大韓保健協會學術誌 : 第 25 券 第 2 號
J. Korean Public Health Assoc.
Vol. 25, No. 2, 114~126, October 1999.

原 著

Study on the nurses' opinions about the community mental health

Kyunghee Lee, R.N.,Ph.D.*
College of Nursing, Keimyung University

The purpose of this study was to investigate the nurses' opinions who were interested with mental health care and also how they thought the present conditions of community mental health care. The subjects were 81 nurses in the YoungNam area.

In July 1999, that data were collected using a convenience sample technique.

A survey questionnaire structured by Nam & Choi(1993) was used for this research to obtain the informations about (a) general characteristics (b) the serious proportions of mental health problems (c) the serious aspect of mental health problem (d) the opinions about mental health service system (e) the opinions about the asylum system and (f) the view of the mentally ill. Data were analyzed using the spsspc program for the actual number, percentage, mean, standard deviation(S.D) and factor analysis.

This research was to explore that how the nurses thought the social recovery of the mentally disabled, what they would suggest and how they would correspond to the today's changes. We have to establish good standards of community mental health care although we have to face the stigma and prejudice still common among ordinary people. So, it seems that the findings in this study would be basically useful for planning the countermeasures for the psychiatric patients in the YoungNam area.

Key concept: *community mental health, community mental health care*

* Associate Professor, College of Nursing, Keimyung University.

Introduction

According to the statistics announced officially by the government, the number of psychiatric patients in Korea was estimated to be approximately 1,000,020 in 1995 (Lee, 1996), approximately 2.2% of the nation's population.

Despite the urgency to develop social rehabilitation programmes, it is unrealistic to expect existing asylum systems to develop such programmes in the foreseeable future for several reasons. First, the government's limited budget has largely been invested in the expansion of mental institutions, allowing little for social rehabilitation programmes. Second, both health insurance and government subsidies for economically underprivileged mental patients are applied only those who are hospitalized and not to patients who are at home and could easily be restored to society with adequate rehabilitation programmes. Third, economically underprivileged mental patients cannot afford expensive fees associated with rehabilitation at such institutions. Fourth, services provided by the medical profession do not cover rehabilitation programmes. For these same reasons, these patients are either locked in rooms or left uncared during the day when other members of the family must work(Kim, 1997).

Any discussion on community-based mental health programmes must first define what it means by the term 'community'. The current view is that hospital care should be seen as only one part of the community care, and that the previous overemphasis of custodial care in mental hospitals should be re-balanced so that patients will receive more and better community care(Chen, 1997).

There remains substantial confusion surrounding the meaning of the term 'community care', which reflects a lack of clarity over the ultimate goals of such a policy. In practice, community care refers to mentally disordered people receiving 'care' in non-asylum settings.

Nursing roles in community mental health are centered around the basic elements of community nursing: health promotion, prevention of disease, and evaluation and research.

Psychiatric nursing, along with other branches of the profession, has, for the last decade, been engaged in strategies to move from being a semi-profession to a fully autonomous profession. Claims to an original body of knowledge rests on nursing's unique skills of 'caring'(as opposed to the curative claims of medicine); on the other, increased professional power was sought via their coercive role in relation to psychiatric patients. The supervisory role of new legally-backed community control has also fallen to mental health nurses outside of hospital contexts. This has provided nurses with greater voice and weight in mental health matters nationally but has had unforeseen negative consequences for nurse-patient relationships (Wells, 1998).

We have thought that the interested nurses' opinions in mental health are important components to establish the effective countermeasures for the psychiatric patients in the community, so that were examined to propose the concrete service practices.

The purpose of this study was to investigate the interested nurses' opinions of mental health and also how they thought the present conditions of community mental health. Then, this research was to explore that how the nurses thought the social recovery of the mentally disabled, what they would suggest and how they would correspond to the today's changes. It seems that the findings in this study will be basically useful for planning the measures in the Young Nam area.

Background

In Korea, earlier heavy investments by the government in institutional development(e.g. mental hospitals) and the promotion of hospital or clinic oriented care for the mentally ill, have given birth to a problem that is continued by bureaucratic inertia and physician self-interest such that community-based programmes are strongly inhibited(Kim, 1997). But in the twentieth century many countries have followed a policy of hospital run-down and closure, often referred to as deinstitutionalization.

A number of different accounts have been offered for deinstitutionalization policies as follows :

The first, the pharmacological revolution ;

The 'pharmacological revolution' has cited the most frequently. According to this view of change, the introduction of major tranquilizers enabled the alleviation of symptoms in psychotic patients, allowing large numbers of asylum residents to move into the community.

The second, economic determinism ;

Scull(1977) contends that with the emergence of the welfare state, segregate control mechanisms became too costly and difficult to justify. The cost inflation of mental hospitals prior to, and after, the Second World War was brought about by the elimination of unpaid patient labour and increased cost of employees, as a result of the unionization of labour. The latter had the effect of contributing to the doubling of unit costs.

The third, a shift to acute problems ;

There have been large increases in psychiatric services in the area of primary care. Busfield has argued that community care has brought with it a shift in orientation from the chronic long-term patient towards those acute or less serious problems.

The fourth, a shift in the psychiatric discourse ;

Prior(1991) argues that the target of psychiatric practice changes over time. Each new object is accompanied by a different type of clinical practice and organizational setting.

There is dual responsibility for mental health between medical and social services.

Community Mental health Centers(CMHC) are a non-hospital-based provision that appeared on the British mental health scene in the 1970s.

According to Sayce(1989), this service can be defined as 'a multi-professional non-hospital-based centre, offering an easily accessible service including sessional therapy/support/treatment with individuals or groups'. Within this broad definition Sayce has outlined four main models of CMHC, which she dubs : (1)'comprehensive local mental health services'; (2) 'low key sessional model'; (3) 'day care model'; and (4) 'community development' model. The first involves psychiatrists usually in a direct role, offering a range of treatments and assessments. In the second, the centers are only open part of the week and have programmes based on therapeutic group work and emphasis on outreach work, using the center as a base. The final model rarely includes

psychiatrists and concentrates on mental health promotion and preventive work. The 'client' in this model is the whole 'community'.

According to Sayce, one of the motivating forces behind CMHCs is 'a wish to reject a medicallized model of psychiatry' for a more electic model of working.

One of the ambiguities which surrounds psychiatric work is whether or not the identified patient is the actual client of the service. Clearly, some party other than the patient is being served under those sections of the Mental Health Act which empower professionals to remove a person's liberty and/or impose treatment interventions against the patient's will. Coulter's work on decision-making about madness in the lay area traces such a process(Pilgrim and Rogers,1999).

Method

Design

The cross-sectional survey was chosen to describe the community mental health services preferred by the nurses interested with the community mental health and their opinions about community-based mental health.

Sample

The subjects who participated in this research were 81 interested nurses in the YoungNam area.

Criteria for inclusion were: (a) The one who followed the prescribed course of the mental health nurse practitioner, (b) The one who finished the prescribed course of the mental health nurse practitioner, and (c) The one who was willing to participate in this study.

Instrument

A survey questionnaire structured by Nam and Choi(1993) was used for this research to obtain the information about (a) General characteristics, (b) The serious proportions of mental health problem composed of one item, which was measured a 4-point Likert scale. (c) The serious aspect of mental health problems composed of 11 items, which was measured by a 5-point Likert scale. (d) The opinions about mental health service system composed of 5 items, which were measured by a 4-point Likert scale and a 11-item self-report questionnaire. (e) The opinions about the asylum system composed of 13 items, which were measured by a fixed-choice questionnaire. (f) The opinions of the mentally ill composed of 16 items, which were measured by a 4-point Likert scale. Cronbach's alpha in this sample was 0.589.

Data collection

In July 1999, All data were collected in the Youngnam area. The subjects were chosen for its convenience and for accessibility to obtain the data.

Data analysis

The data were analyzed using the Statistical Package for Social Sciences version 9.0(SPSSPC Program 9.0).

The characteristics of variables were analyzed using the actual number, percentage, mean and standard deviations and factor analysis.

Results and Discussion

Characteristics of Subjects

General characteristics showed that 75.3% of subjects were older than 31 years. According to the job - ranking system, 32.2% of respondents were an ordinary nurse. In the length of service, 35.8% of respondents answered '11-15years'<Table 1>.

Opinions of the mental health problems

Each of 60.5% and 39.5% of the respondents took the mental health problems as "severely" and "very severely" on the serious proportions of mental health problems. Therefore, most of them took the mental health problems seriously.

This results correspond with those of the studies of Nam and Choi(1993) and Lee(1997).

In table 2, the mental health problems which the respondents took seriously were in the order of epilepsy, neurosis, mental retardation, and depression. This results were more or less different with those of Nam & Choi' study(1993) and Lee's study(1997). They reported sexual violence as first priority.

Table 1. Characteristics of Subjects

Variables	Actual Number	%
Age(Yrs)		
20 - 25	6	7.4
26 - 30	14	17.3
more than 31 years	61	75.3
Vocation		
government employee	26	32.1
clinical nurse	55	67.8
Job-ranking System		
G7	12	14.8
G8	9	11.1
G9	2	2.5
staff nurse	26	32.2
charge nurse	8	9.9
head nurse	17	21.0
chief of nurse section	3	3.7
chief of section	1	1.2
no response	3	3.6
the lenth of service(yrs)		
less than 5years	11	13.6
6 - 10 years	23	28.4
11- 15 years	29	35.8
16- 20 years	11	13.6
more than 21 years	7	8.6
Marital Status		
unmarried	16	19.8
married	64	79.0
bereavement	1	1.2
divorce/separation	0	0
Total	81	100.0

Table 2. The Serious Aspect of Mental Health Problem

Mental Health Problem	Mean	S.D	(Rank)
Schizophrenia	1.72	.66	(5)
Neurosis	2.25	.68	(2)
Mental Retardation	2.01	.70	(3)
Epilepsy	2.47	.79	(1)
Depression	1.95	.72	(4)
Alcholism	1.51	.61	(7)
Drug Dependence	1.53	.63	(6)
Dementia	1.43	.61	(9)
Sexual Abuse	1.43	.67	(10)
Family Violence	1.72	.78	(5)
Juvenile Deliquent	1.48	.59	(8)
Total	81		100.0

View of Community Mental Health Service

In table 3, the opinions about mental health service system were presented.

Most of respondents(88.9%) thought that measures for psychiatric prevention and solution of psychiatric problems were not in force. 70.4% of them answered that they kept in contact with the mental disorder frequently. They preferred 'mental hospital' as insitutions for request.

53.1% of them were conscious of the problems about transferral system.

In table 4, major barriers to the prevention and solution of mental health problems were in the order of lack of the related laws, familiar incorporation, budgetary deficit, shortage of expert officials, etc..

In table 5, mental health services needed preferentially were in the order of organization of committee for community mental health propulsion, personal counselling for mental health, training for expert officials for community mental health and measures for psychiatric emergency.

In table 6, services provided to the mentally handicapped were in the order of counselling, giving information, therapy(medication), and education(chair of health).

Table 3. Mental Health Service System

Variables	N	%
Measures for Psychiatric Prevention and Solution of Psychiatric Problems		
Be in force	9	11.1
Be not in force	72	88.9
Contact with the Mentally Handicapped		
Keep in contact with frequently	57	70.4
Keep in contact with unusually	19	23.5
Seldom keep in contact with	5	6.2
Institutions for Request		
Mental Hospital	55	67.9
Doctor's office for the Insane	18	22.2
Sanatorium for the Insane	1	1.2
Dong Office	2	2.5
Health Center	5	6.2
Problems for Transferral System		
Be conscious of	43	53.1
Be unconcious of	38	46.9
Total	81	100.0

Table 4. Major Barriers to the Prevention and Solution of Mental Health Problems

Barriers	Mean	S.D	Rank
Deficit of Social Recognition	1.63	1.15	7
Insufficiency of Expert Officials	3.48	1.71	4
Lacking in Corporation with Interested Person	3.94	1.45	5
Budgetary Deficit	3.69	1.71	3
Halfhearted Professional	5.58	1.46	6
Familiar Incorporation	4.57	1.90	2
Lack of the Related Laws	4.91	1.92	1
Others	1.96	0.99	8

* ranking score : 1st grade(7points) 2nd grade(6points) 3rd grade(5points) 4th grade(4points) 5th grade(3points) 6th grade(2points) 7th grade(1point)

Table 5. Community Mental Health Services needed preferentially

Mental Health Services	Mean	S.D	Rank
Measures for the psychiatric Emergency	4.74	2.28	4
Early Detection for the Insane	2.65	1.79	8
Treatment for the Insane	4.51	1.88	5
Program for Social Rehabilitation of Chronic Mental Disorder	3.25	1.95	7
Health Education for mental Health	3.85	1.89	6
Personal Consultation for Mental Health	5.63	1.60	2
Training of Expert Officials for Community Mental Health	4.75	2.32	3
Organization of Committee for Community Mental Health Propulsion	6.54	2.07	1
Others	1.99	0.11	9

* ranking score : little(1), a little(2), many(3), great many(4)

Table 6. Services provided to the Mentally Handicapped

Domain	Mean	S.D	Rank
Giving Information	3.27	0.79	2
Consultation	3.30	0.81	1
Transfer to the related Facilities	2.70	0.91	5
Therapy(Medication)	2.79	1.21	3
Education(Chair of Health)	2.75	1.06	4

View of Community Mental Health Care

In table 7, need for the training related to mental health care revealed that 77.8% of the respondents answered that mental health experts should be secured. 58.0% of them answered that they didn't have knowledege of mental health care and 90.1% of them wanted to engage in the program for mental health training

In table 8, the view of community mental health care was presented. According to the results, most of the subjects answered that the C.M.H.C was 'useful and urgent' concerning the need for C.M.H.C (91.4%). They preferred health center(38.3%) and separately new community mental health center (24.7%) as relevant location where C.M.H.C could be managed well. And the psychiatric-mental health nurse practitioner was preferred among the most of key person in charge(76.5%).

If the community mental health centers were established in community health center, they answered that the expected major problems were quality control of health care(53.1%).

In table 9, Requirements by the fields of mental health were in the order of information for the related agencies and laws, psychiatric symptom and therapy, the others, counselling and teaching method, etc..

In table 10, the view of asylum system showed generally pessimistic. This result was concurrent with those of Nam and Choi' study(1993).

Mental hospital was generally regarded as more therapeutic institution than the sanatorium for the insane.

Historically, the asylum system was problematic from its inception. Goffman(1961), in his seminal work 'asylums', considered the mental hospital to be a 'total institution'. This he defined as a place of residence with a large number of people isolated from wider society, for lengthy periods of time, which runs according to an enclosed and formalized administrative regime. According to him, mental hospitals are the type of total institution those which provide for those who are perceived as an unwanted threat to the community. Model of total institutions possess a number of characteristics. All aspects of life are conducted in the same place. Activities always take place in the presence of others and are strictly timetabled and geared towards

fulfilling the official aims of the institution rather than the needs of individuals. A strict demarcation exists between 'inmates' and staff. Patients are viewed by the staff as bitter, secretive and conspirational, while staffs are viewed by patients as harsh and authoritarian.

Wing(1978) drew attention to the social withdrawal and passivity of hospitalized patients, which could be correlated with length of stay and was independent of clinical condition. Wing and Freudenberg(1961) demonstrated how such signs of institutionally induced apathy could be quite rapidly reversed if chronic patients were placed in a stimulating work environment.

Table 7. Need for the Training related to Mental Health Care

Variables	N	D%
Secure Experts related to Mental Health		
Yes	63	77.8
No	16	19.8
Missing	2	2.4
Existence of Kowledge for Mental Health		
Yes	33	40.7
No	47	58.0
Missing	1	1.2
Inclination for Mental Health Training		
Yes	73	90.1
No	7	8.6
Missing	1	1.2
Total	81	100.0

Table 8. The View of Community Mental Health Care

Variables	N	%
Requirements of Community Mental Health Care		
Useful and Urgent	74	91.4
Useful but Premature	7	8.6
Relevant Location of C.M.H.C.		
Asylum	10	12.3
Sanatorium for the Insane	3	3.7
Social Welfare Facilities	12	14.8
Health Centers	31	38.3
Religious Organization	1	1.2
Separately new C.M.H.C.	20	24.7
Others	4	4.9
Key Person in Charge		
Psychiatrist	6	7.4
Psychiatric Nurse	62	76.5
Health Practitioners	1	1.2
Others	12	14.8
Issues on C.M.H.C locating at C.H.C		
Physical Difficulty	4	4.9
Mistrust of quality of care	43	53.1
Bureaucratic and unkind	11	13.6
No problems	22	27.2
Missing value	1	1.2
Total	81	100.0

Table 9. Requirements by Fields of Mental Health Care Training

Content of Training	Mean	S.D	Rank
Psychiatric Symptom and treatment	2.11	0.77	2
Consultation and Educational Method	1.30	0.56	4
Information for the related Facilities and Laws	2.54	0.63	1
the Others	1.96	0.19	3

* ranking scores : 1st grade(4 points) 2nd grade(3 points)
3rd grade(2 points) 4th grade(1 point)

Table 10. The View of Asylum System

Variables	Sanatorium		Mental Hospital	
	N	%	N	%
Received Psychiatric Patients Isolated from General Population Rather Than Treat Them				
Yes	76	93.8	35	43.2
No	5	6.2	46	56.8
They Were Given Excellent Treatment by a Special Medical Team.				
Yes	8	9.9	44	54.3
No	73	90.1	37	45.7
The Facilities Were Run for Profit.				
Yes	53	65.4	28	34.6
No	28	34.6	53	65.4
The Facilities were Nonprofit-making Organizations.				
Yes	8	9.9	16	19.8
No	73	90.1.	65	80.2
Treated a Psychiatric Patient As an Equal.				
Yes	6	7.4	47	58.0
No	75	92.6	34	42.0
Treated a Psychiatric Patient As an Unequal by Verbal or Nonverbal Violence.				
Yes	73	90.1	19	23.5
No	8	9.9	62	76.5
Total	81	100.0	81	100.0

Opinions of the Mentally Ill

The attitudes about mental disorder are important components to establish the effective countermeasures for early detection, treatment and social rehabilitaion of the mentally handicapped in the community because success or failure depends upon the level of that.

The respondent's opinions of the mentally ill was presented in table 11.

They have on the whole positive and sympathetic view of the mentally ill, but also have some misconceptions concurrently. that is to say, about the item 'The psychoses would be improved by the imposition of hands or offering a Buddhist mass'. the 74.1% of the respondents answered 'probably'. It is interesting that the many professionals thought in that way (nominally, not scientifically).

Table 11. Opinions of the Mentally Ill

Variables	N	%
Anyone who is heartbroken dreadfully may be insane.		
Certainly	20	24.7
Probably	56	69.1
Not sure	4	4.9
Not at all	1	1.2
If my family member would get mad, I would keep the matter secret because of the sense of shame.		
Certainly	4	4.9
Probably	42	51.9
Not sure	33	40.7
Not at all	2	2.5
It's not right that on the occasion that the psychiatric patient himself rejects the treatment, He is given treatment by compulsory admission.		
Certainly	26	32.1
Probably	35	43.2
Not sure	19	23.5
Not at all	1	1.2
The psychiatric patient should be communicated with a full understanding, persuasion and protection.		
Certainly	3	3.7
Probably	3	3.7
Not sure	21	25.9
Not at all	54	66.7
Once one has got mad, he should not be married.		
Certainly	17	21.0
Probably	46	56.8
Not sure	16	19.8
Not at all	2	2.5
The psychiatric patient could be looked after at home and treated as outpatients.		
Certainly	2	2.5
Probably	6	7.4
Not sure	34	42.0
Not at all	39	48.1
The psychoses would be inherited.		
Certainly	5	6.2
Probably	50	61.7
Not sure	25	30.9
Not at all	1	1.2
The psychoses would be improved by the imposition of hands or offering a Buddhist mass.		
Not sure	21	25.9
Probably	60	74.1

(Continued)

Variables	N	%
The psychosis would be caused by the bad burial ground or bad site for the house.		
Probably	1	1.2
Not sure	21	25.9
Not at all	59	72.8
The insane would be increased if things were getting harder and confused with us.		
Certainly	17	21.3
Probably	48	59.3
Not sure	9	11.1
Not at all	7	8.6
The insane wouldn't be cured completely, so they would be accomodated in the institutions until the end of their life.		
Probably	9	11.1
Not sure	38	46.9
Not at all	34	42.0
The reasons for the convalescent psychoses' difficulty in resocialization is a biased view and fear of the psychoses by others.		
Probably	38	46.9
Not sure	41	50.6
Not at all	2	2.5
Anyone who is admitted in mental hospital can walk through the world if he would be given therapy continuously.		
Probably	2	2.5
Not sure	36	44.4
Not at all	43	53.1
Admission to a mental hospital would make the psychiatric symptom worse.		
Probably	6	7.4
Not sure	30	37.0
Not at all	45	55.6
There are many tender-hearted and good people in psychoses.		
Probably	4	4.9
Not sure	57	70.4
Not at all	20	24.7
I would feel terrible with a psychosis.		
Probably	15	18.5
Not sure	43	53.1
Not at all	23	28.4

Factor Structure for the opinions of Mentally Ill

Using these 16 items based on the frequency of the opinions, factor analytic procedures with oblique rotation were used to determine the underlying dimensions.

The variables created 7 factors according to that Eigenvalues (>1.0) and the statistics were used by principal component analysis.

These 7 factors with their loadings and the percentages of variances are listed in the table 12. As a result, the factor structure for views of

psychiatric patients emerged as dark and pessimistic view, magic view, familial view, etiologic view, positive view, optimistic view and sympathetic view.

In Table 11 & 12, they showed respondent's perception about psychiatric patients.

In factor 3: familial view, many respondents have severed relationships with their patients. Because of the traumas suffered, patients and their family members have difficulties to reestablish the relationships. This result suggests that a group family education will be helpful. They also have dark and pessimistic view about psychiatric patients.

Table 12. Factor Structure for the Opinions of Mentally Ill

Factor Structure with Loadings and % of Variance	(N=81)
Factor 1: Dark and Pessimistic View	**13.759**
3. It's not right that even if the psychiatric patient himself rejects the treatment, he is given treatment by compulsory admission.	.684
5. Once one has got mad, he should be not be married.	.477
11. The insane wouldn't be cured completely, so they would be accomodated in the institutions until the end of their life.	.733
16. I would feel terrible with the psychosis.	.627
Factor 2: Magic View	**12.055**
8. The psychoses would be improved by the imposition of hands or offering a Buddhist mass.	.771
9. The psychosis would be caused by the bad burial ground or bad site for the house.	.800
10. The insane would be increased if things were getting harder and confused with us.	.511
Factor 3: Familial View	**9.546**
2. If my family member would get mad, I would keep the matter secret because of the sense of shame.	.785
7. The psychoses would be inherited.	.728
Factor 4: Etiologic View	**9.194**
1. Anyone who is heartbroken dreadfully may be insane.	.676
15. There are many tender-hearted and good people in psychoses.	.740
Factor 5: Positive View	**8.389**
12. The reasons for the convalescent psychoses' difficulty in resocialization is a biased view and fear of the psychoses by others.	.798
13. Anyone who admitted in mental hospital can walk through the world if he would be given therapy continuously.	.519
Factor 6: Optimistic View	**7.968**
6. The patient could be looked after at home and treated as outpatients.	.914
Factor 7: Sympathetic View	**7.491**
4. The psychiatric patient should be communicated with a full understanding, persuasion and protection.	.882
14. Admission to a mental hospital would make the psychiatric symptom worse.	-.412

Conclusions

The purpose of this study was to investigate the interested nurses' opinions about the community mental health in the YoungNam area.

The subjects were 81 nurses in the YoungNam area.

In July 1999, that data were collected using a convenience sample technique.

A survey questionnaire structured by Nam & Choi(1993) was used for this research to obtain the informations about (a) general characteristics (b) the serious proportions of mental health problems (c) the serious aspect of mental health problem (d) the opinions about mental health service system (e) the opinions about the asylum system (f) the opinions of the mentally ill

Data were analyzed using the spsspc program for the actual number, percentage, mean, S.D and factor analysis by principal component analysis.

The results were summarized as follows :

1) All of the respondents took the mental health problems seriously.

2) The serious aspects of the mental health problem were found to be epilepsy, neurosis, mental retardation, and depression respectively.

3) opinions about mental health service system were presented as follows;

(1) Most of respondents(88.9%) thought that the measures for community mental health were not in force.

(2) 70.4% of them answered that they kept in contact with the mental disorder frequently.

(3) 67.9% of them preferred 'mental hospital' as insitutions for request.

(4) 53.1% of them were conscious of the problems for transferral system.

4) Main cause of preventing from prevention and solution for mental health problems were in the order of lack of the related laws, familiar incorporation, budgetary deficit, shortage of expert officials, etc..

5) Mental health services needed preferentially were organization of committee for community mental health propulsion, personal counselling for mental health, training for expert officials for community mental health and measures for psychiatric emergency respectively.

6) Services provided to the mentally handicapped were counselling, giving information, therapy (medication), education(chair of health) respectively.

7) Need for the training related to mental health was as follows;

(1) 77.8% of the respondents answered that experts related mental health should be secured.

(2) 58.0% of them answered that they didn't have knowledege about mental health.

(3) 90.1% of them wanted to engage the program for mental health training.

8) about view of C.M.H.C.

(1) Most of the subjects answered that the C.M.H.C was 'useful and urgent' concerning the need for C.M.H.(91.4%).

(2) They preferred heath center(38.3%).

(3) Separately new community mental health center (24.7%) as relevant location where C.M.H. could be managed well.

(4) The psychiatric-mental health nurse practitioner was preferred among the most of key personels in charge(76.5%).

(5) If the community mental health centers were established in community health center, they answered that the expected major problems were quality control of care(53.1%).

9) Requirements by the fields of mental health were information for the related agencies and laws, psychiatric symptom and therapy, the others, counselling and teaching method respectively.

10) The view of asylum system showed generally pessimistic.

11) Factor structure for the opinions of the mentally ill was as follows; dark and pessimistic view(13.759), magic view(12.055), familial view(9.546), etiologic view (9.194), positive view(8.389), optimistic view(7.968), sympathetic view(7.491).

The results of this study will help establish the effective countermeasures for the psychiatric patients in the community.

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(최초 접수일 : 8월 26일, 최종 수정원고 접수일 : 12월 13일)