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Suicides Among Adolescents in South Korea

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Summary

Suicide is a prevalent issue that widely affects all demographics in South Korea. Among adolescents, suicide causes 7 deaths per 100,000 people, making it the leading cause of death. Specific characteristics are predictors of suicide, including internet addiction, socioeconomic status, and substance abuse. Some of the most significant factors that influence the risk of suicidal ideation and attempts are cultural stigma and academic stress. Still, other factors, such as bullying and family structure, also increase the likelihood of suicide. Adolescent suicide attempts in Korea increase the individual's risk for future attempts. In contrast, completed suicides can leave lasting emotional and social impacts on family, friends, and the individual's community. Currently, the best intervention for adolescent suicide prevention in Korea involves engagement in mental health services and programs.

Key Takeaways

- Suicide is the leading cause of death among adolescents in South Korea.[1]
- Academic stress contributes to about 12% of adolescent suicides nationwide.[2]
- Cultural stigma prevents individuals from receiving treatment. About 70% of students hide their suicidal behaviors because they believe admitting to having a mental illness is shameful.[3]
- Adolescents who experience physical or cyber bullying are about 3 times more likely to attempt suicide.[4]
- Adolescents are 2.85 times more likely to have past attempts of suicide compared to adults.[5]
- A single suicide in Korea affects about 60 people on average in the individual's social circle.[6]
- Although there are mental health services available, these services are limited. Research states that a multidimensional approach within programs can help prevent adolescent suicides.

Key Terms

Adolescent— People between the ages of 0 and 19.[7]

Cram schools— Academic training schools outside of public school that Korean students attend multiple times a week. These schools usually specialize in subjects like English, math, or science.[8]

Gatekeeper— A person within a community positioned to identify individuals at risk for suicide and refer them to treatment or support services.[9]

Problematic internet use— the inability to control one's internet use, leading to distress or functional impairment.[10,11,12]

Stigma— The disapproval of or discrimination against a person or group of people based on characteristics that distinguish them from society, usually expressed with judgment or shame.[13]

Suicide Attempt— The act of injuring oneself with the intent to die.[14]

Suicide bereavement— A period of mourning, grief, and adjustment following the death of a loved one due to suicide, usually involving family, friends, and other contacts affected by the loss.[15]

Suicide survivors— Individuals exposed to the suicide or had a close social relationship with the suicide victim.[16]

Context

Q: What is suicide?

A: Suicide is an attempt to injure oneself with the intent to die.[17] The term suicide includes suicide attempts and completed suicides. A suicide attempt causes self-harm with the intent to end one's life but does not result in death.[18] Suicidal ideation occurs when one has thoughts, wishes, or preoccupations with death or suicide.[19] This brief will focus on suicide as suicide attempts; however, other data will include ideation and completed suicides among South Korean adolescents. This brief will

interchangeably use the terms South Korea, Korean, and Korea.

Q: How does the rate of suicide in South Korea compare to other countries?

A: Suicide accounts for 1.4% of all deaths globally[20] and is the second leading cause of adolescent deaths worldwide.[21] In 2019, South Korea was ranked the 12th highest in the world in suicide rates, with 21.2 deaths per 100,000 people. Korea's rates closely followed Russia, Central Africa Republic, and Mozambique, which had slightly higher rates.[22] Lesotho had the highest suicide rate, averaging 87.5 individuals per 100,000.[23] However, Korea had the highest rate of suicide among all Asian countries and economically developed countries[24] and had a significantly higher rate compared to other nearby countries within Eastern Asia, including Japan, Singapore, North Korea, and China, which had rates of 12.2, 9.7, 8.2, and 6.7 deaths per 100,00 people, respectively.[25] These rates reveal that Korea has a much higher prevalence of suicide compared to surrounding and similar countries.

Q: Who is most affected by suicide in South Korea?

A: Suicide affects all demographics in Korea. Although the elderly demographic (over 80) has the highest rates among the entire country's population, suicide has been the leading cause of death among adolescents in South Korea since 2011.[26] Research found that, among Korean adolescents, the rate of suicide is twice the amount of deaths by unintentional injury (2nd leading cause), and three times the amount of deaths by cancer (3rd leading cause).[27]

Leading causes of death among adolescents in South Korea

Compared to the United States, where suicide is the 10th leading cause of adolescent death, adolescent suicide is a prevalent issue in Korea.[28] Between males and females, male adolescents have higher rates of suicide than their female counterparts.[29,30] In 2019, the average suicide rate for males was about 2.4 and 1.84 for females.[31] However, statistics show that the rate of suicidal ideation is almost twice as high for female adolescents as for males.[32] Among middle and high school students in 2021, the rate of suicidal ideation was 9.5% for boys and 16.1% for girls.[33] Research has found that Korean adolescent males tend to display more externalized problems, such as impulse control and risk-taking, which may contribute to the increased amount of completed suicides. In contrast, Korean adolescent females tend to display more internalized problems, such as depressive symptoms or social exclusion, leading to more suicidal ideation.[34]

There are also proportionately higher rates of suicide among adolescents with specific characteristics. Those who struggle with problematic internet use are at higher risk for suicide due to increased ideation.[35] Studies showed that those categorized as problematic internet users were 5.82 times more likely to have suicidality than non-problematic users.[36,37] Because internet use predicted depressive symptoms and suicidal ideation, those who display these behaviors were more at risk of attempting.[38] Individuals of low socioeconomic status have also been shown to be more at risk for suicide. Within Korea in 2016, 17% of adolescents who committed suicide came from very low socioeconomic status.[39] A study revealed that 25.8% of adolescents who had suicidal ideation perceived their socioeconomic status as low, compared to 16–17% who perceived their status as high.[40] Research found that stress stemming from a low income, unemployment, financial difficulties, poor working conditions, and extended shifts were risk factors for suicidal behaviors.[41] Many studies also

identified substance abuse as a risk factor; adolescents who used drugs were 4.6 times at higher risk for suicidal behavior than those without substance abuse. risks.[42,43,44]

Q: When did adolescent suicide become prevalent in South Korea?

A: Suicide has been a pressing public health concern throughout Korea's history, and adolescent rates have gradually risen since the 1990s. According to the OECD, the Organization for Economic Co-operation and Development, the suicide rate in Korea increased by 200% from 1990 to 2015.[45] In 2010, the rate of suicide among adolescents was 5.2 per 100,000 people.[46] This number increased to 5.9 in 2019 and continued to climb to 7.1 in 2021.[47] Current research has shown to be limited regarding the specific identifiers of increased adolescent suicide rates; however, studies showed that Korea's rapid economic growth within the past few decades resulted in rising social issues such as job insecurity, unaffordable housing,[48] and poverty.[49] This economic rise was attributed to intensified socioeconomic competition and presented pressures for the rising generation to excel professionally.[50] These factors have been found to increase stress among Korean adolescents and significantly contribute to suicides.

Q: What do methods of suicide look like among South Korean adolescents?

A: South Korean adolescents vary in their methods of attempting suicide. In Korea, jumping from high places was found to be the most commonly used method for completed suicides, accounting for 56% of suicides among 10–19-year-olds in 2019 for both girls and boys.[51,52] Although jumping was the most common method for suicide attempts, hangings tended to be the most lethal method of suicide used by youth.[53,54] Many adolescents also use other less lethal methods to attempt suicide that does not result in death, including cutting

and drug intoxication.[55] Research found that boys are more likely to jump than girls by about 21%, leading to a higher rate of completed suicides.[56] Methods such as cutting were more commonly used by girls than boys by about 26%, leading to a higher rate of suicide attempts among girls.[57]

Adolescents are 5 times more likely to use over-the-counter drugs to attempt suicide than adults.[58] However, adolescents have more barriers to obtaining drugs, leading them to use other standard methods of suicide, like jumping.[59,60] Other reported pesticides and herbicides were standard methods among adolescents, accounting for 20.5% of suicide attempts by adolescents, compared to 3.4% by adults.[61]

Q: What is the correlation between depression and suicide in South Korea?

A: Adolescent suicide within South Korea is often influenced by depression. A nationwide study of adolescent students reported that about 17.6% of suicides were related to psychiatric disorders, such as depression.[62] Research has found that depression is often a high predictor for suicide attempts and ideation, and those involved in suicidal behavior often have poor mental health.[63] Within South Korea, the overall prevalence of suicide attempts in adolescents is 5.2%, but having depression increases the likelihood of an adolescent attempting suicide 8 times.[64] This research reveals that depression correlates to higher rates of suicide. In a study of 106 depressed participants, 47.2% of the adolescents had attempted suicide.[65] Another study found that rates of suicide attempts for Korean adolescents categorized in the depressed and potentially depressed groups were 5.4 and 2.4 times higher than the non-depression group, respectively.[66] Because depression correlates to increased suicide rates, it will be referenced throughout this brief concerning suicide.

Contributing Factors

Cultural Influence and Stigma

Cultural upbringing and stigma towards mental health negatively affect how Korean adolescents handle suicidal ideations and increase the rate of suicide attempts. Korean culture is one of the most collective societies in the world and is firmly grounded in Confucian beliefs.[67] Koreans are expected to place their family before themselves; as such, the idea of reaching out for help may cause individuals to forgo receiving treatment to preserve their or their families' reputations.[68] This fear is referred to as chemyon, which is the concern about losing a socially acceptable face.[69,70,71] These cultural beliefs and views encourage many East Asian societies, including Korea's, to minimize, tolerate, or suppress difficult emotions.[72] Research shows that only 1 in 4 Korean adolescents seek professional treatment, while the remaining 3 are more likely to try and fix their problems independently without support.[73] Therefore, adolescents in Korea delay or do not receive needed support and treatment for their mental health.

Korean culture is widely centered on perfectionist expectations in behavior and lifestyle, which contributes to a "success or failure" mentality for many adolescents and creates a negative perception of those experiencing suicidal ideation.[74,75] This negative labeling can make many struggling mentally feel "socially failed" or "useless members of society."[76] This feeling, as well as the expectation to conform to social norms, was a key contributor to suicide stigma.[77] Because of suicide stigma,

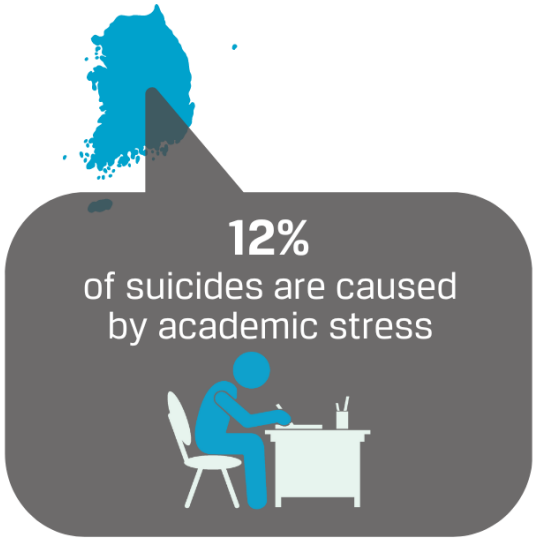
adolescents withhold information for fear of not meeting cultural standards. A lack of information prevents parents, teachers, peers, and medical professionals from recognizing their suicidal ideation and intervening in possible attempts.[78,79,80,81] Studies found that 70% of Korean adolescent students who committed suicide did not show any unusual emotional or behavioral characteristics at school, and teachers found it challenging to detect suicidal ideation in students because they observed the students to be mentally healthy.[82] Other studies observed the difficulties associated with the belief that admitting a mental illness was shameful.[83] Because many adolescents refrain from engaging in help-seeking behaviors with family, friends, and teachers, they are at a greater risk of suicidal ideation.[84,85]

One source showed that having a mental disorder is a risk factor for suicidal ideation, which leads to suicide attempts.[86] Because Koreans generally hold a stigmatized view of mental health, many with mental illness are not diagnosed.[87,88] This underdiagnosis can prevent struggling adolescents from receiving treatment, increasing their risk for suicide.[89] Nationwide in 2018, about 17.6% of adolescent suicides were caused by psychological disorders, primarily depression.[90] However, only 11–22% of individuals with psychological disorders received psychiatric treatment.[91] Another study found that only 15–23% of individuals in Korea received treatment for mental disorders. To compare, about 44% of people receive treatment in Western states.[92] This relative lack of treatment increases suicidal ideation and attempts.[93]

Academic Stress

Because of the pressures and expectations on students regarding their grades, futures, and overall academic success, suicidal ideation and attempts correlate to academic stress. A nationwide study found that academic stress primarily contributed to suicide, accounting for 12% of adolescent suicide deaths.[94] Research has also found that depression, suicide, and academic stress are correlated.[95] A study revealed that as of 2020, 27% of adolescents in Korea experienced suicidal

ideation, and 40% reported that it was due to academic stress.[96]



Academic stress consists of immense competitive pressures and expectations influenced by Korean culture.[97] Studies have shown that high-pressure schooling improves university acceptance and career success.[98] Because of this, Korean parents value higher education.[99] This leads to a high expectation for performance and achievement placed on adolescents early in their schooling.[100] However, this competitive approach creates more stress on Korean adolescents and negatively affects their mental health. In 2022, 20.3% of middle school and high school students in South Korea had suicidal ideation because of anxiety about their futures and careers.[101] Another study also observed a statistically significant link between grade pressure, depression, and suicidal risk among adolescents.[102] This pressure also influences Korean adolescents' perception of their performance in school, which can trigger suicidal behaviors. One study reported that 26.7% of adolescents who perceived their academic performance as poor had suicidal ideation within the past year, and 9.2% had attempted suicide,[103] compared to those who perceived theirs as excellent (16.2% and 3.8%, respectively).[104] Thus, the pressure to upkeep grades by performing well in school for future success is highly correlated with suicidal behaviors in Korean adolescents.

Another aspect of this academic stress comes from the rigorous schedule placed

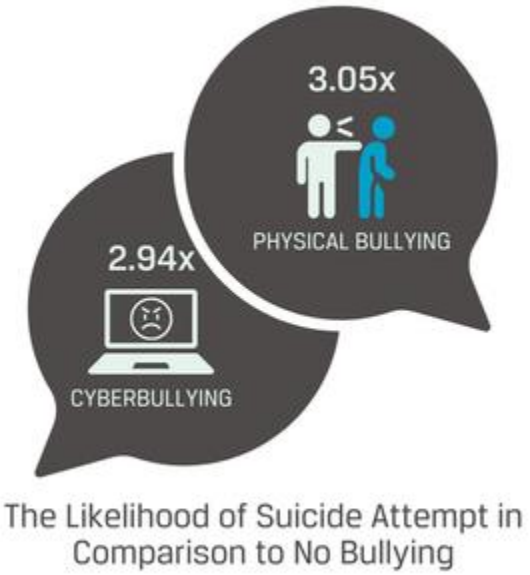
upon adolescents. Korean adolescents reported that the most significant stressors in their lives included career choice, low academic achievement, amounts of academic work, and lack of rest.[105] On average, students spend about 15 hours a day on academics, including attending school, completing homework, and attending cram schools or private tutoring after regular school hours.[106] Many adolescents are expected to put additional effort into preparing for the Suneung exam,[107] which is a problematic national college entry exam that determines one's competitive advantage in university applications and, ultimately, their future.[108,109]

However, these rigorous expectations can make Korean adolescent students feel burnt out, characterized by emotional exhaustion and a lack of feeling accomplished.[110] A study showed that among children who attended four or more hours of tutoring each day, 30% had clinically significant elevations of depressive symptoms.[111] They also were 3 times more likely to show symptoms of depression than children who spent less than 4 hours per day in tutoring.[112] As the duration of studying increases and leisure time decreases,[113] rates and severity of depression increase, which can be a significant risk factor for suicide.

Bullying and Discrimination

Bullying is another risk factor influencing Korean adolescents' likelihood of suicidal ideation and attempts. Common types of bullying in Korean schools include physical, verbal, or social abuse,[114,115] as well as cyberbullying,[116] which includes intentional harassment through email, chat services, and SNS.[117] Most recent studies have found that approximately 24–50% of Korean middle and high school students experienced traditional bullying as perpetrators or victims,[118,119] and 66% of Korean adolescents experienced cyberbullying.[120] Researchers reported that Korean adolescent students who experienced school bullying were twice as likely to report suicidal ideation and 40% more likely to suffer from depression from those experiences than those not bullied.[121] Adolescents who experienced physical bullying (hitting) were 3.05 times

more likely to attempt suicide than those not bullied.[122] Similarly, victims of cyberbullying were found to be 2.94 times more likely to attempt suicide than those not bullied.[123] Whether in traditional forms or online, bullying can greatly influence Korean adolescents and their mental state, leading to suicidal ideation and suicide attempts.[124]



The Likelihood of Suicide Attempt in Comparison to No Bullying

Cyberbullying, suicidal ideation, and suicidal attempts have become more prevalent in recent generations because of increased internet use.[125] In a national sample of over 7,000 Korean Children and Youth Rights Study students, of the 17.7% of cyberbullied adolescents, 28.4% had suicidal ideation in the past 12 months.[126] Another study also showed that suicidal ideation increases with cyberbullying severity—35% of students suffering from low levels of cyberbullying had suicidal ideation, and 52.4% had suicidal ideation with high levels of cyberbullying.[127] This shows that the presence and intensity of cyberbullying put adolescents at risk for suicidal ideation and attempts.

A wide range of factors can lead an individual to experience suicidal ideation from peers or the community.[128] Another form of social harassment influencing suicide rates was discrimination based on academics, gender, appearance, and economics. About 45–47% of those identified as moderately or highly discriminated against in a study reported having suicidal ideation, whereas, in the low discrimination group, only 25% reported having suicidal ideation. Additionally, 71% of the low-discrimination individuals reported never having suicidal ideation, whereas only 35–39% of moderately or highly discriminated groups reported the same. Because of the high cultural expectations that center on

perfectionist ideals,[129] there is often discrimination towards individuals who do not meet these societal standards.

Family Structure and Conflict

Family structure plays a significant role in influencing the mental state of an adolescent, which can influence the presence of suicidal ideation. Korean adolescents who live in restructured families (families with stepparents) or with single or divorced parents tend to have a greater risk for suicide. In 2018, single-parent families made up 10.9% of all families in Korea.[130] Studies show that adolescents in homes with single parents, stepparents, or orphaned were 4%, 14%, and 23% more likely to experience suicidal ideation than those with both-parent families, respectively.[131] Researchers also found that those who were orphaned or had stepparents were 36% more likely to attempt suicide than those with both biological parents.[132] This may be due to the emotional strain on children, as shifting family structures can make some children-parent relationships tenuous.[133]

Research has found that children in restructured families were 21.4% more likely to have suicidal ideation than their two-parent family counterparts.[134] In other studies, changing family structures correlated to stress for adolescents,[135] where depression was prevalent in 34.4% of adolescents in restructured families.[136] Therefore, family structure is a key factor in predicting suicidal ideation in adolescents and can lead to increases in suicide attempts. Low familial support for struggling adolescents contributes to increasing suicidal ideation. Studies show that adolescents who identify more dysfunction in their families (referring to a family environment that includes a lack of cohesion,[137] stability,[138] or emotional support[139]) tend to exhibit more self-harming behaviors.[140] About 34.3% of

Korean adolescent suicides were associated with family problems involving a low family support system (including a family history of suicide and mental disorder).[141] These statistics may be due to a lack of intimacy within the family unit. Among adolescent students who were potentially depressed, when combined with a lack of family intimacy, they had 2.5 times higher rates of suicide attempts compared to their counterparts that lacked depression and had higher levels of family intimacy.[142] A survey of Korean adolescents showed that stress reports from daily life, including conflict with parents, were a significant predictor of suicidal attempts. A study observed the factors contributing to suicidal ideation among individuals to identify what feelings lead to suicidal attempts on a broad scale. Researchers found that feelings of thwarted belongingness (a need to belong) and perceived burdensomeness (a perceived liability to significant others) are two key factors that lead an individual toward suicidal thoughts.[143] Within the family, these ideas can increase when adolescents feel disconnected from their family members. These different factors increase the possibility for adolescents in the home to have suicidal ideation, which can increase the rates of attempts and completed suicides.

Consequences

Risk for Future Attempts

One consequence of a suicide attempt in Korean adolescents is the increased risk of future attempts because youth tend to attempt suicide multiple times after their first attempt. Having a history of suicide attempts or a form of non-suicidal self-injury was found to be a key risk factor for future suicides.[144] Of students who attempted suicide or died by suicide in Korea, 28.4% had a history of self-harm, and 29.1% had previously attempted suicide.[145] Other studies showed that 41.5% of adolescent attempters had a history of suicide attempts when visiting the emergency room.[146] This data reveals that adolescents who have attempted in the past are likely to attempt suicide multiple times, increasing the chance of death.[147]

Another study showed that when comparing adolescent and adult suicides, adolescents were 2.85 times more likely to have past suicide attempts than adults,[148] which means that when adolescents survive the attempt, they are likely to attempt suicide again later. These increased rates correlate to the observation that adolescents can be more impulsive and emotionally unstable than adults,[149] causing them to attempt suicide more unexpectedly.[150] Because a history of suicide attempts is a strong predictor of completed suicide, a history of suicide behaviors can increase mortality rates.

Effect on Family

After a suicide, family members of suicide victims are often affected immediately and personally. Because of the often traumatic events of a suicide, family members and close friends of the suicide victim are often referred to as suicide survivors.[151] Survivors deal with the incident's aftermath and experience emotional effects such as grief, anger, and hopelessness.[152] A study identified that Korean families that experienced the death of a teenage suicide victim were emotionally disturbed and socially isolated during bereavement.[153] Because adolescents have less experience with mourning the death of people they know,[154] the effects of suicide on a child survivor within the family can include grief and negative psychological (depression, post-traumatic stress) and emotional effects (shame and guilt) that can increase the risk of suicide later on.[155] Family members also experience a higher risk for mental illness. A study compared 272 suicide survivors to 5,200 individuals from the general population of Korea and found that the presence of major depressive disorder was 9 times higher among suicide survivors, and suicide attempts were 6 times higher.[156] This increase in mental

illness can also put family members at higher risk for suicide. A study showed that compared to bereaved families of non-suicide deaths in Korea, the risk of suicide in suicide-bereaved families was 3 times higher.[157] This same study found that the risk of suicide was second-highest in mothers of a suicide victim, following a spouse of a suicide victim. This study, however, did not identify the age range of the children and was not specific to adolescent age.[158]

In Korean suicide-bereaved families, rejection, criticism, and stigma levels are higher than in non-suicide-bereaved families.[159] As mentioned earlier, cultural pressures can greatly influence how society views suicide. One study surveyed suicide-bereaved families and found that the negative stigma and criticism from acquaintances caused the families to experience shame and embarrassment.[160] Families also experience more conflict when a family member commits suicide. Research showed that suicide in families triggers tensions that did not exist before and makes it difficult for family members to forgive one another or themselves.[161] Because most adolescents are under the care of their parents or guardians, their premature death can have impactful consequences in many aspects of the family members' lives.

Effects on Community and Society

Suicide also impacts the society surrounding the victim because the negative effects of suicide involve the communities of those individuals and the economy. A single suicide affects about 60 people on average, including family, close friends, and coworkers; as such, the average Korean has a 21.8% chance of being exposed to suicide over their lifetime.[162] Based on the rate of adolescent suicides, this means that there are approximately 34,000

adolescent suicide survivors in Korea each year.[163]

Ripple Effect of Suicide on Social Circle

Research found that childhood suicide survivors who lost a friend to suicide had persistent symptoms of depression and suicidal ideation up to eight months after their death.[164] Additionally, 27.3% of these individuals were reported to be at risk for high levels of depression.[165] Data has also shown that suicide in communities contributes to adolescent depression, which can increase suicidal risk.[166] Other studies explored the bereavement process of teachers of adolescent suicide victims. They found that teachers experienced conflicting feelings about handling the suicide because of personal and professional factors.[167] Though they did experience shock and grief from the incidents, the sociocultural beliefs placing negative perceptions on suicide resulted in a rejection of those suicides.[168] Schools in Korea also tend to keep silent about student suicides for fear of shame or blame,[169,170] making it difficult for teachers to grieve because of lack of time and the pressure to conform with their organization.[171] This study also found that teachers who were suicide survivors experienced a renewed perception of their role in suicide prevention as teachers to help students.

Suicide also affects society due to its impact on the economy. An analysis showed that the total social loss from suicides in Korea equals about $5.9 billion.[172] This loss occurs because those who have lost their lives to suicide can no longer contribute to the economy, resulting in a decline in economic productivity.[173] Many investments made by parents towards their child's education and healthcare are lost when their child commits suicide. Studies show that Korean parents spend between 15–30% of their family budget on private education for their children.[174] As a result, a suicidal act is a financial burden left on the individual's family,[175] which is often a

negative return on investments made by parents for their children.[176]

Practices

Mental Health Services

South Korea has many mental health services for adolescents targeted for suicide prevention. These services include counseling,[177] psychotherapy, school-based programs,[178] and medical care. Because of the wide range of stressors contributing to Korean adolescents' mental health (many of which are predictors of suicide), more adolescents have sought counseling services within the past few years.[179] In 2018, 5 million Korean adolescent students sought counseling services due to psychological difficulties.[180]

Impact

Many studies have suggested that referral to specialized mental health institutions through schools can help promote mental health and reduce the risk of suicide.[181] A study showed that suicide risk for adolescents who experience suicide attempts or self-injury decreases when they consult with specialized mental health institutions through school-based services.[182] Korean adolescents reported fewer negative emotions and psychological difficulties related to depression and anxiety after receiving these counseling intervention treatments.[183] They also reported fewer difficulties with school and family and better interpersonal relationships with peers and teachers.[184] These programs also help reduce social stigmas towards mental health treatment and encourage help-seeking behaviors in adolescents, which is an essential step toward treatment.[185] School programs focus on training counselors and teachers to act as gatekeepers,[186] who can then identify students with mental health problems through screenings and refer students to specialized mental health institutions.[187] Research showed that the referral rate was about 81.2% in 2017.[188] These referrals also have been shown to mitigate the risk of suicide death of survivors by 4.59 times. Those not referred had a 1.87 times higher risk of death by suicide.[189,190] Thus, mental health programs assist in preventing suicide for at-risk adolescents and peer suicide survivors.

Gaps

There have been positive effects for Korean adolescents through this intervention; however, many of these services are limited and require more research on mental health, suicide, and evidence-based interventions.[191] Because social stigmas towards mental illness persist within Korean society, many adolescents shy away from seeking help, which delays mental health care and increases the risk of suicide ideation and attempts.[192] Although mental health services are available in every region in Korea and psychotherapy services are implemented within middle and high schools, these services are only used by adolescents in their life 22.2% of the time.[193] This can become hazardous for an adolescent's well-being because current research has found that unresolved mental health issues put adolescents at greater risk for suicide mortality when these issues resurface later in life.[194]

A lack of governmental support for these services limits their effectiveness and development. As of 2019, Korea did not have a national organization dedicated to mental health research and development.[195] Although their government's budget for mental care-related fields doubled from $18 million in 2010 to $43 million in 2014, it only accounted for less than 3% of the country's healthcare expenditures, which is significantly lower than the World Health Organization's (WHO) recommendation of 15–50%.[196] Research also found that 54% of mental health research conducted is for basic information, 35% for developing therapy and diagnosis, and only 5% for creating evidence-based mental health policies.[197]

Multiple studies have proposed revisions to current mental health methods, emphasizing the need for school-based programs and targeting peer and family relationships.[198,199,200] Improving these school-based programs by offering education for students can help them learn to identify mental illness symptoms like depression and suicide, build positive thinking skills, and create connections between struggling students and healthcare professionals.[201] Current programs are affecting suicide prevention

by targeting mental health; however, research suggests that implementing programs that collaborate between schools, parents, communities, and governments and include long-term goals and guidelines can have a greater impact on preventing suicide risk in adolescents and will fill in gaps that are currently present in available programs.[202,203,204]

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