

59: A Study on Treatment Decision Making Process for Individuals with Mental Illnesses in Korea

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Research Purposes

- To introduce the development and current status of Mental Health System in Korea
- To introduce the Treatment Decision Making Process (TDMP) involved in admissions to and discharge from institutions in Korea
- To figure out the reasons for long-term institutionalization with specific focuses on the problems of Korean TDMP

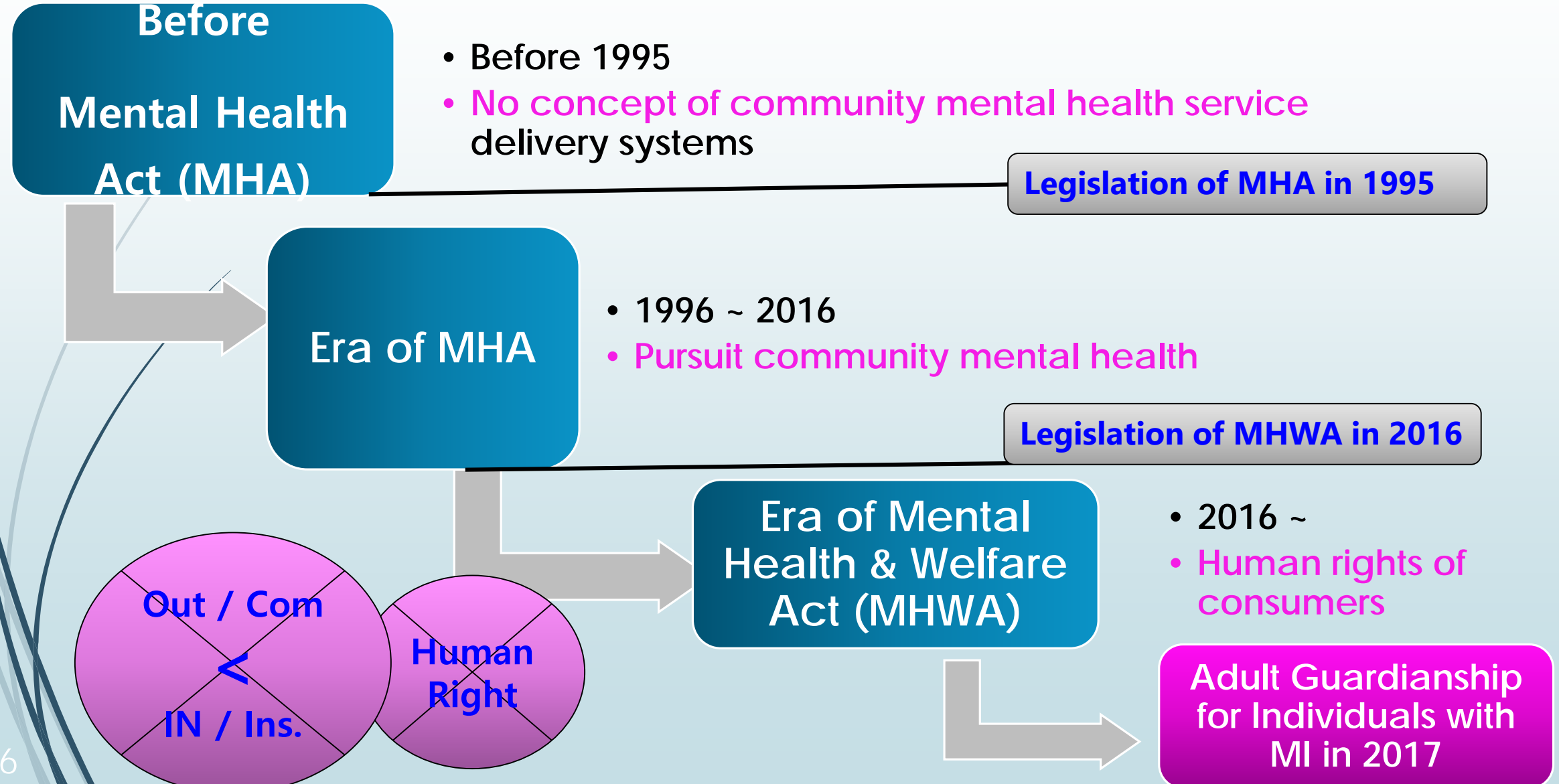
Research Questions

1. What is the development and current status of Mental Health System in Korea?
2. What is the current status of Treatment Decision Making Process (TDMP) involved in admissions to and discharge from institutions in Korea?
3. What is the problems of Korean TDMP involving hospitalization for individuals with MI?

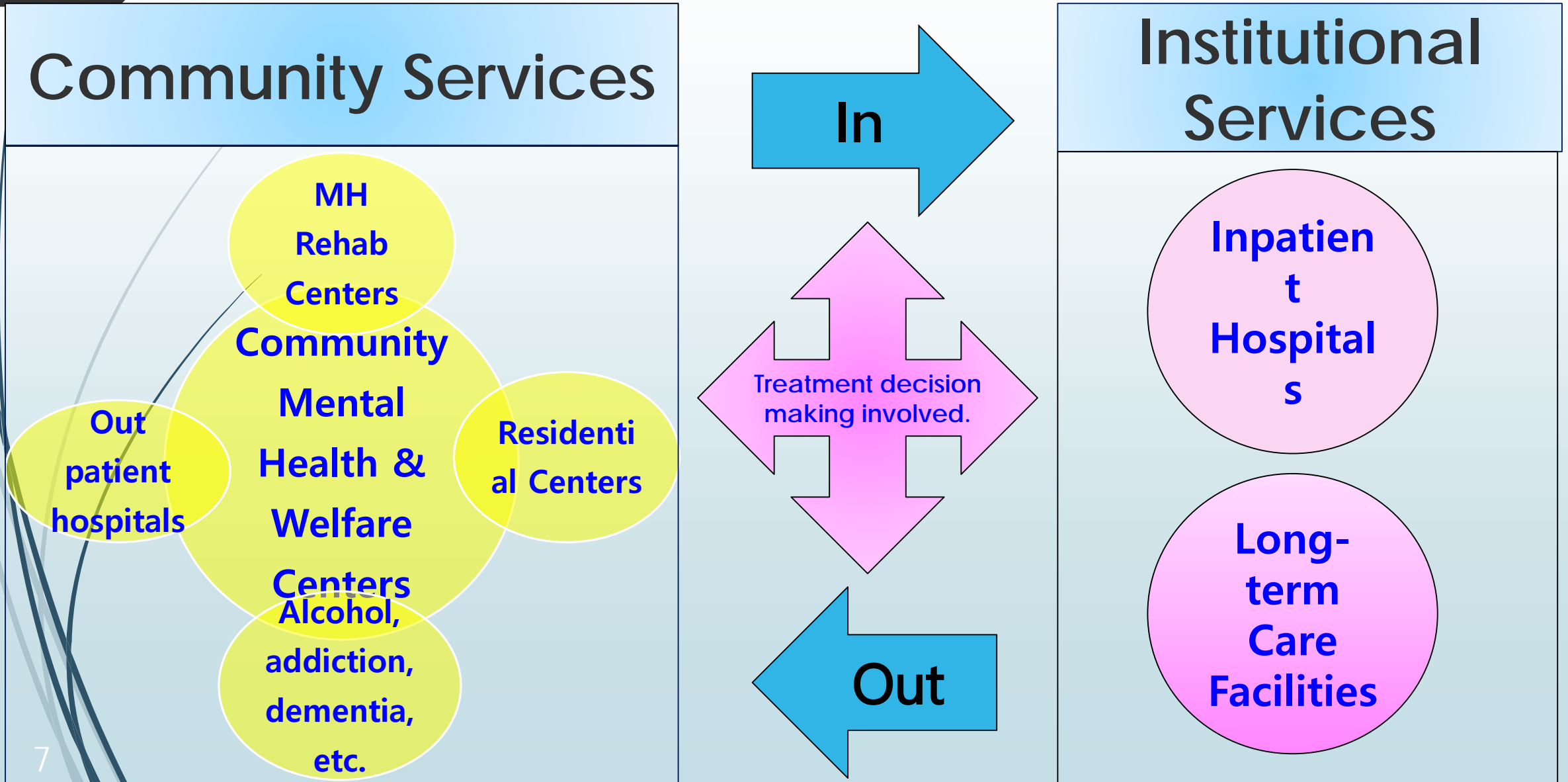
Research Methods

- ▶ For Question 1 (i.e., What is the development and current status of Mental Health System in Korea?)
 - ▶ Literature and document reviews
- ▶ For Question 2 (i.e., What is the current status of Treatment Decision Making Process (TDMP) involved in admissions to and discharge from institutions in Korea?)
 - ▶ Literature and document reviews
- ▶ For Question 3. (i.e., What are the problems of Korean TDMP involving hospitalization for individuals with MI?)
 - ▶ Literature and document review
 - ▶ Case studies with focus group interviews
 - ▶ Case studies on 2 adult guardianship agencies for individuals with MI with 4 focus group interviews on guardians and related professionals.

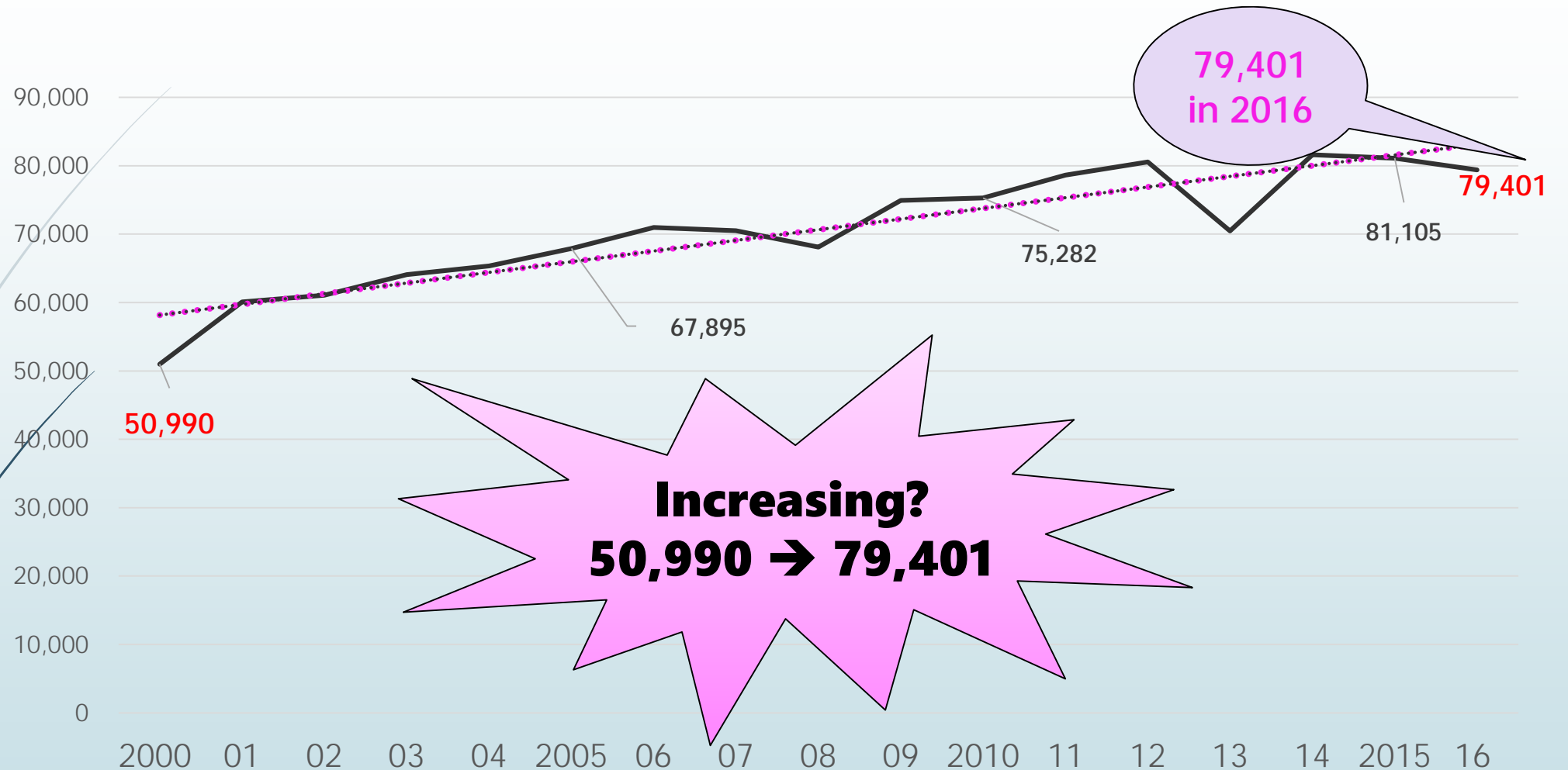
R1. Developmental Overview on Korean Mental Health Systems



R1. Current Korean Mental Health Systems



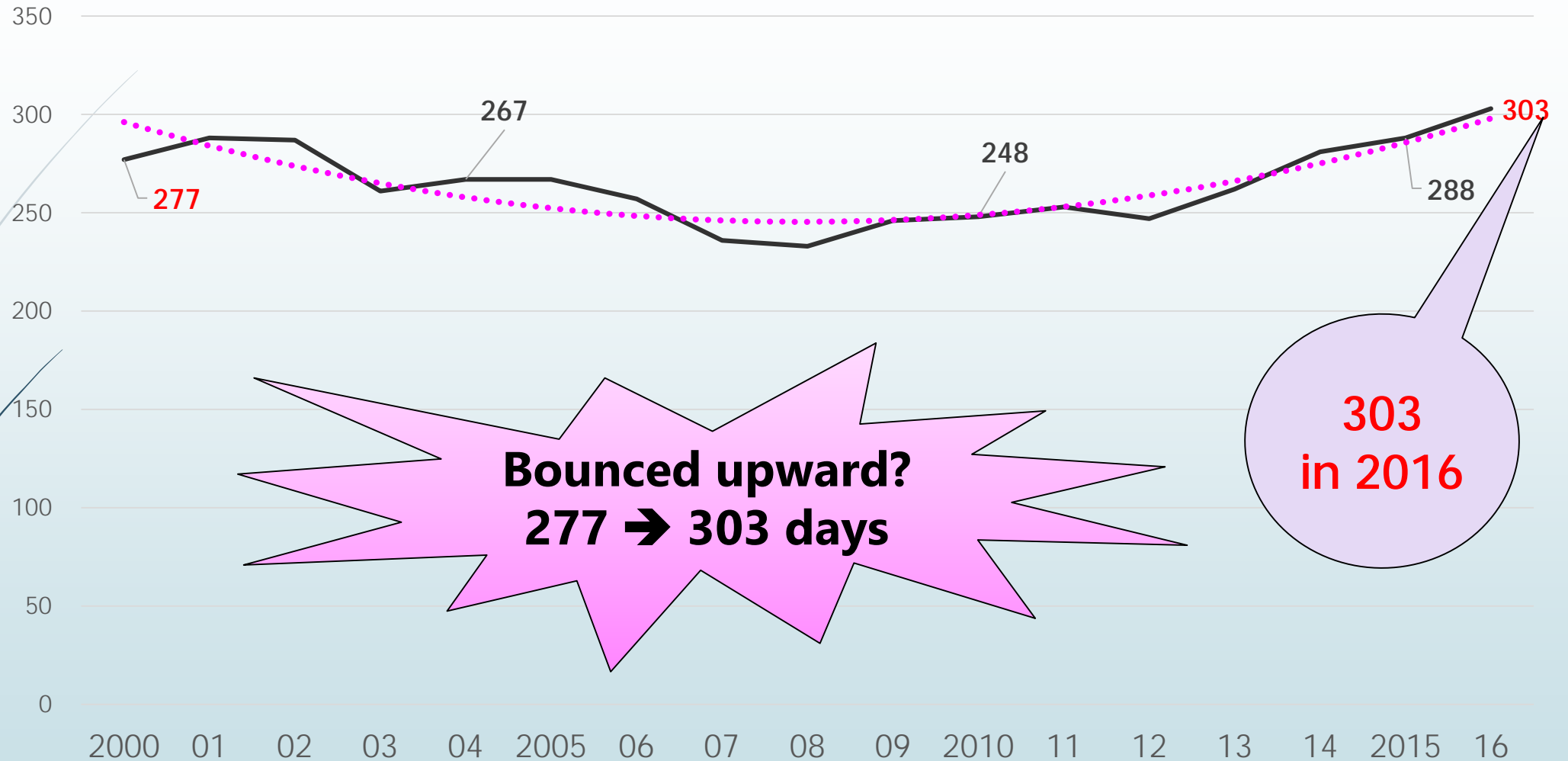
R1. Numbers of Inpatients (2000 – 2016)



—# of Inpatients

(Ministry of Health & Welfare <MOHW>, 2017)

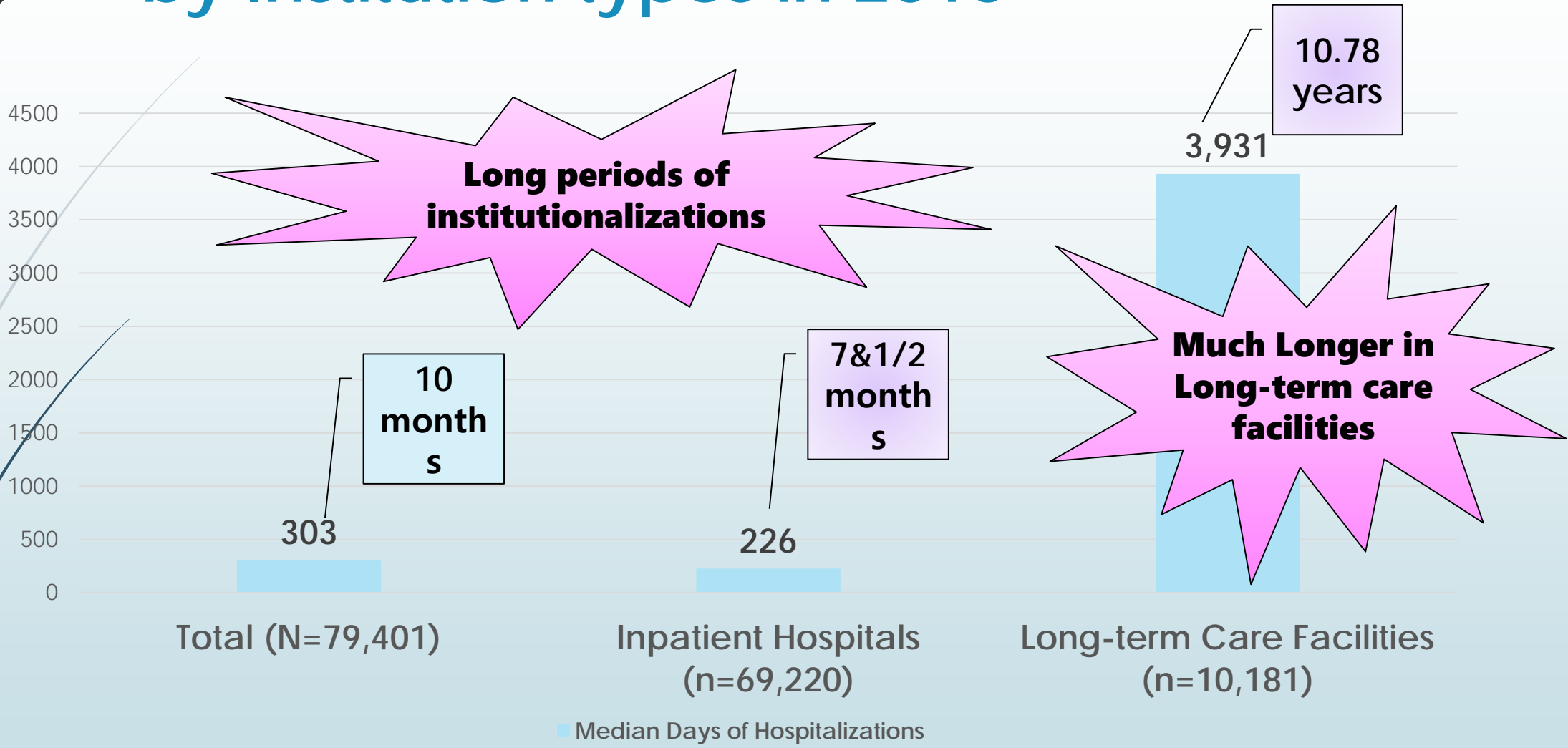
R1. Median Days of Hospitalization (2000 - 2016)



—Median Days of Institutionalization

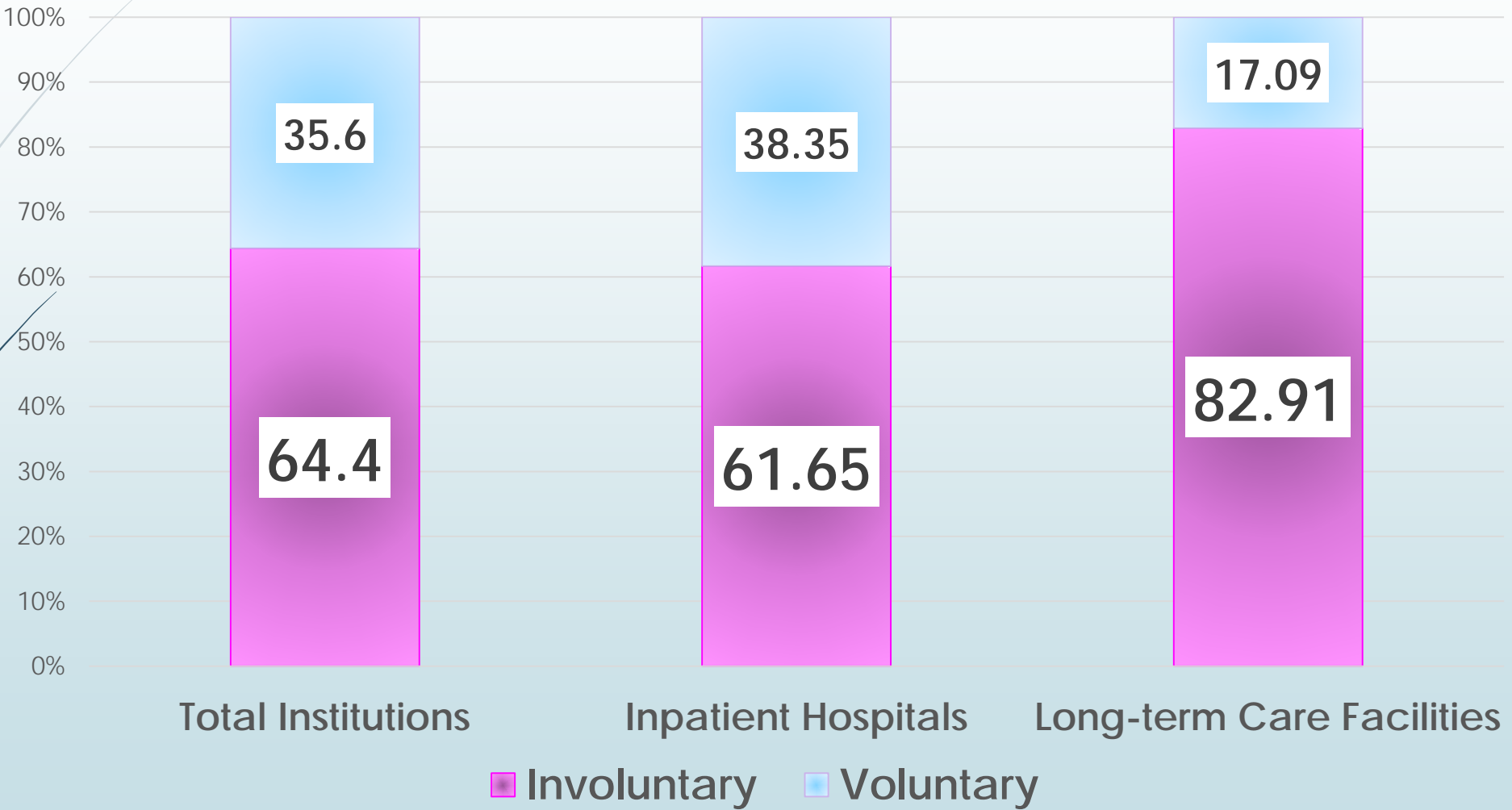
(MOHW, 2017)

R1. Median Days of hospitalization by Institution types in 2016



Possible violations of humanrights of consumers

RQ1. Ratio of Involuntary Hospitalization by Institutions (N=79,401, 2016)



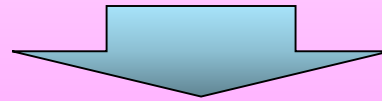
Much higher in LTCF

Summary of Q1 Results

■ Problems of Korean MHS: Regardless of MHA (MHWA),

- Increasing numbers of inpatients
- Long period of institutionalizations.
- High rates of involuntary institutionalizations

- **These problems are more severe in LTCF.**
 - **Possible violations of human right?**



- **Launched Adult Guardianship for Individuals with MI in LTCF in 2017**

■ The effectiveness of Adult Guardianship?:

- **What is the status after launching adult guardianship in 2017?**
 - Deinstitutionalized?
 - Lower the rates of involuntary hospitalization?

Case Studies & Focus Group Interviews for RQ2 & RQ3

- ▶ **Case Studies and FGIs involving two guardianship agencies (GA) and two long-term care facilities (LTCF)**
 - ▶ **Two Case Studies**
 - ▶ Two GA for Individuals with MI
 - ▶ Two LTCF for individuals with MI
 - ▶ **Four Focus Group Interviews**
 - ▶ Two FGI's in 2 GA
 - ▶ GA-T : 1 director, 2 guardianship workers
 - ▶ GA-R : 1 director, 3 guardianship workers
 - ▶ Two FGI's in LTCF
 - ▶ LTCF-E : 1 supervisor, 2 guardianship workers
 - ▶ LTCF-S : 1 supervisor, 2 guardianship workers

Results of Case Studies

► GA-T : in charge of 7 LTCF's

- Number of individuals under guardianship in LCF as of 2017 = 67
- Number of individuals under guardianship in LCF as of 2018 = 66
- Deceased = 1
- **No one deinstitutionalized**

► GA-R : in charge of 17 LTCF's

- Number of individuals under guardianship in LCF as of 2017 = 117
- Number of individuals under guardianship in LCF as of 2018 = 113
- Deceased = 4
- **No one deinstitutionalized**

No one deinstitutionalized

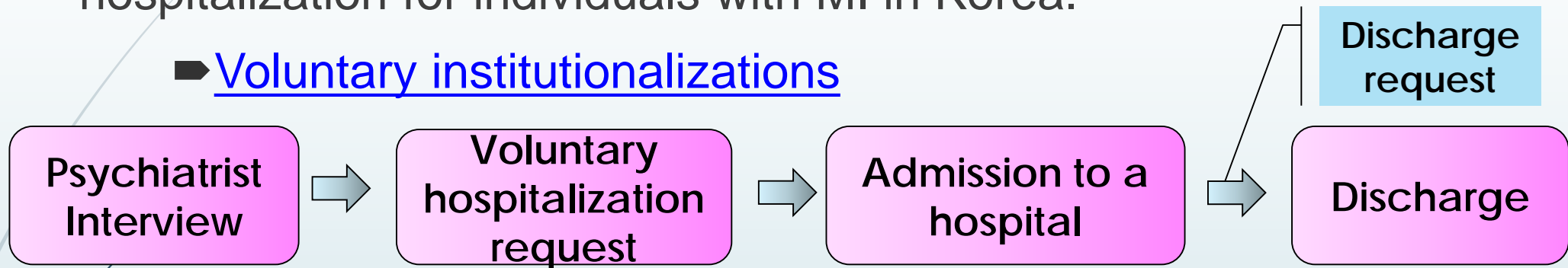


Why ? → TDMP

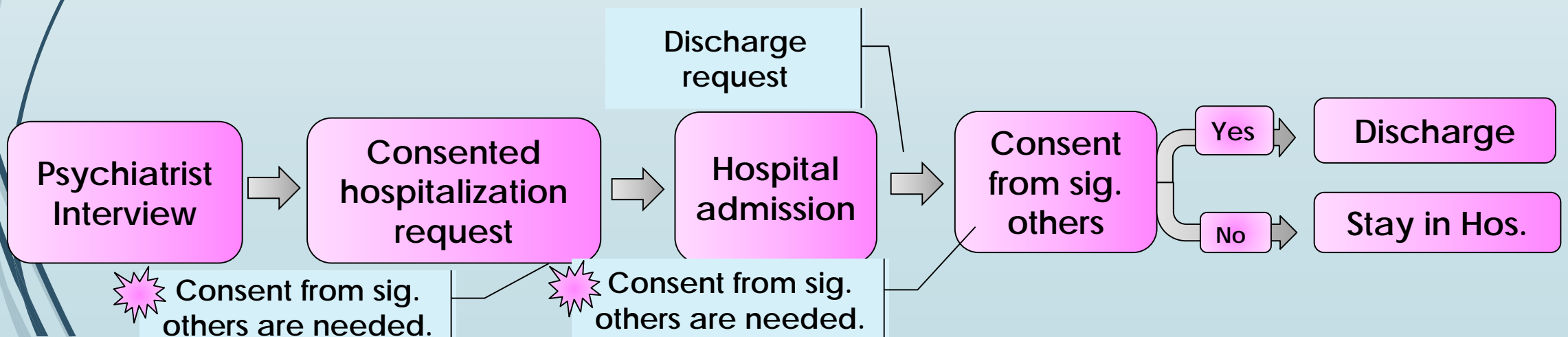
R2. Current Treatment Decision Making Processes in Korea

- ▶ The current Treatment Decision Making Process (TDMP) involving hospitalization for individuals with MI in Korea.

- ▶ Voluntary institutionalizations



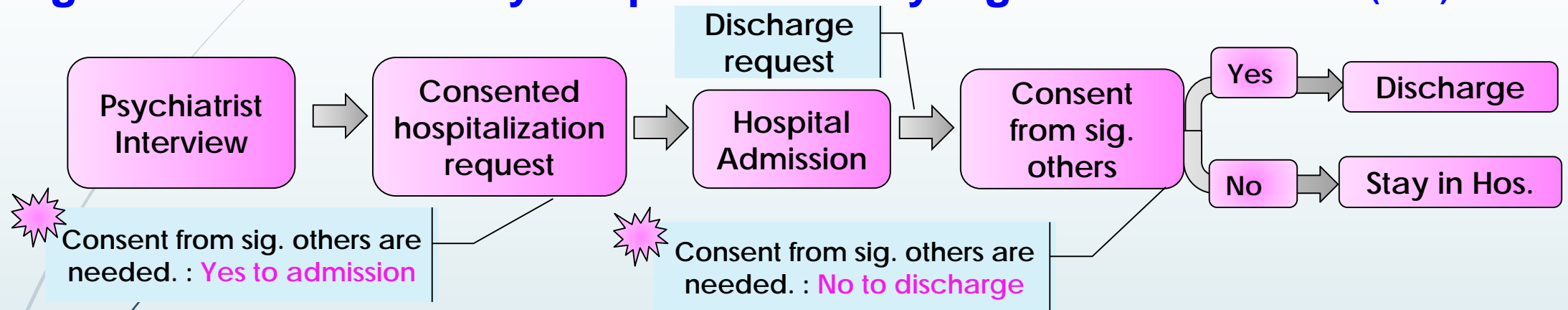
- ▶ Involuntary institutionalizations involving significant others (family, guardians, public administrators, polices, etc.)



RQ3. Problems & Why

(What is the problems of Korean treatment decision making process involving hospitalization for individuals with MI?)

► High ratio of Involuntary hospitalization by sig. others in LTCF (83%)



► Higher possibilities of “yes” to admissions but “no” to discharge by sig. others during the process of inpatient TDM.

► Why? (Results of FGI)

- In most cases, decisions are not made for the sakes of consumers but for significant others, because care burdens of significant others tend to increase when individuals with MI are in the community for the following reasons.
 - Lack of community mental health services (e.g., lack of residence, recovery centers, etc.),
 - National health Insurance does not cover CMHS but does cover institutionalized services.

Future Directions

- **Establish community service infrastructure**
 - residence, recovery centers, vocational rehab., etc.
- **Reform national health insurance?**
 - National health care system should cover community services as well.
- **Reduce or abolish the consents of sig. others in the process of admission and discharge**
 - “Mental Health Review Tribunals” can be an alternative?

Thank You!

