

Relationship between Depression and Suicidal Impulse According to the Gap in Subjective Class Recognition

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Abstract

Abstract: This study aims to analyze the relationship between depression and suicidal attitude according to the gap in subjective class recognition, a kind of belongingness individuals feel. In terms of materials, this study selected a total of 9,394 people as the subjects of the final analysis, of the respondents related to subjective class recognition, based on data from the Korea Health Panel collected in 2013 by the Korea Institute for Health and Social Affairs and the National Health Insurance Corporation. According to the findings, the smaller the difference in subjective class recognition, the stronger the influence on despair and suicide. Thus, a multidisciplinary approach and mental health policy would be required to prevent discrimination based on differences in the gap and to establish the right values.

Keywords: Subjective Class, Subjective Class Recognition, Gap in Subjective Class Recognition, Depression, Suicidal.

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INTRODUCTION

All countries' health and medical policies ultimately aim to protect the entire people's health and secure their approaches to health and medical services, as well as health promotion for specific individuals or groups, and for this, individuals should be able to use medical services regardless of their income or social status [1].

Le Grand (1992) noted that health and medical services have merit goods qualities, and because it is acknowledged that all individuals have the right to the bare necessities of living, this is commonly referred to as health right [2]. To secure the health right, the government announced that appropriate choices should be made so that health and medical services could be distributed equally, and that it would be required to secure the maximum utilization of basic health and medical services for all people by public policies. Korea has achieved equilibrium at the quantitative level considering the equality of chance to use medical services among various classes after the implementation of the National Health Insurance Service [3-5].

Health can be divided into objective health, which is demonstrated by objective indicators such as diseases and vital signs, and subjective health, which is used to evaluate one's own health from a subjective perspective. In particular, Subjective Health Condition is regarded as one of the

indicators reflecting the general health level in addition to the clinical health level [6].

In terms of class recognition class recognition, as social migration becomes active and the standardization of lifestyle expands, the prediction that the society will become the one standardized as the middle class, in which its majority considers themselves to be in the middle class has empirically been investigated [7], and when examining the relationship with health, subjective class recognition is a more sensitive and remove this comprehensive indicator than indicators like the objective socioeconomic status [8].

Subjective (socioeconomic) class recognition refers to a kind of belongingness by which individuals believe they belong to a specific class or strata. Not from abstract conceptualism or abstract theory of social stratum, but from a simple question, 'How do individuals in society distinguish themselves from others concretely?', this research came to be interested in the changes in the individuals' subjective class recognition according to social changes [9-11].

Subjective stratum consciousness, similarly, refers to one's recognition and judgment of one's position in social structure, and it continues to practices such as lifestyle, attitude, or action that the class to which they believe they belong share, which is significant in that it may be related to health behavior [12].

Mental health refers to well-being, such as being happy and

satisfied, achieving what one wants, having no mentally morbid symptoms, exhibiting one’s abilities to the maximum, being adaptive to environments, and having a mature personality that can deal with their lives independently and constructively [13]. Depression, in particular, is a mental disease with a very high prevalence rate, which is an important factor that reduces the quality of life and increases disease burden [14], and a suicidal act is an indicator to understand individuals' well-being as well as an important target of health and social policies [15-16].

To investigate the preceding studies related to subjective class recognition, the correlation between objective class position and subjective class recognition and the determinants of subjective stratum consciousness have been investigated, while there are very limited studies related to health or medical care. In particular, there are few studies of depression and suicide, considering the gap in subjective class recognition.

Thus, this study would analyze depression and suicidal attitude according to the gap in subjective class recognition, a kind of belongingness individuals feel to provide the baseline data to prepare various public health approaches and mental health policies, considering the aspects of changes in the class recognition.

RESEARCH METHOD

Subjects

This study employed the 2013 data of the raw data of the Korea Health Panel collected by the Korea Institute for Health and Social Affairs and National Health Insurance Corporation. The raw materials of the Korea Health Panel aim to calculate the scale of medical expenses by individuals and households to understand the use of medical services, the expenditure of medical expenses, the source of money in Korea and produce the baseline data concerning the status of the use of health & medical services, the level of the expenditure of medical expenses, the level of health, and health behaviors.

The 2013 data consist of a total of 15,263 members in 5,284 households. This study was conducted with a total of 9,394 persons over 20, excluding missing values for the questions of subjective class recognition, depression, and suicide.

Analysis Method

In terms of data analysis, this study used SPSS 26.0 to examine subjects' general characteristics, such as gender, age, education level, the number of family members, marital status, type of medical security, economic activity, subjective health condition, disability, and chronic disease characteristics and expressed percentages through frequency analysis and descriptive statistics. To verify the general characteristics, including the gap in subjective class recognition and their relationship with depression and suicidal impulse, χ^2 -test was conducted. To understand their impacts on depression and suicidal impulse, a logistic regression analysis was conducted.

For all tests, significance was considered at $p=.05$, and the significance level was a confidence interval of 95%.

RESULTS

Subjects' general characteristics

According to an analysis of the subjects' general characteristics, 54.6 percent were female; 40.6 percent were elderly people; 34.5 percent were college graduates or higher and middle school graduates or below; and 35.3 percent had four family members. By marital status, 71.4 percent were married; 95.9 percent had health insurance; 43.7 percent had a normal subjective health state; 92.9 percent did not have any handicap, and 66.6 percent had a chronic disease.

Table 1. Subjects' general characteristics

Classification		N	%
Sex	Male	4,266	45.4
	Female	5,128	54.6
Age	Youth	1,883	20.0
	Middle Age	3,701	39.4
	Elderly	3,810	40.6
Education Level	College or higher	3,243	34.5
	High school	2,906	30.9
	Middle school or lower	3,245	34.5
No. of Family Members	1	806	8.6
	2	2,781	29.6
	3	2,052	21.8
	4	3,312	35.3
	5 and more	443	4.7
Marital Status	Married	6,705	71.4
	Unmarried	1,469	15.6
	Other	1,220	13.0
Type of Medical Security	Health insurance	9,012	95.9
	Medical aid	382	4.1
Economic Activity	Yes	5,654	60.2
	No	3,740	39.8
Subjective Health Condition	Good	3,886	41.4
	Normal	4,101	43.7
	Bad	1,407	15.0
Disability	No	8,726	92.9
	Yes	668	7.1
Chronic Disease	No	3,140	33.4
	Yes	6,254	66.6
Total		9,394	100.0

Relationship between subjects' characteristics and depression

The following is the result of an analysis of the relationship between subjects' characteristics and depression, based on the participants who stated that they were depressed.

For the gap in subjective class recognition, there was no change in quintiles (32.9%), which was the highest, followed by the decrease in Quintile 1 (25.2%), the decrease in Quintile 2 (18.0%), and the decrease in Quintile 3 (8.4%), and there

was a statistically significant difference ($p < .001$).

By sex, 66.2% were females; by age, 50.4% were elderly; by education level, 47.8% were high school graduates; by the number of family members, 33.8% were two; by marital status, 63.6% were married; by the type of medical security, 86.9% were people covered by health insurance; by economic activity, 53.1% did not do any; by subjective health condition,

44.0% were people in normal condition; by disability, 87.3% did not have any; and 79.2% had a chronic disease.

It turned out that there were statistically significant differences in sex, age, education level, the number of family members, marital status, the type of medical security, economic activity, subjective health condition, disability, and chronic disease ($p < .001$).

Table 2. Relationship between subjects' characteristics and depression

Classification			Depression			χ^2 (p)
			Not depressed	Depressed	Total	
Gap in subjective class recognition	No change	n	2,060	251	2,311	49.543 (<.001)
		%	23.9	32.9	24.7	
	Increase in Quintile 1	n	1,097	91	1,188	
		%	12.8	11.9	12.7	
	Increase in Quintile 2	n	241	18	259	
		%	2.8	2.4	2.8	
	Decrease in Quintile 1	n	2,288	192	2,480	
		%	26.6	25.2	26.5	
	Decrease in Quintile 2	n	2,205	137	2,342	
		%	25.6	18.0	25.0	
	Decrease in Quintile 3	n	670	64	734	
		%	7.8	8.4	7.8	
	Decrease in Quintile 4	n	42	10	52	
		%	0.5	1.3	0.6	
Sex	Male	n	4,008	258	4,266	45.472 (<.001)
		%	46.4	33.8	45.4	
	Female	n	4,622	506	5,128	
		%	53.6	66.2	54.6	
Age	Youth	n	1,752	131	1,883	33.475 (<.001)
		%	20.3	17.1	20.0	
	Middle age	n	3,453	248	3,701	
		%	40.0	32.5	39.4	
	Elderly	n	3,425	385	3,810	
		%	39.7	50.4	40.6	
Education Level	College or higher	n	2,685	221	2,906	73.579 (<.001)
		%	31.1	28.9	30.9	
	High school	n	2,880	365	3,245	
		%	33.4	47.8	34.5	
	Middle school or lower	n	3,065	178	3,243	
		%	35.5	23.3	34.5	
No. of Family Members	1	n	702	104	806	43.993 (<.001)
		%	8.1	13.6	8.6	
	2	n	2,523	258	2,781	
		%	29.2	33.8	29.6	
	3	n	1,896	156	2,052	
		%	22.0	20.4	21.8	
	4	n	3,101	211	3,312	
		%	35.9	27.6	35.3	
	5 and more	n	408	35	443	
		%	4.7	4.6	4.7	
Marital Status	Married	n	6,219	486	6,705	50.369 (<.001)
		%	72.1	63.6	71.4	
	Unmarried	n	1,353	116	1,469	
		%	15.7	15.2	15.6	
	Other	n	1,058	162	1,220	

		%	12.3	21.2	13.0	
Type of Medical Security	Health insurance	n	8,348	664	9,012	173.545 (<.001)
		%	96.7	86.9	95.9	
	Medical aid	n	282	100	382	
		%	3.3	13.1	4.1	
Economic Activity	Yes	n	5,296	358	5,654	61.657 (<.001)
		%	61.4	46.9	60.2	
	No	n	3,334	406	3,740	
		%	38.6	53.1	39.8	
Subjective Health Condition	Good	n	3,754	132	3,886	430.296 (<.001)
		%	43.5	17.3	41.4	
	Normal	n	3,765	336	4,101	
		%	43.6	44.0	43.7	
	Bad	n	1,111	296	1,407	
		%	12.9	38.7	15.0	
Disability	No	n	8,059	667	8,726	39.278 (<.001)
		%	93.4	87.3	92.9	
	Yes	n	571	97	668	
		%	6.6	12.7	7.1	
Chronic Disease	No	n	2,981	159	3,140	59.464 (<.001)
		%	34.5	20.8	33.4	
	Yes	n	5,649	605	6,254	
		%	65.5	79.2	66.6	
Total	n	8,630	764	9,394		
	%	100.0	100.0	100.0		

Relationship between subjects' characteristics and suicidal impulse

The following is the result of an analysis of the relationship between subjects' characteristics and depression, based on the participants who stated that they were depressed.

For the gap in subjective class recognition, there was no change in quintiles (33.7%), which was the highest, followed by the decrease in Quintile 1 (25.5%), the decrease in Quintile 2 (16.3%), the increase in Quintile 1 (12.1%), and the decrease in Quintile 3 (9.0%), and there was a statistically significant difference (p<.001).

By age, 51.9% were elderly; by education level, 49.9% were

high school graduates; by the number of family members, 30.8% were two; by marital status, 62.7% were married; by the type of medical security, 88.5% were people covered by health insurance; by economic activity, 50.6% did some activity, by subjective health condition, 48.1% were people in normal condition; by disability, 86.7% did not have any; and 79.8% had a chronic disease.

It turned out that there were statistically significant differences in age, education level, the number of family members, marital status, the type of medical security, economic activity, subjective health condition, disability, and chronic disease (p<.001).

Table 3. Relationship between subjects' characteristics and suicidal impulse

Classification		Suicidal impulse			χ^2 (p)	
		Yes	No	Total		
Gap in subjective class recognition	No change	n	2,121	190	2,311	42.658 (<.001)
		%	24.1	33.7	24.7	
	Increase in Quintile 2	n	1,120	68	1,188	
		%	12.7	12.1	12.7	
	Decrease in Quintile 2	n	246	13	259	
		%	2.8	2.3	2.8	
	Decrease in Quintile 4	n	2,336	144	2,480	
		%	26.5	25.5	26.5	
	Decrease in Quintile 2	n	2,250	92	2,342	
		%	25.6	16.3	25.0	
	Decrease in Quintile 3	n	683	51	734	
		%	7.8	9.0	7.8	
	Decrease in Quintile 4	n	46	6	52	
		%	0.5	1.1	0.6	
Sex	Male	n	4,029	237	4,266	2.912 (.088)

		%	45.6	41.9	45.4	
	Female	n	4,800	328	5,128	
		%	54.4	58.1	54.6	
Age	Youth	n	1,799	84	1,883	32.689 (<.001)
		%	20.4	14.9	20.0	
	Middle age	n	3,513	188	3,701	
		%	39.8	33.3	39.4	
	Elderly	n	3,517	293	3,810	
		%	39.8	51.9	40.6	
Education Level	College or higher	n	3,122	121	3,243	72.008 (<.001)
		%	35.4	21.4	34.5	
	High school	n	2,744	162	2,906	
		%	31.1	28.7	30.9	
	Middle school or lower	n	2,963	282	3,245	
		%	33.6	49.9	34.5	
No. of Family Members	1	n	716	90	806	46.413 (<.001)
		%	8.1	15.9	8.6	
	2	n	2,607	174	2,781	
		%	29.5	30.8	29.6	
	3	n	1,937	115	2,052	
		%	21.9	20.4	21.8	
	4	n	3,150	162	3,312	
		%	35.7	28.7	35.3	
	5 and more	n	419	24	443	
		%	4.7	4.2	4.7	
Marital Status	Married	n	6,351	354	6,705	65.418 (<.001)
		%	71.9	62.7	71.4	
	Unmarried	n	1,394	75	1,469	
		%	15.8	13.3	15.6	
	Other	n	1,084	136	1,220	
		%	12.3	24.1	13.0	
Type of Medical Security	Health insurance	n	8,512	500	9,012	85.254 (<.001)
		%	96.4	88.5	95.9	
	Medical aid	n	317	65	382	
		%	3.6	11.5	4.1	
Economic Activity	Yes	n	5,368	286	5,654	22.966 (<.001)
		%	60.8	50.6	60.2	
	No	n	3,461	279	3,740	
		%	39.2	49.4	39.8	
Subjective Health Condition	Good	n	3,808	78	3,886	326.884 (<.001)
		%	43.1	13.8	41.4	
	Normal	n	3,829	272	4,101	
		%	43.4	48.1	43.7	
	Bad	n	1,192	215	1,407	
		%	13.5	38.1	15.0	
Disability	No	n	8,236	490	8,726	34.573 (<.001)
		%	93.3	86.7	92.9	
	Yes	n	593	75	668	
		%	6.7	13.3	7.1	
Chronic Disease	No	n	3,026	114	3,140	47.418 (<.001)
		%	34.3	20.2	33.4	
	Yes	n	5,803	451	6,254	
		%	65.7	79.8	66.6	
Total	n	8,630	764	9,394		
	%	100.0	100.0	100.0		

Factors affecting depression

The result of an analysis of the factors affecting depression is as follows.

In Model 1, for the gap in subjective class recognition, no change affected depression more, compared to the increase in Quintile 1 (OR=.681, $p<.01$), the decrease in Quintile 1

(OR=.689, $p<.001$), and the decrease in Quintile 2 (OR=.510, $p<.001$).

In Model 2, for the gap in subjective class recognition, no change affected depression more than the increase in Quintile 1 (OR=.720, $p<.05$), and the decrease in Quintile 4 (OR=2.771, $p<.01$), more than no change. The impact on depression was greater in females (OR=1.375, $p<.001$) than in males by sex; greater in high school graduates (OR=1.346, $p<.05$) and middle school graduates or lower (OR=1.322, $p<.05$) than in college graduates or higher by education level;

greater in others (OR=1.666, $p<.001$) than married people by marital status; greater in medical aid recipients (OR=2.350, $p<.001$) than in people covered by health insurance by the type of medical security; greater in people who did not do any activity (OR=1.233, $p<.05$) than in those who did some activity by economic activity (OR=1.233, $p<.05$); greater in people in average condition (OR=5.975, $p<.001$) and in bad condition (OR=2.470, $p<.001$) than in those in good condition by the subjective health condition; and greater in people with a chronic disease (OR=1.355, $p<.01$) than in those without.

Table 4. Factors affecting depression

Classification		Model 1			Model 1		
		OR	95%CI	p	OR	95%CI	p
Gap in subjective class recognition	No change	1			1		
	Increase in Quintile 1	.681	.530-.845	.003	.720	.554-.934	.014
	Increase in Quintile 2	.613	.373-1.007	.053	.809	.485-1.349	.417
	Decrease in Quintile 1	.689	.565-.839	<.001	.986	.795-1.224	.900
	Decrease in Quintile 2	.510	.411-.633	<.001	.851	.669-1.082	.188
	Decrease in Quintile 3	.784	.588-1.046	.098	1.204	.881-1.644	.243
	Decrease in Quintile 4	1.954	.968-3.943	.061	2.771	1.318-5.826	.007
Sex	Male				1		
	Female				1.375	1.156-1.637	<.001
Age	Youth				1		
	Middle age				.868	.637-1.182	.369
	Elderly				.758	.522-1.101	.146
Education Level	College or higher				1		
	High school				1.346	1.025-1.767	.033
	Middle school or lower				1.322	1.050-1.663	.017
No. of Family Members	1				1		
	2				1.014	.742-1.385	.931
	3				.975	.695-1.3687	.884
	4				.950	.669-1.349	.774
	5 and more				1.001	.629-1.593	.996
Marital Status	Married				1		
	Unmarried				1.086	.835-1.412	.539
	Other				1.666	1.2242.269	<.001
Type of Medical Security	Health insurance				1		
	Medical aid				2.350	1.775-3.112	<.001
Economic Activity	Yes				1		
	No				1.233	1.040-1.461	.016
Subjective Health Condition	Good				1		
	Normal				5.975	4.704-7.589	<.001
	Bad				2.470	1.999-3.052	<.001
Disability	No				1		
	Yes				1.093	.843-1.418	.503
Chronic Disease	No				1		
	Yes				1.355	1.083-1.695	.008
-2LogL		4220.200 (<.001)			3880.923 (<.001)		

Factors affecting suicidal impulse

The results of an analysis of the factors affecting the suicidal impulse are as follows.

In Model 1, the gap in subjective class recognition affected suicidal impulse when there was no change, compared to the increase in Quintile 1 (OR=.678, $p<.01$), the decrease in

Quintile 1 (OR=.688, $p<.01$), and the decrease in Quintile 2 (OR=.456, $p<.001$).

In Model 2, the gap in subjective class recognition affected suicidal impulse when there was no change, compared to the increase in Quintile 1 (OR=.703, $p<.05$) and the decrease in Quintile 2 (OR=.720, $p<.05$). The impact on the suicidal

impulse was higher in high school graduates or lower (OR=1.689, $p<.01$) and middle school graduates or lower (OR=1.427, $p<.01$) than in college graduates by education level; higher in unmarried people (OR=.1420, $p<.05$) and others (OR=1.456, $p<.05$) than in married people in by marital status; higher in medical aid recipients (OR=1.594, $p<.01$)

than those covered by health insurance by the type of medical security; higher in those in average condition (OR=6.998, $p<.001$) and bad condition (OR=3.348, $p<.001$) than in those in good condition by the subjective health condition; and higher in those with chronic diseases (OR=1.310, $p<.05$) than in those without.

Table 5. Factors affecting suicidal impulse

Classification		Model 1			Model 1		
		OR	95%CI	p	OR	95%CI	p
Gap in subjective class recognition	No change	1			1		
	Increase in Quintile 1	.678	.509-.902	.008	.703	.523-.945	.019
	Increase in Quintile 2	.590	.331-1.051	.073	.759	.420-1.371	.361
	Decrease in Quintile 1	.688	.550-.861	.001	.949	.744-1.210	.673
	Decrease in Quintile 2	.456	.353-.590	<.001	.720	.544-.952	.021
	Decrease in Quintile 3	.834	.605-1.149	.266	1.216	.861-1.716	.267
	Decrease in Quintile 4	1.456	.614-3.453	.394	1.872	.764-1007	.170
Sex	Male				1		
	Female				.829	.683-1.007	.059
Age	Youth				1		
	Middle age				.860	.598-1.238	.418
	Elderly				.736	.476-1.139	.169
Education Level	College or higher				1		
	High school				1.689	1.237-2.307	.001
	Middle school or lower				1.427	1.093-1.863	.009
No. of Family Members	1				1		
	2				.789	.561-1.109	.172
	3				.888	.614-1.284	.527
	4				.973	.663-1.429	.891
	5 and more				.881	.552-1.489	.637
Marital Status	Married				1		
	Unmarried				1.420	1.063-1.897	.018
	Other				1.456	1.011-2.095	.043
Type of Medical Security	Health insurance				1		
	Medical aid				1.594	1.153-2.203	.005
Economic Activity	Yes				1		
	No				1.091	.895-1.329	.389
Subjective Health Condition	Good				1		
	Normal				6.998	5.230-9.364	<.001
	Bad				3.348	2.580-4.344	<.001
Disability	No				1		
	Yes				1.139	.855-1.516	.374
Chronic Disease	No				1		
	Yes				1.310	1.013-1.695	.040
-2LogL		5241.563 (<.001)			460.299 (<.001)		

CONCLUSIONS

According to the results of the 2015 Korea National Health Nutrition Examination Survey with grownups over 19 residing in Korea, the experience rate of depression, defined as “experience of sadness or despair to the extent that it may interfere everyday life for two consecutive years” in the past year was 13.3% [17], and taking into account the fact that for a suicidal act, the overall aspect of death shown by society is an important index showing institutional success and failure, the effort to understand the increase in the social act

considered the last option chosen if an individual cannot find an appropriate solution for his or her physical, mental, and social limitations and its cause is very necessary [16][18].

The main results of this study are as follows.

An analysis of the factors influencing depression revealed that in Model 1, which only used the gap in subjective class recognition factor, they may affect depression when there was no change in the class, compared to the increase in Quintile 1 and the decreases in Quintile 1 and Quintile 2. In Model 2, using both the gap in subjective class recognition and the

general features, they may affect depression 2.771 times in the drop in Quintile 4, compared to the situation where there was no change in the class. The impact on depression was 1.375 times higher in females than in males; 1.346 times and 1.322 times higher respectively in high school and middle school graduates or lower than in college graduates or higher; 1.666 times higher in others than in married people; 2.350 times higher in medical aid recipients than in people covered by health insurance; 5.975 times and 2.470 times higher respectively in good subjective health condition than in average and bad conditions; and 1.355 times higher in those with chronic diseases than in those without.

An analysis of the factors influencing suicidal impulse revealed that in Model 1, which only used the gap in subjective class recognition factor, they may affect depression when there was no change in the class, compared to the increase in Quintile 1 and the decreases in Quintiles 1 and 2. In Model 2, employing both the gap in subjective class recognition and the general characteristics, they may affect depression in the case when the class did not change, as opposed to the increase in Quintile 1. The impact on depression was 1.689 times and 1.427 times higher respectively in high school and middle school graduates or lower than in college graduates or higher; 1.420 times and 1.456 times higher respectively in unmarried people and others than in married people; 1.594 times higher in medical aid recipients than in people covered by health insurance; 6.998 times and 3.348 times higher respectively in average and bad conditions than in good subjective health condition; 1.310 times higher in those with chronic diseases than in those without.

The impact on depression was 1.375 times higher in females than in males; 1.346 times and 1.322 times higher respectively in high school and middle school graduates or lower than in college graduates or higher; 1.666 times higher in others than in married people; 2.350 times higher in medical aid recipients than in people covered by health insurance; 5.975 times and 2.470 times higher respectively in good subjective health condition than in average and bad conditions; and 1.355 times higher in those with chronic diseases than in those without.

According to the findings of this study, the gap in subjective class recognition was linked to mental health issues such as depression and suicidal ideation, and a smaller gap in subjective class recognition seen by individuals had a higher influence on suicide ideation. Furthermore, numerous social, physiological, economic, and physical environments such as age, education level, marital status, type of medical security, subjective health condition, disability, and chronic disease were discovered to influence depression and suicidal inclination.

The policy recommendations based on the conclusion of this study are as follows.

The national and local communities should provide mental health education, mental health services, and various mental health programs should be provided concerning depression

and suicidal impulse to prevent social prejudice due to the difference in the class and establish the right values. In addition, a multidisciplinary approach as well as a public health approach, and research and development should be made, and mental health policy and system should precede.

The limitations of this study are as follows.

By used only 2013 data, the panel data's characteristics were not reflected, and there was difficulty in describing discussions since there were no preceding studies of the gap in subjective class recognition and depression and suicidal impulse.

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