The Crane Report

COMPARATIVE NATIONAL RESPONSES - SOUTH KOREA AND THE UK

Section-2-Summary

ABSTRACT

This section analyses suicide prevention strategies in South Korea and the United Kingdom. In South Korea, legislative and societal interventions, notably the Suicide Prevention Act, have demonstrably reduced suicide rates. By contrast, the UK, despite progressive policy initiatives and public awareness campaigns, continues to experience rising fatalities within the construction industry. Our findings highlight differences in policy design, implementation, and cultural context, offering insight into effective preventive measures and their applicability to the UK construction sector.

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Section 2 – The Suicide Prevention Act

Content links of Full Section-2 Report

- How is suicide being prevented outside the UK?
- Is Suicide in UK Construction Rising?
- Why are South Korea's Suicide Numbers Falling?
- What Does South Korea's Suicide Prevention Act of 2011 Actually Do?
- Has the Act Worked?
- Does the UK Have Suicide Prevention Legislation?
- What Are the Pros of the Korean Model?
- What Are the Cons of the Korean Model?
- How Does the Korean Model Compare With the UK?
- Which Approach Works Best?
- Section Conclusion

Section 2 Summary – The Suicide Prevention Act (South Korea vs UK)

Suicide prevention in South Korea and the UK reflects two very different models. South Korea responded to record-high suicide rates by enacting the Suicide Prevention Act of 2011, which gave government agencies a legal duty to act.

The Act established a national centre, enforced media guidelines, restricted access to means (pesticides, bridges), and expanded support for bereaved families and survivors. Suicide rates, while still the highest in the OECD, have since declined, showing measurable impact.

The UK relies on policy-driven, devolved strategies without dedicated legislation. NGOs such as Samaritans play a major role, and Scotland's grassroots model is often praised internationally.

Yet suicide rates continue to rise, particularly in construction, where labourers and roofers face some of the highest risks. Without statutory mandates, UK strategies often lack consistency, coordination, and sustained funding.

The strength of the Korean model lies in its legal clarity, accountability, and national coherence; its limitation is cultural stigma and bureaucratic rigidity. The strength of the UK model lies in community flexibility and lived-experience engagement, but its weakness is fragmentation and limited authority.

Overall, South Korea's legislative framework appears to have achieved more tangible results, suggesting that the UK may need stronger statutory leadership or a hybrid approach that combines legal obligation with community-led prevention.

Key **Findings – Section 2: Comparative National Responses**

Korean Context

1. South Korea has the highest suicide rate among OECD countries, though rates have declined since the introduction of the 2011 Suicide Prevention Act.
2. Korea's Act mandated both national and local prevention measures, and introduced restrictions on press reporting to reduce contagion effects.
3. Since the Act's implementation, Korea has recorded a clear decline in suicide numbers.

UK Context

4. The UK relies on policy-driven frameworks led by devolved public health bodies and charities.
5. While the UK system benefits from its flexibility, suicide rates continue to rise nationwide.

Investigation Stage 2 / Stage 3 - We Request Your Support

Roadmap of the Investigation

Stage 1 – Desk-Based Investigation

Analysis of existing literature, statistics, international models, cultural influences, and industry narratives. (*This document*.)

Stage 2 – Survey of Experiences

In an online survey we are asking you to promote across the sector, designed to capture personal testimonies: what contributed to lives lost, and what brought others back from the brink. https://www.dsrmrisk.com/survey

Stage 3 – Industry Collaboration

Structured dialogues with construction firms, unions, and industry bodies to explore their views on root causes and the adequacy of current responses. We invite your input, thoughts, ideas, and what you see as solutions…***just a few lines*** - "*What do you think is the problem?*" (This phase is currently running in parallel with Stage 2)

Please send your thoughts to: contact@dsrmrisk.com (Anonymous is Okay)

Stage 4 – Expanded Data

Incorporation of data from Scotland and Northern Ireland (*not currently included in official ONS reporting*), alongside further refinement of UK-wide analysis.

Together, these stages aim to provide both evidence and lived experience, enabling a clearer understanding of risk and more effective prevention strategies.

Stage 4 will be the Final Crane Report.