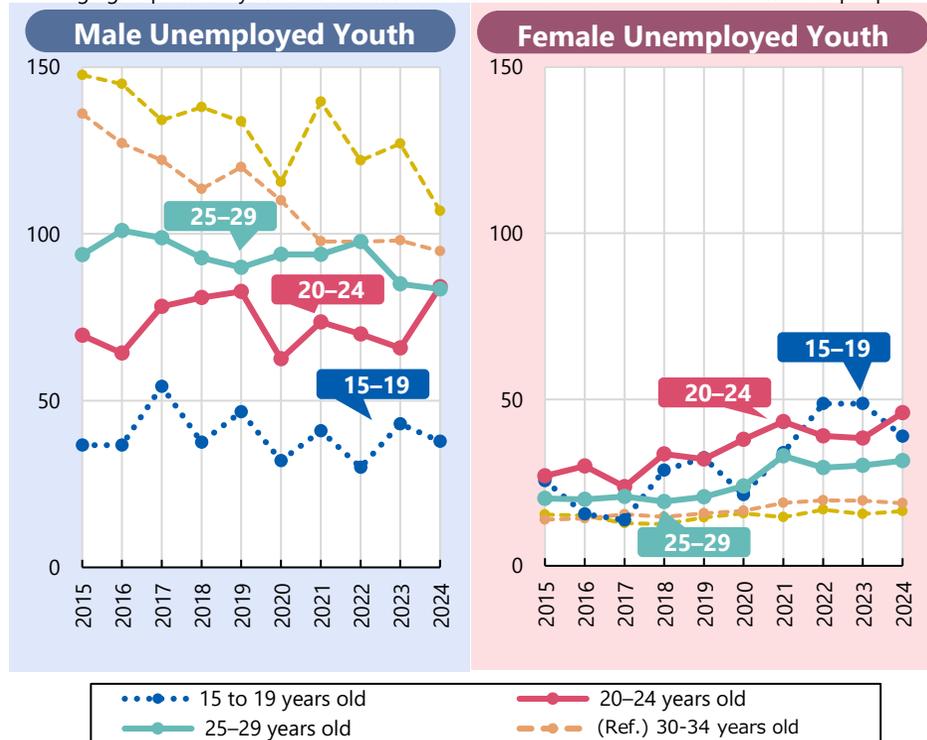
- The suicide mortality rate among unemployed youth is significantly higher for males and increases with age. For females, it has shown an upward trend in recent years.
- The number of suicides among unemployed youth by category, for both males and females, is highest for "Other unemployed (other than hikikomori (socially withdrawn individuals))"^{*1} across most age groups. However, "Other unemployed (hikikomori)"^{*2} outnumber "Unemployed."

*1: persons "lacking motivation to work and supported by family" or "lacking motivation to work due to illness while undergoing treatment", etc., who do not meet the criteria for hikikomori. This includes those studying at home for entrance examinations.

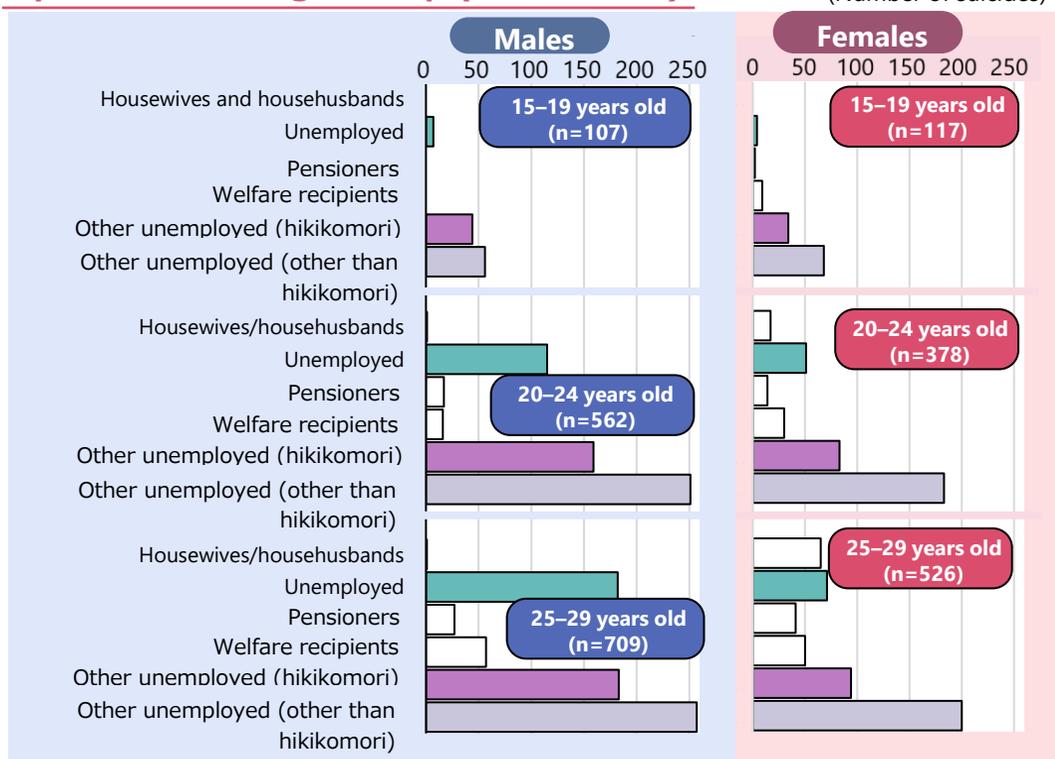
*2: The term refers to unemployed persons who do not fall under any other category and who, in accordance with the Ministry of Health, Labour and Welfare's "Guidelines on the Assessment and Support of Hikikomori (2010)," are defined as "those who, as a result of various factors, avoid social participation—including attending school (including compulsory education), working (including part-time employment), or socializing outside the home—and who, as a general rule, have remained largely confined to their homes for a period of six months or longer, even if they occasionally go out without interacting with others."

Trends in Suicide Mortality Rates Among Unemployed Youth by Gender

* The age group "15-19 years old" is shown as a dotted line due to the small number of people.



Number of Suicides Among Unemployed Youth by Category, by Gender and Age Group (2022-2024)



Source: Suicide statistics records from the National Police Agency; compiled by the Ministry of Health, Labour and Welfare

Chapter 2: Situation Surrounding Youth Suicide (7) Suicide Among Unemployed Youth (Causes/Motives of Suicides)

- Among the causes and motives for suicide among unemployed youth, "**Illness concerns and effects (depression)**" has the highest proportion, and overall, "**Health issues**" account for a significant share.
- For "**Other unemployed (other than hikikomori)**," "**Heartbreak**," "**Financial difficulty**," and "**Failure to find a job**" rank high.
- For "**Other unemployed (hikikomori)**," "**Parent-child relationship discord**," "**Failure to find a job**," and "**Loneliness**" rank high.
- For "**Unemployed**," "**Economic and life issues**" such as "**Financial difficulty**" and "**Unemployment**" rank high, while "**Heartbreak**" and "**Workplace relationships (others)**" also appear within the top 10.

Top 10 Causes/Motives of Suicide Among Unemployed Youth (Detailed Items) (2022–2024)

*Due to the small number of cases for "15–19 years old," this age group is combined with "24 years old and under" for analysis as "15–24 years old."

Other Unemployed (other than Hikikomori)				Other Unemployed (Hikikomori)				Unemployed			
15–24 years old (n=558)		25–29 years old (n=457)		15–24 years old (n=320)		25–29 years old (n=277)		15–24 years old (n=177)		25–29 years old (n=253)	
Illness concerns and effects (depression)	23.7%	Illness concerns and effects (depression)	26.7%	Illness concerns and effects (depression)	29.1%	Illness concerns and effects (depression)	30.7%	Illness concerns and effects (depression)	22.0%	Illness concerns and effects (depression)	23.3%
Illness concerns and effects (other mental illness)	19.0%	Illness concerns and effects (other mental illness)	17.7%	Illness concerns and effects (other mental illness)	18.4%	Illness concerns and effects (other mental illness)	14.8%	Financial difficulty	11.9%	Unemployment	16.2%
Illness concerns and effects (schizophrenia)	7.3%	Illness concerns and effects (schizophrenia)	11.6%	Illness concerns and effects (schizophrenia)	8.8%	Parent-child relationship discord	8.3%	Unemployment	10.7%	Financial difficulty	9.9%
Heartbreak	7.3%	Financial difficulty	6.6%	Others	8.4%	Failure to find a job	6.9%	Illness concerns and effects (other mental illness)	9.6%	Illness concerns and effects (other mental illness)	8.3%
Failure to find a job	6.5%	Failure to find a job	5.3%	Parent-child relationship discord	6.6%	Loneliness	6.5%	Failure to find a job	9.6%	Heartbreak	7.5%
Others	5.2%	Heartbreak	4.6%	Loneliness	5.9%	Others	5.8%	Heartbreak	9.6%	Debt (others)	6.7%
Financial difficulty	4.8%	Others	4.4%	Failure to find a job	5.6%	Financial difficulty	5.1%	Parent-child relationship discord	6.2%	Failure to find a job	6.3%
Parent-child relationship discord	4.5%	Debt (others)	3.9%	Illness concerns (other physical illness)	3.8%	Illness concerns (other physical illness)	4.7%	Debt (others)	6.2%	Debt (multiple debts)	6.3%
Debt (others)	3.4%	Others (relationship-related issues)	3.7%	Others (family problems)	3.4%	Illness concerns and effects (schizophrenia)	4.7%	Workplace relationships (others)	5.6%	Workplace relationships (others)	4.7%
Other family relationship discord	2.7%	Debt (multiple debts)	3.5%	Other family relationship discord	2.8%	Others (family problems)	3.2%	Debt (multiple debts)	5.1%	Dismissal or termination of employment	4.7%
Illness concerns (other physical illness)	2.7%			Heartbreak	2.8%						

Chapter 2: Situation Surrounding Youth Suicide (8)

Findings from Analysis (Trends and Overall Patterns)

- The number of suicides among youth (15–29 years old) **has remained high, exceeding 3,000 since 2020**. Suicides among female youth are increasing; **in 2024, the number of female suicides in the 15–19 age group exceeded that of males, though males still outnumber females in their 20s**.
- The proportion of female youth who died by suicide with a history of suicide attempts is high, exceeding 40% in their 20s and continuing through their early 30s.
- While "Hanging" is the most common method across all age groups, female youth show a higher proportion of "Poisoning (Medication)"* compared to males and females (all ages).

*Starting in 2022, suicide statistics records began distinguishing between "Poisoning (Medications)" and "Poisoning (Non-Medications/Unknown)" for suicide methods. Medications here do not necessarily refer to over-the-counter (OTC) drugs.

Comprehensive Support to Prevent suicide attempt survivors from re-attempting

Key Initiatives

*For details, refer to Chapter 3 of White Paper on Suicide Countermeasures

- ✓ **Establishing local medical facilities that serve as bases supporting suicide attempt survivors**
- ✓ **Enhancing the medical care system provided by psychiatrists at emergency medical facilities**
(Operating the Japan Registry of Self-harm and Suicide Attempts)
- ✓ **Strengthening comprehensive support for suicide attempt survivors**
by promoting coordination between medical care and the community
(Implementing the Training Program to Enhance Mental Health Response Capabilities for Primary Care Physicians to ensure effective collaboration between local primary care physicians and specialists/specialized medical institutions)
- ✓ **Providing support through interconnectedness with measures to create Ibasho (place where one feels comfortable, safe, and accepted)**
- ✓ **Supporting close supporters such as family members**
- ✓ **Encouraging postvention in schools and workplaces**

Overdose Countermeasures

- ✓ Implementing **awareness activities** on the dangers of over-the-counter (OTC) medication **abuse through brochures, videos, and the Ministry of Health, Labour and Welfare (MHLW) website**
- ✓ Developing and promoting the use of the **"Manual for Pharmacists and Others as Gatekeepers — For Pharmacists, Registered Salespersons Handling OTC Medication, and School Pharmacists"** to help connect young people suffering from overdoses to appropriate support services

Chapter 2: Situation Surrounding Youth Suicide (9)

Findings from the Analysis (Causes/Motives of Suicide by Attribute)

***Note: Causes/motives of suicide in the suicide statistics records are limited to those ascertained during police investigations and inquiries.**

- ✓ The number of suicides among university students **peaks at age 21 for both males and females, forming a mountain-like pattern, with the trend for females approaching that for males.** Furthermore, the causes and motives for suicide are predominantly "**School-related issues**" for males, such as "**Academic failure**" and "**Problems related to career paths (Other than entrance examinations)**"; for females, they are predominantly "**Health issues**," such as "**Illness concerns and effects (depression)**" and "**Illness concerns and effects (other mental illness)**." However, at age 21, "**Problems related to career paths (other than entrance exams)**" is the most common cause for both females and males.
- ✓ The causes/motives of suicide among employed youth show a high proportion of "**Health issues**" such as "**Illness concerns and effects (depression)**" for both males and females, along with a high proportion of "**Work-related issues**" such as "**Workplace relationships (others)**" and "**Work fatigue (others)**". Furthermore, among employed males in their 20s, "**Economic and life issues**" such as "**Debt (multiple debts)**" account for a high proportion.
- ✓ Among unemployed youth who committed suicide, "**Other unemployed (other than hikikomori)**" were the largest group for both males and females overall, though "**Other unemployed (hikikomori)**" outnumbered "**Unemployed.**" Furthermore, "**Health issues**" such as "**Illness concerns and effects (depression)**" were a high proportion of the causes/motives of suicide.

Detailed Countermeasures Tailored To Specific Attributes

University Students, etc.

- ✓ **Establishing counseling systems** at universities and other institutions, and providing detailed support that carefully addresses students' worries and anxieties **through collaboration with specialists**
- ✓ Implementing "**Training for the Promotion of Suicide Prevention Measures at Universities**" for university faculty and staff
- ✓ Providing employment support, including on-site counseling visits to universities through services such as **New Graduate Support Hello Work**

Employed Youth

- ✓ Promoting **stress checks and harassment prevention measures** at workplaces
- ✓ Introducing mental health initiatives for young workers and new employees on the mental health portal site "**Kokoro no Mimi**" (ears of the heart)
- ✓ Implementing outreach lectures and other programs for youth **to prevent financial troubles, including multiple debts**

Unemployed Youth

- ✓ Providing support utilizing the "**Hikikomori Support Handbook: A Compass for Being There**"
- ✓ Providing specialized counseling aimed at vocational independence at **Regional Youth Support Stations**
- ✓ Implementing detailed consultation support at **Hello Work** service counters to prevent unemployed persons from falling into long-term unemployment

Chapter 3: Implementation Status of Suicide Countermeasures in FY 2024 (1)

1. Strengthening support for practical initiatives at a local level

- ✓ **Creating profiles of local suicide status and policy packages for local suicide countermeasures**
 - **Providing "Profiles of Local Suicide Status"**

Providing each local government with a "Profiles of Local Suicide Status," which analyzes suicide realities and evaluates local characteristics to support effective suicide prevention measures at the city/town/village level.
- ✓ Supporting local governments to formulate and review local suicide countermeasure plans
- ✓ Supporting local suicide countermeasures promotion centers
- ✓ Promoting the establishment of dedicated departments and assignment of staff for suicide countermeasures

2. Encouraging everyone to be aware of and watch over potential suicide risks of others

- ✓ **Conducting awareness campaign of Suicide Prevention Week and Suicide Countermeasures Strengthening Month**
 - **Sending a message jointly signed by the ministers in light of the long vacation season**

The Minister of Health, Labour and Welfare, the Minister of Education, Culture, Sports, Science and Technology, the Minister of Children's Policy, and the Minister in charge of Measures for Loneliness and Isolation jointly released a message calling on the public and children and youth.
- ✓ **Implementing education that contributes to suicide countermeasures for students**
 - **Promoting School-Based Help-Seeking Programs**

Based on the joint notification of Ministry of Education, Culture, Sports, Science and Technology and Ministry of Health, Labour and Welfare (2018), promoting School-Based Help-Seeking Programs.
- ✓ Disseminating accurate information about suicide and suicide-related matters and public awareness about depression and other related issues

3. Promoting research and studies that contribute to the promotion of comprehensive suicide countermeasures

- ✓ Surveys, research, and verification on the actual suicide situations and the implementation of suicide countermeasures, etc.
- ✓ **Surveys on suicide among children, youth, and women**, and utilizing the system to investigate the cause of death
 - **Promoting research and studies on suicide prevention among students**

Conducting discussions toward revising the "Guidelines for Background Investigations When a Child's Suicide Occurs (Revised Edition, 2014)"
 - **Implementation of factor analysis of child suicide**

Conducting research and studies to collect suicide-related statistics and related materials held by police, fire departments, schools, boards of education, local public entities, etc., and perform factor analysis.
- ✓ Research leading to elucidation of the pathology of psychiatric diseases, such as depression

4. Securing, training and improving the quality of human resources engaged in suicide countermeasures

- ✓ Promoting education on suicide countermeasures in coordination with universities/colleges and Specialized Training Colleges
- ✓ Improving the qualifications of family doctors, community health staff and human resources at public agencies, etc.
- ✓ Awareness-raising for school teachers and staff
- ✓ **Training people in various fields as gatekeepers**
 - **Implementing training for gatekeeper training instructors, etc.**

Conducting training for persons who will serve as instructors or leaders for gatekeeper training programs. Additionally, post training materials related to gatekeeper training in various fields on the website "Mamorouyo Kokoro"(to protect your mind).
- ✓ Mental care for those engaged in suicide countermeasures
- ✓ Supporting supporters including family, friends, gatekeepers, etc.

Chapter 3: Implementation Status of Suicide Countermeasures in FY 2024 (2)

5. Promoting development of mental health and a supportive environment for it

- ✓ Promoting mental health measures in the workplace
- ✓ Establishing systems to promote mental health promotion in local areas
- ✓ **Establishing systems to promote mental health promotion at school**
 - **Enhancing the educational counseling system utilizing school counselors etc.**

The budget has been expanded to strengthen the deployment of school counselors and other professionals, tailored to specific needs, in order to address the various issues faced by children and students.
- ✓ **Promoting mental care and life reconstruction for victims of large-scale disasters**
 - **Implementation of the Mental Health Care Programs for Disaster-Affected Areas in the Noto Peninsula Earthquake**

Establishing the Ishikawa Mental Health Support Center to provide telephone counseling via a dedicated hotline and home visits for those needing mental health support.

6. Ensuring that appropriate mental health and medical welfare services are available

- ✓ Improving the linkage of various measures, such as psychiatric care, health care, welfare, and assignment of specialists
- ✓ **Training of human resources responsible for mental health and medical welfare services**
 - **Implementing support for young people suffering from overdoses**

As overdose countermeasures, implementing initiatives to promote field utilization, such as: Creating websites and educational materials listing consultation services; Developing manuals for pharmacists and registered salespersons to connect individuals to appropriate support resources; Conducting seminars and other activities to encourage the use of these resources in practice.
- ✓ Developing systems to provide mental health and medical welfare services for children
- ✓ Screening for depression, etc., and measures for high-risk individuals with psychiatric diseases other than depression.

7. Reducing the risk of suicide in society as a whole

- ✓ Improving counseling systems, transmitting understandable information on counseling services, etc., and strengthening outreach
- ✓ **Improving counseling services related to multiple debts and increasing safety-net loans**
 - **Strengthening financial and economic education**

The Japan Financial Literacy Education Center (J-FLEC), established in 2024, creates financial literacy lecture materials and conducts outreach classes at schools and companies, raising awareness among diverse groups about debt and multiple debt issues.
- ✓ **Utilization of ICT (Internet, social medias, etc.)**
 - **Effective utilization of "1 Device for 1 Student" to facilitate help-seeking and monitor students' mental and physical conditions**

Disseminating case studies on the effective use of "1 Device for 1 Student" to facilitate help-seeking and to monitor students' mental and physical conditions.
- ✓ Measures to deal with suicide-related information on the internet
- ✓ **Support for hikikomori, victims of child abuse, sexual crimes and sexual violence, the poor and needy, and single-parent families**
 - **Enhancing support for hikikomori**

Implementing initiatives to enhance support, such as developing the "Hikikomori Support Handbook: A Compass for Being There" as a new guideline for hikikomori support based on current challenges.
- ✓ Improving Support for Sexual Minorities
- ✓ Promoting the provision of Ibasho (place where one feels comfortable, safe, and accepted) that contribute to suicide countermeasures
- ✓ Disseminating the WHO guidelines, etc. to media professionals
- ✓ Promoting international cooperation on suicide countermeasures

Chapter 3: Implementation Status of Suicide Countermeasures in FY 2024 (3)

8. Preventing suicide attempt survivors from re-attempting

- ✓ Establishing local medical facilities that serve as bases supporting suicide attempt survivors
- ✓ **Enhancing the medical care system provided by psychiatrists at emergency medical facilities**
 - **Implementation of training for the care of suicide attempters**
"Suicide Attempter Care Training" was held for emergency medical workers, with separate sessions for general emergency care and psychiatric emergency care.
 - **Establishing the "JAPAN Registry of Self-harm and Suicide Attempts"**
Establishing the "JAPAN Registry of Self-harm and Suicide Attempts", a registration system at emergency medical centers to develop more effective intervention and support methods for suicide attempt survivors.
- ✓ Strengthening comprehensive support for suicide attempt survivors by promoting coordination between medical care and the community
- ✓ Supporting close supporters such as family members

9. Improving support for bereaved people

- ✓ **Supporting the operations of self-help groups for bereaved people**
 - **Holding training and Opinion Exchange Meeting for Support Groups for Those Bereaved by Suicide**
Held training sessions and opinion exchange meetings based on the "Comprehensive Support Guide for Those Bereaved by Suicide (Revised Edition)" created in 2024, and made the training videos publicly available.
- ✓ Encouraging postvention at school and workplaces
- ✓ Promoting the provision of information relating to the comprehensive support needs of bereaved people
- ✓ Improving the quality of human resources at public agencies who deal with bereaved people
- ✓ Supporting bereaved children

10. Strengthening cooperation with private entities

- ✓ Supporting human resource development at private entities
- ✓ Establishing a local coordination system
- ✓ **Supporting counseling services by private entities**
 - **Financial support, etc. for private entities**
Providing financial support to private entities working on suicide countermeasures, including those that provide telephone counseling services, etc.. Additionally, support counseling services utilizing social media primarily targeting youth, and publish guidelines compiling support know-how for social media-based counseling.
- ✓ Supporting pioneering and experimental approaches by private entities and their efforts in suicide hotspots

11. Further promoting suicide countermeasures for children and youth

- ✓ Preventing child suicide due to bullying
- ✓ **Improving support for students**
 - **Strengthening Suicide Prevention in Schools**
Notifying boards of education and others regarding the promotion of early detection of SOS signals through measures such as "mental health observation" utilizing "1 Device for 1 Student", etc., and promptly establishing crisis management systems through measures such as setting up "school-based crisis response teams."
- ✓ Improving support for children and youth and support for youth tailored to their characteristics
- ✓ **Establishing a system to promote suicide countermeasures for children and youth**
 - **Publication of the Roadmap for the "Emergency Enhanced Plan for Child Suicide Countermeasures"**
Published a roadmap visualizing the goals and progress of each measure based on the "Emergency Enhanced Plan for Child Suicide Countermeasures."

Chapter 3: Implementation Status Of Suicide Countermeasures in FY 2024 (4)

12. Further promoting suicide countermeasures due to work-related problems

- ✓ **Rectifying the practice of long working hours**
 - **Support for compliance with the Labor Standards Act, etc.**
Prefectural labor bureaus, etc., provided consultation and support for compliance with the upper limit of overtime work, etc.
- ✓ **Promoting mental health measures in workplaces**
 - **Mental health portal site "Kokoro no Mimi" (ears of the heart) for workers**
Provided various content, including the latest information on workplace mental health measures, case studies of initiatives, and tools useful for workers' self-care. Also operated consultation services via phone, email, and social media for workers, providing support for mental health issues and other concerns.
- ✓ Measures to prevent harassment

13. Further promoting suicide countermeasures for women

- ✓ **Improving support for expectant and nursing mothers**
 - **Creating a seamless support system from pregnancy through child-rearing**
Promoting the development of Children and Families Centers and implementing nationwide rollouts of "Postpartum Care Programs" that provide physical and mental care, childcare support, and other services for mothers and infants after childbirth.
- ✓ Supporting women in light of challenges that have emerged during the COVID-19 pandemic
- ✓ **Supporting women facing difficult problems**
 - **Establishing and Promoting New Support Based on the New Act on Support for Women**
Launching the nationwide common short-dial number for Women's Consultation and Support Centers, #8778 (Hanasou Nayami / "Let's Talk About Your Worries"), operating the specialized support website for women, "Anata no Mikata" ("Your Ally"), organizing national forums and other related activities.



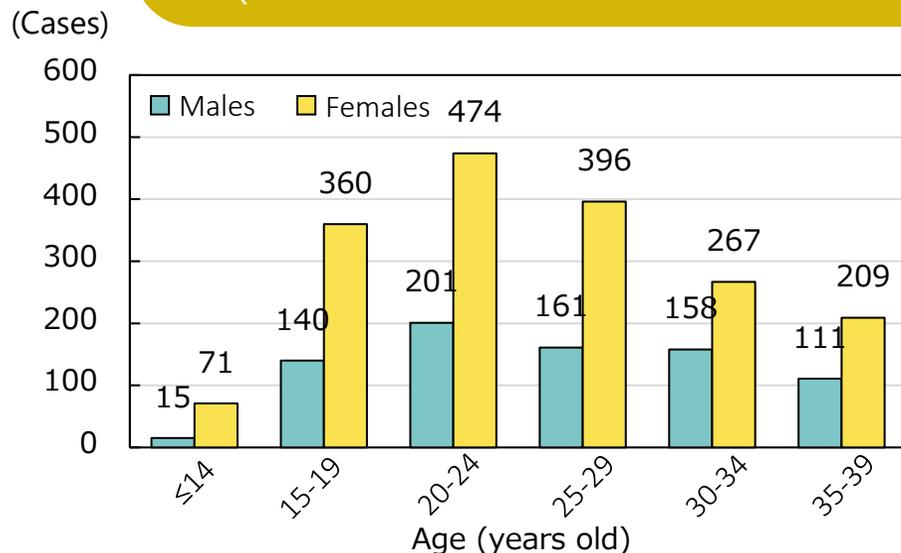
▲ Posters of Suicide Prevention Week (September 10-16) and Suicide Countermeasures Strengthening Month (March) in FY 2024

Overview of Self-harm and Suicide Attempts Among Youth Based on Data from JAPAN Registry of Self-harm and Suicide Attempts

IWAMA Yudai, Deputy Head of the Office for Suicide Attempt Survivors, Japan Suicide Countermeasures Promotion Center

- The Japanese Society for Emergency Medicine and the Japan Suicide Countermeasures Promotion Center, jointly operate the "**JAPAN Registry of Self-harm and Suicide Attempts (JA-RSA)**", a **case registration system for self-harm and suicide attempts**. This initiative aims to understand the actual state of self-harm and suicide attempts—key risk factors for suicide—and identify challenges in support services, thereby linking these insights to effective policy measures.
- Since its launch in December 2022, the registry has secured **participation from 78 emergency medical centers nationwide** by December 31, 2024, with **4,521 cases registered**.
- Starting with cases seen in January 2025, the registry has also begun collecting new information on the causes/motives behind each case of self-harm or suicide attempt, as well as challenges in providing support.

Number of self-harm and suicide attempts among those aged 39 and under (based on data from 2023-2024 JAPAN Registry of Self-harm and Suicide Attempts)



- **Over half** of the registered cases **involve young people aged 39 or under**
- Characteristics of cases aged 39 and under:
 - **Females** account for the majority
 - **Overdose** is the most common method, accounting for more than 60%
 - Approximately half had a **history of self-harm or suicide attempts**
 - Approximately 70% had a **history of psychiatric treatment**

On Suicide Prevention Among University Students

ETO Nobuaki, Lecturer, Department of Psychiatry, Faculty of Medicine, Fukuoka University School

- **University students are at a stage where mental health issues tend to emerge and increase rapidly**, placing them at elevated risk of suicide. At the same time, **they are more likely to seek medical care on their own initiative, and the range of psychiatric services available to them as "adults" is broader**. It is therefore essential to establish systems that make it easier for students to seek support and for those around them to connect them for appropriate assistance.
- It is necessary to promote **mental health education prior to university enrollment** and, **after enrollment, to establish support systems that ensure collaboration with medical institutions through resources such as campus counseling centers**.

Unique Situations for University Students

- Surveys indicate that while factors related to "family/home" and "school" are common background factors among young who have made serious suicide attempts, individuals in their 20s experience additional issues such as academic problems, family-related issues, romantic or marital difficulties, and alcohol or drug-related issues.
- As their roles in society change significantly, they begin to interact with society as adults in various ways and often live apart from their parents, which is thought to result in a wider variety of underlying factors.
- For university students in particular, mental illness often leads to academic difficulties, making it necessary to provide counseling in conjunction with academic support.



Practical Approaches for University Students

After developing a mental illness following university enrollment, the student attempted suicide by jumping.
 → While the student was hospitalized at an emergency medical facility, a psychiatrist consulted with university staff and the family, providing treatment while coordinating support related to the student's academic continuation.

After entering university, the student struggled with interpersonal relationships at part-time jobs and in extracurricular clubs, leading to feelings of loneliness. The student developed depression, was unable to earn academic credits, and attempted suicide by ingesting medication.
 → The emergency medical facility consulted the psychiatric department, which then provided ongoing psychiatric treatment and support for the student's return to school.

The student had received support since childhood for stuttering and autism spectrum disorder and began experiencing suicidal thoughts in high school, later seeking help at the university counseling center.
 → During counseling sessions, the student told the counselor that difficulties with job hunting had intensified these suicidal thoughts, leading to the overdose of OTC medication, and was subsequently referred to psychiatric care.

To Prevent Young People from Being Left Isolated

KUDO Kei, Chairperson, Certified NPO Sodateage Net, Youth Support Organization

- At Sodateage Net, we implement programs such as **Job Training Program "Job-Tore"**, a job training program that supports youth and young adults, including those experiencing **hikikomori or difficulties in being able to work**. By helping them build relationships with others and regain a sense of self-efficacy, we support young people in connecting with the world of work.

● A man in his 20s experienced health problems caused by workplace harassment from his supervisor and subsequently led a largely withdrawn life for about five years.

➔ Although he had the ability to work, he felt intense anxiety about interacting with others and therefore enrolled in the "Job-Tore" program. Through workplace visits, job experiences at companies supportive of young people, and participation in community activities, he gradually became more comfortable communicating with others. After about a year in the program, he is now working energetically as a full-time employee.

- Living isolated from society and with a deep sense of loneliness is painful. To prevent young people from being left isolated, **we each need to do what we can, little by little, together**. We need to create **spaces** like "Job-Tore" where **young people can connect, because we understand their loneliness**.

Night Youth Center: A Safe Space After Dark

- Since May 2022, we have operated the **Night Youth Center** as a place for youth who do not want to be at home or cannot stay at home during the evening hours, when feelings of loneliness are more likely to intensify. Currently, 40 to 50 young people make use of this space.
- We share dinner with young people who are looking for a place outside their homes, those who remain withdrawn at home during the day, and those who commute to school or work but still feel lonely. Through games and music, they build connections with their peers and with supportive adults.



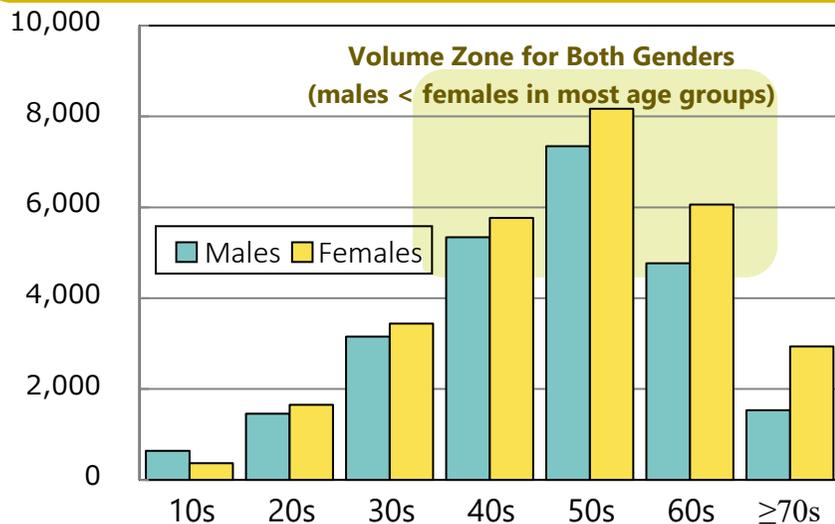
YOKOTA Kazuko, Internet Counseling Supervisor, Federation of Inochi no Denwa

- "Inochi no Denwa" operates 24 hours a day, 365 days a year, with approximately 5,900 telephone counselors nationwide (as of April 2025). Counseling is provided anonymously, on a one-time basis*, and grounded in a stance of active listening. In addition, Internet-based counseling (email) was launched in April 2016.

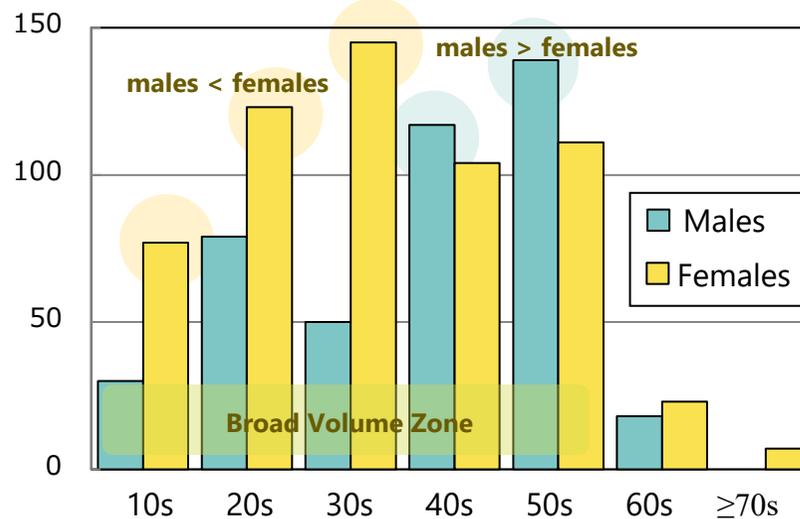
*Each consultation is concluded after a single session.

- Compared with telephone counseling, Internet counseling generally shows a higher proportion of consultations from individuals with suicidal tendencies** (those contemplating suicide). Telephone consultations often come from people seeking interaction, expressing a desire to "talk to someone," whereas Internet counseling may be more likely to reveal suicidal thoughts.
- The proportion of consultations involving suicidal ideation is particularly high among people in their 20s.** Among those in their teens and 20s, characteristics of consultations involving suicidal tendencies include: strong resistance to revealing personal vulnerabilities; suicidal ideation arising from isolation due to keeping worries to oneself, accompanied by self-blame for an inability to cope and a decrease in self-esteem; and expressions of feelings such as "reality is so painful that I want to die."

Number of Toll-Free Telephone Calls Received in FY2024



Number of Internet Consultations Received in FY2024



*Age unknown; gender and other details omitted