

Teachers' Mental Health in Korea: Implications for Policy and Research

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Abstract

Korean teachers were facing the crisis of mental health, as seen in indexes of low satisfaction for their job, high leave of absence due to mental disease and high rate of suicide. The purpose of this article was to discuss the implications for the increasing emphasis on mental health problems of Korean teacher including the diverse conditions and leave of absence due to mental disease. Literature review about researches and current policies were conducted to propose agenda for teachers' mental health. Policies for teachers' mental health should be established for their health, support teaching activities and furthermore protection of students' education right.

Keywords: *Teacher, Mental Health, Health Policy*

1. Introduction

Korean teachers' mental health has threatened due to the transition to consumer-centered education which has been led the infringement of teachers' authority [1]. The infringement of teachers' authority occurred by students and their parents includes assault, physical/verbal violence, and class disturbance [2]. Korean teachers' Job Satisfaction in the OECD Teaching and Learning International Survey [3] was relatively low, especially their regret to decide to become a teacher was the highest in the OECD. On the contrary, their enjoyment for working at school was the lowest in it. A significant crisis of mental health exists as shown in the indexes increasing the infringement of teachers' right causing high emotional labor and psychological burnout syndrome, voluntary resignation and suicides [2, 4].

Teachers are professions who have the mission to increase the value and dignity of human beings through education. Personal growth and self-realization of students through teachers' words and deeds and personality ultimately becomes an ethical indicator of society at large and significant impact on the future [5]. It means that current mental health problem of teachers is not just confined to the issue of teachers own and then affects their students and society. For students, it could interfere their learning activities. For this, the mental health problem is the cause of dismissal for teachers as incompetence [6].

Nevertheless, the mental health of teachers has been a non-issue which have been dismissed as a personal problem meanwhile, as opposed to general laborers managed mental health based on the Industrial Safety and Health Act. And unique school organizational culture including bureaucracy and professionalism impacts on the teachers' role conflict and mental health and then made this issue latent [7].

Teachers have discrimination and consciousness of authority towards people with mental disease relatively high, which is a major obstacle to take mental health care [8]. They also assumed mental disease as incompetence and then they chose "teacher training" mostly (50%) as the countermeasure for teachers with mental problems. It was just 8.2% for teachers to choose "treatment" as countermeasure for

mental problems [9]. So they agree the need of mental health knowledge for students' education not for their mental health management [10].

The purpose of this article is to synthesize the relevant literatures and to discuss the implications for the increasing emphasis on mental health problems of teachers including the diverse conditions, leave of absence due to mental disease and impact on teaching activities.

This article includes comprehensive literature review and construction of agenda in lack of consensus and empirical support for teachers' mental health. Policies for teachers' mental health should be established for their health and furthermore protection of students' education right.

2. Methods

I sought to use a strategy that blended the approaches of literature review and policy construction of teachers' mental health to promote in school setting.

A comprehensive review of the available research relating to Korean teachers' mental health was undertaken using bibliographic database; RISS (1970-present); NDSL (1970-present); DBpia (1970-present) in Korean and different combinations of search terms linked to teachers' mental health; Mental disease, depression, anxiety, stress and burnout. Included works were critically appraised. Literature included policies of government, statistics, and reports of the National Assembly, media reports, law and acts. All literatures were analyzed to construct policies for teachers' mental health.

3. Results

3.1. The Present Condition of Teachers' Mental Health

Unfortunately there's no formal and open indexes of government related to teachers' mental health.

In 2009, the Korean federation of Teachers' Association surveyed teachers' occupational disease. Hair loss due to psychological stress was the second high. In survey of Korean Teachers and Education Workers Union, over 70 percent teachers appealed their stress, physical pain due to stress and its impact on their works [11].

In 2005, a member of the National Assembly revealed the information of Ministry of Education that there were 358 teachers on leave of absence or dismissal due to mental disease from 2003 to June 2005 [12]. The point is that there's no system that identify whether 258 reinstated teachers took treatment or recovery.

According to report of National Assembly based on data of Ministry of Education, there were huge increase of leave of absence or dismissal of teachers due to mental disease. In 2011, leave of absence or dismissal accounted for 69; 112 in 2012, it's about double that during 1 year. The total number of leave of absence or dismissal was 397 from 2009 to Aug. 2013, including 3 teachers who had leave of absence twice (Table 1) [13]. As a result of dramatic increase, section Leave of absence of the Public Educational Officials Act was amended in 2013; in leave of absence due to physical or mental disabilities, it's allowed to extend the period within a year.

The number of leave of absence according to school level is as; elementary school teachers 202 (50.9%), middle school teachers 125 (31.5%), and high school teachers 70 (17.6%). In the consideration of incumbent, elementary and middle school had double rate than high school (Table 2).

Table 1. Leave of Absence or Dismissal due to Mental Disease of Korean Teachers

	2009	2010	2011	2012	2013
n(%)	61(0.01)	69(0.02)	69(0.02)	112(0.03)	86(0.02)*
incumbent	411,207	412,259	404,317	425,392	427,689

Source: The Member of the National Assembly Lee Elisa [13] & Korean Educational Statistics Service [14]

Duration: 2009 ~ Aug. 2013

* till Aug. 2013

Table 2. Leave of Absence due to Mental Disease according to School Level of Korean Teachers

School level	Primary	Middle	High	Total
n(%)	202(50.9)	125(31.5)	70(17.6)	397(100)
ratio*	0.11	0.11	0.05	0.09
incumbent	181,585	112,690	133,414	427,689

Source: The Member of the National Assembly Lee Elisa [13] & Korean Educational Statistics Service [14]

Duration: 2009 ~ Aug. 2013

* a ratio of leaves to incumbent

Table 3. Suicides of Korean Teachers

		2004	2005	2006	2007	2008	2009	2010	2011
Teachers	n	7	13	11	12	9	16	17	31
General Population	(/100,000)	(23.7)	(24.7)	(21.8)	(24.8)	(26.0)	(31.0)	(31.2)	(31.7)

Source: The Member of the National Assembly Lee Elisa [13] & Statistics Korea [15]

Suicides also rose about 342 percent from 7 in 2004 to 31 in 2011 (Table 3) [13]. This index is nearly nine times as high as 34.8 percent increase in total suicides.

In researches about teachers' mental health, Bak [16] investigated 15% (n=57) of elementary school teachers had neurosis including depression, and somatization disorder. Jeon [17] analyzed second high school teachers' mental health using MMPI, and found neurosis in 13.1%, psychosis in 4.1%, and antisocial personality in 5.5%.

These mental problems could be caused by individual factors and working environment factors. Bak [16] found young teachers had more mental health problems than old teachers. Song [18] investigated using Symptom Check List-90-Revised (SCL-90-R) that female teachers had significantly more mental problems than male teachers; somatization, obsession, depression, anxiety, phobic anxiety, and psychosis. On the contrary, Park [19] resulted there's no significant relationships between sex, age and mental problems in teachers using also SCL-90-R.

In the aspects on working environment factors, relatively high teaching career led to mental problems like high hostile [18, 20, 21]. Kim & Lee [21] investigated that elementary school teachers were fragile for mental health, that is paralleled to the statistic of leave of absence according to school level (Table 3). These results imply association between the working characteristics and mental health.

Teachers' job stress was caused by irrational administration, disrespectful attitudes of students, meddling parents, and etc. And it affects their mental health negatively; emotional burnout, non-humanity, and anxiety [22],

3.2. Current Mental Health Policies for Teachers in Korea

The legal basis for teachers' mental health care are Constitution and School Health Act, article 13, Health care for teaching staff. But the context are broad and localized to physical health in School Health Act.

As increasing the emphasis on teachers' mental health, several council of local government, local education office and Korean ministry of education began to establish policies and investigate strategies to improve teachers' mental health.

Some local governments started to enact an ordinance for protecting teachers' right. But Reconsideration Bill for Teachers' Right Protection of Seoul Metropolitan Council [23] limited the protection of violence, drug abuse and suicide of students not teachers who only had duty for them. Just in the case of the infringement of teachers' authority, teachers can take treatment and counseling, but it's not imperative. Reconsideration bill for Teachers' Right Protection and Support of Gyeonggi Provincial Assembly [24] also contained teachers' treatment only in school violence. Respectful Treatment of Teachers Regulation enacted in 2014, didn't include the aspects of mental health care for teachers.

Ministry of Education began the research project named "Support service for teachers' healing for protection teaching activity" in 2014 and started test operation of teachers' support service center with four designated local office of education [25]. This project focused on the cure for the infringement of teachers' authority. The operation of programs mostly consisted of group therapy (86.2%). And then individual counseling and treatment were hard to available (Table 4) [26]. And each local office of education conducted teachers' mental health promotion program autonomously. But those programs are nonsystematic and uniform without medical criteria for client. Jeollabukdo Office of Education prepared operating plan of 2015 for teachers' mental health not limited to the infringement of teachers' authority, which was covered job stress and depression. And each programs contains individual counseling [27].

With those therapeutic approach, Ministry of Education indicated every students should take the teacher aptitude test in certification examination for teacher selection and in admitting in teacher training institute. And then it made this law in 2012 [28]. The teacher Aptitude test was administered for securing competent teachers in some colleges of education and teacher's colleges since 1991. But there were a lot of problems in validity and reliability [29]. Ministry of Education developed the standardization of the test and disseminated it with the social requirement for reinforced teachers' personality and talent. The standardized test consist of 14 subscales and 210 questions including "psychological stabilizing" subscale, which is connected mental health though in lack of empirical support for validity. As a result, it's not enough to meet in purpose to screen the incompetent teachers.

Table 4. Composition of Psychotherapy Program by Office of Education

Province	Group	Individual
Seoul	20	17
Sejong	1	0
Busan*	14	2
Daegu*	18	6

Incheon	0	0
Gwangju	14	0
Daejeon	0	1
Ulsan	2	0
Gyeonggi	5	0
Gangwon	19	0
Chungcheongbuk	0	0
Chungcheongnam	4	5
Jeollabuk	19	0
Jeollanam*	4	1
Gyeongsangbuk	24	0
Gyeongsangnam	41	1
Jeju	19	0
Seongbuk, Seoul*	12	3

Source: The Member of the National Assembly Lee Elisa [26]

*Model Office of Education for Teachers' Support Center

4. Discussion

4.1. Guarantee for Remedies of Teachers' Mental Disease

Mental disease still has a huge stigma in Korea. It's not easy for teachers to reveal their mental problems. Not only the stigma but the possibility of dismissal insists teachers to hide their mental illness. And their mental disease can be the result of their works as teachers' mental problems can be caused by various and undetectable reasons not just individual factors. Considering mental disease as personal problem, it may leads personal disadvantage and deepen teachers reject for psychiatric diagnosis and treatment.

The important thing is that teachers' mental health are essential for themselves and students as well. And then if needs be, there's a guarantee they could have the appropriate treatment. The removal of resistance for labeling "mentally ill" is above all crucial. And the employment nondiscrimination against disabled people should be applied in teachers with mental disease..

4.2. Constructing for Teachers' Mental Health Care System

Recently, a few local offices of education set up a hot-line for teachers' counseling. But it's not enough to offer teachers who all need mental health care and to screen teachers' mental health status. In Japan, Ministry of Education announces statistical data of leave of absence due to both mental and physical disease annually. But in the statistics of Korean Ministry of Education, it's not separated, and it means that there's no strategies for managing mental health problems.

Korean ministry needs to understand the current situation pertained to teachers' mental problem by survey and screening. Based on them, we can build a management system for teachers' mental health. There can be three ways; one is self-request for help using hot-line or counseling center in local office of education; the second is systematic screening. Systematic screening can be enforced, using advanced 'The Aptitude/Personality Test for the Teaching Profession' in recruitment. In office, teachers can get services

accessible from school counselor or health teacher for check-up in case of necessity. From these accurate understanding the status, it facilitates to provide organized care system; prevention, treatment and rehabilitation.

4.3. Mental Health Professions Staffing

Mental health profession staffing is the basic premise for all these plans to work. Though school counselors and health teachers are located, but it is limited to some schools. And the confidentiality can be at issue to counsel to coworkers.

Staffing the mental health professions in local office of education would be efficient strategy to provide and manage mental health care for teachers and secure the confidentiality.

4.4. Limitations

One of the difficulties encountered in researching teachers' mental health that there's no exact statistics. For instance, the index of suicide comes from a various survey. But there's no index containing the subscale with job. Only index of teachers' suicide in 2013 were made for inspection of state administration. It was counted by report of Ministry of Education. So the absolute value are much lower than general population's. We could presume that there's a lot of omission in that survey. But it is a noteworthy that the rate of increase noticeable.

And the other limitation is the small number of studies. The issue of mental health has strong stigma in Korea, and mental disease counts as the incompetence [9]. These may interfere to study about it. However, I think this is a critical step in arousal of urgent attention and developing the research for advanced mental health practice in school.

5. Conclusion

This study investigated the condition of teachers' mental health in Korea to propose policies.

In recent 10 years with rapid change of education environment, teachers' mental health problems are on crisis not accessible localized in the aspects of individual problems. This issue has increased continuously without education and health policy. Teachers' mental health is important in the dimension of individual teachers. But as teaching professions to perform, mental health is the essential component. In Korea, mental health is not the essential condition to acquire a certification, and also the Elementary and Secondary Education Act and Public Educational Officials Act aren't stated for restrict because of mental problems. But there are precedents of dismissal due to mental disease [30]. And then mental health has been regarded as qualification for teaching. But in current conditions of rapid increase of mental problems, it is necessary to investigate the probability of teaching profession as disease-causing agent. And it should be keep from the prejudice and discrimination as considering incompetence.

According to this recognition, Korean government began to build backup policies and operate support system to maintain and promote teachers' mental health, but it's not enough and systematic. It focuses on treatment, not prevention and rehabilitation. And the course of treatment doesn't include medical treatment or diagnosis and there's a weak point not available to screen the problems and confirm recovery. There should be prepared systematic screening and care for teachers. And follow-up study for factors influencing teachers' mental health in their working conditions [31]. The ultimate intervention program should contain the correct criteria of participants in accordance with their conditions to improve current situations. It consists of a screening and personalized intervention to enhance treatment and

voluntary participation of teachers. And government needs to provide an institutional strategy which help teachers to return to workplace using those programs to have job competence.

A policy for teachers' mental health has managed aspect of education and administration encompassing all teachers. But the best approach to teachers' mental health policy is added the aspect of health for advanced management. Finally, I caution against temporary and strategy-lopsided approaches to this issue. I recommend the policy to be continuous and detectable for the course of problems to facilitate teachers' mental health and protect both teaching and education right in school. There is no consensus to screen teachers' mental status and it is necessary to argue for what the appropriate strategy should be.

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