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Types of Subjective Perceptions of Suicide among Young People in Their 20s and 30s*

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Abstract

Purpose: This study aims to categorize the subjective perception of suicide of young social workers in their 20s and 30s, and to explore the factors constituting each type, and used the Q methodology. **Research design, Research method**: As a research method, the Q population was derived through in-depth interviews and literature research, and the final 23 Q statements were confirmed. Next, 30 social workers in their 20s and 30s were classified by normal distribution on a 7-point scale as a P sample. The collected data were analyzed using the QUANL-PC program. **Result**: As a result of the analysis, four types were extracted, and there were no affirmative statements commonly cited in all types, and the opposite statement is 'if someone wants to commit suicide, it is the person's job and should not interfere'. Types 4 named suicide as 'unacceptable social problem', 'signal of a request for help, relief of severe pain, and 'impulsive mistake', respectively. **Conclusion:** Based on this result, the elements constituting the perception of each type were analyzed, and the need for access strategies for each type of suicide prevention education and campaign, and follow-up research were suggested.

Keywords: Perception of Suicide, Subjective Perception, Q-methodology, Young Generation, Suicide

Major Classifications: I, I1, I2

1. Introduction

As of 2018, the number of suicides in Korea was 13,670, an increase of 9.7% from the previous year. Compared to the OECD average of 11.5 out of 100,000, the number of suicides in Korea reaches 24.7. In particular, from 2018, suicide is the number one cause of death among teens to 30s. Individual suicide does not end simply with one incident. Suicide has a greater social impact because it has a great influence on people close to the suicide, family, friends, and colleagues. Several factors related to suicide are being studied, including depression, stress, family relations, disease, income level, gender, and age, but suicide accidents and suicide behaviors have a combination of contexts rather than simple reasons, and suicide behavior may vary depending on how an individual perceives it.

Perception of suicide may appear differently depending on religion or culture, values according to individual experiences or education, and experiences of generations. In terms of religion, many religions basically taboo suicide, but in Buddhism, monks' rituals of reaching nirvana by burning

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themselves were recognized as the highest spiritual value, and in Christianity and Islam, martyrdom was considered legitimate. In Taoism, suicide is often recognized as a means of becoming fresh after death as the main teachings of emptiness and nothing. In addition, sociocultural terms, expressions such as "companied suicide" in the news can empathize with suicide and be an alternative to choose, causing the Werther effect. Some studies show that if you fail to attempt suicide through education or personal experience or recognize that you and the bereaved families left behind will be socially stigmatized when you die by suicide, you are less likely to attempt suicide.

Prior research on suicide perception has mainly focused on the development of programs to prevent suicide, situations, and phenomena. In addition, quantitative research has been mainly conducted to find factors related to suicidal thoughts. However, since perceptions or attitudes that cause suicidal thoughts or suicidal behaviors have a complex context that is more than just yes or no, it is necessary to explore subjective types of perceptions within the context of individuals.

The application of the Q methodology, a research methodology that starts from the perspective of an actor, is appropriate as a self-determination definition in which respondents create their opinions and meanings instead of responding to a questionnaire created by the researcher's operational definition.

The research conducted by applying the Q methodology on the perception of suicide includes research on adolescents' suicidal thoughts, the elderly, elderly housewives, community leaders, and social workers.

However, despite the differences in the context of suicidal thoughts and actions by age and class, no research has been done to explore the subjective perceptions of those in their 20s and 30s with the highest suicide mortality rate.

Therefore, this study aims to identify the subjective types of perceptions of suicide among young generations in their 20s and 30s through the Q-methodology and to explore the characteristics of each type.

2. Research Method

2.1 Validity of Using Q Methodology

Q-methodology can be seen as an approach of 'understanding from within rather than 'external explanation', and unlike the R-methodology, which focuses on the correlation between certain attributes across multiple people, it is a method of finding correlations between people across subjective attributes.

It is useful for identifying types of inner consciousness or thinking that are difficult to measure in other quantitative research methods by classifying the statements of cards that match their opinions from the perspective of respondents rather than researchers and by manipulating their opinions on research topics.

Therefore, it is consistent with the subject of this study to explore, categorize, and analyze feelings, perceptions, attitudes, etc. from the subjective perspective of young people about suicide. Q methodology is a qualitative research method particularly suitable for understanding complex and personal experiences and perceptions. Perceptions of suicide among individuals in their 20s and 30s vary based on personal experiences, values, and social contexts.

Q methodology allows for an in-depth understanding of individual perspectives, focusing on participants' direct experiences, making it well-suited for exploring the nuanced perceptions of suicide.

Additionally, it enables researchers to uncover new insights through participants' narratives, delving into aspects that may not be captured through quantitative data alone.

2.1.1 Ethical considerations for participants

This study considered the following research ethical considerations for the psychological safety of participants.

First, participants' consent Study participants should be fully explained and agreed on the purpose and process of the study. They should be free to participate in the study.

Second is the anonymity and privacy of participants. The anonymity and privacy of participants must be guaranteed. Identifiable information should be kept to a minimum and personal identification should not be possible in results reports or presentations.

Third, it is the guarantee of psychological safety. The psychological safety of participants must be ensured during the research process. When dealing with sensitive topics such as suicide, they must be approached carefully to ensure that participants are not harmed. They should be able to provide additional support and resources to participants if necessary.

Fourth, with the role and responsibility of researchers, researchers must do their best to ensure the rights and safety of participants. Before participating in practical research, researchers must undergo ethical deliberations and comply with relevant ethical regulations during the research process. Fifth, the disclosure of research results.

Research results should be reported fairly and transparently. Interpretation of results should respect participants' opinions and ensure that they do not distort research results.

By complying with these ethical considerations, research is conducted reliably and ethically, and the trust of participants and social stakeholders can be maintained.

2.2 Research Design

2.2.1 Q Population and Q Sample Composition

In this study, a literature review and in-depth interviews with people were conducted in parallel to extract the Q population. The in-depth interview was conducted with 5 employees of counseling institutions who had a special interest in suicide, had a lot of interest or knowledge about suicide, and were in contact with suicide attempters, and 2 general public who had attempted suicide.

In-depth interviews were individually conducted in coordination with the subject's schedule, and the contents of the in-depth interview were recorded within 30 minutes per person, and the analysis was conducted after the subject's consent. The content of the question was centered on "What do you think about suicide?" and all questions about perceptions, values, and attitudes toward suicide were also included.

Related dissertations, academic journals, related press releases, suicide-related Internet communities, and books were referenced to find statements that were not identified in the in-depth interview. Through this process, questions on suicide perception were extracted, and the extracted Q population was 82.

In order to select the Q sample, advice was sought from social workers and suicide-related facility workers, attitudes and perceptions of statements, and the number of positive, negative, and neutral questions were adjusted, and 23 statements were finally selected. The finally selected Q sample is shown in Table 1.

Table 1: Q Statements and Z Value of Each Recognition

	Q Statement	Type Ⅰ	TypeⅡ	TypeⅢ	TypeⅣ
1	People have the right to decide their own life and death		2.12		
2	I usually don't understand how people can commit suicide on their own.		-1.36	-1.50	-1.50
3	If someone wants to commit suicide, it's their job and we shouldn't interfere.	-1.25	-1.19	-1.11	
4	It is a human duty to strive to prevent someone from committing suicide.	1.03		1.00	1.72
5	Most suicide attempts are impulsive action.		1.52	-1.49	1.27
6	If someone commits suicide, it's the result of long hours of deliberation.		1.11	1.26	
7	I am ready to contact and help someone at risk of suicide	1.02		1.50	
8	Suicide occurs without warning		-1.44	-1.25	
9	Suicide can be prevented	1.06			2.12
10	Suicide can never be justified	1.31			
11	To commit suicide is doing the worst thing to your family	1.87			1.01
12	I won't stop it if someone says they commit suicide	-1.96		-1.43	-1.72
13	Loneliness can be a reason for committing suicide to me				
14	In some situations, suicide is the only solution.	-1.52			
15	I can say I will commit suicide even if I don't actually intend to commit suicide				-1.56
16	Almost everyone has thought about suicide once or twice				
17	People who threaten to commit suicide rarely actually commit suicide				
18	Young people's suicide is particularly incomprehensible because the possibilities for life are endless		-1.37		
19	Suicide can sometimes be a remedy for those involved	-1.31			
20	Suicide is a topic you shouldn't talk about				-1.45
21	Suicide attempts are basically a sign for help		1.65	1.81	
22	If a person suffering from a severe terminal illness expresses wanting to die, I will help you do that.			1.12	

23	Sometimes suicide attempts are made to revenge or punish someone				

2.2.2 Selection of P Samples

Since the Q methodology is a research method that deals with differences in individual internal importance rather than between individuals, the number of subjects is not limited, but it is generally selected as around 20-30 people. The P sample of this study was selected from 30 young households in their 20s and 30s, and it was explained to the study subjects that this questionnaire would be used only for research purposes and that the personal information of the study subjects would be anonymous, and proceeded with consent in writing.

2.2.3 Q Sample Classification(Q-sorting)

In this study, Q sample classification was conducted over about 4 weeks. After reading the statement cards selected as the Q sample, they were classified into three groups: positive (+), neutral (0), and negative (-), and among the statements, the statement cards with the most positive or negative opinions were selected to proceed with the classification from the outside to the inside and finish in the neutral part (Table 2). For a more in-depth analysis, additional questions were asked about the subjective reasons for selection of each of the two most negative or positive statements in the P sample. As for demographic characteristics, gender, age, marital status, and suicide attempt experience were investigated.

2.2.4 Processing and Analyzing Q Data

Data collected after completion of the survey on the P sample were scored by giving 1 point to the most negative (-3), and 7 points to score the most positive (+3) in the Q distribution diagram (Table 2).

Table 2: Q-Sort(N=23)

Q distribution diagram							
Number of Cards	2	3	4	5	4	3	2
point	-3	-2	-1	0	1	2	3

Each score assigned was coded in the order of statement numbers, and Q factor analysis was performed through the PC-QUANL program. In order to determine the optimal number of factors, the number of factors was divided into 3, 4, and 5, and as a result, four factor numbers were selected in consideration of the correlation with the Eigen value that can be recognized for the uniqueness of each type. For each type of analysis, first of all, items that show strong positivity among Q statements and items that show strong negation in each type ($Z \geqq \pm 1.00$), and items that show a significant difference in a specific type of standard score for individual statement questions from other types of standard scores, and finally, the contents were analyzed by summing the interview contents of a typical person with the highest factor weight in each type, and each type was named.

3. The results of the study

3.1 Formation of Q-types

4 types of recognition were derived, as shown in Table 3.

Table 3: Eigen Value

Type	1	2	3	4
Eigen Values	8.5733	3.9502	1.8576	1.3088
Variance	.2858	.1317	.0619	.0436
Cumulative	.2858	.4174	.4794	.5230

The explanatory power of each type is 28.58%, 13.17%, 6.19% and 4.36%, and the explanatory power of all variables is 52.3%.

The correlation between each type was .222 to .440, as shown in Table 4, and the correlation coefficient of Type 1 and Type 2 was .222, which can be seen as the most differentiated type. The correlation coefficient between Type 2 and Type 3 is .440, which can be seen as the most correlated relationship.

Table 4: Between Types

Type	1	2	3	4
1	1.000	-	-	-
2	.222	1.000	-	-
3	.377	.440	1.000	-
4	.426	.398	.429	1.000

Table 5: Types, Factor Weight, and Demographic Characteristics for P-sample

Type	No	Weight	Suicide Attempt	Age	Sex	Marital Status
Type 1 (N=13)	06	1.8939	No	30	F	Single
	24	1.7764	No	31	F	Single
	30	1.5019	No	36	F	Single
	23	1.4778	No	37	F	Single
	11	1.2562	No	29	M	Single
	27	1.0552	No	30	F	Single
	18	.8988	No	27	M	Single
	22	.8195	No	28	M	Single
	04	.7759	No	30	F	Single
	20	.6433	No	35	M	Single
	21	.4877	No	36	M	Single
	17	.4476	No	25	F	Single
	01	.3123	No	35	M	Single
Type 2 (N=8)	02	1.4327	Yes	27	F	Single
	05	1.2429	Yes	29	F	Single
	08	.9389	No	34	M	Married
	03	.8850	No	25	F	Single
	26	.7589	No	38	M	Single
	07	.6855	No	33	M	Single
	28	.5299	No	27	F	Single
	16	.5034	No	25	F	Single
Type 3 (N=6)	14	1.3123	No	33	M	Single
	10	1.1072	No	34	M	Single
	12	1.0317	No	29	M	Single
	25	.9233	No	29	F	Married
	29	.7181	No	27	F	Single
	09	.6204	No	30	F	Married
Type 4 (N=3)	13	1.2834	No	33	M	Married
	15	1.1326	No	32	M	Married
	19	.5250	No	27	M	Married

Table 5 shows the general characteristics and factor weights of P samples belonging to each type. In the case of Type 2, out of 30 P samples, all two people who had experienced suicide attempts belonged to, and all subjects belonging to Type 4 were married.

3.2 Common Perceptions

The commonly cited statement in all types was no affirmative statement, and the opposite statement was "If someone wants to commit suicide, it's the person's job and we shouldn't interfere (#03)." In other words, if you recognize that someone is thinking of suicide, you can see that you have to watch it with interest and help in the suicide crisis in common.

3.3 Characteristics by Type

3.3.1 Type 1 (N=13): Unacceptable Social Problems

This type most agree with the statement (#11. Z=1.87), that suicide is absolutely unjustifiable (#10. Z=1.31), that suicide is preventable (#09. Z=1.06), that it is a human duty to try to prevent someone from committing suicide (#14. Z=1.03), and that I am ready to help by contacting someone at risk of suicide (#17. Z=1.02) strongly agrees with the statement. On the other hand, if someone commits suicide (#02. Z=-1.96), there are situations where suicide is the only reasonable solution (#14. Z=-1.52), and suicide can sometimes be a remedy for those involved (#19. Z=-1.31), and if someone wants to commit suicide, it is his or her job and we should not interfere. (#03. Z=-1.25) Strongly denied the statement (#03. Z=-1.25). Among the subjects belonging to Type 1, the most typical person was No. 06 and a non-married woman in her 30s. Citing an interview with a typical subject, he/she said, "Even if it is an unmet need, I hope to find a solution and overcome it with my family, acquaintances, and institutional workers. There is no such thing as stupid behavior as suicide." "I don't think murder can be justified for any reason. I think I am responsible for not stopping a person who is trying to commit suicide. In addition, I think we should talk about this topic with many people in society so that we can judge how extreme suicide is." In particular, when looking at a statement that differs greatly from other types, the positive statement selected more statements, such as "If someone wants to commit suicide, it is his/her job, so we should not interfere, and almost everyone has thought about suicide once or twice," and the negative statement showed a high response rate to "suicide can sometimes be a remedy for those involved, and loneliness can be a reason for suicide to me." In summary, the first type shows a negative attitude toward suicide, recognizes that suicide attempts and suicidal behavior are not solutions, and on the other hand, sees them as preventable social problems. In consideration of these characteristics, this type was named the type that sees suicide as an "Unacceptable Social Problem."

3.3.2 Type 2 (N=8): Signals of Help Request

This type agrees most with the statement (#01. Z=2.12),

"Suicide attempts are basically a call for help (#21. Z=1.65), and most suicide attempts are impulsive (#05. Z=1.52), and if someone commits suicide (#06. 1.11), they seem to strongly agree with the statement. On the other hand, suicides occur without any warning (#08. Z=-1.44), and suicide among young people is especially incomprehensible because the possibilities of life are still endless (#18. Z=-1.37), and I strongly deny the statement (#02. Z=-1.36), "If someone commits suicide, I will not stop them (#12. Z=-1.19)." Among the subjects in type 2, the most typical person is No. 02, late 20s, single. Citing 02 interviews, they responded, "Trying to commit suicide would be a situation in which they faced a difficult situation that they could not solve on their own or could not psychologically bear it. I also asked for help in various situations, but people around me did not recognize it, and I thought of suicide thinking that it was the last signal I sent to my surroundings." In particular, when looking at statements that differ greatly from other types, the positive statement chose more statements such as people have the right to end their lives, most suicide attempts are impulsive behaviors, and negative statements such as suicide can be prevented, suicide is the worst thing to do to families, and suicide occurs without any warning. In summary, the second type is accepted as a possible thing rather than a positive or negative judgment on suicide, and although it is an individual's choice, it is considered to have a warning of suicide risk. In consideration of these characteristics, this type was named the type that sees suicide as a "Signal of Help Request".

3.3.3 Type 3 (N=6): Resolving Severe Pain

This type most agrees with the statement, "Suicide attempts are basically a signal of help (#21. Z=1.81), "I am ready to help by contacting someone on the verge of suicide (#07.1.50), "If someone commits suicide it is the result of long-term consideration (#06.1.26), "If someone who is suffering from a severe incurable disease expresses that they want to die, they will help to do so (#01. Z=1.12)," and "It is human duty to try to prevent someone from committing suicide (#04.1.00)." On the other hand, he strongly agrees with the statement, "I generally do not understand how people can kill themselves (#02. Z=-1.50)." and "Most suicide attempts are impulsive behaviors (#05. Z=-1.49), "If someone commits suicide, I won't stop them (#12. Z=-1.43), "Suicide occurs without any warning (#08. Z=-1.25)," and "If someone wants to commit suicide, it is his or her job and we shouldn't interfere (#03. Z=-1.11)." In particular, when looking at statements that differ greatly from other types, positive statements include "if a person suffering from a severe incurable disease expresses that he or she wants to die, I will do so," "I am ready to come into contact with someone in danger of suicide," "If someone commits suicide, it is the result of long-term consideration," and "Most suicide attempts are impulsive actions," and "People have the right to kill themselves." Among the subjects belonging to Type 3, the most typical person is No. 14, and men are non-married and in their early 30s. Citing 14 interviews, they responded, "I don't think suicide has any warning, of course, it's an impulsive behavior, but there were clear signs such as suicide attempts and the time before actual suicide took place and self-harm, but people around me wouldn't have noticed it." and "I think I'll accept suicide differently depending on the situation." In summary, the third type is understood to be the result of long-term pain that is difficult to endure rather than seeing suicide as an impulsive behavior, and in consideration of these characteristics, this type is named as a type that sees suicide as "Relieving Severe Pain."

3.3.4 Type 4 (N=3): Impulsive Mistakes

This type most agree with the statement that suicide can be prevented (#09. 2.12), that it is human duty to struggle to prevent someone from committing suicide (#04. Z=1.72), and most suicide attempts are impulsive behavior (#05. Z=1.27), which is the worst thing to do to your family (#11. 1.01), strongly agrees with the statement. On the other hand, if someone says they are going to kill themselves, I will not stop them. (#12. Z=-1.72), I can say I will kill myself even if I don't actually intend to kill myself (#15. Z=-1.56), and I generally don't understand how people can kill themselves (#02. Z=-1.50) suicide is a topic that should not be said. (#20. Z=-1.45) Strongly denied the statement. Among those in Type 4, the most typical is 13 and married men.

Quoting 13 interviews, "I think we can get away with it if someone helps in an extreme situation, and if there is someone who is depressed around, I think we will want to help unconditionally." They responded, "Because I don't think I can handle the sadness that the person's family and acquaintances will experience later." In particular, when looking at statements that differ greatly from other types, positive statements include "suicide occurs without any warning" and "suicide can be prevented," and negative statements such as "suicide is a topic that should not be talked about" and "suicide attempts are basically a signal for help." In summary, type 4 sees suicide not as a problem-solving, but as a mistake that only harms the rest of the people and is committed on a whim. In consideration of these characteristics, this type was named the type that sees suicide as an "Impulsive Mistake."

4. Conclusion and Discussion

This study is to investigate the types and characteristics of subjective perceptions and experiences of young people about suicide. As a result of analysis using the Q methodology, four types were derived that were viewed as 'unacceptable social problem', 'signal of request for help',

'relieving severe pain', and 'impulsive mistake'.

First, type 1, which includes the most P samples, is the type that sees suicide as an "unacceptable social problem," which may differ from other types in that it focuses more on the behavior of "suicide" than on the person who has committed suicide. In previous studies, Joiner (2007) also noted that suicidal behavior is beyond the scope of human protection rather than exploring what the cause of suicide is, and in the study of Ahn (2017), the concept of suicidal attitude is viewed as an attitude toward "action" rather than "person" who has attempted suicide. Additional suicides may occur as a result of society's negative views on subjects who have attempted suicide or bereaved families, and in view of the fact that the family needs more counseling or treatment than stigma, type 1 subjects need education on empathy so that they do not have a negative stigma in their attitude toward suicide attempts or bereaved families in terms of understanding suicide accidents and attempts.

Second, types 2 and 3 are types that take the attitude of 'what may happen' to suicide, unlike types 1 and 4. Ahn (2017) classified the "suicide attitude" into two types: a negative suicide attitude and a positive suicide attitude, and a negative suicide attitude refers to an attitude of thinking and criticizing suicide negatively regardless of circumstances or circumstances, and a positive attitude is suggested as an acceptable attitude to accept and understand suicide in certain situations. Choi (2008) said that the more generous and receptive the social atmosphere viewed suicide is to respond to suicide, the higher the suicidal thoughts are, and studies also showed that people with a permissive attitude toward suicide have higher suicidal thoughts. In the results of this study, types 1 and 4 can be classified as negative attitudes, and types 2 and 3 can be classified as positive attitudes.

Third, by type, type 2 agrees that suicide is an individual's choice and sees it as a "signal of help request". There must have been an influence from media reports that they had no choice but to choose suicide in an unavoidable situation. In order to prevent these types of suicide accidents, it is necessary to provide education, screening, and preventive counseling systems on the influence of suicide rather than unconditional acceptance and understanding. Subjects belonging to type 3 perceive suicide as 'relieving severe pain', and many previous studies have suggested that suicide is not sudden, and that it is possible to prevent suicide sufficiently if the possibility of suicide risk is thoroughly evaluated and intervened early. It is necessary to inform that type 3 has other methods such as palliative treatment and social services to relieve pain, and to recognize differences between concepts similar to suicide such as meaningless treatment suspension or passive euthanasia for terminally ill subjects. Subjects in type 4 view suicide as an "impulsive mistake," and suicide is not a solution, but a type that recognizes that it causes lifelong pain to their families and those around them. In the results of previous studies, people who have never actually told others about their suicide accidents accounted for a high proportion, and the high percentage of respondents is "worrying the other person" or "worrying about causing inconvenience to the family." In addition, it can be said that preventive counseling and support systems for this type are necessary according to the results of a study that found that encouragement from friends and family who support them could stop in suicidal behavior and thoughts when they feel alone in a crisis of suicide, and that the likelihood of suicidal behavior and thoughts decreases when there are supporters.

Strategies to correspond to the features of each type can be proposed as follows. Strategies for type 1, 'unacceptable social problems' develop campaigns and educational programs that promote social attitude change, making suicide perceived as negative social problem. Promote social solidarity and boost community efforts to prevent suicide.

Strategies for the second type, the 'signal for help' type, allow social workers and other relevant professionals to recognize and respond to suicide signals through suicide prevention education and training. Developing strategies for coping with suicide crises and providing appropriate support to those in need.

Strategies for the third type, the 'relieving severe pain' type, improve access to mental health services and suicide prevention programs, providing the necessary support for those suffering. Focusing on pain management and mental health treatment, it provides an in-depth understanding and treatment of why you choose to commit suicide.

Strategies for the four types of 'impulsive mistakes' strengthen suicide crisis management and prevention programs to prevent impulsive behavior and educate appropriate response methods. Provide education and support to individuals at risk of suicide to strengthen their risk awareness and problem-solving skills. These strategies can suggest effective measures for suicide prevention and response in relation to the characteristics of each type.

The findings may not only be integrated with existing suicide prevention theories and frameworks, but may also suggest new paradigms. Existing theories may be extended or modified to fit the findings. In addition, new paradigms may be presented to complement existing approaches or suggest alternatives. For example, if the findings provide a new understanding of certain types of suicidal perceptions, a customized suicide prevention program or intervention strategy may be developed based on them.

These results can have a significant impact on future research or practical interventions in suicide prevention programs. Proper utilization of the research results will improve and effectively implement policies and programs

for suicide prevention. In addition, the effectiveness of suicide prevention can be enhanced by exploring new research or intervention methods.

If we look at the limitations of this study and make suggestions for follow-up studies, first, there is a limit to generalizing the results of this study applying the Q methodology to all young generations. In particular, the subjects who have experienced suicide attempts of two subjects in this study had a high factor weight and formed a representative type of appearance in one type. In the follow-up study, it is necessary to study the types of their subjective perceptions targeting those who have experienced suicidal thoughts and suicide attempts.

Second, the Q methodology has a limitation in that it is possible to classify according to the characteristics of each type, but it cannot generalize the proportion of people who fall under that type. In this study, a high proportion of the 30 participants were classified as 'unacceptable social problems', but it cannot be inferred that everyone is similar in the total proportion of young generations.

As a follow-up study, based on the results of this study, it is possible to propose a quantitative study using large-scale samples of young people and general generations for suicide.

Finally, based on the results of this study, the following policy suggestions at the social level can be suggested to improve suicide awareness and prevent suicide in people in their 20s and 30s:

First, strengthen education and campaigns. Strengthen education and campaigns on suicide prevention to establish the right awareness of suicide in people in their 20s and 30s. This provides knowledge to recognize suicide as a serious social problem rather than approaching it as an exploratory topic.

Second, it is the proper use of the mass media. It uses the mass media to deliver messages of suicide prevention and contributes to breaking the negative stereotype of suicide. Through this, we improve the awareness of suicide among people in their 20s and 30s and make suicide an important issue that is addressed throughout Korean society.

Third, it is the expansion of mental health services. It provides low-cost or free mental health services for people in their 20s and 30s and improves accessibility. This increases our understanding of mental health and provides the necessary support to individuals at risk of suicide.

Fourth, it is the utilization of community resources. Develop and operate suicide prevention programs using community resources. Through this, it promotes knowledge about suicide in the communities to which people in their 20s and 30s belong and encourages them to participate in suicide prevention activities.

Fifth, a large-scale evaluation in cooperation with research. Strengthen large-scale research and cooperation to continuously evaluate and improve the effectiveness of suicide prevention policies and programs. This measures the effectiveness of policy interventions and continuously advances efforts to prevent suicide.

These policy suggestions can effectively contribute to improving suicide awareness and preventing suicide among people in their 20s and 30s. However, these efforts require cooperation and continuous support among various stakeholders.

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