

THE ROLE OF WHO IN INCREASING MENTAL HEALTH AWARENESS IN SOUTH KOREA IN 2016-2019

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Abstract:

Mental health is one of the main concerns of the World Health Organization (WHO). In 2012, the WHO announced that the most common mental health disorder affecting the global community is depression, and the disease is a top priority to be treated globally in the context of mental health. South Korea is one of the UN member countries with a high death rate due to suicide due to depression. Although the prevalence of depression in South Korea has been reported to be much lower than in other countries, it is undeniable that every time South Korea is mentioned, the words "suicide," "depression," and "mental health" come to mind that remind us of the country of ginseng. This research aims to discover the role of WHO in increasing mental health awareness in South Korea in 2016-2019. This research uses the case study method and delivers the findings descriptively. The results are that the role of WHO in South Korea is to provide WHO Mental Health Action Plan 2013-2020 as the technical guidance, to put WHO-AIMS in South Korea, The Mental Health Atlas publication, the WHO Collaborating Centre for Psychosocial Rehabilitation and Community Mental Health in Yongin Mental Hospital, the Depression: Let's Talk campaign, and the WHO Special Initiative in handling mental health, namely The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health in 2019.

Keywords: International Organization, Mental Health, Role Theory, South Korea, WHO

INTRODUCTION

Mental health is one of the main concerns for the United Nations, a particular agency responsible for international public health, the World Health Organization (WHO). In 2012, the WHO announced that the most common mental health disorder affecting the global community is depression, which has become an epidemic. Depression is a common mental disorder that presents with a depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-esteem, sleep or appetite disorders, and poor concentration. Furthermore, depression often comes with anxiety symptoms. These problems can become chronic or recurrent and cause substantial disruptions in the individual's ability to handle daily responsibilities. Most severely, depression can lead to suicide. Nearly 1 million lives are lost every year to suicide, which translates to 3000 deaths by suicide every day. For every person who makes a suicide attempt, 20 or more people succeed in ending their lives (World Health Organization, 2012). Depression can affect anyone regardless of age and gender. WHO announced that the disease is a top priority to be treated globally in the context of mental health.

According to data from the WHO (World Health Organization, 2017a), shows that depression and anxiety are common mental disorders with the highest prevalence. More than 200 million people worldwide (3.6% of the population) suffer from anxiety. Meanwhile, the number of people suffering from depression is 322 million people worldwide (4.4% of the population), and almost half of them are from the East-Southeast Asia and Western Pacific region. Depression is a significant



contributor to suicide deaths, which is close to 800,000 suicides each year. In addition, the WHO noted that from 2012 to 2016, depression and anxiety globally were suffered by the age group from 15 to 29 years old – which can be interpreted as depression and anxiety being widely experienced by young people. Depression and anxiety that many young people suffer from – which is the productive age – have the potential to interfere with the effectiveness of the youth workforce due to their mental health. It will certainly develop into a bigger problem on a national scale, such as the emergence of an economic burden for countries with high mortality and mental health facilities.

In many cases, such as suicides committed by South Korean artists and other mental health problems, it is not surprising that South Korea is in the spotlight of the world regarding the treatment of mental health. It is public information that South Korea is one of the countries with the highest suicide rate. It is further known that the lifetime prevalence rate for mental disorders in South Korea is reported to be 27.6%, which means that three out of 10 adults experience a mental disorder more than once in their lifetime. Korea's suicide rate has remained the highest among Organisation for Economic Cooperation and Development (OECD) countries for ten consecutive years, with 29.1 people out of every 100,000 committing suicide (Cho et al., 2015). Unfortunately, the South Korean government often appoints artists from the entertainment industry as ambassadors for their national branding (Putri et al., 2021).

Factors why mental health disorders occur in South Korean society include the high level of stress caused in the work environment and depression that arises due to social expectations of individuals that lead to death. In the old age group, mental health disorders are caused by sociopsychological factors such as decreased income due to retirement, increased medical expenses, setbacks or physical disabilities, loss of a partner or friend and the absence of a purpose in life (Kim et al., 2017).

Meanwhile, in the young age group, it is influenced by socioeconomic status factors. Low socioeconomic status, high stress, sleep deprivation, alcohol use, and smoking are associated with suicidal tendencies among adolescents (Lee & Choi, 2015). In addition, expectations for adolescents to pursue education can cause mental health disorders such as stress and depression. It should be noted that high school students in South Korea spend 16 hours in school per day. The average high school student generally has classes from around 8 am to 9:30 pm or 10 pm. The average high school student in South Korea aims to get into a good college, and often, the competition is high.

Another factor is influenced by Korean Confucian culture, where family honor takes precedence over individuals, making South Koreans neglect treatment for their mental health to preserve the family name (Ng, 1997).

To explore the mental health cases in South Korea and find the novelty of this research. According to (Nguyen et al., 2021), among the nations that make up the Organization for Economic Cooperation and Development (OECD), South Korea has the highest suicide rate. At the national level, the action plan tackles six essential elements. First, vulnerable groups like healthcare personnel, the elderly or pregnant students, and those employed in the most affected areas should undergo routine screening and evaluation for depression. The second is the establishment of hotlines for psychological support. Third, to prevent and manage the combined consequences of depression and COVID-19, set up community treatment (CTC) centers. Fourth, treatments for depression. Fifth, enrollment in the national health insurance program should be promoted among both foreign nationals and citizens. Lastly, public education regarding depression management.

In their research, Kim and Lee (2023) see a need for strengthening mental health literacy education and for the general public, especially parents, teachers, and students, to have a different perspective on mental disease. The attention of family, friends, and people in their immediate



vicinity improves the likelihood that someone with a mental illness may seek treatment. Promoting children's and teenagers' mental health requires a variety of strategies, including school-based policies and other forms of support.

Heo et al. (2019) suggested that the South Korean government could refer to the British case of "Improving Access to Psychological Therapies," as suggested by an OECD investigation team to provide comprehensive services for most of the community population to monitor risk factors of mental disorders and PMI. Achieving the goal requires a deliberate realignment of existing services and additional resources in line with legislative reforms. Further public efforts should be made in collaboration with medical institutions and private service providers to realize the valuable goals pursued by the amended act.

South Korea is one of the UN member countries with a high death rate due to suicide due to depression. Although the prevalence of depression in South Korea has been reported to be much lower than in other countries, it is undeniable that every time South Korea is mentioned, the words "suicide," "depression," and "mental health" come to mind that remind us of the country of ginseng. However, it is known that the prevalence of depression increased from 2.8% in 2002 to 5.3% in 2013. It was found to increase with the age of the population and was higher in women than men for most age groups. This issue is still a burden that has not been fully lifted, as it is recorded that at least three out of 10 adults experience a mental disorder more than once in their lifetime. It shows that dealing with this problem is still long and far from normal limits, and this condition is still burdensome for South Korea, so the issue is still classified as precarious to overcome. Based on the explanation in the background section that focuses on the condition of awareness of the South Korean people in the Importance of Mental Health Awareness and the results of previous research, the main issues formulated by the author are what is the role of WHO in efforts to increase mental health awareness in South Korea in 2016-2019?

This study will focus more on continuing South Korea's movement to overcome mental health problems in its community through the roles of WHO, especially campaigns, recommendations, and supervision. The starting point of this research will start in 2017, when a campaign to raise mental health awareness was voiced, accompanied by the world's attention on South Korea over the series of suicide cases from K-Pop artists triggered by mental health problems.

METHODS

The type used in this study is a case study, so the research is carried out based on a case that has been determined and studied using existing theories. This type is often used in research that seeks to answer the question of "how" and "why" (Yin, 2003). With this type of research, the case study considers the role of the WHO in its efforts to increase awareness of mental health in South Korea for the 2017-2019 period with the theory of international organizations. The theory is used considering that WHO intensely assists the issue with its capacity as a global organization in helping its member countries in the implementation process. In addition, the case study will also be discussed using role theory and international organization theory (IGO theory), considering that the main highlight of this study is the role of WHO.

The method of research in this study is descriptive research, which describes and analyzes various situations of the problems being researched by analyzing and presenting data systematically so that it is easy to understand and conclude. This research will explain the role of the WHO as an international organization that helps South Korea solve its mental health problems.

The data sources used in this qualitative-descriptive research come from primary and secondary data. Primary data consists of essential documents and sources related to efforts and



interactions between WHO and South Korea in overcoming mental health problems and relevant statistics. Meanwhile, secondary data comes from books, journals, reports, newspapers, research from other researchers, and sources from related assessment institutions that have been inaugurated and officially published in online media and conferences.

RESULT AND DISCUSSION

International Organizations. International organizations began to form in the mid-19th century, motivated by the interests of various countries to cooperate on a series of focused issues, such as health and trade issues. The cooperation reflects the awareness of countries that international cooperation facilitated by international organizations can help the countries involved in cooperation achieve results that may not be unilaterally achieved. Not only that, the cooperation is also carried out through a consultation and coordination process, as well as by implementing norms on diplomacy and multilateral negotiations. The number of international organizations has increased drastically since the end of World War II. These global organizations vary significantly in size, scope, objectives, and influence (Gutner, 2017).

In the Vienna Convention Article 2 Paragraph 1, international organizations are narrowly defined as intergovernmental organizations. In other words, the organization consists of several governments representing each country. In addition to this narrow definition, Lisa L. Martin and Beth A. Simmons, in their article entitled International Organizations and Institutions raise the definition of international organizations from the opinion of John Mearsheimer. John Mearsheimer defines a global organization as a set of rules intended to establish various ways for countries to cooperate and compete. This definition is accessible from a particular theoretical perspective. In other words, international organizations can regulate international behavior, which is understood as a statement that prohibits, requires, or permits specific actions (Martin & Simmons, 2013).

Furthermore, an international organization can be generally defined as a formal organization with three or more member states to achieve specific goals (Gutner, 2017). The goal is to encourage international cooperation between countries in particular fields, such as security, economy, and social issues. In addition to density and purpose, international organizations also have three characteristics. The first characteristic is that countries or representatives of countries establish international organizations. The second characteristic is that international organizations are established through international agreements regulated by international law. Finally, the third characteristic is that international organizations have at least one organ with a desire that is different from the desire of its member states to distinguish the organization from other forms of international cooperation (Klabbers, 2002).

Technically, international organizations consist of two categories, namely intergovernmental organizations (IGOs) and non-governmental organizations (NGOs). IGO is an intergovernmental organization established by an intergovernmental agreement where the government is the representative of each country (Gutner, 2017). From this membership, IGOs often have the goal of minimizing conflicts and promoting peace, as well as making regulations at the international level. Meanwhile, NGOs are members of individuals, groups, or associations that are formally organized. NGOs explicitly have a social justice agenda that focuses on improving the quality of life, promoting human rights, or protecting the environment (Atkinson, 2009). In International Relations, an international organization becomes a stand-alone entity or actor.

As an independent actor, like other political actors, international organizations have defined nature and attitudes in their roles and functions. The roles and functions of international organizations applied in this study refer to Clive Archer's definition in his book International



Organizations Third Edition. According to Archer (2001), international organizations have three typical roles based on attitudes given to external actors. The three roles consist of the role as an instrument, the role as an arena, and the role as an actor. It should be noted that the discussion of each role further refers to international organizations between governments, as WHO is a global organization of this type.

In its role as an instrument, an international organization means that it has the capacity of a medium to achieve specific foreign policy goals or interests. It usually happens in international organizations with a multilateral (intergovernmental) structure, where each member can limit the actions of international organizations. International organizations have the status of institutions that regulate their members with certain conditions, so in this case, the institution still holds the hierarchy of power. However, at some time, the institution can be used as a 'hand link' to achieve the interests of member countries. An example of the role of an instrument of international organizations can be seen in the use of the veto power of the five permanent members of the UN Security Council in various types of cases. This role is seen as an obstacle to the nature of international organizations, especially those with sovereign states and different interests as members.

The second is the arena's role as a medium for meeting members of an international institution to discuss problems that may need to be addressed in ordinary cooperation. In its role as an arena, international organizations can provide opportunities for their members to carry out diplomacy collectively, both multilateral and bilateral.

The role of international organizations, according to Archer, is as an independent actor. In this case, the international organization can make its decisions independently, with or without the influence of the attitudes of the external actors that surround it. This trait can also be interpreted as the capacity for autonomy, as international organizations can shape policies and issue attitudes towards internal (members) and external (other international actors) in international politics. Many international organizations have institutional frameworks that govern decision-making until policies are generated into attitudes. This condition is often found in international intergovernmental organizations, especially UN agencies such as the WHO.

In addition to roles, international organizations also have a series of functions. In carrying out its functions, WHO carries out a bureaucratic process through the governments of its member countries first before reaching the community level. These functions consist of monitoring and collecting information, providing services and assistance, and providing a forum for bargaining (Archer, 2001). By providing a medium for member countries to achieve common goals, political institutions or international organizations can also maintain an attitude of cooperation among their members. For example, in the sub-chapter of the Literature Review, in the review section of WHO-AIMS Ghana and Uganda, WHO performs its function as a mediator and implementer of health aid donation activities from its member countries that have an economic level and above. In its implementation, the activity was carried out with full consideration from the recipient country and the donor itself, namely the United States.

In this study, with the leading research subject, namely WHO, the international organization is included in the category of providing services and assistance. Services and assistance provided to its member countries can be in the form of counseling, direct assistance or assistance through other member countries, the provision of experts in the field of health, the provision of draft health policies, and health reports per year. The use of the theory of international organizations will be relevant in dissecting the role of the WHO, which is a UN agency as a global organization that has influenced South Korea.



Role Theory. At the beginning of its emergence, the role theory in international relations highlighted the role of state actors in behaving in the international political order. Role theory examines a country's foreign policy through an approach to aspects that affect policymakers' decisions, individuals (government leaders) or domestic groups/institutions. Foreign policy is formed based on the perspective of a country—which is often represented by the head of government/policymaker—on an issue that then becomes a choice, regulation, or commitment and is carried out continuously to shape the dynamics of the international system (Holsti, 1970).

The perspective of a person or a group is formed based on social norms, culture, and their inherent identity from within the country. In its development, this theory has been greatly influenced by sociology and psychology, mainly because it explicitly examines the basis of a country's attitude influenced by individuals and groups within the country. The key to this theory is giving and receiving: How an actor throws his attitude and has expectations of others from his co-actors to respond to their behavior of others. From the theory concept, researchers can examine the process of interaction dynamics between international actors.

In its development, role theory no longer focuses on state actors but has shifted to non-state actors. Countries can have diverse roles. Not only do they expect and receive responses from other actors based on internal (socio-cultural) values, but they can also be based on a sense of solidarity due to sociological and psychological attachment with other actors called role sets (Walker, 2014).

Meanwhile, along with the development of the theory, the actors known in the role theory expanded to non-state actors, and one of them was an international organization. The values that shape the attitude of an actor—which in this context is an international organization—become not limited to domestic social, cultural, and normative conditions but become formed from universal values. For example, international organizations based on child protection will issue statements (attitudes/behaviors) based on global values, namely the general norms of children's human rights. Their statements will put pressure on countries and the global community with the expectation that their awareness will increase and make policies that prioritize the interests of child protection. The result of the process can be in line with the attitude of the feeder actor or deviate, namely, rejecting the expectations of the feeder actor. It should be noted that the example of such a case is an actor of an independent international organization.

However, in the case of this study, the WHO's interaction with South Korea—as a sovereign country with an international organization. South Korea is a member country of the WHO, an institution with rules and values that South Korea should adhere to, so expectations and attitudes will produce slightly different dynamics. However, the values that make up the WHO's stance remain based on universal values and international law, while South Korea's stance will be more shaped by its internal values.

Mental Health in South Korea. Mental health services in South Korea made qualitative and quantitative progress after enacting the Mental Health Act in 1995. The law significantly influenced shifting the focus to community-based mental health services that underline rehabilitation and social recovery. 1998, the government established the 'First Five-Year Plan for the Promotion of National Mental Health.' In addition, the Mental Health Law Amendment includes regulations on the establishment of mental health service plans by central and local governments every five years, which allows for consistent mental health care planning at the national level.

Mental health promotion services in South Korea consist of (1) treatment of diseases in medical institutions, (2) community-based psychosocial rehabilitation, and (3) housing, employment and economic support. In detail, treatment in health facilities refers to health checkups, treatments and rehabilitation by national/public and private psychiatric medical institutions. Community-based

services refer to the management of chronically ill people and education for the general public to promote mental health and social rehabilitation facilities (housing support, day rehabilitation, etc.) (Ministry of Health & Welfare (South Korea), 2014).

The Role of WHO in Increasing Mental Health Awareness in South Korea in 2016-2019. The Republic of Korea's mental health system data was gathered using the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS). This data is gathered to enhance the mental health system and offer a starting point for tracking improvements. Thanks to this, the Republic of Korea can create information-based mental health plans with well-defined baseline data and objectives. Monitoring the implementation of reform policies, community service delivery, and user, family, and stakeholder involvement in mental health promotion, prevention, care, and rehabilitation would all be helpful.

In order to improve its national mental health system, the Republic of Korea has created a long-term mental health strategy. This plan includes strengthening the organization of service development and the human rights of mentally ill patients. Furthermore, the Korean government updated the Mental Health Act to transform the mental health system further into one that is centered in the community. Financial resources for mental health have expanded significantly even though the budget is still inadequate compared to developed nations.

The Korean mental health system still requires significant advancements to reach a more advanced and functional state. For instance, compared to affluent countries, the average wait time for mental institutions is too long, and the percentage of involuntary admissions is excessively high. Furthermore, there are few facilities for kids and teenagers or community living complexes (WHO-AIMS, 2006).

As an IGO, WHO plays a role in assisting the South Korean Government in overcoming the problem of mental disorders and reducing the number of people suffering from mental disorders in the country. WHO's role can be seen from its presence when the South Korean government developed a long-term mental health plan to advance its national mental health system. This policy is a concern of WHO and the South Korean government for the human rights of patients with mental disorders.

2013, the World Health Assembly adopted the WHO Mental Health Action Plan 2013–2020. The action plan describes suicide prevention as an essential priority for achieving the global target of reducing the rate of suicide in countries by 10% by 2020. This action plan highlights that suicides are a severe public health problem worldwide and that, with appropriate efforts, suicides are preventable (WHO, 2018).

The government of the Republic of Korea also adopted the WHO Mental Health Action Plan 2013-2020. It means that WHO is an arena for its member countries to cooperate in dealing with mental health issues, which are among the most prevalent health issues currently. As one of the countries fighting mental health problems, the WHO Mental Health Action Plan 2013-2020 helped South Korea gain global support and expand its mental health care program to be more comprehensive.

To track the progress of the Action Plan, the WHO released a series of publications, including a project called The Mental Health Atlas. The Mental Health Atlas period 2017 holds great importance as it offers data and information on how the Comprehensive Mental Health Action Plan 2013–2020 is achieving its goals and targets, which can be tracked. This Action Plan contains four objectives:

- 1) To strengthen effective leadership and governance for mental health;



- 2) To provide comprehensive, integrated and responsive mental health and social care services in community-based settings;
- 3) To implement strategies for the promotion and prevention of mental health;
- 4) To strengthen information systems, evidence and research for mental health.

Global targets were set for each goal to assess Member States' aggregate efforts and accomplishments about the Action Plan's overarching objective. The Mental Health Atlas is the platform for gathering additional essential mental health indicators and data related to internationally agreed-upon targets.

This Edition of the Mental Health Atlas also has new significance when the WHO embarks on a massive transformation to increase its impact at the country level and align with the goals of the Sustainable Development Goals (SDGs) era. The inclusion of mental health in the Sustainable Development Agenda was adopted at the UN General Assembly in September 2015. One hundred seventy-seven countries, or 91 percent of the 190 WHO member countries, participated in The Mental Health Atlas 2017 data collection. These results will likely positively impact communities and countries where millions will receive much-needed assistance. South Korea is one of the participants.

The 2017 Mental Health Atlas data show progress in mental health policies, legislation, programs and services across WHO Member States. However, meeting global targets requires extensive effort, commitment, and resources at the global and country levels (WHO, 2018b).

Based on its function as an IGO, WHO is involved in monitoring and collecting information through the Mental Health Atlas to reach the level of South Korean society. The data shared by the South Korean government through a questionnaire is beneficial for WHO in collecting data on the achievement of national efforts to overcome the problem of mental disorders. In return, WHO provides recommendations and technical assistance that can be provided to address mental health issues in South Korea.

Another role of WHO as a world health organization in assisting South Korea and the world in tackling mental health problems is the Depression: Let's Talk campaign. The campaign has been designed since the end of 2012 and will take place in 2017 to raise public awareness of depression and mental health disorders globally (World Health Organization, 2017). The purpose of the campaign is for the global community to recognize depressive disorders, as some countries still consider mental health not to be part of human health conditions. In the campaign, WHO invites mental health experts, medical experts, global and local non-governmental organizations, and the general public to participate in disseminating information related to depressive disorders. The expected result is that people infected with the disease can seek medical help properly to recover. The closest people to the disease can provide support for the sick to fight their disease because the recovery period for depression is quite long. In the plan, the program is expected to be successful in 2020, with the results of the global community being able to overcome the problem of depression and the state being able to reduce the losses experienced due to the disease.

Then, in 2019, WHO launched a WHO Special Initiative in handling mental health, namely The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health, which aims for everyone to achieve the highest mental health and well-being standards. The WHO Special Initiative on Mental Health will advance mental health, advocacy and human rights policy, as well as improve the quality of interventions and services for individuals with mental health conditions, including substance use and neurological disorders. For sustained global improvement and learning, WHO will work in 12 priority countries, working in partnership with Member States, local and international partners, and organizations of people with life experience



(World Health Organization, 2019b). On May 10, 2019, more than 70 countries and regions prioritized coverage of mental health conditions, and South Korea is one of them. In collaboration with the WHO, the South Korean government is intensively working to increase public awareness of mental health.

WHO collaborates with other South Korean governments through the WHO Collaborating Centre for Psychosocial Rehabilitation and Community Mental Health at Yongin Mental Hospital. The collaboration began in 2017. The terms of reference are to support WHO with efforts in developing community-based services and supports that promote recovery and human rights. This body center is used to provide technical support to WHO's work on suicide prevention and provide evidence in order to inform WHO's activities under its mental health program in the Region. The activities include training and education, organizing events (e.g., conferences and summits), and Collecting and collating information (WHO, n.d).

As a global leader in health, WHO provides technical guidance for all Member States through its international norms, standards and guidelines; these also help shape the health policies of the Republic of Korea. Although the Republic of Korea is an advanced country, new and evolving health challenges continue to occur, including mental health issues. WHO can provide technical advice to the Republic of Korea regarding mental health human resource development. As the Republic of Korea's capacity for tackling critical health issues is further strengthened, this expertise will also be available to support other countries in the Region.

More importantly, WHO can play a crucial role in stimulating and supporting policy discussions on the overall direction of mental health reform in the Republic of Korea (Sarita et al., 2024). Through the WHO Special Initiative on Mental Health, the WHO also helps advance mental health, advocacy and human rights policy for individuals with mental health conditions. It can help the South Korean government to broaden its domestic mental health medical service.

CONCLUSION

One of IGO's obligations is to ensure its member states' welfare. It is also what the WHO does. WHO provides technical guidance for all Member States through its international norms, standards and guidelines as the global health leader. The WHO Mental Health Action Plan 2013–2020 is among the technical guidance provided by WHO and was adopted by the Republic of Korea government. The Republic of Korea's government is willing to follow the WHO's guidance without good relationships between them as internal actors. It can be seen in the existence of WHO-AIMS in South Korea years earlier. The purpose of this study is to gather South Korean mental illness data so that it can be used to enhance the national mental health system and offer a starting point for tracking improvements.

Another WHO effort to help South Korea overcome mental health issues is the publication of The Mental Health Atlas, which contains the publication of data on the progress of the Mental Health Action Plan 2013–2020, in which South Korea is one of the countries participating in the submission of the data. WHO is also collaborating with the South Korean government to monitor treating patients with mental disorders through the WHO Collaborating Centre for Psychosocial Rehabilitation and Community Mental Health, which has been housed at Yongin Mental Hospital since 2017 (Obioha, 2024). Another role of WHO as a world health organization in assisting South Korea and the world in tackling mental health problems is the Depression: Let's Talk campaign in 2017 and the WHO Special Initiative in handling mental health, namely The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health in 2019.



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