

Symposium | Suicide prevention : [Symposium 42] Suicide prevention-2

📅 Fri. Sep 26, 2025 1:10 PM - 2:40 PM JST | Fri. Sep 26, 2025 4:10 AM - 5:40 AM UTC 🏛️ Session Room 7
(Conference Room C)

[Symposium 42] Suicide prevention-2

Moderator: Yoshinori Cho (National Center of Neurology and Psychiatry), Shih-Cheng Liao (Department of Psychiatry, College of Medicine, National Taiwan University)

[SY-42-01]

Comprehensive Suicide Prevention Strategies in Japan

*Kouta Suzuki¹ (1. Department of Neuropsychiatry, Keio University School of Medicine (Japan))

[SY-42-02]

Youth and Young Adult suicide prevention policy in South Korea

*Jong Woo Paik¹ (1. Kyung Hee university (Korea))

[SY-42-03]

Risk and Resilience in Youth Suicide Prevention: Insights from Inuit Communities in Nunavik, Canada.

*Lucie Nadeau¹ (1. McGill University (Canada))

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[SY-42-01] Comprehensive Suicide Prevention Strategies in Japan

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Keywords : Suicide Prevention、 Child Suicide、 General Principles of Suicide Countermeasures

In Japan, suicide is driven not only by individual mental health issues but also by societal factors such as overwork, financial hardship, caregiving burdens, bullying, and social isolation. To address this, the *Basic Act on Suicide Countermeasures* was enacted in 2006, reframing suicide as a societal issue rather than a personal one. Since then, the number of suicides has declined significantly—from 32,155 in 2006 to 20,169 in 2019. However, more than 20,000 people still die by suicide each year. The 2021 revision of the *General Principles of Suicide Countermeasures Policy* identified four priority areas: (1) children and youth, (2) women, (3) regional initiatives, and (4) cross-sectoral strategies. Successful implementation of these strategies requires collaboration across the health, welfare, education, and labor sectors, supported by integrated medical, economic, and social approaches. A particularly serious concern in recent years is the rise in suicides among children. In 2022, child suicides reached a record high of 514 cases. Suicides among junior and high school students sharply increased in 2020, and since then, the number of high school student suicides has remained above 300 annually. Suicides among junior high school students have also consistently exceeded 140 each year, indicating a sustained high level. In response to this urgent issue, an emergency action plan was launched in 2023 under the leadership of the *Children and Families Agency*. As part of the initiative, a support website titled “*You Are Not Alone*” was established, offering chatbot-guided assistance and information on available consultation services. In addition, support for private organizations providing phone- and SNS-based counseling has been strengthened to meet increasing demand. Building a society where no one is driven to take their own life requires stronger collaboration among medical professionals, local communities, and government agencies—anchored in clearly defined roles and sustained, coordinated efforts.

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[SY-42-02] Youth and Young Adult suicide prevention policy in South Korea

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Keywords : Youth and Young Adult suicide、 suicide prevention、 South Korea

South Korea maintains the highest suicide rate among OECD countries. Although rates declined after the 2011 *Suicide Prevention Act*, they have risen again, with youth suicides increasing post-COVID-19. Pandemic-related isolation worsened mental health risks, as seen in a 2023 live-streamed student suicide and online crimes targeting vulnerable youth. In response, the Ministry of Education launched a suicide prevention division in 2024. This presentation reviews Korea's current mental health screenings, services, and suicide prevention strategies.

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[SY-42-03] Risk and Resilience in Youth Suicide Prevention: Insights from Inuit Communities in Nunavik, Canada.

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Keywords : Indigenous youth、suicide prevention、risk and resilience、Inuit、Canada

Background: Suicidality must be understood within the complex and dynamic contexts in which it arises, including historical and socio-political dimensions. In child and adolescent psychiatry, the context involves family systems, as well as other key environments such as schools, communities and social medias. Both protective and risk factors around suicidality are embedded within this complexity. Inuit communities of Canada face some of the highest youth suicide rates in the world. This situation requires a nuanced understanding in order to strengthen protective factors while mitigating risks. **Objective:** This presentation will first review the literature on youth suicide prevention in Indigenous communities. It will then examine how these communities have developed local initiatives to counter suicide, and offer insight into the interplay of protective and risk factors, as well as into individual, familial and collective levers of intervention to support youth mental health and holistic wellbeing. **Methods:** Drawing on both research and clinical experience in the Inuit communities of Nunavik, Canada, this presentation will reflect on the contextual dynamics of suicidality and propose approaches to suicide prevention. **Findings:** The colonial heritage significantly contributes to the vulnerability of Indigenous youth to suicidality. Silencing issues, microaggressions, complex grieving, traumatic events, adverse social determinants of health, and lack of decision-making power are part of the risk factors in communities with high suicidal rates. However, various forms of resilience are providing protection, such as strong family support, peer relationships, meaningful community ties, and cultural connectedness. Social medias act both as protective and risk factors. Effective prevention efforts mobilize not only formal services but also grassroots community initiatives, and built on trust and cultural safety. **Conclusion:** In Indigenous communities facing high suicidal rates, there is a danger of focusing solely on vulnerability and overlooking the environment's protective potential. A balanced approach is essential for fostering youth well-being.