Symposium | Community care : [Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Sat. Sep 27, 2025 10:40 AM - 12:10 PM JST | Sat. Sep 27, 2025 1:40 AM - 3:10 AM UTC **Session** Room 2 (Main Hall B)

[Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Moderator: Masayuki Noguchi (Okayama Prefectural Mental Health & Welfare Center)

[SY-62-02] Disasters and Community Mental Health

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Community mental health in South Korea has developed more slowly compared to other sectors. The treatment environment remains heavily focused on inpatient care, and although the number of mental health welfare centers and psychiatric rehabilitation facilities has increased, it is still insufficient to meet the needs of the population. Social stigma surrounding mental illness remains prevalent in South Korea, with only about 15.3% of individuals with mental disorders receiving treatment. This stigma often manifests in real-world disadvantages, such as limitations in obtaining insurance or concerns about discrimination in the workplace. While there have been gradual improvements, this societal atmosphere continues to hinder interest and investment in community-based mental health services. In South Korea, shifts in public perception of mental health have often been driven by large-scale disasters. When nationally significant crises occur, public and governmental attention tends to focus on supporting the victims and their families. These social and natural disasters have heightened public awareness of the need for psychological support, gradually normalizing the importance of mental health among the general population. Volunteer efforts and government-led counseling initiatives have played a significant role in reshaping attitudes toward those affected by disasters, with many mental health professionals devoting themselves to these efforts. However, the fragmented approach—where multiple government ministries develop separate psychological support systems—remains a challenge that requires future improvement. Disaster victims often need psychological care not only for trauma directly caused by the event but also for related issues such as anxiety about an uncertain future, depression, social withdrawal, and stigmatization during infectious disease outbreaks. For example, 64.6% of parents who lost children in disasters reportedly left their jobs, and 44.9% of disaster survivors experienced prejudice, conflict, or discrimination from their communities, showing that psychological trauma can affect all aspects of life. While such experiences may not always lead to diagnosable mental disorders, they highlight the necessity of a comprehensive psychological support system. Expanding the scope of community mental health services can be key to reducing the stigma associated with mental illness. A proactive psychological response during national disasters can not only support the recovery of victims but also foster broader public awareness and positive shifts in societal attitudes toward mental health. Early intervention and prevention at the community level can help stop psychological distress from developing into full-blown mental disorders, ultimately contributing to a healthier and more inclusive society.

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