

A Community-Based Intervention
for suicide prevention
"Health Promotion Approach"

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High suicide rate in Japan

In 1998 Japan's suicide increased sharply to over 30,000 people a year.

A particularly high number of suicides among the middle-aged and the elderly.

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High suicide rate in Japan

Among Japan's 47 urban and rural prefectures, Akita prefecture has had the highest suicide rate since 1997. (Akita Prefecture, 2005)

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Background Information

To reduce the suicide rate in Akita prefecture, in the cooperation of Akita University.

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Background Information

A community-based public health promotion intervention study for suicide prevention

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Objective of the study:

Whether a community-based intervention for suicide prevention emphasizing the empowerment of residents and civic participation has the effect of reducing suicide rates in rural towns

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Characteristics of Intervention Towns

Akita Prefecture, located on the Japan Sea side of the Tohoku region, has a population of 1,159,022 (as of 2004)

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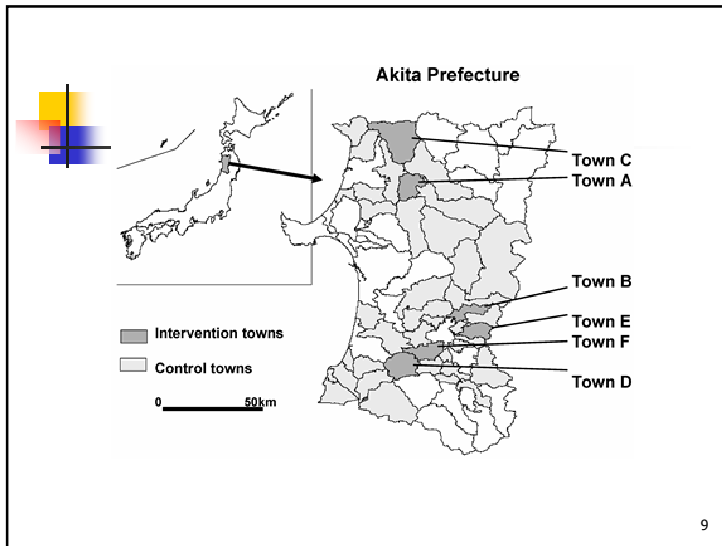
Characteristic of Intervention Towns

The six towns where the intervention was implemented are small, remote towns, with low population in rural areas.

Their total population is 43,964 (as of 2004)

Senior citizens accounting for 31.8% of the population.

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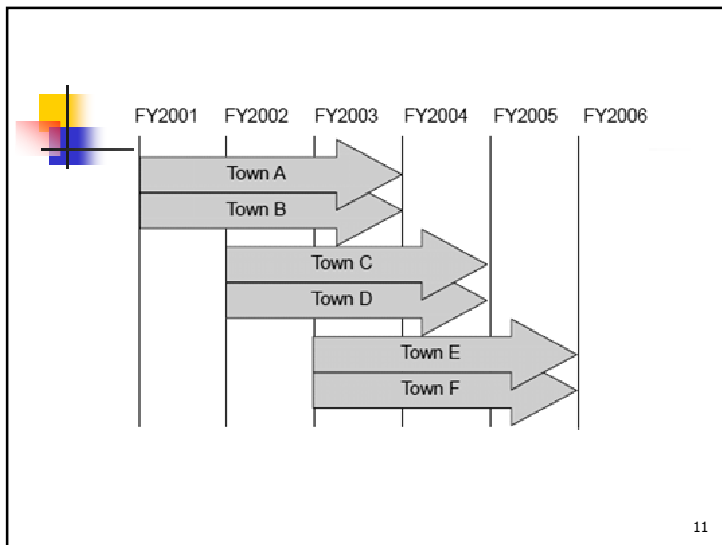


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The period of intervention was 3 years, beginning in 2001.

(The survey was started in two towns in 2001, two towns in 2002, and the remaining two towns in 2003. Intervention was completed in 2006)

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The Characteristics of Control Towns

A total population of 297,071 (as of 2004)

With the senior citizen accounting for 30.1% of the population.

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Intervention Program

Public Health Intervention was conducted through

- 1) Awareness-raising activities aimed at the general population
- 2) Emphasizing on civic-participation, to promote residents' empowerment regarding suicide prevention.

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Intervention Program

- 1) *The implementation of a resident-based survey on mental health*

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1.1 The survey consisted of questions for the screening of depression, stress in daily life, stress-coping behaviour, mental health literacy and attitudes to suicide prevention.

- Psychosocial and familial risk factors for depressive symptoms were analyzed by logistic regression analysis.

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Intervention Program:

- 1.2 *Based on the survey result, mental health was outlined in a leaflet and distributed to every household.*

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Intervention Program:

1.3 Lecture meetings outlining the results of the survey were held three to five times a year.

1.4 Awareness raising activities were conducted to promote residents' empowerment concerning suicide prevention,

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Intervention Program:

2. Specialist training on suicide prevention was provided for public health staff and welfare staff.

Trainings include the prevention of depression and suicide, specialist counseling skills and etc.

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Intervention Program:

3. Residents participating in the process of formulating suicide prevention measures:

independent suicide prevention activities were promoted with the cooperation of towns.

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Intervention Program:

4. A list of counselling Centers for residents with worries or concerns was distributed.

They were given the opportunity to receive psychological counseling from specialists such as doctors or public health nurses.

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Intervention Program:

5. Community network was created to eliminate the sense of psychological isolation by elderly people.

Offering opportunities to get together for meals, to take part in recreation activities, and by increasing the activities of mental welfare volunteers.

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Result:

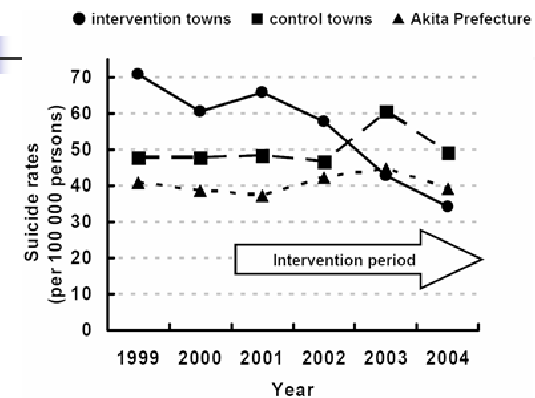
In the intervention towns, the suicide rate per 100,000 decreased from 70.8 before intervention(1999) to 34.1 after intervention(2004).

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Result:

The suicide rate per 100,000 in the control towns was 47.8 (1999) before intervention and 49.1 (2004) after intervention.

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Discussion:

- Long term effects of the Community-based intervention on suicide prevention.
- It is difficult to analyze which measures were the most influential on the decrease in suicide rate.