Tasks and Prospects of Psychiatric Occupational Therapy in South Korea

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Abstract: Background: Occupational therapy (OT) in South Korea suffers from ambiguous legislation and lack of institutional support.

Aim: To identify the current state and prospects of psychiatric OT in South Korea.

Methods: We introduced the concept of Japanese psychiatric OT to Korean occupational therapists (OTRs). In-depth semi-structured interviews were conducted with participating OTRs. All interview data were analyzed using thematic analysis and NVivo10.

Results: Interview data were divided into two themes: (1) [Current state of Psychiatric OT in South Korea] and (2) [Impressions on Psychiatric OT in Japan]. Furthermore, [Current state of Psychiatric OT in South Korea] was divided into three nodes: (a) [clinical psychiatry], (b) [legal system], and (c) [psychiatric OT]. In addition, we identified that psychiatric OT in Korea had four major problems related to clinical psychiatry, the legal system, psychiatric OT, and education. Although the treatment structure of OT for acute phase, referred to as “parallel place,” is difficult to apply in South Korea, opinions on OT in Japan by practitioners were generally positive.

Conclusion: We suggest three approaches that could be used in the future in South Korea. Considering the differences in culture and therapeutic systems between South Korea and Japan, this study proposes solutions to improve the quality and status of psychiatric OTRs in South Korea.

Keywords: psychiatric occupational therapy, South Korea, Japan, mental health, legislation

1. Introduction

Occupational therapy (OT) in Korea began with psychiatric OT conducted by the Japanese Governor General of Korea in 1928 [1]. It was formally introduced after the Korean War to treat the injured and focused on treating physical disability rather than mental illness [2]. Thereafter, the Mental Health Act was amended, and a clause regarding OT [3, 4] was created in 2008. In the following year, regulations were enforced regarding the involvement of occupational therapists (OTR) [3, 4]. However, the Mental Health Act states that psychiatric OT is to be carried out by mental health specialists (i.e., social workers, nurses, and clinical psychologists) [3, 5], which contradicts with regulations [6].

In Japan, where OT is also conducted under the national health insurance system, similar to South Korea, the total number of OTR in 2010 was 53,080 and the number of psychiatric OTR was 5,565 [7], which is relatively large compared to South Korea. Japan has also more consistent regulations regarding psychiatric OT. With regard to psychiatric OT in South Korea, a previous study described the issues in South Korea’s legal system with reference to foreign countries [6]. Another study examined the current state of psychiatric OT and its problems (shortage of personnel, limited use of assessment tools, and lack of awareness about OT) [8]. However, the state of psychiatric OT remained relatively unchanged even after the studies were conducted.

In order to establish psychiatric OT in South Korea, researchers in the previous study investigated the issues

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surrounding psychiatric OT in South Korea. We focused particularly on the changes that were made to the laws regarding mental health in South Korea, details of OT education, working environment of OTRs in the mental health field, and problems in fieldwork education [9, 10].

In the present study, OTRs in South Korea were directly interviewed and the data were analyzed. This method allowed us to objectively identify the challenges of psychiatric OT in South Korea compared to previous studies. Through our clinical and research experience in Japan, we examined plans for establishing psychiatric OT that is most appropriate to South Korean culture and institution.

2. Methods

Based on the first author’s six and a half years of experience in Japanese psychiatric OT, we used qualitative research methods [11], including an in-depth semi-structured interview that examined the opinions of Korean psychiatric OTRs on the characteristic elements and benefits of the psychiatric OT system in Japan (Table 1), as well as problems in the current state of OT and its future challenges. The names of participants were replaced with pseudonyms to ensure anonymity. The study was approved by the Ethics Committee of Kyoto University Graduate School and Faculty of Medicine.

2.1. Participants

As of 2014, there were 10,071 licensed OTRs in South Korea [12], but only 25 worked in the field of psychiatry [13]. Among them, recruitment emails were sent to 15 OTRs who were assumed to have been working in adult psychiatry for more than a year. A researcher visited six participants who had agreed to participate, explained the research objectives, both in writing and verbally, and received written informed consent prior to initiation. The other nine OTRs refused to participate because they were either on maternity leave or for other private reasons. Participant characteristics are shown in Table 2.

2.2. Data Collection

This study was carried out over three sessions (one session per day) in order to give participants time to fully understand the contents and make appropriate decisions. The first session was a demographic interview consisting of open-ended questions (duration: 22–58 min). In the second and third sessions, we introduced characteristic elements of psychiatric OT in Japan (Table 1), on which the participants were asked to comment and reflect. Further, they were asked questions regarding the problems with South Korean psychiatric OT and their possible solutions (4–5 h per session). The interview was conducted while allowing the participants to rest and relax, according to their state and needs. The contents of the semi-structured interview are shown in Table 3.

Table 1. Characteristics of Japanese Psychiatric Occupational Therapy

| <Session 2> | Interview 1. Japanese mental health system and laws related to psychiatric OT | Interview 2. The basics of psychiatric OT (focusing on evaluation, planning, effectiveness of occupation, etc.) |
| --- | --- | --- |
| <Session 3> | Interview 3. OT and psychiatric healthcare systems according to recovery status (i.e., acute phase, convalescence, and chronic phase) | Interview 4. Treatment program (Introduction to the general program and OT-specific treatment such as parallel place) |

Note. OT: Occupational therapy

Table 2. Participant Characteristics

| Subject | Employment Status | Employment Period | Education | Facility | Age | Gender |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Permanent | Over 10 Years | Master | Hospital | 50s | Female |
| 2 | Contract | Over 10 Years | Doctoral | Hospital | 40s | Female |
| 3 | Contract | 5–10 Years | Bachelor | Community Facility | 30s | Female |
| 4 | Permanent | 5–10 Years | Master | Hospital | 30s | Male |
| 5 | Contract | 1–5 Years | Bachelor | Community Facility | 20s | Female |
| 6 | Contract | 5–10 Years | Master | Community Facility | 30s | Male |
codes, reviewing themes, defining and naming themes, and producing the final report.

Furthermore, in order to improve the reliability of data analysis, we used NVivo10 [16], which helps formulate theories by individually coding textual data by word, phrase, sentences, and eventually creates categories [17].

All transcripts were transcribed verbatim and translated into Japanese; nuances of the language and cultural expressions were explained in detail to all researchers. The researchers reviewed the transcripts and field notes multiple times, and consensus coding was performed until all researchers agreed on the main themes and subthemes. A total of 433 pages of transcripts and coding categories, which required no further revision, were documented and converted into NVivo data by the first author. The data were categorized into final coding categories, and during this process, the relationship between the nodes were structured in stages. A total of 422 subnodes were divided into two nodes: (1) [Current state of Psychiatric OT in South Korea] and (2) [Impressions on Psychiatric OT in Japan]. In addition, [Current state of Psychiatric OT in South Korea] node was divided into three nodes: (a) [clinical psychiatry], (b) [legal system], and (c) [psychiatric OT]. The entire process of NVivo analysis was carried out according to the guidelines of NVivo10 data analysis [18, 19].

3. Results

The data obtained through NVivo10 were converted into 737 data (images, excel, and word files), which were discussed by the researchers. Nodes that were commonly mentioned by more than half of the participants were determined as significant. Based on the number of times the participants mentioned the node (References) and the number of participants who mentioned the node (Sources), we considered meaningful data as 1) references that occurred more than ten times and 2) sources that were more than four participants; these were more

| Table 3. Questions in the Semi-Structured Interview |
|-----------------------------------------|
| **<Session 2>**                  |
| Interview 1                          |
| 1. Impressions and questions regarding the provided book (on psychiatric OT in Japan) if the participant read it |
| 2. Impressions and questions regarding the researcher’s explanation for Interview 1 |
| 3. Impressions and opinions related to the psychiatric health care system and psychiatric OT laws in Japan |
| 4. Differences and similarities in the psychiatric health care systems and psychiatric OT laws between South Korea and Japan |
| 5. What would be the most beneficial if applied to South Korea, and why? |
| 6. Opinions on the best ways to apply this beneficial factor |
| Interview 2                          |
| 1. Impressions and questions regarding the researcher’s explanation for interview 2 |
| 2. Impressions and opinions regarding Japan’s psychiatric OT system |
| 3. Impressions and opinions regarding the evaluation method of Japan |
| 4. Opinions on the psychiatric OT planning method in Japan |
| 5. Impressions and questions on the YouTube video (on art and craft) created by the researcher if the participant watched it |
| 6. Impressions and opinions on a method of treatment such as handicraft in Japan |
| 7. On OT in South Korea (trends, evaluation, plans, and treatment methods) |
| 8. What would be the most beneficial if applied to South Korea, and why? |
| 9. Opinions on the best ways to apply this beneficial factor |

| **<Session 3>**                  |
| Interview 3                          |
| 1. Impressions and questions regarding the researcher’s explanation for interview 3 |
| 2. Impressions on the psychiatric health care system and OT according to recovery status in Japan |
| 3. Differences and similarities in the psychiatric health care systems between South Korea and Japan |
| 4. Thoughts on application in South Korea and its possibility |
| 5. Opinions on the best ways to apply these beneficial factors |

| Interview 4                          |
| 1. Impressions and questions regarding the researcher’s explanation for interview 4 |
| 2. Impressions and opinions on Japan’s treatment structure and treatment program |
| 3. Impressions and opinions on Japan’s parallel place |
| 4. Thoughts on the most beneficial factor if applied in South Korea, and why? |
| 5. Opinions on the best ways to apply this method |

Note. OT: Occupational therapy
than 5% of total transcripts (Coverage) (Table 4). Table 5 presents some noteworthy statements made by the participants.

Due to limited number of psychiatric OTR in South Korea, there is a risk of exposing the identity of participants despite ensuring anonymity. Therefore, the participants will be referred to as numbers randomly assigned by researchers in this paper (Table 5). For example, P1 denotes Participant 1.

3.1. Clinical psychiatry

In the [clinical psychiatry] node (Table 4), the lack of an understanding of OT in South Korea and the skepticism about the professionalism of OTRs was most commonly mentioned (Table 5A).

Furthermore, there were conflicts among healthcare professionals due to overlapping treatment, and OTRs were at a disadvantage because of to their small organization size (Table 5B). Moreover, health system in South Korea lacks a systematic patient management program after discharge, which prolongs hospitalization and inhibits rehabilitation.

3.2. Legal system

Article 46, paragraph 2 of the legislation, which is an OT-related law, does not require an OTR to perform the treatment [3, 20]; thus, the need to employ an OTR was low. Moreover, due to limited medical insurance fees, it was difficult to receive support from hospitals for arranging a suitable environment for performing OT

| Categories | Node | References | Sources | Coverage |
|------------|------|------------|---------|----------|
| Current state of Psychiatric OT in Korea | Clinical Psychiatry | Clinical problems | Problems with other occupations | Lack of understanding regarding OT | 17 | 5 | 3.48% |
| | | | | Overlapping treatment | 12 | 3 | 5.07% |
| | | | | Problems after discharge | Non-systematic patient management system | 10 | 4 | 3.96% |
| | | Treatment/clinical status | | | 15 | 5 | 12.89% |
| Legal System | Problems related to psychiatric OT laws | Problems with medical fees | | 18 | 5 | 3.37% |
| | | Exclusion/discrimination from mental health specialist occupations | | 21 | 6 | 2.67% |
| | Mental health laws problems | Laws related to working pattern | | 21 | 4 | 5.01% |
| Psychiatric OT | Problems in clinical practice | The shortage of OTRs | | 16 | 5 | 1.55% |
| | | Unclear identity of psychiatric OT | | 11 | 4 | 2.21% |
| | | Lack of psychiatric OT evaluation | | 11 | 6 | 4.88% |
| | Problems in education | Lack of psychiatric OT lectures | | 11 | 5 | 3.15% |
| | Solutions | Need for evidence | | 10 | 6 | 2.72% |
| | | Need for listing OTRs as essential legal personnel | | 15 | 4 | 3.68% |
| | | Need for publicizing OT | | 11 | 5 | 3.89% |
| | | Need for a larger number of psychiatric OTRs | | 14 | 5 | 4.36% |
| | | Need for establishing the practice of psychiatric OT | | 12 | 3 | 6% |
| | | Need for development/proposal of practical programs | | 11 | 3 | 9.76% |
| Impressions on Psychiatric OT in Japan | Reflections regarding parallel place | Problems with application in South Korea | Problems with medical fees | 10 | 5 | 4.16% |
| | Reflections on the explanation of the researcher | | | 11 | 3 | 5.8% |

Note 1. OT: Occupational therapy; OTR: Occupational therapist
Note 2. Gray background: nodes that were mentioned more than ten times or nodes that were mentioned by more than four subjects or coverage that were more than 5%.
Another reported major problem in the legal system was [exclusion /discrimination from mental health specialists] (Table 5D). This node was most frequently mentioned and was mentioned by all participants. Legally, mental health specialists hold many rights and can perform OT according to article 46, paragraph 2 of the legislation [3]; therefore, OTRs in clinical settings frequently encounter discrimination and have many complaints regarding this matter.

In terms of local facilities, problems in working patterns, such as legally requiring OTRs as well as other professionals to renew their contracts annually, were discussed.

### 3.3. Psychiatric OT

The [psychiatric OT] node can be divided into three categories: [problems in clinical practice], [problems in

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**Table 5. Participants Quotes**

| A | (Questions from other occupations) What can occupational therapists boast as their expertise within psychiatry; What are you(OTR) good at… (P1) |
| B | Since there are other professions that perform overlapping duties… it’s kind of like a fight with professions (from different occupations)… there is a subtle… competition… that exists… (P4) |
| C | There was no support, and of course, there were financial issues, and legal issues, and the fact that we can’t hire another person (OTR). There isn’t any funding, so there won’t be a reason to hire (an OTR). (P4) |
| D | [Occupational and recreational therapy] They’re bundled together like this. You don’t receive additional payment… you can do occupational therapy or recreational therapy… (P5) |
| E | There are limits placed in work. In fact, since it is not included as a mental health specialist, (omitted) (OTRs) actually get excluded from all lectures and education on counsel or treatment programs (P1). |
| F | Occupational therapists are part of miscellaneous personnel; the people who are in miscellaneous personnel are, you know, people who do accounting? (Omitted) It’s under that category, the occupational therapists. (P6) |
| G | There is a lack of support in discussing the matter in institutes right now. It’s because there are only a few people (OTRs) working in psychiatry… (P3) |
| H | Since there are only a small number of OTRs, OT must focus on one thing, even though there are various things that the OT wants to do… it’s kind of unfortunate… (P4) |
| I | In nursing, for example, there is medical knowledge—medication management and such—which are representative of an occupation. (omitted) (However,) when you’re asked what does an occupational therapist do well in the psychiatry field, there isn’t a single proper response yet… that you can say… (P1) |
| J | Regarding the therapeutic value of occupation, I think it’s largely missing from our education process. Also, it seems that graduating from school (majoring in occupational therapy) doesn’t imply that everybody can perform psychiatric occupational therapy (P3) |
| K | The most difficult part of working in psychiatry is that we learned very little from school (omitted) and we don’t practice (what we learned related to arts and craft) ~(P6) |
| L | Occupational therapist must be placed under a personnel structure by law…(P5) |
| M | I think more publicity for psychiatric occupational therapy is needed (omitted) for it to be invigorated—anywhere—it requires people to be interested in that area (P2) |
| N | Lobbying activities must be made by creating data on the need for OT (P3) |
| O | If there are more OTRs, people will say (omitted) oh, there are so many occupational therapists in psychiatry—it’s an obvious occupation (in psychiatry) that people are in—this way, people become naturally aware of OT, right? (P1) |
| P | There are this many occupational therapists working in developed countries; but, even if you submit this evidence to the secretary general for healthcare policy, it won’t be recognized, so I think there needs to be more OTRs working in the psychiatric field (P6) |
| Q | Either way, one part (practice) needs to be selected quickly. If not, it appears that we might lose it all (to another occupation). (omitted) The daily routine in hospital wards is already fully planned out with activity programs. (P3) |
| R | It would be great if parallel place was possible… but because of the very small budget of the Ministry of Health and Welfare, and because the health insurance is always in deficit, the current tone is decrease and reduction. So, I don’t think it will be easy. Even implementation itself (P6) |
education], and [solutions]. Among them, three nodes, [the shortage of OTRs], [unclear identity of psychiatric OT], and [lack of psychiatric OT evaluation], were commonly mentioned under the [problems in clinical practice] node. The most frequently mentioned node was [shortage of OTRs] (Table 4), which was also mentioned as a factor that weakened the organizing ability and as impeding treatment variety (Table 5E).

Regarding the [unclear identity of psychiatric OT] node, there were four OTRs who had concerns similar to those listed in Table 5F, which was the second most frequently mentioned node among [problems in clinical practice] (see Table 4).

All the participants evaluated the psychiatric OT (Table 4) and pointed out the lack of an evaluation system appropriate to Korean culture and clinical practice, including the lack of a common evaluation tool that can be used by psychiatric OTRs.

Moreover, in the [problems in education] node, participants mentioned lack of psychiatric education during undergraduate studies that lead to difficulties in applying for psychiatric OT in clinical practice (Table 5G).

Lastly, the [solutions] nodes included [need for evidence], [need for listing OTRs as essential legal personnel], [need for publicizing OT], [need for a larger number of psychiatric OTR], [need for establishing the practice of psychiatric OT], and [need for development/proposal of practical programs]. Among these, [need for evidence] was proposed by all participants as a solution to problems in clinical practice, and as a necessary step to list OTR as an essential legal personnel. The node [need for listing OTRs as essential legal personnel] was the most frequently mentioned node among [solutions], and other nodes were mostly mentioned in support of this node (Table 5H). Furthermore, [need for publicizing OT] was mentioned as a challenge in Table 5I due to the lack of awareness of OT and problems in the legal system, which seem to be due to a shortage of psychiatric OTRs in South Korea (Table 5J).

In addition, in the node [need for establishing the practice of psychiatric OT], participants believed that the Korean psychiatric OTRs should not overlap in practice with other professionals and should develop treatment and therapy that are not practiced by other specialists (Table 5K).

Lastly, the [need for development/proposal of practical programs] node was present in more than 9% of total transcripts, and many OTRs asked for specialized practices and practice methods due to lack of established psychiatric OT practices.

The relationship between the current state of psychiatric OT in South Korea and its solutions according to analyses of interviews are shown in Fig. 1.

3.4. Impressions on Psychiatric OT in Japan

In the [psychiatric OT in Japan], [reflections regarding parallel place] and [reflections on the explanation of the researcher] nodes were considered meaningful.
Among these, the [reflections on the explanation of the researcher] node included opinions, reflections, and satisfactory ratings of the explanation by the first author (Table 2), and, based on this, any problems with the explanation method were identified.

Although these were not selected as nodes for analyses because they were neither mentioned more than 10 times nor accounted for 5% of what was mentioned, the participants’ response to the evaluation of legislation, recovery status, and healthcare system in Japan was mostly positive. At least four participants expressed positive comments saying that they were specific and systematic.

More than 4 participants showed positive responses to [parallel place], that is, patients could choose their desired occupation and were able to proceed with the treatment according to their current state. Parallel place is a unique treatment structure in Japan, similar to Parten’s parallel play or Mosey’s parallel group [21, 22], but this treatment structure targets mainly patients in the acute phase, without increasing the level of cohesion in the organization [23]. However, [problems with medical fees] were pointed out as challenges in terms of application in South Korea (Table 5L). It was indicated that application in South Korea would be difficult due to lack of legal standards regarding clinics and facilities, and the materials and tools required for OT [24], compared to those that are present in Japan. Furthermore, it was mentioned that with the current medical insurance fees, it is not possible to receive funding from the hospital to equip OTRs with the materials and tools required for OT; there were also many opinions on the need for application of elements other than parallel place in clinical practice.

4. Discussion

Previous research clearly indicated problems in psychiatric OT in South Korea such as lack of education, evaluation tools, and workforce, problems in OTR organization and the legal system, and lack of awareness regarding OT [6, 8, 10].

By conducting an in-depth semi-structured interviews and using NVivo10, the present study objectively identified/organized the problems and their solutions regarding psychiatric OT in South Korea. Specifically, we identified that psychiatric OT in Korea had four major problems (Fig. 1) related to clinical psychiatry, the legal system, psychiatric OT, and education. In addition, we learned that psychiatric OTRs in South Korea considered the following solutions to address these problems: the need for evidence, need for listing OTRs as essential legal personnel, need for publicizing OT, need for a larger number of psychiatric OTRs, need for establishing the practice of psychiatric OT, and need for development/proposal of practical programs.

Furthermore, South Korean psychiatric OTRs expressed positive responses towards legislation, evaluation methods, and the recovery status/health care system in Japan, as they described them as detailed, specific, systematic, and clear. However, we also found that factors, such as medical fees and differences in treatment systems, led to hesitation about parallel place.

4.1. Pandora’s box

After analyzing the data repeatedly to identify the cause of the problems, we narrowed the possible reasons down to two: low professionalism of psychiatric OT and social and institutional problems in South Korea.

Contrary to what was expected, most of the factors mentioned above as problems and their respective solutions started with one single factor, that is, low professionalism of psychiatric OT. The problems caused by social and institutional problems in South Korea only included problems after discharge in the [clinical psychiatry] node and problems with mental health laws in the [legal system] node.

Problems caused by social and institutional problems in South Korea were the same as problems faced by people in other occupations, such as psychiatric practice. However, at the surface level, OT seemed to struggle with problems due to factors such as legislation, institution, society, clinical practices, and other occupations; yet a deeper evaluation revealed that they were caused by one single factor, that is, low professionalism of psychiatric OT.

When we used the NVivo10 to categorize and analyze data, we used the language or words used by OTRs. While such an analysis revealed many problems in psychiatric OT in South Korea, the suggested solutions were superficial. This was because the participants unconsciously used projection and rationalization as defense mechanisms. Unfortunately, some defense mechanisms used by the participants made it more complicated to identify this problem as they knew, albeit vaguely, that the cause of the problems with psychiatric OT was related to low professionalism.

Admitting this play of defense mechanisms in the interview process will perhaps contribute to a reflective inquiry and serve to improve the results of the research.

4.2. Solutions for Psychiatric OT in South Korea

There are few OTRs working in psychiatry in South Korea, and we attempted to represent their current position and circumstances and identify the solution to improve professionalism in a small organization. There could be three approaches that could be used in the
First, psychiatric OT could include the task of coordinating therapy programs. OTRs could hire music therapists, horticultural therapists, and art therapists, and manage the therapeutic plan and schedule. This would be an efficient way to organize group programs. However, for this, psychiatric OTRs should be legally defined as mental health specialists so that they have the authority to coordinate therapeutic plans. In addition, to gain recognition as coordinators and, OTRs need to demonstrate outstanding abilities in occupation analysis and provide evidence to justify the occupation provided to patients. Therefore, the OT association and school teachers should work together to research and develop the OT education program.

Second, psychiatric OTRs could perform all the tasks and operate the programs on their own, as in Japan. However, this approach might face many obstacles. For starters, the entire curriculum needs to be reformed, such as extension of practice hours, for OTRs to be able to perform all the tasks. In addition, there would be many difficulties due to coordination in terms of the scope of work with other professions, and such a change will take time. For this reason, psychiatric OTRs in South Korea need to explain the distinct effects of the tasks performed by them as compared to other occupations by presenting definite evidence. Further, it would require a communication between OTRs in Japan and the OT association in Korea to adopt this approach.

Finally, there is an approach wherein psychiatric OT in South Korea could develop and evaluate their specialized programs. Since this should be a program that is not currently performed by other occupations, it will require detailed research and a considerable amount of funding. Further, it would require guidance and approval from the Korean Association of Occupational Therapists. As such, it is expected that psychiatric OTRs working in clinical practices, the OT association, and school teachers work together to facilitate research.

4.3. Applicability of Japan’s Psychiatric OT for the Development of South Korea’s Psychiatric OT

This study was conducted as a trial with one of the study purposes being to examine the applicability of Japan’s psychiatric OT, which is equipped with a better therapy structure and system in terms of clinical practices, in the context of South Korea, as both countries share a similar national health care system. However, we encountered several problems in the course of the study.

First, there was a difference in history and culture of South Korea and Japan. Even though both countries are located in Asia and have a similar national health care system, there was a wide gap in the contexts. After Japan’s colonial rule in South Korea ended, the financial and health insurance system was in a bad shape. In addition, many people were physically injured during the Korean War, and there was an increase in acute disease treatment and physical treatment directly related to death. Therefore, the progress of mental treatment and rehabilitation for improving quality of life received low priority. This historical background created imbalances in payments covered by health care insurance in South Korea, so the problems that the country’s health care system faces are fundamentally different from those of Japan’s, which was well-established.

Second, there was a gap in OT treatment structure between the two countries. In South Korea, one program is used to perform therapy using the same occupations. On the contrary, Japan uses the parallel place, which is different from group therapy, and provides occupations personalized according to the needs and current status of patients. In this regard, the anxiety of OTRs in South Korea about parallel place was higher than expected. To begin with, since they had never seen or experienced this therapy structure designed for multiple patients, it might have been difficult for them to imagine and the anxiety could have been a result of their doubts about the structure. The operations of parallel place, which provides various tasks tailored to the needs of a certain person, are in fact difficult to apply to South Korea in practical terms. In South Korea, a therapy program gathers patients with the same needs and groups them by providing them the same tasks. For this purpose, music therapists, horticultural therapists, art therapists, and other professionals work together in this process. Therefore, it is difficult to imagine a therapy structure like parallel place. While it is true that problems with legislation and institutions have a large impact, in order to upgrade these, a therapeutic method to maximize the professionalism of OTRs and ensuring cost-effectiveness while hiring them is required. Therefore, instead of debating whether or not to apply parallel place, priority should be on researching and developing unique group operational and therapeutic methods and increase professionalism of OTRs in South Korea.

5. Conclusion

The present study analyzed the status and problems in psychiatric OT in South Korea. From the perspective of Korean OTRs who have experience with psychiatric OT in Japan, we examined the tasks and solutions of psychiatric OT in South Korea. Although issues such as the historical background between the two countries cannot be disregarded, we hope that this study can contribute to an interdisciplinary research aiming to estab-
lish an international standard of psychiatric OT appropriate to South Korea. This would allow us to improve treatments for those suffering from mental illness.

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