The Editor,

Dear Sir,

At present, suicide is one of the most important social issues in Japan. It is necessary to emphasize the importance of immediate suicide prevention measures in Japan by reference to the shift in suicide rates over a long period. Therefore, in this report, we researched the annual suicide rates in Japan from 1980 to 2007, as reported in the vital statistics from the Ministry of Health, Labour and Welfare, and discussed the need for concrete suicide prevention measures.

During the research period, the annual suicide rates ranged from a minimum of 16.1 to a maximum of 25.5 (per 100,000 population) in both genders. There were two periods since 1980 during which the annual suicide rates were continuously high. The first was the period from 1983–1987, and the second was the period from 1998 to the present.

The annual suicide rates ranged from 17.1 to 17.7 in the period from 1980–1982. They then increased to over 19 per 100,000 from 1983–1987, and dropped to 18.7 in 1988 and 17.3 in 1989.

The annual suicide rates ranged from 17.2 to 18.8 per 100,000 in the years 1995–1997, and the rates increased to over 23 in 1998 and have remained at that level to the present. Specifically, the annual suicide rates among men ranged from 23.4 to 26.0 in 1995–1997, and they increased to over 34 in 1998 and have remained at that level. The suicide rates among women ranged from 11.3 to 11.9 in the period from 1995–1997, and since 1998 the rates have ranged from 12.8 to 14.7.

These results show that the current period of continuously high suicide rates is the longest since 1980. Since 1998, these rates have been continuously high among both men and women. Previous reports (1, 2) have shown that one of the main reasons for the rapid increase of suicides since 1998 was the increase of suicides among middle-aged men, and the main causative factor in this group was “economic and life problems” (2). We conclude that suicide prevention measures should be carried out in Japan for all groups including young, middle-age and elderly individuals and both men and women, and it is necessary to immediately institute concrete suicide prevention measures that can address “economic and life problems” among middle-aged men. In conclusion, it is very important that the relevant field-workers and organizations for suicide prevention cooperate in establishing such prevention measures.

From: K Inoue1, T Fukunaga2, M Masaki3, Y Fujita4, Y Ono1
1Department of Public Health, Fujita Health University School of Medicine, Aichi 470-1192, Japan, 2Tokyo Medical Examiner’s Office, Tokyo Metropolitan Government, Tokyo 112-0012, Japan, 3Warakukai Incorporated Medical Institution, Aichi 453-0015, Japan, 4Department of Internal Medicine, Division of Respiratory and Infectious Diseases, St Marrianna University School of Medicine, Kanagawa 216-8511, Japan.

Correspondence: Dr K Inoue, Department of Public Health, Fujita Health University School of Medicine, 1–98, Dengakugakubo, Kutsukake-cho, Toyoake, Aichi 470-1192, Japan. Fax: +81-562-93-3079, e-mail: ke-inoue@fujita-hu.ac.jp

REFERENCES