

Commonalities Between Suicide in Korea, Japan and the United States

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Suicidal Ideation Among Missouri Youth: Findings from the Missouri Student Survey



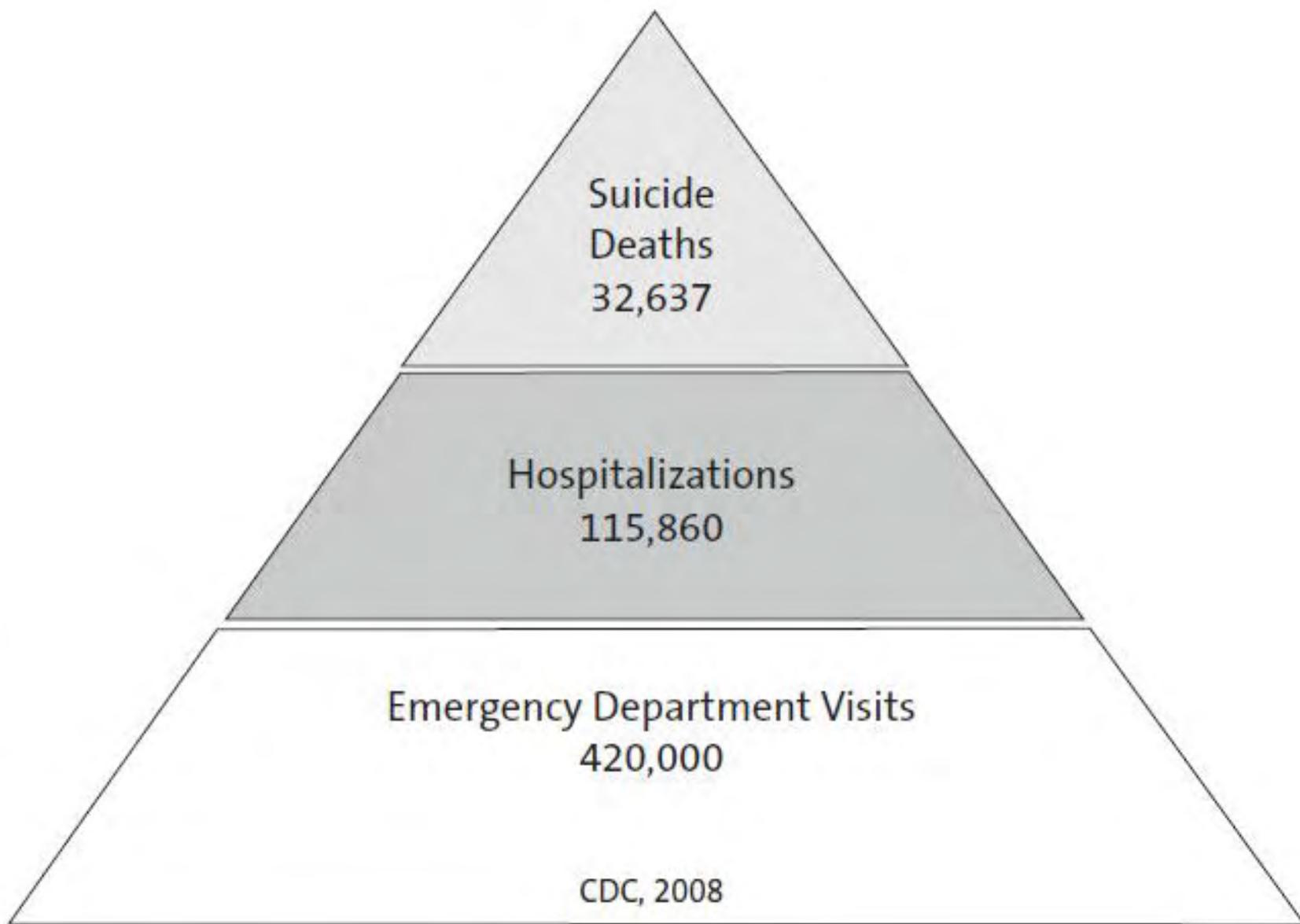
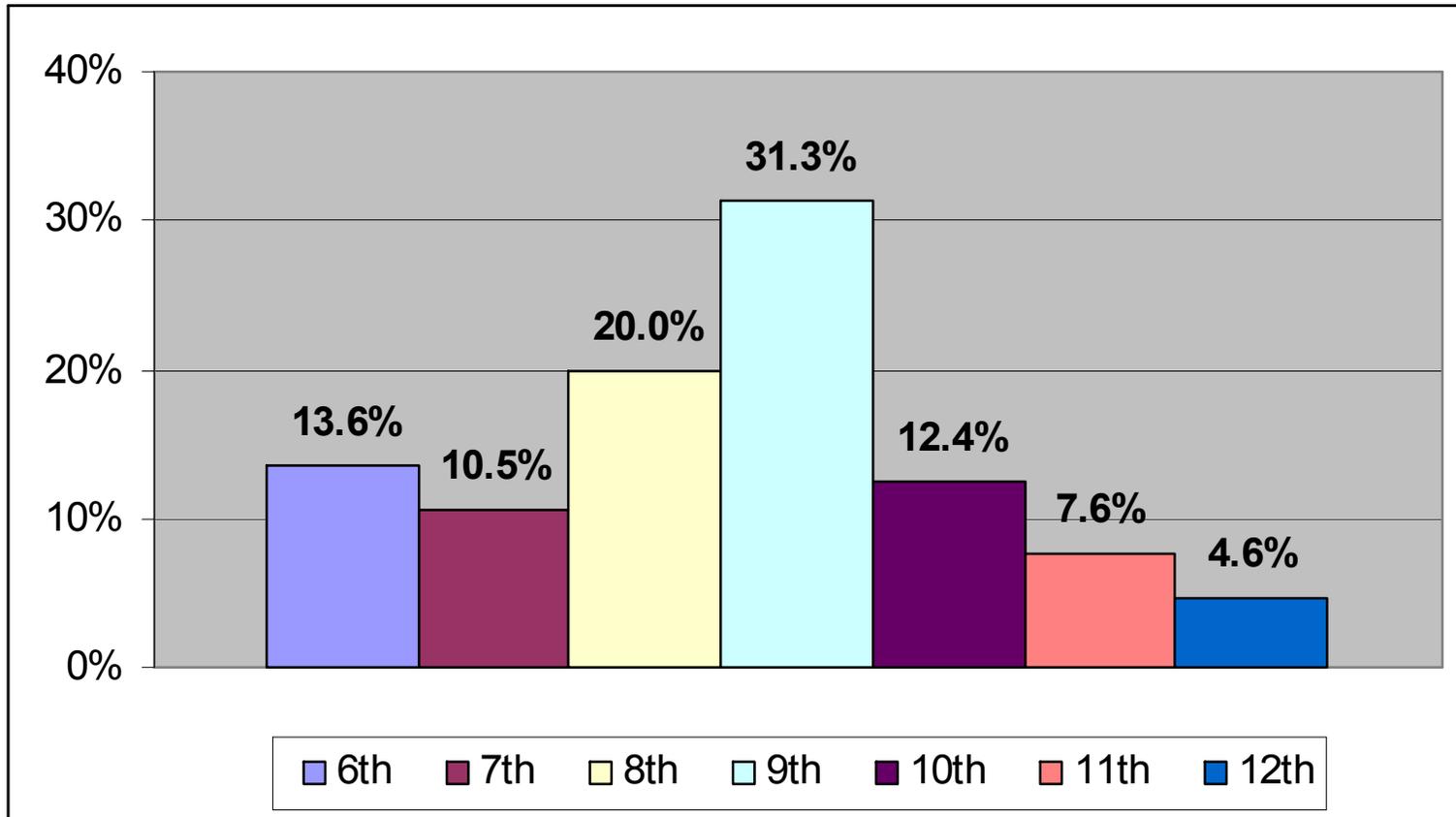


Figure 1
Self-directed violence – United States, 2005

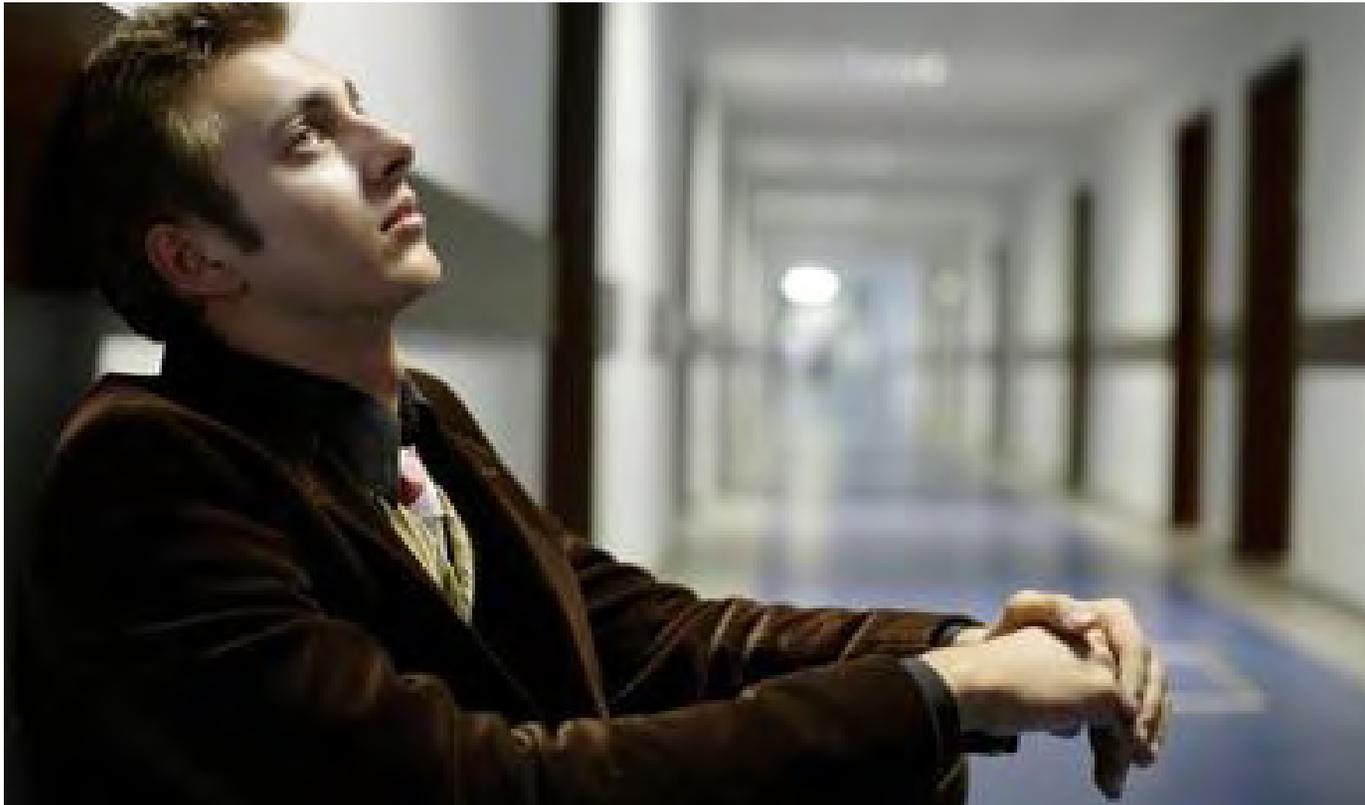
Missouri Student Survey

- Intended for middle and high school students in all Missouri public schools (6th – 12th grade)
- Sponsored by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse, and the Department of Elementary and Secondary Education
- Measures substance use and attitudes, suicidal ideation, school and family bonding, and problem behaviors
- Administered biannually since 2000, sample size in 2008 was around 115,000 (twice more than in 2004 and 2006)

Grade level of MSS participants



Suicide and Suicidal Ideation



Suicidal Ideation

Among 6th – 12th grade students in the past year...

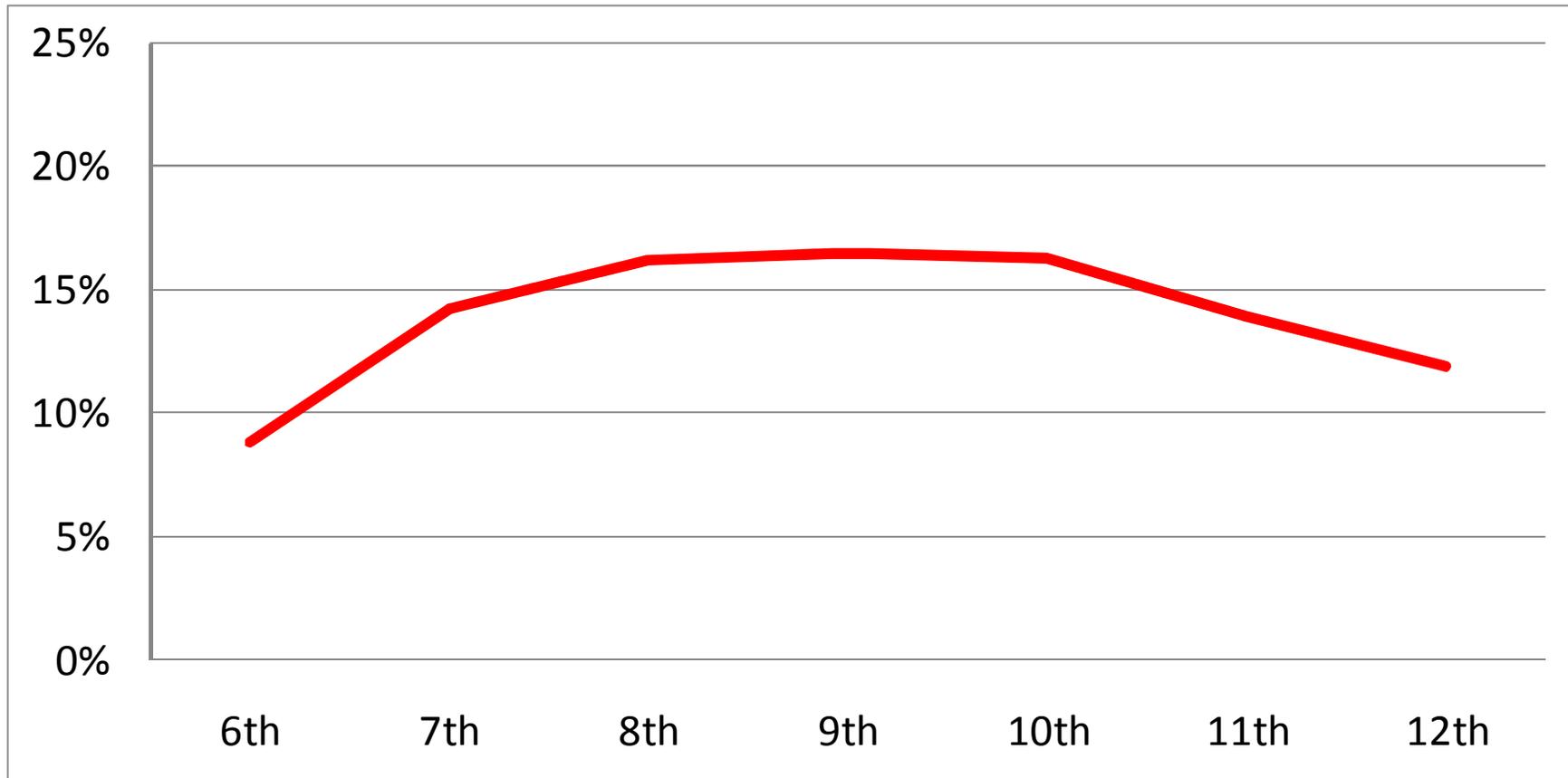
- 14.8 % seriously considered attempting suicide
- 10.8 % made a plan about how they would attempt suicide
- 6.3 % attempted suicide (7,245 students)
- 3.1 % attempted suicide and needed to see doctor for injuries (3,585 students)
- **105 youth suicides between the ages of 15 – 24**



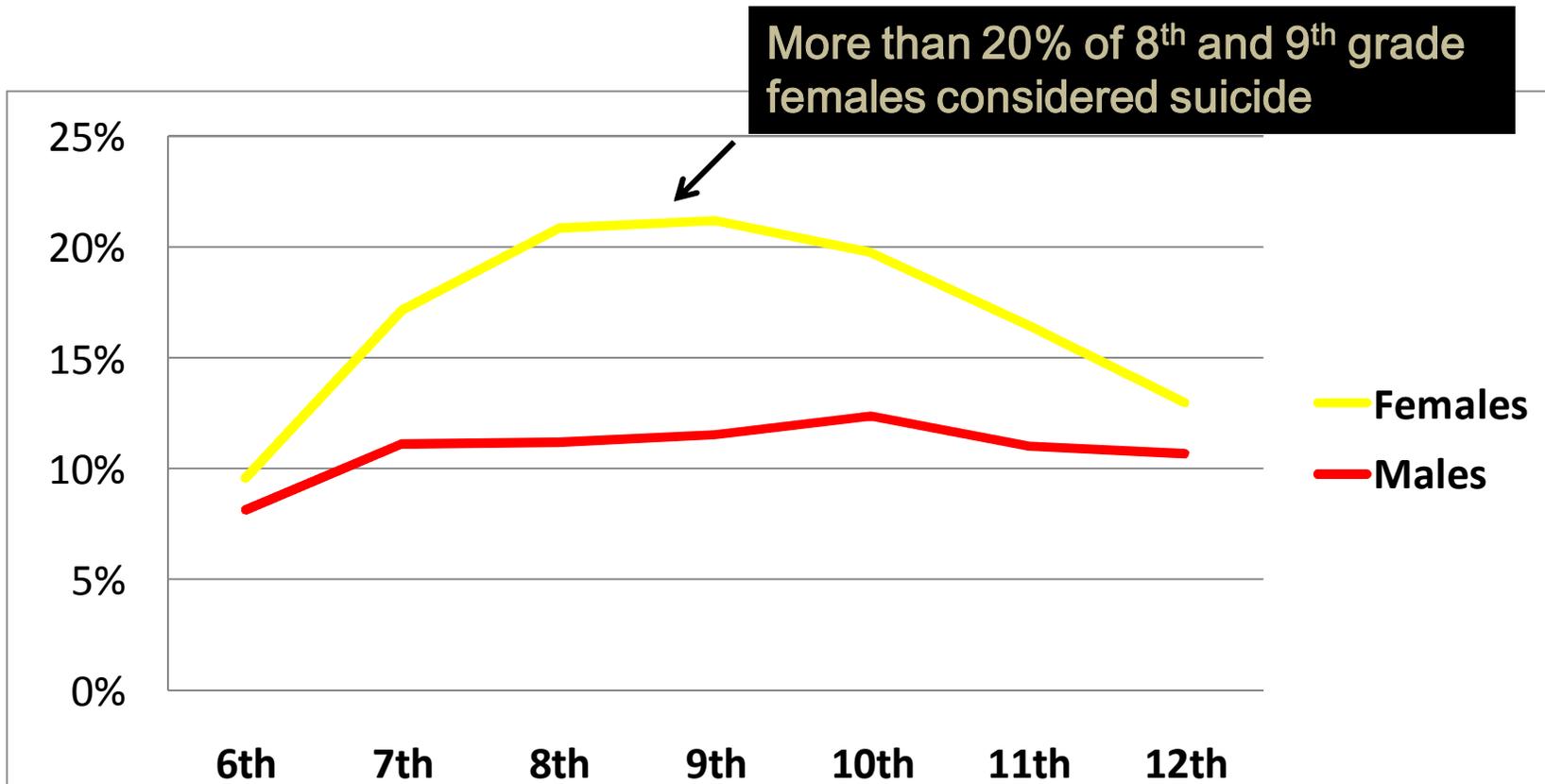
Joshua

Jeremiah

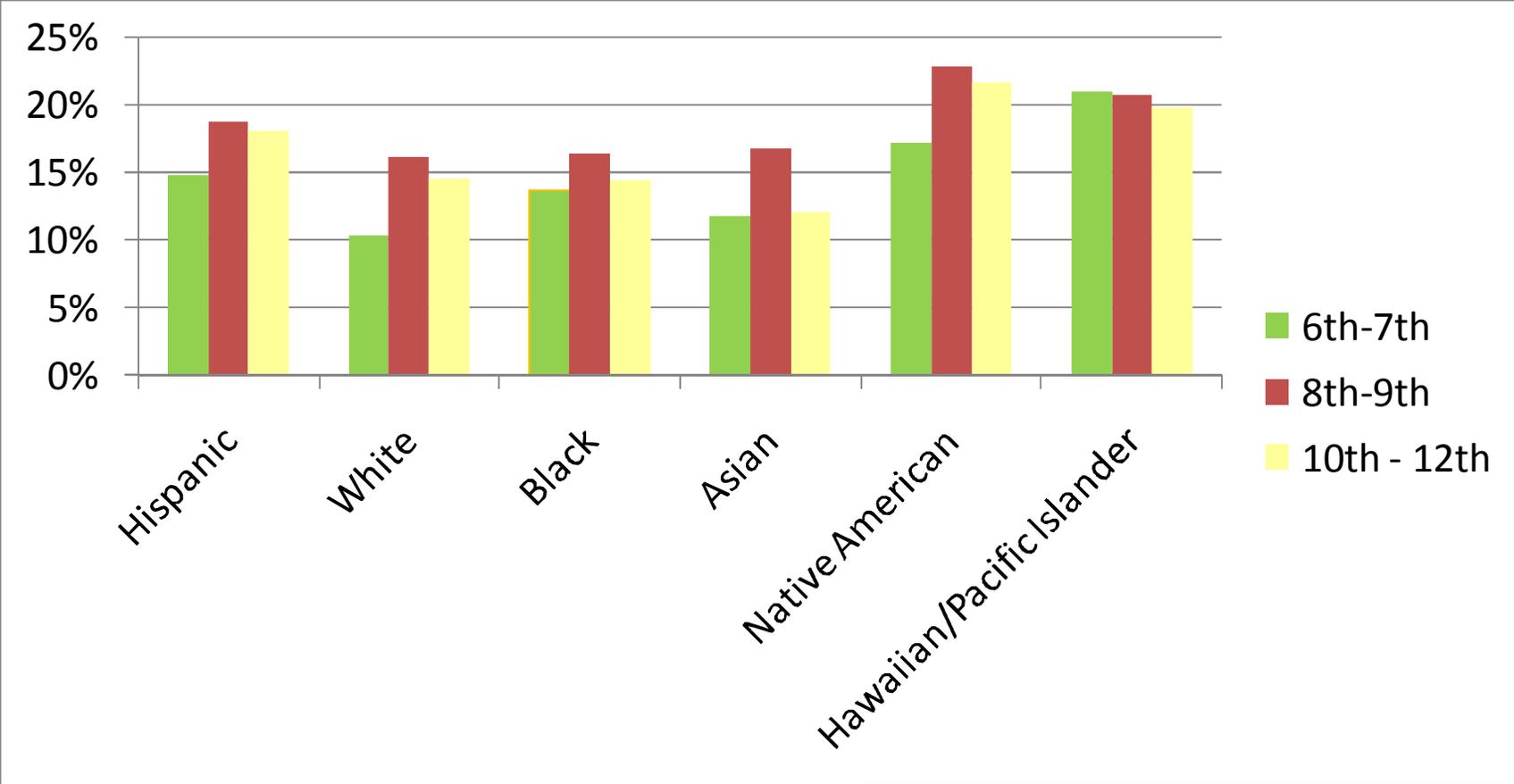
Seriously Considered Suicide by Grade



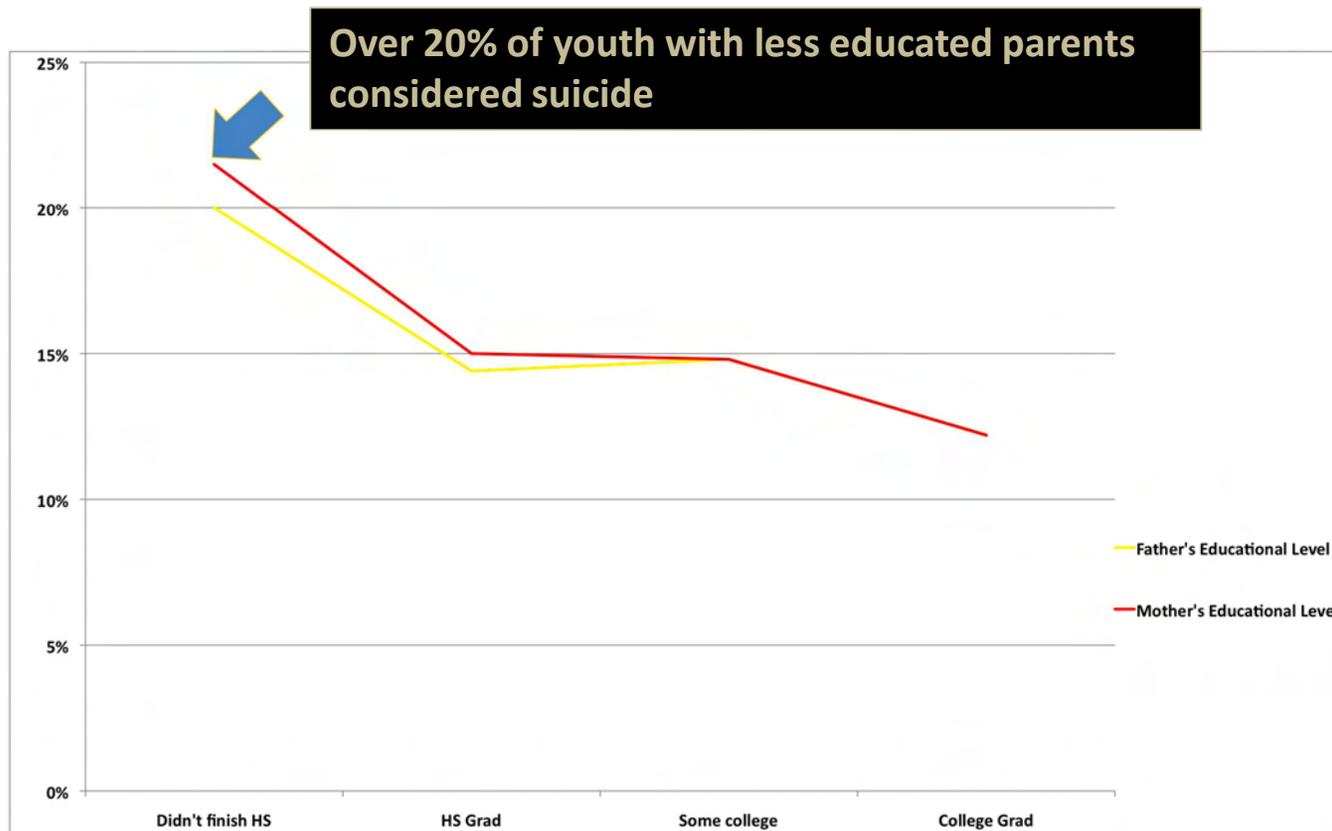
Seriously Considered Suicide Among Males and Females by Grade



Seriously Considered Suicide by Grade in School and Race/Ethnicity

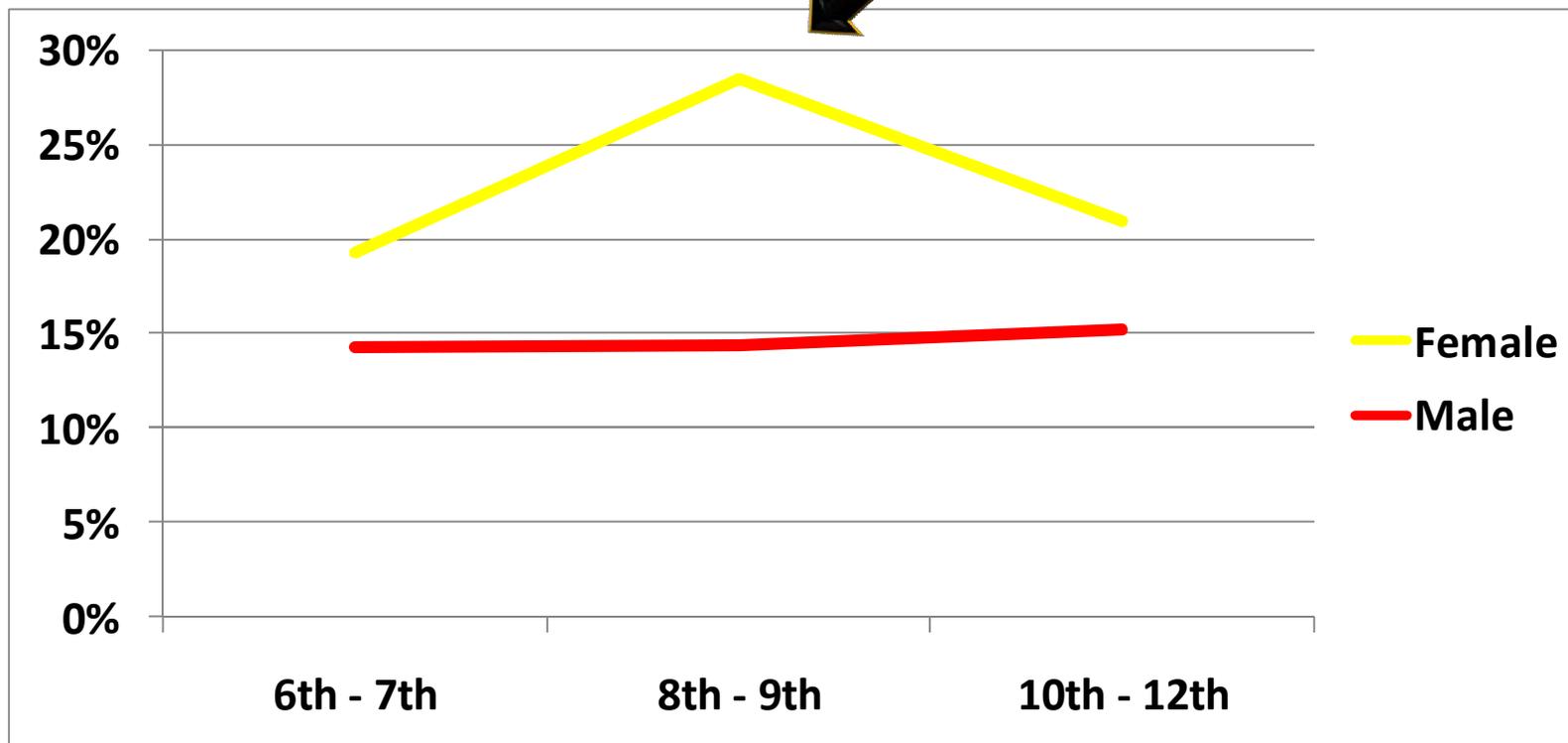


Seriously Considered Suicide by Education of Parents

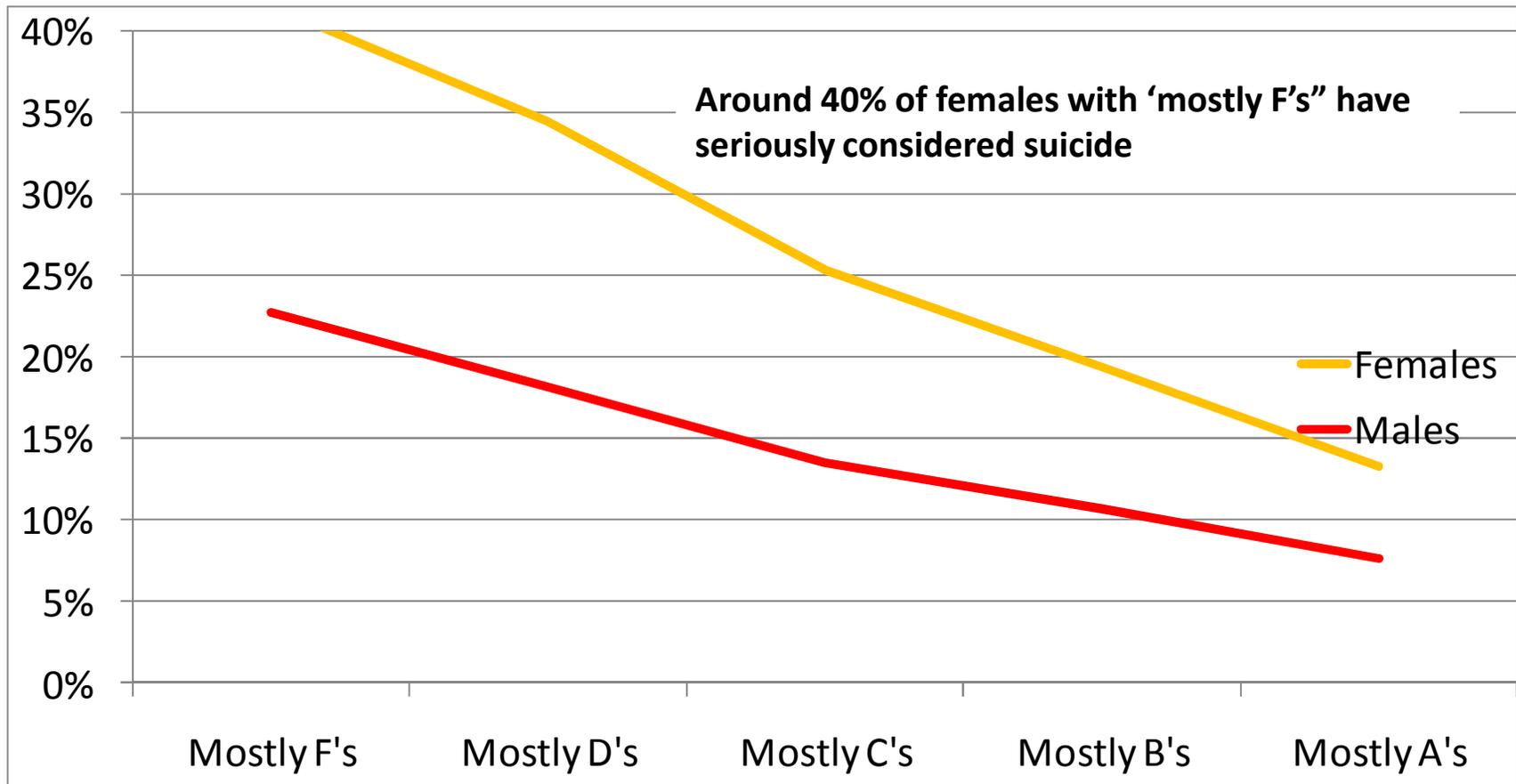


Considered Suicide Among Males and Females Whose Parents Did Not Finish High School

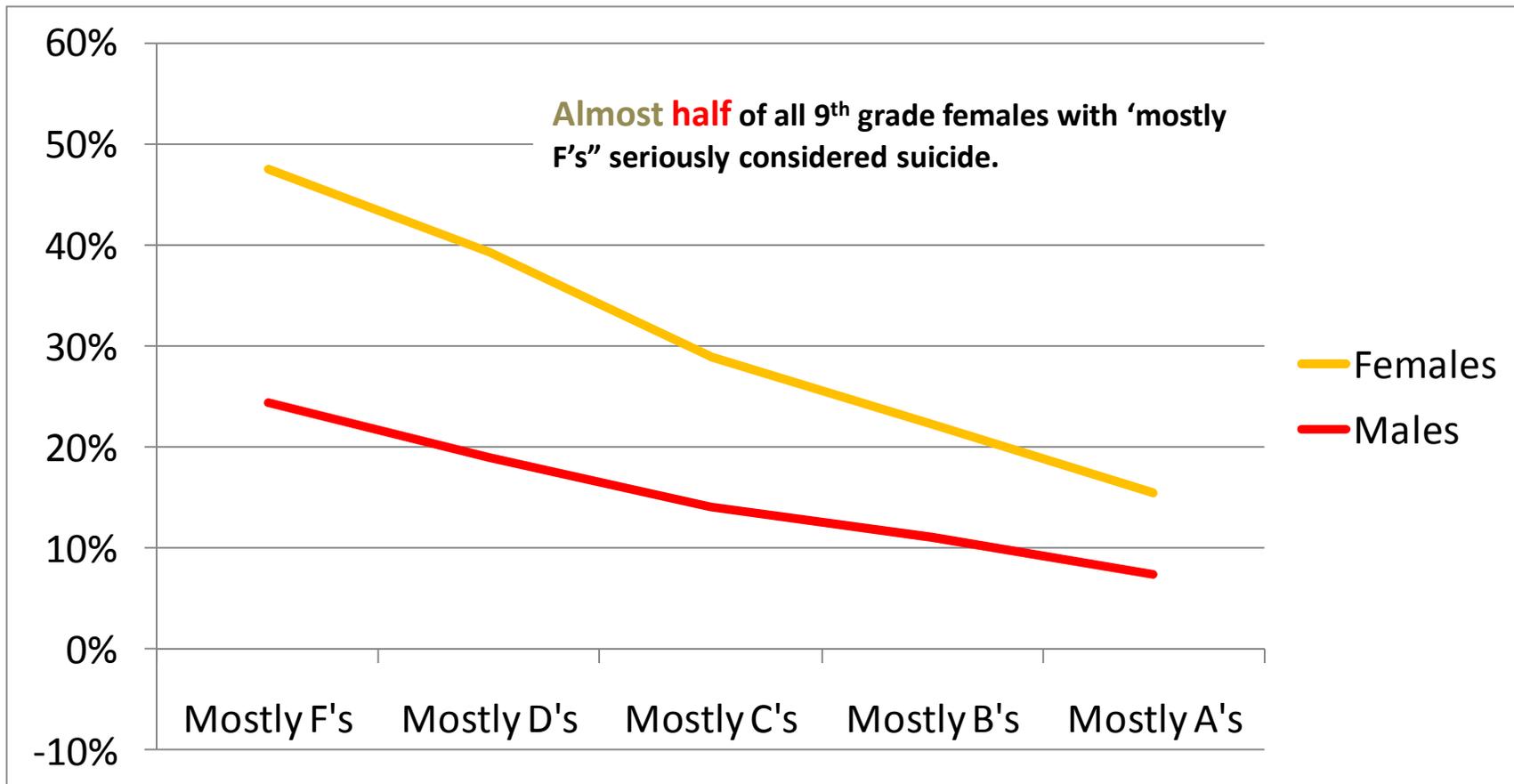
Almost 30% of 8th – 9th grade females who parents never finished high school considered suicide.



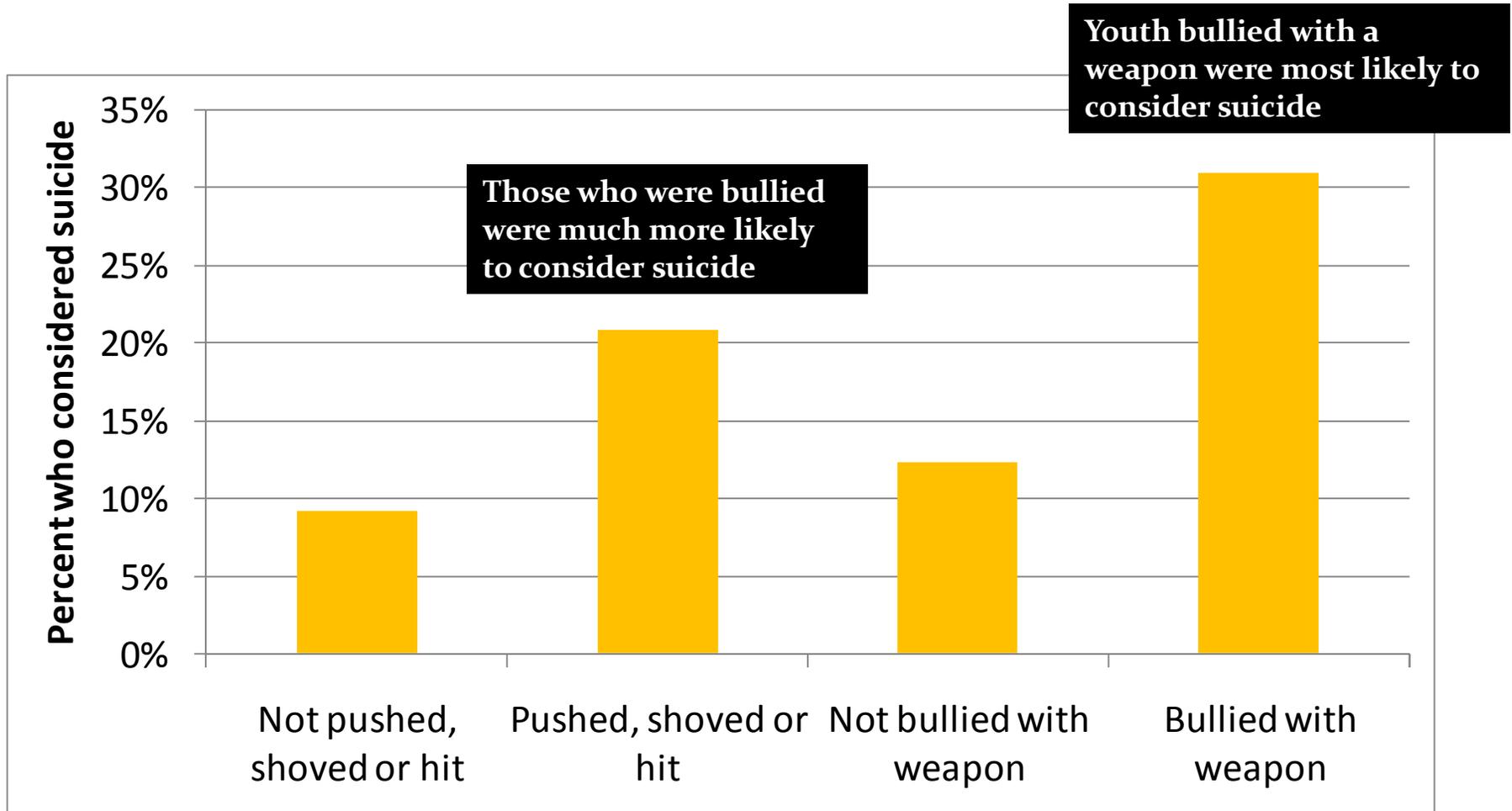
Seriously Considered Suicide by School Performance: Males and Females



Seriously Considered Suicide Among 9th Graders Reporting “Mostly F’s”

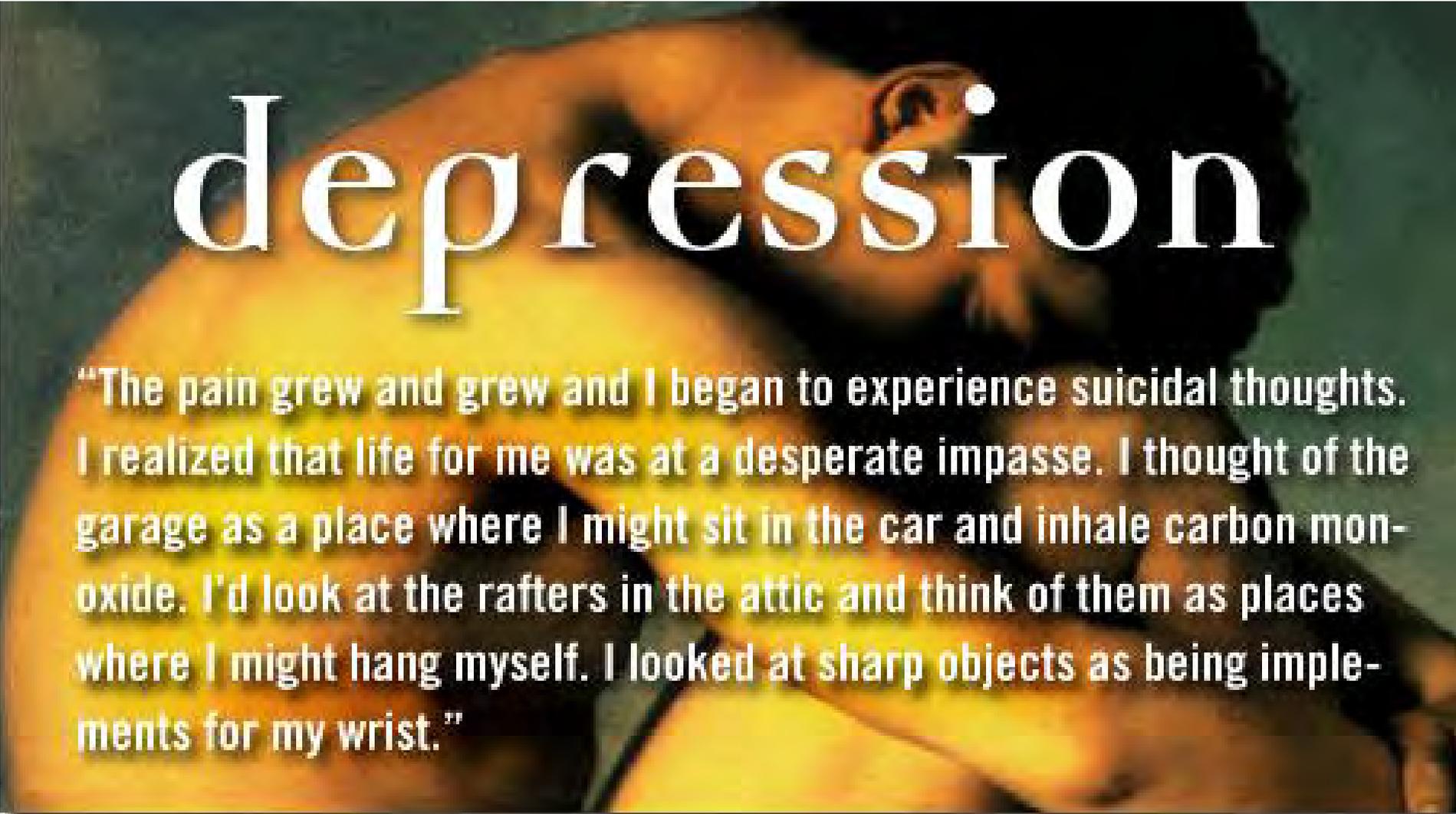


Victims of Bullying More Likely to Considered Suicide



Summary - Suicidal Ideation

- **Problem most severe among:**
 - **females**
 - **those with parents with low education levels**
 - **8th, 9th, and 10th graders**
 - **those performing poorly in school**
 - **victims of bullying**
- **Some cultural differences: highest among Hispanics, Native Americans and Hawaiian/Pacific Islanders**

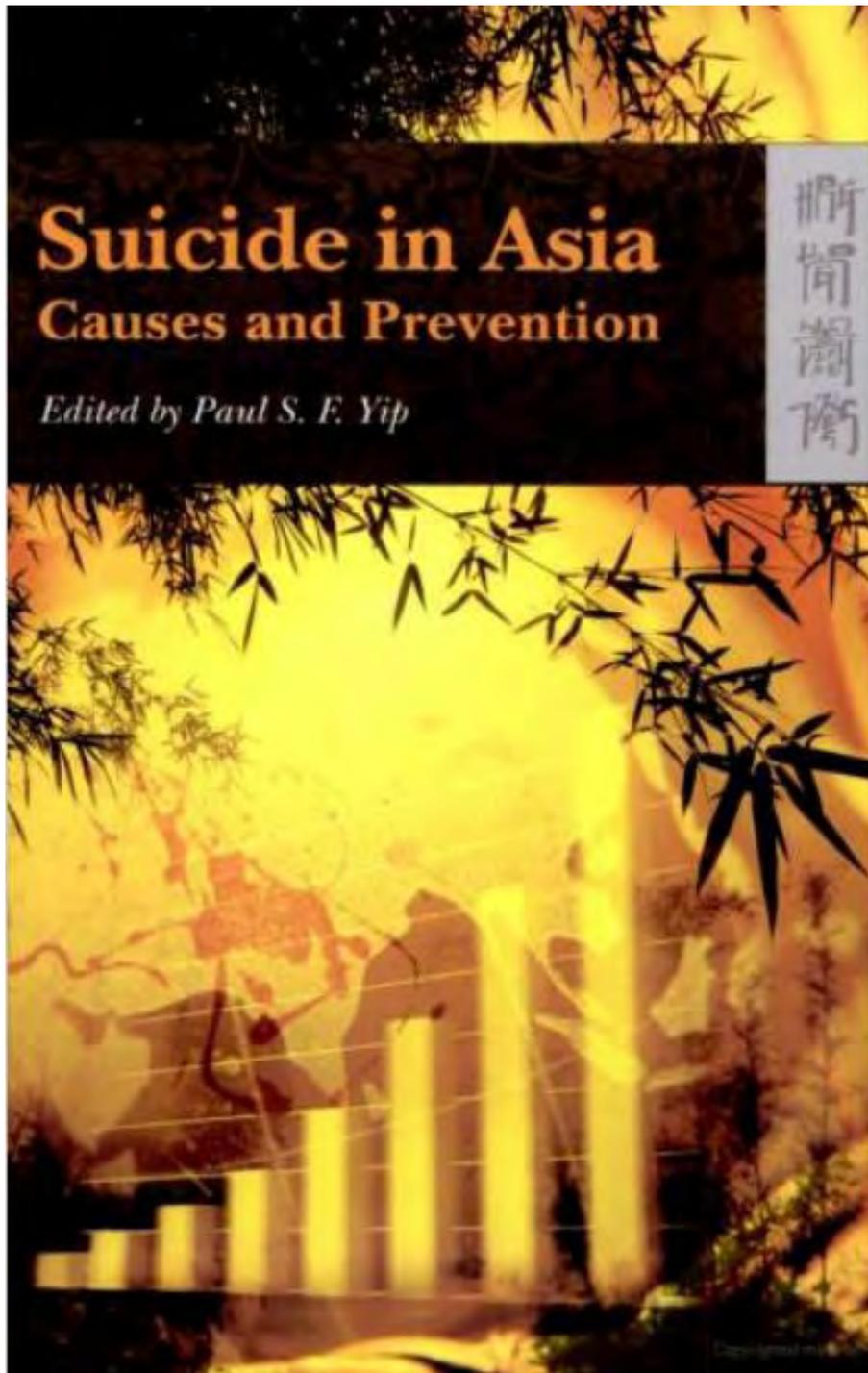


depression

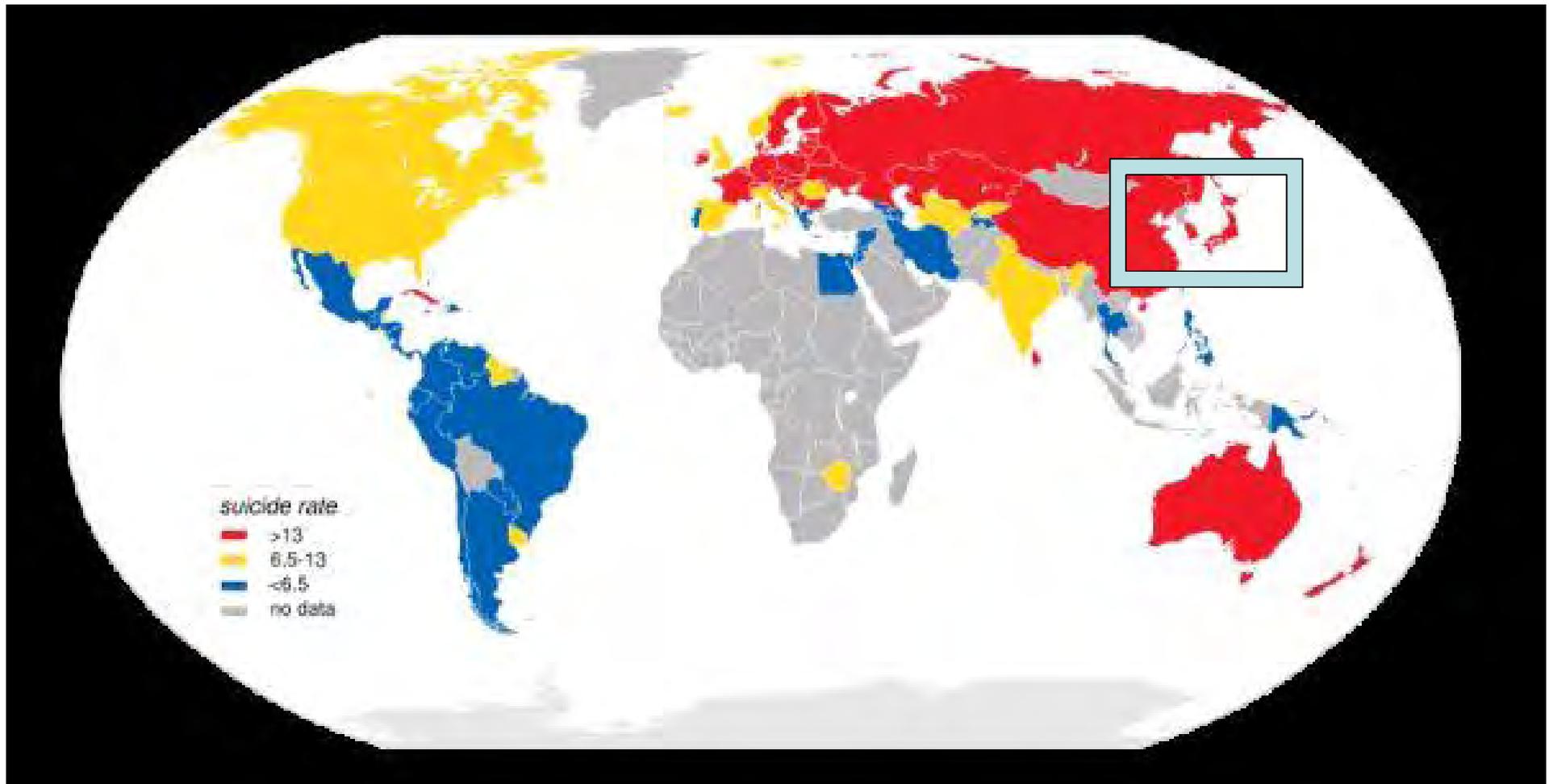
"The pain grew and grew and I began to experience suicidal thoughts. I realized that life for me was at a desperate impasse. I thought of the garage as a place where I might sit in the car and inhale carbon monoxide. I'd look at the rafters in the attic and think of them as places where I might hang myself. I looked at sharp objects as being implements for my wrist."

Mood Disorders and Suicide



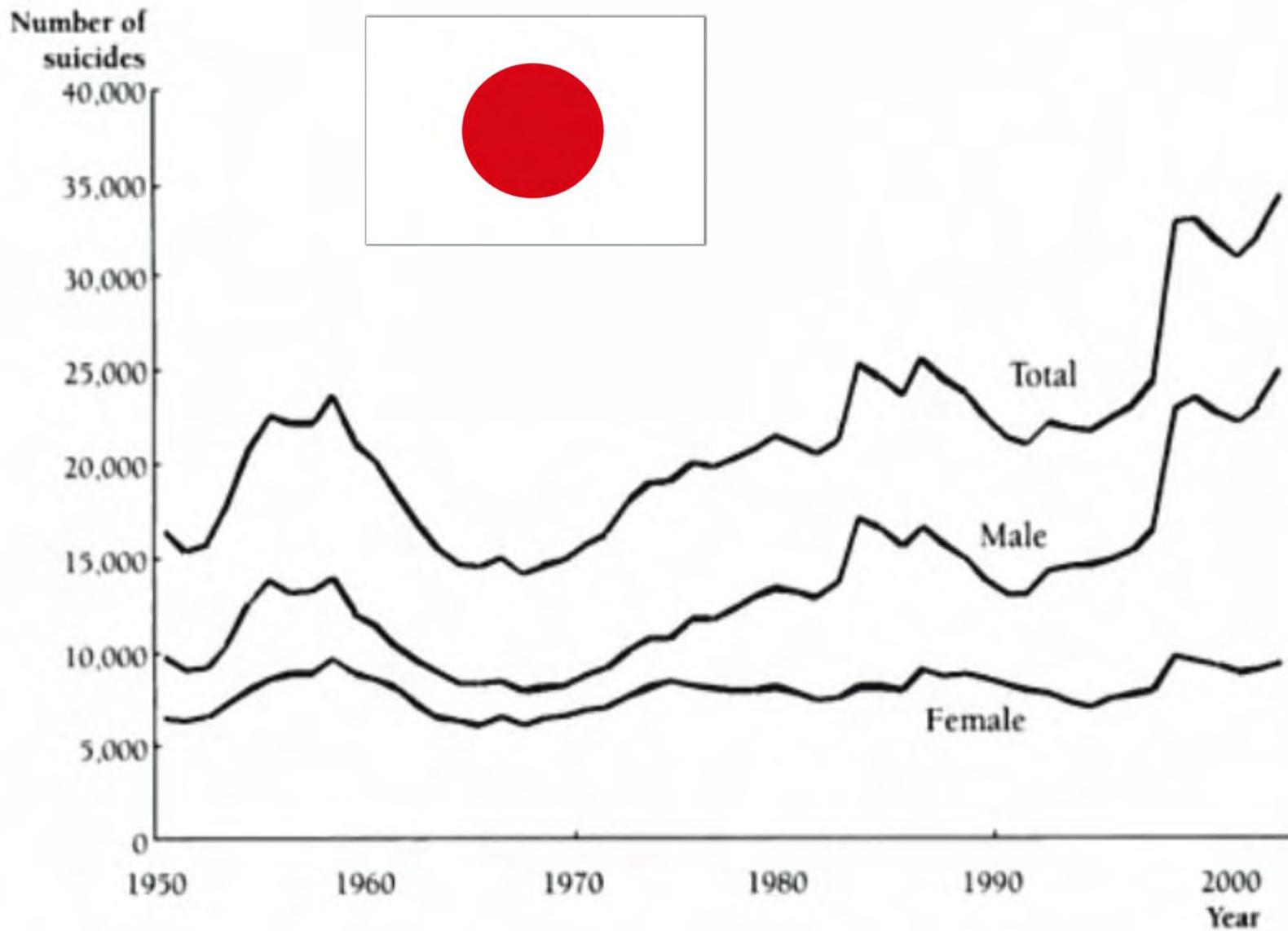


- About a million people kill themselves every year
- More than half of these suicides occur in Asia
- A quarter of a million people kill themselves in China each year
- China is one of the few countries where women kill themselves more often than men
- Japan and South Korea have very high rates of suicide (~25/100,000)
- Thailand has a low rate (7/100,000)
- Suicide is the leading cause of death for young people (ages 15 - 24) in Hong Kong, South Korea and Japan.
- Youth suicide rates are increasing; Taiwan has experienced a three-fold increase in youth suicide over the past decade.
- Rapid social change (e.g., Korea has become the world's 11th leading economic power)



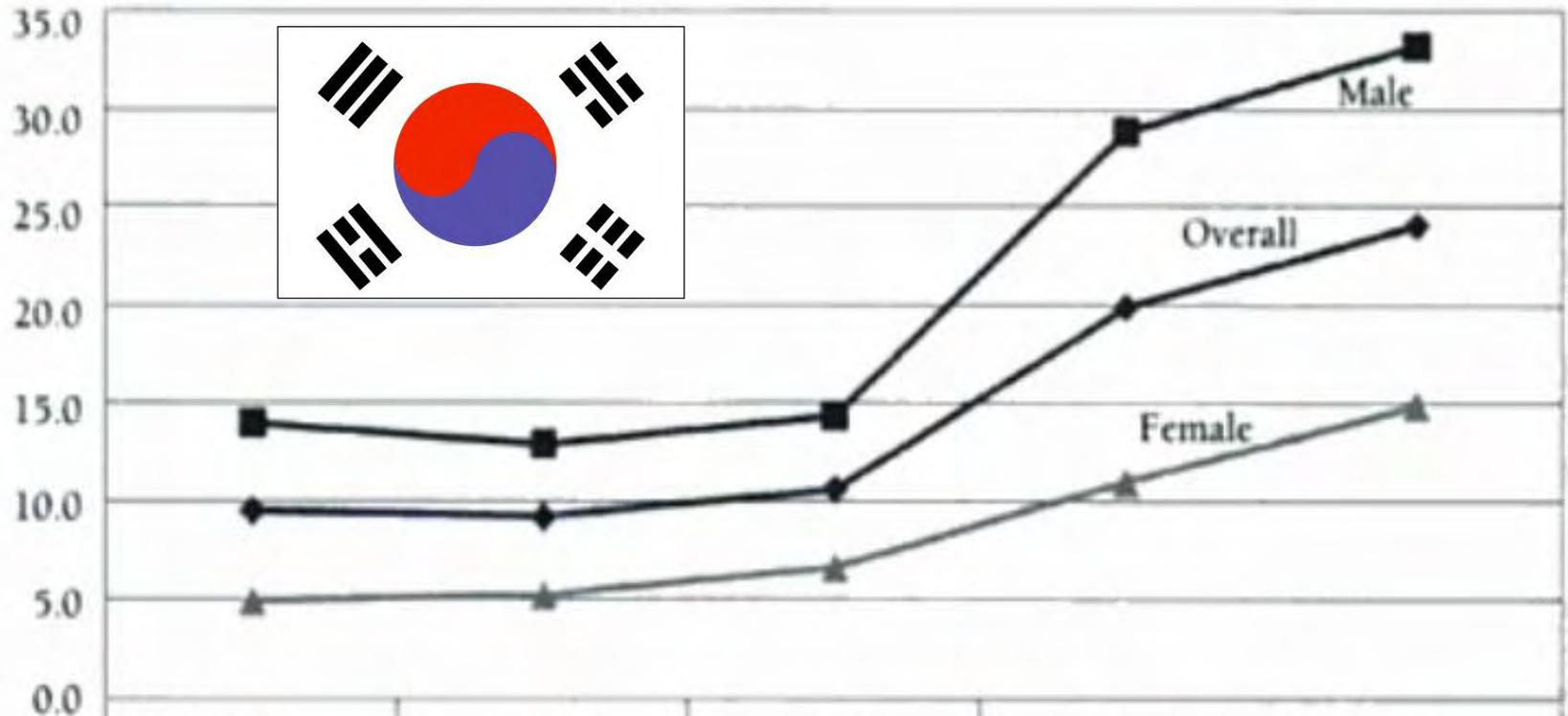
Number of suicides by age group and gender. REPUBLIC of KOREA, 2006.

Age (years)	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	All
Males	15	342	765	1245	1639	1288	1232	723	7249
Females	21	286	492	535	505	352	548	700	3439
Total	36	628	1257	1780	2144	1640	1780	1423	10688



Annual Number of Suicides in Japan

Suicide rate
(per 100,000)



	1983	1988	1993	1998	2003
◆ Overall	9.5	9.2	10.6	19.9	24.0
■ Male	14.0	12.9	14.4	28.8	33.2
▲ Female	5.0	5.3	6.7	11.0	14.9

Average Number of Suicides in South Korea

Suicide rates (per 100,000), by gender and age, Republic of Korea, 2006.

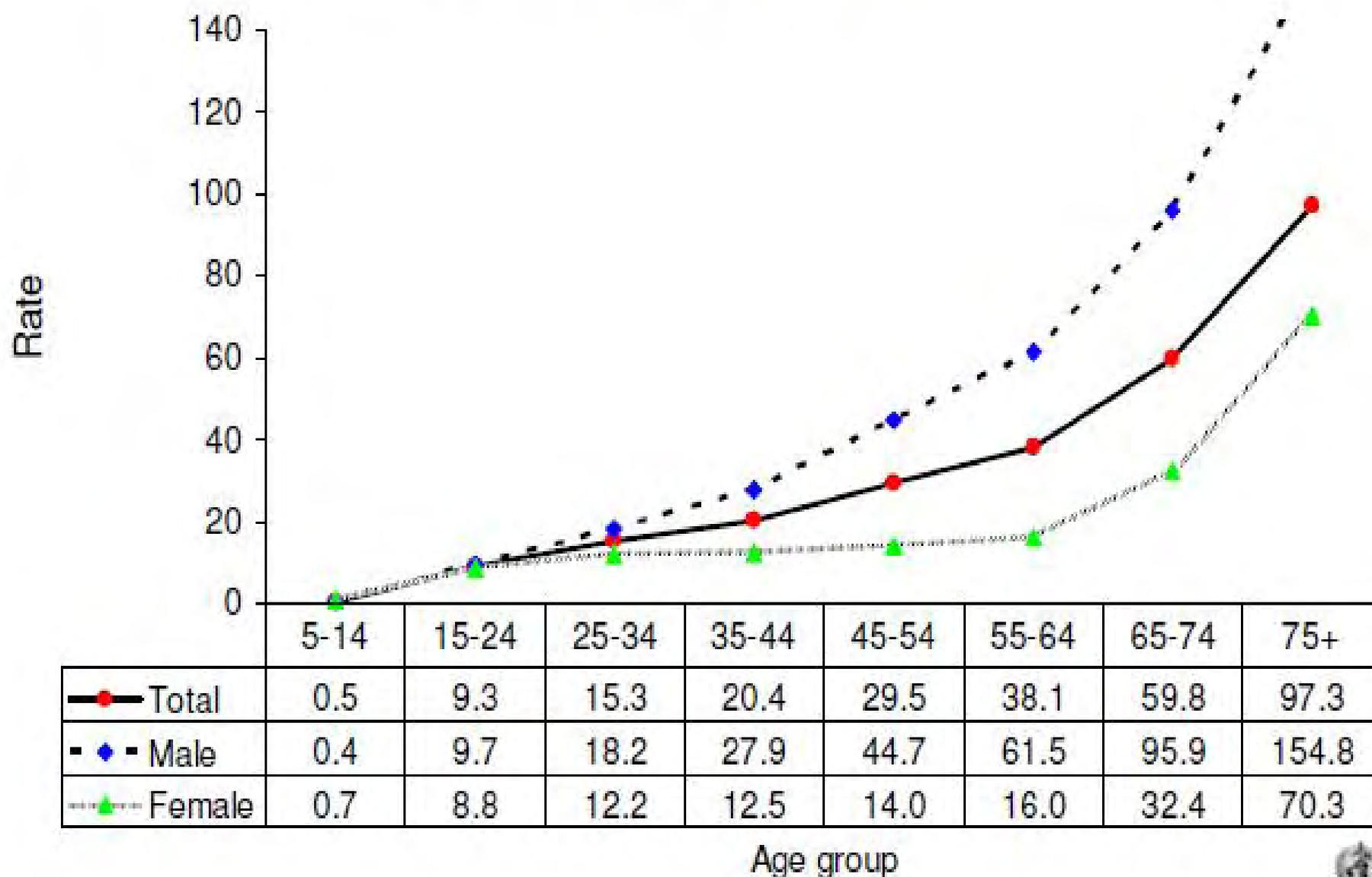


Table 1. Correlation Between Suicide Rates and Measure of Social Integration/Regulation.

Correlations	Overall suicide	Male suicide	Female suicide
Birth rate	-0.84	-0.82	-0.86
Marriage rate	-0.85	-0.83	-0.85
Divorce rate	0.94	0.92	0.96
Unemployment	0.46	0.51	0.33

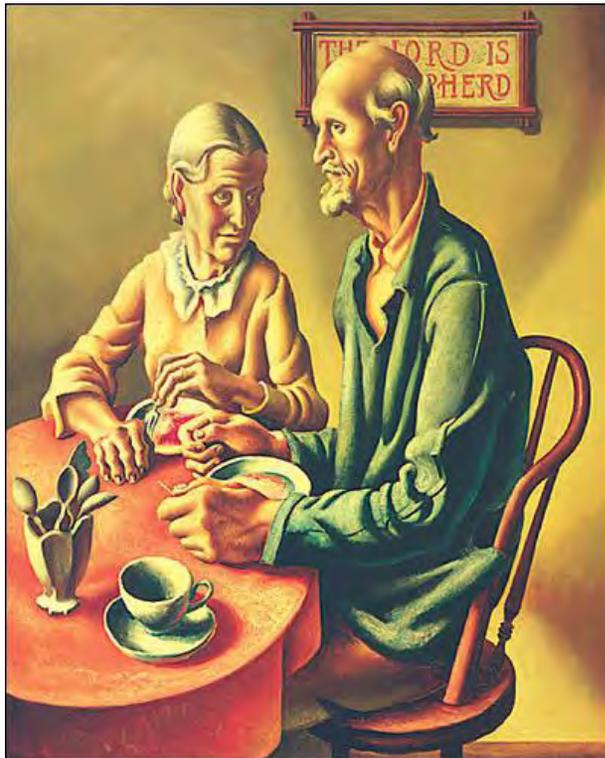


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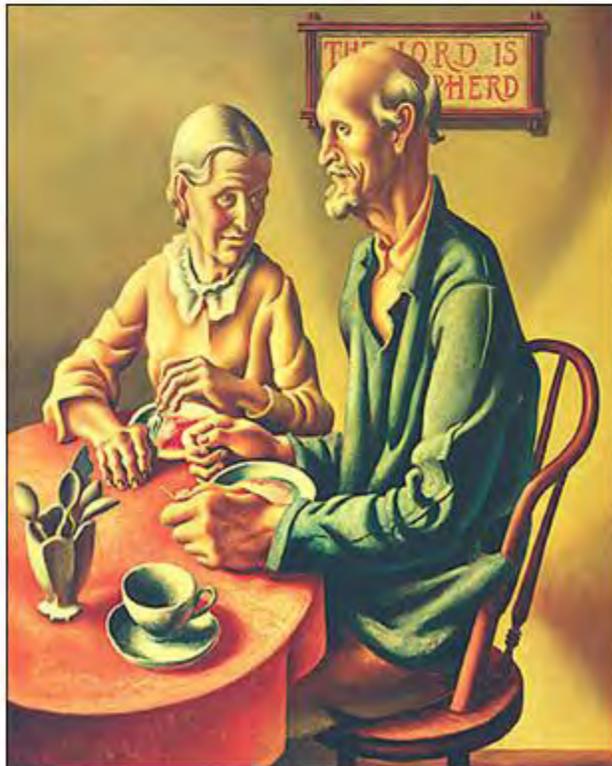


Table 1 Youth suicide rates in selected countries by age and sex^a

Country	Year	5–14 years			15–24 years		
		M	F	All	M	F	All
Lithuania	2002	1.6	0.4	1.1	59.4	5.9	33.1
Russia	2002	3.8	1.0	2.4	56.9	9.2	33.4
New Zealand	2000	1.0	0.3	0.7	30.4	5.7	18.2
Latvia	2002	2.7	0.0	1.4	29.8	4.1	17.2
Ireland	2000	0.3	0.0	0.2	25.3	6.5	16.1
Norway	2001	0.0	0.0	0.0	22.1	7.6	15.0
Australia	2001	0.3	0.3	0.3	20.7	4.8	12.9
Canada	2000	1.4	0.9	1.1	20.2	5.5	13.0
Austria	2002	0.4	0.4	0.4	20.1	3.6	12.0
Poland	2001	1.3	0.1	0.7	19.3	2.4	11.0
Switzerland	2000	0.9	0.2	0.6	18.5	4.9	11.8
Czech Republic	2001	0.7	0.3	0.5	17.2	2.6	10.1
Hungary	2002	0.7	0.5	0.6	17.0	3.6	10.5
United States	2000	1.2	0.3	0.7	17.0	3.0	10.2
Japan	2000	0.9	0.3	0.6	15.8	6.9	11.5
Germany	2001	0.8	0.3	0.5	12.4	2.7	7.7
France	1999	0.5	0.2	0.4	12.3	3.4	7.9
Israel	1999	1.0	0.0	0.5	11.4	1.3	6.5
Sweden	2001	0.3	0.5	0.4	11.2	3.6	7.5
United Kingdom	1999	0.1	0.0	0.1	10.6	2.5	6.7
Singapore	2001	1.2	0.8	1.0	9.7	7.6	8.7
Netherlands	2000	0.5	0.0	0.3	9.4	1.9	5.7
China	1999	0.5	0.5	0.5	9.0	6.8	7.9
(Hong Kong SAR)							
Argentina	1996	0.4	0.3	0.3	8.8	3.4	6.1
Spain	2000	0.3	0.2	0.2	7.7	1.5	4.7
Mexico	1995	0.5	0.3	0.4	7.6	2.0	4.7
Italy	2000	0.3	0.1	0.2	6.7	1.6	4.2
China (mainland, selected areas)	1999	0.9	0.8	0.8	5.4	8.6	6.9
Portugal	2000	0.0	0.0	0.0	3.7	1.0	2.4

^aRank-ordered by 15–24 male suicide rates.

Source of data: World Health Organization (2002)

Table 1 Youth suicide rates in selected countries by age and sex^a

- During the past quarter-century, suicide among the young has emerged as a significant global public health problem. In many countries, youth suicide is one of the leading causes of death, having increased markedly from the 1960s through the early 1990s.
- Rates of completed suicide for young females are lower than those for males in all countries for which data are systematically collected, with the exception being China. This is in contrast with suicidal ideation and suicide attempts, where females have much higher rates than males after puberty. The gender difference in youth suicide is most likely due to the greater likelihood of males having multiple risk factors such as comorbid mood and alcohol abuse disorders, greater levels of aggression, and choice of more lethal suicide attempt methods, which make them more likely than females to make a lethal suicide attempt.

Journal of Child Psychology and Psychiatry, 47, 372-394

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Risk factors for suicide and attempted suicide among young people

Annette L. Beautrais

Conclusions: Current research evidence suggests that the strongest risk factors for youth suicide are mental disorders (in particular, affective disorders, substance use disorders and antisocial behaviours) and a history of psychopathology, indicating that priorities for intervening to reduce youth suicidal behaviours lie with interventions focused upon the improved recognition, treatment and management of young people with mental disorders.



Risk Factors for Suicide Attempts among Korean Adolescents

Hun Soo Kim · Hyun Sil Kim



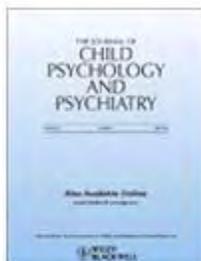
The Korea National Statistical Office reported that suicide numbers for ages 10–29 years in South Korea (1,255) comprised 22.2% of the total number of suicides (5,663) for the year 2002, thus representing a higher percentage of total suicide victims, compared with those in other age groups. In addition, suicide was the 10th leading cause of death in the adult population in 1992 and the seventh leading cause of death in 2002, but was the fourth leading cause of death in 2005 in the Korean population. More importantly, suicide was one of the three most prevalent causes of death in teenagers and was the first leading cause of death in 2005 for South Koreans in their twenties.

Why?









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Epidemiology of Suicidal Behavior among Korean Adolescents

Hee-Soon Juon^{*}, Jung Ja Nam[†], Margaret E. Ensminger^{*}

^{*} Johns Hopkins University School of Hygiene and Public, U.S.A. [†] Korea Institute for Health and Social Affairs, Seoul, Korea.

Estimated the prevalence of suicidal behaviors and their relation to background characteristics, social integration, academic stress, psychological distress, and substance use in 9,886 Korean adolescents. In a multiple logistic regression, depression was found to be the strongest predictor of suicidal behaviors. The other factors significantly associated with suicidal behaviors were gender, academic stress, hostility, and substance use. These results indicate that early identification of risk factors for suicidal behaviors may have potential for reducing possible future suicides.

Since the 1980s, South Korea's suicide rates showed a steep increase, rising by an annual average of 5.01 percent. South Korea's suicide rate reached 24.7 people per 100,000, the number of suicide victims climbed to about 12,000 as of 2005. But in 1982, the nation's suicide rate stood at merely 6.8 persons per 100,000.

In Japan, the number is 25.5 suicide victims per 100,000 people. However, an official of the South Korean Ministry of Health and Welfare said, "Given the sharp rise (in suicides) in recent years, there is a possibility that the suicide rate per 100,000 persons has already surpassed that of Japan."

The sharp rise has apparently been driven by the suicides this year of a few Korean celebrities.

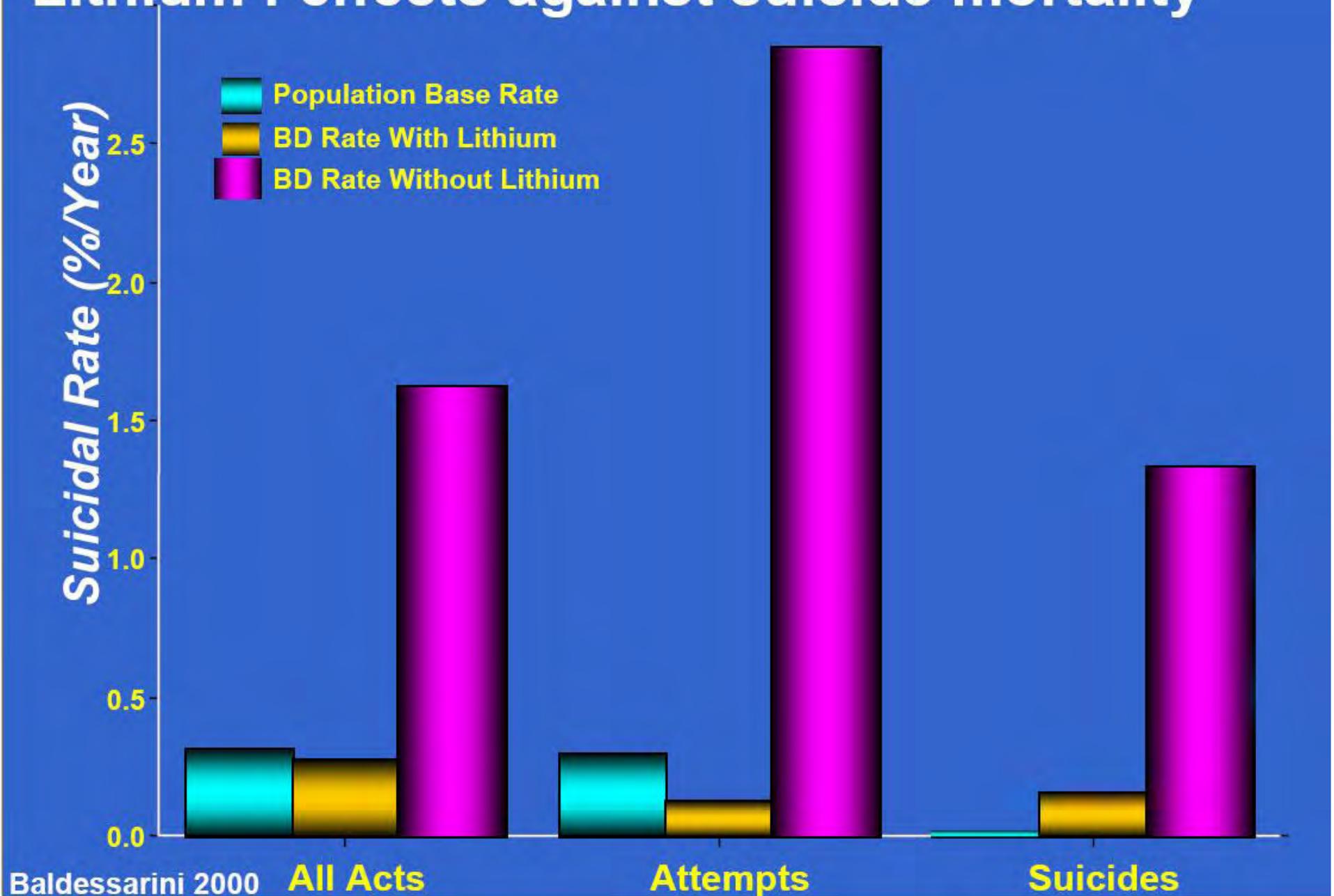
The Internet has also become a powerful tool to find people who want to commit suicide in a group. In March, a Web site called "Gathering of Suicides," which read, "Please contact us if you want to die with us."

On the bulletin board of a major portal site in South Korea, a second-grader from a junior high school had written: "I want to kill myself, but I do not have courage to do so. Can anyone tell me how to die easily?" The reply arrived immediately. It read, "It's not easy to die. If you try to kill yourself by cutting your wrist, you must cut it at least one centimeter deep."

Table 1: Epidemiology of suicide in participating countries

Country	Population	Total rate (per 100,000)	Male rate (per 100,000)	Female rate (per 100,000)	Male: Female rate ratio	Age group(s) for whom rates highest	Area for which rates highest	Most common method(s)
AUSTRALIA	20.2 million	10.4 ^b	16.8 ^b	4.3 ^b	3.9:1.0 ^b	Young adults ^b	Rural ^b	<ul style="list-style-type: none"> • Hanging (48%)^b • Poisoning (30%)^b
CHINA	1.3 billion ^a	20.8 ^c ;23.2 ^d	20.7 ^d	25.9 ^d	0.8:1.0 ^d	Young adults ^d Older adults ^d	Rural ^d	<ul style="list-style-type: none"> • Poisoning (by pesticides) (62%)^e
CHINA, HONG KONG SAR	7.0 million ^a	15.3 ^f	20.1 ^f	10.9 ^f	1.8:1.0 ^f	Older adults ^f	Urban ^f	<ul style="list-style-type: none"> • Jumping (49%)^f • Poisoning (25%)^f
INDIA	1.1 billion ^a	17.38 ^c	18.0 ^c	15.0 ^c	1.2:1.0 ^c	Adults (30-59yrs) ^g	Rural ^h	<ul style="list-style-type: none"> • Poisoning (38%)^g • Hanging (29%)^g
JAPAN	128.0 million ^a	23.8 ⁱ	35.2 ^j	12.8 ⁱ	2.8:1.00 ⁱ	Adults (50-65+) ⁱ	Not available	<ul style="list-style-type: none"> • Hanging (60%)ⁱ
MALAYSIA	25.3 million ^a	13.1 ⁱ	Not Available	Not Available	Not Available	Young adults (20-30) ^j	Rural	Pesticides (% Not Available)
NEW ZEALAND	4.0 million ^a	12.8 ^k	20.3 ^k	5.8 ^k	3.5:1.0 ^k	Older adults (85+yrs) ^k Adults (20-29yrs) ^k	Urban ^k	<ul style="list-style-type: none"> • Hanging (48%)^k
PAKISTAN	157.9 million ^a	0.43;2.86 ^l	.61-5.2 ^l	0.23—1.77 ^l	2.2:1.0 ^l	Young adults ^l	Urban ^l	<ul style="list-style-type: none"> • Hanging (37%)^l • Poisoning (29%)^l
REPUBLIC OF KOREA (THE)	47.8 million ^a	26.1 ^m	34.9 ^m	17.3 ^m	2.0:1.0 ^m	Older adults ^m	Rural ^m	<ul style="list-style-type: none"> • Poisoning (45%)^m • Hanging (26%)^m
SINGAPORE	4.3 million ^a	9.9 ⁿ	11.9 ⁿ	8.0 ⁿ	1.5:1.0 ⁿ	Older adults ⁿ	Urban ⁿ	<ul style="list-style-type: none"> • Jumping (70%)ⁿ
SRI LANKA	20.7 million ^a	23.9 ^o	18.8 ^o	5.1 ^o	3.7:1.0 ^o	Young adults (25-44)p Older adults (60+)p	Rural ^o	<ul style="list-style-type: none"> • Poisoning (by pesticides) 40-80%^o
THAILAND	64.2 million ^a	(7.3) ^q	11.0 ^q	3.3 ^q	3.3:1.0 ^q	Young adults (25-29) ^q	Not available	<ul style="list-style-type: none"> • Hanging (55%)^q
VIET NAM	84.2 million ^a	NA	NA	NA	Not available	Not available	Not available	Not available

Lithium : effects against suicide mortality



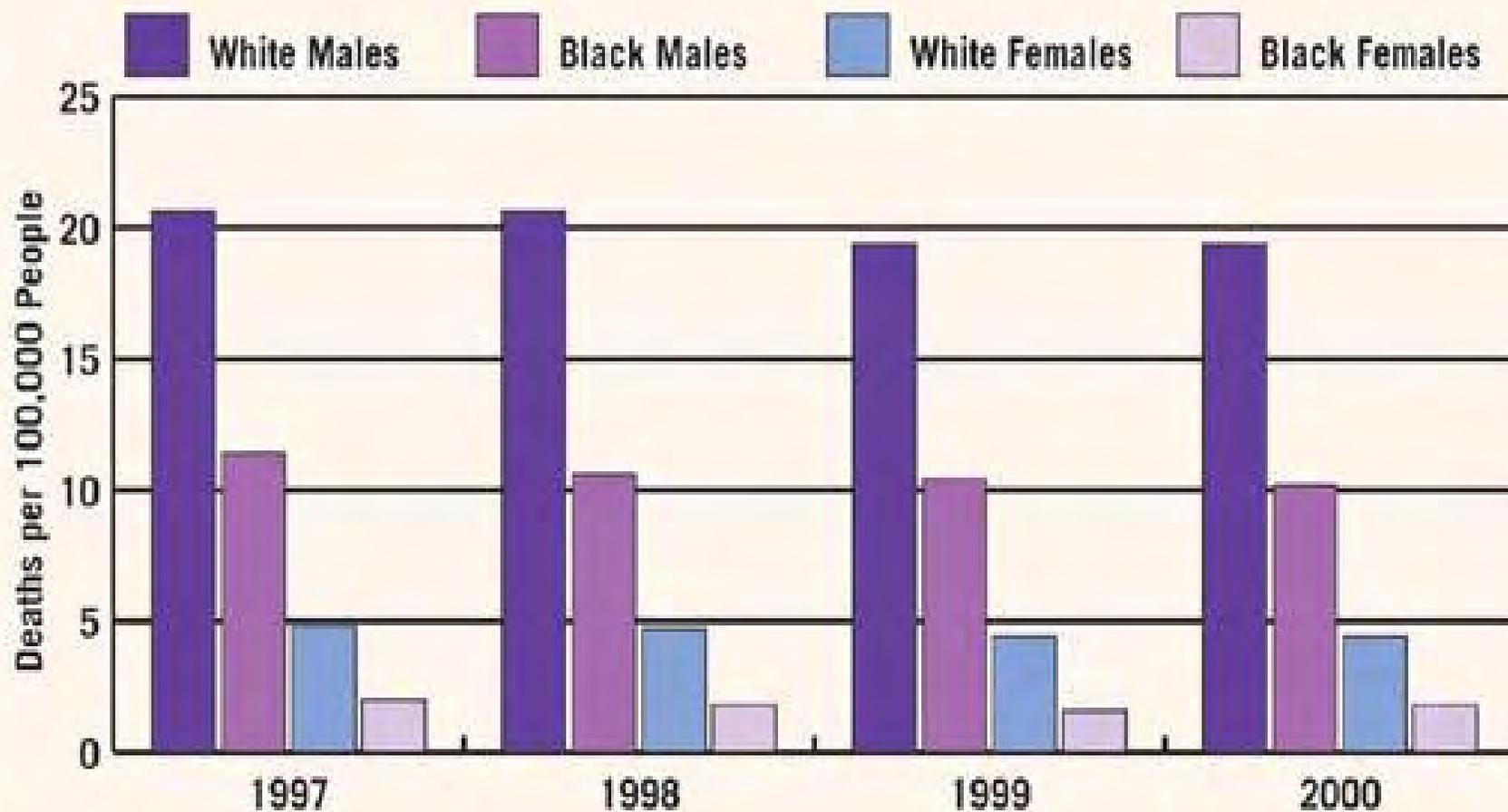
Suicide and Depression

Films like “*Scent of a Woman*” and “*Dead Poets’ Society*” present opportunities for students to identify risk factors for suicide.



DATA WATCH

White Males Most Likely to Commit Suicide, Black Females Least Likely



Source: Centers for Disease Control and Prevention

Warning Signs for Suicide in *Scent of a Woman*

- Older white male
- Talks about suicide
- Plan to use a gun
- Chronic illness (blindness)
- Few friends or family
- Alcoholism
- Risk taking



"A superior, psychologically intense film. Kingsley is simply astonishing, possibly the performance of the year." Time Magazine



JENNIFER CONNELLY
BEN KINGSLEY

HOUSE OF SAND AND FOG

ACADEMY AWARD
NOMINEES
BEST ACTOR
BEST SUPPORTING ACTRESS
BEST MUSIC SCORE

GOLDEN GLOBE
NOMINEE
BEST ACTOR
BEN KINGSLEY

TOP 5 FILMS OF 2003
LOS ANGELES TIMES
NATIONAL BOARD OF REVIEW

SOME DREAMS CAN'T BE SHARED.

COBALT MEDIA GROUP PRESENTS IN ASSOCIATION WITH DREAMWORKS PICTURES A MICHAEL LONDON PRODUCTION A FILM BY VADIM PERELMAN JENNIFER CONNELLY BEN KINGSLEY "HOUSE OF SAND AND FOG"
RON ELDRAD FRANCIS FISHER KIM DICKENS COSTUME DESIGNER DEBORAH AQUILA, C.S.A. AND TRICIA WOOD, C.S.A. PRODUCED BY JEREMIAH SAMUELS EXECUTIVE PRODUCERS ANDRE DUBUS III AND JAMES HORNER EDITOR LISA ZENO CHURGIN, A.C.E.
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MOST PROMISING NEW FILM
JUNES 2004



James Woods Kathleen Turner Kristen Dunst Josh Hartnett

THE VIRGIN SUICIDES

a film by Sofia Coppola



PARAMOUNT CLASSICS PRESENTS AN AMYRON ZITRON PRODUCTION A FILM BY SOFIA COPPOLA THE VIRGIN SUICIDES
JAMES WOODS KATHLEEN TURNER KRISTEN DUNST JOSH HARTNETT
CASTING BY JANE WOODS COSTUME DESIGNER JANE WOODS HAIR BY JANE WOODS MAKEUP BY JANE WOODS
PRODUCTION DESIGNER JANE WOODS EXECUTIVE PRODUCERS JANE WOODS PRODUCED BY JANE WOODS
SCREENPLAY BY JANE WOODS DIRECTOR OF PHOTOGRAPHY JANE WOODS EDITOR JANE WOODS
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WILL SMITH
EMILY FOSTER
LARA STANNETT
LAWRENCE FISHBURNE
SEVEN NAMES
GEORGE CLOONEY
SEVEN STRANGERS
NICHOLAS CATALANO
ONE SECRET

FROM THE DIRECTOR OF
THE PURSUIT OF HAPPINESS
WILL SMITH SEVEN POUNDS
COMING SOON
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A Role of Sunshine in the Triggering of Suicide

*Eleni Petridou,^{1,2} Fotios C. Papadopoulos,¹ Constantine E. Frangakis,³
Alkistis Skalkidou,¹ and Dimitrios Trichopoulos^{1,2}*

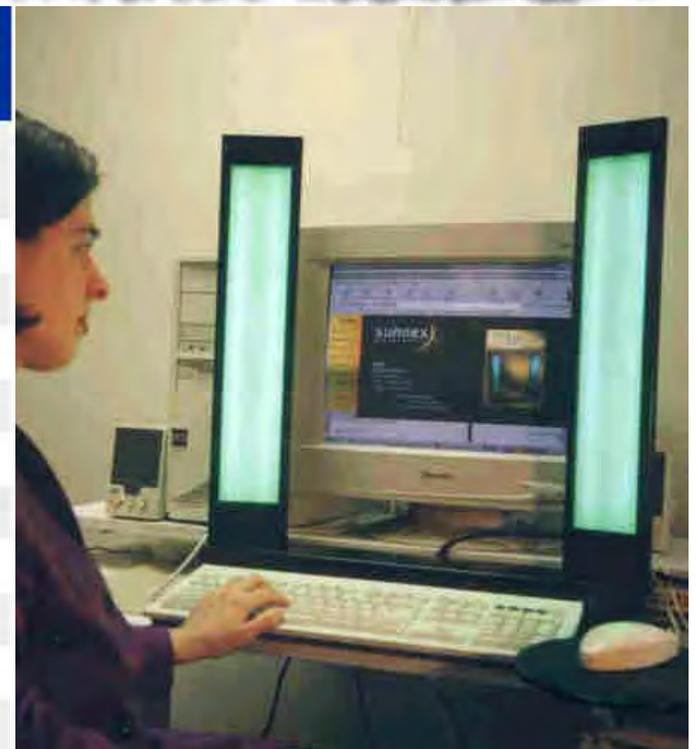
Abstract: Several reports indicate that suicide follows a seasonal pattern with a dominant peak during the month of maximum daylight. The purpose of this study was to evaluate the hypothesis that sunshine exposure may trigger suicidal behavior. We found a remarkably consistent pattern of seasonality with peak incidence around June in the northern hemisphere and December in the southern hemisphere. Moreover,

there was a positive association between the seasonal amplitude of suicide (measured by relative risk) and total sunshine in the corresponding country. These findings indicate that sunshine may have a triggering effect on suicide, and suggests further research in the field of sunshine-regulated hormones, particularly melatonin. (EPIDEMIOLOGY 2002;13:106–109)



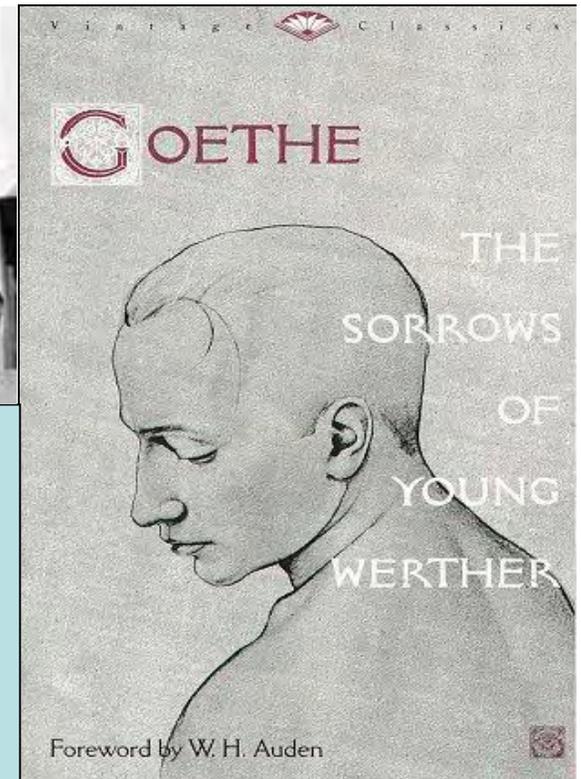
Highest Suicide Rates in the World

Rank	Country	Suicides per 100,000 inhabitants per year
1	Lithuania	42.0
2	Russia	37.4
3	Belarus	35.0
4	Latvia	34.3
5	Estonia	33.2
6	Hungary	32.1
7	Slovenia	30.9
8	Ukraine	29.4
9	Kazakhstan	28.7
10	Finland	24.3



There is strong evidence that media portrayal of suicide can lead to suicide contagion ('copycat suicides'), particularly if the original suicide is given undue prominence, sensationalized, glorified, or explicitly described (Pirkis et al., 2001; Stack, 2005, Yip et al., 2006). For this reason, the World Health Organization has developed guidelines to encourage responsible reporting of suicide (World Health Organization, 2003). Many European countries and the United States and some Asian countries have also developed guidelines (Pirkis et al., 2006). **Beautrais et al., Portrayal of Suicide in the Media in Asia**

Each year worldwide approximately one million individuals die of suicide, 10-20 million attempt suicide, and 50-120 million are profoundly affected by the suicide or attempted suicide of a close relative or associate. Asia accounts for 60 percent of the world's suicides, so at least 60 million people are affected by suicide or attempted suicide in Asia each year (Beautrais, 2006).



Research finds an increase in suicide by readers or viewers when:

- The number of stories about individual suicides increases
- A particular death is reported at length or in many stories
- The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast
- The headlines about specific suicide deaths are dramatic

Table 3: Reporting of suicide in print media in participating countries

	Australia	China	China, Hong Kong SAR	India	Japan	Malaysia	New Zealand	Pakistan	Republic of Korea (the)	Singapore	Sri Lanka	Thailand	Viet Nam
Do print media sensationalize suicide by:													
• Mentioning suicide in the headline?	Sometimes	Sometimes	Frequently	Frequently	Sometimes	Sometimes	Sometimes	Frequently	Frequently	Not at all	Not available	Sometimes	Sometimes
• Detailing the method employed?	Sometimes	Sometimes	Frequently	Frequently	Sometimes	Frequently	Sometimes	Frequently	Frequently	Sometimes	Not available	Frequently	Sometimes
• Blaming people for the death?	Sometimes	Frequently	Frequently	Frequently	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Not at all	Not available	Sometimes	Sometimes
• Placing the story on front page or section?	Sometimes	Sometimes	Frequently	Sometimes	Sometimes	Sometimes	Sometimes	Frequently	Sometimes	Sometimes	Not available	Sometimes	Not at all
• Using pictures of the victim or the method?	Sometimes	Sometimes	Frequently	Sometimes	Sometimes	Frequently	Sometimes	Frequently	Sometimes	Not at all	Not available	Sometimes	Not at all
Do print media misinform by:													
• Focusing on life problems as the motive for suicide?	Sometimes	Frequently	Sometimes	Frequently	Sometimes	Frequently	Sometimes	Frequently	Frequently	Frequently	Not available	Sometimes	Sometimes
• Failing to recognize that mental disorder is usually linked to suicide?	Sometimes	Frequently	Sometimes	Frequently	Sometimes	Sometimes	Sometimes	Frequently	Sometimes	Frequently	Not available	Sometimes	Frequently
How widespread are any of the above practices?	Widespread	Widespread	Widespread	Widespread	Widespread	Widespread	Widespread	Just in large cities	Widespread	Just in large cities	Not available	Widespread	Just in large cities



Raima

New Delhi, 07, IN | 2 years ago (51 minutes after post)



I totally understand how you feel and I promise you that your life will get better if you just ride this out. Don't kill yourself sweetheart, you'll miss out on all the fun that you could have



IamMyKidsMom

An Unknown Location | 2 years ago (1 hour, 38 minutes after post)



Hi Sweetheart,

We can help you better if you can give us more details about your situation and why you feel this way. Obviously something devastating has happened to you and we will all help you through this as best we can. Please respond so that we know you are still OK and to give us a chance to help — that is what we are here for.
=)



KevinK

Leatherhead, B8, GB | 2 years ago (4 hours, 20 minutes after post)



Killing yourself isn't the answer.

There are many different ways at approaching any problems you may have in life.

Even if you may not be religious, a priest is a gopod source of FREE counseling.

Or, failing that, see a psychiatrist. They will be able to give you somone to talk to, who won't judge you, and can be there for you whenever you want

Help me with: [I have a question.](#)



Sugar!

An Unknown Location | 2 years ago (7 hours, 13 minutes after post)



don't go tough you need to really think about what your doing if you kill yourself then you are letting your problems win and you don't want them to win. you want to be in contole of you problems it's your life and if you let your problems win then it becomes there life and you are no longer in control

Help me with: [wow...](#)



lauren b

DON'T!!!! its not worth it!
life will get better, no matter how bad it is, you just have to try hard and look for something or someone good, and most of all you have to trust in God to give you peace and confidence in yourself.

1 year ago

0% 0 Votes

0 0 [Report Abuse](#)

Query: "How can I kill myself without pain?"



trout_00

Car in the garage. Hose going from exhaust to window. Seal off gaps.

I'd stay up for a day or two so you are especially tired, then go to the garage and start your car, get in and fall asleep. You won't wake up again.

1 year ago

0% 0 Votes

3 1 [Report Abuse](#)

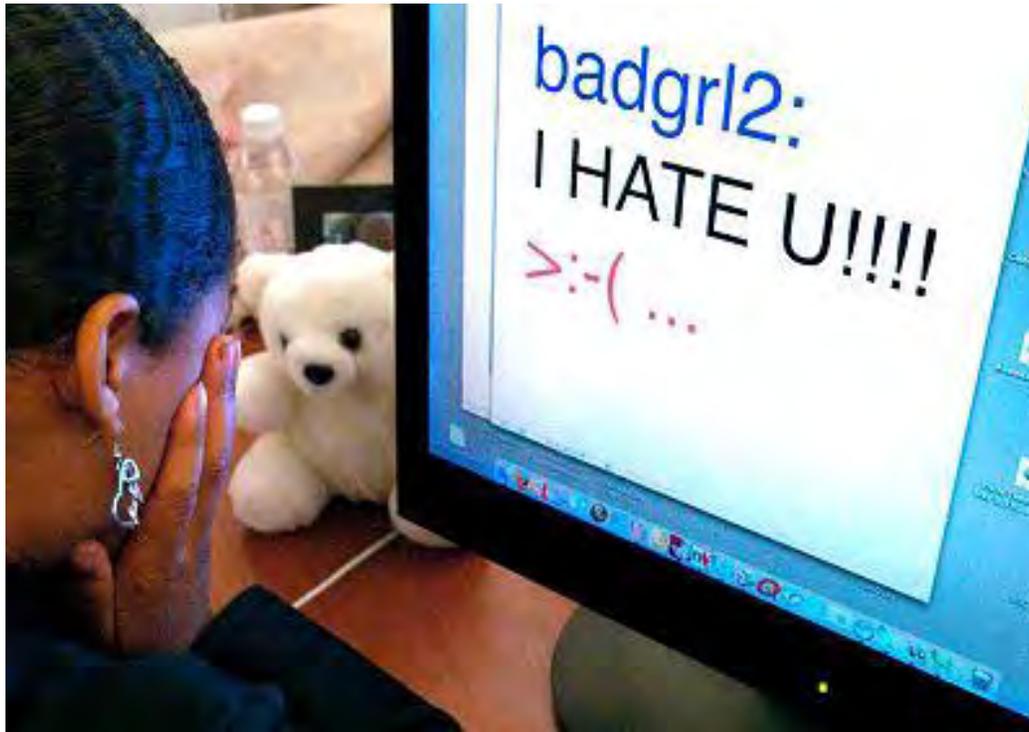


cinney

You can't! There will be a ton of pain for those you leave behind! Think of all of your loved ones. This is a permanent solution to a temporary problem. Go talk to someone, anyone. It get's better if you have people you can talk it out with. Suicide is NOT the answer. Please don't do it.

1 year ago

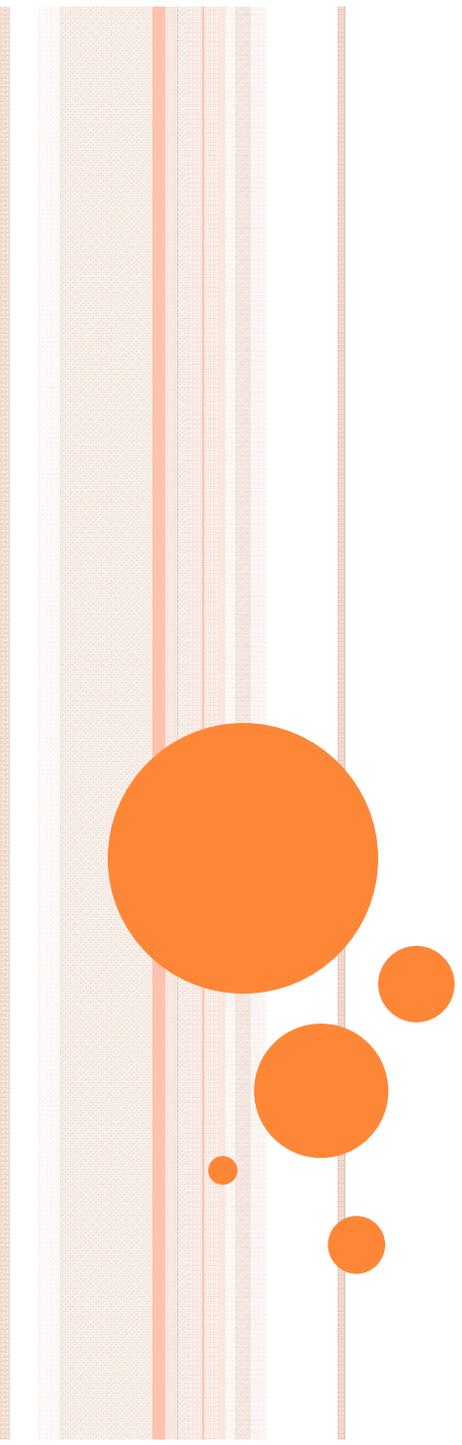
0% 0 Votes



CYBER BULLYING



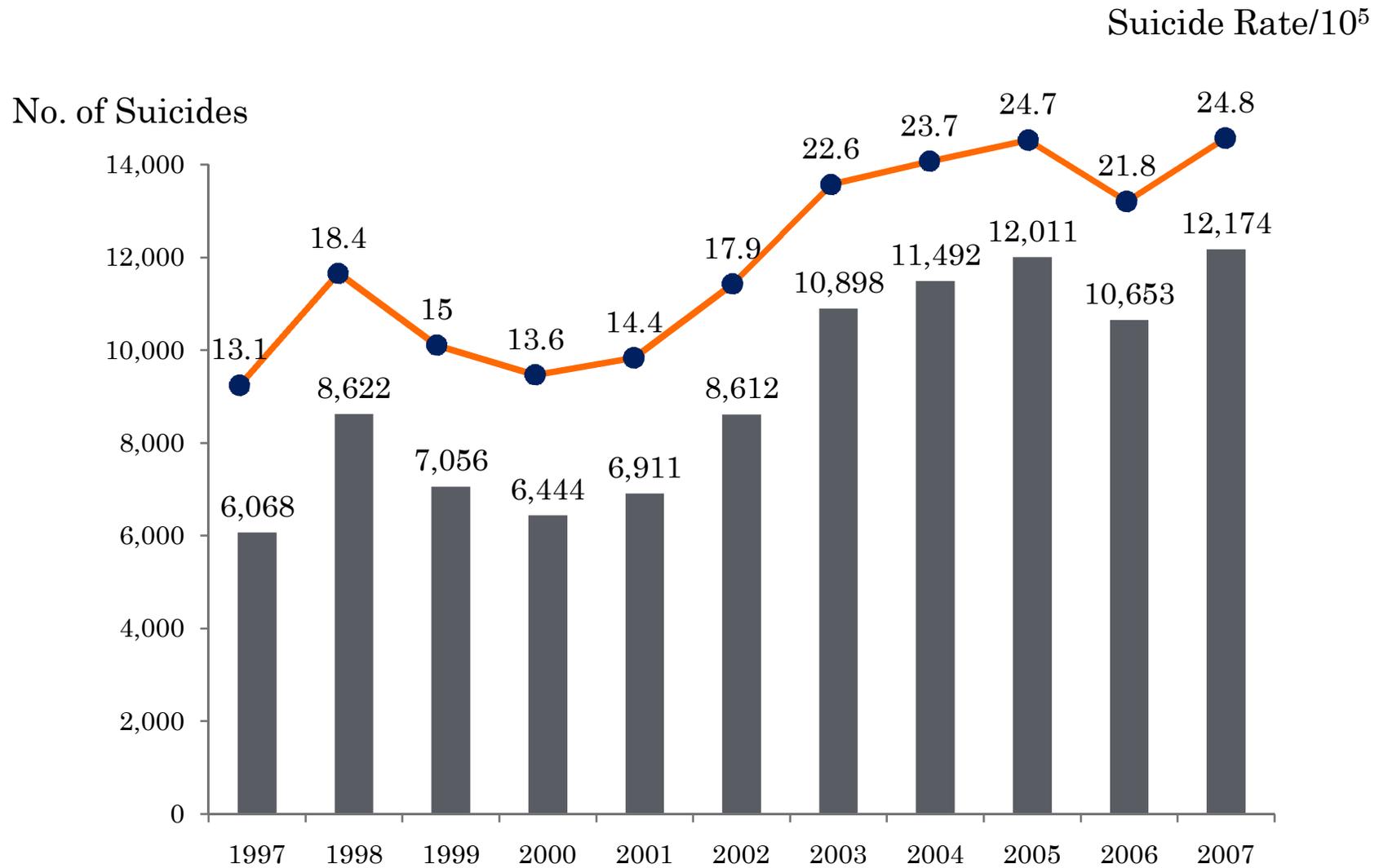
ROBIN M. KOWALSKI, Ph.D. + SUSAN P. LIMBER, Ph.D.
+ PATRICIA W. AGATSTON, Ph.D.



SUICIDE PREVENTION IN KOREA

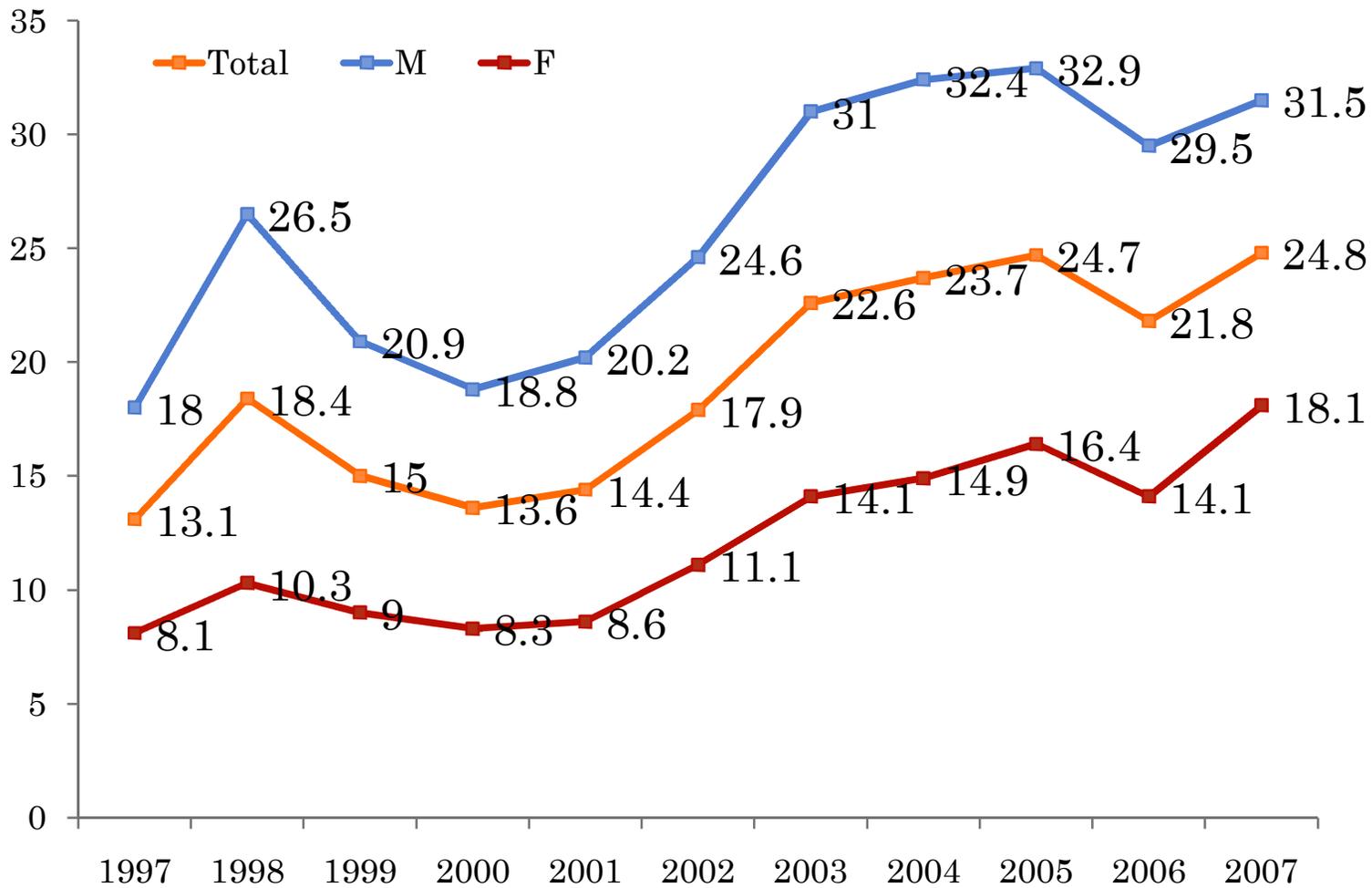
DONG YEON KIM
The Graduate School
Yonsei University
Department of Psychology

Suicide Trends in Korea



Suicide Rate Trends in Korea

Suicide Rate/10⁵



Comparison of Suicide Rate among OECD Countries

Highest Rank	Country	Suicide Rate	Lowest Rank	Country	Suicide Rate
1	South Korea (06)	21.5	1	Greece(06)	2.9
2	Hungary(05)	21.0	2	Mexico(05)	4.4
3	Japan(06)	19.0	3	Italia(03)	5.5
4	Finland(06)	18.0	4	England(05)	6.0
5	France(04)	14.6	5	Spain(05)	6.3

Leading Causes of Death in Korea

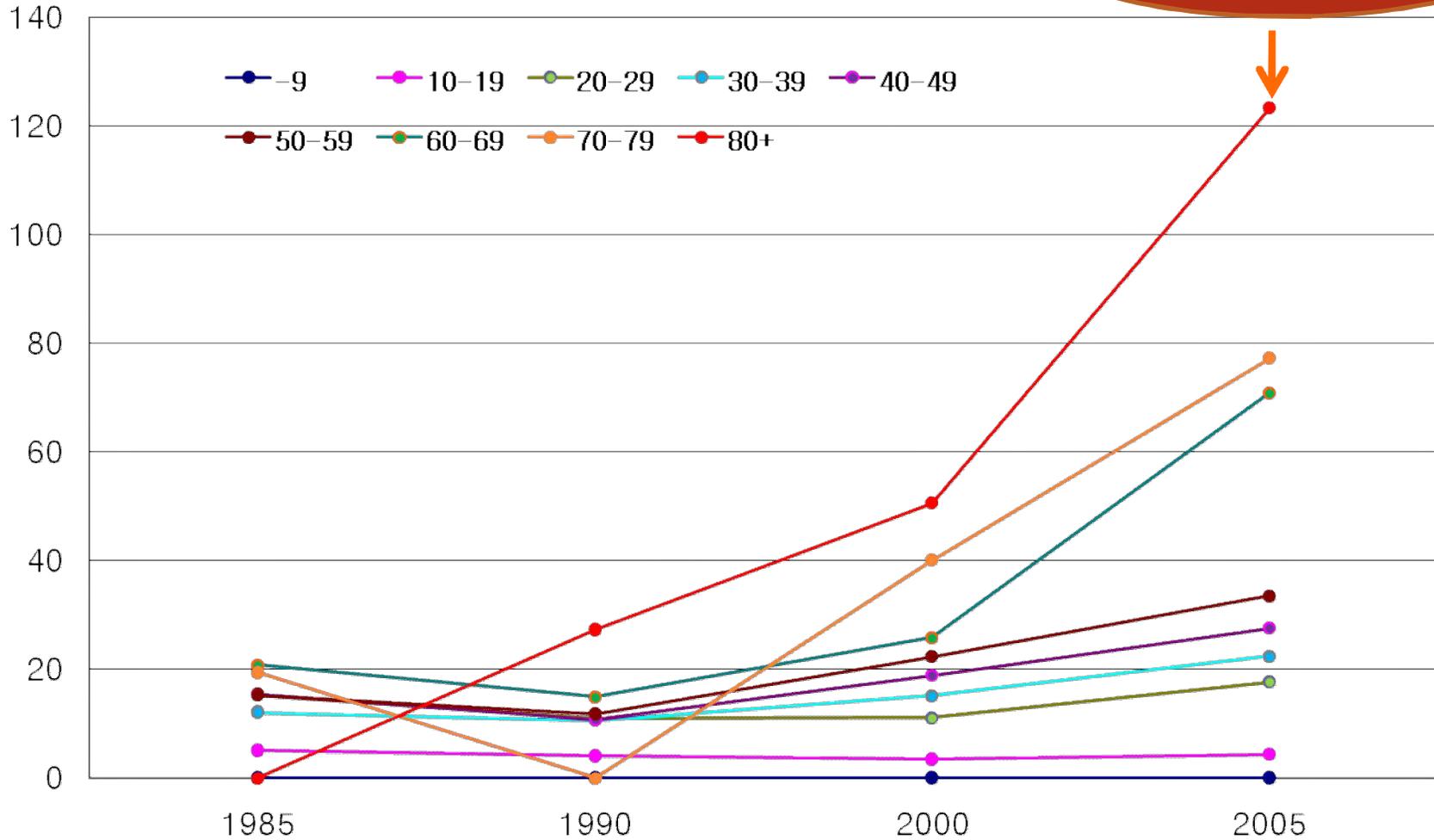
	1997		2003		2007	
1	Malignant Neoplasms	112.7	Malignant Neoplasms	131.1	Malignant Neoplasms	137.5
2	Cerebrovascular Diseases	73.1	Cerebrovascular Diseases	75.3	Cerebrovascular Diseases	59.6
3	Heart Diseases	35.6	Heart Diseases	35.3	Heart Diseases	43.7
4	Transport Accidents	33.3	Diabetes Mellitus	25.0	Intentional Self-Harm	24.8
5	Diseases of Liver	26.0	Intentional Self-Harm	22.6	Diabetes Mellitus	22.9
6	Diabetes Mellitus	18.8	Diseases of Liver	20.5	Transport Accidents	15.5
7	Chronic Lower Respiratory Diseases	13.5	Chronic Lower Respiratory Diseases	19.1	Chronic Lower Respiratory Diseases	15.3
8	Intentional Self-Harm	13.0	Transport Accidents	19.0	Diseases of Liver	14.9
9	Hypertensive Diseases	9.6	Hypertensive Diseases	10.6	Hypertensive Diseases	11.0
10	Respiratory Tuberculosis	7.1	Falls	7.3	Pneumonia	9.3

Suicide Among Leading Causes of Death by Age Group, 2005

Rank	Total	<10	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
1	Malignant Neoplasms (137.5)	Transport accidents (TA) (3.7)	TA (5.4)	Intentional self-harm (21.0)	Intentional self-harm (22.4)	Malignant Neoplasms (64.0)	Malignant Neoplasms (179.8)	Malignant Neoplasms (461.7)	Malignant Neoplasms (81.5)	Malignant Neoplasms (1483.3)
2	Cerebrovascular diseases (CVD) (59.6)	Malignant Neoplasms (3.6)	Intentional self-harm (4.6)	TA (10.4)	Malignant Neoplasms (18.7)	Intentional self-harm (26.3)	CVD (36.8)	CVD (129.3)	CVD (482.5)	CVD (1405.5)
3	Heart diseases (43.7)	Congenital malformations (1.3)	Malignant Neoplasms (3.6)	Malignant Neoplasms (5.0)	TA (9.3)	Diseases of liver (22.2)	Diseases of liver (35.0)	Heart diseases (90.0)	Heart diseases (291.7)	Heart diseases (1088.2)
4	Intentional self-harm (24.8)	Accidental drowning and submersion (Drowning) (1.1)	Drowning (0.9)	Heart diseases (2.0)	Heart diseases (5.0)	TA (14.9)	Heart diseases (33.4)	DM (65.4)	DM (189.2)	Chronic lower respiratory diseases (492.5)
5	Diabetes mellitus (DM) (22.9)	Falls 1.0	Heart diseases (0.7)	Drowning (1.2)	CVD (3.8)	Heart diseases (14.7)	Intentional self-harm (31.1)	Intentional self-harm (47.7)	Chronic lower respiratory diseases (124.8)	Hypertensive diseases (402.7)

Suicide Rates by Age Groups, 1985-2005

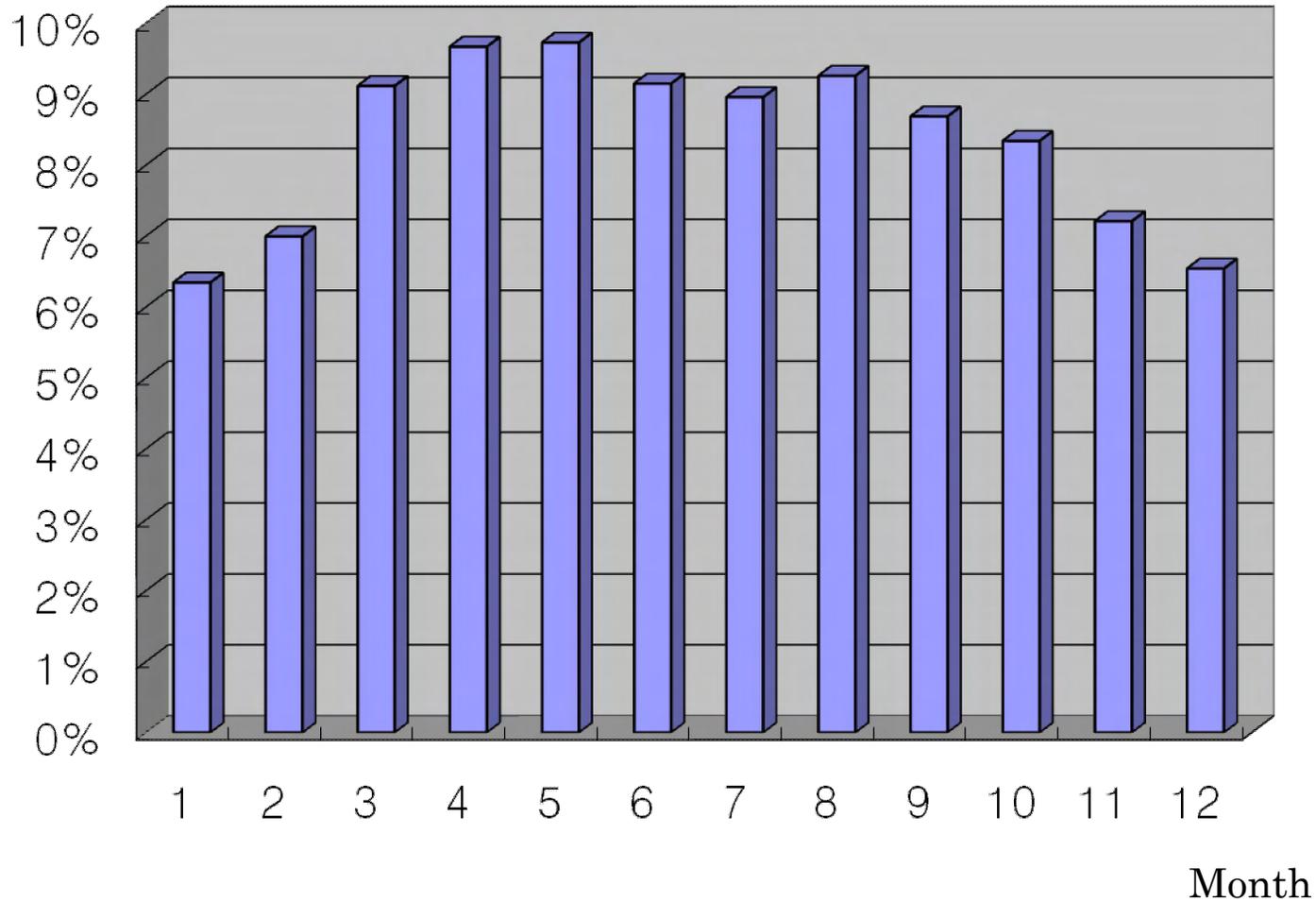
Suicide Rate/10⁵



The elderly are most at risk

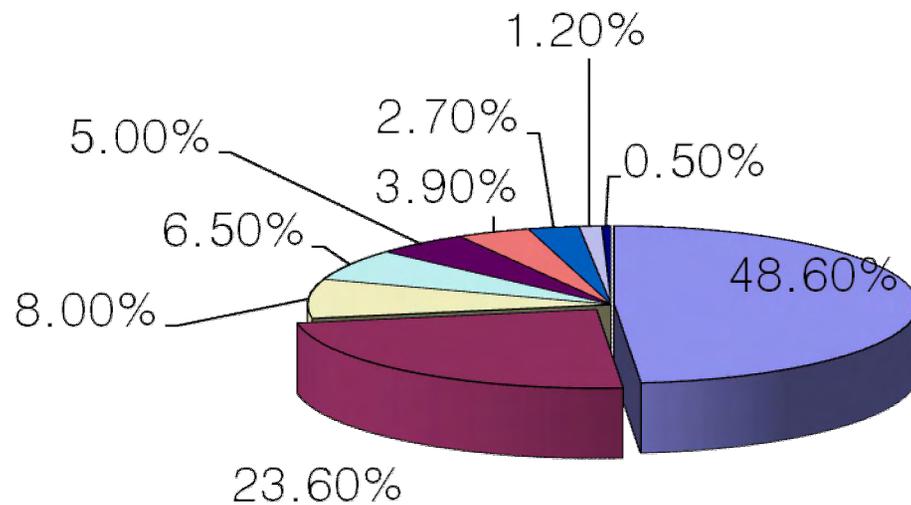
Monthly Variation in No. of Suicide, 1995~2006

% of Suicide



Im et al. (2007)

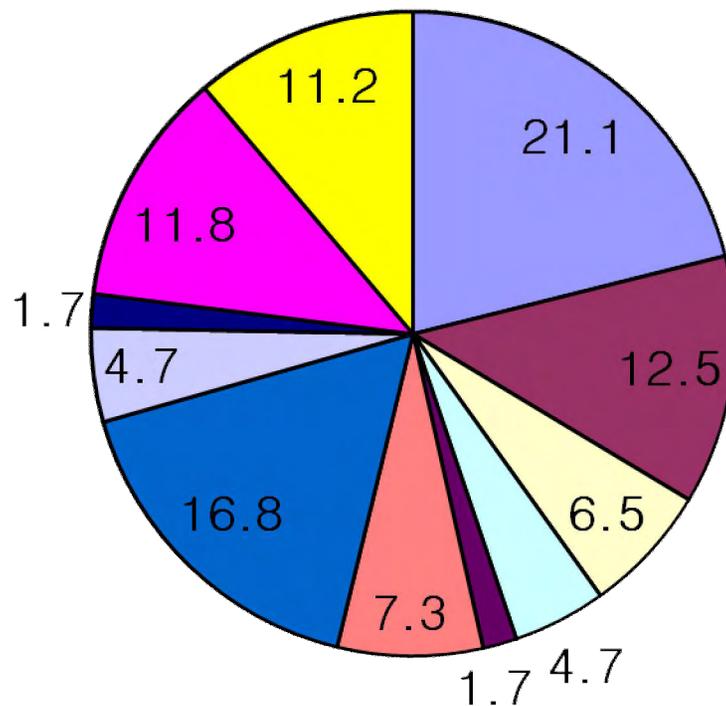
Reasons for Suicide according to National Police Agency data, 2005



- nihilistic, pessimistic worldview
- physical illness
- infidelity
- mental illness
- conflict with family
- poverty
- business failure
- failed love relationship
- amorous relationship

Im et al. (2007)

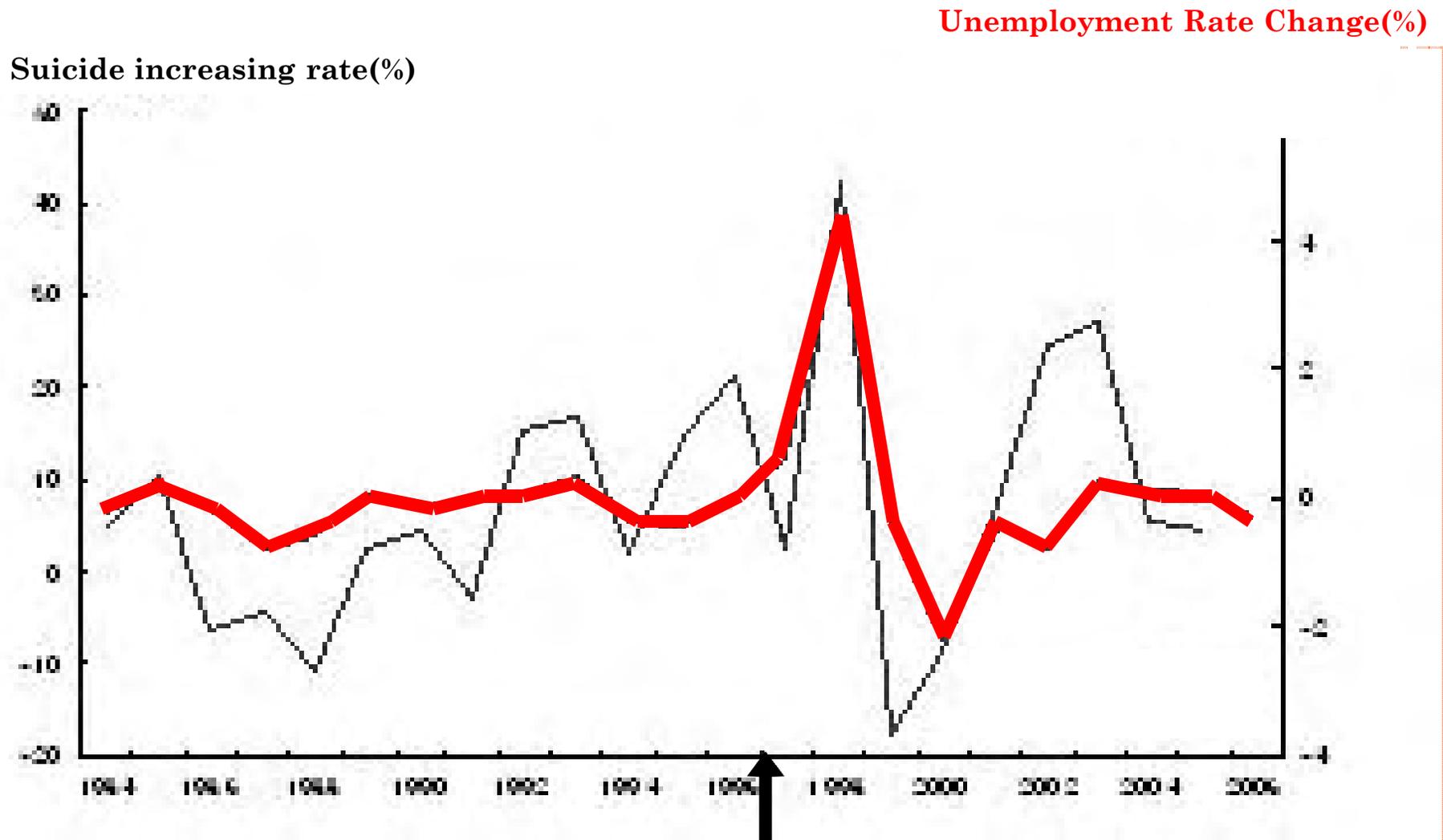
Risk Factors for Suicide attempts according to ER intake data, 2005



- conflict with spouse
- conflict with partner
- conflict with parent
- conflict with offspring
- conflict with other family
- physical problem
- depression
- othe psychiatric condition
- legislative problem
- other factor
- unspecified

Im et al. (2007)

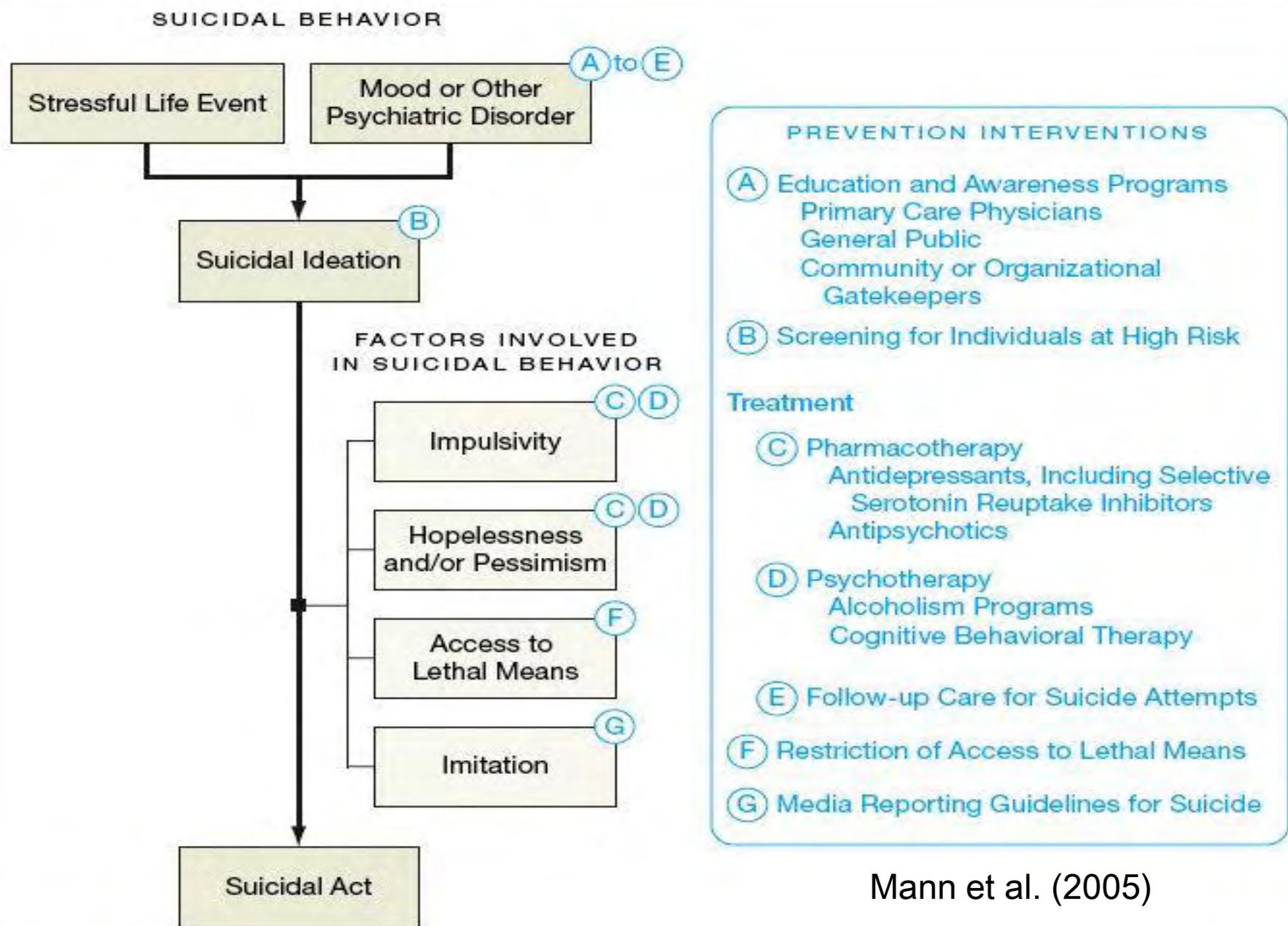
Suicide Increase Rate & Unemployment Rate Change



Song et al. (2006)

IMF crisis

Figure. Targets of Suicide Prevention Interventions



Mann et al. (2005)

Youth Suicide Prevention Initiatives

School-Based Suicide Awareness Curricula

Screening

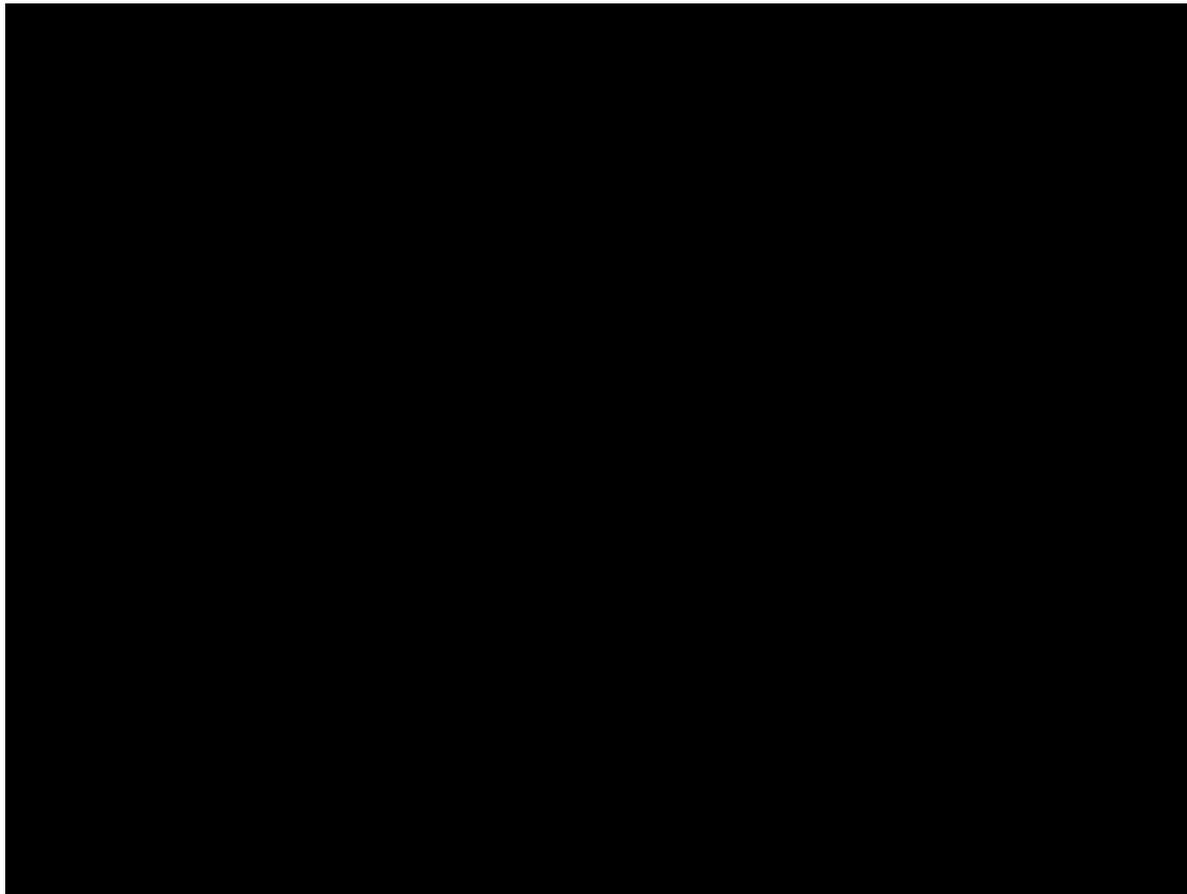
Gatekeeper Training

Crisis Centers and Hotlines

Media Education

Skills Training

Psychotherapy Can Help Many Troubled Teens



Richard McKeon

Suicidal Behavior



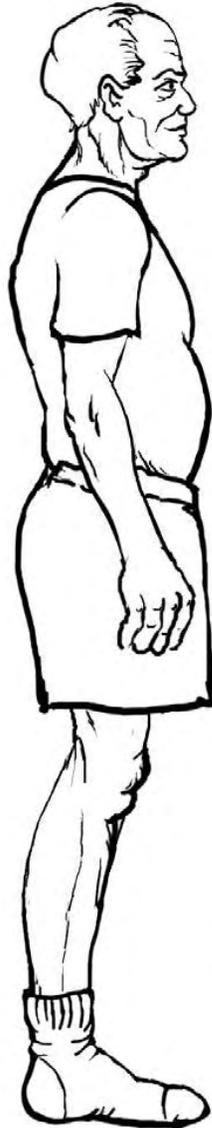
Advances in
Psychotherapy
Evidence-Based Practice

HOGREFE





(30's-40's)



(50's)



(60's)

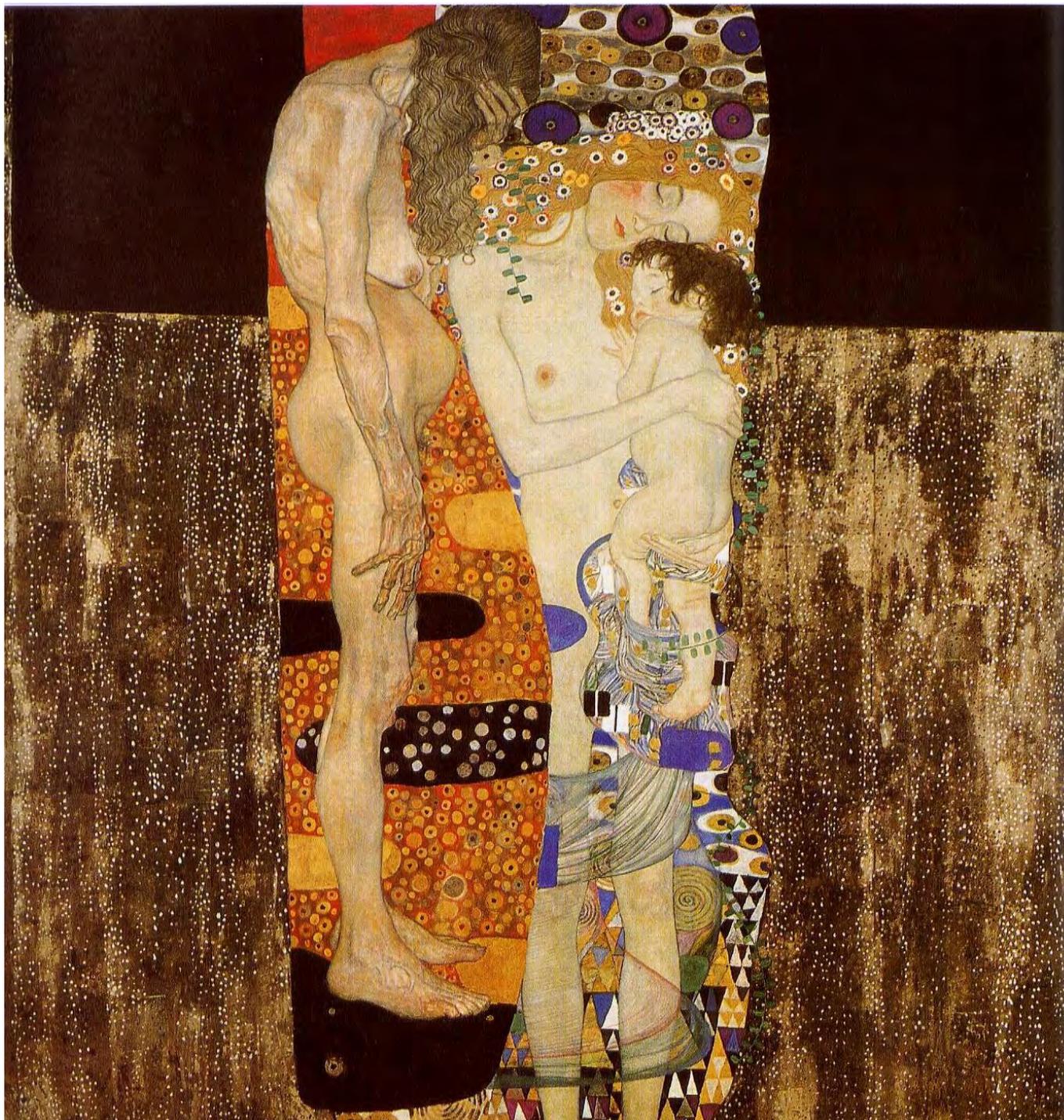


(70's)



(80's)

Depression and Aging



NATIONAL BESTSELLER

How We Die

Reflections on Life's Final Chapter

SHERWIN B. NULAND

"Eloquent and uncommonly moving...Nuland writes with unsentimental passion."
—Time

***There is a ripeness
of time for death ...
when it is
reasonable we
should drop off and
make room for
another growth.***