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Teaching method of suicide prevention education for undergraduate social work students : Development of a manual and its feasibility

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Teaching method of suicide prevention education for undergraduate social work students: Development of a manual and its feasibility

ソーシャルワーカーを目指す学生を対象とした自殺予防教育の教授法 ―自殺予防教育プログラム実施のためのマニュアル開発とその実施可能性の検討―

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Abstract

This study aimed to develop a teaching manual for a suicide prevention education program targeting social work students and explored its feasibility. Creation of the manual involved rigorous feedback and revisions. The feasibility study was conducted by faculty members from different universities, and the teaching manual was found to significantly improve students' knowledge of and attitudes toward suicide. Student satisfaction and understanding of the program was high, with no adverse effects. The feasibility of implementing the manual was confirmed.

要旨

本研究では、ソーシャルワーカーを目指す学生を対象とした自殺予防教育プログラムの教授法マニュアルを開発し、その実施可能性を明らかにすることを目的とした。マニュアルの作成にあたっては、専門家からの意見の聴取と改訂を繰り返し行った。複数の大学教員が、マニュアルを用いて自殺予防教育プログラムを導入することで、マニュアルの実施

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可能性を検討した。プログラム受講後は受講学生の自殺に対する知識と態度が有意に改善した。学生の満足度と理解度は高く、有害事象の報告もなかった。本研究により、マニュアルの実施可能性が一定程度確認された。

Background

In Japan, approximately 20,000 people die by suicide each year. The annual number of suicides skyrocketed from 24,391 in 1997 to 32,863 in 1998 (suicide death rate per 100,000 from 19.3 in 1997 to 26.0 in 1998), and has remained at a high level of over 30,000 for the following 14 years (Ministry of Health, Labour and Welfare [MHLW], 2023). As the suicide issue became more severe, the government introduced various policies: the Basic Act for Suicide Prevention was enacted in 2006 and outlines the country's mission and approach to suicide prevention, and the General Principles of Suicide Prevention Policy (GPSP), which includes the country's priority policies, was established the following year based on the Basic Act. The Basic Act was revised in 2016, and the GPSP has been revised every five years, i.e., in 2012, 2017, and 2022. With the introduction of various suicide prevention policies at the national and local levels, the annual number of suicides has gradually declined.

Notwithstanding these efforts, the suicide death rate increased in 2020 for the first time in 11 years and remained at the same level in 2021 and was slightly higher in 2022 (MHLW, 2023). The suicide death rate in Japan is the highest among G7 countries. Suicide is the leading cause of death among those aged 10-39 years, and the number of suicides among young people has been on the rise in recent years. Suicide remains one of the most serious public health issues in Japan.

Since various factors lead people to suicide, multi-sectoral collaboration is required to support suicidal individuals (World Health Organization, 2014). In particular, social workers are expected to comprehensively assess the complex life backgrounds of clients at risk of suicide and work with them through the utilization of social resources and collaboration with multiple professions, organizations, and informal carers (Kodaka, 2012). The Japanese Association of Certified Social Workers (JACSW) (2010) declared that "as a specialist and a professional organization, we will work on policies for suicide prevention in cooperation with community residents and other professional organizations and agencies, aiming to realize a society where no one dies by suicide." The GPSP also clearly states that social workers should disseminate knowledge related to suicide prevention and enhance support for individuals at risk of suicide.

Social workers are likely to work with suicidal clients in their clinical practice.

Feldman and Freedenthal (2006) reported that 92.8% of social workers who participated in their survey had worked with at least one suicidal client. A Japanese survey found that 73.8% of social workers who were affiliated with the Tokyo Association of Certified Social Workers (TACSW) and responded to the questionnaire had experienced at least one client's suicide-related behavior (suicidal ideation, suicide attempt, or suicide completion) (Kodaka et al., 2013). In a survey conducted by the JACSW (2017), which randomly sampled 1,000 of its members nationwide, 43% of respondents had been asked for consultation regarding suicide. Jacobson et al. (2004) found that 33% of social workers specializing in mental health reported experiences of client death by suicide, and 52.5% reported a fatal or nonfatal client suicide. In another study, 31% of social workers working in the mental health field had experienced at least one death of a client by suicide, and 55% had worked with clients with a history of suicide attempts (Sanders et al., 2008).

Social workers have many opportunities to engage with client populations that may be at high risk for suicide. For example, welfare recipients are more likely to die by suicide than the general population; the suicide death rate per 100,000 for welfare recipients was 62.4, compared to 25.8 for the general population in 2009 (MHLW, 2011). In a study of 207 child guidance offices nationwide, the 160 that responded to the survey reported that there were 138 children in their care whose guardians had died by suicide in FY2013 (Japan Center for Suicide Prevention, 2015). "Results of verification of cases of child abuse deaths: 19th periodic report" revealed that, among 1608 children who died due to child abuse reported from the 1st through 19th periodic reports, 619 died as a result of their guardians' suicidal behaviors (Children and Families Agency, 2023). Social workers are likely to intervene with clients at risk of suicide and are thus a profession that should be actively involved in suicide prevention policies.

Social workers, however, are not always adequately trained to work with clients at risk of suicide; according to a survey of members of the TACSW, 30.8% of respondents had received some suicide prevention training (Kodaka et al., 2013). In a U.S. survey, only 21.2% had received education on suicide prevention at the master's level of social work education, and 67.4% indicated that they had not received adequate training (Feldman & Freedenthal, 2006). Even among mental health social workers who had experienced a client's suicide attempt, less than half reported having received training on suicide before the client's suicidal behavior occurred (Sanders et al., 2008). It has also been noted that a lack of preparation for working with clients at high risk for suicide can have long-term consequences when a client's suicide occurs, including turnover (Sanders et al., 2005; Ting et al., 2006). Thus, social workers need to acquire

appropriate knowledge and skills to intervene with suicidal clients in order to be able to respond appropriately to their clients' suicidal behaviors and to minimize the negative consequences of suicide.

Suicide prevention education must target not only in-service social workers but also social work students (Feldman & Freedenthal, 2006; Kodaka et al.,2017b; Levine & Sher, 2020; Osteen et al., 2014; Sanders et al., 2008; Sharpe et al., 2014). In Japan, approximately 90% of faculty members teaching undergraduate social work courses in Tokyo metropolitan areas believed that suicide prevention education needs to be incorporated into the social work curriculum (Kodaka et al., 2017b). The randomized control trial conducted by Jacobson and colleagues (2012) found that graduate students' knowledge of and attitudes towards suicide, gatekeeper self-efficacy, and suicide prevention behaviors significantly improved after they received suicide prevention gatekeeper training. However, a survey study of students enrolled in an advanced master's social work course indicated that both knowledge about suicide and suicide prevention and practices utilizing skills for suicide prevention were insufficient (Osteen et al., 2014).

In Japan, Kodaka and colleagues (2017a) developed a suicide prevention educational program for undergraduate social work students, aiming to improve the knowledge and attitudes required to support clients at risk of suicide. The program takes 90-100 minutes to implement and consists of five sections: (1) Introduction, (2) Basic knowledge about suicide, (3) Basic skills to work with suicidal clients, (4) Development of support networks for people at high risk of suicide, and (5) Summary. The program is lecture-based but also includes brief class discussions and case studies. The study on its feasibility and preliminary effectiveness found that student satisfaction with the educational program was reasonably high, with significant improvements in knowledge about and some attitudes toward suicide and suicide prevention after attending the program (Kodaka et al., 2017a). No adverse events, such as an increased risk of suicide or unstable mental state of students, were observed after taking the course, confirming the feasibility and preliminary effectiveness of the educational program.

While most social work faculty recognize the need for suicide prevention education embedded in the social work curriculum, there remains a lack of knowledge and skills to teach it (Kodaka et al., 2017b; Ruth et al., 2012). In a survey of social work faculty members in the Tokyo metropolitan area, 53.8% of respondents stated that they did not have sufficient knowledge and skills to deal with suicide prevention education in their classes, and 42.8% stated that they were unable to prepare teaching materials

(Kodaka et al., 2017b). In addition, 65.6% were concerned about the negative impact of providing suicide prevention education to their students. In addition to developing an educational program for students, it is also important to propose teaching methods for teachers who utilize the program.

In the present study, we developed a program manual to propose teaching methods for the educational program developed by Kodaka and colleagues (2017a) mentioned above. We also explored its feasibility by examining whether implementation of the educational program using the manual by social work teachers who had not been involved in program development would improve attitudes toward and knowledge of suicide and suicide prevention of students who attended the program.

Methods

Development of the program manual

When the first author implemented the educational program in a social work class, the lecture was recorded and transcribed. Based on the transcript, the authors engaged in several rounds of discussion and revision to create an alpha version of the program manual. The alpha version was further refined with feedback from eight researchers specializing in suicide prevention, who were also certified as social workers, clinical psychologists, or physicians. These experts had previously assisted in developing the educational program. Additionally, three social work faculty members who were not specialists in suicide prevention were briefed on the educational program and the alpha version of the manual. Their feedback on the manual was obtained and incorporated during the revision process. Subsequently, the authors organized and discussed the feedback collected through these processes, resulting in the creation of a beta version of the manual. The first author then used the beta version to present two lectures in social work classes. After fine-tuning the beta manual based on this practical experience, the manual was finalized.

The manual comprises two sections: the “Introduction,” which explains essential points for implementing the educational program, and “Implementation methods of the educational program.” The latter section provides details such as “Key points,” “Lecture contents,” “Suggestions for teaching methods,” and “Supplementary information,” corresponding to each presentation slide used in the lecture. When an instructor follows the “Lecture contents” as is, a single session of the educational program lasts 90 to 100 minutes.

Feasibility of the manual

Three full-time social work faculty members from different universities in the Tokyo metropolitan area used the manual to implement the educational program in their classes (Universities A, B, and C). At the outset of each class, the first author verbally explained the purpose of this study, the protection of individual rights, and the safeguarding of personal information. A detailed written description of these aspects was also provided. Students were assured that participation in the study was voluntary and that their decision to participate would not impact their grades.

Students who agreed to participate were requested to complete and submit a self-administered questionnaire before and after participating in the educational program. They were instructed not to include their names, student ID numbers, or any other personally identifiable information on the questionnaires. Submission of the questionnaire was considered consent to participate in the study. The two survey forms, administered before and after class, were linked to the same individual's responses through an arbitrary ID number pre-assigned to the survey form.

Survey contents

The survey questionnaire included: (1) questions about knowledge of suicide and suicide prevention (Kodaka et al., 2017a), (2) attitudes toward suicide (Japanese version of the Attitudes toward Suicide Scale: ATTS) (Kodaka et al., 2013), (3) evaluation of satisfaction, understanding, and difficulty level related to the educational program, and (4) demographics.

For knowledge-related questions, a total of 10 items were included, each requiring a response in the form of a circle (○) for true or a cross (×) for false (Kodaka et al., 2017a). The total number of correct responses was used as the score.

The ATTS was originally developed in Sweden as a scale to measure attitudes toward suicide in a broad target population (Renberg et al., 2003). The present study used the Japanese version of Kodaka and colleagues (2013). The original version contains 40 items; the present study used 21 items divided into six subscales: 'Right to suicide'; 'Common occurrence'; 'Suicidal expression as mere threat'; 'Unjustified behavior'; 'Preventability/Readiness to help'; and 'Impulsiveness.' Responses were provided on a 5-point Likert scale, ranging from 'strongly agree' to 'strongly disagree.'

Regarding the educational program, satisfaction was assessed using three items about lecture content, materials, and overall program satisfaction, with response options ranging from 1 'very dissatisfied' to 5 'very satisfied.' Understanding of the

educational program was measured with one item, ranging from 1 ‘not understood at all’ to 5 ‘understood very well,’ and the difficulty level was rated on a scale from 1 ‘very difficult’ to 5 ‘very easy.’

Data Analysis

Descriptive statistics were calculated for knowledge of suicide and suicide prevention, as well as for satisfaction, understanding, and difficulty of the educational program. T-tests were conducted to examine significant differences in mean total knowledge scores and total scores of each of the six ATTS sub-scales before and after the program. IBM SPSS Statistics version 26 was used for the analysis. The significance level for the analysis was set at 0.05 (two-tailed).

Ethical considerations

The research protocol was reviewed and approved by the Ethical Review Committee of the National Center of Neurology and Psychiatry (the former affiliation of the authors) and the Faculty of Human Sciences of Musashino University.

Results

A total of 48 participants completed and submitted the questionnaire, with 20 from University A, 17 from University B, and 11 from University C. The mean age was 21 years (SD= 2.4); 25 (52.1%) were female and 23 (47.9%) were male; 24 (50.0%) were in their second year, 4 (8.3%) in their third year, and 20 (41.7%) in their fourth year. As for licenses they were interested in obtaining, 44 (91.7%) were social workers, 3 (6.3%) were mental health social workers, 2 (4.2%) were psychologists or clinical psychologists, 1 (2.1%) was a nursery school teacher, and 2 (4.2%) were care workers (with some participants providing multiple responses). Twelve (25.0%) had previously attended lectures, training, or classes on suicide prevention before participating in this educational program.

Mean score for knowledge of suicide and suicide prevention significantly improved after attending the program (mean=8.9; SD=1.6) compared to before (mean=7.2; SD=1.8) (N=46; t=-6.73; df=45; $p<0.000$). The number of respondents who answered correctly or incorrectly for each item is shown in Table 1.

Table 1. Knowledge of suicide and suicide prevention before and after the program

	Before the program					After the program				
		Incorrect		Correct			Incorrect		Correct	
	N	n	%	n	%	N	n	%	n	%
People who talk about suicide do not actually intend to die	48	20	41.7	28	58.3	47	2	4.2	45	93.8
Most suicides happen suddenly and without warning	47	26	55.3	21	44.7	48	8	16.7	40	83.3
People in suicidal crisis are determined to die	48	23	47.9	25	52.1	48	12	25	36	75
A person in suicidal crisis is in crisis forever	48	20	41.7	28	58.3	48	14	29.2	34	70.8
Only people with mental disorders are in suicidal crisis	48	0	0	48	100	48	0	0	48	100
It is not a good idea to talk about suicide, because it could be taken as urging them to attempt suicide	48	10	20.8	38	79.2	48	4	8.3	44	91.7
A person in suicidal crisis must first be persuaded not to attempt suicide	48	11	22.9	37	77.1	48	5	10.4	43	89.6
People who attempt self-harm that does not lead directly to death are just trying to get attention, so there is no need to take them seriously.	48	3	6.3	45	93.8	48	1	2.1	47	97.9
People in suicidal crisis have many life issues, so we cannot focus on their strengths.	47	6	12.8	41	87.2	48	2	4.2	46	95.8
When supporting individuals at risk of suicide, only a supporting person who they have consulted with about their suicidal feelings should respond to them.	48	14	29.2	34	70.8	48	4	8.3	44	91.7

All respondents correctly answered the statement “Only those with mental disorders are in danger of suicide” (correct answer: False) both before and after attending the program. The item with the highest number of incorrect responses before the program was “Most suicides occur suddenly and without warning,” which was answered incorrectly by 26 (55.3%) of respondents (correct answer: False). After the program, 40 respondents (83.3%) answered it correctly. The item with the highest number of incorrect answers even after the program was “People in suicide crisis will always be in crisis” (correct answer: False), which was answered incorrectly by 20 (41.7%) before the program and by 14 (29.2%) after the program.

Regarding total scores for each of the six ATTS subscales, ‘Common occurrence,’ ‘Suicidal expression as mere threat,’ ‘Preventability/Readiness to help,’ and ‘Impulsiveness’ showed significant improvements after the program compared to before (Table 2).

Table 2. Attitudes toward suicide before and after the program

	n	Before the program mean	Before the program SD	After the program mean	After the program SD	t	df	p
ATTS subscales								
Right to suicide	47	18.0	5.0	18.3	4.7	-0.60	46	n.s.
Common occurrence	47	13.3	3.8	11.9	3.2	3.39	46	*
Suicidal expression as mere threat	48	6.6	2.0	7.8	1.7	-5.41	47	***
Unjustified behavior	48	5.5	2.4	5.9	2.1	-1.81	47	n.s.
Preventability/Readiness to help	47	8.7	2.2	7.4	2.3	4.30	47	***
Impulsiveness	47	9.0	2.4	10.3	2.3	-4.77	46	***

Student's t-test; ***p<0.001, **p<0.01, *p<0.05; ATTS: Japanese version of Attitudes toward Suicide scale

Satisfaction with lecture contents, satisfaction with lecture materials, overall program satisfaction, understanding of the educational program, and difficulty level are shown in Table 3. Approximately 90% of participants expressed satisfaction with the educational program, and most indicated that they understood it to some degree or more. No adverse events, such as an unstable mental condition after the program, were reported.

Table 3. Satisfaction, understanding, and difficulty level of the program

		Very dissatisfied		Dissatisfied		Undecided		Satisfied		Very satisfied	
	N	n	%	n	%	n	%	n	%	n	%
Lecture content	48	0	0	3	6.3	3	6.3	29	60.4	13	27.1
Materials	48	1	2.1	0	0	2	4.2	30	62.5	15	31.3
Overall program	48	0	0	0	0	6	12.5	27	56.3	15	31.3
		Not understood at all		Not understood well		Undecided		Understood well		Understood very well	
	N	n	%	n	%	n	%	n	%	n	%
Understanding	48	0	0	0	0	3	6.3	22	45.8	23	47.9
		Very difficult		Difficult		Appropriate		Easy		Very easy	
	N	n	%	n	%	n	%	n	%	n	%
Difficulty level	48	0	0	1	2.1	40	83.3	3	6.3	4	8.3

There have been no reports of problems related to implementing the lectures using the manual from the faculty members who taught the classes. As far as the first author observed the classes, there were no significant deviations from the manual's content.

Discussion

This study aimed to develop a manual that provides a teaching method for a suicide prevention educational program designed for social work students. In order to assess the feasibility of the manual, we explored whether the program, when delivered by faculty members who did not take part in its development, improved the knowledge and attitudes of students participating in the program. Students exhibited high satisfaction with and understanding of the program. Importantly, knowledge and attitudes toward suicide significantly improved after attending the educational program compared to before the program. No adverse events were reported, including negative effects on the mental health of students. There also were no significant deviations from the program contents during its implementation.

The improvement in knowledge of suicide and suicide prevention compared to before attending the program was statistically significant. Notably, however, there were four items for which more than 10% of participants provided incorrect answers, even after attending the program. In a previous study that examined the feasibility and preliminary effects of the educational program, all students answered correctly on six items among the nine items that were answered incorrectly before attending the program, and only one student (6%) each answered incorrectly on two items even after attending the program (Kodaka et al., 2017a). This suggests the need to revise the manual or explore alternative methods to teach these particular aspects.

The item most frequently answered incorrectly (29.2% of participants), even after attending the program, was “People in suicide crisis will always be in crisis.” This is a slight increase from the 23.5% observed in the previous study (Kodaka et al., 2017a), underscoring the importance of developing new teaching methods to enhance students’ understanding. To address this challenge, the manual includes an explanatory section emphasizing the significance of utilizing and strengthening protective factors in addition to preventing and mitigating risk factors. It highlights that a state of high suicide risk is not a permanent condition, and individuals can transition out of it to achieve a better quality of life. Many risk factors are fluid, and it is essential to adopt social work practices that accompany these changes by focusing on both risk reduction and protective factor enhancement.

The student materials include a chart that summarizes “Suicide Risk Levels and Supportive Behaviors” using color coding to depict the varying degrees of suicide risk. This visual representation illustrates the dynamic nature of suicide risk, which can fluctuate over time. Despite these additions, it is evident that additional efforts are required to promote a more comprehensive understanding among program participants,

such as introducing narratives of lived experiences or examples within the educational program.

The educational program demonstrated a clear improvement in students' attitudes toward suicide. In contrast to the prior study (Kodaka et al., 2017a), which revealed significant improvements only in the "Impulsivity" subscale of the ATTS Japanese version, the present study showed significant improvements in four subscales: 'Common occurrence,' 'Suicidal expression as mere threat,' 'Preventability/Readiness to help,' and 'Impulsiveness.' This may reflect maturation of the program's content and instructional methods over time.

However, the "Rights to suicide" subscale showed no significant improvement in both the present study and that by Kodaka and colleagues. Studies have shown that attitudes that condone suicide, such as "the right to die by suicide," could have a negative influence on helping those at risk of suicide (Mason et al., 2016; Neimeyer et al., 2001). Therefore, one of the primary objectives of this educational program is to transform such permissive attitudes. The manual urges instructors to explain emphatically that individuals attempt suicide after various factors have narrowed their psychological vision to the point where suicide is the only option they can think of; however, this explanation alone appears to be insufficient.

The "Right to suicide" subscale of the ATTS includes questions that may evoke thoughts of euthanasia and death with dignity. Students might be confused with the concept of self-determination, particularly in the context of euthanasia and death with dignity. "Respect for client self-determination" is key to social work ethics. In a study exploring attitudes toward euthanasia and assisted suicide among social workers in hospital settings, the value of respecting client self-determination emerged as paramount. "Self-determination" has long been a contentious issue in end-of-life discussions (Csikai, 1999; McCormick, 2011; Wesley, 1996). In contrast, suicide involves a complex interplay of various bio-psycho-social factors, leading individuals to experience psychological distress. Importantly, suicide risk is a dynamic condition, as highlighted earlier. Therefore, the fact that approximately 30% of students still believed that "People in a suicide crisis will always be in crisis" even after the program suggests that certain critical points, such as the idea that individuals at high risk of suicide may be in a state of psychological constriction and may make irrational decisions, might not have been adequately conveyed. The educational program and manual should emphasize these aspects during lectures to address this gap. Concrete examples could contribute to a more comprehensive understanding.

Satisfaction and understanding of the program were equal to or exceeded the

results obtained in the previous study (Kodaka et al., 2017a). This could be attributed to a higher proportion of fourth-year students in the present study population. While the program is recommended to be completed in the second semester of the second year or later, exploring the trends in knowledge and improvements in attitude among students at different grade levels is necessary to determine the optimal point of program introduction.

The manual was distributed in advance to the instructors responsible for program implementation, and the first author provided a 30-minute explanation of the program's content and the manual. From our observations, the instructors delivered the program without issues by following the manual. However, to enhance the manual's dissemination and facilitate consistent program delivery, it is advisable to consider conducting a "train-the-trainer" program for instructors.

It is also important to assess the fidelity of the program to ensure faithful implementation. A study examining the fidelity of the Applied Suicide Intervention Skills Training (ASIST) program found high fidelity in lectures but weaknesses in interactive activities (Cross et al., 2014). The authors of the present study plan to develop an exercise program in addition to the current educational program to achieve a more comprehensive suicide prevention education program. The manual, which meticulously details the program content, can significantly contribute to maintaining high fidelity. On the other hand, the fidelity of the exercise program may require more attention. Proposing teaching methods that guarantee fidelity and establishing methods for its evaluation are crucial.

While this study conducted a single-arm trial comparing knowledge and attitudes about suicide and suicide prevention among students before and after attending the educational program, there are limitations concerning the generalizability of the results. Potential biases could have arisen because the lectures were administered by faculty members who had the authority to award credits for the courses in which the program was implemented. In this regard, randomized controlled trials (RCTs) are indispensable to examine program effectiveness using teacher manuals. The paucity of RCTs is a broader issue in the study of gatekeeper training, a subset of suicide prevention education (Issac et al., 2009; Yonemoto et al., 2019). Additionally, there is a need for more research on the sustainability of knowledge, skills, and attitudes acquired by participants after their training. To this end, evaluating gatekeeper behaviors following the training is essential (Issac et al., 2009). As such, follow-up evaluations after implementing the educational program are a necessary step in our research.

In Japan, curriculum plans for training programs aimed at social work students

include “suicide” and “suicide attempt” as examples of essential educational content (MHLW, 2019a; MHLW, 2019b). We anticipate that our manual will be widely utilized, leading to the active introduction of suicide prevention educational programs for social work students.

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The educational program, materials used, and implementation manual can be downloaded from the URL below. It is scheduled to be revised at the end of FY2023.
https://sites.google.com/view/swedprogram/

For more information, the first author can be reached by e-mail. (E-mail address: m_kodaka@musashino-u.ac.jp)

References

Children and Families Agency. (2023). *Kodomo gyakutai ni yoru shibo jirei to no kensho kekka to ni tsuite: Dai 19 ji hokoku [Results of verification of cases of child abuse deaths: 19th periodic report].* https://www.cfa.go.jp/councils/shingikai/gyakutai_boushi/hogojirei/19-houkoku/

Cross, W.F., Pisani,A.R., Schmeelk-Cone, K., Xia,Y., Tu, X., McMahon,M., Munfakh, J.L., Gould, M.S. (2014). Measuring trainer fidelity in the transfer of suicide prevention training. Crisis, 35(3), 202-12. https://doi.org/10.1027/0227-5910/a000253

Csikai, E.L. (1999). The role of values and experience in determining social workers' attitudes toward euthanasia and assisted suicide. *Social Work in Health Care*, 30(1), 75-95. https://doi.org/10.1300/j010v30n01_05

Feldman, B. N., Freedenthal, S. (2006). Social work education in suicide intervention and prevention: An unmet need? *Suicide and Life-Threatening Behavior*, 36, 467–480. https://doi.org/10.1521/suli.2006.36.4.467

Isaac, M., Elias, B., Katz, L.Y., Belik S-L., Deane, F.P., Enns, M.W., Sareen, J., Swampy Cree Suicide Prevention Team. (2009). Gatekeeper training as a preventative

intervention for suicide: A systematic review. *Canadian Journal of Psychiatry*, 54, 260–268. https://doi.org/10.1177/070674370905400407

Jacobson, J. M., Ting, L., Sanders, S., & Harrington, D. (2004). Prevalence of and reactions to fatal and nonfatal client suicidal behavior: A national study of mental health social workers. *Omega: Journal of Death and Dying*, 49, 237–248. https://doi.org/10.2190/HPKQ-T700-EPQL-58JQ

Jacobson, J. M., Osteen, P. J., Sharpe, T. L., & Pastoor, J. B. (2012). Randomized trial of suicide gatekeeper training for social work students. *Research on Social Work Practice*, 22, 270–281. https://doi.org/10.1177/1049731511436015

Japanese Association of Certified Social Workers. (2017). *Sosharuwaku no jissen genba ni okeru jisatsu yobo no asesumento tsuru kaihatsu oyobi zenkoku tenkai ni muketa jinzai ikusei jigyo: Heisei 28 nendo jisatsu boshi taisaku jigyo hokokusho [Project to develop assessment tools for suicide prevention in social work practice and human resource development for nationwide dissemination: FY 2016 suicide prevention project annual report]*. https://www.jacsw.or.jp/citizens/josei/documents/2016/hokokusho.pdf

Japan Center for Suicide Prevention. (2015). *Jido sodanjo ni okeru kokoro no kenko to shien no tame no gakujutsu chosa [Research for Mental Health and Support in Child Guidance Offices]*. https://www.cspss.jp/pdf/%E5%85%90%E7%AB%A5%E7%9B%B8%E8%AB%87%E6%89%80%E3%81%AB%E3%81%8A%E3%81%91%E3%82%8B%E3%81%93%E3%81%93%E3%82%8D%E3%81%AE%E5%81%A5%E5%BA%B7%E3%81%A8%E6%94%AF%E6%8F%B4%E3%81%AE%E3%81%9F%E3%82%81%E3%81%AE%E5%AD%A6%E8%A1%93%E8%AA%BF%E6%9F%BB%20%E5%A0%B1%E5%91%A%E6%9B%B8.pdf

Kodaka, M. (2012). Social worker's attitude toward suicide and suicide prevention. *Studies on Social Work*, 38(3), 17-24. https://id.ndl.go.jp/bib/024070721

Kodaka, M., Inagaki, M., Poštuvan, V., Yamada, M.(2013). Exploration of factors associated with social worker attitudes toward suicide. *International Journal of Social Psychiatry*, 59(5), 452-459. https://doi.org/10.1177/0020764012440674

Kodaka, M., Hikitsuchi, E., Takai, M., Okada, S., Watanabe, Y., Fukushima, K., Inagaki, M., Yamada, M., Takeshima, T., Matsumoto, T. (2017a). A new suicide education program for social work students: Its feasibility and preliminary effectiveness. *Suicide Prevention and Crisis Intervention*, 32(2), 25-34. https://search.jamas.or.jp/link/ui/2018063606

Kodaka, M., Hikitsuchi, E., Takai, M., Okada, S., Watanabe, Y., Fukushima, K., Yamada, M., Inagaki,M., Takeshima, T., Matsumoto, T. (2017b). Current implementation of and

opinions and concerns regarding suicide education for social work undergraduate students in Japan: A cross-sectional study. *Journal of Social Work Education*, 54(1), 1-15. https://doi.org/10.1080/10437797.2017.1314837

Levine, L. & Sher, L.(2020). How to increase the role of social workers in suicide preventive interventions. *Acta Neuropsychiatrica*, 32(4), 186-195. https://doi.org/10.1017/neu.2020.11

Mason, K., Geist,M., Kuo, R., Marshall, D., James D Wines Jr, J.D.(2016). Predictors of clergy's ability to fulfill a suicide prevention gatekeeper role. *Journal of Pastoral Care and Counseling*, 70(1), 34-39. https://doi.org/10.1177/1542305016631487

McCormick,A.J. (2011). Self-Determination, the right to die, and culture: A literature review. *Social Work*, Volume 56(2),119–128. https://doi.org/10.1093/sw/56.2.119

Ministry of Health, Labour and Welfare. (2011). *Seikatsu hogo jukyusha no jisatsushasu ni tsuite [Number of suicides among welfare recipients]*. https://www.mhlw.go.jp/stf/shingi/2r9852000001ifbg-att/2r9852000001ifhr.pdf

Ministry of Health, Labour and Welfare. (2019a). *Shakaifukushishi yosei katei no karikyuramu (an) [Curriculum for Social Work Student Training Course: Draft Plan]*. https://www.mhlw.go.jp/content/000525183.pdf

Ministry of Health, Labour and Welfare. (2019b). *Seishinhokenfukushishi yosei katei no karikyuramu (an) [Curriculum for Mental Health Social Work Student Training Course: Draft Plan]*. https://www.mhlw.go.jp/content/12205000/000524188.pdf

Ministry of Health, Labour and Welfare. (2023). *Reiwa 5 nendo ban jisatsu taisaku hakusho [White Paper on Suicide Prevention 2023]*. https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/seikatsuhogo/jisatsu/jisatsuhakusyo2023.html

Neimeyer, R.A., Fortner, B., Melby, D. (2001). Personal and professional factors and suicide intervention skills. *Suicide and Life-Threatening Behavior*, 31, 71-82. https://doi.org/10.1521/suli.31.1.71.21307

Osteen, P. J., Jacobson, J. M., & Sharp, T. L. (2014). Suicide prevention in social work education: How prepared are social work students? *Journal of Social Work Education*, 50, 349–364. https://doi.org/10.1080/10437797.2014.885272

Renberg, E. S., & Jacobsson, L. (2003). Development of a questionnaire on attitudes towards suicide (ATTS) and its application in a Swedish population. *Suicide and Life-Threatening Behavior*, 33, 52–64. https://doi.org/10.1521/suli.33.1.52.22784

Ruth, B. J., Gianino, M., Muroff, J., McLaughlin, D., & Feldman, B. N. (2012). You can't recover from suicide: Perspectives on suicide education in MSW programs. *Journal of Social Work Education*, 48, 501–516. https://doi.org/10.5175/JSWE.2012.201000095

Sanders, S., Jacobson, J. M., & Ting, L. (2005). Reactions of mental health social workers

following a client suicide completion: A qualitative investigation. *Omega: Journal of Death and Dying*, 51, 197–216. https://doi.org/10.2190/D3KH-EBX6-Y70P-TUGN

Sanders, S., Jacobson, J. M., & Ting, L. (2008). Preparing for the inevitable: Training social workers to cope with client suicide. *Journal of Teaching in Social Work*, 28, 1–18. https://doi.org/10.1080/08841230802178821

Sharpe, T. L., Frey, J. J., Osteen, P. J., & Bernes, S. (2014). Perspectives and appropriateness of suicide prevention gatekeeper training for MSW students. *Social Work in Mental Health*, 12, 117–131. https://doi.org/10.1080/15332985.2013.848831

Ting, L., Sanders, S., Jacobson, J. M., & Power, J. R. (2006). Dealing with the aftermath: A qualitative analysis of mental health social workers' reactions after a client suicide. *Social Work*, 51, 329–341. https://doi.org/10.1093/sw/51.4.329

Wesley, C.A. (1996). Social work and end-of-life decisions: Self-determination and the common good. *Health and Social Work*, 21(2), 115-121. https://doi.org/10.1093/hsw/21.2.115

World Health Organization. (2014). *Preventing suicide-Global imperative*. https://iris.who.int/bitstream/handle/10665/131056/9789241564779_eng.pdf?sequence=1

Yonemoto, N., Kawashima, Y., Endo, K., Yamada, M. (2019). Gatekeeper training for suicidal behaviors: A systematic review. *Journal of Affective Disorders*, 246, 506–514. https://doi.org/10.1016/j.jad.2018.12.052