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A COMPARATIVE ANALYSIS OF SUICIDE RATES AMONG MENTAL HEALTH DISORDERS; RISKS AND MANAGEMENT STRATEGIES IN SRILANKA AND SOUTH KOREA

Suicide is a complex and multidimensional phenomenon that is vastly impacted by several factors and perspectives. It is linked to various mental health disorders, increasingly connected with depression, which is one of the most pervasive disorders among the individuals who lose their life by suicide. In fact, according to the World Health Organization (WHO), approximately 726,000 individuals fall under this category each year, highlighting the much-needed importance that should be provided to this matter. Each incident is a tragedy that leaves lasting effects on those left behind, making it a pressing global health issue that transcends socioeconomic boundaries. This crisis is particularly acute among individuals with mental health disorders, as evidenced by the alarming suicide rates in both South Korea and Sri Lanka. In response to this challenge, the governments have implemented new management strategies aimed at addressing the rise in suicides linked to mental health issues, with a primary focus on improving mental health care and support systems. This study aims to conduct a comparative analysis of the risk factors and management strategies employed in the above two countries. The final goal being able to provide an insight into the factors that contribute to these rates and steps of directions that can benefit the overall wellbeing of the population.

Key words: *Suicide, Mental disorders, South Korea, Sri Lanka, Mental Health, risk factors, health care workers, depression, management, psychological distress, alcohol, WHO.*

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СРАВНИТЕЛЬНЫЙ АНАЛИЗ ПОКАЗАТЕЛЕЙ СУИЦИДОВ СРЕДИ ЛИЦ С ПСИХИЧЕСКИМИ РАССТРОЙСТВАМИ; РИСКИ И СТРАТЕГИИ УПРАВЛЕНИЯ В ШРИ-ЛАНКЕ И ЮЖНОЙ КОРЕЕ

Ключевые слова: *самоубийство, психические расстройства, Южная Корея, Шри-Ланка, психическое здоровье, факторы риска, медицинские работники, депрессия, лечение, психологический стресс, алкоголь, ВОЗ.*

Introduction: Suicide is a major global crisis impacting individuals across every demographic. It involves a person intentionally taking their own life, usually due to a complex mix of psychological, social, and environmental influences. The impact of the suicide stretches far beyond the individuals, greatly affecting families, friends, and their communities. Those left behind after a suicide often carry heavy feelings of guilt, confusion, and grief. This can deeply affect their own mental health and emotional stability. When it comes to suicide, mental health problems like depression and anxiety are the main drivers. Things like trauma, substance abuse, or feeling isolated can contribute too, but they usually play a lesser role. Mental health disorder is defined by the WHO as a clinically significant disturbance in cognition, emotional regulation or behavior. It is vital for overall well-being, affecting how we think, feel, and act in daily life, and is essential for leading happy, healthy and productive lives. As known, the definition of a healthy life is not just absence of a disease but the overall physical and mental wellbeing. Despite its importance, mental health often faces stigma and misunderstanding and remains one of the most neglected areas in healthcare globally. Common mental health disorders include but are not limited to depression, bipolar disorder, and schizophrenia, along with anxiety disorders, post-traumatic stress disorder, eating disorders, neurodevelopmental disorders, disruptive behavior, substance use disorders, and dissocial disorders, which affect individuals globally.

Majorly in comparison between Sri Lanka and South Korea, depression takes a massive lead. Depression is characterized by persistent feelings of sadness, hopelessness, and a lack of interest or pleasure in activities that were once enjoyable. These symptoms can significantly impair an individual's ability to function in daily life, leading to a heightened risk of suicidal thoughts and behaviors.

The causes of suicide can differ based on the country, region, and time period. Among them, South Korea and Sri Lanka take a leading rank in the Global Health Estimates report released by the WHO in 2021.

South Korea is home to several major cities, including its capital, Seoul, which serves as a global hub for finance, culture, and education. In recent years, the country has

also gained international fame for its entertainment industry, particularly K-pop and cinema, yet it is one of the countries among the OECD countries (Organization for Economic Co-operation and Development) with the highest prevalence of suicides, where Mental Health Disorders placed as the main reason. South Korea's suicide rate (per 100,000 population) was 25.2 in 2022 according to Statistics Korea (Statistics research institute).

In 2009, the Korea Suicide Prevention Association conducted South Korea's first psychological autopsy, examining seven suicide cases. However, challenges arose due to a lack of standardization in their research outcomes, stemming from varied resources and a very limited participant involvement. To address this properly, the Ministry of Health and Welfare established the Korea Psychological Autopsy Center in 2014, targeting specifically to identify suicide causes and to develop prevention and management strategies. This center created the Korea-Psychological Autopsy Checklist (K-PAC), which is a semi-structured interviewing tool that organizes relevant sets of questions from domestic and international literature. Research from K-PAC is being used to develop a structured strategy for preventing and managing suicide in South Korea.

On the other side, Sri Lanka, an island nation in South Asia, has a paradoxical public health profile. Despite having health indicators comparable to developed nations, such as low maternal and infant mortality, it has historically reported some of the highest suicide rates in the world. According to the World Health Organization, in 2019, the age-standardized suicide rate in Sri Lanka was 14.2 per 100,000, which is one of the highest in the South-East Asian region. A significant portion of these suicides are linked to mental health disorders, particularly depression, which is often underdiagnosed due to severe social stigma. Unlike South Korea's technology-driven economy, Sri Lanka's struggles are deeply rooted in agricultural distress, a decades-long civil war, and the recent socio-economic collapse. The country saw a dramatic rise in suicide cases following the economic crisis in 2022, highlighting the strong link between financial instability and mental health. Key contributing factors include high rates of pesticide poisoning (a common method in rural areas), unemployment, relationship conflicts, and a histrical lack of a comprehensive national mental health policy.

Purpose of the Study: This study aims to explore the risks and management of suicide in South Korea and Sri Lanka, two countries that consistently rank high among the suicide rates annually despite vast differences in economic development. By exploring the factors that contribute to this position, the research aims to help minimize their overgrowing prevalence and identify methods to enhance an optimal mental wellbeing of the population of the above countries.

Materials and Methods: A retrospective qualitative content analysis, an analytical and statistical method which was conducted using a structural approach to assess management and risks on suicide. This study is mainly focused towards understanding the contributional and management factors among the rest. Databases such as PubMed, NIH, ScienceDirect, Google Scholar, Cochrane Library, WHO were used to search for articles. The following keywords were used to review the articles to support the study «Suicide», «Management», «Mental health».

Research Results: Suicide is a major issue that is often linked with the lack of proper management of mental health disorders. This issue highlights the need to understand the risks and take effective management strategies. Past trauma, abuse, isolation, social stigma are some risk factors that escalate thoughts of suicide and suicide itself. Early intervention and comprehensive mental health care is necessary in identifying individuals who are at risk and providing them with the necessary tools and care.

To better understand the impact of psychological disorders on suicide deaths in South Korea a study by K-PAC on 46 suicide deaths in Incheon (2016–2021) found that 87 % had psychiatric disorders, primarily depressive disorder (63 %) schizophrenia spectrum and other psychotic disorders (10.9 %). Of those affected, 56.5 % had accessed treatment for these issues; however, only 15.2 % were receiving treatment at the time of death. Mental disorders are a major public health concern globally, affecting about 25 % of the population annually.

In Sri Lanka, healthcare workers face significant occupational stress, but the broader burden falls on farmers and rural populations. A study on pesticide poisoning, a leading method of suicide in Sri Lanka, found that the majority of victims were young male farmers acting impulsively during periods of acute stress, often triggered by crop failure or debt, with underlying depression being a major contributing factor.

Alcohol plays a significant role in the suicide rates of both countries. In Sri Lanka, alcohol consumption is deeply embedded in certain cultural contexts and is a major risk factor. Studies indicate that a high percentage of individuals who die by suicide have a history of alcohol abuse. Alcohol's depressogenic effects, association with adverse life events, impaired problem-solving, and increased impulsivity heighten suicidal tendencies. In contrast, South Korea's overall pure alcohol consumption is relatively moderate in comparison, but its culture promotes high-risk drinking behaviors, such as binge drinking, which contribute to a high-risk drinking rate of 14.9 %, above the global average.

Interventions for problem drinking could reduce suicide rates, and limiting alcohol access for individuals with suicidal ideation may decrease attempts. Additionally, the practice of offering alcohol to depressed individuals should be reevaluated to prevent impulsive suicides, highlighting the need for public awareness regarding the risks of alcohol consumption among those with suicidal thoughts.

Economic factors play a crucial role in understanding suicide rates. Financial distress and economic instability can lead to increased psychological distress and feelings of hopelessness. In Sri Lanka, the 2022 economic crisis led to a surge in reported suicide cases, as hyperinflation, fuel shortages, and unemployment pushed many into despair. This situation is mirrored in South Korea, where intense societal and familial pressures contribute to mental health challenges among the younger generation. Factors such as social isolation, economic difficulties, and job loss further exacerbate mental health issues and increase suicide risk. In Sri Lanka, the breakdown of traditional family support systems due to urbanization

and labor migration has left many vulnerable individuals, particularly the elderly, isolated.

In South Korea, both young and older individuals face risks, particularly due to financial challenges, as the country has one of the highest senior poverty rates and suicide rates, compounded by a poorly developed pension system. Variationally, South Korea's rapid industrialization has weakened traditional social bonds, leading to insecurity and isolation amid intense societal competition. Millennials and Generation Z prioritize organizational values and fairness, with perceived injustice increasing anger and impulsivity, raising suicide risks. In Sri Lanka, the legacy of a 30-year civil war has left a population with high rates of undiagnosed PTSD and trauma, particularly in the Northern and Eastern provinces, contributing to long-term mental health burdens and suicide risk.

Depression, driven by academic pressure and social isolation, is also significant factor among youth in South Korea, while individuals with bipolar disorder face heightened suicide risks due to societal stigma that hinder treatment and lead to underdiagnosis. Similarly, in Sri Lanka, stigma remains the single largest barrier to seeking mental health care, with many individuals seeking religious or spiritual healing before consulting a medical professional, leading to late-stage diagnosis of severe mental illness and a poor long term prognosis.

As summarized in table 1, Sri Lanka and South Korea have adopted different management strategies to address suicide. Sri Lanka has implemented several plans to combat rising suicide rates linked to mental health disorders, focusing on prevention, awareness, and improved services. The National Mental Health Policy (2020–2030) targets integration of mental health into primary care, aiming to make services accessible to all, especially in rural areas. Meanwhile, South Korea is enhancing its strategies by making services more accessible in rural areas, launching awareness campaigns, and conducting mental health checkups every two years for individuals aged 20 to 34 to identify issues at early stages.

Sri Lanka has launched several notable suicide prevention initiatives. The most impactful has been the regulation and banning of highly toxic pesticides, which led to a dramatic decline in suicide rates since the 1990s, as it removed the means for impulsive acts. Furthermore,

Table. 1. **Management Aspects in Sri Lanka and South Korea**

Aspects	Sri Lanka	South Korea
National Strategy	The National Mental Health Policy of Sri Lanka (2020–2030) aims to provide comprehensive, accessible mental health services integrated into primary healthcare, with a focus on prevention of suicide and substance abuse.	Implementing new management strategies to improve mental health services, including accessibility for rural areas.
Mental Health Checkups	No specific national program for regular mental health checkups. Mental health services are primarily delivered through the primary care system, but coverage is limited and unevenly distributed.	Provides mental health checkups every two years for individuals aged 20 to 34.
Educational Initiatives	The Ministry of Health, with support from the WHO, conducts training programs for primary healthcare workers (Medical Officers of Health) to identify and manage mental health conditions and suicidal risk at the community level.	Collaborates with universities and advocacy groups for campaigns aimed at reducing stigma and bias against mental health illnesses.
Crisis Response	The 1926 National Mental Health Helpline (Sumithrayo) is a key NGO providing confidential emotional support. The government has also worked to regulate the availability of toxic pesticides, a major public health intervention that has proven effective in reducing overall suicide rates.	Established a mental health crisis hotline (109) and online text message therapy for youth and young adults.
Emergency Services	Emergency mental health care is available at tertiary care hospitals (Teaching Hospitals) but is limited in rural areas. The «Goodshed» model in some districts involves training local stakeholders to identify and support individuals in crisis.	Initiating research on mental health care, including plans to increase rehabilitation centers for better reintegration support.
Follow-Up Management	Follow-up management is weak due to a severe shortage of psychiatrists and mental health professionals, particularly in rural areas. Most care is provided by family members with minimal professional support.	Collaborates with mental health welfare centers and psychiatric departments for follow-up management.
Campaigns for Awareness	NGOs like Sumithrayo and the Sri Lanka College of Psychiatrists run awareness campaigns to reduce stigma and educate the public on recognizing signs of mental distress and suicidal ideation.	Launches campaigns targeting stigma reduction and discrimination against individuals with mental health illnesses.
Future Plans	The government aims to expand tele-mental health services to reach underserved populations and to integrate mental health more deeply into the general healthcare system. A key focus is on postvention support for families bereaved by suicide.	South Korea planned to establish emergency regional medical centers for psychiatric patients by 2025, introducing a judicial hospitalization system for severe cases. While the full regional center plan is still in development, a pilot program was launched in March 2026 in Seoul's Seongdong-gu district, featuring 24-hour psychiatric emergency public beds.

NGOs like Sumithrayo have provided community-based support for decades. However, a coordinated national crisis hotline system is still in development. In 2022, in response to the economic crisis, the government ramped up mental health support at the primary care level.

Meanwhile, in South Korea, the government operates a mental health crisis hotline (109) with two call centers providing 24/7 support, and offers online text therapy for youth through platforms like Dadeureojulgae (24-hour text counseling) and Lime. A district-level pilot program launched in March 2026 now operates a 24-hour psychiatric emergency public bed system in Seoul's Seongdong-gu, creating a cooperative response network involving police, fire services, and Mindwell Hospital. Additionally, a judicial hospitalization system allows court-ordered hospitalization for individuals with mental illness, with academic research examining forensic psychiatric systems in South Korea. While regional medical centers were planned by 2025, implementation has progressed through this district-level pilot program with plans to expand public psychiatric beds to 21 districts by the end of 2026.

Both countries are working to enhance psychological and psychiatric assistance, particularly in response to recent crises (COVID-19 pandemic and the economic crisis). Research in Sri Lanka emphasized the need for a support system for youth and conflict-affected populations, while South Korea aims to increase rehabilitation centers and launch campaigns with universities to reduce stigma and discrimination against individuals with mental health illnesses.

Conclusion:

1. After proper analysis we reach the conclusion that both countries, Sri Lanka and South Korea, have implemented strategies in order to address mental health disorders as well as suicide ideations, improve the overall quality of life and decrease the mortality rates. Sri Lanka's success in reducing suicide rates through pesticide regulation is a globally recognized public health achievement, though rates remain high due to socio-economic stressors. South Korea, despite its economic wealth, struggles with immense social pressures and senior poverty.

2. While their approaches differ due to resource availability, both nations prioritize raising awareness about mental health issues to reduce social stigma. They have prioritized raising awareness by introducing educational campaigns to the general public with an aim of reducing social stigma influenced by cultural challenges and to encourage individuals to seek help when needed. In Sri Lanka, this is primarily done through NGOs and primary health workers, while South Korea utilizes digital platforms and national checkups. In addition both nations provide crisis support services such as emergency hotlines, though Sri Lanka's system relies heavily on volunteer-based NGOs.

3. Based on the analysis of both countries, the following recommendations are proposed:

· Targeted Interventions for Vulnerable Groups: In Sri Lanka, there should be a focus on post-war trauma in the Northern Province and economic distress among farmers. Programs should be tailored to these groups. In South Korea, the focus should remain on the elderly poor and the overworked, over-pressured youth.

· Alcohol Reduction Policies: Alcohol access should be limited for those with suicidal thoughts and increase more public awareness of its risks. Sri Lanka needs stricter enforcement of existing alcohol regulations, while South Korea should address its binge-drinking culture.

· Enhance Accessibility and Workforce: There should be an increase in availability and accessibility of mental health care. Sri Lanka desperately needs to increase its number of psychiatrists and psychologists, especially in rural areas, moving beyond the reliance on primary care physicians alone. South Korea should continue to expand its network of counselors and mental health professionals.

· Community-Based Support: By providing peer support groups to foster a sense of community, it allows individuals to share experiences and offer mutual support. For Sri Lanka, this is crucial in rebuilding social fabric eroded by conflict and economic migration. Encouraging workplace mental health support policies for employees' well-being is vital for South Korea's corporate culture. Hospitals can organize campaigns to increase physical activities and meditations in order to improve mental health in both contexts.

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