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Present Conditions of Mental Health Care in Rural Areas: Community Mental Health Program of Public Health Center

Weon-Young Lee*, Dong-Moon Kim¹⁾

*Department of Preventive Medicine, Chung-Ang University College of Medicine,
Department of Health Policy and Management, Graduate School of Public Health,
Seoul National University¹⁾*

= ABSTRACT =

Objectives: This paper introduces need and supply level of rural mental health care service and especially focuses on the evaluation for the community mental health programs of Public Health Centers(PHCs) in rural areas as the facilities for primary mental health care.

Methods: We defined the need as prevalence rate and service utilization rate, for which reviewed the results of the epidemiological study of mental disorders using Korean Composite International Diagnostic Interview surveyed on a nationwide scale in 2001. Supply was appraised in terms of psychiatric beds and primary mental health care facilities such as private psychiatric clinics, facilities for social rehabilitation, PHCs running community mental health programs. For this, we reviewed a variety of annual reports related mental health published by Ministry of Health and Welfare. To evaluate the community mental health programs of PHCs in rural areas, we selected

randomly samples out of the 3rd community health plans including the contents of community mental health programs, which submitted by 89 rural counties and 44 cities mixed with rural areas, and used the program's guideline established by central government as a standard.

Results: Prevalence rates of major psychiatric diseases such as schizophrenia, alcoholism, major depression, anxiety disorder were higher in rural area than in urban area and 8.9% of psychiatric patients in both areas stayed at homes contacted with mental health manpower more than one time during the last year. Psychiatric beds were sufficiently supplied, but urban area had less beds than

* : 221 , : 02- 820- 5695,
: 02- 815- 9509, E- mail: wylee@cau.ac.kr

rural area contrary to general health care service. Psychiatric clinics were supplied very insufficiently in rural areas and PHCs bridged the gap instead. However rural PHCs got less financial support for community mental health programs from higher positioned agencies than urban PHCs. Rural community health programs not supported hardly worked out.

Conclusions: Central government should consider a special policy for rural primary mental health care, because private psychiatric clinics can't be introduced in rural areas due to demand-deficiency and the financial independence of rural counties was very vulnerable.

KEY WORDS: Rural area, Mental health, Public health center

1994 가 가 . 2000 가 가 . 1994 2001 2,793 [3].

2000 10 84% , 1994 2001 2,793 [5].

7.2% 60 32.2%

1994 24.1% 2001 21%

가 , 가

가 1990 95.4% 2001 75.9% . 1995 가

[1-3]. , 가

[3]. 가

1999 1997 가

963 , 33 1999

762 , 가

1,603 [4]. 1994 가 1999 (UR) , 가

7 ‘ 2002

2001 [6]

86 가 , [6].

가 [8].

가 . . .

2003 2003 [9, 10].

2003 4 1 5 10 . 가 3

가 . 가

1 , 가

2001 [7] 18 2 ,

64 6,283 2

가 CIDI , 1

(K-CIDI, Korean Composite International Diagnostic Interview) 20 6 (1).

가 가

	(N=89)	(N=44)	→		→	(S=23)	(S=9)
	3	11	→	1	→	1	1
	17	14	→	2	→	2	2
	69	19	→	2 , 1	→	20	6

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7가

[9].

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5.

1. 8.9% 5.6% 26.8%, 12.9%, (4).

1) 2) 1980 가 1990 가
 가 2001 0.97
 15.0% 28.2%, (2). 17.7%, , 1.27 [6].
 , 가 1.0
 (3). 가
 [7] 2001 0.93
 , 30.3%, [11].

2. () : %

1			1			1			1		
27.8	12.9	9.8	21.9	13.5	11.1	24.9	13.2	10.5			
32.0	18.0	14.3	24.4	17.3	15.8	28.2	17.7	15.0			

3. : %

		0.1		0.1		0.1
		0.3		0.2		0.2
		0.7		2.6		1.6
		0.5		3.7		2.2
		2.5		8.5		5.4
		3.6		12.3		8.0
		10.2		2.6		6.5
		13.4		2.6		7.9

6

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[9].

10 2689 1 263.3
 2 ,
 . 가 • 10 410 58.8%, 77.5%,
 , 419 , 가 59.1 , 76.2 30.0% 43.2%,
 , 가 84.6 가
 [6]. 가
 2.

가 1)
 가

89 15 (16.9%)
 44 33 (75.0%),

가

89 7 (7.9%) 가 가 , 가
 29.5% . 50% 0.3%

[12].

4.

*

		‡		(%)
	5,872	413	23	5.6
‡	5,872	127	34	26.8
	5,872	33	10	30.3
	5,872	373	48	12.9
	5,872	30	8	26.7
	5,872	1,146	102	8.9

* , 가
 † 가
 ‡

5. • , 10 (2001. 6. 30.)

	10			(%)
251	4,175	41.0	0.3	
88	7,163	188.6	1.5	
63	2,140	83.5	0.7	
30	1,087	41.9	0.3	
43	1,174	84.6	0.7	
45	2,971	204.5	1.6	
17	841	76.2	0.6	
146	9,852	102.4	0.9	
31	1,561	104.4	0.8	
36	3,937	263.3	2.1	
48	5,035	268.9	2.1	
49	3,073	160.0	1.3	
32	4,062	200.1	1.6	
43	5,340	192.0	1.5	
54	8,002	261.0	2.1	
13	320	59.1	0.5	
989	60,733	127.4	1.0	

6. : , %

	* (N=89)	** (N=44)	† (N=40)	‡ (N=69)
	15(16.9)	33(75.0)	36(90.0)	69(100)
	7(7.9)	13(29.5)	16(40.0)	33(47.8)
	3(3.4)	11(25.0)	18(45.0)	16(23.2)
	17(19.1)	14(31.8)	8(25.0)	13(18.8)
	69(77.5)	19(43.2)	14(30.0)	40(58.8)
	89(100.0)	44(100.0)	40(100.0)	69(100.0)

* : 89 , ** , † 30 , ‡

가

8

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52.9% 가

(7).

53.7%

2)

3,000

가

3

1,072 ,

606

7.

	(N=1)	(N=2)	(N=20)	(N=1)	(N=2)	(N=6)
/N	1/1	0/2	7/20	1/1	1/2	1/6
(%)	85.6	66.7	52.9	53.7	15.2	29.0
/N	0/1	0/2	1/20	1/1	0/2	0/6

8.

	(N=1)	(N=2)	(N=20)	(N=1)	(N=2)	(N=6)
()	9,114	3,243	1,072	14,303	3,026	606
/ N	1/1	1/2	5/20	1/1	1/2	0/6
/ N	1/1	2/2	12/20	1/1	2/2	2/6
/ N	1/1	2/2	12/20	1/1	2/2	3/6
/ N	1/1	1/2	8/20	1/1	2/2	2/6
/ N	1/1	1/2	7/20	1/1	1/2	0/6

2003

50% (9).

가

(8, 10).

가 60% (8).

4) 가

3) 가

가

가 (9).

20 12 , 6 5

9.

	(N=1)	(N=2)	(N=20)	(N=1)	(N=2)	(N=6)
(, , / N)	0,1,0/1	1,1,0/2	1,7,12/20	1,0,0/1	1,1,0/2	0,1,5/6
/ N	1/1	2/2	4/20	1/1	1/2	1/6
/ N	0/1	0/2	0/20	1/1	0/2	0/6
/ N	1/1	1/2	1/20	1/1	2/2	1/6
/ N	0/1	1/2	1/20	0/1	0/2	1/20
/ N	0/1	0/2	0/20	1/1	0/2	0/20
/ N	0/1	0/2	0/20	0/1	0/2	0/20

10

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		17(44.7)	7(46.7)
가	가	10(26.3)	4(26.7)
		5(13.2)	1(2.6)
		2(5.2)	-
	가	1(2.6)	1(2.6)
		1(2.6)	1(2.6)
		1(2.6)	-
		-	1(2.6)
		1(2.6)	-
		38(100.0)	15(100.0)

*

가

가

가

(10).

가

13.2%

[14- 16].

[7]

1950

Lee

1960

[17]

가

가

가 [13].

1995

1997

가

practitioner)

[15].

17-30%

2.7%

15

50

가

가

[12, 18].

가

[6]

가

가

가

가

가

가

10

가

가

가

가

가

가

가

가

[10].

1998

19,216

2001

18,236

가

[20, 21].

(General

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2001 [20] 가
 05 ,
 04 , 03
 가
 2000 8
 가 (Center for
 Mental Health Service) Arons[25] ‘

가

가

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 가 가 ,

가
 [22]

23].

가 가
 , 가 Cumes[26] ‘

1995

가 가 ,
 가

[24].

가 가
 가 가
 가

가

가

가 . 100% 89 15 (16.9%)
2001
가 7.9% 가
2002 22.5% 42%
2003 가
가 가
가 2002 가 가
3 가 가
1-2 ,
2 , , 가
가 가
2003 4 1
5 10 ,
24.9%, 13.2%, 28.2%, 가
17.7% , , ,
8.9% . 1. . 2001, (29-41)
2001 2. . 2001, (128)
0.97 1.27 3. .
가 10 , . 2002, (3)
0.93 4. , , , , , , ,
가 , , , .
, , , 1/6 . 2001, (49)
5. . 2002
. 2002, (1-2)

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