

## Republic of Korea

### General Information

Republic of Korea is a country with an approximate area of 99 thousand sq. km. (UNO, 2001). Its population is 47.95 million, and the sex ratio (men per hundred women) is 101 (UNO, 2004). The proportion of population under the age of 15 years is 20% (UNO, 2004), and the proportion of population above the age of 60 years is 12% (WHO, 2004). The literacy rate is 99.1% for men and 96.4% for women (UNESCO/MoH, 2004).

The country is a high income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 6%. The per capita total expenditure on health is 948 international \$, and the per capita government expenditure on health is 421 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) Christian, and the other religious group(s) are (is) Buddhist.

The life expectancy at birth is 71.8 years for males and 79.4 years for females (WHO, 2004). The healthy life expectancy at birth is 65 years for males and 71 years for females (WHO, 2004).

### Epidemiology

There is substantial epidemiological data on mental illnesses in the Republic of Korea in internationally accessible literature. No attempt was made to include this information here.

### Mental Health Resources

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1960.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The mental health policy of Korea is to decrease long-term hospitalization and to develop and extend the community-based mental health service system. In addition, the mental health policy emphasizes enhancing the priority of mental health, workforce development and developing a comprehensive service system.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1970. The substance abuse policy is not only diminishing supply but also diminishing demand of substance by developing prevention programmes on the substance use and abuse.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1995.

The national mental health programme is developing a community mental health service delivery system including national mental hospitals, community mental health centres and community health centres.

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

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 2000.

Most mentally ill patients with medical insurance are able to afford most therapeutic drugs, while the poor people with medical aid have a limited availability to expensive new drugs.

### **Mental Health Legislation**

There is a mental health law. It was revised in 2000. The revision allows for legal support to the establishment of social rehabilitative facilities and their role in providing community mental health services. Disability benefits are covered under the Medical Protection Act and the Welfare Law for the Handicapped.

The latest legislation was enacted in 1999.

### **Mental Health Financing**

There are no budget allocations for mental health.

The country spends 3% of the total health budget on mental health.

The primary sources of mental health financing in descending order are social insurance, tax based and out of pocket expenditure by the patient or family.

There is a universal public insurance funded by premiums. There is no private health insurance. About 90% of the providers are in the private/non-government sector, whose services are covered through the public health insurance. The Government funds health care for the poor through tax-based funds. Medical insurance covers inpatient, outpatient and day care, while tax-based funds cover nursing home and rehabilitation services.

The country has disability benefits for persons with mental disorders. Since January 2000, mentally ill patients have been made eligible for similar support and rights as other disabled persons.

### **Mental Health Facilities**

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years, about 7565 personnel were provided training. Community mental health nurses have also been trained.

There are community care facilities for patients with mental disorders. Since the formulation of the Mental Health Act in 1995, community care has started to develop. Currently, there are nearly 115 community health centres and 110 rehabilitation centres. Home help service and a visiting nursing programme for mentally ill have been developed by community mental health centres. Vocational rehabilitation programmes including sheltered workshops and supported employment are also coming up with support from the Korea Employment Promotion Agency for the Disabled. Community care is being developed with a catchment area approach. The

community health centres are mainly managed by public health centres and nearby university/psychiatric hospitals. Each centre has a part time psychiatrist who acts as the supervisor. The centre provides counselling, home-visit care, treatment, case management, education, rehabilitation and outreach activities. Rehabilitation services are also provided in the private/non-government sphere. Funds for community care are being increased and it is planned that community care capacity would be increased 10-fold over the next decade. At present there is a gap between the inpatient system and the community care system.

### **Psychiatric Beds and Professionals**

Total psychiatric beds per 10 000 population	13.8
Psychiatric beds in mental hospitals per 10 000 population	6.3
Psychiatric beds in general hospitals per 10 000 population	3.8
Psychiatric beds in other settings per 10 000 population	2.7
Number of psychiatrists per 100 000 population	3.5
Number of neurosurgeons per 100 000 population	3.1
Number of psychiatric nurses per 100 000 population	10.1
Number of neurologists per 100 000 population	1.4
Number of psychologists per 100 000 population	0.8
Number of social workers per 100 000 population	2.6

A special 1-year training programme for nurses, social workers and psychologists (certified by the Ministry of Health and Welfare) has been approved under the Mental Health Law to develop an appropriate workforce to implement the National Mental Health Programme.

### **Non-Governmental Organizations**

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and rehabilitation. The NGOs played a major advocacy role in the development of the mental health policy. NGOs and family associations work closely together in psychoeducation of families and users and in anti-stigma campaigns.

### **Information Gathering System**

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. The Government is conducting a national epidemiological study to assess the prevalence of mental disorders.

### **Programmes for Special Population**

There are no special services.

A nation-wide anti-stigma campaign was launched in 2003 with multi-sectoral participation. A school mental programme has been set up and is run by school nurses trained in detection and counselling. Psychologists have been deployed in universities. Child and adolescent and geriatric care programmes are being developed by community mental health centres.

### **Therapeutic Drugs**

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, haloperidol, lithium, biperiden, carbidopa, levodopa.

### **Other Information**

Since the enactment of the Mental Health Act, many private mental asylums have been changed into mental hospitals. Different psychosocial programmes have been developed for rehabilitation, open wards are slowly developing in mental hospitals and unrecognized 'houses of prayer' have been closed. Custodial care in mental hospitals is still present as is prolonged inappropriate stay of patients in mental hospitals, primarily due to lack of adequate staff to care for the patients in the community.

Between 1970 and 1983, families began to be replaced by unauthorized facilities as primary care givers. As a result of increasing human rights problems, the Government began to take an active interest in their care of the mentally ill. This initially led to an increase in the number of mental hospitals and their beds. It was only after the formulation of the Mental Health Act of 1995, that community care and disability benefits began to develop. However, the length of inpatient stay is still very long and there is still a huge amount of stigma against mental disorders and patients. This is being addressed gradually through advocacy campaigns.

### **Additional Sources of Information**

- Regional Office for the Western Pacific (2001) Country report on mental health - Republic of Korea.
- Suh, G.-H. (2004) Mental health care in South Korea. *International Psychiatry*, (in press).