

## **Democratic People's Republic of Korea\***

### **General Information**

Democratic People's Republic of Korea is a country with an approximate area of 121 thousand sq. km. (UNO, 2001). Its population is 22.776 million, and the sex ratio (men per hundred women) is 100 (UNO, 2004). The proportion of population under the age of 15 years is 25% (UNO, 2004), and the proportion of population above the age of 60 years is 11% (WHO, 2004). The literacy rate is 99% for men and 99% for women (UNESCO/MoH, 2004).

The country is a low income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 2.5%. The per capita total expenditure on health is 44 international \$, and the per capita government expenditure on health is 32 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Korean. The largest ethnic group(s) is (are) Korean. The largest religious group(s) is (are) Buddhist, and the other religious group(s) are (is) Confucianist.

The life expectancy at birth is 64.4 years for males and 67.1 years for females (WHO, 2004). The healthy life expectancy at birth is 58 years for males and 60 years for females (WHO, 2004).

### **Epidemiology**

There is a paucity of epidemiological data on mental illnesses in Democratic People's Republic of Korea in internationally accessible literature. In a multi-country study, involving Bahrain, Burma, DPR Korea, Egypt, Indonesia, Jordan, Sri Lanka, Thailand and Tunisia, Lamb (1996) assessed the quality of life of the non-institutionalized elderly population. Results showed that there were six profiles or types of disablement: functionally and emotionally healthy, functionally healthy with some depressive symptoms, some strength problems, severely depressed, mobility problems and functionally frail. The very depressed were more likely to be female, younger and single. Functional and emotional limitations were correlated with lower quality of life. Depressed profiles were associated with negative self-assessments of health, lower morale scores and low instrumental social support in terms of available kin. Country-specific patterns of elderly disablement indicate a possible disability transition such that as countries become more developed there may be an increase in the prevalence of disabled elderly. Mackinnon et al (1998) showed that the Center for Epidemiological Studies Depression (CES-D) scale could be used in the North Korean population.

### **Mental Health Resources**

#### **Mental Health Policy**

A mental health policy is present. Details about the year of formulation are not available.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

### **Substance Abuse Policy**

A substance abuse policy is present. Details about the year of formulation are not available.

### **National Mental Health Programme**

A national mental health programme is present. Details about the year of formulation of the programme are not available.

### **National Therapeutic Drug Policy/Essential List of Drugs**

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

### **Mental Health Legislation**

There is a law on Regulation on Prevention of Mental Diseases.

Details about the year of enactment of the mental health legislation are not available.

### **Mental Health Financing**

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

The country has disability benefits for persons with mental disorders.

### **Mental Health Facilities**

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level.

Regular training of primary care professionals is carried out in the field of mental health.

There are community care facilities for patients with mental disorders.

## **Psychiatric Beds and Professionals**

Total psychiatric beds per 10 000 population

Psychiatric beds in mental hospitals per 10 000 population

Psychiatric beds in general hospitals per 10 000 population

Psychiatric beds in other settings per 10 000 population

Number of psychiatrists per 100 000 population

Number of neurosurgeons per 100 000 population

Number of psychiatric nurses per 100 000 population

Number of neurologists per 100 000 population

Number of psychologists per 100 000 population

Number of social workers per 100 000 population

## **Non-Governmental Organizations**

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

## **Information Gathering System**

There is mental health reporting system in the country. There are annual mental health related tasks; periodic reports of these are prepared by the Ministry.

The country has data collection system or epidemiological study on mental health.

## **Programmes for Special Population**

The country has specific programmes for mental health for disaster affected population, elderly and children.

## **Therapeutic Drugs**

The following therapeutic drugs are generally available at the primary health care level of the country: chlorpromazine, diazepam, fluphenazine.

## **Other Information**

\* The verification of this country profile is still being awaited from the Ministry of Health of the Democratic People's Republic of Korea.

## **Additional Sources of Information**

- Lamb, V. L. (1996) A cross-national study of quality of life factors associated with patterns of elderly disablement. *Social Science & Medicine*, 42, 363-377.
- Mackinnon, A., McCallum, J., Andrews, G., et al (1998) The Center for Epidemiological Studies Depression Scale in older community samples in Indonesia, North Korea, Myanmar, Sri Lanka, and Thailand. *Journals of Gerontology Series B-Psychological Sciences & Social Sciences*, 53, 343-352.