Psychosocial Anxiety in Korea: Risk Factors and Policy Implications

Sang-young Lee
Senior Research Fellow, KIHASA

Introduction

This study is based on a survey KIHASA conducted of 5,000 adolescents (online) and 7,000 adults (home visit interview) in August ~ September 2015. The anxiety score, evaluated on an 11-point Likert scale ranging from 0 (not at all anxious) to 10 (extremely anxious), was 4.7 for the adolescents and 5.4 for the adults. That adults on average have a higher anxiety score may imply that, compared to adolescents, they are more exposed to psychosocial risk factors.

The psychosocial anxiety level varied with age, gender and educational attainment. The psychosocial anxiety score was higher for high school students than for middle school students and college students, suggesting that college entrance exam is a major risk factor for psychosocial anxiety in adolescents. In adults, the anxiety level was higher in people in their 60s, 70s and beyond than in those younger, though by not much. When considered in an absolute sense, these anxiety scores are high. However, the difference in the anxiety score between those who rated their lives as "mostly unhappy" (6.8 for adolescents and 6.6 for adults) and people who found themselves "happy" (4.3 for adolescents and 5.2 for adults) manifests itself as statistically significant.

Psychosocial risk factors

There is a need for active interventions designed for adolescents, most of who on the individual and social planes are routinely exposed to various anxiety risk factors. Some 60 percent of the adolescents cited either "academic performance" (32.9 percent) and "career concerns" (28.0 percent) as top stressors they had experienced in the previous year. The other individual-level risk factors include "family financial problems" (6.5 percent), "physical looks" (5.3 percent), "physical health" (5.1 percent), "mental health" (4.9 percent), "parents' demandingness and controlling behavior" (4.5 percent). The social anxiety risk factors included "frequent changes in education and college entrance exam policy" (17.6 percent), "politics and international relations" (17.0 percent), "safety concerns" (13.4 percent), "economic recession and low growth" (10.7 percent), "new high-risk epidemics" (10.4 percent).

The more adolescents have experienced psychological difficulties, the more severe their psychosocial anxiety becomes. Among those adolescents who had been bullied the prevalence of anxiety symptoms, stress, depressive symptoms, and death wishes was high: 63.5 percent reported having "had death wishes" and 55.8 percent said they had "had the impulse for social deviance" in the previous year. Also, this group of adolescents had an average CES-D11 score of 18.0, an indication of their being at high risk of depression. The 20-item Zung Self-Rating Anxiety Scale (SAS) for the adolescents with experience of being bullied was 47.4, which is considered a mild-to-moderate severity level but which is considerably higher than the score of 37.5 for those without.

<Table 1> Association between the experience of being bullied and psychosocial risks

Experienced being bullied	Death wishes	Impulse for social deviance	Depression (CES-D11) (M±S.D.)	Anxiety (M±S.D.)
In the past and now	63.5	55.8	17.95±7.07	47.39±9.71
In the past, but not now	47.2	39.5	12.36±6.59	41.90±9.14
Not in the past, but now	43.5	30.4	15.68±6.93	45.08±7.70
Not in the past, nor now	26.5	23.4	8.71±60.9	37.53±8.10

Note: 1) Each of the 11 items was measured in 4-point Likert scale from 0 to 3 (from "rarely" to "mostly," with a sum of CES-D11 score of over indicating high potential risk for depressive disorder; a total score of less than 16 indicates no clinical significance.
2) Each of the Zung SAS item is measured in 4-point scale from 1 to 4, with possible scores ranging from 20~80; 20~44 indicates normal, 45~49 mild to moderate, 60~74 severe, and 75~80 extreme anxiety

Also, the psychosocial anxiety level was higher for adolescents who had experienced a trauma or being a victim of crime.

<Table 2> Association of between psychosocial risks and the experience of a trauma or being a victim of crime

	Experienced being a victim of crime		Experienced a trauma (PTSD)	
	Yes	No	Yes	No
Anxiety about one's own life (M±S.D.)	5.4±2.39	4.6±2.36	5.6±2.34	4.5±2.33

Note: 0 (never anxious) ~ 10 (extremely anxious)

Psychosocial stressors in adults

Among the major psychosocial stressors in Korean adults are the ones concerning one's "lack of preparedness for old age" (25.3 percent) and one's own "employment and income" (18.4 percent), with the first representing older adults' economic concerns, and the other, young adults'. On the social level, "economic recession and growth slowdown" (36.6 percent) was the most prominent source of anxiety. The other social-level stressors included "new high-risk epidemics" (21.7 percent), "safety concerns" (8.8 percent), "lack of social safety net" (5.9 percent), "politics and international relations" (5.7 percent), "low fertility and population aging" (4.8 percent). It is worth noting that "economic recession and growth slowdown" was for Korean adults a larger source of anxiety than "new high-risk epidemics" despite the fact that the survey period (August ~ September 2015) corresponded with the time when the MERS virus was taking its fearsome effect on the population.

The psychosocial factors are deemed as having to do less with the factual aspects of individual income situations, the current state of the national economy, etc. than with one's uncertainty about the future, one's fear that the consequences of low growth, high-risk epidemics, and safety accidents may affect oneself and one's family. The apprehension Korean adults have can be said to emerge from lack of confidence they have in the social ability to respond properly to these socioeconomic risks. In this regard, it is essential that national-level efforts be exerted to help the general public gain confidence in the state's ability to cope with

crises and emergencies.

Individual and social risks and psychosocial anxiety in adolescents

Psychosocial anxiety is associated with stress, depression, suicidal ideation, social deviance, and anger disorder, all of which, without proper policy response, may potentially engender serious risks at the individual and social levels. Those who said they had felt "a lot of stress" or "extreme stress" accounted for as little as 17.2 percent of the low psychosocial anxiety group (with scores ranging from 0 to 3), while a whopping 66.2 percent said the same in the high psychosocial anxiety group (with scores ranging from 7 to 10). Of the surveyed adolescents, those at high risk of depression accounted only 4.2 percent of the group with low psychosocial anxiety level (0~3), while nearly half (49.0 percent) of the group with high psychosocial anxiety level (7~10) were found to be at high risk of depression. The prevalence of having had death wishes was higher in adolescents with high levels of psychosocial anxiety—13.2 percent for the group with low psychological anxiety scores, compared to 60 percent for the high psychosocial anxiety group.

The higher the psychosocial anxiety level of adolescents, the more likely they are to experience difficulties in anger control. As few as 13.0 percent of the cohort with low psychological anxiety scores (0~3) had had the urge for social deviance, while the prevalence rate was as high as 49.0 percent for the cohort with high psychosocial anxiety scores (7~10). The difference in the prevalence of anger control problems was also great between the two groups (8.8 percent vs. 28.1 percent).

<Table 3> Individual and social risks and psychosocial anxiety in adolescents

Anxiety score	Stress level				Depression level		Experienced death wishes	
	Almost no stress	Relatively little stress	Highly stressed	Extremely stressed	Normal range	At-risk range	Yes	No
Low (0~3)	17.5	65.2	15.7	1.5	95.8	4.2	13.2	86.8
Mid (4~6)	4.1	56.7	35.3	3.9	82.1	17.9	33.2	66.8
High (7~10)	1.7	32.2	47.2	19.0	51.0	49.0	60.0	40.0

Anxiety score	Experienced impulse for social deviance		Anger control			
	Yes	No	Not controlled at all	Often uncontrolled	Often controlled	Very well controlled
Low (0~3)	13.0	87.0	0.5	8.3	55.2	36.0
Mid (4~6)	28.7	71.3	0.4	14.7	65.8	19.2
High (7~10)	49.0	51.0	1.8	26.3	56.3	15.6

Note: The psychosocial anxiety scores, ranging from 0 (not anxious at all) to 10 (extremely anxious), are grouped into three levels: low (0~3), intermediate (4~6), and high (7~10)

Individual and social risks and psychosocial anxiety in adults

As the case was for adolescents, high psychosocial anxiety levels in adults were associated with high prevalence of such mental health risks as stress, depression, suicidal ideation, urge for social deviance, and anger control disorder. Among the surveyed adults, the percentage of those who said they had felt "a lot of stress" or "extreme stress," was much higher in the high psychosocial anxiety group (49.2 percent) than in the low psychosocial anxiety group (27.5 percent). The percentage of those at high risk for depression was also much higher in the high-

level psychosocial anxiety group (8.2 percent) than in the low-level psychosocial anxiety group (0.9 percent). The prevalence of death wishes, too, was much higher for the high psychosocial anxiety group at 12.0 percent, compared to 1.9 percent for the low psychosocial anxiety group. There was a close association of psychosocial anxiety with urge for social deviance (3.2 percent for the low psychosocial anxiety group vs. 11.6 percent for the high psychosocial anxiety group) and with the prevalence of anger control problems (6.1 percent for the low psychosocial anxiety group vs. 19.9 percent for the high psychosocial anxiety group).

<Table 4> Individual and social risks and psychosocial anxiety in adults aged 19 and older

Distress level	Stress level				Depression level		Experienced death wishes	
	Almost no stress	Relatively little stress	Highly stressed	Extremely stressed	Normal range	At-risk range	Yes	No
Low (0~3)	12.7	59.9	26.1	1.4	99.1	0.9	1.9	98.1
Mid (4~6)	4.9	60.7	32.3	2.0	97.8	2.2	3.8	96.2
High (7~10)	3.6	47.3	43.2	6.0	91.8	8.2	12.0	87.7
Distress level	Experienced impulse for social deviance		Anger control					
	Yes	No	Not controlled at all	Often uncontrolled	Often controlled		Very well controlled	
Low (0~3)	3.2	96.8	0.5	5.6	73.6		20.2	
Mid (4~6)	5.4	94.6	0.2	14.5	74.6		10.7	
High (7~10)	11.6	88.4	0.8	19.1	71.6		8.4	

Note: The psychosocial anxiety scores, ranging from 0 (not anxious at all) to 10 (extremely anxious), are grouped into three levels: low (0~3), intermediate (4~6), and high (7~10)

3. Policy implications

Policy interventions that are intended to prevent and remedy psychosocial anxiety should encompass a wide range of measures for economic growth, social safety nets, social solidarity, national disease control, safety accident prevention, intergenerational conflict resolution, the promotion of confidence in public education and college entrance exam policy, environmental protection and national disaster response, and crime prevention. However, there is no guarantee that people's psychosocial anxiety levels would decrease in step with improvement in social conditions. What is needed in addition are more proactive measures aimed at managing psychosocial anxiety—publicly provided programs and services. The need for such policy intervention is especially pronounced in a country like Korea where people tend to handle their psychosocial anxiety on their own. Adolescents are found to turn to "taking rest" (55.7 percent), "using internet or smartphone" (44.6 percent), and "gaming" (32.2 percent) as ways of coping with their anxiety, while adults, in trying to relieve themselves of anxiety, "take rest or sleep" (56.6 percent), "watch TV" (48.4 percent), "have conversations" (23.3 percent).

Community mental health centers, school counselors, employers and private sector organizations will need to collaborate in developing psychosocial intervention programs and administering them. Also, anxiety management should be incorporated into ongoing on-the-job employee assistance programs and school counseling programs.