

Klein & Yun, 2021

Volume 1, pp. 71-84

Date of Publication: 29th July 2021

This paper can be cited as: Klein, D. D. & Yun, J. (2021). South Korean Suicide Prevention: Public and Private Strategies. *Socialis Series in Social Science*, 1, 71-84.

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SOUTH KOREAN SUICIDE PREVENTION: PUBLIC AND PRIVATE STRATEGIES

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Abstract

South Korea has the second-highest suicide rate in the world, with 20 deaths per 100,000 according to the World Health Organization. With 5% of South Korean deaths attributed to suicide annually, the distribution is across every age cohort, from children to teens, to young workers, to the middle-aged, to senior citizens. A South Korean aged 70 and higher is 3 times as likely to commit suicide than the global average. This paper will research suicide prevention programs implemented by both governmental and non-governmental organizations before and during the COVID pandemic which address the country's high rate of suicidal behaviors. These include training for warning signs, social media campaigns targeting young people, preventing the sale of materials that have been used to commit suicides, and guidelines on how suicides should be reported by the media. South Korean individuals and organizations have created psychological support groups and encourage intervention to reduce mental distress. This paper will also address theories explaining the particularly high suicide rates of South Koreans in different age cohorts. Finally, this paper will study the effectiveness of existing suicide

prevention policies in South Korea and recommend actions that should be strengthened in the future.

Keywords

South Korea Suicide Rates, Suicide Prevention Programs in South Korea, Mental Health Treatment in South Korea, Media Guidelines of Suicide Coverage in South Korea, Social Media Suicide Prevention for Teens in South Korea, Suicide Rates and Senior Citizens in South Korea

1. National Suicide Statistics in South Korea- An Overview

Suicide takes the lives of 800,000 people globally. In the most recent comprehensive international study conducted in 2016 by the World Health Organization, South Korea had the highest suicide rate of the developed economies. Suicide is the 5th highest cause of mortality in South Korea – compared to the 15th highest cause of death in the world annually - accounting for 5% of all deaths annually in the country (compared to the global country average of 1.4% of deaths attributed to suicide).

The rate of suicide in South Korea started climbing in 1991 when the rate was 2%. Tragically, suicides increased every year from 1992-2011, when the mortality rate to suicide rose to hit the all-time high of 6.4%. The national government, private institutions, foundations, and religious organizations instituted suicide prevention programs, which lowered the rate down to 5% by 2017. (Ritchie et. all., 2015)

Despite the reversal, the real rate of suicide in Korea is still significantly higher than global averages. And the suicide rates for Koreans 70 years and older are appalling, with senior citizens 3.2 times likely to commit suicide than the global average. The other age cohorts in the study still showed that Koreans are at least twice as likely to commit suicide.

Table 1: *National Suicide Statistics in South Korea*

Age Bracket	Global Rate	South Korean Rate
70 and older	27 per 100,000	86 per 100,000
50-69	16.17 per 100,000	33.6 per 100,000
15-49	11.6 per 100,000	28.9 per 100,000
5-14	10.39 per 100,000	21.8 per 100,00

(Source: Global Burden of Disease Collaborative Network)

The data cited above is from the Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2017 Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), published in 2018. The IHME was started by and is funded by the Bill and Melinda Gates Foundation.

2. Why Is the Suicide Rate in Korea for The Elderly 3X Higher Than the World Average?

Many studies have been conducted to gain insights into the causes of the high rate.

- Research conducted in 2012 determined that individuals who had high risks of a stroke or who had experienced a stroke evinced higher incidents of suicidal ideation and self-harm. (Pompili & Venturini, 2012)
- Studies conducted in South Korea, Europe, and the Americas have concluded that depression leads to greater suicidal thoughts in all cohorts, but the elderly have more core causes of depression because of their life circumstances (Kwon et. al., 2018).
- Research published in 2018 on the US NIH website focused on the elderly in South Korea and found that those who interacted with family, grandchildren, and friends were the least depressed in the group studied and had the lowest rates of suicidal ideation and self-harm.
- The NIH study also found that paid companionship such as home health workers and nursing home aides did not have the same effect on patients as time spent with friends, family, and grandchildren. The authors recommended that more be done to reduce the isolation of senior citizens - especially those with chronic medical ailments - to reduce depression, one of the leading predictors of suicide.

Table 2: Risk Factors Of Suicide Based on Age

Age	Risk Factors	Characterstics
Adolescence 19-34 (n=80)	- Negative Event Before adulthood - Issues related to dating	- High numbers of people experienced a negative event - Dating related disputes or conflicts

Middle Age 35-49 (n=96)	- Financial struggle - Job related stress	- Relationships within job, changes in workload and being unemployed - Large debts including debts related to housing
Primal Age 50-64 (n=77)	- Job and financial stress - Suicide related actions *Has attempted suicide/received mental care in the past.	- Stress related to being unemployed - Financial struggles and debt related stress. debt is usually due to business budget, or living costs, stress related to decrease in income is also high - Past attempts of suicide and mental treatment are high, experienced family's suicide
Old Age 65< (n=36)	- Physical disease related stress - Social isolation	- Chronic disease and physical health related stress levels are high - Being alone and believing that one has no friends, and do not have people to trust (weak social relationship)
All (n=289)	- Mental health issues - Family related issues	- All ages experience depressive disorder, or substance-related disorders - Stress related to family varies depending on age group

(Source: KPAC)

3. Suicide in South Korea: Teens

Suicide is the #1 cause of death for Koreans younger than 20 years old (Yonhap, 2019).

- A Health Ministry study in 2019 reported that the overwhelming burden of qualifying for university has become the biggest reason that Korean teens commit suicide. (Ministry of Health & Welfare, 2019)

- Students are forced to attend extra tutoring at hakwons (intense tutoring sessions) until late into the night, resulting in 14–16-hour days for many teens (Bernal, 2020);
- Students are constantly being compared to peers at school, which creates emotional distress and feelings that are difficult to manage; (Park, 2019)
- Parents exert great pressure on children to get into one of the prestigious SKY (SNU, Korea, Yonsei) universities (Park, 2019).
- The OECD surveyed teenagers in 72 countries in 2015 for something called the Happiness Index – South Koreans were amongst the least happy young people, scoring 6.2 out of 10, which placed them 71st in the world (only Turkish teens had a lower happiness score) (Sellgren, 2017).
- Health Ministry studies found that many Korean teens attempted suicide after reporting being bullied online or experiencing a disturbing or upsetting social media interaction. Some students report that they don't speak to classmates who get poor grades, meaning some teens are shunned and socially rejected (Park, 2019).

4. Covid and Changes in Suicide Rates in South Korea

According to government statistics, 'the number of people in South Korea who deliberately harmed themselves in the first half of 2020 soared nearly 36% compared to the same period last year' (Ryall, 2020). A record 595,724 people were treated for depression, up 5.8% in the first six months of 2019. Cases of suicide among women in their late teens and 20s increased more than 7% over last year's figure. with 1,924 deaths in this age group in the first half of 2020 (Ryall, 2020).

Experts point out that suicide among young women was up an alarming 17.9% in April, the month when the pandemic was raging through South Korean society (Ryall, 2020).

According to statistics from the Ministry of Health and Welfare, women experience suicidal thoughts 1.5 times more frequently than men; around 60% of the people admitted to emergency rooms after attempting suicide last year were women (Ryall, 2020).

In the first six months after coronavirus struck, Seoul women in their 20s attempted suicide nearly five times more frequently than any other demographic, a city official told The Korea Herald newspaper in 2020 (Ryall, 2020).

5. Is Mental Health Treatment Taboo in South Korea?

Despite recognition that the country has high suicide rates compared to the other industrialized nations, South Korean society sees mental illness as taboo. A Government White Paper published in 2019 showed that “1 in 4 Koreans experienced a mental health disorder at least once in their life but only 1 in 10 pursuing professional help”. The White Paper also said that some suicide victims “sought a diagnosis for physical symptoms such as headaches and fatigue rather than seeking treatment for mental health issues”. This implies that medical practitioners had opportunities to ask questions of the patients while examining them to determine the causes of the symptoms – and could have potentially recommended mental health counseling and made referrals for proper psychological treatment.

According to the suicide statistics book written by the Korea Suicide Prevention Center, the three most popular methods of suicide in 2019 in South Korea were ‘death by hanging’, ‘carbon monoxide poisoning’ and ‘jumping from heights’ with 7076 people (51.3%), 2,282 people (16.5%) and 2,270 (16.5%) in the respective cause. The three most popular motivations for suicide in 2019 were ‘mental problems’, ‘financial difficulties, and ‘physical problems’ with 34.7%, 26.7%, and 18.8% of suicide deaths occurring by these respective motivations. It was observed that the most popular motivation for suicide for men was financial issues, whilst it was mental problems for women.

6. Working Hours and Risks of Suicide

The long average working hours of the South Korean population is a contributing factor towards the concern for high suicide rates in the country. One study indicated that “the proportion of suicidal thoughts increased according to an increment of working hours per week”, showing an increasing proportion of suicidal thoughts as working hours increased from less than 52 hours to over 60 hours. The overall proportion of suicidal thoughts were higher in women than in men. The study pointed out that “long working hours aggravate anxiety, depression, and burnout, which could increase suicidal thoughts” (Yoon et. all., 2015).

7. South Korean Suicide Prevention Programs

Governmental organizations, mainly the Ministry of Health and Welfare and the Korea Suicide Prevention Center, implemented suicide prevention policies over the last 10 years that are similar to the suicide prevention methods proposed by the WHO: (WHO, 2019)

These include:

- Training of non-specialized health workers in the assessment and management of suicidal behavior,
- Follow-up care for people who attempted suicide,
- Provision of community support,
- Early identification,
- Treatment and care of people with mental and substance use disorders, chronic pain and acute emotional distress,
- Responsibly reporting by media and
- Reducing access to the means of suicide.

8. South Korean Governmental Response

In response to the high suicide rate, lawmaker Joo Seong Yong stated that the government needed to establish the goal of reducing the suicide rate by half in 5 years and that since only 0.05% of the annual health care budget is being used for suicide prevention, which amounted to 21.8 billion won in 2019, more money needs to be allocated towards suicide prevention (Lee, 2019).

In 2017, the Minister of Health and Welfare of South Korea, Park Neung-hoo said that the government added the goal of ‘suicide prevention and spread of life respecting culture’ to the 100 national goals. In 2018 the Ministry of Health and Welfare also created the Suicide Prevention Policy Division (Ministry of Health & Welfare, 2019).

Minister Park also declared that he aims to educate public officers, social workers, and caregivers about suicide prevention. He also wants to implement a 10-year depression diagnosis program as part of the national health examination, and prioritize measures for the elderly living alone, the teenagers SNS, military and police, the salarymen, and the unemployed. The Minister speculated that when suicide rates increase, it is due to the ‘copycat effect’ - which occurs when popular personalities in Korea commit suicide (Ministry of Health & Welfare, 2019).

The South Korean Government also enacted measures to restrict people from accessing suicide means. For instance, substances that cause carbon monoxide toxicity effects and substances such as herbicides, pesticides, and fungicides have been labeled as “suicide-inducing substances” and banned by the government. Acts of encouraging or helping suicide by spreading information about how to use lighting coal or pesticides to commit suicide are punished with a two-year sentenced to prison or a fine of under 20 billion won (Shin, 2019).

Similar measures were shown to be effective in an experiment conducted by the Hong Kong University Suicide Prevention Center. In 2006, the center experimented on removing lighting coal from store shelves for one the year 2006, which resulted in a 53.3% decrease in suicide by lighting coal and a 31.8% decrease in overall suicide rates (Shin, 2019).

9. Guidelines on how the Media Should Report on Suicide

The Ministry of Health and Welfare analyzes the causes of suicide and monitors the press by preventing the spread of harmful information regarding suicide. In response to the concerns of media’s influence on people’s decision to commit suicide, the Korea Suicide Prevention Center published the ‘Suicide Reporting Recommendation Criteria 3.0’ (Journalist Association of Korea, 2018) The report includes guidelines such as:

- recommending the use of the term ‘death’ instead of ‘suicide’ or other related terms,
- Restrictions on the portrayal of suicide methods, tools, location or motivations,
- limiting the use of phrases and language that could romanticize suicide, and
- protecting the privacy of suicide victim families.

A recent example is the death of Park Won-soon, the former mayor of Seoul City, who committed suicide. In response to this act, the media used words such as ‘death’ and ‘extreme choice’, instead of ‘suicide’ following the Suicide Reporting Recommendation Criteria. (Min, 2020). This guideline differs from the United States as the SAVE (suicide prevention, information, and awareness) which only restricts describing or depicting the method and location of the suicide, while it allows the report of death as a suicide and keeping information about the location only in general terms. (SAVE, 2021)

However, there are obvious limitations to these guidelines. In the Park Won-soon suicide case, it was reported that many news reporters asked questions such as “did he hang himself, or did he fall?” and “where is the specific location of death?” despite the existence of the

guidelines. These occurrences demonstrated the mere existence of guidelines is not sufficient to prevent all negative influences and messages in the media that describe suicides in particular details – the concern is this might encourage suicide.

10. Social Media and Suicide Prevention

Other suicide prevention ideas take advantage of social media platforms. For instance, the Korea Suicide Prevention Center conducts the suicide prevention campaign “gwaenchanhni” (Are You Okay?), which includes social media campaigns run by college students called ‘College Supporters’, online contests, a say hello relay campaign supported by popular celebrities, creation of a webcomic called “Are you all right?” and publishing emojis for the Korean messenger app ‘Kakaotalk’ (Korea Suicide Prevention Center, 2020).

To target teens, the Life Insurance Philanthropy Foundation operates a 365-day 24-hour SMS based counseling service called the “Will listen to everything” to offer an approachable platform that teenagers could reach out to and talk about concerns about suicide. The service offers options including its smartphone app, Kakaotalk Plus Friends (messenger), Facebook, and SMS. The service conducted 55,396 cases of counseling in 2019, and 78,929 cases leading up to 2019. The service showed that the most common types of problems brought up by teenagers were interpersonal relationships (36.0%), academic/career-related problems (9.1%), and family conflicts (8.5%) (Teentalk, 2021).

11. The Korea Psychology Autopsy Center

The Korea Psychology Autopsy Center, established in 2014, offers psychological autopsies that investigate suicide motivation. The autopsy is based on the Korea-Psychological Autopsy Checklist: K-PAC 3.0. The K-PAC-eCRF is a data analysis and organization system that organizes the data collected and reduces errors that might occur during the data collection process. Some findings from the KPAC - 92.0% of people showed warning signs before death by suicide. 87.5% of people had mental health problems, 64.0% had stress related to family issues, 60.9% had financial difficulties, and 53.6% had stress related to jobs (Korea Psychology Autopsy Center, 2020).

According to 352 suicide family victims surveyed from 2015 to 2017, 88.4% of people reported having changes in everyday life after a family member's suicide (Korea Psychology Autopsy Center, 2020).

The KPAC also offers the one-stop service (single point of contact) service in which an expert is dispatched within 24 hours of a suicide incident to provide guidance. This service has been tested first in September 2019 in limited areas including Gangwon-do, four districts in Incheon, and Gwangju Metropolitan City (Korea Psychology Autopsy Center, 2020).

Besides this, the KPAC jointly supports psychological treatment costs with the Life Insurance Social Contribution Foundation. In 2019, 599 people who attempted suicide has been provided with medical care. By coordinating with 65 hospitals in the country, the LIPF provided a maximum of 1 billion won maximum per person. Also, in 2019, 526 suicide bereaved family members were provided with mental care and psychiatric treatment costs of up to 1 billion won (Korea Psychology Autopsy Center, 2020).

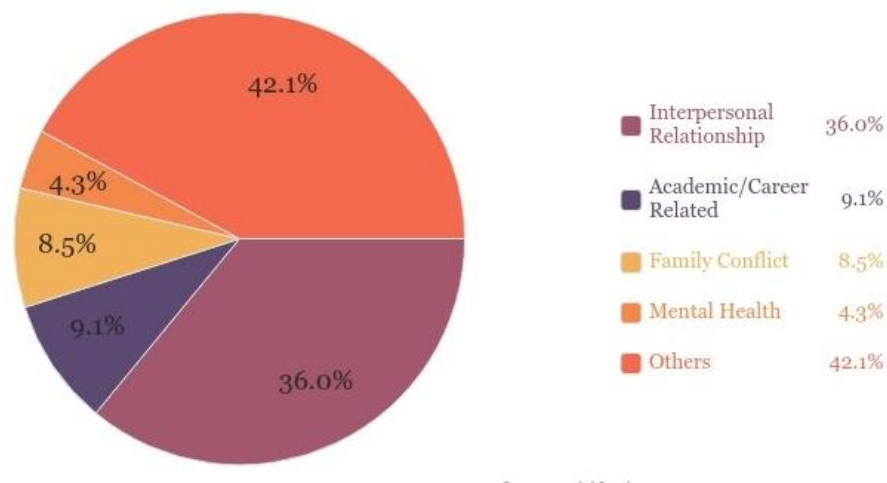


Figure 1: *Types of Problems That is Brought up During Social Media Counseling*
(Source: Life Insurance Philanthropy Foundation)

To easy access to helpful information, the KPAC also created the website Warm Days (<http://www.warmdays.co.kr>) which provides explanations for the mourning process, psychological support, and other various services that suicide victim families can receive from different organizations. In addition, the KPAC runs the National Survivor of Suicide Day, which was started by US Senator Harry Reid in 1999 to commemorate his father's death. The

festival has been run 3 times in 2015, 2018, and 2019 (Korea Psychology Autopsy Center, 2020).

The Korea Suicide Prevention Center conducts programs that target emergency room patients that attempted suicide which include hospital services for both physical and psychological damage and provides manuals for emergency rooms (Korea Psychology Autopsy Center, 2020).

The South Korean religious community, also known as the ‘The Korea Religions Association’ also made collective efforts to reduce suicide by enacting various suicide prevention policies (Ministry of Health and Welfare, 2020).

The National Council of Churches in Korea offers support services for suicide victim families, local community suicide prevention instructor education and the life support week festival on September 19th. The Jogye Order of Korean Buddhism offers the ‘call of mercy’ (02-737-1114) 24-hour hotline service, temple stay for suicide victim families, suicide prevention education for religious leaders, and the ‘life-saving court’ service. The ‘call of mercy’ hotline service showed a decrease in overall hotline call time as shown in the table below.

The Won-Buddhism community operates the ‘Round Heart Counseling Research Center which offers individual and group counseling programs, suicide prevention education for priests, and suicide family counseling. The Catholic community in Korea offers suicide victim family support programs, develops suicide prevention education manuals.

Addressing the psychological stress and emotional toll brought on by the COVID-19 pandemic, the South Korean Ministry of Economy and Finance and the Ministry of the Interior and Safety implemented various economic policies to reduce the financial burden that people face since January 2020. For individuals, the Ministry of the Interior and Safety provided 400,000 won for a single-person household, 600,000 won for two-person households, 800,000 won for three-person households, and 1,000,000 won for four-person households (Ministry of Economy and Finance, 2020).

In addition, for small enterprises with profits of under 100 million won, the Ministry of Economy and Finance offered 5-year loans with interest rates of 3~4% per year of about 10 million won and loans up to 20 million won were rewarded to startup companies.

Overall, the suicide policies being enacted and those that are planned seemed to match other country's suicide policies, which include a nationwide campaign to improve awareness, training gatekeepers to detect and commission suicide risk groups early on, media control/restraining the press, and restriction on suicide means (Ministry of Economy and Finance, 2020).

12. Conclusion

Considering the strong influence that the media and popular personalities have on the mindset of the general public, it is important that the 'Suicide Reporting Recommendation Criteria 3.0' be enforced to take a more coercive nature by censoring information more effectively e.g., preventing the press from releasing sensitive information that violates the privacy of the deceased and their families.

Also, even though there are policies that exist to help people who have attempted suicide and were treated in emergency rooms, experts at the National Center for Mental Health pointed out that the current system for organizing emergency room-based patients is insufficient. Furthermore, the report recommends standardization of emergency room-based suicide initiatives, and a comprehensive best practices management system is required. To elaborate, in South Korea, medical guidelines or follow-up management programs for suicide attempters are not standardized and the levels of service – and the eventual outcomes that occur -varies by institution. (Lee et. all., 2020).

To improve this, the experts suggested that a stable system based on a business model that provides for sufficient funds for the suicide attempters and also ensures the stable employment of medical staff within hospitals. Within the current budget, it is suggested that a web-based aftercare service for suicide attempters is possible. (Lee et. all., 2020).

In addition, considering the risks of suicide among the physically impaired, a more systematic approach to identifying potential suicide attempters among the physically impaired must be implemented by governmental organizations (Lee & Park, 2019). The UK, for example, has protocols that address people with health issues, such as those with eating disorders, and the program monitors and treats those at risk (Mental Health Taskforce, 2016).

The experts also pointed out that effective counseling in the psychiatric field and early psychiatric intervention of the physically ill is also required (Lee & Park, 2019). The Minister

of Health and Welfare recently recognized the importance of cognitive-behavioral therapy and started paying the salary for the medical staff who were previously not paid. Also, considering that effective CBT undergoes at least 1-2 hours of treatment time according to foreign studies, it seems that a more organized guideline for CBT needs to be offered by the government (Lee & Park, 2019).

The South Korean governmental organizations have continued their suicide prevention policies to minimize the increase in suicide counts. The preexisting suicide policies, which adhere to the WHO recommended suicide prevention policies, were successful in the late 2010s, with an increase in attention and funding to suicide-related matters by the government. However, in this pandemic, to further understand the effects of COVID-19, more psychological studies are needed that investigate the specific effects of the disease on individuals.

REFERENCES

- Bernal, G., 2020. South Korea's Suicide Problem.
<https://thepeninsulareport.com/2020/01/25/south-koreas-suicide-problem>
- Il-sung, M. (n.d.). *Reporters Asking How to Commit Suicide in Park Won Soon's Death*. Go Bal News. <http://www.gobalnews.com/news/articleView.html?idxno=30529>
- Korea Psychological Autopsy Center, 2019. *Suicide Warning Signs*. Korea Psychological Autopsy Center. http://www.psyauto.or.kr/mobile/sub/data_02.asp#
- Kwon, H.-J., Jeong, J.-U., & Choi, M., 2018. Social Relationships and Suicidal Ideation Among the Elderly Who Live Alone in the Republic of Korea: A Logistic Model. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 55, 004695801877417. <https://doi.org/10.1177/0046958018774177>
- Lee, D., & Park, C. K., 2020. South Koreans are Turning to Suicide in Greater Numbers.
- Lee, S.-U., & Park, J.-I., 2019. Medical policy for suicide prevention. *Journal of the Korean Medical Association*, 62(2), 102. <https://doi.org/10.5124/jkma.2019.62.2.102>
- Life Insurance Philanthropy Foundation of Korea, 2020. *Suicide Prevention Support Project*. lif.or.or. <http://www.lif.or.kr/>
- Park, B., 2019. The Heavy Academic Pressure in South Korea. *The Korean Herald Insight*. <http://www.heraldinsight.co.kr/news/articleView.html?idxno=596>

- Pompili, M., Venturini, P., Campi, S., Seretti, M. E., Montebovi, F., Lamis, D. A., Serafini, G., Amore, M., & Girardi, P., 2012. Do Stroke Patients have an Increased Risk of Developing Suicidal Ideation or Dying by Suicide? An Overview of the Current Literature. *CNS Neuroscience & Therapeutics*, 18(9), 711–721.
<https://doi.org/10.1111/j.1755-5949.2012.00364.x>
- Ritchie, H., Roser, M., & Ortiz-Ospina, E., 2015. *Suicide*. Our World in Data.
<https://ourworldindata.org/suicide>
- Ryall, J., 2020. South Korea's Soaring Suicide self-harm rates pinned on the pandemic. *Www.dw.com*. <https://www.dw.com/en/south-koreas-soaring-suicide-self-harm-ratespinned-on-pandemic/a-54931167>
- Sellgren, K., 2017. *Most Teenagers Happy with Life, Study Shows*. BBC News.
<https://www.bbc.com/news/education-39628723>
- Shin, E., 2019. *South Korea's Suicide Rates Decline but Not Among the Elderly*. *www.upi.com*. <http://www.upi.com/>
- Shin, J. W., 2019. *Lightning Bullets and Pesticides are Regarded as "Products for Suicide"*. YNA. <https://www.yna.co.kr/>