

Overview

Suicide Rates and Countermeasures in South Korea: Emphasis on Recent Legislative Reforms Focused on Young Adults

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Abstract

This study examines the actual situation—and outlines the system—regarding the suicide rate and relevant countermeasures in South Korea, and considers the implications for Japan. The suicide rate in South Korea has spiked since the late 1990s, attaining the highest prevalence among the Organization for Economic Co-operation and Development (OECD) countries in recent years. Thus, the government of Korea launched a national suicide prevention program in 2004 by forming a government plan to address the issue. Owing to the prevailing political circumstances, a legislation could not be enacted until 2011. As of October 2024, the law has been amended nine times—most recently in July 2023, with the stated objective of explicitly defining the target demographic for suicide prevention initiatives as comprising individuals aged 20–34, with a lifespan perspective. This is because of the recent spurt in youth suicide rate. The revised law includes measures such as expanding mental health checkups for young people, integrating suicide prevention and mental health services with financial counseling to prevent financial issues leading to suicide, and promoting mental health support for young people in high-risk groups. However, there are challenges in promoting suicide prevention measures at the local community level. The underlying causes include differences in social development and governance systems between Japan and South Korea.

Keywords: Republic of Korea, Suicide Countermeasures Legislation, Young Adults, Implications for Japan

Introduction

In October 2004, the Mental Health Policy Division of the Ministry of Health and Welfare of the government of Korea launched the “Five-Year Suicide Prevention Plan,” marking the commencement of suicide prevention initiatives at the government level. In 1998, the suicide mortality rate in Korea had skyrocketed because of the impact of the Asian currency crisis (IMF bailout finance) toward the end of 1997. As the issue gained traction in social discourse, the government

of Korea recognized the need to formulate national-level measures (Kim, 2020, p. 59), and the “Detailed Implementation Plan” was announced in September 2005. The Plan details the background and necessity of the suicide prevention project, promotion strategy, promotion system and division of roles, project content (12 items), information management and reporting, regional cooperation organizations, and situation and plans of the relevant government departments at the time (Ministry of Health and Welfare, 2005).

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However, such an administrative plan had its limitations: it lacked sufficient legal basis as well as human and financial resources (Kim, 2020, p. 65). Initially, a suicide prevention bill was proposed based on the opinions and suggestions of an expert panel led by the Korea Association for Suicide Prevention, which was organized in 2003. However, owing to the political situation amid which the then-president, Lee Myung-bak—he assumed office in March 2008—ordered a policy of “private initiative” in suicide prevention (Ministry of Culture, Sports, and Tourism 2013; Kim, 2020, p. 67),¹ it took some time to enact the law (Kim, 2020, pp. 59–72). Subsequently, in response to a further increase in suicide deaths in Korea because of the 2008–2009 financial crisis—as discussed below—and a spurt in copycat suicides due to celebrity suicides, the “Act on the Prevention of Suicide and the Creation of Culture of Respect for Life” (hereinafter, the Korean Suicide Prevention Act) was passed by a plenary session of the National Assembly in March 2011. It went into effect on March 31, 2012.

The Korean Suicide Prevention Act has been amended nine times. The most recent amendment was on July 11, 2023, and its contents came into effect on July 12, 2024. The keyword of this amendment is “young adults” (20–34 years old).²

The Ministry of Government Legislation of Korea has stated the following reasons and main contents for the ninth revision: “To improve and supplement the problems identified in the operation of the current system, such as establishing a basic plan for suicide prevention by specifying young adults in the measures for suicide prevention by life cycle and making suicide prevention education mandatory for state institutions, public institutions, schools and universities.”³

Article 7, Paragraph 2, Item 3 of the Act stipulates the items to be included in the Basic Plan for Suicide Prevention established by the government of Korea every five years. Previously, it was titled, “Suicide Prevention Measures for Children, Young adults, Middle-Aged, and the Elderly by Lifetime Cycle.” Now, it has been revised as “Suicide Prevention Measures for Children, Young adults, Young Adults, Middle-Aged, and the Elderly by Lifetime Cycle.” Additionally, the amendment stipulates mandatory suicide prevention education in schools as stipulated in the “Elementary and Secondary Education Law” and the “Higher Education Law,” as well as an obligation for heads of universities, etc., to endeavor to provide suicide prevention counseling and foster a culture of respect for life, as stipulated in the “Higher Education Law.”

What conditions and perceptions induced this revision? What specific countermeasures exist to target the young adult segment? This study reviews these issues and considers their implications for Japan.

Trends and characteristics of suicide mortality in Korea

According to the government of Korea data as well as media reports, the suicide mortality rate in Korea is the highest among the Organization for Economic Co-operation and Development (OECD) countries—a large gap exists between Korea and the second country on the list. Furthermore, it is high compared to Japan—as of 2021, the World Health Organization (WHO) Mortality Database figures indicate 16.5 in Japan and 26.0 in Korea.

Initially, the suicide mortality rate in South Korea was lower than in Japan. It surged during the Asian currency crisis period in the late 1990s, overtaking Japan in 2004. However, the rate decreased after

¹ According to the “Lee Myung-bak Government White Paper on National Policy” published by the Ministry of Culture, Sports and Tourism of the government of Korea in 2013, the core of the government’s “Accompanying Growth” measures comprises the keywords “private sector initiative,” “market affinity,” and “social consensus.”

² The specific age range for young people is not stipulated in the Act. However, it is explicitly stated in the Fifth Basic Plan for Suicide Prevention.

³ The source text was retrieved and quoted from the National Legislation Information Center (law.go.kr) of the government of Korea’s Legislation Bureau, and subsequently, rearranged by the author.

attaining a peak in 2011 (31.7), before slightly increasing since 2017 (24.3). Policy documents and related studies indicate an increase in suicide mortality among young adults after the COVID-19 pandemic, and countermeasures were adopted for multifarious ascertainment of the actual situation.

The initial step will be to examine the comprehensive alterations in suicide mortality rates in South Korea over time, with emphasis on comparisons with Japan. Figure 1 illustrates the shifts in the suicide mortality rates in Japan and South Korea from 1985 to 2021.

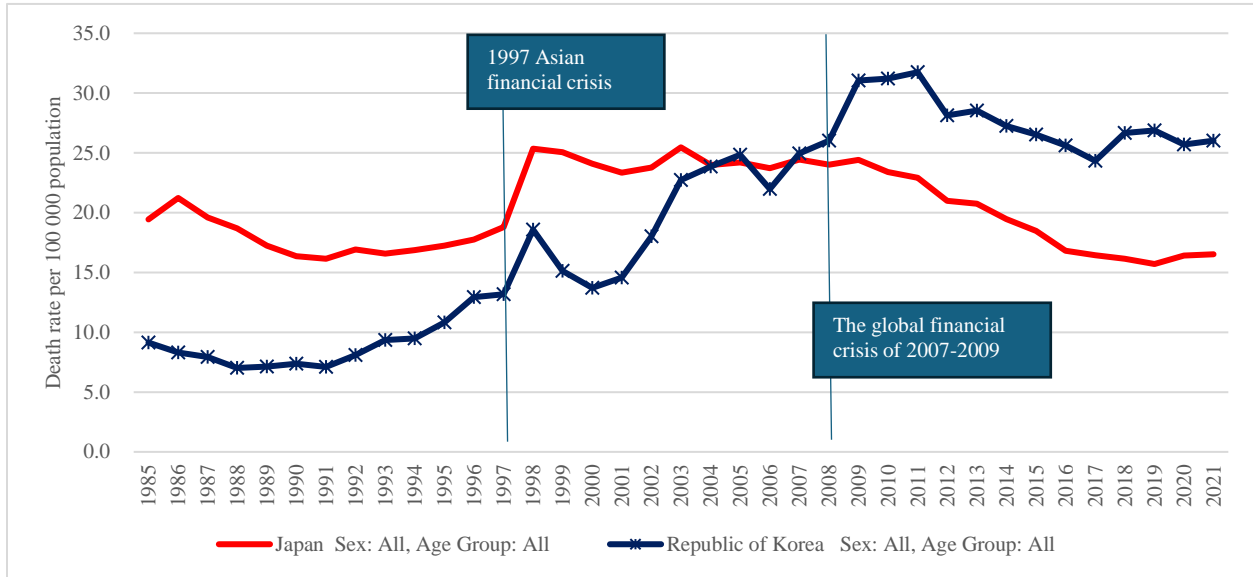


Figure 1: Suicide mortality rate over time in South Korea (compared to Japan) (Source: WHO Mortality Database)

Figure 1 illustrates that the suicide mortality rate in South Korea increased immediately after the two global financial crises. Regarding the surge in suicide mortality during these two periods, a study published in 2018 in the *Korea Social Policy Review*—a local South Korean academic journal—analyzed the effects of unemployment, mainly among regular workers in large firms, during the first crisis. During the second crisis, the suicide mortality rate increased because of suicides of the working poor, who were mainly non-regular workers (Moon & Jeung, 2018).

In conjunction with this, Moon and Jeung (2018) discuss unemployment and the working poor in each period in the context of gender issues: the first crisis had a relatively significant impact on men working as regular workers in large firms; the second crisis had a relatively significant impact on women working as low-wage informal workers. Moon and Jeung (2018) analyze that the first

economic crisis led to significant male unemployment, mainly in large companies, inducing the collapse of the “one breadwinner model” in Korea. Additionally, employment flexibility during this period continued to accelerate afterward, and the ratio of dual-income households to non-regular workers significantly increased. Consequently, the number of women working as non-regular workers also considerably increased. However, social security policies did not encompass non-regular workers, which led to an increase in the number of women marginalized in the labor market, resulting in the feminization of poverty. The analysis indicates that, during the second crisis, the impact on women working in this peripheral area—that is, as irregular workers—was significant, leading to a spurt in the suicide rate among women. Lee (2023) states that the diffusion of gender equality awareness has increased the tendency among young women to perceive marriage as a choice rather than a necessity, and to

aspire for similar life plans as men. However, that women remain peripheral in the labor market is a potent background for suicidal ideation.

The analysis above is demonstrated in Figure 2, which displays the trajectory of suicide mortality rates among young adults over time. The figure

elucidates the change in suicide mortality rates over time for young individuals in their 20s and 30s in Japan and South Korea, classified by sex. The vertical lines in the corresponding periods mark the two economic crises.

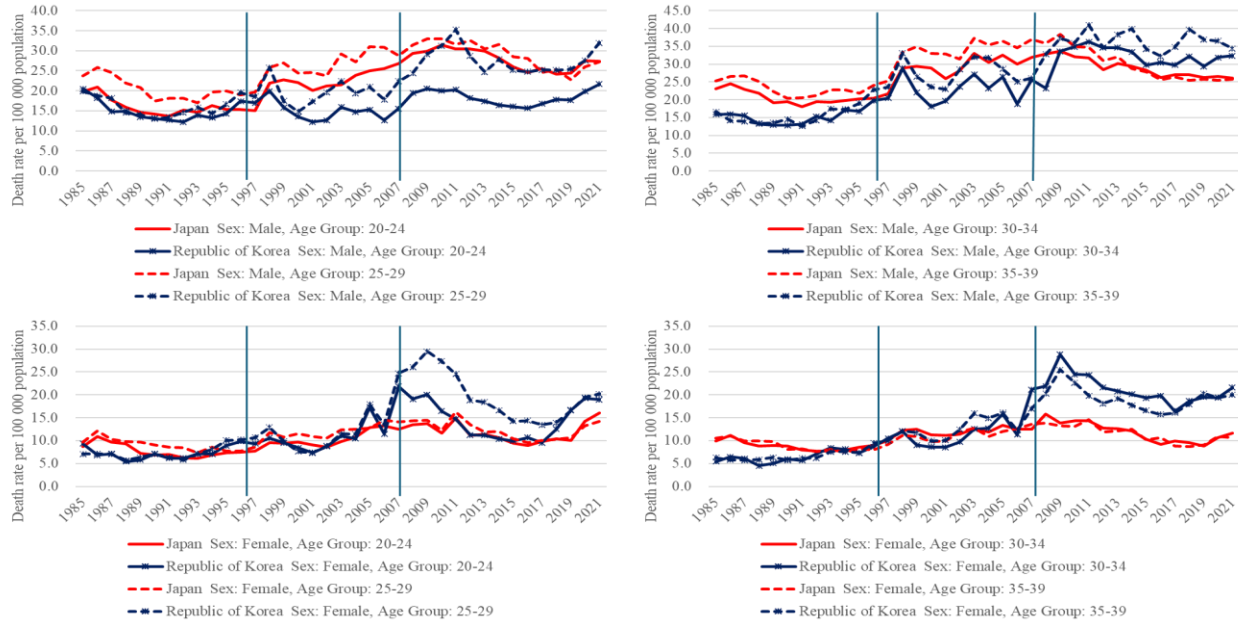


Figure 2: Change over time in suicide mortality rates by gender among young adults in Japan and Korea (Source: WHO Mortality Database)

The upper panel of Figure 2 depicts the suicide mortality rate for males (left side: 20s; right side: 30s). In Japan, the suicide mortality rate has sharply increased owing to the economic turmoil in Asia and the collapse of major financial institutions in Japan. However, this increase was not significant during the second financial crisis period. By contrast, South Korea experienced another significant increase during the second period. This feature becomes even more pronounced when examining the suicide mortality rate for women, as shown in the lower panel.

Furthermore, after the COVID-19 pandemic, suicide mortality rates increased among Japanese and Korean young adults, except for males in their 30s. Many Korean studies have analyzed the spurt in suicides among young adults during the COVID-19 pandemic.

As was the case in Japan, the suicide mortality rate among women also increased in South Korea. However, as illustrated in Figure 2—and, as previously indicated—the spurt in the suicide mortality rate among young female adults in South Korea has been remarkable since before the COVID-19 pandemic (i.e., the second financial crisis). Therefore, analyses and proposals regarding the high suicide mortality rate among female young adults have accumulated since the 2010s—mainly by a few researchers (Lee, 2010). Furthermore, international comparative studies have analyzed this issue from the perspective of gender discrimination. Lee (2010) identified that the sex ratio of suicide mortality (male suicide mortality rate/female suicide mortality rate) is generally between 2 and 4, but for Korean young adults, the ratio is smaller than 2, and for certain years, the female suicide mortality rate is higher

than the male suicide mortality rate for the same age group—a rare phenomenon worldwide. Findings regarding the size of the sex ratio are related to gender equality. The higher the sex ratio, the closer it is to gender equality; the lower the sex ratio, the more serious the inequality (Lee 2023).⁴

The “resident registration number” system, which corresponds to Japan’s My Number, has been in place since 1968.⁵ Various kinds of economic, health-related, medical, and educational data can be linked to this number. Additionally, an analysis of suicide mortality rates by income group has also been conducted.⁶

Studies that have analyzed the current situation regarding suicide among young adults indicate disparities in education and employment opportunities by class of origin (Lee et al., 2022).⁷

This section is dedicated to a nuanced exploration of the actual circumstances surrounding suicide in South Korea, with a specific focus on young adults’ experiences. Table 1 summarizes the similarities and differences between Japan and South Korea.

Table 1 Trends and Characteristics of Suicide Mortality in Korea: Focusing on Comparison with Japan

<p>The commonality in suicide mortality rates between Japan and Korea.</p>	<ul style="list-style-type: none"> ● Suicide mortality rates skyrocketed immediately after the Asian currency crisis in the late 1990s. Significantly, a spurt in suicide mortality among males, including young adults males. ● Surge in suicide mortality among young adult females during the COVID-19 pandemic. ● Low sex ratio of suicide mortality compared to developed Western countries.
<p>Differences in Suicide Mortality Rates (Characteristics of Korea, below)</p>	<p>Background of Differences (Social Background in Korea)</p>
<ul style="list-style-type: none"> ● Suicide mortality rates also spiked immediately after the second financial crisis. Particularly, suicide death rates among young women skyrocketed. 	<ul style="list-style-type: none"> ● Restructuring of the labor market and employment since the currency crisis of the late 1990s. Feminization of poverty. ● The proliferation of gender equality awareness has diminished marriage as an option among young women’s lifetime prospects, increasing the likelihood of similar lifetime prospects as men’s.

⁴ In fact, Japan and South Korea, which are considered to have low gender equality indexes, tend to have smaller sex ratios than the G7 countries. The sex ratio in the G7 countries excluding Japan is generally 3 or more, but in Japan it is around 2, and in South Korea it is below 2 (calculated by the author from the WHO Mortality Database).

⁵ At the outset, the resident registration system was not a mandatory requirement. However, following an incident on January 12, 1968, when armed agents from North Korea infiltrated the area around the presidential residence, then-President Park Chung-hee and the government decided that it was necessary to distribute a single form of identification to all citizens. It was also deemed necessary to be able to confirm the identity of citizens when necessary, and, to this end, it was thought that accurate confirmation of identity would be facilitated by the introduction of a unique resident registration number and registration card. Thus, distinctive resident registration numbers and registration cards were provided to all citizens (Source: National Archives of Korea <https://theme.archives.go.kr/next/koreaOfRecord/identityCard.do>, last accessed October 30, 2024).

⁶ In recent years, income disparity and polarization of income have become an issue in South Korea. As of 2018, the Gini coefficient was 0.345 based on disposable income, which is higher than Japan’s Gini coefficient of 0.334 for the same year. It has since decreased slightly, and as of 2021, South Korea’s Gini coefficient was 0.329 and Japan’s was 0.338 (Source: OECD Income distribution database).

⁷ While the rate of students pursuing higher education has risen to approximately 80%, the proportion of jobs requiring a university degree is not relatively high because of the industry’s structure. Consequently, the employment rate for university graduates is low, and competition is fierce. Therefore, in addition to achieving greater academic success, it is necessary to have other “specifications” that require economic capital and time, such as internships, language skills, and studying abroad. However, because the socioeconomic status of parents has more of an impact than individual effort in acquiring these skills, many young people feel powerless, frustrated, angry, and a sense of unfairness. This induces a sense of “relative deprivation” among young people in Korea. This is linked to loneliness, isolation, and suicide, according to the analysis (quoted from Lee et al., 2022, p. 371).

The following section presents an overview of the suicide prevention system in South Korea, with a focus on the relevant legislation and regulatory framework.

The overarching framework of the Suicide Countermeasures System

1. Overview General

As stated above, in South Korea, suicide prevention measures were initiated by the government in 2004, with the establishment of an administrative plan by the Ministry of Health and Welfare. The enactment of the Korean Suicide

Prevention Act, which constituted the basis for the aforementioned plan, was a subsequent addition because of the shifts in the political landscape, including changes in the government. Following the enactment of the legislation, the suicide prevention plan that had already been established was reinforced and promoted in accordance with the existing legal framework. The practice of reviewing the plan every five years has been maintained. Additionally, the law has been amended nine times—most recently in 2023—to respond to the actual situation regarding suicide. Table 2 summarizes the timing and critical points of these amendments.

Table 2 Reasons for the enactment and revision of the Korean Suicide Prevention Act,⁸ versions of the Suicide Prevention Plan, and the ministries in charge (by year and president)

Fiscal Year	Reasons for enactment and revision of the law	Versions of the Suicide Prevention Plan
2004 Roh Moo-hyun	-	First National Basic Plan for Suicide Prevention (2004-2008)
2008 Lee Myung-bak	-	Second National Basic Plan for Suicide Prevention (2009-2013)
2011 Lee Myung-bak	<p>The Korean Suicide Prevention Act was enacted on March 30, 2011, and came into effect on March 31, 2012.</p> <p>Reason for enactment:</p> <ul style="list-style-type: none"> ✓ Because suicide is highly socially contagious and can lead to the destruction of an entire society if not intercepted at an early stage, the state, which has the primary responsibility to protect the lives of its citizens, should take the lead in establishing effective and systematic preventive measures. ✓ This will stipulate in the law proactive prevention measures at a multifaceted and pan-divisional level by gender, age, class, motivation, etc., and measures to foster a culture of respect for life to protect the lives of our precious citizens and prevent socioeconomic loss. 	
2016 Park Geun-Hye	<p>Reasons for Suicide Prevention Law Amendments (1st: May 29, 2016):⁹</p> <ul style="list-style-type: none"> ✓ The Mental Health Act is entirely revised, and its name is changed to “Act on Mental Health Promotion and Support for Welfare Services for Persons with Mental Illness” and “Mental Health Center under Article 13-2 of the ‘Mental Health Act’” in the text of the Korean Suicide Prevention Act is changed to “Mental Health Welfare Center 	Third National Basic Plan for Suicide Prevention (otherwise known as the “Love of Life Plan”) (2016-2020)

⁸ The source text was retrieved and quoted from the National Legislation Information Center (law.go.kr) of the government of Korea’s Legislation Bureau, and subsequently, rearranged by the author.

⁹ The National Legislation Information Center of the government of Korea’s Legislation Bureau has given this amendment a separate name, “amendment to other laws”; however, as the result is the same as an amendment to the Korean Suicide Prevention Act, this article includes this amendment to other laws in the number of amendments.

Suicide Rates and Countermeasures in South Korea

	under Article 3-3 of the ‘Act on Mental Health Promotion and Support for Welfare Services for Persons with Mental Illness.’ ”	
2017 Moon Jae-in	Reason for Suicide Prevention Law Amendment (2nd: February 8, 2017): <ul style="list-style-type: none"> ✓ To include a clear legal basis for a psychological autopsy ✓ To make the statutory penalty for violation of the obligation not to disclose confidential information in the course of employment more severe 	*Suicide prevention measures are included in the government’s 100 major national policy issues
2018 Moon Jae-in	Reason for Suicide Prevention Law Amendment (3rd: December 11, 2018): <ul style="list-style-type: none"> ✓ To reflect the Suicide Reporting Recommendation Criteria and Methods of Ensuring Performance in the Basic Plan for Suicide Prevention ✓ To establish a basis for establishing criteria for suicide report recommendations ✓ To establish a new Suicide Prevention Policy Committee under the State Minister to deliberate on important matters related to the suicide prevention policy ✓ To establish an inter-agency information coordination system with the National Police Agency and Suicide Prevention Center, etc. ✓ To establish a basis on which the Secretary of Health and Welfare may request that first responders and others provide suicide prevention counseling and education ✓ To provide a basis for national and local support for self-help groups for bereaved families of suicide victims 	The Fourth Basic Plan for Suicide Prevention (also known as the National Action Plan for Suicide Prevention) (2018-2022) ¹⁰
2019 Moon Jae-in	Reason for Suicide Prevention Law Amendment (4th: January 15, 2019): <ul style="list-style-type: none"> ✓ To add suicide survivor support and management services to the operations of the Suicide Prevention Center ✓ To provide for the obligation of the Minister of Health and Welfare to distribute publicity videos on suicide prevention and for broadcasters to make efforts to distribute public service announcements or information on suicide prevention counseling phone numbers ✓ To prohibit the distribution of information on suicide inducement through the information and communication network and to strengthen the penal provisions for violations ✓ To allow emergency rescue agencies to request information and communication service providers to view and submit personal and location information of persons at risk of suicide to rescue persons at risk of suicide, and to provide that information and communication service providers shall cooperate with such requests without delay ✓ To provide for state and local self-governing bodies to be able to support the necessary expenses for gatekeeper activities <p>Reason for Suicide Prevention Law Amendment (5th: December 3, 2019):</p> <ul style="list-style-type: none"> ✓ The state and local self-governing bodies may request the heads of related agencies, corporations, and organizations to submit necessary materials or to state their opinions to investigate the actual state of suicide. To stipulate that those requested must cooperate with the request unless there are justifiable reasons for refusal. 	
2020	Reason for Suicide Prevention Law Amendment (6th: April 7, 2020):	

¹⁰ Regarding the fourth plan, the Korea Foundation for Suicide Prevention states, “While complementing the existing Basic Plan for Suicide Prevention, it presents a specific Action Plan that focuses on effective issues. To this end, it explains that a pan-governmental promotion system led by the Prime Minister’s Office has been established, and that it includes the implementation of a full-scale survey of all suicide deaths in order to emphasize cooperation between departments and to take a strategic approach based on scientific evidence” (https://www.kfsp.or.kr/web/contents/contentView?pMENU_NO=283, accessed on October 30, 2024).

Moon Jae-in	<ul style="list-style-type: none"> ✓ To expand the distribution of public service announcements and requests for broadcasters to transmit public service announcements or suicide prevention counseling phone number information by the Minister of Health and Welfare to include these general programming channels in addition to existing terrestrial broadcasting in response to the increased viewership of “general programming channel broadcasting” other than terrestrial broadcasting, etc.¹¹ 	
2022 Moon Jae-in	<p>Reason for Suicide Prevention Law Amendment (7th: February 3, 2022):</p> <ul style="list-style-type: none"> ✓ To ensure that information-holding organizations provide information on suicide attempt victims, etc., to suicide prevention organizations on a preferential basis without the consent of the parties concerned and to destroy such information if the parties concerned request it after the fact ✓ To enable the Minister of Health and Welfare to effectively carry out suicide prevention work by specifying the grounds on which the Minister can request the provision of criminal justice information from the Chief of Police and others when necessary for surveying the actual status of suicide or for collecting and analyzing suicide statistics 	Fifth Basic Plan for Suicide Prevention (2023-2027)
2022 Yoon Suk-Yeol	<p>Reason for Suicide Prevention Law Amendment (8th: June 10, 2022):</p> <ul style="list-style-type: none"> ✓ To stipulate the basis for the establishment and operation of the Korea Foundation for Suicide Prevention in the law: to support the establishment of the basic Plan for suicide prevention, to conduct surveys on the actual status of suicide, psychological autopsies, and the work of the (former) Central Suicide Prevention Center, etc. 	
2023 Yoon Suk-Yeol	<p>Reason for Suicide Prevention Law Amendment (9th: July 11, 2023):</p> <ul style="list-style-type: none"> ✓ To establish a basic plan for suicide prevention by specifying “young adults” as the target of support by life cycle ✓ To stipulate the obligation of each educational institution to make efforts in suicide prevention education and counseling 	

The purpose of the revision, which appears in Table 2, is to develop a significant framework for the development of a national organizational structure, the development of a legal basis for providing information (e.g., exceptions to the Personal Information Protection Law), support for bereaved families, requests for broadcasters, consolidation and abolition of organizations, and review of governance systems. Concrete images of the development of the Korean-style psychological autopsy, the development of a gatekeeper education program tailored to the Korean context, a survey on the actual state of suicide, a survey of all suicide deaths through police investigation records, and the

implementation of an emergency room-based post-suicide attempt management program (from FY2013) have been developed through the Basic Plan for Suicide Prevention.

Additionally, based on the issues recognized locally in Korea regarding the plans up to the 4th Plan,¹² a 5th Plan was developed. The issues up to the 4th Plan are based on the common recognition of the fact that the overall suicide mortality rate in Korea remains the highest among the OECD countries, and include: (1) improving systematic and sustainable local management and implementation and supporting systems, (2)

¹¹ Broadcasting by a business operator using a general programming broadcast channel. “General programming” refers to programming in a variety of broadcasting fields, such as news, education, and entertainment (Article 2, Item 18 of the Korean Broadcasting Act).

¹² A regular publication (Health and Welfare Forum) of the Korea Institute for Health and Social Affairs—a national research institute in South Korea—summarizes the opinions on the issues discussed during the one-day seminar, which was attended by representatives of the Ministry of Health and Welfare, representatives of the Korea Foundation for Suicide Prevention, researchers in various fields, local suicide prevention project workers, bereaved families, etc., and covers up to the fourth plan (Ko et al., 2023, p. 61).

focusing on fostering a culture of respect for life, (3) focusing on the fact that proactive prevention is not sufficient, (4) emphasizing the need for outreach to working adults, young adults, and middle-aged people, (5) focusing on the challenges regarding the governance of the promotion system (more systematization of policies, encouraging mutual communication and cooperation, and making it a priority for the President, the Ministry of Health and Welfare, and the Chief of Staff), (6) focusing on the enhancement of evidence-based promotion, (7) expanding budget and infrastructure, (8) addressing new media that induce suicide, (9) identifying the underlying issues of suicide (poverty, disease, relative deprivation, etc.), (10) focusing on the perception that suicide is an individual problem, (11) limiting suicide to a mental health issue, etc.¹³

The fifth plan, which was newly developed based on this study, includes the following items:

(I) Suicide Prevention in the Community, under the item title, “Community-Led Suicide Prevention,” addresses (1) building alarm services targeting areas with suicide surges, (2) providing consulting on preventive measures suited to local characteristics, and (3) creating “life respect safe villages” that reflect local characteristics.

(II) The mental health examination system has been significantly expanded and reorganized, introducing (1) enhanced treatment and management for mental health risk groups, (2) enhanced risk factor management for mental health risk groups, and (3) an enhanced post-disaster response system for mental health risk groups. In conjunction with these changes, (4) post-morbidity management of suicide attempters and (5) post-morbidity management of suicide survivors has also been expanded and reorganized. Particularly, for young adults, as specified in the most recent

amendment to the law, the government has made it possible to provide support for physical injuries and psychiatric treatment costs due to suicide attempts, regardless of the income level of the parties involved, as long as the parties involved provide consent.¹⁴

(III) Support is strengthened for the economic crisis group, the mental health crisis group, and the place of living as a so-called “needs fit type” that considers the life cycle.

In addition to these newly established items, another distinctive feature of the overall project is strengthening the system for data utilization to develop an evidence-based suicide prevention policy. The report titled, “Establishment of Suicide Prevention Policy Evidence Base” includes the following items: “Ensuring Timeliness of Regional Suicide Death Statistics through Prompt Receipt of Police Agency Criminal Justice Information Data” (p. 28); “Publication of National Report on the Data Provision Base of Criminal Justice Information and City/County Region Reports by the National Police Agency and Marine Police Agency” (p. 35); “Criminal Justice Information and Health Insurance National report analyzing the characteristics of suicide deaths nationwide through data linkage: current status of suicide deaths by health insurance quintile, health insurance status, mental illness, chronic physical illness, and disability type” (p. 35), “Transferring the production of the Suicide Survey to a specialized research institute for the development of national statistics and improvement of statistical quality” (p. 36), etc.

The system and content surrounding information technology—these are intimately related to data utilization—are strengthened as follows. First, regarding the multi-agency collaboration system for the database, it specifies “providing integrated

¹³ In the detailed implementation plan formulated in 2005 to conduct the First Basic Plan for Suicide Prevention, the item, “Theories of the Causes of Suicide” was established as a sub-item under “1. Background and Necessity of the Project.” It states that, “it is more efficient for suicide prevention to focus on depression, which can be treated through early detection, as the main project target, rather than biopsychological and socioeconomic factors, which are difficult to change due to modern medicine and economic conditions, it is more efficient for suicide prevention to focus on depression, which can be treated through early detection, as the main target of the project” (Ministry of Health and Welfare, 2005, p. 11).

¹⁴ Until then, support was only provided if the “middle income” was 120% or less.

health and welfare services through collaboration among police, fire departments, emergency medical institutions, suicide prevention centers (mental health case management system), and social security information systems” (p. 25).

The contents include:

(I) Development and execution of research on mental health services targeting high-risk groups for suicide and individual-fit digital services for early intervention (applications, virtual and augmented reality (VR/AR) devices, software such as AI-based tools)

(II) Suicide prevention and management services using digital technology (jointly with the Ministry of Science, Technology and Information Technology): Development of services for prevention and management of emotional disorders and digital treatment devices (DTx), and demonstration for students, military personnel, etc. (e.g., mental health self-testing, counseling chatbot, wellness contents such as physical activity games, etc.)

(III) Suicide and self-harm risk, suicide-inducing information detection AI models, and the development and demonstration of suicide prevention digital services.

Generally, in Korea, the central government is poised to take the lead in adopting countermeasures suited to the population at risk of mental health issues, economic crisis, time frame of life, and place of living. These countermeasures will be based on data (that can be linked to resident registration numbers and transformed into big data). The following section examines the policies of the 5th Plan that are directed toward the young adult population.

2. Policies targeting young adults

The interventions targeting the young adult demographics outlined in the Fifth Plan are as follows:

(I) Expand and restructure the mental health screening system, prioritizing young adults (20–34

years old) to proactively address mental health concerns and broaden the age range [expand and reorganize the mental health screening system].

(II) Support services for economic crisis groups aimed to prevent economic problems from leading to suicide, and suicide prevention and mental health services aimed at financial and credit-related counseling [targeted needs-fit suicide prevention: needs-fit policy for economic crisis groups].

(III) Implementation of mental health support specifically for young adults, introduction of an online application system, and enhancement of collaboration with mental health welfare centers (Priority support for young adults experiencing psychological difficulties due to the COVID-19 pandemic, barriers to employment, and other factors, with particular emphasis on young adults requiring independence support (* young adults who have resided in child welfare facilities or foster homes)) [life cycle and residence-specific policy approach].

(IV) Survey to assess suicide risk and mental health among young adults who have experienced abuse and school violence (41.3% of suicide deaths were associated with traumatic incidents during childhood, and 44.1% were linked to childhood abuse) (2021 Psychological Autopsy Interview Results Report) [fitted by life cycle and place of living policy].

(V) Identification of high-risk populations and provision of mental health services to young adults preparing for independent living (implemented by 17 cities and provinces nationwide, monitoring of self-support status by individuals, and provision of case management tailored to their needs) through enhanced collaboration among agencies and mental health welfare centers dedicated to supporting self-sufficiency [policies aligned with life cycle and geographical location].

(VI) Expand-targeted psychological autopsies focusing on specific groups and incidents, such as economically disadvantaged young adults preparing for self-reliance and post-murder suicides (broadening the scope of survivors

participating in psychological autopsies and gathering comprehensive information) [strengthen the foundation for promoting efficient suicide prevention: build an evidence base for the suicide prevention policy].

(VII) Implement consultation services through social networking sites (SNS), which are familiar to young adults, and expand contact points to enhance accessibility [strengthening suicide prevention infrastructure].

Thus, the mental health screening system has been comprehensively enhanced. High-risk groups have been identified by targeting clusters with economic and social vulnerabilities (e.g., individuals from child welfare institutions and those who experienced childhood trauma). Support mechanisms have been reinforced in various domains, including mental health, financial assistance, credit facilities, and other economic aspects of the identified clusters. Furthermore, emphasis has been placed on improving accessibility via online platforms that are integral to young adults' daily lives and strengthening the implementation of psychological autopsies.¹⁵

Consideration

This study examined the trends and characteristics of suicide mortality rates in South Korea, the country's comprehensive system for suicide prevention, and specific interventions targeting youth demographics. The following observations were made based on the aforementioned analysis.

Considering the overall situation in Korea, although the enactment of the Basic Act was

subsequent to the administrative plan because of political circumstances, subsequent revisions have been implemented periodically to improve the system and address the prevailing suicide situation. The primary basis for system enhancement appears to be data utilization. Specifically, the government has identified clusters in which the suicide mortality rate has increased—or remained elevated—in each period, determined their characteristics and etiological factors, and implemented corresponding countermeasures (Chang & Jin, 2012, p. 8). One of the foundations of these measures is the establishment of a centralized data management system that incorporates mental health data, considering the resident registration number and the protection of personal information. The current direction of strengthening measures that specifically address young adults can be considered as an extension of this approach.

Policies have been formulated to promote community-specific measures since the First Basic Plan for Suicide Prevention. However, they continue to face the challenge of establishing a foundation for these measures. This can be attributed to the more volatile political and social dynamics compared to Japan and the difficulties in cultivating the basis for voluntary grassroots initiatives in local communities within a robust centralized structure referred to as an imperial presidency.”¹⁶

Therefore, compared to Korea, Japan has a long-term presence of stable local communities.¹⁷ The civil sector has assumed a prominent role in suicide prevention initiatives with efforts rooted in

¹⁵ The criticism in South Korea also extends to the perception that these measures are being implemented as a matter of mental health alone. Additionally, the discussions at the Korea Institute for Health and Social Affairs acknowledge the influence of social context on suicide rates. For instance, Chang and Jin (2012, p. 8) note that “suicide is occurring in our country under different circumstances from other countries due to rapid economic development and the process of the dissolution of the family.” Consequently, suicide prevention strategies must account for these distinctive circumstances.

¹⁶ The Constitution of the Republic of Korea has undergone nine amendments. This phenomenon is not solely attributable to political instability; rather, it is also a consequence of the macro-level characteristics of modern Korean politics and society. One such characteristic is the “simultaneity of non-simultaneity,” which Lim Hyugbaeg (2014) has identified as a defining feature of Korean politics. Moreover, the macroscopic characteristics of modern Korean politics and society, which can be elucidated through the lens of social change, such as “compressed modernity” (Chang, 2022), can be considered to provide the contextual background for this constitutional evolution.

¹⁷ The modernization of Japan is characterized as semi-compressed modernity (Ochiai, 2011).

individual communities. Based on specific local characteristics, policies formulated using a bottom-up approach have been developed into fundamental government legislation and comprehensive guidelines for suicide prevention in Japan. This approach fundamentally differs from the current situation in Korea in terms of governance. Conversely, Japan may acquire more empirical evidence if the My Number system is established, potentially enabling the integration of diverse data within legal frameworks in the future.

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