

# Stigma Surrounding Mental Health in South Korea

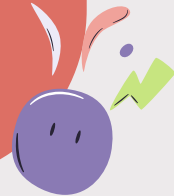
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# What is Stigma?

- A mark of disgrace
- Negative attitudes based on distinguished characteristics
- Discrimination to those with a different attribute





# 3 Types of Stigma

**1**

## Public

General society's public opinion on the mentally ill.

Mental illness is a sign of weakness.

**2**

## Institutional

Government/private organizations limiting the mentally ill's rights/availability.

Insurance company denies insurance/rejects claim.

**3**

## Self

Mentally ill's negative opinion on themselves, self-blame.

"I am worthless."

## Examples

# **Mental Health Stigma in S.K.**

- Negative perception
- viewed as psychotic and abnormal
  - Mental illness = shame



**WHY?**



02

# Culture

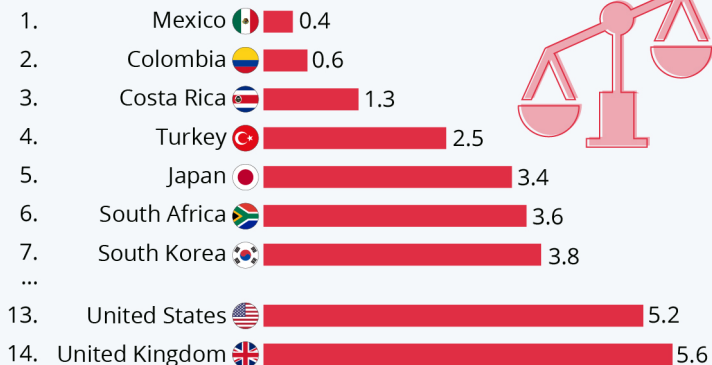
Societal/Family beliefs → South Korea History



# “Bballi Bballi”

## The Countries With the Worst Work-Life Balance

OECD countries ranked lowest for the quality of their work-life balance in 2020 (10=best balance)



Based on length of working hours and time for leisure and personal care in the 38 OECD member states plus Russia, Brazil and South Africa.

Source: OECD



statista

- Fast and accurate
- Korea is a fast growing/working society
- No work to life balance
- Engraved mentality
  - always be perfect
- Perfectionist mindset



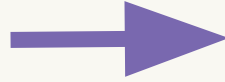
mindset deeply rooted in the public conscience

mental health awareness and advocacy work by South Korean physicians largely ineffective

# The Impact of South Korean Culture

## South Korean Beliefs

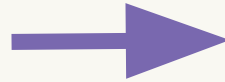
Negative attitudes  
toward mental  
health services



## Effects in America

Greater depressive  
symptoms

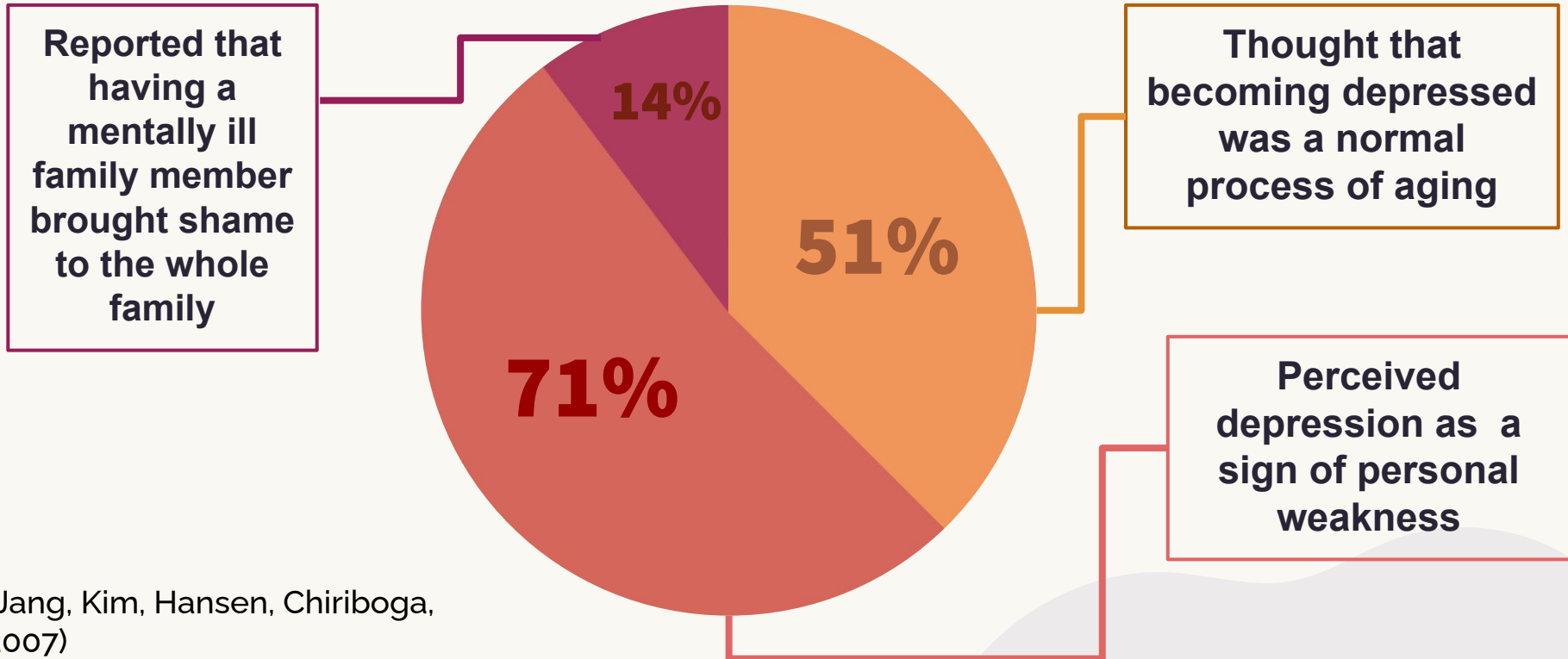
Chae-myun ( **체면** )



Social ostracism against  
mentally ill-people, Loss  
of status



# Stigma Surrounding Mental Health In South Korea



(Jang, Kim, Hansen, Chiriboga, 2007)

# Drivers of Decreasing SK Mental Health Status

- Extremely stressful and competitive culture surrounding work, life and family affairs
  - Unemployment rates **3X** higher than national average due to high competitive drive
    - Unfriendly and stressful work environment has led to over **40%** of the younger generations stopping job seeking (Nagar, 2022).
      - Increasing financial distress



# Buildup of Drivers

**Competitive  
society and  
societal  
pressure**

**High  
unemployment  
rates**

**Younger  
generations  
seeking jobs less**

**Financial and  
personal life  
stress**



03

# Barriers in S.K.

In seeking psychiatric help





# Barriers to visiting psychiatrists



**Structural  
Discrimination**



**Public  
Prejudice**



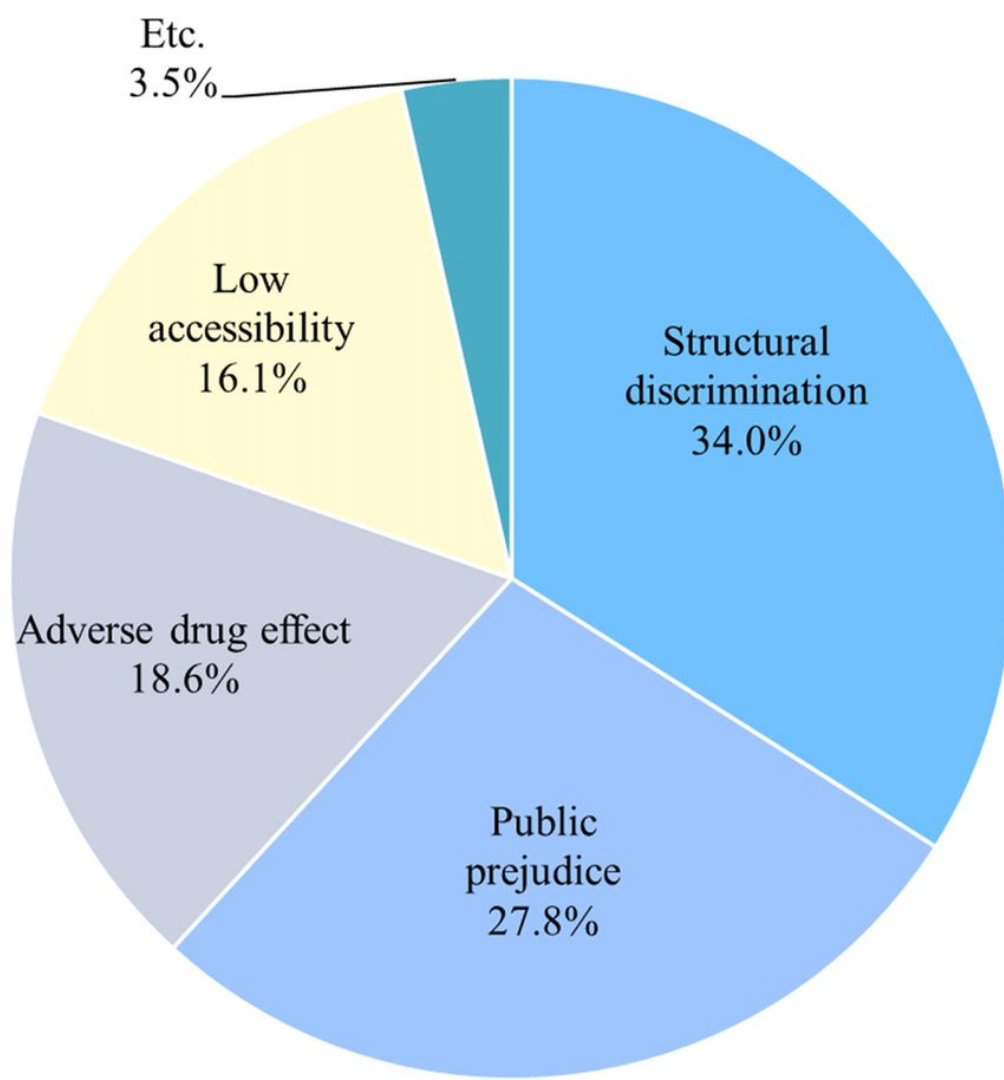
**Adverse Drug  
Effects**



**Low  
Accessibility**



*(BMC Psychiatry)*



Number of psychiatric beds (per 100,000 persons) in South Korea.

Year	Total		Mental Health Hospitals			Mental Nursing Care Facilities		
	N	Per 100,000	N	Per 100,000	(%)	N	Per 100,000	(%)
1984	14,456	35.8	6107	15.1	42.2%	8349	20.7	57.8%
1990	31,541	73.5	14,109	32.9	44.7%	17,432	40.6	55.3%
1996	42,358	92.0	24,176	52.5	57.1%	18,182	39.5	42.9%
2000	58,010	122.0	43,885	92.3	75.7%	14,135	29.7	24.4%
2001	60,792	127.0	46,472	97.1	76.4%	13,960	29.2	23.0%
2002	63,708	132.4	49,868	103.6	78.3%	13,840	28.8	21.7%
2003	65,943	136.5	52,143	107.9	79.1%	13,886	28.7	21.1%
2004	67,241	138.7	53,391	110.1	79.4%	13,850	28.6	20.6%
2005	72,199	148.3	58,150	119.4	80.5%	14,049	28.9	19.5%
2006	78,056	159.7	63,760	130.4	81.7%	14,296	29.2	18.3%
2007	82,862	168.7	68,253	138.9	82.4%	14,609	29.7	17.6%
2008	83,937	169.9	69,702	141.1	83.0%	14,235	28.8	17.0%
2009	86,703	174.6	72,378	145.8	83.5%	14,325	28.8	16.5%
2010	89,559	179.5	75,414	151.2	84.2%	14,145	28.4	15.8%
2011	93,932	187.4	80,012	159.7	85.2%	13,920	27.8	14.8%

mental health treatment becoming more accessible with more psychiatric clinics opening

2012	98,428	195.5	84,220	167.3	85.6%	14,208	28.2	14.4%
2013	96,965	191.8	83,001	164.2	85.6%	13,964	27.6	14.4%
2014	97,515	192.1	83,711	164.9	85.8%	13,804	27.2	14.2%
2015	97,526	191.4	83,696	164.3	85.8%	13,830	27.1	14.2%
2016	96,924	189.6	83,405	163.2	86.1%	13,519	26.4	13.9%
2017	95,019	185.5	81,734	159.5	86.0%	13,285	25.9	14.0%
2018	92,422	180.2	79,257	154.5	85.8%	13,165	25.7	14.2%
2019	92,884	179.0	78,739	153.4	85.7%	13,145	25.6	14.3%

psychiatric treatment environment:

facilities → hospitals

# Results?

- High prevalence of mental illness in South Korea

**1 in 4** suffered mental disorder in 2017

**1 in 10** receive treatment

*(Harvard International Review)*

- **HUGE treatment gap**

- Discrepancy between number of people who need treatment & those who receive treatment

Only **22%** of people with a mental illness seek professional help during lifetime  
mostly seek help from private psychiatric clinics and pay their bills in cash, so no records remain

*(BMC Psychiatry)*

*(McDonald, 2011)*



04

# Mortality Rate

In South Korea



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**Table A1**

A. Mental health related indicators for OECD countries.

Country	GDP per Capita	Life Expectancy at Birth	Perceived Health Status	Suicide Rates
Unit	USD	Years	%	Per 100,000 Persons
OECD	45,425	80.7	68.0	11.5
Korea	41,001	82.7	29.5	24.6
Rank of Korea	(20)	(5)	(36)	(1)

Overall average of  
Organization for  
Economic Cooperation  
and Development  
(OECD)

Proportion of people over 15  
yrs old who perceived their  
health as “very good” or  
“good” (S.K. lowest)

S.K. highest suicide-related  
mortality rate among OECD  
countries

# 95%

Report being stressed, with staggering  
rates of depression among the elderly



*(Harvard International Review)*

**Today nearly 40  
commit suicide everyday**

*(Harvard International Review)*

**Nearly 3X  
Higher than  
U.S.**



(McDonald, 2011)



**How does this**  
***affect us?***

# S.K.

# U.S.

- Treatment becoming more accessible
  - More psychiatric clinics opening
- Stigma not improving

- Policy and program development
- Still face barriers
- Raise awareness

- Treatment not very accessible
  - VERY costly
  - 74% believe this for such services
  - 47% believe it is limited
  - Long waits (appointments)
- Some stigma remains → mostly positive views
  - Majority (87%) believe mental = physical
  - More accepting



(Burnett, 2019)

(Majlessi, 2022)

# Effects on Korean-Americans

## S.K. beliefs maintained

- characterize themselves as: intelligent, industrious, and fully in charge of their lives
- admitting to “weakness” → letting down entire community
- Fear: being thought of as weak or “crazy”

## Language Barriers

- Individual's ability to understand an English-speaking therapist
- Inability to express their need verbally → false impression → misdiagnosis/underdiagnosis

(Steiner, 2005)



# Effects on Korean-Americans

## Cultural Barriers

- U.S. and S.K. hold different values
- Different ways to deal with emotion
  - U.S: Mainstream psychotherapy
  - S.K: escape through academics/sports
- Mental health care provider has no insight into the Korean American community/individual
  - Reading non-verbal communication (behaviors)

## Lack of Awareness

- Where?
- How?
- Purpose?

(Steiner, 2005)

# Effects on Korean-Americans

## Generational Experiences of Hardship

- Many first generation asians americans experienced trauma as immigrants adapting to life in foreign land
  - Feel guilt → sharing their mental health struggles
  - Fearing it may seem insignificant compared to their parents'/grandparents'

## Model Minority Myth

- *Assumption/stereotype*: all asian americans have educational success and economic stability
  - Immense amount of pressure to meet these societal standards

# The Impact on Korean Americans

Shorter residence in  
the US & Higher  
levels of depressive  
symptoms



Negative attitudes  
toward mental health  
services

Longer residence in  
the US & Fluency in  
English



Positive perceptions  
toward mental health  
services

Older adults



Less likely to access  
mental health services

05

# Solutions

Ways to mitigate stigma



# Ways to Mitigate Stigma in SK

- **Greater funding contribution towards mental health care delivery**
  - Currently underfunded and not prioritized
  - Aim for a broader public-private approach in destigmatization

# Ways to Mitigate Stigma in SK

- Long term, structural reforms to combat mental health
  - Education to the public on significance of mental health issues
  - Society wide incorporation
    - Integration through social influencers

## Korea Efforts:

Spread information about mental health to Korean communities in America, normalize seeking help without shame

Korean government should add support services that offer guidance to employees suffering from mental stress

Korean government should raise funds to invest in efforts to publicize the need to combat mental-illness

## America Efforts:

Increase government funding and support for more to improve mental health services (lower cost and provide enough insurance coverage)

Provide training to service providers to understand and address culturally specific mental health issues

Increase language diversity in services to meet a variety of language needs (expand accessibility)

By **understanding** what stigmas are and how it impacts us as a community, we can shed more light on the **importance** of mental health and receiving proper treatment.



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