

A Comparative Analysis of Mechanisms for Preventing Adolescent Suicide in China and Japan

Tangqi Zhao*

Nanjing Normal University of Special Education, Nanjing 210038, China

*: All correspondence should be sent to: Tangqi Zhao.

Author's Contact: Tangqi Zhao, E-mail: zhaotq6502@126.com

DOI: <https://doi.org/10.15354/si.23.re305>

Funding: No funding source declared.

COI: The author declares no competing interest.

China and Japan are both Asian countries that are geographically adjacent and share a common cultural heritage. Suicide is a significant public health concern in both countries. While Japan has established a relatively mature framework for suicide prevention, China lacks national suicide prevention mechanisms. This paper analyzes the disparity in adolescent suicide prevention between China and Japan so that China can learn from Japan's experience in this area and develop effective, systematic mechanisms for the prevention and intervention of adolescent suicide.

Keywords: Suicide; Suicide Prevention; Adolescent Suicide; China; Japan

Science Insights, 2023 May 30; Vol. 42, No. 5, pp.915-921.

© 2023 Insights Publisher. All rights reserved.



Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the [Creative Commons Attribution-NonCommercial 4.0 License](https://creativecommons.org/licenses/by-nc/4.0/) which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed by the Insights Publisher.

UNQUESTIONABLY, life is regarded as the most valuable possession for every individual. The absence of life renders everything devoid of significance. Despite being an individualistic act, suicide has a profound and devastating impact on families and communities. According to Shneidman, a prominent figure in the field of suicidology, the impact of a single suicide death can extend to a minimum of six individuals within the victim's social circle (1). As per the report titled “*Suicide Worldwide in 2019: Global Health Estimates*”, the annual global count of suicide-related deaths exceeded 700,000, with suicide accounting for more than 1% of all fatalities in 2019. Furthermore, it is noteworthy that suicide has emerged as the fourth most prevalent cause of mortality among individuals aged 15 to 19. Adolescents represent the demographic with the highest susceptibility to suicide in approximately one-third of global nations and regions (2).

Studies on the causes and signs of suicidal behavior have

been carried out globally in an effort to create preventative strategies to lower suicide death rates. The majority of suicides are considered preventable (3), despite the divergent theories put forth by scholars regarding the causes of suicide and the uncharted territory in suicide prevention. In an effort to increase public awareness of suicide's preventability worldwide, the World Health Organization and the International Association for the Prevention of Suicide (IAPS) jointly sponsored September 10th as World Suicide Prevention Day in 2003 (4). In 2005, “*Suicide Prevention is Everyone's Business*” was the theme of World Suicide Prevention Day; in 2007, “*Suicide Prevention Across the Life Span*” was the theme; and in 2010, “*Many faces, many places: suicide prevention across the world*” was the theme. (5). The World Health Organization stressed that the majority of suicide fatalities might have been prevented and that all suicide rates may be significantly reduced by developing and implementing national preventive strategies as well as targeted

local-level intervention initiatives (6). Many nations have created national suicide prevention and control strategies and implemented multisectoral suicide prevention initiatives over the past 20 years or more. A total of 28 nations were listed in WHO's Preventing Suicide: A Global Imperative as having successfully developed national prevention policies and action plans, with Japan being singled out as an excellent example. Despite having a high suicide rate, China was left off the list (6).

Every year since 1987, Japan has provided the WHO with its mortality statistics, which show that the nation has one of the highest suicide rates in the world. According to data made public by the National Police Agency of Japan, the spread of the economic crisis caused a striking increase in suicides in Japan in 1998, rising to 32,863. Since then, Japan has continued to have a high yearly suicide rate, reaching 30,000 for 13 straight years until 2010 (7). According to data released by the Japanese government (8), a total of 18048 minors committed suicide between 1972 and 2013, making the problem even worse. In Japan in 1979, three young people under the age of 19 killed themselves on average every day (9). All facets of Japanese society have been working extremely hard since 2006 to reduce the suicide rate. After years of practice, Japan has gradually developed a multisectoral suicide prevention and control system by involving the public and the government, passing laws, promoting education, and promoting public opinion (10).

China, a populous country with a high suicide rate, is becoming more aware of the negative consequences suicide has on society and has tried certain intervention strategies. The growth of its suicide intervention practices, particularly among teenagers, is nevertheless constrained by the absence of a national framework for suicide prevention (11). Traditional cultural practices and psychological characteristics are similar between the Chinese and the Japanese. The development of China's national response system for teen suicide may benefit from a thorough comparison of the strategies used in China and Japan to prevent adolescent suicide.

A Comparison of Research on Adolescent Suicide in Japan and China

The study of suicide began in Japan in the early 20th century. *Suicide and Suicide Novels*, written by Kazeha Oguri and published in 1905, was the first study on suicide to be conducted in Asia (12). The rate of suicide among adolescents in Japan dramatically increased starting in the 1960s. The focus of study on suicide behavior has shifted from socioeconomic determinants to psychological qualities and personality traits of individuals in order to address this epidemic. Insights into adolescent suicide have been gained via the development of new research fields in areas including domestic violence, maternal worry during childrearing, and school bullying victimization (13).

A number of significant articles and monographs on adolescent suicide have been published over the course of nearly half a century of research into the problem, including *Suicide among Modern Japanese: The Suicidal Event of Three Teenagers* by Chikazawa (14); *Adolescent Mental Health* by Ohara (15); *Child Suicide* by Inamura (16); *Suicide Prevention Manual for Youth* by Takahashi (17); and *An International Comparison of Adolescent Suicide* by Watanabe (18). These studies achieved

significant research results in suicide behavior classification, suicidal motivation, suicide risk factors, and pre-suicide psychological characteristics, laying the theoretical groundwork for the development of suicide prevention and intervention mechanisms for adolescents in Japan.

In contrast, suicide research in China emerged relatively late in the game. China did not begin studying suicide as a significant public health and social issue until 30 years ago. The significance of suicide research has not yet been sufficiently acknowledged by Chinese society. It is important to note that China has not yet established a national system for reporting deaths.

According to Da's (19) and Zhang's (20) studies, since the founding of the People's Republic of China, Chinese suicide research has essentially undergone four phases: (i) In China, there were no suicide statistics, research institutions, or publications during the "prohibitive period" (1949–1976). (ii) During the "initial period" (1977–1989), there was an increase in social problems and suicides. As a consequence, suicide research grew as translations of foreign monographs and domestic studies on suicide emerged. (iii) The suicide research community continued to grow during the "developmental period." Nanjing Brain Hospital established the first professional institution of its kind in China, the Nanjing Crisis Intervention Center, in 1991. The Crisis Intervention Committee of the China Mental Health Association was founded in 1994. (iv) During the "active period" (2001 to the present), suicide research developed rapidly and produced a wealth of findings. A number of academic institutions devoted to suicide research have been established.

The majority of empirical research on adolescent suicide in China focuses on the following topics: (i) adolescent suicide rates and their trends, such as Wang et al.'s analysis of 713 juvenile death cases from 1999 to 2015, which revealed that 1.54% of these fatalities were due to suicide (21); (ii) prevalence of child and adolescent suicidal ideation and attempt – for example, Li's study found detection rates of suicidal ideation, planning, and attempt to be 8.8%, 5.4%, and 3.0%, respectively, among sampled primary and secondary school students from Henan Province (22); (iii) suicide behavior among specific groups – for instance, Deng and Li's survey revealed a higher rate of suicidal ideation among left-behind children in rural Guizhou than among their non-left-behind counterparts (23); (iv) risk factors for adolescent suicidal ideation and attempt, such as Liang et al.'s research indicating that being female, being at the junior secondary level, depression symptoms, and negative life events are risk factors for suicide attempts among secondary school students, whereas close family relationships are a protective factor (24).

Nonetheless, research on teen suicide in China has limitations. The majority of research has focused on suicide attempts and suicidal ideation, while relatively little has been conducted on suicide fatalities. Despite the fact that a substantial number of evidence-based suicide studies have demonstrated the applicability of western theories, they have not given sufficient consideration to the distinctive cultural backgrounds of the Chinese. The majority of researchers investigated adolescent suicide from a psychiatric perspective. Suicide should ideally be studied from multiple perspectives by researchers from diverse disciplines,

including philosophy, medicine, psychology, and sociology. Due to a dearth of multidisciplinary suicide research, China's suicide prevention and intervention actions lack scientific and comprehensive theoretical support (20).

A Comparison of Nation-Level Suicide Prevention Legislation in the Two Countries

Effective prevention and control of suicide require the collaboration of multiple agencies, underscoring the need for strong government leadership in this area. In response to an increasing number of suicide cases, Japan established the Suicide Prevention Administration Forum in 1970, which is a national organization dedicated to preventing suicide. An emergency meeting was convened by the Prime Minister's Office of Japan in October 1979 to address the escalating issue of adolescent suicide. In response, appropriate measures were formulated. Nonetheless, during that period, these measures failed to garner sufficient public scrutiny or produce the expected outcomes during execution. According to the cited source, the incidence of suicides exhibited a persistent upward trend. In the early 2000s, the Japanese government acknowledged that suicide is not solely an individual concern but also a societal matter, necessitating collective responsibility for its mitigation. Subsequently, Japan employed legislative measures to establish a comprehensive structure for suicide prevention and utilized the compulsory authority of the government to regulate suicide intervention (7).

The Basic Act for Suicide Prevention was enacted by the Japanese Diet in June 2006, conveying to the public that suicide was a challenge for all members of Japanese society and that its prevention required substantial involvement from all sectors. By law, the central and local governments were required to share responsibility for the response to the suicide epidemic. To facilitate the successful implementation of the Basic Act, a group with expertise in suicide prevention was constituted in the interim (26). The Cabinet Office adopted the "General Principles of Suicide Prevention" policy in 2007 to establish detailed operational standards. The strategy emphasized the value of cooperation between governmental and non-governmental groups in attempts to prevent suicide, as well as the support provided to families of suicide victims. The Suicide Preventive Promotion Conference was convened in January 2008 by the Cabinet Office in an effort to assess the effects of the country's numerous preventive and control policies as they were implemented and to further boost the efficiency of these measures (27). The "General Principles of Suicide Prevention" policy was updated in 2012 to include more emphasis on supporting young people and people who had made prior suicide attempts (6). In order to raise public awareness of this issue, the Japanese government has also been publishing an annual white paper on suicide prevention since 2006 (28).

In Japan, participation in the suicide of others is punishable by law, but the suicide itself is not punishable by law. *Article 202 of the Criminal Law* stipulates that a person who instigates or facilitates another person in committing suicide or who kills the person who entrusts them with the killing shall be sentenced to a minimum of six months and a maximum of seven years in prison. *Article 203 of the Criminal Law* specifies the penalties for inciting or assisting others in failed suicide attempts (29).

China, in contrast, has few laws and policies pertaining to suicide prevention. The Constitution's declaration of that "the state respects and safeguards human rights", and *Article 6 of the International Covenant on Civil and Political Rights*, which states that "everyone has an inherent right to life that should be protected by law" (30), provide the primary justification for suicide intervention in China. When dealing with actual suicide incidents, Chinese public security organs primarily employ the provisions of the *Public Security Management and Penalties Law* pertaining to the disruption of public order. Those who attempt suicide in public places will be subject to fines and detention. In other words, what the police punish is not the suicide act itself but rather the disruptions to public order caused by the suicide actor, such as traffic congestion, damage to public facilities, rescue worker deaths, and injuries to innocent bystanders (31). In addition, the Criminal Law states that intentional homicide and intentional harm causing severe injury or death to others should be punishable by criminal sanctions, but it does not explicitly define that inciting or assisting others to commit suicide is illegal (30).

In central government documents, the topic of preventing and intervening in adolescent suicide has been brought up. For instance, the *State Council's Healthy China 2030 Outline Plan* suggested developing a thorough injury detection system to prevent and manage suicide among young students (32). The *National Health and Family Planning Commission* and other departments jointly released the *Guiding Opinions on Strengthening Mental Health Services in 2017*, which emphasized the significance of enhancing mental health services as well as the necessity of providing timely crisis intervention for individuals and orderly and effective crisis management for groups in response to emergencies (33). Governmental documents like this, however, are not laws with binding force.

A Comparison of the Two Countries' Practical Implementation of Adolescent Suicide Prevention

A Structured Adolescent Suicide Prevention and Intervention System in Japan

In 2004, the Ministry of Education, Culture, Sports, Science, and Technology of Japan (MEXT) stated in a guiding paper that the school, family, community, and media platform are the four major settings in the lives of adolescents; therefore, multi-party collaboration should be encouraged in life meaning and suicide prevention education. In addition, a phased strategy for student suicide prevention was proposed. The short-term objective is to regulate media coverage to avoid the "Okuda Yukiko" effect; the mid-term objective is to popularize knowledge about depression and make timely detection and treatment of depression available; and the long-term objective is to develop a national prevention program and deploy suicide prevention centers at all levels under government leadership (34).

In order to prevent suicide among students in elementary and secondary schools, a more detailed action plan was created based on the "General Principles of Suicide Prevention" policy:

- Effective prevention and control efforts require a solid understanding of the current situation in adolescent mental

health.

- Include lessons on suicide prevention in school curricula.
- Reduce the negative effects of suicide episodes and give adolescents who are connected to the suicide victim prompt psychological assistance.
- On-campus mental health services are offered.
- Limit the amount of suicide news coverage (35).

Japan has effectively built a comprehensive system for suicide prevention that is supported by schools, families, and communities under the guidance of its government (36).

School Suicide Prevention Education

The School Education Act of Japan outlines the roles of schools in student suicide prevention and intervention. Based on the Teachers' Handbook on Child Suicide Prevention (36) and the Campus Bullying Prevention Promotion Act (37), schools create their own preventative strategies. To help with resolving mental health crises among students, all schools have access to qualified psychological consultants.

MEXT decided to take a cue from their American counterparts' experience and look for effective measures to integrate suicide prevention education into Japanese school curricular programs after learning that suicide prevention education in the United States had successfully decreased the number of suicides by teaching students to cope with stress in a proper manner and to respond to peers' suicidal behavior promptly (38). All elementary and secondary schools in Japan had successfully integrated suicide prevention teaching into their curricula, according to a MEXT announcement made on August 7, 2011 (39).

Additionally, schools host vibrant extracurricular events to improve teachers' and students' knowledge of mental health. For instance, lectures on the subject of healthy development have been given to students to assist them in understanding their own psychological traits, recognizing others' emotions, and coping with worries and problems, as well as their physical development, secondary sexual traits, changes in lifestyle, etc. In the interim, primary and secondary school teachers have received regular professional training to hone their stress management and emotion control abilities as well as their capacities for identifying and evaluating kids' suicide risks (40).

Parental Monitoring of Child Suicide Tendencies

In the 2006 revision of the Basic Law of Education, a new provision stipulates the responsibilities and obligations of the state, local governments, and institutions in promoting family education and highlights the significance of collaborative mechanisms between families, schools, and society (41). The Japanese Ministry of Health, Labour, and Welfare has pledged to protect the welfare of children by actively promoting the Child-Rearing Assistance Visit Program, which offers counseling, guidance, advice, and other forms of assistance on all issues pertaining to child rearing. It also urges parents to monitor their children's physical and mental health (42).

In reaction to child and adolescent suicides caused by emotional problems brought on by deteriorating bonds of kinship between family members, the Japanese government has frequently emphasized the necessity of life purpose education

and affection education in families. To foster a love of local and national traditions, strengthen family bonds, and promote children's sense of purpose in life, traditional holiday festivities and family reunion activities are encouraged (43).

Communities' Commitment to Suicide Prevention

According to James and Gilliland, prominent American scholars in the field, the optimal approach to preventing suicide involves providing education to the general public, mental health practitioners, and institutional staff regarding the psychological and behavioral traits of individuals at risk (44). Since 2007, Japan has extended the observance of World Suicide Prevention Day to encompass a week-long event known as "Suicide Prevention Week," commencing on September 10th. Throughout the course of that week, governmental agencies and non-governmental organizations at the local level conducted a diverse range of activities aimed at preventing suicide with the goal of increasing public awareness and fostering greater concern regarding this critical issue. Since 2009, March has been officially designated as "Suicide Prevention Month" in Japan due to the observed peak in suicide incidence during this period. Specialized channels have been established by relevant government departments to offer counseling and assistance to individuals who are experiencing distress and depression. In addition, there are non-profit organizations that specialize in suicide prevention, located in Tokyo, Osaka, and various other locations (45). Following its establishment in Tokyo in 1971, the suicide prevention hotline has experienced a swift proliferation throughout Japan. The "phone of life" is a nationwide service that offers free counseling to citizens at all times of the year and has emerged as a significant suicide prevention initiative in Japan (46). The reinforcement of anti-suicidal awareness among adolescents has been consistently bolstered by multi-tiered community outreach and assistance.

A Lack of Systematic Adolescent Suicide Prevention Practice in China

China requires a national initiative to coordinate its efforts in suicide prevention. However, multisectoral coordination is seldom possible without appropriate attention from the highest-ranking officials and state funding. In addition, without national systems for recording suicide deaths and attempts or reliable instruments for identifying risk factors for suicide, suicide prevention strategies are meaningless (30).

Immature School Suicide Prevention Education and Intervention Measures

The Guiding Principles for Mental Health Education in Primary and Secondary Schools were issued by the Chinese Ministry of Education in 2012, and they stipulate that every school must have at least one full-time or part-time mental health educator on staff. A survey on the implementation of mental health education in Beijing's primary and secondary schools was carried out in 2016 by the Moral Education Research Center of the Beijing Academy of Educational Sciences. The survey's findings revealed that only 79.3% of respondents opened mental health education programs, of which 70.5% formally scheduled the

courses. A sizeable fraction of schools rely on sporadic lectures and extracurricular activities to fulfill the requirements in this area rather than offering scheduled classes on mental health. Even though 92.0% of the schools in the survey had set up a space for psychological therapy, only 63.2% of them really used it consistently, and only 25.1% used it more than five times each week (47). Additionally, the professional level of the psychological counselors employed by the schools with established psychological counseling services differs. Most of the time, school psychologists just give adolescents who have suicidal tendencies cursory advice, which does not produce the best intervention outcomes. Additionally, there are no specific laws governing student suicide rescue, making it impossible to guarantee the legality of rescuers' acts of suicide intervention (48).

A Scarcity of Suicide Prevention Consciousness in Homes

In addition to imparting psychological and mental health knowledge, suicide prevention education also covers life and death education, in which families play a crucial role (49). However, the majority of Chinese families still view death as taboo, and topics like mental illness and suicide ideation are frowned upon because of their social stigma. Teenagers who are contemplating suicide rarely ask their families for assistance or are left alone. Although most suicides included warning signals, parents who had lost a child to suicide were frequently insensitive to them because they were unaware of the risk factors for suicide.

Insufficient Social Support for Adolescent Suicide Prevention

The first non-governmental group dedicated to preventing teen suicide in China was founded in 2004 under the moniker "A Long Journey of Cherishing Life." The number of psychological crisis intervention centers has considerably expanded as a result of the rising concern about adolescent suicide. To give prompt and effective assistance to those with suicidal tendencies, they

were sequentially established in Beijing, Nanjing, Changsha, Shenzhen, and other cities (50). They also offer a suicide crisis intervention hotline. However, China's methods for preventing suicide have limitations. Most suicide prevention initiatives are not carried out by independent professional organizations but rather by a small number of nonprofit organizations, counseling services, and hospital-based psychiatric research facilities. The current organizations dedicated to preventing and controlling suicide run voluntary or private short-term programs. They cannot have the desired impact without state assistance in the form of finance and staffing. Additionally, there are no legal protections for suicide prevention and intervention programs in China. The legality of involvement in it has not been established, and there is no applicable legal basis for acts in this field. People become dubious about the goals and functions of suicide prevention professionals as a result (31).

Conclusion

Currently, suicide continues to be an urgent issue in China, with the suicide rate among its adolescent population continuing to increase. The establishment of a comprehensive national strategy for suicide prevention is of utmost importance for China. In order to establish efficacious suicide prevention mechanisms, China could benefit from drawing insights from Japan's prosperous experience. This involves the government taking on a leadership role, enacting legislative measures to mandate prevention efforts, and convening a diverse array of stakeholders to develop a comprehensive national suicide prevention strategy. The preventability of suicide is a widely accepted notion, although the efficacy of interventions is not always guaranteed. The prevention of suicide is a multifaceted and demanding undertaking that necessitates sustained and collaborative efforts across various sectors. China can effectively manage and decrease suicide mortality, particularly suicide-related premature deaths, by promoting the involvement and dedication of all sectors of society. ■

References

1. Shneidman ES. *The Suicidal Mind*. Oxford University Press, USA. 1998.
2. World Health Organization. *Suicide Worldwide in 2019: Global Health Estimates*. World Health Organization. 2021. Available at: <https://apps.who.int/iris/bitstream/handle/10665/341728/9789240026643-eng.pdf>
3. Liu J, Fan Y. World Health Organization: Most suicides are preventable. *Guangming Daily* 2010-9-11. p4.
4. Chun H. The World Health Organization and the International Association for Suicide Prevention designated September 10 of 2003 as the first World Suicide Prevention Day. *Chin J Health Educ* 2003; 19(12):965.
5. IAPS. *Creating Hope through Education*. The International Association for the Prevention of Suicide. 2020. Available at: <https://www.iasp.info/wspd/about/>
6. World Health Organization. *Preventing Suicide: A Global Imperative*. World Health Organization. 2014. Available at: https://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779_eng.pdf;jsessionid=43A74B8C29F07E11162FD0995C1CE95C?sequence=1
7. Shibata M. The enactment of the Basic Act for Suicide Prevention and the role of the government. *Society Ethic* 2016; 31:107-120.

8. Deng Y, Liu BZ. No angels are allowed to fall: Suicide prevention measures in Japanese primary and secondary schools and their Implications. *Jiangxi Educ* 2016; 2016(7):41-42.
9. Fuse T. *Suicide and Culture*. Tokyo: Shinchosha. 1985.
10. Takahashi Y. *Suicide Risk: Clinical Valuation and Crisis Intervention*. Kongo Publishing. 2014.
11. Li XY, Zhao L, Gu P. China urgently needs to improve its national suicide intervention system. *Legal Daily* 2015-9-10. p4.
12. Li JJ. A review of suicide research in 20th Century Japan. *J Guizhou Univ (Soc Sci Ed)*, 2012; 30(4):96-102. DOI: <https://doi.org/10.15958/j.cnki.gdxbshb.2012.04.012>
13. Hu JS. Psychological research on suicide in Japan. *Chinese J Appl Psychol* 2002; 8(1):58-62.
14. Chikazawa K. Suicide among Modern Japanese: The Suicidal Event of Three Teenagers. *J Fukuoka Univ (Human)* 1979;11(01):65-78.
15. Ohara K. Adolescent Mental Health. *Pub Health* 1983; 47(9):564-568.
16. Inamura H. *Child Suicide*. University of Tokyo Press. 1978.
17. Takahashi Y. *Suicide Prevention Manual for Youth*. Kongo Publishing. 1999.
18. Watanabe M. An international comparison of adolescent suicide. *Educ Sociol* 1979; 34:126-137.
19. Da D. Fifty years of suicide research in China. *Med Society* 2001; 14(4):15-17.
20. Zhang J. Suicidology in China: rate changes and theoretical explorations. *Sichuan Ment Health* 2022; 35(5):393-401. DOI: <http://dx.doi.org/10.11886/scjsws20220930001>
21. Wang JW, Xia B, Wang YH, Li MJ, Liu Y, Zhou YF, Wang J. A forensic analysis of 713 cases of minor deaths in Guizhou Province. *Chin J Foren Sci* 2019; 2019(3):22-26.
22. Li YJ. Prevalence of suicidal behaviors among primary and middle school students in Henan Province and its relationship with academic burden. *Chin J Sch Health* 2020; 41(4):539-542. DOI: <https://doi.org/10.16835/j.cnki.1000-9817.2020.04.016>
23. Deng ZX, Li GY. The relationship between suicidal ideation and parents' job type among 14-year-old and younger left-behind children in Guizhou Province. *Chin J Pub Health* 2014; 30(9):1154-1156.
24. Liang SG, Yan J, Zhu CZ, Situ MJ, Du N, Fu XY, Huang Y. Personality traits of secondary school students with experience of non-suicidal self-injury and attempted suicide. *J Sichuan Univ (Med Ed)* 2014; 45(6):970-973. DOI: <http://dx.doi.org/10.13464/j.scuxbyxb.2014.06.019>
25. Najima J. Key points in assessing suicide risk in primary school students. *Res Paper (Art Sport Educ Psychol)* 2011; 61:283-296.
26. Okamoto Y. The implementation of the Basic Act for Suicide Prevention and social efforts to prevent. *Soc Relat Stud* 2007; 13(1):1-41.
27. Takeshima T. Suicide Prevention in Japan. *Acad Trend* 2008; 13(3):15-19.
28. Cabinet Office of Japan. *White Paper on Suicide Prevention*. Saiki Printing. 2007.
29. Maeda M. *Lecture Notes on Criminal Law*. University of Tokyo Press. 2011.
30. Zhang YJ. *Legalization of Suicide Intervention Mechanisms in China* (master's thesis). Lanzhou University. 2019. Available at: <https://kns.cnki.net/KCMS/detail/detail.aspx?dbname=CMFD201902&filename=1019874990.nh>
31. Li JJ. From Decentralized to Integrated Prevention and Control: Challenges and Solutions for Suicide Prevention and Control in China. *J Yunnan Norm Univ (Philos Soc Sci Ed)* 2018; 2018(5):140-146.
32. Zeng Z, Liu J. the Healthy China 2030 Outline Plan issued by the Central Committee of CPC and the State Council. *Gazette State Council People's Republic of China* 2016; 32:5-20.
33. State Council of China. The Guiding Opinions on Strengthening Mental Health Service jointly released by 22 ministries. *China Soc Work* 2017; 2017(4):4. Available at: http://www.gov.cn/xinwen/2017-01/24/content_5162861.htm#1
34. Shoji S. An evaluation of suicide prevention projects proposed by Japan's Central Government Agencies: Focusing on examining administrative materials from 1998 to 2007. *Compreh Polic* 2011; 13(1):85-86.
35. Moriyama K. The roles of public, private, and academic institutions in suicide prevention. *Academia (Soc Sci Ed)* 2016; 2016(11):59-87.
36. MEXT. *Teachers' Handbook on Child Suicide Prevention*. The Ministry of Education, Culture, Sports, Science and Technology of Japan. 2009.
37. MEXT. *Campus Bullying Prevention Promotion Act*. The Ministry of Education, Culture, Sports, Science and Technology of Japan. 2013.
38. Sakanaka J. The development of teaching materials for student suicide prevention programs. *Res Grant Paper Collect* 2008; 44:82-91.
39. Maruyama K. Current Situation of Child Suicide and Efforts to Prevent Student Suicide by MEXT. *Sch Health Res* 2016; 57(6):286-288.
40. MEXT. *Suggestions on the Guidance for Students*. The Ministry of Education, Culture, Sports, Science and Technology of Japan. 2010. Available at: https://www.mext.go.jp/b_menu/houdou/22/04/icsFfiles/afieldfile/2010/06/04/1292248_01_1.pdf
41. Tomono K. Policy trends in home education under the revised Basic Law of Education: The home education support provision, home education support bill, and parental education. *Academia* 2018; 929:1-26.
42. Murai K, Kinoshita H, Ota M, Kato H. Research on school refusal (3): The relationship between parents/students' awareness of school refusal and response to stress. In *Proceedings of the the 63rd General Assembly of the Japanese Association of Educational Psychology*. p.367. 2021.

43. Suzue T. Current state of suicide in Japan and trends in child suicide prevention measures. *Sch Health Res* 2016; 57(6):280-285.
44. James RK, Gilliland BE. *Theories and Strategies in Counseling and Psychotherapy*. Allyn & Bacon. 2003
45. Komorita T. The Politics of Suicide Prevention by Karin Moriyama (Koyo Bookstore, 2018). *Society Ethic* 2019; 2019(34):125-130.
46. Horii S. The history of the “phone of life” program and its operation in Covid-19 Pandemic. *Suic Prevent Interv* 2021; 41(1):8-17.
47. Bai YP. Causal analysis of suicide among primary and secondary school students and educational suggestions. *Jiangsu Educ* 2020; 32:41-43+47.
48. Tian XD. *College Student Suicide Prevention and Psychological Crisis Intervention* (master’s thesis). Harbin Engineering University. 2006. Available at: <https://kns.cnki.net/KCMS/detail/detail.aspx?dbname=CMFD0506&filename=2006132764.nh>
49. Hui SY, Yao D, Yang J. *Suicide Thoughts*. Publishing House of Electronics Industry. 2021.
50. Yuan H. *Legislation of the Suicide Intervention System in China* (master’s thesis). Yunnan University. 2015. Available at: <https://kns.cnki.net/KCMS/detail/detail.aspx?dbname=CMFD201502&filename=1015612697.nh>

Received: March 22, 2023 | Revised: April 09, 2023 | Accepted: April 15, 2023
