

Symposium | Suicide prevention : [Symposium 30] Culturally grounded suicide prevention measures

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[Symposium 30] Culturally grounded suicide prevention measures

Moderator: Yoshinori Cho (National Center of Neurology and Psychiatry)

[SY-30-03] Multilayered Approaches to Suicide Prevention Among Older Adults in Community Settings in Asia

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Multilayered approaches to suicide prevention combine selected elements of universal, selective, and indicated interventions. These approaches may effectively reduce suicide rates among older adults when intervention levels are systematically linked, enabling lower-level actions to facilitate higher-level interventions. Suicide among older adults is a critical public health issue, with the highest rates often associated with mental health conditions such as depression and previous suicide attempts. However, the adoption of interventions to address this issue remains underexplored, especially regarding cultural and regional factors. This study examined the impacts of multilayered approaches on suicide rates by focusing on intervention types, the nature of inter-level linkages, and their applicability in community settings. A literature review identified three systematic reviews and extracted nine controlled studies suitable for evaluating multilayered programs. These included seven non-randomized controlled studies from rural Japan (2–10 years) and two cohort studies: one from urban Hong Kong (2 years), and one from semi-urban Padua, Italy (11 years). Five multilayered programs with various linkages were identified: two (Hong Kong and Italy) linked selective and indicated interventions, one (Yuri, Japan) linked universal and selective interventions, and two in northern Japan linked all three layers. Linkages were either formal (e.g., professional referrals, as in rural Japan) or informal (e.g., advice or self-referrals, as in urban Hong Kong, semi-urban Italy, and rural Japan). Some studies reported that service users developed relationships with providers during the course of the programs, facilitating transitions across intervention levels. All five programs demonstrated reductions in suicide rate among women; two also among men, both linking all three intervention levels. Building strong connections between intervention levels—particularly between selective and indicated interventions—is critical and can be achieved through either formal or informal means. The feasibility and acceptance of these programs likely depend on cultural and regional contexts in Asia.