

**Refugee Review Tribunal
AUSTRALIA**

RRT RESEARCH RESPONSE

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Questions

- 1. What treatments are available for diagnosed mental illness through the South Korean health system (counselling, medication, institutionalisation)?**
- 2. Are there any barriers to access (e.g. financial cost, limited places for numbers affected)?**
- 3. How are mental illnesses viewed within South Korean culture?**
- 4. Is there any evidence of significant harm being directed at those with mental illness or their families arising from the illness?**

RESPONSE

- 1. What treatments are available for diagnosed mental illness through the South Korean health system (counseling, medication, institutionalisation)?**

Dr Hwang from the World Health Organisation working in Yongin Mental Hospital and Dr Kim from the Ministry of Health and Welfare compiled a report for the Asia-Pacific Community Mental Health Development Project in 2008. The following is stated in regards to the mental health system in Korea:

A mental health policy was initially formulated in 1960. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. A Mental Health Act was established in 1995, which defined Mental Health Services to include Psychiatric Facilities, Mental Asylums and Social Restoration Services (Chapter 2,3,3). Social Restoration Services referred to ambulatory psychosocial rehabilitation services in the community. In Chapter 2, section 14 of the Mental Health Act, the law mandated that local governments establish Social Restoration Services in the community to provide mental health services through existing Public Health Centres. The Ministry of Health set up a policy to develop a specific public health delivery system, through which 244 Public Health Centres were established in 1962. The function of these Centres was to offer public health services to remote areas which had

no medical facilities and to indigent people in urban areas. The aim was to provide mental health services to these centres by making available one trained mental health worker. The current national mental health program is developing a community-based mental health service delivery system, including national mental hospitals, community mental health centres and rehabilitation centres. The current mental health policy is to decrease long-term hospitalisation and to extend the community-based mental health service system. In addition, the national alcohol-related harm prevention policy was formulated in 2006.

...Since the enactment of the Mental Health Act in 1995, 151 community mental health centres (CMHC), 170 rehabilitation centres and 56 psychiatric nursing homes have been established (2007). Home-help visiting services and a psychiatric nurse visiting program for mentally ill patients have been developed by community mental health centres. Vocational rehabilitation programs including sheltered workshops and supported employment are also increasing with support from the Korea Employment Promotion Agency for the Disabled. The structure of community care is based on a catchment area approach. Community mental 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-visits, case-management, psycho-education, vocational rehabilitation, and mental health promotion activities. Rehabilitation services are also provided in the private/non-government sphere. Funding for community care is increasing and community care is planned to increase 10-fold over the next decade. At present there is a lack of integration between the inpatient system and the community care system.

...The primary sources of mental health financing are social insurance (tax-based), plus out-of-pocket expenditure by the patient or family. About 90% of mental health providers are in the private /non-government sector, and their services are covered through public health insurance. Since January 2000, the Ministry of Health and Welfare has provided disability benefits for persons with mental disorders, enabling mentally-ill patients to have similar support and rights as other disabled persons. Mental health is included in the primary health care system (Asia Pacific Community Mental Health Development Project 2008, *Republic of Korea's Country Report*, Asia Australian Mental Health website, p. 1-2
http://www.aamh.edu.au/_data/assets/pdf_file/0010/19882/Koreas_Country_Report.pdf - Accessed 20 April 2009 – Attachment 1).

In regards to treatments available the same report states:

Mental health policy in Korea is broadly divided into community-based mental health policy, policy aimed at decreasing social stigma against mental disorders, intervention policy for alcohol-related disorders, and suicide prevention. Mental health services include education and promotion of mental health, crisis intervention (such as counselling services via hotline or website), and dissemination of mental health knowledge. Government funds are allocated to community mental health centres, alcohol counselling centres, rehabilitation facilities, and non-governmental organisations (Asia Pacific Community Mental Health Development Project 2008, *Republic of Korea's Country Report*, Asia Australian Mental Health website, p. 7 http://www.aamh.edu.au/_data/assets/pdf_file/0010/19882/Koreas_Country_Report.pdf – Accessed 20 April 2009 – Attachment 1).

A report compiled by the World Health Organisation in the Mental Health Atlas 2005 reported that:

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.

...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.

...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 (World Health Organisation 2005, *Mental Health Atlas 2005*, World Health Organisation website, p. 384 http://www.who.int/mental_health/evidence/atlas/profiles_countries_n_r1.pdf – Accessed 20 April 2009 – Attachment 2).

Another report written by the World Health Organisation in 2006, using the World Health Organisation Assessment Instrument for Mental Health Systems (WHO-AIMS), reported the following:

A list of essential medicines is present, including antipsychotics, anxiolytics, antidepressants, mood stabilizers, and antiepileptic drugs (World Health Organisation 2006, *WHO-AIMS Report on Mental Health System in Republic of Korea: A report of the assessment of the mental health system in Republic of Korea using the World health organization – Assessment Instrument for Mental Health Systems (WHO-AIMS)*, World Health Organisation website, p. 7 http://www.who.int/mental_health/evidence/korea_who_aims_report.pdf – Accessed 20 April 2009 – Attachment 3).

The same report also stated the following about the long term mental health plan and policy:

During the past five years Republic of Korea has developed a long-term mental health plan to advance its national mental health system, including improving the human rights of mentally ill patients as well as improving the organization of service development. In addition, the Korean government has revised its Mental Health Act to continue to change the mental health system into a community-based system. Even though the budget for mental health is insufficient compared to developed countries, the mental health financial resources have been increased considerably.

The most recent mental health policy in Korea has focused on developing basic community mental health services in each catchment area around the country. In fact, at the time of the assessment, about 60% of the country had established community mental health centers. In addition, the Korean government has made important gains in delegating power (mental health authority) from the central government to the regional government, and in developing regional mental health authorities and professional consulting committees to support these community mental health centers (World Health Organisation, 2006, *WHO-AIMS Report on Mental Health System in Republic of Korea: A report of the assessment of the mental health system in Republic of Korea using the World health organization – Assessment Instrument for Mental Health Systems (WHO-AIMS)*, World Health Organisation website, p. 5

http://www.who.int/mental_health/evidence/korea_who_aims_report.pdf – Accessed 20 April 2009 – Attachment 3).

2. Are there any barriers to access (e.g. financial cost, limited places for numbers affected)?

The World Health Organisation Assessment Instrument for Mental Health Systems (WHO-AIMS) 2006 report revealed the following about the limitations of the mental health system in South Korea:

At present, the Korean mental health system needs to make considerable improvements in order to become a more developed and effective system. For example, the average waiting time for mental hospitals is too long, and the proportion of involuntary admissions in mental hospitals is too high compared to that of developed countries. Also, there are very few community residential facilities, and facilities for children and adolescents.

Even though Korea has a sufficient number of professional experts in the area of mental health, few mental health services are integrated in the country's primary health care system. This relative lack of integration continues to separate mental health from the general health care system of the country, and consequently, contributes to the current social stigma against mental illness.

A small proportion of psychiatric beds are in the public sector and the number of human resources working in the public sector is relatively low compared to developed countries. The majority of mental health professionals and outpatient facilities are distributed in or near the large cities, while most large mental hospitals are located in the suburban area. This discrepancy has created an inadequate mental health delivery system, which makes it difficult for some Korean mentally ill patients to receive much-needed services. (World Health Organisation 2006, *WHO-AIMS Report on Mental Health System in Republic of Korea: A report of the assessment of the mental health system in Republic of Korea using the World health organization – Assessment Instrument for Mental Health Systems (WHO-AIMS)*, World Health Organisation website, p. 5

http://www.who.int/mental_health/evidence/korea_who_aims_report.pdf – Accessed 20 April 2009 – Attachment 3).

In 2006 the South Korean Commission on Human Rights invited Dr Daniel Fisher, a well known psychiatrist from the United States to teach about the possibility of recovery of mental illness. He not only found that the South Korean mental health system was outdated but also overuse was a reoccurring problem. After a visitation to a rehabilitation facility he noted the following:

The Sunrising Clubhouse is one of the only examples of a rehab program in Seoul and perhaps all of South Korea. It became clear that in addition to an overuse of inpatient facilities, there are inadequate community services and supports (Fisher, D. 2006 "Recovering Humanity in South Korea: Nothing about us without us", *National Empowerment Center – Articles*, 22 December, National Empowerment Center website

<http://www.power2u.org/articles/international/korea.html> – Accessed on 8 April 2009 – Attachment 4).

The report by the World Health Organisation Assessment Instrument for Mental Health Systems (WHO-AIMS) 2006 also provides the following information in regards to the cost of psychotropic medicines:

Four percent of the population has free access to essential psychotropic medicines. For those that pay out of pocket, the cost of antipsychotic medication is 8071 Won and the cost of antidepressant medication is 8020 Won, which is 29 percent of one day's minimum wage. The minimum daily wage in local currency is 27,840 Won. All mental disorders are covered in social insurance schemes (World Health Organisation 2006, *WHO-AIMS Report on Mental Health System in Republic of Korea: A report of the assessment of the mental health system in Republic of Korea using the World Health Organization – Assessment Instrument for Mental Health Systems (WHO-AIMS)*, World Health Organisation website, p. 8 http://www.who.int/mental_health/evidence/atlas/profiles_countries_n_r1.pdf – Accessed 20 April 2009 – Attachment 3).

A report written by Jim Crowe, who is a past president of the Asia Region of World Fellowship for Schizophrenia and Allied Disorders, presented the following at the Asia Pacific Advocacy Forum in 2005 on access to a rehabilitation facility:

Visit to Taiwha Fountain House Clubhouse

This was a typical and very good clubhouse based strictly on Fountain House principles. We were to discover later on that some families were very critical because there were excision criteria for admission, i.e. it tended to admit only those people who have a capacity to succeed, that is, to get a job; there were age limits; people had to have a psychiatric referral. Family support was an integral part of this Clubhouse programme (Crow, J. 2005, 'Asia Pacific Advocacy Forum held in Chaing Mai, Thailand, Report from Korea', World Fellowship for Schizophrenia and Allied Disorders website http://www.world-schizophrenia.org/activities/mutual_exchange/asian-report.html – Accessed on 17 April 2009 – Attachment 5).

The same report also stated the following about community support and the financial burden on the patients and their families on the cost of medication once they are released into the community:

...patients are discharged to the community, where they have to pay for their medication. Even if families can afford this, it is a huge financial burden. They are discharged with no planning. With difficult access to medication and no community services, relapse rates are excessively high (Crow, J. 2005, 'Asia Pacific Advocacy Forum held in Chaing Mai, Thailand', Report from Korea, World Fellowship for Schizophrenia and Allied Disorders website http://www.world-schizophrenia.org/activities/mutual_exchange/asian-report.html – Accessed on 17 April 2009 – Attachment 5).

3. How are mental illnesses viewed within South Korean culture?

In October 2008 an article by Fridae, an online publication which is devoted in empowering homosexuals in Asia, stated that in South Korea the pressures to perform well in school and at work are leading to depression. Furthermore the cultural barriers South Koreans face often discourage individuals from seeking mental health treatments (Kelley, M., & Lee, M. 2008, 'The deadly reality of South Korea's virtual world', Fridae, website 17 October <http://www.fridae.com/newsfeatures/article.php?articleid=2320&viewarticle=1> - Accessed on 8 April 2009 – Attachment 6)

The same article also states the following:

Choi Byong-hwi, a Seoul-based psychiatrist, says that only seven percent of Koreans with mental health issues seek professional assistance due to “significant taboos attached to the treatment of depression in a psychiatric clinic” (Kelley, M., & Lee, M. 2008, ‘The deadly reality old South Korea’s virtual world’, *Fridae*, website 17 October <http://www.fridae.com/newsfeatures/article.php?articleid=2320&viewarticle=1> – Accessed on 8 April 2009 – Attachment 6).

An online article written on *Ohmynews* in 2007 also reported the following:

Like most Asian nations, South Korea does not have a well developed concept of mental illness, especially as a treatable disease. Certainly, the recovery-based, consumer-driven model that exists in the West has not been implemented here. In addition, there is a lot of stigma attached to various mental disorders, meaning that people are living in hell because they feel they cannot seek the treatment they need in order to cope and eventually recover. Those who are brave enough may very well find themselves locked away in an asylum (Campbell, T. 2007, ‘Suicide in South Korea case of too little, too late stars recent death by own hands raises issue once again’, *OhmyNews International* website, 2 February http://english.ohmynews.com/articleview/article_print.asp?menu=c10400&no=343471&rel_no=1 – Accessed on 8 April 2009 – Attachment 7).

The World Health Organisation Mental Health System report on South Korea also revealed the following:

In order to reduce the average length of stay in mental hospitals, more residential facilities are needed. However, social stigma against mental illness and a strong attitude of ‘not in my backyard’ (NIMBY) by many of the people in Korea makes it difficult to reintegrate people with mental disorders into the community (World Health Organisation 2006, *WHO-AIMS Report on Mental Health System in Republic of Korea: A report of the assessment of the mental health system in Republic of Korea using the World health organization – Assessment Instrument for Mental Health Systems (WHO-AIMS)*, World Health Organisation website, p. 26 http://www.who.int/mental_health/evidence/atlas/profiles_countries_n_r1.pdf – Accessed 20 April 2009 – Attachment 3).

A journal article published in 2008 in relation to employment discrimination against those with schizophrenia stated the following:

Until quite recently, education about the human rights of the mentally ill has not loomed large in psychiatry training programs in Korea, but this is changing [12]. Out of 5,626 statutes in the Korean legislation in 2004, 39 have been judged discriminatory of individuals with mental illness [13]. As a nation, Korea tends toward homogeneity and conservatism and this is reflected in its customs and laws. People on the street stare at or gossip about those whose dress code and behavior deviate from accepted social norms. The general public tends to avoid those with disabilities and to distance itself from individuals who are obviously “other.” This, of course, happens in other countries as well but is perhaps more pronounced and more open in Korea, which makes the events described here an example of a much wider phenomenon. Kim et al., investigating newspaper articles about psychosis in Korea between 1998 and 2000, conclude that stigma and a negative attitude against schizophrenia are fed by the mass media. A total of 326 articles were classified by category and analyzed quantitatively and qualitatively. In 228 of the articles (69.9%), the association with psychosis was a negative one. The most frequent association was with danger, violence or crime (n = 118). Other negative descriptions were with bizarreness, dysfunction, incurability, family burden, and the need for institutionalization

[14] (Seeman, M.V. 2008, 'Employment Discrimination Against Schizophrenia', *Psychiatr Q*, vol. 80, p. 12 – Attachment 8).

The same journal article also states the following about how mental illness is viewed in society:

Eastern traditions that see mental illness as punishment by supernatural spirits for wrongs committed by ancestors or, alternatively, as a wilful character flaw, partially explain why the stigma of mental illness is so severe in Asian countries [16]. From a Confucian perspective, any type of deviance from the norm represents a dissonance from the ideal state of harmony. Those with mental illness are feared because their behaviour is, to a large extent, unpredictable [17] Families with a mentally ill member live in silence, secrecy, and shame lest an illness like schizophrenia interfere with marriage, job, and community respect, not only for the ill person but for the family [18]. As in the case of DE, a schoolteacher's mental illness, if known by the local community, would bring shame upon the school

...Lee et al speaking from a Korean perspective, advocate for a changed attitude and abolition of wrongful preconceptions against people with mental disorders. Labor laws need to be revised in their country, in this group's opinion. They advocate fitness for work evaluations based on the ability to function on the job, not on presence or absence of symptoms, and encourage the Korean government to help all its citizens by making employment feasible for all disabled people, including those with mental disorders (Seeman, M.V. 2008, 'Employment Discrimination Against Schizophrenia', *Psychiatr Q*, vol. 80, p. 9, 12, 14 - Attachment 8).

4. Is there any evidence of significant harm being directed at those with mental illness or their families arising from the illness?

Psychiatrist Dr Daniel Fisher has reported in 2006 the following in regards to the ill-treatment of those suffering from mental illness in South Korea:

Well I soon found out that I went because they needed to hear a new approach. They had not heard about recovery. I went because I was needed. South Korea is still operating the type of institution-based system seen in the United States 40 years ago. Among the glittering skyscrapers and flash of digital cameras I found that people labelled with **mental illness are treated as an extreme underclass**

...**Perhaps the greatest abuse** is the ease with which people are hospitalized and the **difficulty they have in getting out**. There is an unfortunate confluence of Korean culture, which is based mostly on the rigid hierarchy of Confucianism and the collusion of a psychiatric profession, which reinforces that social structure. This means that hospitalization can occur when the most powerful member of the family, usually the husband, wants it to. We later met a woman who is bringing the first successful lawsuit against a psychiatrist for improper hospitalization. She has started a group called Human Rights Alliance of Mental Hospital Abuse. She was hospitalized for 65 days because she changed her religion to one her husband did not approve of. On reviewing the meager information in the charts I found that one young man was hospitalized for a year because he yelled at his father. Another had been hospitalized for 90 days for alcoholism. The wards had very little programming, so patients were wandering aimlessly. One unit had over a hundred women, all in pyjamas and all clutching at our arms, and plaintively searching for hope in our eyes. Their sleeping quarters consisted of 15 mats crowded together in each room with no space for personal belongings. We also learned that they carry out ECT without anaesthesia, a practice that leads to broken bones.

...There was consensus that the conditions in the hospitals were inhumane, that more services were needed in the communities, stigma was very prevalent (for instance being labelled mentally ill often prevented one from getting married).

...It was clear that South Korea is violating international mental health rights, I emphasized the importance of their building up their advocacy groups, as they are often the best catalyst of change (Fisher, D. 2006 "Recovering Humanity in South Korea: Nothing about us without us", *National Empowerment Center Articles*, National Empowerment Center website 22 December <http://www.power2u.org/articles/international/korea.html> – Accessed on 8 April 2009 – Attachment 4).

The 2006 World Health Organisation report on the mental health system in the Republic of Korea reported the following in regards to legislative provisions against discrimination for those with mental disorders:

Currently, there is a legislative provision for employment of people with mental disorders. This provision exists to protect and provide support for users. In addition, there is a legislative provision against discrimination at work, but this provision is not enforced. At the present time, there is no legislative or financial support for housing nor legislative or financial provisions against discrimination in housing (World Health Organisation 2006, *WHO-AIMS Report on Mental Health System in Republic of Korea: A report of the assessment of the mental health system in Republic of Korea using the World health organization – Assessment Instrument for Mental Health Systems (WHO-AIMS)*, World Health Organisation website, p. 23 http://www.who.int/mental_health/evidence/atlas/profiles_countries_n_r1.pdf – Accessed 20 April 2009 – Attachment 3).

The 2008 country report written by Dr Hwang and Dr Kim stated the following in regards to the monitoring and protection of human rights within the mental health sector.

A national and regional human rights review body has the authority to oversee regular inspections in mental health facilities, review involuntary admissions and discharge procedures, review complaints through investigation processes, and impose sanctions. In 2006 all mental hospitals had at least one review or inspection of protection of patients' human rights. All community-based inpatient psychiatric units and community residential facilities were also reviewed. However, in the last two years, only three percent of mental hospitals, and no inpatient psychiatric units and community residential facilities had at least one day's training in the protection of patients' human rights.

...In order to protect the community rights of mentally-ill patients and reduce the number of long-term inpatients in mental hospitals or institutions, the Government and civil organisations have introduced several projects or programs:

- Evaluation by Government of psychiatric asylums in relation to openness, quality of service and satisfaction of inmates.
- Increasing investment in community mental health programs by local authorities as well as the central government
- Each local authority introduced the compulsory peer review system for extended stay over six months in institutions under the Mental Health Act.
- The Government began to regulate the size of mental hospitals and banned constructing new mental hospitals with more than 300 beds under the Mental Health Act (Asia Pacific Community Mental Health Development Project 2008, Republic of Korea's Country Report, Asia Australian Mental Health website, p.

The Department of Psychiatry and Behavioural Science Institute in Seoul conducted a study in 2007 estimating the economic cost of Schizophrenia in South Korea. The following is the information they found on mental health and the treatment of schizophrenia:

In 2005, there were 127 community mental health centers, which provided mentally ill patients in communities with mental health programs.

...In 2005, there were 38 homeless shelters nationwide that admitted mentally ill patients. Nine thousands and fifty five persons were registered at homeless shelters in 2005 (15), and of these 62% were diagnosed as having schizophrenia (3).

...The treated prevalence rate of schizophrenia in the Korean population in 2005 was 0.4% (Table 1). The number of persons treated with schizophrenia in 2005 was 161, 058 (89, 720 men and 71, 339 women).

...The average length of stay for patients with schizophrenia enrolled with the National Health Insurance was 99 days.

...Average length of stay of schizophrenia was longer than other diseases. In Korea the number of psychiatric beds has continuously increased from the 1980's; in fact this rate of increase is higher than in any other OECD member nation (14). It is problematic that schizophrenia patients are still predominantly treated by hospitalization in Korea, and that mean length of stay is greater than in other countries (14, 28-30) (Chang, S.M, Cho, S.J, Jeon, H.J, Hahm, B.J, Lee, H.J. Park, J.I & Cho, M.J. 2008, 'Economic Burden of Schizophrenia in South Korea', *Journal of Korean Medical Science*, vol. 23, no. 2, pp. 168, 170, 172,173 – Attachment 9).

Another 2008 study on the perceived need and use of child mental health services in Korea found the following in regards to the proportion of adolescents who receive mental health services:

In addition, the discrepancy between the proportion of the children with an emotional or behavioural problem and the proportion who receive mental health services has been a matter of concern for policymakers, clinicians, and researchers in the field of child psychiatry.

...We also found that only a minority of children at risk of a psychiatric disorder actually has received mental health services...These results suggest that the threshold for referral to child mental health services is still high (Cho, S.M, Kim, H.S, Kim, H.J & Shin Y.M. 2008, 'Perceived Need and Use of Child Mental Health Services in Korea', *Community Mental Health Journal*, vol. 45, pp 56-61 – Attachment 10).

Psychiatric News published an article in 2001 in regards to nurses battling to erase Korea's entrenched stigma for those with mental illness:

In Korea, stigma keeps people with mental illness behind closed doors, quite literally (Kim, S. 2001, 'Nurse Battles to Erase Korea's Entrenched Stigma Problem', *Psychiatric News*, vol. 36, no. 17, pp. 11 – Attachment 11).

An article written in 2008 by *Thai News* stated the following in regards to psychiatric facilities and social stigma of those affected by mental health:

Some mental health experts say South Korea's psychiatric facilities are not as well developed as in other wealthy countries, which means treatment may be inadequate for depression or other problems that increase the risk of suicide. They also note that in South Korea there is more of a social stigma against seeking mental health care than in some other countries. The Suicide Prevention Association says this taboo often prevents people from seeking help. Instead, many go on-line in search for others who also feel hopeless. Instead of finding help, they may encounter others who want to kill themselves ('South Korea: Suicide is One Leading Causes of Death in South Korea' 2008, *Thai News*, 22 August – Attachment 12).

The *Korea Times* published an article in 2009 titled 'State of Denial' and stated the following about stigma and mental health in Korea:

The U.S. Surgeon General in 1999 said, "Powerful and pervasive, stigma prevents people from acknowledging their own mental health problems, much less disclosing them to others." In Korea, most people with a mental illness are reluctant to talk about it due to the stigma associated with it. The afflicted person feels a sense of isolation as they maintain a facade of happiness in their daily interactions.

Link and Phelan (2001) identify several aspects of stigmatization that demonstrate how people with mental illness can be persecuted. There is a tendency to label the mentally ill in a simplistic way. Consequently, an "us" and "them" mentality develops that seeks to separate the mentally ill from the "sane." Adam Phillips, a British psychotherapist, notes that such distinctions serve to deny similarities between "us" and "them." This disassociation creates the conditions for "discrimination" against people with mental illness. In Korea, this translates to the state outsourcing care for these people to their family. "Stereotypes" are the final aspect of stigmatization to be explored.

... South Korea has the highest suicide rate among members of the Organization for Economic Cooperation and Development (OECD) in 2005. The World Health Organization (WHO) estimates that 90 percent of suicide victims have some kind of mental illness such as depression. The word "victim" is particularly applicable in Korea as these people could have been treated through therapy and/or medication (Conway, C. 2009, 'State of Denial', *Korea Times*, 27 January – Attachment 13).

The National Human Rights Commission of Korea stated in 2007 the following after a legislative study on the improvement of human rights for people with mental disabilities:

Since the launch of the National Human Rights Commission of Korea (NHRCK), social perception and awareness of human rights have been improved, and institutions have been changed for the better. However, institutional arrangements for improvements for persons with mental disabilities are still highly unsatisfactory. In particular, the human rights of the mentally challenged should be given more attention and care as persons with mental challenges are among the most vulnerable groups in society as they face social prejudice and are less able than other groups to speak out on violations of their human rights.

Constitutionalist Approach to "Hospitalization by Guardians"

The current Mental Health Law details two types of hospitalization: voluntary vs. involuntary. Involuntary hospitalization is further divided into hospitalization by a guardian, hospitalization by a mayor or governor, and emergency hospitalization. Involuntary hospitalization and treatment restrict one's right to physical movement

and one's right to be protected from physical harm. For this reason, the general principles regarding the restriction of basic rights and the principle of the prohibition of excessive legislation indicated in Article 37, Paragraph 2 of the Constitution should be observed in the process of any involuntary hospitalization. However, only 7.7% of inpatients in the nation's mental health facilities are voluntary inpatients (as of 2004), while most were hospitalized against their will by a family member or by the head of the relevant local government. Consent by a guardian should, in principle, be required for treatment only when it benefits the patient. Any attempt to use such an administrative measure for the purpose of general prevention in the interest of society should not be permitted. Thus, concerning attempts at treatment or hospitalization that are not based on the patients' genuine willingness, immediate solutions and action should be sought from a legalistic point of view. For example, the conditions and duration for involuntary treatment and hospitalization should be further limited so that when only outpatient treatment is necessary, the patient will not be hospitalized against his or her will and any misuse of the involuntary treatment/hospitalization system can be thwarted.

Systemization of Local Community Case Management to Improve the Human Rights of the Mentally Challenged

With the purpose of the promotion of the quality of life for people with psychiatric disorders, the mental health service system not only needs to provide services related to the treatment of mental disorders, but also must comprehensively involve various aspects for the rehabilitation of and local community protection services for persons with mental disabilities. In other words, since individuals with mental disabilities have difficulty adapting in the community as well as a range of needs in relationships with their family, local community and society, a holistic approach should be taken to deal with a variety of areas of their lives.

The study, in order to identify ways to improve local communities' mental health services: first, examined Korea's legal and institutional foundation for the provision of mental health services; second, proposed an exemplar for a comprehensive public management system for mental health services; third, specifically delineated the boundaries between private sector services and public sector services, as the latter involve management functions such as planning, adjustment and deployment of local communities' mental health resources; and fourth, proposed a method for the management of mental health cases based on local communities in order to connect private agencies with different functions in different service areas as an organic mental health system with internal efficiency and adaptations.

The National Human Rights Commission of Korea was established in 2001, offering investigation and remedy services for Korean citizens and foreigners residing in Korea against human rights violations and discrimination. The Commission provides policy recommendations and remedial action against human rights infringements, collaborates with international human rights organizations and implements educational programs to improve the human rights culture (National Human Rights Commission of Korea 2007, *Legislative Study on the Improvement of Human Rights for People with Mental Disabilities*, 8 November, National Human Rights Commission of Korea website

http://www.humanrights.go.kr/english/category_s_01_detail.jsp Accessed on 17 April 2009 – Attachment 14).

List of Sources Consulted

Internet Sources:

Non-Government Organisations

World Health Organisation website www.who.int/en/

Topic Specific Links

World Fellowship for Schizophrenia and Allied Disorders <http://www.world-schizophrenia.org>

Asia Australia Mental Health <http://www.aamh.edu.au>

National Empowerment Centre <http://www.power2u.org/index.html>

International News & Politics

The Korea Times www.koreatimes.co.kr

Ohm news International Korea <http://english.ohmynews.com>

Friday News Empowering Gay Asia www.fridae.com

Search engines

Google search engine <http://www.google.com.au/>

Online Subscriptions Services

SpringerLink www.springerlink.com/home/main.mpx

Databases:

FACTIVA (news database)

BACIS (DIAC Country Information database)

REFINFO (IRBDC (Canada) Country Information database)

ISYS (RRT Research & Information database, including Amnesty International, Human Rights Watch, US Department of State Reports)

RRT Library Catalogue

List of Attachments

1. Asia Pacific Community Mental Health Development Project 2008, *Republic of Korea's Country Report*, Asia Australian Mental Health website http://www.aamh.edu.au/data/assets/pdf_file/0010/19882/Koreas_Country_Report.pdf - Accessed 20 April 2009.
2. World Health Organisation, *Mental Health Atlas 2005*: World Health Organisation website http://www.who.int/mental_health/evidence/atlas/profiles_countries_n_r1.pdf – Accessed 20 April 2009.
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