**益** 2025年9月26日(金) 10:40 ~ 12:10 **立** Session Room 1 (Main Hall A)

### [Symposium 30] Culturally grounded suicide prevention measures

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

[SY-30]

Culturally grounded suicide prevention measures

Laurence Kirmayer<sup>1</sup>, Kang-Seob Oh<sup>2</sup>, Hirofumi Oyama<sup>3</sup>, Harry De Minas<sup>4</sup> (1.McGill University(Canada), 2.Sung Kkyun Kwan University(Korea), 3.Aomori University of Health and Welfare(Japan), 4.The University of Melbourne(Australia))

[SY-30-01]

Culturally Grounded Mental Health Promotion and Suicide Prevention: Lessons from Work with Indigenous Youth

\*Laurence J Kirmayer (McGill University(Canada))

[SY-30-02]

Multilayered Approaches to Suicide Prevention Among Older Adults in Community Settings in Asia

\*Hirofumi Oyama, Tomoe Sakashita (Aomori University of Health and Welfare(Japan))

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# [SY-30] Culturally grounded suicide prevention measures

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Yoshinori Cho, who is the Director General of the National Institute of Mental Health in Japan and the President of the Japanese Association for Suicide Prevention, organized this symposium on Suicide Prevention. Under the theme of "Culturally grounded suicide" prevention measures," this symposium provides a forum to consider suicidal behavior and suicide prevention from cultural perspectives, to discuss culturally rooted suicide prevention measures, and also to look at the universality that is common across cultures. Laurence Kirmayer will speak on culturally grounded mental health promotion and suicide prevention. Kang Seob Oh will speak on late-life suicide and suicide prevention strategies in Korea. Hirofumi Oyama will speak on multilayered approaches to suicide prevention for older adults in Asia with insights from Europe. Multilayered suicide prevention has been shown to reduce suicide rates among older adults in local communities in Asia and other countries, reinforced by seamless integration and robust linkages across universal, selective, and indicated interventions. These linkages have included formal cross-level connections, such as professional referrals, and informal ones, like specialist advice and self-referrals." Harry Minas will present "A suicide prevention strategy for the Vietnamese community in Victoria, Australia."

**蕾** 2025年9月26日(金) 10:40~12:10 **童** Session Room 1 (Main Hall A)

# [Symposium 30] Culturally grounded suicide prevention measures

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

[SY-30-01] Culturally Grounded Mental Health Promotion and Suicide Prevention: Lessons from Work with Indigenous Youth

\*Laurence J Kirmayer (McGill University(Canada))

キーワード:suicide prevention、Indigenous mental health、cultural adaptation

Cross-cultural research points to the possibility of developing a typology of social predicaments affecting specific sociodemographic groups and populations. This typology could be elaborated and applied in clinical and public health practice through an ecosocial approach that considers the ways that suicide is embodied and enacted in social systemic contexts. This presentation will discuss how this framework approaches the dilemma of suicide among Indigenous youth. It will outline an approach to culturally grounded mental health promotion that takes into account historical, transgenerational, and contemporary contexts and seeks to build on the strength and resilience of Indigenous communities and youth. The examples come from Canada but have broader application for Indigenous peoples in many countries as well as for youth from other marginalized communities that have faced historical loss and devaluation and must meet the challenges of globalization and ongoing culture change.

**苗** 2025年9月26日(金) 10:40~12:10 **童** Session Room 1 (Main Hall A)

# [Symposium 30] Culturally grounded suicide prevention measures

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

[SY-30-02] Multilayered Approaches to Suicide Prevention Among Older Adults in Community Settings in Asia

\*Hirofumi Oyama, Tomoe Sakashita (Aomori University of Health and Welfare(Japan)) キーワード:suicide prevention、suicide rate、elderly、multilayered、linkage

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.