People-Centered Strategy for Making Mental Health Services More Accessible

People
with People
in Mind

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Introduction

I   Introduction

The South Korean government's mental health policy, which has its legislative grounds in the Mental Health Act (MHA) of 1995, has been in effect and growing since 1997. Deinstitutionalization has been the guiding principles of the Korean mental health system, with various policy support measures added over the years, particularly for serious mental disorders. Serious mental disorders are still a major focus of the mental health policy, but the Act on the Improvement of Mental Health and Support for Welfare Services for Mental Patients (AIMH), along with related policy measures, has also been responding to the growing interest in the mental health of the general public and preventive mental healthcare since 2017.

Mental health is a key issue in Korea today, in part thanks to the growing emphasis on individual happiness and quality of life. Korea has also been plagued with high suicide rates (Statistics Korea, 2019), with almost a quarter of the entire population experiencing one kind of mental issue or another at least once in their lifetimes (MOHW, 2016). Depression and anxiety are prevalent mental disorders, and excessive drinking and related problems persist (KCDC, 2018). In addition, a series

of high-profile crimes committed by schizophrenia patients in recent years has reinforced society's negative image of schizophrenia and mental illnesses.

Conditions are ripe for the Korean government to pay greater attention to mental health problems. Policy responses to mental health issues can take various forms. One would involve enhancing the physical accessibility of mental health services by increasing institutions and facilities, workforces, budgets, and other parts of infrastructure that provide such services. Another is to reduce the psychological distance the general public feels from mental healthcare by helping the public understand mental health problems and relaxing their resistance to necessary services. Another option is to improve the quality of mental healthcare services provided.

Korea's mental health policy has mostly focused on the first of these approaches, i.e., enhancing service accessibility. The AIMH calls for not only increasing welfare services for mental patients, but also for greater efforts by local communities toward improving the mental health of the general public and preventing mental issues. The National Action Plan for Suicide Prevention (NAPSP, 2018-2022) also emphasizes increasing accessible mental health services at the local community level to prevent suicide. The National Policy Agenda (Task No. 44, "Expanding the National Health Insurance Coverage and Supporting Preventive Health Management Programs") likewise

highlights the importance of increasing the accessibility of mental health services by expanding the underlying system and increasing the public's use of such services. The growing attention to the human rights of mental patients, including their right to self-determination, is also increasing interest in the quality and safety of the mental health services that are provided.

What would improving the accessibility of mental health services entail? A recent study by Jun et al. (2017) views mental health services available in local communities as quite a broad concept, seeing it as encompassing all the welfare resources that connect and coordinate the mental health support system defined by the AIMH and locally available services. In other words, the study defines all the services the general public can use to prevent, manage, and treat mental health issues and return to normal daily life after treatment as mental health services. Here, accessibility concerns patients' entry into, and use of, the given service or system. Alternately, accessibility is dependent on the factors that affect patients' entry and use (Penchasky and Thomas, 1981).

The accessibility emphasized by the Korean government's policy is a comprehensive concept. From the perspective of patients/clients, having more accessible mental health services specifically means having a service-providing agency in their own community and being able to enter/use the available serv-

ices there without physical or psychological difficulty.

We need to ask whether accessibility is really the foremost is-
sue with mental health services in Korea, as emphasized by the
government. The existing literature on mental health issues in
Korea and other countries worldwide generally concurs that
mental healthcare still imposes significant social and economic
burdens (OECD, 2015). Intervention should be provided in a
timely manner, but the shortcomings of the mental health in-
frastructure and psychological barriers to seeking the proper
services denies patients the services they need when they need
them most, worsening their condition and adding to the social
cost as a consequence (OECD, 2015). The majority of people in
need of mental health support have difficulty recognizing their
needs, are negatively prejudiced against both mental problems
and treatment, and have difficulty accessing the mental health
service infrastructure. These factors standing in the way of
timely intervention ultimately burden individuals' health, well-
being, and quality of life as well as society as a whole.

The Korean government has introduced various initiatives
over the years to improve the accessibility of mental health
services, and, for the most part, that effort has worked. The
number of service-providing organizations, facilities, and
workers has been growing steadily over the past two decades.
Efforts have also been made to improve patients' entry to, and
use of, available services by providing preventive education

and conducting training campaigns. The mental health and welfare centers (MHWCs) of local governments are mostly responsible for organizing suicide prevention programs and advertising to, and educating, the public on available services. However, MHWCs are also struggling to manage the increasing numbers of cases of serious mental issues and suicidal patients with limited budgets and manpower.

Although the physical accessibility of mental health services has been improved, the same cannot be said of psychological accessibility. The Korean public's conflicted views of mental health and issues are affirmed repeatedly by the National Center for Mental Health's annual surveys. The persistent stigma of mental health services also keeps the rate of use of available services considerably lower than in other comparable societies.[1] Meanwhile, the general public remains largely unaware of mental health issues and service-providing organizations. Even those who are aware are biased against seeking such care (Lee, Chae, Jeong, Yun, and Cha, 2017; Jun et al., 2017).

To improve the accessibility of mental health services, whether physical or psychological, as emphasized by policymakers, it is necessary to critically revisit the efforts that have

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1) The rate of mental health service use in Korea was 22.2 percent in 2015, 6.9 percentage points up from 2011 but significantly lower than the United States' 39.2 percent, New Zealand's 38.9 percent, and Australia's 34.7 percent (MOHW, 2016).

been made so far and identify how the public, with its actual need for such services, rates their accessibility so as to determine specific measures needed to improve it.

The purpose of this study is to identify how accessible mental health services are in Korea today, as well as the constraints standing in the way of improving their accessibility, with a view toward improving the accessibility of mental health services from a demand-side perspective. Specifically, this study surveys the opinions of diverse stakeholders (general public, academia, experts in the field, etc.) through an opinion poll, one-on-one interviews, and focus group interviews and critically reviews the existing mental health policy and programs with the aim of finding a strategy for enhancing the accessibility of mental health services.

Mental health is a wide-ranging concept, and the scope of mental health services can be quite extensive. In this study, therefore, we focus on the psychological accessibility of mental health services, particularly on the factors behind the Korean public's inability or unwillingness to receive the necessary mental healthcare. In addition, this study also reviews how physically available mental health services are to Koreans.

As the primary focus of this study is psychological accessibility, we highlight the prevention and early intervention parts of the spectrum of mental health services, which include, in addition to the two parts already mentioned, treatment & pro-

tection and rehabilitation & recovery. Our goal is to determine measures necessary to improve both the physical and psycho-logical accessibility of mental health services so as to prevent and manage mental health and issues, while enabling Koreans to use the services available with greater ease.

In this study, we divide the Korean population into youth (underage) and adults, in light of the diversity of mental health needs dependent on gender and age, with the aim of under-standing different client groups' perceptions of, and experi-ences with, the accessibility of mental health services. Taking to heart the conclusion of advisory meetings that, among adults, the perceived and experienced accessibility of such services differ depending on whether adults themselves have mental illnesses, we also examined the accessibility of these services to patients with serious mental illnesses.

The method and structure of this study can be summarized as follows.

〔Figure 1〕 Research Purpose, Structure, and Method
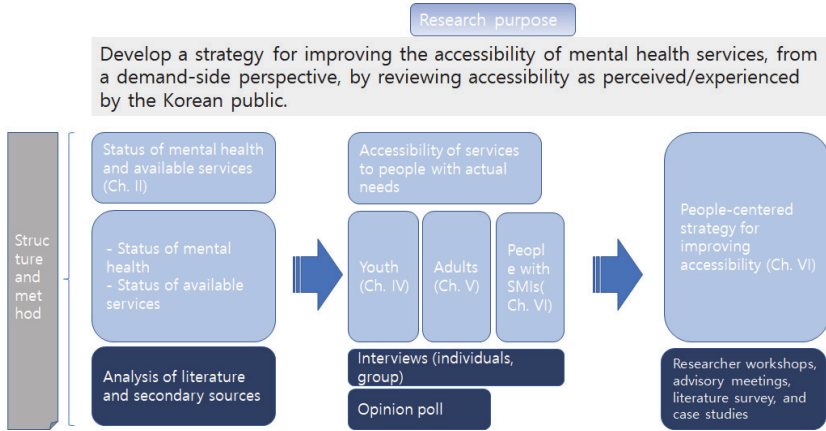
II

Status of Mental Health and Available Services

1. Mental Health in Korea Today
2. Available Mental Health Services

Ⅱ Status of Mental Health and Available Services

1. Mental Health in Korea Today

We may gauge the mental health of a society based on how prevalent, for example, the experiences of depression, excessive drinking, and suicide are. First, according to the 2017 National Health and Nutrition Survey (NHNS), 11.2 percent of adults aged 19 or older[2] had depressing thoughts or feelings. The rate was much higher, at 27.1 percent, among youth in 2018. In general, women are more prone to depressing thoughts and feelings than are men. The rate also moves in a U-shaped curve across age groups (Kim et al., 2018). Second, the same survey indicated that the prevalence of excessive drinking is 14.2 percent, and also showed it to have been on the rise over the past few years (MOHW-KCDC, 2017). Men are more prone to excessive drinking than are women, as are young and middle-aged groups than the elderly. Third, suicide, a major social issue in Korea, was again on an uptick in 2018, according to official statistics on causes of mortality (Statistics Korea, 2018), despite the seeming wane in the preceding years.

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2) Measured as the ratio of respondents aged 19 or older who answered that they had experienced life-crippling depressing thoughts and feelings for two consecutive weeks or longer over the past year.

The 2018 statistics show that 26.6 out of every 100,000 Koreans commit suicide, up by 2.3 people from the 24.3 recorded in 2017. The age group with the highest mortality-by-suicide rate is that of seniors aged 65 or older, but suicide is also the No. 1 cause of death among youth.

[Figure 2] Trend of Depression in Youth (2014–2018) and Trends of Excessive Drinking (2013–2017) and Death-by-Suicide (2014–2018) in Adults

(Units: percentage, count per 100,000 persons)
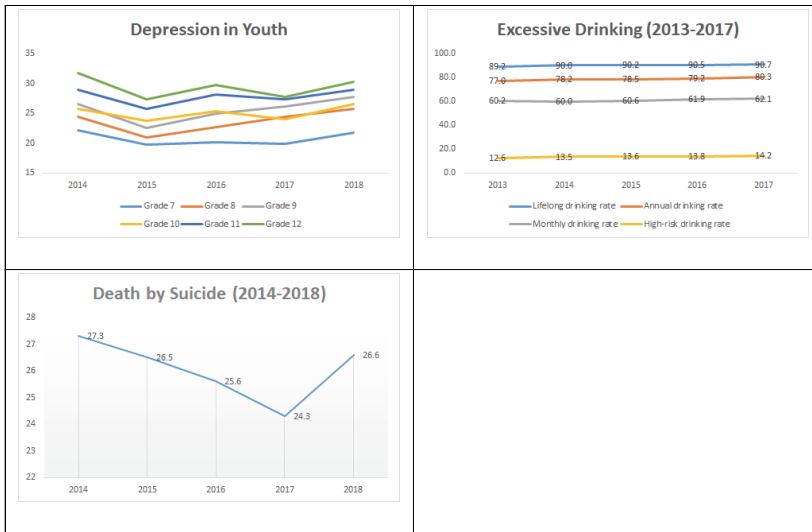
Source: MOHW-KCDC (2018), *Report on Statistics from the 14th Wave of the Youth Health Behavior Online Survey*; KCDC (2017), *2017 National Health and Nutrition Survey Report*, p. 2; Suicide Prevention Center of Korea (SPCK), "Five-Year Suicide Trend," www.spckorea-stat.or.kr.

2. Available Mental Health Services

There are various types of organizations or agencies provid-ing mental health services in Korea. First, there were 1,554 mental health hospitals as of 2017. The vast majority of these are private institutions, and many are concentrated in Seoul and Gyeonggi-do. Next, there were 59 mental health sanatoriums. Daycare and occupational training, employment support, and other rehabilitation programs for patients with serious mental illness were mostly provided at the local level by the 349 mental rehabilitation facilities. Most local governments also operate MHWCs that provide mental health services for the local public. There are only 16 municipalities (cities, counties, and districts) without such centers today (Jun et al., 2019).[3]

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[3] Even municipalities without MHWCs provide a limited range of mental health services through the personnel of local public health clinics (PHCs) under the Basic Mental Health and Welfare Program (MOHW, 2019).

〔Figure 3〕 Mental Health Organizations and Agencies by Region(as of December 31, 2017)

Region	MHWCs		Suicide Prevention Centers		Integrated Addiction Support Centers	Mental health sanatoriums	Mental rehabilitation facilities	Mental hospitals	
	Regional	Local	Regional	Local				National/public	Private
Total	16	227	7	25	50	59	349	20	1534
Seoul	1	25	1	2	4	3	11 8	3	373
Busan	1	16	1		4	3	13	1	130
Daegu	1	3			2	3	18	2	84
Incheon	1	10	1	1	5	2	11		74
Gwangju	1	5	1		5	4	12	1	55
Daejeon	1	5			3	4	30	1	72
Ulsan	1	5		4	2	1	2		27
Sejong		1				1	3		5
Gyeonggi	1	36	1	13	7	6	50	5	319
Gangwon	1	18	1	3	3		5	1	41
Chungbuk	1	14			1	4	13		48
Chungnam	1	16		1	2	10	24	2	53
Jeonbuk	1	11		1	2	4	21	1	57
Jeonnam	1	20			2	4	3	1	49
Gyeongbuk	1	15			2	5	18		58
Gyeongnam	1	20			4	4	4	2	80
Jeju	1	2			2	1	4		9

Source: MOHW (2019a), Priority Measures to Support the Protection and Rehabilitation of Serious Mental Illness Patients, p. 27.

According to a report on the fourth preliminary survey on mental health co-written by researchers at the National Center for Mental Health (NCMH), Health Insurance Review Service Agency (HIRA), and Korea Institute for Social and Health Affairs (KIHASA) (2018), 21,814 people were working at mental health organizations/facilities and local rehabilitation organizations

as of 2017. This translates to 42.1 mental care workers per 100,000 people in Korea. According to the World Health Organization (WHO)'s Mental Health Atlas (2017), the average number is 71.7 workers per 100,000 people in high-income societies. Although Korea is a high-income society, its ratio is only slightly more than 50% of the average.

What services do mental health workers provide? The MOHW's Mental Health Programs Guide 2019 defines mental hospitals as organizations that provide "hospitalization for acute mental illness patients and outpatient services for other patients to help them rehabilitate and participate normally in society" (MOHW, 2019b, p. 297). Mental health sanatoriums are where "patients with chronic mental illnesses and no family members to support them are admitted for care and pro- tection" so as to ensure their "quality of life and return to soci- ety" (MOHW, 2019b, p. 266). Mental rehabilitation facilities "facilitate the social adaptation of mental illness patients who are not hospitalized in mental hospitals or admitted to mental health sanatoriums" by "providing rehabilitation services, in- cluding social adaptation training and work therapy" (MOHW, 2019b, p. 212). In summary, mental hospitals provide treat- ment-focused services; mental health sanatoriums, care serv- ices; and mental rehabilitation facilities, rehabilitation services. All of these organizations ultimately strive to aid mental pa- tients' rehabilitation and return to society.

Local mental health programs are mainly undertaken by regional and local governments' MHWCs (MOHW, 2019). This study focuses on the services provided by these centers. MHWCs provide community-based services in response to the recent increase in the demand for community care. They also make up the bulk of the infrastructure for local mental health services. The majority of government-supported mental health services are provided via these centers, which also manage local governments' mental health policy programs.

III

Accessibility of Mental Health Services to Youth

III Accessibility of Mental Health Services to Youth

For this study, we sought to gauge the accessibility of mental health services to Korean youth, first, by polling the opinion of 500 underage people and holding interviews with 14 underage persons on their perceptions of mental health and related services.

Prior to identifying youth's perceptions of, and experiences with, mental health, mental illnesses, and related services, we sought to ascertain their subjective state of mental health and any experiences they had with mental issues over the past year. Of the underage respondents, 70.4 percent rated their mental health as "good" or "very good." A greater percentage of boys than girls gave their mental health condition such positive ratings. Also, middle school students rated their own mental wellbeing more favorably than did high school students.

As for mental health issues the respondents had experienced over the past year, 20.2 percent answered that they had experienced no issues. Among those that had experienced issues, stress was the most prevalent problem (66.2 percent), followed by anxiety (32.4 percent), depression and extreme mood swings (30.2 percent), and sleep trouble (either under-sleeping or over-sleeping, 27.2 percent).

The Korean youth surveyed generally thought anyone could experience emotional and psychological difficulties from time to time, and that these issues were not necessarily diseases or illnesses. The more serious mental issues or illnesses these young people identified included mood disorders (depression, bipolar disorder, etc.), stress, suicide, and schizophrenia, which was emerging as a major subject of controversy in Korea at the time the opinion poll was conducted. The young respondents believed these mental issues to be treatable, but also displayed biases against individuals inflicted with those issues.

A significant number of the respondents participating in the youth survey reported that they had not received any preventive education and training on mental issues at school. They had also been significantly subjected to negative portrayals of mental illnesses and issues in the popular media. These youth generally held negative views or feelings about mental health services due to the lack of information and awareness. The fact that they found mental health services psychologically alienating suggests that they had absorbed the fearful depictions of mental illnesses and services held by society at large before they had been able to receive proper information. Most of the youth who had received mental health services at school, against their popularly held belief, worried that they might be stigmatized for having received such services. A more worrisome phenomenon, however, is that the services did not form

positive experiences in these youth. In addition to having to share their problems unwillingly, the youth doubted the capabilities of so-called professionals because of the latter's failure to induce the desired change.

Nevertheless, most of the Korean youth thought mental health services were necessary, and some also thought it was natural to seek such services for emotional, psychological, and mental difficulties, just as people seek care for their physical ailments. Policy efforts are needed to support this view, along with the view that anyone can experience mental issues and that mental issues are treatable.

First and foremost, youth should be taught at school how to prevent and manage mental health issues. Given the lack of experience of most Korean youth with school-based mental health education and training, the most important policy measures are those that increase opportunities to receive preventive mental health training at schools, focusing on the issues that are of greatest concern to youth.

Second, as most youth are flooded with incomplete and false information, while they are not given proper information on where to go or whom to see for the problems they have, it is important to provide accurate and up-to-date information on available mental health services via online channels, while also correcting popular misunderstandings via the same channels (e.g., that mental health records are shared with universities or

workplaces). Korean journalists have recently developed, and begun to implement, a journalistic reporting standard on suicide. Similar standards are needed regarding reporting on mental illnesses and services so as not to deliver misinformation to the public.

Third, mental health education is also necessary for the families of youth, particularly parents. Parents are usually the ones young people go to, either first or later, in times of difficulty. Some of the youth interviewed in depth confessed that they were struggling with mental issues and even wanted to receive mental health services, but that they could not seek care because their parents held a deep bias against it. It is therefore important to increase mental health education for parents, explain away misunderstandings (e.g., that mental health records appear and remain on students' transcripts), and update them on proper outlets and sources of mental health services their children could use.

Finally, efforts are needed to manage and enhance the capabilities of those who provide counseling at schools or specifically for youth. Youth usually do not seek counselors' help for only a single issue (e.g., depression). The mental issues they experience are often complex mixtures of their worries and fears about situations that are out of their control. It is thus essential to update the standards according to which these workers are trained and evaluated, and provide them with retraining.

IV

Accessibility of Mental Health Services to Adults

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For this study, we also sought to gauge the accessibility of mental health services to adults, first by organizing an opinion poll on 1,000 adults aged 20 to 69, and next by holding in-depth interviews with 24 adults in their 20s and 30s, both on adults' perceptions of, and experiences with, mental health and available services.

Before surveying the respondents on their perceptions and experiences concerning mental health and related services, we first sought to determine their subjective ratings of their own mental health and any mental health issues they had experienced over the past year. Of the poll respondents, 63.9 percent rated their mental health as "good" or "very good." Sex and education were not significantly correlated to these ratings. Adults in their 50s and 60s, however, were significantly more likely than younger ones to rate their mental health so favorably.

When asked whether they had experienced any mental health issues over the past year, and what types of issues, 22.1 percent of respondents answered that they had experienced no such issues. Among those that had experienced issues, stress was once again the most prevalent (67.8 percent), followed by sleep

trouble (either under-sleeping or over-sleeping, 34.3 percent), anxiety (33.4 percent), and depression and extreme mood swings (28.5 percent). These four types of issues emerged as the most commonly experienced issues across all demographic groups.

These Korean adults' views of mental health and related issues were highly similar to those of the Korean youth surveyed. The Korean adults, too, thought that anyone can experience emotional and psychological difficulties, and that such difficulties are not necessarily illnesses. Similar to the youth respondents, these adults also identified mood disorders (depression, bipolar disorder, etc.), stress, suicide, and schizophrenia as the more serious issues of mental health.

Like the youth, again, Korean adults also displayed a strong bias against individuals experiencing mental illnesses. Both the opinion poll respondents and interviewees identified negative images portrayed by the media as the main source of such unfavorable views.

These adults also experienced a great deal of internal resistance in seeking out necessary mental healthcare due to the lack of information and awareness of available services. They expressed both the desire to seek help from psychiatrists or other mental health workers and the internal difficulty in actually visiting these professionals to receive such help. The adults, moreover, showed a greater tendency to resort to alternative means of coping with their mental suffering, such as drinking,

tobacco, and friendship. The lack of correct information on mental health and related services, and the abundance of misinformation, served to reinforce the adults' fear and rejection of seeking proper help and care.

However, our survey also revealed that a significant number of Korean adults have actually sought the advice of others or searched available mental health services online when they were having difficulties. Both the Korean youth and adults surveyed believed that anyone can experience these mental issues and that mental health services are necessary. As adults are better educated on mental health, given proper information to fight misinformation on mental health services, and develop trust that their mental issues can actually decrease when they receive these services, the internal resistance they experience before seeking out help will decrease.

The interviews with adults revealed a number of implications for improving the accessibility, particularly psychological, of mental health services to adults in Korea. First, from early on in life, Koreans should be taught about important issues of mental health and the services they can seek. Some interviewees suggested that the overall social atmosphere should be made so that people can easily seek and receive care for mental issues just as they would for physical ailments.

Second, most interviewees agreed that public campaigns should be conducted on mental health and related services

across all possible forms of media, including TV, mobile apps, and Web comic strips. Others also suggested that mental health checkups should be included as part of the regular checkups that all Koreans can receive free of charge, under the government health program, at certain ages, and that workers affiliated with workplaces should also be given mandatory hours of counseling without exception.

Finally, as the majority of adults in Korea go to work in locations far from their residence, limiting their ability to seek and receive government-subsidized services to only in the vicinity of their residence also serves to increase the psychological distance these adults feel from mental health services.

In summary, making mental health services more accessible and palpable to Korean adults would require propagating proper information on various platforms and media and keeping them informed of where they can receive the help they need.

Popularizing mental health checkups and making mental health services available in all regions regardless of people's residential address would further help make mental health services more accessible. One way to exert a direct effect is to increase education for youth at school on how to prevent and manage mental health issues. Given Koreans' general lack of experience with such education, opportunities for receiving such education, particularly on issues concerning youth, should be multiplied.

V

Accessibility of Mental Health Services to Patients with Serious Mental Illnesses

V Accessibility of Mental Health Services to Patients with Serious Mental Illnesses

We also examined the accessibility of mental health services to serious mental patients. Whereas both large-scale opinion polls and in-depth personal interviews were conducted in relation to youth and adults in general, we interviewed these patients in person only, without an opinion poll, to examine their perceptions of, and experiences with, mental health and related services.

The interviews revealed that, for most of the patients, the entry to mental health services begins when the patients themselves or their families/close relations recognize their mental issues. Patients receive services for the first time when they or their loved ones recognize the serious nature of their conditions and the need for urgent intervention. The service process and content, information provided, treatment facilities/environments, costs, service providers, and effects of treatment all have some influence on how patients come to understand themselves differently.

The recognition that anyone can experience mental health issues, and that people should be able to seek out help for such issues just as they would seek care for a physical condition, was held by all of these patients as well. However, patients felt that

they are not treated like patients of physical illnesses. When asked to define mental health, patients explained it as the ability to maintain one's core self against external environments and stressors.

The patients were well aware of the psychological difficulties and other symptoms of the mental illnesses they suffer, as well as of how these symptoms change them and their lives. The interviewees also confessed that, although the mental illnesses they suffer bear down on them with the crushing weight of life, their loved ones often do not understand the full extent of the pain they experience.

Struggling with mental difficulties, these patients already knew, before they had received mental healthcare, that they needed external help, but they did not know how to receive the help they needed due to a lack of information. The more severe the symptoms, the greater these patients' urge to have their problems solved rather than to change what people think of them. The lack of information on available resources and services is a common problem that emerged in surveys of patients as well as the general public (youth and adults).

Having been initiated into the mental healthcare system, whether of their own accord or via others, mental patients underwent various positive and negative experiences. They appear to have had some choice over what services to receive and whether to continue with them. What the patients thought of

the service process and content, information provided, costs, service providers, and effects of treatment influenced their decisions on whether to quit or continue with the given services through various paths. Some of the patients interviewed came to develop awareness of their own conditions and have elected, voluntarily, to remain under continued care. Traumatic experiences with available services, encounters with unreliable health workers, and failure to experience significant effects from the treatments administered, however, also ingrained deep resentment in some patients against the entire mental healthcare system.

The interviews revealed that patients with serious mental illnesses, too, lack information on when to seek care for their conditions, what types of care to receive, and where to go. They also felt that there were not enough programs or services tailored to their specific symptoms or needs. In addition to the constraints on patients' access to mental health services, the interviews also revealed patients' strong desire to receive better care, including evidence-based and effective services administered by competent health workers and health workers who respect patients' rights.

VI

Conclusion

VI Conclusion

1. Characters Representing Mental Health Needs

This study reveals that there are certain common character-
istics among different users of mental health services, regard-
less of the differences in perceptions and experiences concern-
ing those services that set them apart. In exploring what poten-
tial or actual clients of mental health services would and should
experience as they come to grips with their mental health is-
sues and seek the care and help they need, we come to realize
that there is a common process that should guide these clients'
search, whether they are underage minors, adults, or people
experiencing serious symptoms. To further the understanding
of this process, we have developed a fictionalized process that
leads to mental health awareness and help. The vast majority of
Koreans are stuck in the first stage of this process, which we
named "I Don't Know." This is the stage where people are still
in the dark about what it means to be mentally healthy or un-
healthy, what issues or difficulties constitute mental illnesses,
and what mental health services do. Our opinion polls and in-
terviews reveal that many clients in this stage are in need of
proper information that can improve their understanding and
awareness of mental health issues.

The next stage is where people who recognize their symptoms need help with reducing or resolving those symptoms. Some of the youth and adults surveyed and interviewed for this study were at this stage. Their chief complaint was that, despite their awareness of their need for help, they lacked information on where and how to receive it. Measures are therefore needed to inform people at this stage as to where they can find accessible help.

[Figure 4] Needs and Expectations of Mental Health Service Clients
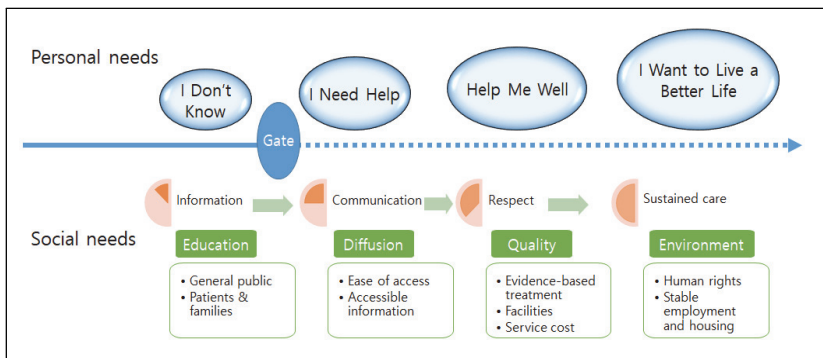
Once they move beyond the "I Need Help" stage and begin to use available mental health services, potential clients turn into actual clients and find themselves in the "Help Me Well" stage, where they expect the services and care they receive to help them manage their symptoms better. This is the stage where clients express their need for evidence-based and effective treatment, services that are safe and respectful of their human

rights, and quality services that are tailored to their needs.

After the "Help Me Well Stage," clients, particularly those with serious mental illnesses, transition to the "I Want to Live a Better Life" stage, where they want to return to society at large as functioning and productive members not subject to discrimination. At this stage, clients want services to help them form human relationships with others, participate actively in society, and go about their lives in their respective communities notwithstanding their remaining mental illnesses.

Having identified, based on the opinion polls and interviews, these four stages of potential and actual clients' needs regarding mental health services, we developed two particular characters to represent youth and adults in the first two stages, "I Don't Know" and "I Need Help," to better illustrate the prevention and early intervention needed for people in these stages. These characters are not based on any real personalities, but are rather amalgams of the characteristics specific to potential clients at each stage as well as our own insights into those characteristics. Psychologists, marketers, and industrial designers regularly develop such fictional characters to help them identify and develop services needed by real-world clients (Lee, Kim, Park, Kim, and Ryu, 2007).

1) Character 1: "Mr. Noneed" in "I Don't Know" Stage

We nicknamed the first character "Mr. Noneed." He is in the first, "I Don't Know," stage. He has an abstract understanding of mental health. He believes mental health is something people can control through strength of will alone, and that there is information available out there with which individuals can control their mental wellbeing. He also harbors a negative perception of mental health services. The majority of youth and adults surveyed and interviewed for this study shared Mr. Noneed's views.

What would happen to Mr. Noneed as he experiences symptoms of mental issues? Thinking he has complete control over these symptoms and his underlying ailments, Mr. Noneed would go on trying the familiar routes of relief, such as drinking, meeting friends, shopping, and exercising. Because of his bias against mental health services, these services are likely to be a last resort for him.

[Figure 5] Mr. Noneed in the "I Don't Know" Stage

2) Character 2: Mr. Needhelp in the "I Need Help" Stage

We nickname our second character "Mr. Needhelp." This character has been experiencing mental difficulties since he

was young. He was well aware of his need for help, but struggled to understand what exactly was happening to him and whom he should go to for help. Mr. Needhelp's symptoms have steadily worsened, so much so that he found himself hospitalized in a mental institution. Mr. Needhelp is someone who has been initiated into the mental health service system too late and is a patient whose condition has become serious because he could not receive the intervention he needed in a timely manner.

How would Mr. Needhelp's situation have differed had he been given the access to quality mental health services he needed earlier? Would he have struggled less with looking for help had he been educated, in school and from a young age, about mental health and sources of help? Would he have fared better had his community had a well-functioning system of early intervention, giving him opportunities to receive counseling before he became a certified patient?

That much of the general public in Korea receives no systemic training on mental health and the healthcare system, and that most communities lack proper services and resources speak to the depth of a failed system that is centered more on treating illnesses than focusing on the humans suffering from those illnesses.

[Figure 6] Mr. Needhelp in the "I Need Help" Stage

PERSONA 2: Mr. Needhelp in the "I Need Help" Stage

Observation

Mental Health in the Life Journey

Mr. Needhelp, now 43 years old, was recently admitted to a mental hospital despite his lifelong struggle to avoid it. His symptoms first began when he was in middle school. It was around that time that Mr. Needhelp realized, no matter how hard he tried or worked, he could never do a decent job at anything. Academic failures kept exerting much stress on him, but not as much as the cold stares he received from others around him. His own mother and teachers at school kept chiding him for being lazy. As a boy, Mr. Needhelp found it extremely difficult to fit in and enjoy his daily life, but there was no one who understood him.

After he entered high school, Mr. Needhelp began to have auditory hallucinations. He also developed paranoid thoughts, constantly fearing that people were plotting against him. Mr. Needhelp could not make sense of what was happening to him, but did not know how and whom to ask for help, and idled away for years in the faint hope that he would get better, miraculously, some day.

One day, Mr. Needhelp heard someone at church telling his mom that he was strange. Embarrassed, his mom did not respond to the comment, and kept telling him, instead, that he would get better over time. Episodes like this were repeated, and people around Mr. Needhelp just kept telling him to be patient as he would get better. Mr. Needhelp continued to suffer auditory hallucinations and paranoia, but he grew into an adult without realizing how unusual his experiences were, and what his diagnosis was.

Mr. Needhelp's symptoms worsened in adulthood. His condition deteriorated so much that he became completely unable to engage in any social activities. That was when Mr. Needhelp decided to put an end to his personal struggles. When he woke up one day, he found himself admitted to a hospital with an official diagnosis of psychosis.

Mr. Needhelp: Age 43.

Unemployed, recently hospitalized, and isolated from family.

Design Directives

Inform patients of their symptoms in a timely manner.

Implement the established response protocol upon recognizing symptoms.

Shift the focus of the mental healthcare system from illnesses to patients (ensuring transparency of information and treatment process).

Focus on "recognizing" problems before "solving" them.

Challenges and Problems

Mental Health Challenges and Issues

Personal/mental issues

✓ Deterioration, over time, in ability to recognize one's own symptoms
✓ Failure to receive proper intervention due to lack of information on symptoms

Issues with mental health services/system
  ✓ Lack of manuals/interactions/protocols on response to symptoms (i.e., the patient was not aware on how and where to get help, and his family did not know how to help him when his symptoms occurred)
  ✓ Treatment: little explanation of diagnosed illnesses, with the patient's participation in decision-making limited
  ✓ Limits on opportunities to help the patient recognize his own symptoms

Latent Values / Needs

Personal/mental issues
− Fear of knowing the diagnosis
− Defense mechanism (i.e., being in denial)
− Fear of social stigma
− Blind belief in getting better, without treatment, over time

Issues with current services/system
  ✓ Failure of the overall system centered on illnesses instead of patients
  ✓ The current system is designed to solve problems only after people are hospitalized as patients, and not to help people manage their symptoms better before they require hospitalization.

Implications & Directives

Illness−focused services/system

Non−patient with symptoms

illness=patient

➤ There is no protocol to guide non−patients with symptoms to manage their difficulties and seek help before they become serious mental patients.
➤ There is little understanding of, and effort to approach, the demand−centered national mental health system.
➤ Better understanding is needed of non−patients' pre−hospitalization lifecycle, i.e., when their symptoms occur, how they deteriorate, and what could prevent them from becoming mental hospital patients.
➤ A human−centered understanding of people, whethe non−patients or patients, must precede the focus on illnesses and symptoms.

2. Strategy for Enhancing the Accessibility of Mental Health Services

1) Providing Information for People in the "I Don't Know" Stage

Efforts are needed to deliver information to people who, like Mr. Noneed, are in the "I Don't Know" stage. Accurate information is needed for youth and adults alike to diminish their negative perceptions of mental illness and related services, with strategies developed to transform those perceptions into positive ones. Based on our findings, we propose the following.

First, information should be provided as early as possible in individuals' lives. Schools, where most children and teenagers spend most of their time, should be the channels via which accurate information on mental illness and services is provided and places where inaccuracies and unfounded beliefs can be corrected.

At present, school counselors and teachers at some schools are participating in the We Class program, through which they improve their understanding of mental issues and are trained to destigmatize mental illness and services in their students. The program should be expanded to all schools nationwide, with mental health education also incorporated into the required learning curriculum for all students. Preventive education on mental health should be provided especially for students at the

age when they are supposed to receive emotional and behavioral checks. The curriculum for such education should educate students on the proper concepts of mental health and illnesses, what services are available in communities and the medical system at large, the absence of actual disadvantages popularly associated with using such services (protection of anonymity and privacy, no disadvantage in higher education or employment, etc.), and information on the types of service-providing organizations.

The curriculum, moreover, should be tailored to the specific mental issues that are more prevalent or attention-grabbing among youth, such as depression, mood swings, stress, and suicidal impulses. Students should also be educated on schizophrenia so as to reduce their bias against mental patients. Mental patients themselves suggest that they should be given opportunities to visit schools and teach children about the true nature of mental illness and services. As youth increase their interactions with people who have been diagnosed with mental disorders, they will have a better chance of outgrowing the popular images of mental patients portrayed in the media, stigmatized and ostracized.

It is also crucial to teach and train youth on various healthy ways in which they can cope with their own mental difficulties. Positive coping mechanisms, such as exercise, outdoor activities, and conversations with friends, should be taught from

early on in children's lives.

Although the Ministry of Education provides mental health training for homeroom teachers and school counselors (Wee Class participants), that training should be expanded and reinforced to enable teachers themselves to cope better with mental difficulties and harness their skills to detect signs of mental issues their students might be experiencing. The format of this kind of training should also be updated and diversified, so that, instead of sitting in large conference rooms for lengthy lectures, teachers can study specific cases or practice role-play in smaller-group settings, allowing them to improve their ability to respond to actual issues in their classrooms. The curriculum for teacher training must also include practical tips concerning how teachers, having detected signs of mental issues in students, should refer students to school counselors, nurses, or mental service agencies in the local community.

It is necessary increase education for not only youth, but also for their parents. It would be exceedingly difficult to gather all parents at a school regularly for training. Parental training should therefore take place via more circuitous and diverse routes. School apps, like "School Paper," which is used by parents of kindergarteners and schoolchildren, should be used to distribute information on important mental health issues. Lists of local service providers should also be distributed to parents and kept up to date. MHWCs, rehabilitation centers, and youth

counseling centers should dispatch their officials and activists regularly to schools to organize small-group seminars for parents.

Second, it is also important for the media to deliver accurate information on mental illness and related services. The media should present positive role models of mental illness. The vast majority of youth, adults, and patients surveyed and inter-viewed for this study had not had much of a chance to interact with mental patients other than those stereotyped in the media. Although one-time or short-term public media campaigns oc-casionally shared positive images of mental patients from time to time, with a few documentaries aired here and there to re-inforce those images, the media still can do much more to make the public realize that mental difficulty and illness can befall anyone, and that there are many mental patients who continue to lead productive lives in society.

Making mental health education part of the required curricu-la for middle- and high-school students will help youth better understand and explain depression, anxiety, sleep trouble, and other such mental issues they may be experiencing and also correct their misunderstanding of mental health services. It is also essential to correct youth and their parents' mis-understanding that receiving mental health services might dis-advantage them in seeking higher education or jobs.

Third, negative perceptions of mental illness and related

services should be discouraged, and positive ones, encouraged. Fear of mental illness is a global phenomenon, but governments and nongovernmental actors alike worldwide are increasing activities to tackle such fear. For example, Public Health England (PHE), part of the UK health department, launched "Every Mind Matters," a public campaign on mental health awareness, on October 7, 2019. British celebrities stepped up, sharing their mental health issues and emphasizing the message of "You are not alone" to patients and the general public alike. Another key message of the campaign is that mental health is treatable through counseling and other available services. The UK government produced videos for the campaign, which are aired on TV and other channels of public communications at high-rating hours. The Korean government may benchmark Every Mind Matters and communicate messages aimed at helping Koreans overcome their fear of mental health services.

In addition, an official guideline should be devised and enforced on the media's portrayals of mental illness and services. The Korean press has sensationally reported a series of recent crimes by schizophrenia patients, simultaneously raising public awareness of the mental illness and reinforcing social stigma against it. A journalistic standard or guide should thus be developed, advising caution against using popular idioms and expressions regarding mental illness and against speculating

about criminals' possible diagnoses and also encouraging re-porters to remind the public that not all mental patients are prone to committing crime. The journalistic standard on sui-cide coverage, for example, was developed by the Ministry of Health and Welfare's Suicide Prevention Policy Division as part of training journalists. Similar efforts are needed to educate journalists regarding mental illness and related services.

2) Improving the Accessibility of Help for People in the "I Need Help" Stage

People like Mr. Needhelp are at a stage where they need help to better understand and manage their symptoms. They are well aware of their need for help, but find it difficult to decide where and how to get it. People in this stage need to be given information and guidance on where to seek help and easy ac-cess to resources and places they can actually use.

First and foremost, people in this stage should be given in-formation on where to obtain mental health services. One way is to provide information on mental hospitals, MHWCs, suicide prevention centers, integrated addiction support centers, and rehabilitation centers near them, along with test results for people who are identified as high-risk groups on mental health tests included with regular checkups. Koreans who are identi-fied as members of high-risk groups in relation to hyper-

tension, diabetes, and dyslipidemia are regularly presented with information on local clinics and hospitals they can visit for further checks, along with information on tips for managing lifestyle diseases. Parents of infants and toddlers are similarly provided with information on specialized local clinics and hospitals when their regular development tests return concerning results. The same should be done for people at risk of developing mental illnesses.

Second, the mental health infrastructure should be expanded and improved so that people like Mr. Needhelp can easily access it. This primarily requires increasing services that are available on a 24-hour basis. Public providers of mental health services do not counsel patients in person at night, but there are a number of service providers that provide online or telephone counseling around the clock. The Ministry of Health and Welfare, for instance, operates the mental crisis hotline at 1577-0199 as well as the suicide hotline at 1393. The Ministry of Education, too, is running an online counseling program for students. At the advisory meetings for this study, however, experts raised the issue that the competency of the personnel providing online or telephone counseling varies significantly. Because these hotlines are operated by people with diverse backgrounds and levels of expertise, from volunteers to trained counselors and specialized care workers, the quality of the counseling they provide indeed varies greatly. At a minimum,

public hotline personnel should be given capability enhancement training that enables them to provide better counseling. Moreover, when clients call these hotlines and utter high-risk identifiers, such as "I want to die," they should be referred to specialized mental health workers so that they can receive more expert care.

Third, in addition to making mental health services available through more diverse mediums, it is also important to enable clients to receive such services in regions other than where they live. The current structure of budgeting, in which the national government matches local governments' budgets for mental health services, makes it inevitable for local governments to reserve their services for local residents only. The working people interviewed for this study, however, wanted to be able to benefit from counseling in the regions where they worked.

Fourth, examples such as Seoul's Psychological Support Center should be expanded nationwide. Similar initiatives can be found worldwide as well, including Increasing Access to Psychological Therapies (IAPT), the UK government's initiative for enhancing the accessibility of mental health services, and Access to Allied Psychological Services in Australia (OECD, 2015). The Korean government should also promote efforts to increase psychological services, not only by expanding public infrastructure, but also by supporting the growth of the private

sector. Equally important is the need to enhance the quality of psychological services provided by private actors. At the advisory meetings, multiple experts aired concerns over the seeming lack of competency at private service providers and the quality of services they provide. The multitude of private sector-issued licenses for providing psychological services makes it difficult to evaluate the qualifications of private service providers in a consistent manner. It is therefore important for the Korean government to introduce legislative grounds for certifying and evaluating psychological service providers, and expand the scope of services these certified providers may provide.

3) Respect and Continuity of Services for People in the "Help Me Well" and "I Want to Live a Better Life" Stages

While this study's main focus is the two earlier stages—prevention and early intervention—of the spectrum of mental health services, the interviews with individual subjects also revealed that there is significant demand from individuals in the "Help Me Well" and "I Want to Live a Better Life" stages. Our study highlights Koreans' growing need for better quality services and the equally important demand of patients for help with adjusting and returning to society at large. Service quality and integration of services, in other words, are also important concerns of today's mental healthcare system in Korea.

At the numerous advisory meetings that were held for this study, experts agreed that the quality of mental health services is dependent on the competency of health workers, conditions at service-providing organizations, and development of programs tailored to actual patients' needs. Although the competency of mental health workers is key to service quality, the current system in Korea makes it difficult for specialized and competent workers to continue providing quality services in a sustained manner from the given locations. The lack of clear definitions of mental health services provided by local governments often means that such care workers must involve themselves in the entire spectrum of symptoms, whether mild or serious, and that they are also required to provide a wide spectrum of services, from primary prevention to case management and rehabilitation (The Hankook Ilbo, November 25, 2016). It is impossible to expect the highly overworked care workers today to provide quality services.

Budgets should be increased, too. The mental health budget per capita in Korea is a mere KRW 3,000, as the mental health budget makes up only 1.5 to 2.5 percent of the overall health budget. The WHO Mental Health Atlas reports that mental health spending per capita in high-income countries amounts to USD 80 on average. Mental health also occupies five percent of the overall health budget of OECD member states on average. The Korean mental health budget should therefore be

at least tripled now.

The existing budget support system should also be revisited. The vast majority of mental health services provided by local governments are run on budgets contributed, in equal parts, by the national and local governments. This budgeting practice necessarily limits the availability of services to local residents only and makes it difficult to establish regional mental health service organizations to coordinate national and local support. The gross variation in the amounts of fiscal revenue generated by local governments also translates into significant differences in the extents of services provided, competency of local workers, and available budgets (Jeon et al., 2019). The Korean government should introduce a new budget allocation system that reflects different population sizes and the level of fiscal self-sufficiency of local governments.

Health workers, too, should strive to develop and update programs tailored to actual needs. Different programs are needed for youth and young adults, for the middle-aged, and for the elderly. Occupational therapy programs, for example, may be needed for young and middle-aged adults concerned with job opportunities and employment, while housing programs should be developed for elderly mental patients with nowhere to live. A broad array of programs, including those for education, culture, and recreation, should be provided for patients along with mental health services.

Last, but not the least important, are efforts to respond to mental patients' desire to live and function in society at large without fear of discrimination. Public awareness campaigns, positive portrayals in the media, and interactions with well-functioning individuals actually diagnosed with mental illnesses are all needed to abolish stigmatization and discrimination. Furthermore, mental health patients, including those on the national register of disabled persons, should be given the same welfare and social benefits as people with physical disabilities. Multiple studies have advocated the abolition of Article 15 from the Act on the Welfare of Persons with Disabilities, but discussion on the topic has been limited so far. Governments elsewhere include treatment and recovery services for patients with serious mental illnesses in the greater scheme of services and benefits for all persons with disabilities. Australia's National Disability Insurance Scheme, for example, provides a wide range of recovery support services for mental patients. In Japan, too, patients with serious mental illnesses benefit from a comprehensive range of services and benefits along with other disabled persons. In Korea, too, people registered with mental disabilities ought to be included in the nationwide system of integrated services and benefits, including recovery support, for all people with disabilities.