



Short communication

Adolescent suicide in South Korea: Risk factors and proposed multi-dimensional solution

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ABSTRACT

South Korea has ranked first in suicide mortality among the 35 OECD nations since 2003. Unfortunately, mental health research and evidence-based interventions to curb the rate of suicide have been limited. Suicide is the leading cause of death among South Korean adolescents. Academic stress is a primary risk factor, which is highly correlated with depression. Social stigma against mental illnesses and negative relationships with peers and parents are additional risk factors, while positive relationships may be protective. We propose a multi-dimensional solution, involving the participation of schools, peers and parents to decrease the rate of adolescent suicide in South Korea.

1. Introduction

South Korea has ranked first in suicide mortality among the 35 OECD nations since 2003: a public health crisis (Seo, 2018; Tandon and Kumar Nathani, 2018). Although the suicide rate has decreased from an all-time high at 31.7 deaths per 100,000 people in 2011, suicide rates in South Korea remain substantially higher than the global average (25.6 versus 16/100,000 deaths) (“Causes of Death Statistics in 2017,” 2018). Adolescents have the highest rates of suicidal ideation and suicide attempt, with suicide being their leading cause of death (“Causes of Death Statistics in 2017,” 2018). Unfortunately, social stigma against mental illnesses deters help-seeking behavior. This places adolescents at higher risk of delayed mental health care, leading to increased rates of suicidal ideation and attempt (Nam et al., 2015). An identified major driver is academic stress, generated by social expectations regarding academic excellence and success (Park et al., 2011; Roh et al., 2015).

2. Risk and protective factors

South Korea is widely known for its competitive educational system and stressful academic environment which negatively affects adolescent’s physical, mental, and emotional well-being (Ahn and Baek, 2013). Academic stress is an outcome of over-competitive environments in school and the burden of social expectations on academic excellence. This is due to the fact that academics are held to be of utmost importance for most families and individuals in South Korea insofar as

they are may determine future success (e.g. gaining entry into prestigious universities and securing profitable jobs). Previous literature has established positive correlations between academic stress and depression (Lee, 2016; Park et al., 2011), which in turn is highly correlated with suicidal ideation and suicide attempt (Kwon et al., 2016; Roh et al., 2015). Academic stress accounts for 46% of depression among high school students in Seoul, South Korea (Park et al., 2011).

These risk factors of social expectation and academic pressure to excel seem to be shared among Asian countries, and social and cultural factors are believed to play a role in explaining this similarity (Peltzer et al., 2017). Studies have found differences in patterns and rates of suicide between East Asia and the West, stressing the importance of the development of interventions that give attention to culture-specific factors that affect suicide (Snowdon, 2018). The reduced help-seeking behavior due to strong social stigma in many Asian countries leads to increased rates of suicidal ideation and attempt among adolescents (Nam et al., 2015; Suryadevara and Tandon, 2018). According to current statistics, when these unresolved problems resurface in the future, they are at a greater risk of suicide mortality (“Causes of Death Statistics in 2017,” 2018).

Other risk factors of adolescent suicide include parental divorce, closed family communication, and bullying (Kang et al., 2017; B.-R. Roh et al., 2015; Snowdon, 2018). For example, a study of middle school students found both perpetrators and victims of bullying to be at higher risk of depression, suicidal ideation, and suicide attempt than adolescents not involved in bullying. In contrast, strong and supportive

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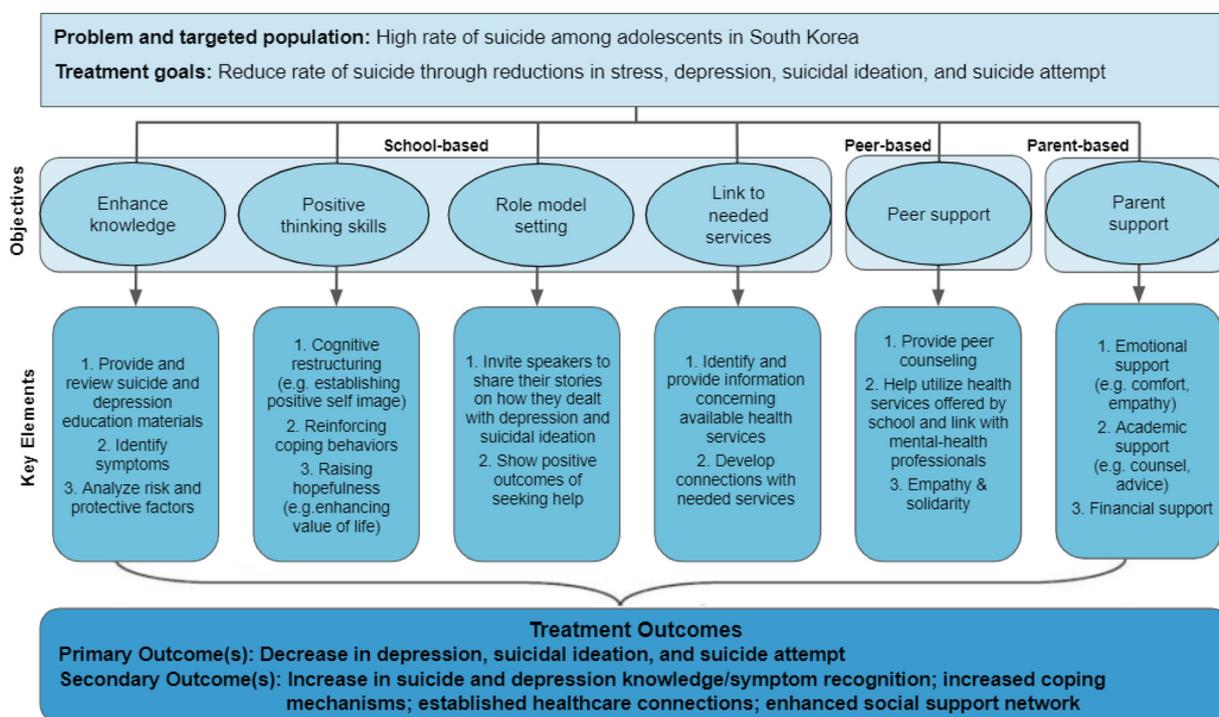


Fig. 1. Detailed components of the suicide intervention program - a proposed model.

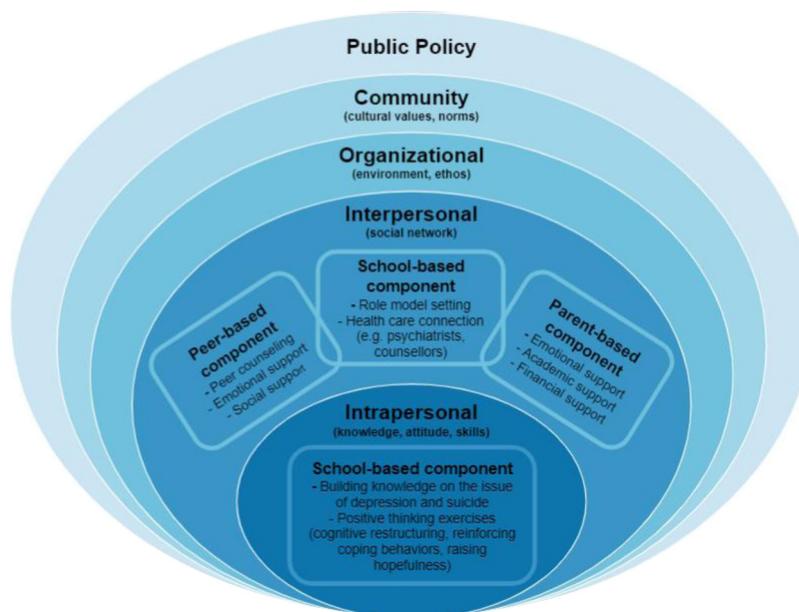


Fig. 2. Social Ecological Model with intervention components.

relationships reduce depression and thus suicidal ideation (Choi et al., 2015). Parental support also is a protective factor that mediates the association between life stress and suicidal ideation (Kang et al., 2017).

3. Previous research and intervention efforts

The Korean government’s mental health budget accounted for only 2.6% of total health care expenditures in 2014 – substantially lower than the 15–50% recommended by the World Health Organization (S. Roh et al., 2016). Korea does not have an organization dedicated to mental health research and development; thus, research regarding mental health in Korea has been limited. Considering the research that has been conducted, 54% is basic research, 35% is translational

research for developing therapy and diagnosis (i.e. T1), and only 5% is translational research that lead to evidence-based mental health policies (i.e. T2) (S. Roh et al., 2016). This report will contribute to the currently lacking T2 literature in proposing an evidence-based intervention.

In 2004, the Ministry of Health and Welfare established a 5-year basic suicide prevention plan which was renewed in 2008 and 2016 (S. Y. Lee et al., 2012). The *Local Self-government Suicide Prevention Plan Establishment Manual* includes commendable goals such as improving social awareness related to suicide, creating social support systems for suicide prevention, and strengthening the mental health infrastructure (<http://www.spckorea.or.kr>).

Three years after the Act for Prevention of Suicide and the Creation

of Culture of Respect for Life was enacted in 2011, South Korea saw a drop in suicide rates from 31.7 deaths per 100,000 people to 27.3 (Geneva: World Health Organization (WHO), 2018). In 2016, they rolled out another suicide prevention plan called the “Life Love Plan” aimed at creating a culture of respect for life (Geneva: World Health Organization (WHO), 2018). Furthermore, the Korean Association for Suicide Prevention (KASP), an NGO supported by the Korean Ministry of Health, runs the LivingWorks Programme which is a Canadian social enterprise that seeks to provide suicide intervention training globally. The safeTALK and ASIST training programs, a local gatekeeper training program and a suicide prevention, expert training program respectively, were first translated and implemented in South Korea in the year 2011 (Korea Association of Suicide Prevention (KASP), 2019). In 2016, 64 participants were involved in safeTALK and 1,330 participants in ASIST (LivingWorks Education, 2016). Despite these promising efforts, there seems to be a lack of nationwide involvement in these intervention efforts.

4. Multi-dimensional intervention

Based on previous research on the risk and protective factors of suicide as well as evidence-based interventions, we recommend a multi-dimensional approach involving schools, peers, and parents (Fig. 1). This intervention is based on the Social Ecological Model which states that an individual’s health is determined by influences at multiple levels: intrapersonal, interpersonal, organizational, community, and public (Glanz, 2012) (Fig. 2). With regards to suicide in South Korea, it is rather difficult to change the country’s deeply ingrained educational system, social norms, and social structure within a short period of time. Moreover, given the urgent need to tackle the problem of suicide, it is important to implement interventions that have more immediate impacts. Therefore, this intervention will target the intrapersonal and interpersonal levels of influence to provide adolescents with knowledge, coping mechanisms, social support, and increased availability to resources. With prolonged implementation, this intervention may lead to changes in the health beliefs and behaviors of the people involved in the intervention – which can further influence and change the environment, community, and public policy involved.

School involvement is crucial given its contribution to academic stress, social context for many peer interactions, and opportunities to educate and intervene. Schools can provide education on depression and suicide, skills-building for positive thinking, and connections with healthcare and mental health professionals to whom students can be readily directed to for help. Students will be taught to correctly identify symptoms, risk factors, and protective factors of depression and suicide by their teachers. They will also be led in positive thinking exercises dealing with cognitive restructuring, reinforcing coping behaviors, and raising hopefulness among students. Teachers will attend training programs offered at KASP.

Second, peers can form formal or informal support networks to provide social and emotional support to other students. Students can go through either the online or camp professional training programs offered by KASP, KSPC, or the Korea Youth Counseling & Welfare Institute in order to learn and develop their skills in youth counseling; after which they can take the qualification test to become a professional youth-counselor. This will create a safe space for students to disclose their troubles, helping to reduce depression among students, and hopefully decreasing rates of suicidal ideation and suicide attempt. Furthermore, peer support will allow students, struggling with the same problems, to come together and help each other in ways such as encouraging each other to seek help.

Third, parents can provide support in three key areas: emotional (e.g. understanding and empathy), academic (e.g. study advice and instilling good study habits), and financial (e.g. financial stability). Parents could also attend KASP workshops to learn about risk and protective factors for adolescent suicide as well as specific methods and

techniques to provide support for their own children as well as others in the community. The objectives of such a multidimensional intervention are to decrease the rate of depression among adolescents in South Korea, so as to reduce suicidal ideation and attempt.

5. Discussion/conclusion

The high rate of suicide among adolescents in South Korea is a critical public health emergency that requires early and effective intervention. Efforts should be aimed at decreasing depression and suicidal ideation by providing adolescents with the necessary tools to promote resilience even in the face of stressors. Multi-dimensional interventions targeting the intrapersonal and interpersonal levels of influence can impact health beliefs and actions of individuals involved in the intervention (i.e. adolescents, parents, and teachers). Furthermore, early interventions are essential to treat depression, to promote resilience, and to instill a sense of empowerment among adolescents. South Korea must confront unhealthy social expectations regarding academic excellence and social stigma against mental illness, developing and implementing interventions to improve mental health and reduce suicide, especially among vulnerable children and adolescents.

Declarations of interest

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