노인의 정신건강 문제의 발견과 관련서비스 이용에 관한 연구
Study on the Early Detection of Mental Health Problems in the Elderly and the Utilization of Related Services

박경순*, 박영란**, 손덕순***, 염유식****
연세대학교 고령화융합연구센터*, 강남대학교 실비산업학과**, 용인송담대학교 사회복지과***, 연세대학교 사회학과****

Abstract

This study aims at investigating the major symptoms that help family carers detect mental illness in elderly patients. Another purpose of this study is to empirically verify the major factors determining the utilization of mental health services with a focus on family carers. The results of this study are as follows. First, the most commonly detected symptoms that caused the family carers to suspect mental illness in the elderly patients were memory decline and other forms of cognitive function decline. Second, the determinants of the elderly’s utilization of mental health services included the patient’s long-term care insurance level, the age of the family carer, the period of care, the level stress associated with the provision of care felt by the carer, his understanding of geriatric mental illness, and the level of perception about community mental health services. Based on these findings, this study suggests policies and practical implications for the early detection of and response to elderly mental health problems and the utilization of related services from the viewpoint of the family carers of the elderly.

■ keyword : | Elderly | Mental Health | Early Detection | Service Utilization | Family Carer |

* 본 연구는 2017년 정부(교육부)의 재원으로 한국연구재단(NRF-2017S1A3A2067165)의 지원과 보건복지부 정신건강기술개발단(HM15C0995)의 지원을 받아 수행되었습니다.

접수일자 : 2019년 07월 08일
수정일자 : 2019년 08월 09일
심사완료일 : 2019년 08월 09일
교신저자 : 박경순, e-mail : pks0816@hanmail.net
I. 서 론

The Korean society is rapidly becoming an ageing society and one that is highly-stressed. This has led to the rise in the national prevalence rate of illnesses related to mental health, including various emotional disorders (anxiety, depression, obsession), cognitive disorders (mild cognitive impairment, dementia), developmental disorders (ADHD, learning disability, autism), cerebral apoplexy, addiction (gaming, alcohol), sleep disorders, stress disorders (chronic fatigue, headache, hwa-byung, panic disorder). According to the data of the Health Insurance Review and Assessment Service [1], more than half of the patients with mental and behavioral disorders falling under F00-99, G40, and G41 were in their 50s in 2014. The increasing trend in the number of patients with these disorders is expected to continue in the future due to the ageing of the society and the weakened family support. The increase in the prevalence rate of mental illness among aged people causes problems in elderly care with the rise in social costs.

The number of people aged 70 or older among patients with panic disorders, which are known to cause "greater pain than death," has increased 3.4 times for the past 5 years (2010-2015) [2]. In a national survey on elderly life conditions in 2017, 21.1% of Korean senior citizens were found to have depression [3]. In addition, Korea’s national suicide rate in the elderly, which has been the highest among OECD countries over the past decade, amounts to 54.8 per 0.1 million people, which is nearly three times higher than the OECD average of 18.4 [4]. The number of patients with dementia among the elderly aged 65 or older was 648,223 in 2015, which was estimated to be 9.8% of the total aged population [5]. As the ageing rate of the society has continued to accelerate, the number of elderly people suffering from mental health problems, which can degrade the quality of life as much as physical health problems, has been also on the rise. Among these problems, dementia, cognitive impairment, and depression are often recognized as general symptoms of ageing. In many cases, however, the severity of mental health-related diseases is recognized only after the elderly patients attempt suicide or such symptoms worsen. In addition, the prejudice and stigma by the Korean society against mental illness make difficult the acceptance of mental health problems of the elderly patients among their families. Consequently, it also creates difficulty in accessing information about mental illness in the elderly, which hampers early treatment. Although mental illness can be fully treated through early intervention, delayed treatment can cause chronicization, which may lead to more severe dysfunction [6].

Meanwhile, despite the change in the family structure, many elderly parents are still dependent on their adult children for social support, such as emotional, instrumental, informative, and evaluative support, even though they live separately from them. For this reason, if a mental health problem occurs in the elderly, it is highly likely that their family will detect it first. Elderly people with mental health problems are more likely to have difficulties in making the best autonomous choices for their health problems than those with physical health problems. Moreover, they
often rely on their families. In addition, the idea that adult children are responsible for the care of their elderly parents is still shared among middle-aged and aged people in Korea due to the influence of traditional Confucian culture. Accordingly, the Korean society believes that making decisions about the medical treatment of elderly parents and providing for them are the responsibilities and obligations of their children. Therefore, it is considered that the family carers have significant decision-making influence to use mental health services for the elderly. However the lack of knowledge and information about mental health and prejudice in family carers can sometimes act as the factors that impede the early treatment of elderly mental health problems. Nevertheless, studies on mental health in the elderly carried out in Korea to date have shown little interest in family carers. Rather, their focus has been limited to other issues such as the stress or burden of family carers. Therefore, given the characteristics of Korean culture, it would be meaningful to empirically examine the influence of the factors related to the use of mental health services for the elderly with a focus on family carers.

Against this background, this study was conducted to investigate the major symptoms that help family carers detect mental illness in the elderly. This is under the assumption that the family is most likely to first identify the mental health problems in the elderly. In addition, it intended to focus on family carers and empirically examine the main factors affecting the elderly’s mental health service utilization.

II. Theoretical Background

Preceding studies have reported many cases where the delay in the treatment of the elderly with dementia was due to their families’ perception of its symptoms as part of ageing[7]. It is, however, ill-advised to apply this finding to other cases of the elderly with mental health problems due to the lack of research on geriatric mental health. In addition, it has been reported that family carers, the main carers of the elderly living in the community, have a low understanding of dementia and are caring for the elderly with dementia without the appropriate knowledge about its symptoms and coping measures[8]. In Korea, the responsibility of caring for elderly people with mental health problems has been imposed mainly on their families in the absence of public social support. In this situation, it was difficult to ask adequate care for the elderly from their families. Therefore, preceding studies on family carers have also focused on the issues, including the burden of care, care stress, or the quality of life among family carers[9-13]. Many of preceding studies on the use of elderly welfare services in Korea pertain to the use intentions or experiences related to home and facility welfare services in terms of long-term care for the elderly while few address the utilization of elderly mental health services. Most of these studies present analyses using the Andersen model. There are also studies that were carried out before the introduction of the long-term care insurance system or analyses on the pilot projects for the introduction of the system that show a lack of consistency in their results[14-17]. The long-term care insurance system that was introduced in July 2008 brought
A great change to our society with the concept of social care. Among the preceding studies on the use of social welfare services for the elderly, those related to family carers after the implementation of the system are as follows. First, Park and Yang (2008) reported that the age of the dependent, the status of his spouse, the provider’s income, ADL limitations, and the provider’s relationship with the dependent (spouse, daughter-in-law, etc.) influence the decision on hospital care[18]. Park (2010) found that there are differences in the use of facility or home services, visiting nursing services, and long-term care hospital services depending on the provider’s age, household income, the number of diseases suffered by the elderly, alternative resources for support, level of long-term insurance, educational level of the provider, his relationship with the dependent (son, etc.), and whether or not the provider is living with the dependent[19].

Among preceding Korean studies on the use of mental health services for the elderly is that of G. Lee et al. (2010)[20]. The researchers investigated the factors affecting the intention to use mental health services among the elderly living in farming and fishing communities. The study reported that their educational level, participation level to social activities, and perception level of services, as well as whether they are living alone or with their children and grandchildren affect their intention to use mental health services. The study is significant in that it extended the scope of elderly healthcare into mental health services for the elderly while the preceding studies on the use of elderly welfare services had focused only on physical health services for aged people. However, the study has a limitation that it only examined use intention rather than the utilization status of services.

While domestic studies on the use of relevant services have been rare due to the short history of provision of mental health services for the elderly in Korea, a number of studies have been accumulated in countries where social welfare services are highly advanced. Neese et al. (1999) found that the determinants of the use of mental health services of older people in rural areas were marital status and types of health insurance[21]. In addition, since socioeconomic status (SES) affects an individual’s mental health and accessibility to mental health services, older people with lower socioeconomic status showed higher morbidity rate for mental health diseases and thus higher usage of mental health services[22][23].

According to Volkert and others (2018), in a comparative study of older people living in various European communities, only 11% of them with mental health problems were using mental health services. Factors affecting mental health service utilization were gender, education level, residential area, functional impairment, and accompanying mental illness. In other words, males rather than females, older people with lower education level, and residents of London rather than those in other European regions were less likely to use mental health services. Also, older people with more functional impairment and accompanying mental illness used more mental health services than their counterparts[24].

In a study of Chinese older people who belong to a society with Confucian culture as in Korea, residential areas, education levels, marital statuses, health insurance statuses and household incomes have been shown to affect
elderly people’s utilization of mental health services[25]. That is, older people who live in urban areas, have higher education levels, are married, have medical insurances, and have higher household incomes were found to use mental health services more. In a broad sense, previous studies have found that accessibility to services, as well as individual, sociocultural and economic factors affect the older people’s utilization of mental health services.

III. Study Methods

1. Study Subjects and Data Collection Methods

The subjects of this study were the family carers who were taking care of the elderly with mental health problems. The subjects were limited to the family members who were 20 years of age or older and who provided physical, emotional, and instrumental support to the elderly patients for at least one hour a day, whether they were living with or separately from the elderly. The elderly people cared for by the family carers included those who were 60 years of age or older and who were members of a regional community. This aged group had also been perceived to have an illness related to mental health by their families or diagnosed with such illness by doctors. Information on the study subjects was collected from the family carers using the elderly mental health centers, mental health centers, geriatric hospitals, long-term care hospitals, day and night care centers, metropolitan/provincial dementia centers, and community dementia centers. The experience of using each of these institutions was coded as 1 and no experience as coded as 0. After totaling the values for each institution, the experience of using either of these institutions was re-coded as 1 and no such an experience was re-coded as 0 to be used in the analyses.

2. Definition and Measurement of Variables

As can be seen in [Table 1], the dependent variable is the experience of using elderly mental health service institutions in the community, specifically mental health centers, suicide prevention centers, addiction management centers, community health centers, psychiatric hospitals and clinics, geriatric hospitals, long-term care hospitals, day and night care centers, metropolitan/provincial dementia centers, and community dementia centers. The experience of using each of these institutions was coded as 1 and no experience as coded as 0. After totaling the values for each institution, the experience of using either of these institutions was re-coded as 1 and no such an experience was re-coded as 0 to be used in the analyses.

3. Analysis Methods

A frequency analysis and descriptive statistics were performed to examine the general characteristics of the subjects and the elderly who were cared for by the subjects, the mental health service utilization status, symptoms of suspected mental illness, countermeasures, reasons for delayed treatment, as well as the subjects’ understanding of geriatric mental illness. In addition, to answer the research questions of this study, a binary logistic
regression analysis was performed to identify the factors related to the experience of using mental health services for the elderly, which was operationalized as a nominal variable. In particular, the sociodemographic factors of the subjects and the elderly who were cared for were first put into the model, followed by the period of care, the level of care stress, the understanding of elderly mental illness, and the perception level of mental health services for the elderly, in order. This method was used to examine the influence of the factors related to elderly care on the service utilization with the controlled sociodemographic factors, from the viewpoint of the family carers. That is, a hierarchical binary logistic regression analysis was conducted to determine the effects of the conditions, understanding, and the perception of the family carers such as the period of care, level of care stress, the understanding of elderly mental illness, and the perception level of mental health services for the elderly on the utilization of such services. The fit of the model was assessed using the chi-square goodness of fit statistic and significance, and the explanatory power of the model was measured by the Nagelkerke R². The effects of each factor on the decision to use mental health services for the elderly were analyzed by the regression coefficient (B), significance, and odds ratio [Exp(B)].

IV. Study Result

1. General Characteristics of the Study Subject

The subjects of this study were the family carer of the elderly with mental health problems. The general characteristics of the subjects were as follow. First, 57.3% of the subjects were female, slightly surpassing the
male group number, which accounted for 42.7%. About 87% of the subjects had a spouse and 13% were single by virtue of being unmarried, bereaved, or divorced. The ages of the subjects ranged from less than 30 years to their 70s or older: 14.1% less than 30 years, 40% in their 40s, 31.9% in their 50s, 10.2% in their 60s, and 3.8% in their 70s or older. The average age of the subjects was 49.5 years. With respect to the educational level, 6.5% of the subjects had, at most, attended or graduated from middle-school, while 28.7% were high school graduates, 53.1% were college graduates, and 11.7% were holders of a master’s degree or higher. In summary, over two-thirds of the family carers were college graduates or higher.

The characteristics of the elderly cared for by the family carers were as follow. First, the most common disease identified through a multiple-response item was depression (35.5%), followed by dementia (33.9%), sleep disorders (22.6%), chronic mental illness (3.6%), alcoholism (2.4%), and suicidal attempts (2%). As for long-term care status level, 4.4% were classified into Level 1, 6% into Level 2, 12.1% into Level 3, 9.2% in Level 4, and 3.5% in Level 5. About 5.4% of the subjects did not belong to any level but were able to use the local government’s elderly care services, and 59.4% were not covered by the current long-term care insurance level system. The age of the elderly who were cared for ranged from their 60s to their 90s or older: 19.1% in their 60s, 43.1% in their 70s, 30% in their 80s, and 7.8% in their 90s or older. Their average age was 76.9 years. With respect to gender, 38.2% of the elderly were men and 61.8% were women, who doubled the number of men.

2. Symptoms that Caused the Family Carers to Suspect Mental Illness in the Elderly Patients

The most prominent symptom that caused the family carers to suspect mental illness in the elderly was memory decline (37.9%), which was followed by other forms of cognitive function decline (19.9%). More than half of the family carers (57.8%) suspected mental illness in the elderly patients due to their deterioration of memory and cognitive functions. Other major symptoms included changes in appetite/eating habits (10.6%), depression/discouragement (8.7%), neurobehavioral symptoms (6.8%), and difficulties in daily living (3.9%). Other symptoms mentioned by fewer respondents were sleep disorders/nocturnal behaviors (3.2%), others (3.2%), anxiety (2.3%), delusions/persecution complexes (2.3%), and anxiousness/aggression (1.3%). There were also the respondents who reported no particular symptoms (2.2%), digestive disorders rather than mental disorders (0.6%), and head/hand tremor (0.3%). Memory or cognitive function decline in the elderly can be easily accepted as general symptoms of ageing. However, a sudden decrease in memory and cognitive functions that is perceivable by family carers require attention and care.

<table>
<thead>
<tr>
<th>Major symptom</th>
<th>Frequency</th>
<th>Percent age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory decline</td>
<td>118</td>
<td>37.9</td>
</tr>
<tr>
<td>Other forms of cognitive function decline</td>
<td>62</td>
<td>19.9</td>
</tr>
<tr>
<td>Changes in appetite/eating habits</td>
<td>33</td>
<td>10.6</td>
</tr>
<tr>
<td>Depression/discouragement</td>
<td>27</td>
<td>8.7</td>
</tr>
<tr>
<td>Neurobehavioral symptoms</td>
<td>21</td>
<td>6.8</td>
</tr>
<tr>
<td>Difficulties in daily living</td>
<td>12</td>
<td>3.9</td>
</tr>
<tr>
<td>Others</td>
<td>10</td>
<td>3.2</td>
</tr>
<tr>
<td>Sleep disorders/nocturnal behaviors</td>
<td>10</td>
<td>3.2</td>
</tr>
</tbody>
</table>
3. Determinants of the Utilization of Elderly Mental Health Services

A binary logistic regression analysis was performed to identify the determinants of the use of mental health services for the elderly. The analysis was performed by using a hierarchical method of putting the sociodemographic characteristics of the elderly and their family carers, the period of care, care stress, the understanding of elderly mental illness, and the perception level of mental health services for the elderly into the models in two steps. Only the characteristics of the elderly who were cared for and the family carers were put in Model 1, which showed that the long-term care insurance level of the elderly (B=.235, p<.01) and the age of the family carer (B=.037, p<.05) impacted the elderly’s utilization of mental health services.

The fit of Model 2, which is Model 1 where independent variables, such as the period of care, care stress, the understanding on geriatric mental illness, and the perception level of mental health services for the elderly were put, was also verified with the values of the –2Log likelihood and Chi-square (χ²), which were 282.773 and 44.265, respectively (p<.001). The explanatory power of Model 2 verified by the Nagelkerke R² was 21.9%.

As a result, the determinants of the utilization of mental health services for the elderly were identified as follow: the long-term care insurance level of the elderly (B=.160, p<.05).

<table>
<thead>
<tr>
<th>Classification</th>
<th>Model 1</th>
<th>B</th>
<th>Exp(β)</th>
<th>Model 2</th>
<th>B</th>
<th>Exp(β)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics of the elderly who are cared for</td>
<td>Gender</td>
<td>-.089</td>
<td>.914</td>
<td>-.084</td>
<td>.920</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Educational level</td>
<td>-.085</td>
<td>.918</td>
<td>-.074</td>
<td>.929</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>-.014</td>
<td>.986</td>
<td>-.014</td>
<td>.986</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Long-term care insurance level</td>
<td>.235</td>
<td>1.265**</td>
<td>.160</td>
<td>1.173*</td>
<td></td>
</tr>
<tr>
<td>Characteristics of the family carers</td>
<td>Gender</td>
<td>-.018</td>
<td>.982</td>
<td>.143</td>
<td>1.153</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Educational level</td>
<td>.037</td>
<td>1.038*</td>
<td>.033</td>
<td>1.034†</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>.147</td>
<td>1.158</td>
<td>-.025</td>
<td>.975</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marital status</td>
<td>-.283</td>
<td>.754</td>
<td>-.494</td>
<td>.610</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subjective health conditions</td>
<td>-.231</td>
<td>.794</td>
<td>-.192</td>
<td>.826</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Economic status</td>
<td>-.080</td>
<td>.923</td>
<td>-.127</td>
<td>.881</td>
<td></td>
</tr>
<tr>
<td>Period of care</td>
<td></td>
<td></td>
<td>.003</td>
<td>1.003†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care stress</td>
<td></td>
<td></td>
<td>.963</td>
<td>2.370**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding of geriatric mental illness</td>
<td></td>
<td></td>
<td>.108</td>
<td>1.114*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perception level of mental health services for the elderly</td>
<td></td>
<td></td>
<td>.600</td>
<td>1.821†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant term</td>
<td></td>
<td></td>
<td>-1.027</td>
<td>.358</td>
<td>-3.996</td>
<td>.018</td>
</tr>
<tr>
<td>Chi-square</td>
<td></td>
<td></td>
<td>24.446**</td>
<td>44.265***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-2Log likelihood</td>
<td></td>
<td></td>
<td>302.591</td>
<td>282.773</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nagelkerke R²</td>
<td></td>
<td></td>
<td>.126</td>
<td>.219</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The criterion variable of the dummy variables, such as the gender of the elderly, the gender of the family carer, and marital status, is a man with a spouse.
the age of the family carer ($B = 0.033, p < .10$), the period of care ($B = 0.003, p < .10$), the level of care stress felt by the family carer ($B = 0.863, p < .01$), and the carer’s understanding of geriatric mental illness ($B = 0.108, p < .05$) and perception level of mental health services for the elderly provided by the community ($B = 0.600, p < .10$).

V. Conclusions and Implications

This study conducted a survey on the family carers who take care of the elderly who have mental health problems and are living in regional communities. The study investigated how these carers detect mental illness in the elderly and intended to identify the major factors determining the elderly’s utilization of mental health services provided by their communities.

Firstly, the most prominent symptoms that caused the family carers to suspect mental illness in the elderly were memory decline (37.9%) and other forms of cognitive function decline (19.9%). The family carers also detected mental illness in the elderly through such symptoms as changes in appetite/eating habits (10.6%), depression/discouragement (8.7%), neurobehavioral symptoms (6.8%), and difficulties in daily living (3.9%). Symptoms like memory decline or cognitive function decline, depression, appetite loss, and sleep disorders can be easily perceived as the general symptoms of ageing that most people experience when they get old [26]. Accordingly, there seems to be a need for education that helps family carers enhance their understanding of the elderly and the ageing process. This education should help family carers distinguish between normal and pathological ageing symptoms. In other words, it provides family carers with information such as the elderly mental illness, treatment of mental illness, cure information, and local elderly mental health service providers. Education and information on the mental illnesses of the elderly can reduce the cases that do not lead to treatment.

Secondly, the factors affecting the elderly’s mental health service utilization were identified as follow: the elderly’s long-term care insurance level the age of the family carer, period of care, care stress felt by the carer, his understanding of geriatric mental illness, and the perception level of community mental health services for the elderly. First, the higher the long-term care insurance level was, the worse the health conditions of the elderly were. Therefore, the elderly seem to satisfy the needs that cannot be met by themselves or with family support through public mental health services. Therefore, many aged people living in the community receive care from their spouses rather than from their children. In this case, since the life expectancy of the female elderly is higher than that of the male elderly, female spouses are more likely to take care of their male spouses. In addition, the higher the age of the spouses is, the more difficult it is for them to care of the patients. This observation seems to suggest that the elderly spouses are influenced to seek community mental health services for the elderly. Meanwhile, a longer period of care indicates that it has been long time since the elderly patients showed the symptoms of mental illness. This suggests that the elderly who have been cared for over a longer period of time are in worse conditions.
than those who have been cared for over a shorter period of time. In addition, family carers are more likely to use various community support services if they have a higher level of care stress. The period of care and level of care stress were found to be positively correlated in several preceding studies. The longer the period of care was, the worse the elderly patients’ conditions and the higher the level of care stress in their family carers were[27-29].

The understanding of geriatric mental illness in family carers was found to affect the elderly’s use of mental health services. If family carers have knowledge about the symptoms of geriatric mental illness, they perceive them as those of a pathological nature and seek community mental health services. According to the above presented frequency analysis, about half of the family carers surveyed accepted the symptoms of geriatric mental illness as part of the natural ageing process that can be experienced by all aged people. If family carers who observe the elderly patients most closely have a proper understanding of geriatric mental illness and its symptoms, they can better recognize mental diseases in the elderly patients when such symptoms are manifested and take measures for early treatment. Thus, it is considered that education and information provision on geriatric mental illness will reduce the number of cases where the detection of geriatric mental illness symptoms does not lead to treatment.

The higher the perception level of mental health services for the elderly is, the higher the probability of using community mental health services among the elderly will be. In the study by Lee et al. (2010), the perception level of mental health services for the elderly influenced the intention to use such services[20]. Moreover, in the study by Lim and Yun (2009), the perception level of the services impacted the utilization of the services[30]. Thus, it is imperative that mental health services that can meet the needs of the elderly patients and the family carers who look after them in the community become available. Then, family carers must be educated about the available services and detailed programs to utilize such facilities. In Korea, mental health service delivery system for the elderly is very complicated. Depending on the type of diseases, services are provided through a complex process where both health and welfare authorities are involved, which indicates the lack of linkage and cooperation between the two sectors. Therefore, it is necessary to improve the delivery system so that elderly people with mental health problems can easily access medical/welfare services in the early stage of the detection of such symptoms. In this sense, it is suggested that information on mental health service institutions currently operating in regional communities be actively shared to the public and the primary registration of the elderly with mental health problems be made no matter which institution they visit. The registered elderly patients should be referred to the most suitable institutions according to their diseases and symptoms by the registration institutions for treatment and follow-up management, as part of efforts to provide continuous services to consumers and to increase service accessibility.

The academic significance of this study lies in its investigation of the major symptoms that help family carers detect mental illness in elderly patients and the initial countermeasures
that they take to cope with these symptoms. The study also identified the reasons why the detection of the symptoms does not lead to treatment of mental illness and empirically verified the major factors determining the elderly’s utilization of mental health services based on a survey on family carers. Nevertheless, there are limitations in interpreting and generalizing the results of this study for all the cases of family carers as the data used in the analyses were collected through the significant sampling method among the family carers living in some urban areas. Therefore, it is suggested that follow up studies expand the study subjects to family carers living in various areas.

참고 문헌


저자 소개

박 경순(Kyungsoon Park)  정회원

- 1998년 8월 : 광주대학교 신문방송학과(학사)
- 2010년 2월 : 강남대학교 사회복지학과(석사)
- 2013년 6월 : 강남대학교 사회복지학과(박사)
- 2014년 9월 ~ 현재 : 연세대학교 고령화융합연구센터 전임연구원
  (관심분야) : 노인복지, 노인장기요양, 커뮤니티케어

박 영란(Yeong-ran Park)  정회원

- 1984년 2월 : 연세대학교 신문방송학과(학사)
- 1988년 2월 : 연세대학교 사회사업학과(석사)
- 1995년 6월 : University of Washington (박사)
- 1996년 6월 ~ 2004년 2월 : 여성개발원
- 2014년 3월 ~ 현재 : 강남대학교 실버산업학과/사회복지학과 겸직 교수
  (관심분야) : 노인복지, 실버산업, 노인장기요양

손덕순(Duksoon Son)  정회원

- 1996년 2월 : 광주대학교 사회복지학과(학사)
- 1998년 8월 : 강남대학교 대학원사회사업학과(석사)
- 2005년 8월 : 강남대학교 대학원사회사업학과(박사)
- 2007년 2월 ~ 2008년 8월 : 재)경기도가족여성연구원 정책개발실 연구위원
- 2008년 9월 ~ 현재 : 용인송담대학교 사회복지과 교수
  (관심분야) : 노인복지, 정신건강사회복지

염유식(Yoosik Yum)  정회원

- 1987년 8월 : 연세대학교 경영학과(학사)
- 1990년 8월 : 연세대학교 경영학과(석사)
- 2000년 8월 : 미국 시카고대학교 사회학과(박사)
- 2005년 9월 : 미국 시카고대학교 사회학과 조교수
- 2005년 9월 ~ 현재 : 연세대학교 사회학과 교수
  (관심분야) : 의료사회, 네트워크, 노인 및 청소년

회학과 조교수
- 2005년 9월 ~ 현재 : 연세대학교 사회학과 교수
  (관심분야) : 의료사회, 네트워크, 노인 및 청소년