National Health Screening and Mental Health Welfare In Korea

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National Health Insurance Service

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h·well
National Health Insurance Service

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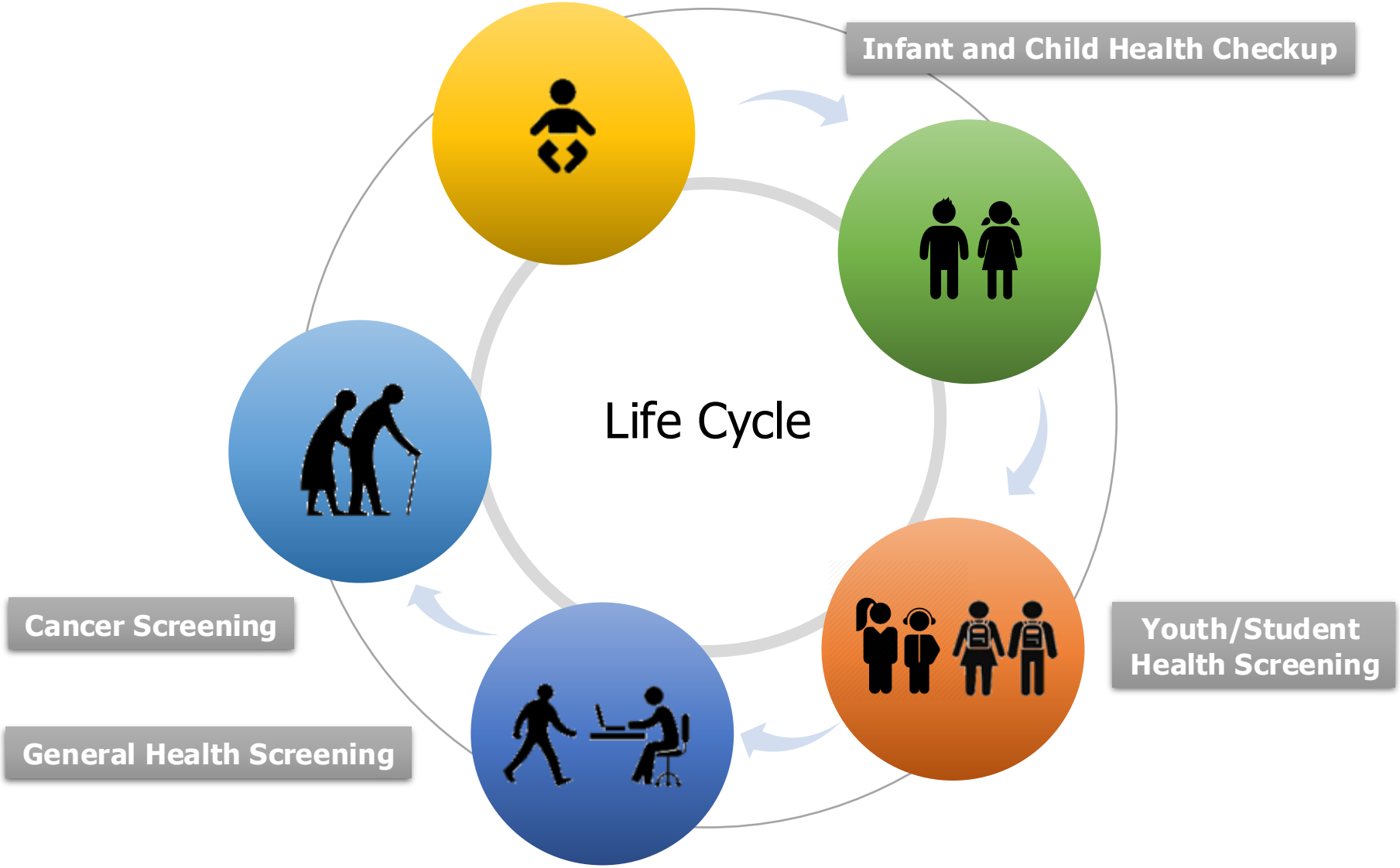
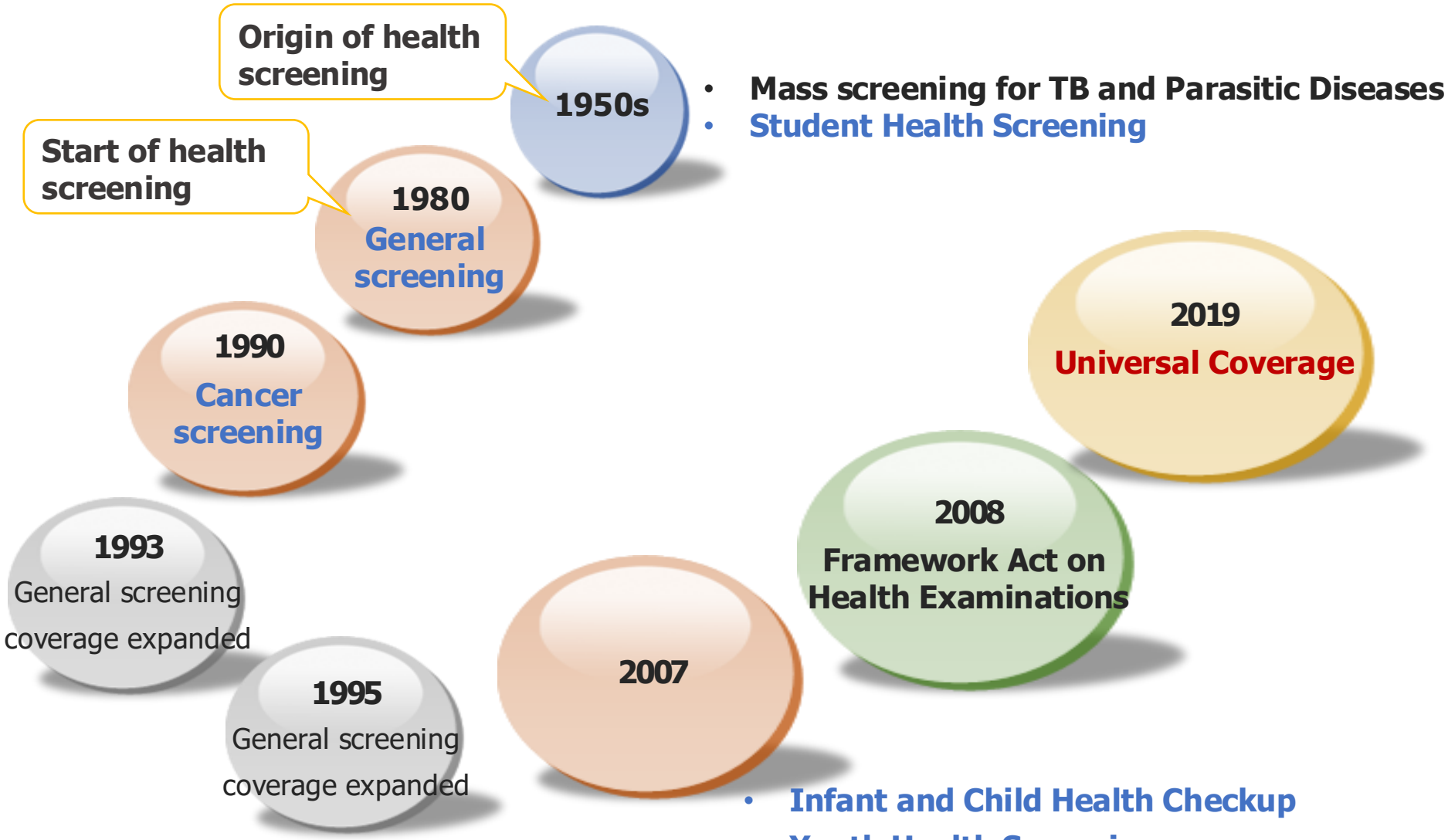
Brief Overview



History of National Health Screening Program



- Mass screening for TB and Parasitic Diseases
- Student Health Screening

- Infant and Child Health Checkup
- Youth Health Screening

History of National Health Screening Program

Coverage Expanded Year

	Public officials & teacher	Dependents of public officials & teacher	Employees	Dependents of employees	Self-employed	Household members of self-employed	Medical Aid
General screening	**1980**	1993	1988(1995)	1988	1995	**2019**	2012
Cancer screening	1990	2001	1996	2001	2000	2001	1999
Infant & Child health checkup		Nov. 2007		Nov. 2007		Nov. 2007	Nov. 2007
Student screening		1951		1951		1951	1951
Youth screening		2007		2007		2007	2007

Detailed history

Overall

- 2004. Health screening bus covered more areas(general screening: all areas, cancer screening: county, town areas)
- 2008. Enacted "Framework Act on Health Examination" to integrate separated health screening programs
- 2010. Implemented quality control of health screening centers through designation and evaluation policy
- 2012. Increased fee for holiday screenings
- 2016. NHIS started to manage Youth Health Screening commissioned by MOGEF
- 2018. Introduced health screening fee for the disabled people
- 2020. Extended screening period due to COVID-19 situation
- 2023. Launched a task force to discuss transferring Student Health Screening from MOE to MOHW

Detailed history

General Health Screening

- 2007. Added screening items for life transition period at the age of 40 and 66
- 2018. Adapted screening items for age and gender specific diseases

  Expanded test institutions to all general clinic and hospitals for follow-up test of suspected hypertension and diabetes
- 2019. Achieved Universal Coverage

  - Expanding the recipients to household members and dependents of self-employed aged 20s and 30s

  - Expanded target age for mental health screening to 20 and 30 years old
- 2021. Introduced follow-up test for the suspected TB

  Expanded the screening cycle of mental health for once in 10 years
- 2022. Added Oral health screening for Infants and Child for 30-41 months old
- 2025. Introduced Hepatitis C test(women, 56 years old) and Early psychosis screening(20-34 years old, Biennial)

  Expanded Bone-density screening(women, 60 years old)
- 2026. Introduced of Lung function test in general health screening for 56-66 years old

Detailed history

Cancer Screening

- 2002. Expanded to low income population with insurance premium level in bottom 20%
- 2003. Expanded to low income population with insurance premium level in bottom 30%
- 2005. Expanded to low income population with insurance premium level in bottom 50%
- 2006. Lowered the co-payment rate for certain cancer screening to 20%
- 2010. Reduced the co-payment rate for cancer screening from 20% to 10%

  Adjusted the screening cycle of gastric, breast and cervical cancer to 2 years
- 2012. Reduced the screening cycle of colorectal cancer from 2 years to 1 year
- 2016. Lowered the starting age of cervical cancer screening from 30 to 20 years old

  Reduced the screening cycle of liver cancer from 1 year to 6 months
- 2018. Abolished the co-payment of 10% for colorectal cancer screening

  Introduced waiver policy for existing colorectal cancer patients
- 2019. Introduced Lung Cancer Screening Expanded the waiver policy for existing other types of cancer patients

Detailed history

Infant and Child Health Checkup

- 2007. Introduced Infant and Child Health Checkup aged under 6 for 5 times in total
- 2010. Target age expanded to 4-year old(42 months)
- 2011. Reimburse policy for follow-up test for detailed developmental evaluation was expanded to near poverty family
- 2012. Target age expanded to 66 months
- 2013. Reimburse policy for follow-up test for detailed developmental evaluation was expanded to low income family with insurance premium level in bottom 30%
- 2014. Developmental Screening Test was changed into K-DST
- 2021. Target age expanded to the newborns of 14 to 35 days old(8 times in total)
- 2022. Added dental screening for 30~41 months(4 times in total)

Detailed history

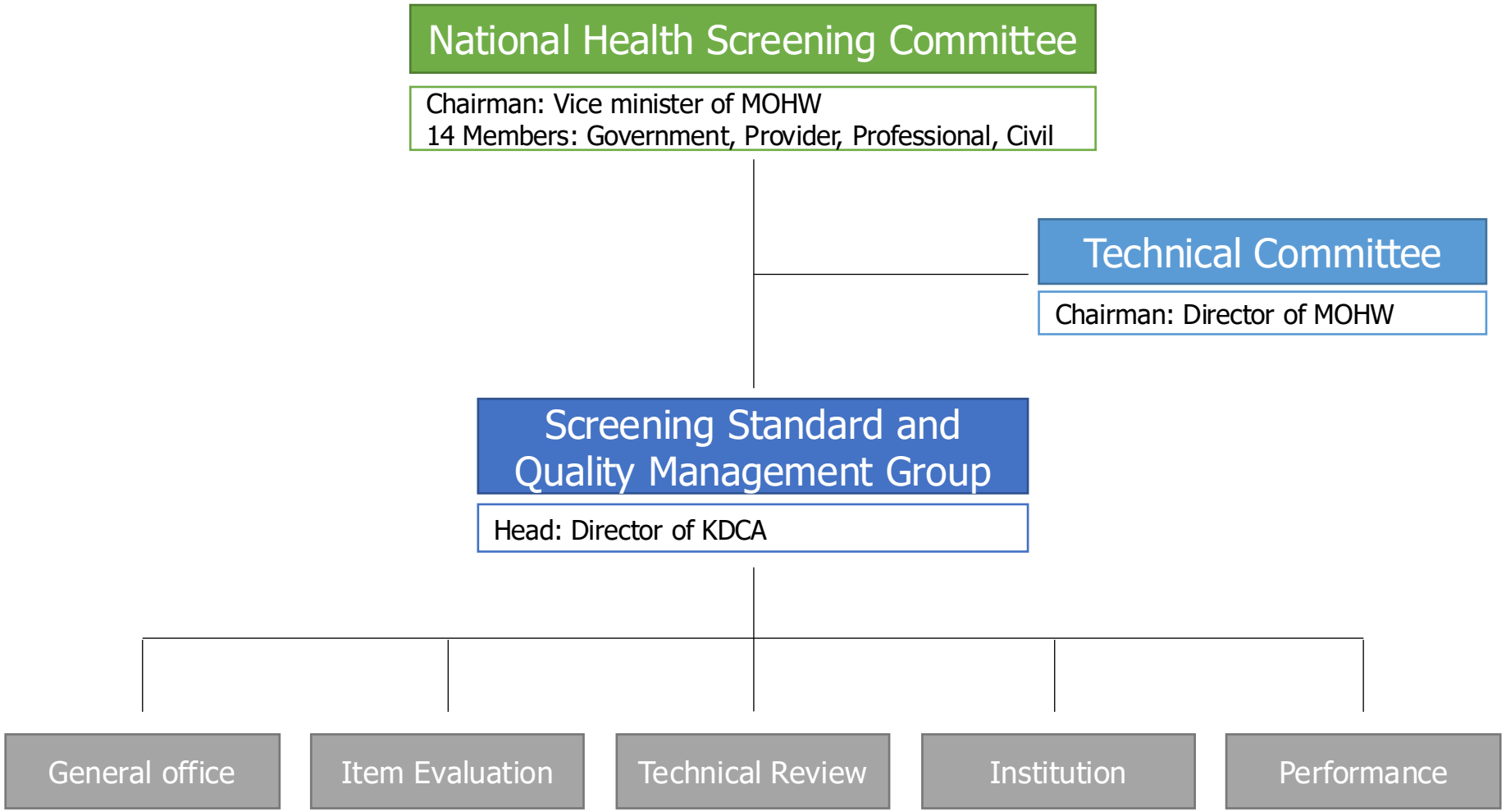
Student Health Screening

- 1951. Student Health Screening implemented, under the MOE's jurisdiction
- 2023. Launched a task force to discuss transferring Student Health Screening from MOE to MOHW

Youth Health Screening

- 2007. Youth Health Screening implemented, under the MOHW's jurisdiction
- 2016. MOGEF commissioned the program to NHIS

Governance


National Health Screening Committee
Chairman: Vice minister of MOHW
14 Members: Government, Provider, Professional, Civil
Technical Committee
Chairman: Director of MOHW
Screening Standard and Quality Management Group
Head: Director of KDCA
General office
Item Evaluation
Technical Review
Institution
Performance

Principle of Health Screening

1. Important health issues

2. Diseases that can be detected early and treated

- 2-1. Accurate screening method and cycle for early diagnosis of the diseases
- 2-2. Evidence-based treatment and management for diseases detected early

3. Acceptance of screening method

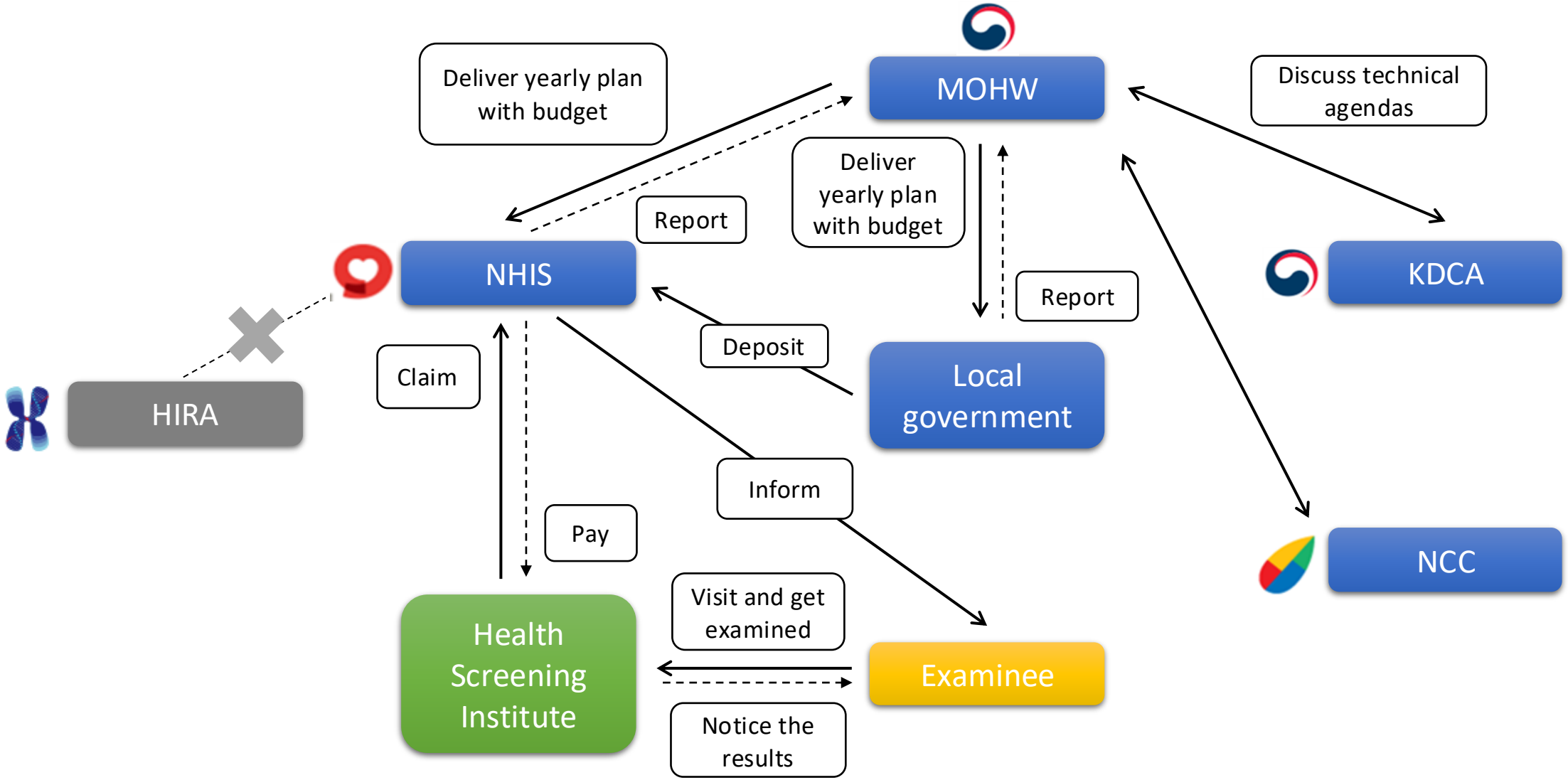
- 3-1. Easily accepted by the general public
- 3-2. Established infrastructure(institutions, facilities, equipment, professionals, etc.)

4. Benefits of screening should outweigh the harm

5. Cost effective

Drafted by National Health Screening Committee

Operating System
(General Health Screening)



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Health Screening Program In Detail

- Infant and Child Health checkup
- Student and Youth Screening
- General Health Screening
- Cancer Screening

Health Screening Program in Detail

Infant and Child Health Checkup

Insurance Type	Health Insurance	Medical Aid
Law	National Health Insurance Act Art.52	Medical Care Assistance Act Art.14
Target	All infants and children aged 0 to 5 years old	
Cycle	At **14 days, 4mo, 9mo**, 18mo, 30mo, 42mo, 54mo, 66mo (total 8 times)	
Responsible organization	NHIS	Local government
OOP	Free	Free
Funding	NHIS	Government budget(state, local)

Health Screening Program in Detail

Student/Youth Health Screening

Screening	Student	Youth(Out of school)
Law	School Health Act Art.7	Youth Welfare Support Act Art.16
Target	All students aged 6 to 18 years old	All youth out of school aged 9 to 18 years old
Cycle	1st, 4th grade at elementary 1st grade at middle school 1st grade at high school	Every 3 years
Responsible organization	School principal	NHIS commissioned by MOGEF
OOP	Free	Free
Funding	Government budget	Government budget

Health Screening Program in Detail

General Health Screening(Adult and Senior)

Insurance Type	Health Insurance	Medical Aid
Law	National Health Insurance Act Art.52, Occupational Safety and Health Act Art.129	Medical Care Assistance Act Art.14
Target	Employees, Self-employed, and their family members aged 20 years old and over	Medical Aid Beneficiaries aged 19 years old and over
Cycle	Every 2 years for general, Every year for non-office workers	Every 2 years
Responsible organization	NHIS	NHIS commissioned by local government
OOP	Free	Free
Funding	NHIS	Government budget(state, local)

Health Screening Program in Detail

Cancer Screening(Adult and Senior)

Insurance Type	Health Insurance	Medical Aid
Law	National Health Insurance Act Art.52, Occupational Safety and Health Act Art.129	Medical Care Assistance Act Art.14, Cancer Control Act Art.11
Target age	Different by cancer type	
Cycle	Different by cancer type	
Responsible organization	NHIS	NHIS commissioned by local government
OOP	Insurance premium at bottom 50%: Free Insurance premium at top 50%: 10% (* Cervical, Colon Caner for Free)	Free
Funding	NHIS 90%, Government budget 10%	Government budget(state, local)

General Health Screening

Target diseases

- Hypertension, DM, dyslipidemia, obesity, liver, kidney, TB, anemia, and other age & gender specific diseases

Target population

Insurance type		Category	Cycle
Health insurance holder	**Employee**	• All non-office workers • Office workers	• 1 year • 2 years
	Dependent	Dependents aged 20 years old and over	2 years
	Self-employed	• Head of household • Household members aged 20 years old and over	2 years
Medical aid beneficiary		Medical aid beneficiaries aged 20 years old and over	2 years

General Health Screening

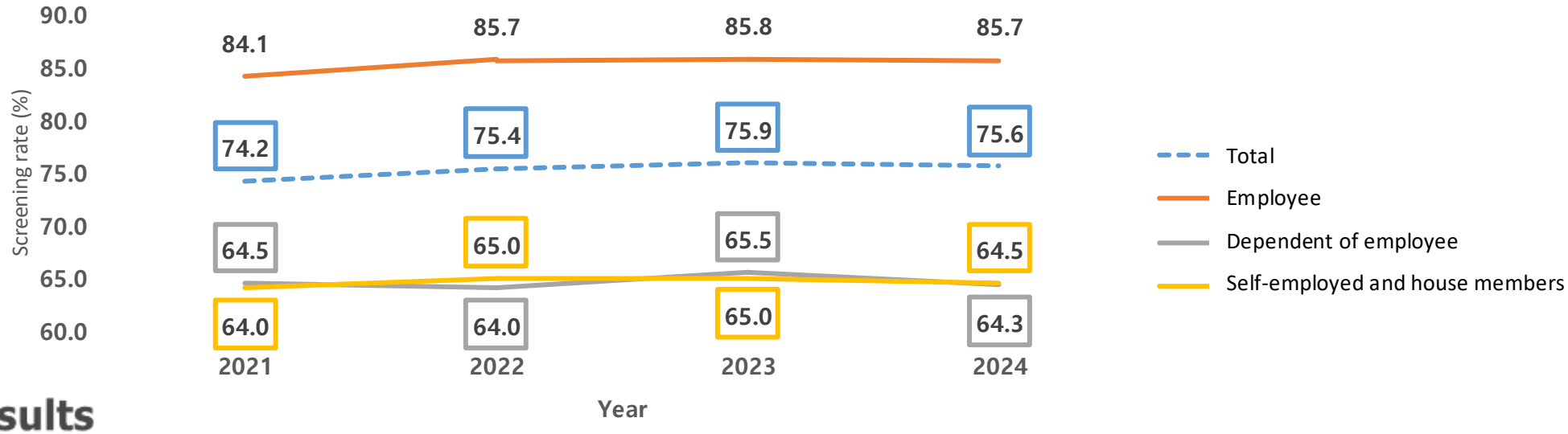
Screening items

- Common items
  - Medical examination and consultation, physical measurement (height, weight, waist circumference), vision and hearing test, blood pressure measurement, chest X-ray, blood test (hemoglobin, fasting glucose, AST, ALT, γ-GTP, serum creatinine, e-GFR), urinalysis, oral examination
- Age and gender specific items

Items	Target age	Screening method
Total cholesterol, HDL, TG, LDL	Male: 24 and over(every 4 years) Female: 40 and over(every 4 years)	Blood test
Hepatitis B	40(except for carriers and immunized persons)	Hepatitis B surface antigen/antibody test
Hepatitis C	Female 56	
Bone density	Female 54, 60, 66	DEXA, pDEXA, QCT, pQCT, QUS
Pulmonary Function Test	56, 66	
Cognitive dysfunction	66 and over	Evaluation tool(KDSQ-C)
Mental health (depression)	20-34(once in 2 years), 40, 50, 60, 70(once in 10 years)	Evaluation tool(PHQ-9)
Lifestyle evaluation	40, 50, 60, 70	Smoking, drinking, exercise, nutrition, obesity assessment tool
Elderly physical function	66, 70, 80	Timed up and go test(lower limb function, balance)
Dental plaque test	40	Dental screening

General Health Screening

Screening rate



Screening results

Year	No. of examinees	Normal A		Normal B		Suspected general disease (Total)		Suspected HT/DM		Diagnosed with diseases	
		No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people	Ratio
2024	17,517,365	1,810,559	10.3	5,037,988	28.8	5,601,461	32.0	1,543,798	8.8	5,067,357	28.9
2023	17,462,244	1,856,450	10.6	5,156,092	29.5	5,628,884	32.2	1,556,184	8.9	4,820,818	27.6
2022	17,233,263	1,863,147	10.8	5,139,412	29.8	5,666,277	32.9	1,598,386	9.3	4,564,427	26.5
2021	16,953,007	1,878,445	11.1	5,166,022	30.5	5,634,510	33.2	1,563,977	9.2	4,274,030	25.2

* Ref. NHIS. National Health Screening Statistical Yearbook(each year)

Cancer Screening

Target

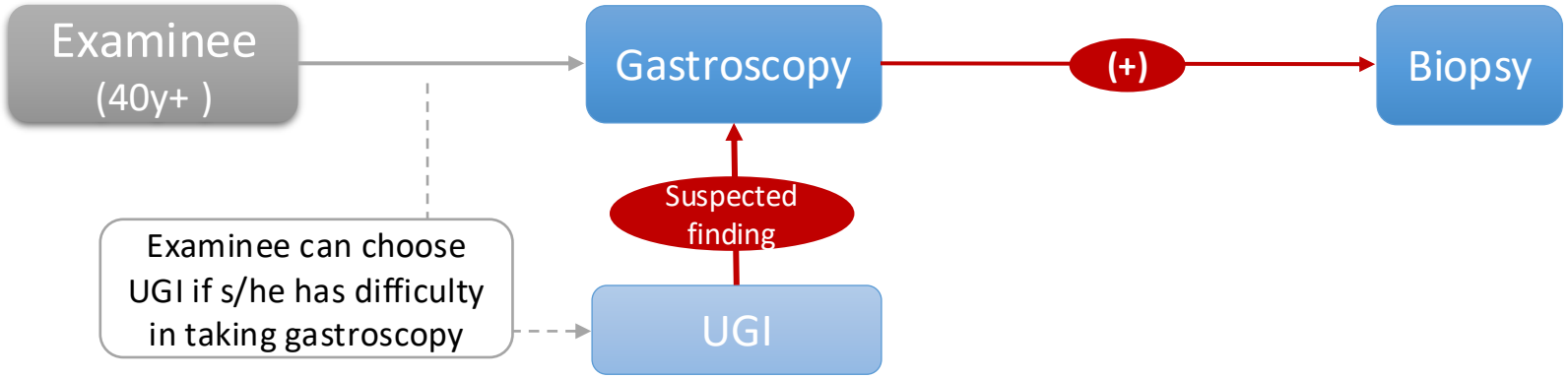
Cancer type	Target people	Cycle
Stomach cancer	Individuals aged 40 and over	2 years
Colorectal cancer	Individuals aged 50 and over	1 year
Liver cancer	High risk people aged 40 and over	6 months
Lung cancer	High risk people aged 54 to 74 years old	2 years
Breast Cancer	Females aged 40 and over	2 years
Cervical Cancer	Females aged 20 and over	2 years

※ The waiver policy
- Cancer patients with benefit coverage are exempted from the same cancer screening during the valid period
- Individuals who took colonoscopy of national health screening are exempted from the colorectal cancer screening for 5 years

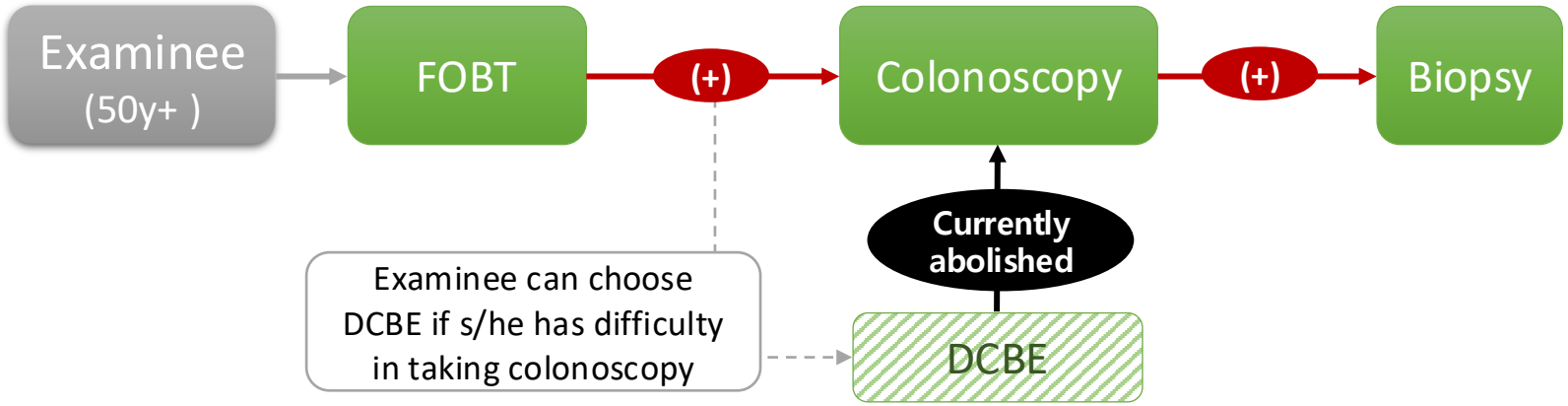
Cancer Screening

Screening items and procedures

Stomach cancer



Colorectal cancer



Cancer Screening

Screening items and procedures

- **Liver cancer**

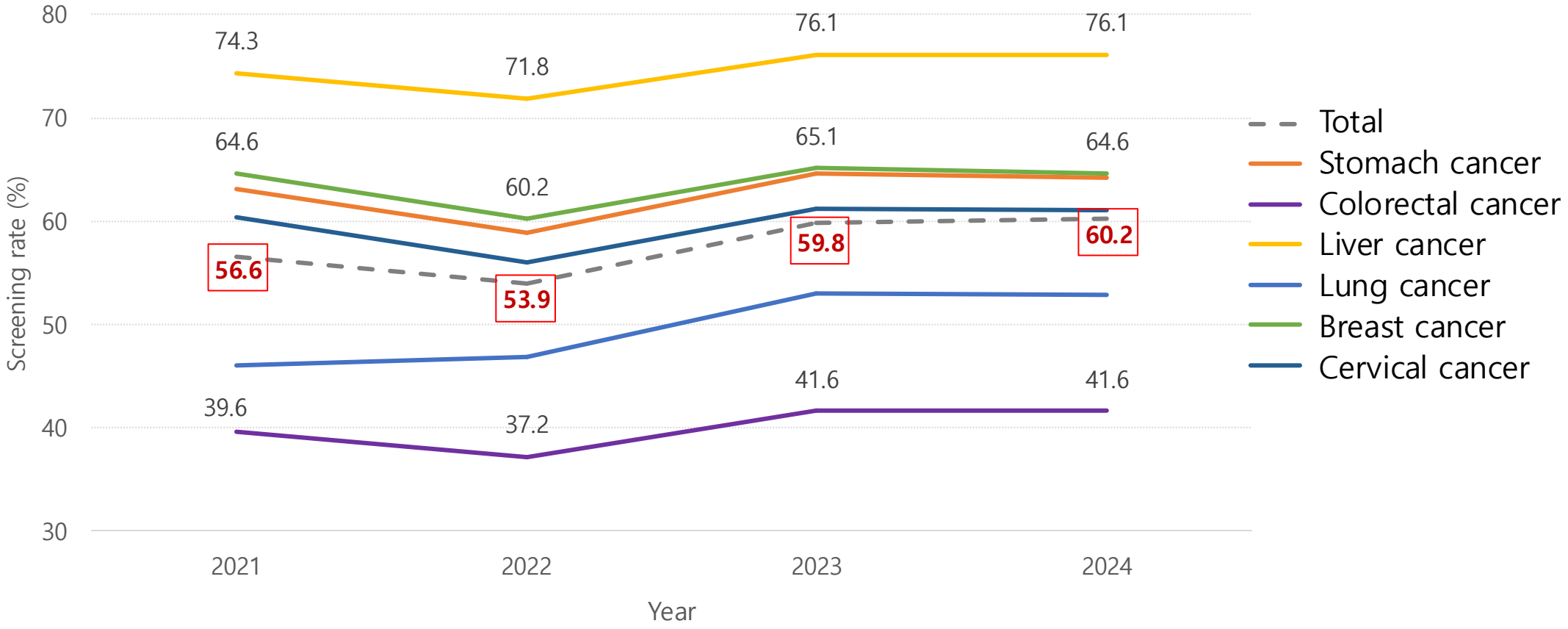
- **Lung cancer**

- **Breast cancer**

- **Cervical cancer**

Cancer Screening

Screening rate



Cancer Screening

Stomach and Colorectal Cancer Screening Results

-	Cancer type	No. of examinees	Normal		Benign disease		Suspected of cancer		Cancer		Others		Existing cancer patients
			No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people
2024	Stomach	8,564,453	3,150,368	36.8	4,226,782	49.4	6,872	0.1	7,996	0.1	1,172,435	13.7	22,778
	Colorectal	6,301,461	6,068,938	96.3	68,615	1.1	1,091	-	2,463	-	18,422	0.3	5,430
2023	Stomach	8,612,720	3,210,264	37.3	4,228,876	49.1	7,009	0.1	8,554	0.1	1,158,017	13.4	21,285
	Colorectal	6,660,515	6,355,364	95.4	72,161	1.1	1,067	-	2,728	-	20,038	0.3	5,152
2022	Stomach	8,476,391	3,238,616	38.2	4,110,768	48.5	7,321	0.1	8,978	0.1	1,110,708	13.1	19,596
	Colorectal	6,537,542	6,297,927	96.3	76,764	1.2	1,229	-	3,074	-	22,665	0.3	5,009
2021	Stomach	8,462,570	3,260,975	38.5	4,101,313	48.5	7,311	0.1	9,317	0.1	1,083,654	12.8	18,989
	Colorectal	6,503,563	6,245,342	96.0	82,803	1.3	1,455	-	3,489	0.1	25,400	0.4	4,929

* Note: For colorectal cancer, the result is not shown as it is not statistically significant.

* Ref. NHIS. National Health Screening Statistical Yearbook(each year)

Cancer Screening

Liver and Lung Cancer Screening Results

Year	Cancer type	No. of examinees	Normal		Benign disease		Suspected of cancer		Others		Existing cancer patients
			No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people
2024	**Liver(1H)**	487,468	196,760	40.4	42,905	8.8	4,418	**0.9**	243,385	49.9	2,290
	Liver(2H)	470,601	186,914	39.7	23,393	5.0	2,725	**0.6**	133,028	28.3	1,585
	Lung	171,485	86,873	50.7	78,794	45.9	5,818	**3.4**	95,110	55.5	93
2023	**Liver(1H)**	471,769	189,424	40.2	42,397	9.0	3,251	**0.7**	236,697	50.5	2,151
	Liver(2H)	458,774	180,815	39.4	40,639	8.9	4,183	**0.9**	233,137	50.8	2,251
	Lung	160,706	85,654	53.3	69,576	43.3	5,476	**3.4**	88,215	54.9	80
2022	**Liver(1H)**	433,317	173,697	40.1	39,516	9.1	2,996	**0.7**	217,108	50.1	1,866
	Liver(2H)	452,708	180,786	39.9	40,840	9.0	2,122	**0.5**	128,402	28.4	1,548
	Lung	139,365	76,393	54.8	58,263	41.8	4,709	**3.4**	73,723	52.9	63
2021	**Liver(1H)**	430,637	167,310	38.9	40,555	9.4	3,219	**0.7**	219,553	51.0	1,767
	Liver(2H)	431,496	167,297	38.8	39,757	9.2	3,066	**0.7**	221,376	51.3	1,848
	Lung	116,377	67,239	57.8	44,439	38.2	4,699	**4.0**	59,534	51.2	64

* Ref. NHIS. National Health Screening Statistical Yearbook(each year)

Cancer Screening

Breast and Cervical Cancer Screening Results

Year	Cancer type	No. of examinees	Normal		Benign disease		Suspected of cancer		Deferred diagnosis/Others		Existing cancer patients
			No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people
2024	**Breast**	4,468,495	3,127,076	70.0	844,166	18.9	8,000	**0.2**	489,253	10.9	26,782
	Cervical	5,600,124	2,021,752	36.1	3,562,866	63.6	405	**-**	15,101	0.3	6,249
2023	**Breast**	4,517,128	3,183,971	70.5	839,851	18.6	8,090	**0.2**	485,216	10.7	23,902
	Cervical	5,662,865	2,111,686	37.3	3,533,584	62.4	433	**-**	17,162	0.3	6,737
2022	**Breast**	4,440,749	3,172,478	71.4	787,859	17.7	7,574	**0.2**	472,838	10.6	21,968
	Cervical	5,577,040	2,143,605	38.4	3,411,042	61.2	489	**-**	16,904	0.3	20,507
2021	**Breast**	4,508,864	3,252,220	72.1	763,863	16.9	7,590	**0.2**	485,191	10.8	21,012
	Cervical	5,735,654	2,250,855	39.2	3,461,785	60.4	392	**-**	22,622	0.4	5,993

* Note: For cervical cancer, the result is not shown as it is not statistically significant.

* Ref. NHIS. National Health Screening Statistical Yearbook(each year)

Infant and Child Health Checkup

Objective

- Infant and Child Health Checkup is provided to check if the baby is growing and developing properly and also to educate the parents
- It is different from adult health screening which goal is to detect target diseases for the on-time treatment

Screening Items

Medical Examination

Physical Measurement

Age-specific Education

* Note: Images above were created by AI

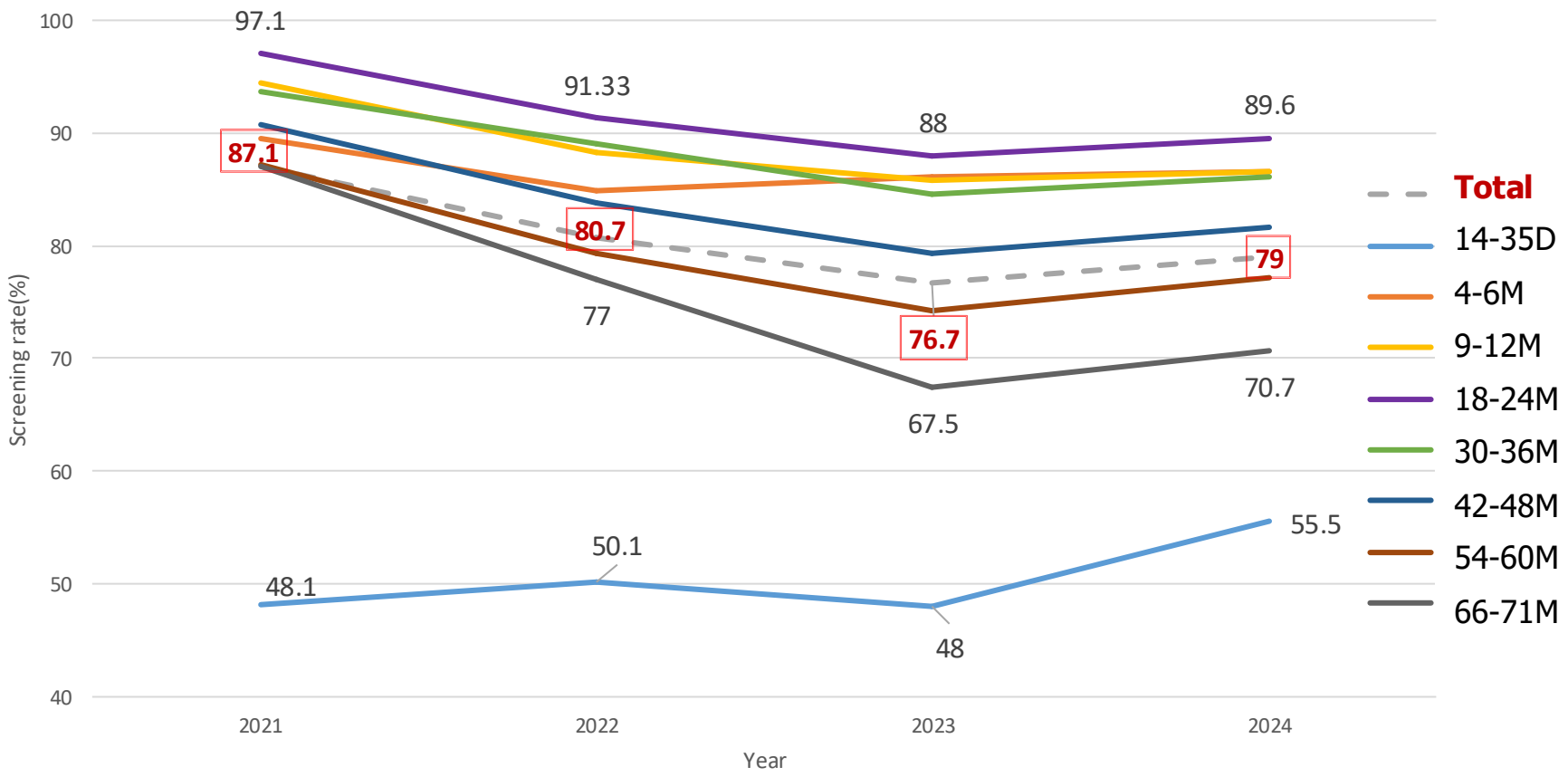
Infant and Child Health Checkup

Screening Ages and Age-Specific Items

	Ages	Items
1st	**14~35 days**	**Health education**(safety, sleep, nutrition)
2nd	**4~6 months**	Health education(safety, sleep, nutrition, electronic media exposure)
3rd	**9~12 months**	**Developmental screening test**, health education(safety, nutrition, dental, emotional development, socialization)
4th	**18~24 months** (Dental: 18~29 months)	Developmental screening test, health education(safety, nutrition, toilet training, electronic media exposure, personal hygiene)
5th	**30~36 months** (Dental: 30~41 months)	Developmental screening test, health education(nutrition, toilet training, emotional development, preparing for school enrollment)
6th	**42~48 months** (Dental: 42~53 months)	Developmental screening test, health education(safety, nutrition)
7th	**54~60 months** (Dental: 54~65 months)	Developmental screening test, health education(safety, nutrition, electronic media exposure)
8th	**66~71 months**	Developmental screening test, health education(safety, nutrition, preparing for school enrollment)

Infant and Child Health Checkup

Screening Rate



* Ref. NHIS. National Health Screening Statistical Yearbook(each year)

Infant and Child Health Checkup

Developmental Screening Test Results

Year	Classification	No. of examinees	Good		Follow-up required		In-depth evaluation required		Continuous management required		Others	
			No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people	Ratio	No. of people	Ratio
2024	**Total**	1,359,615	1,145,095	**84.2**	159,486	11.7	28,830	**2.1**	11,499	0.8	14,705	1.1
	9~12M	205,566	170,120	**82.8**	29,110	14.2	3,689	**1.8**	821	0.4	1,826	0.9
	18~24M	225,493	185,903	**82.4**	30,850	13.7	5,227	**2.3**	1,095	0.5	2,418	1.1
	30~36M	229,717	187,780	**81.7**	30,425	13.2	6,043	**2.6**	2,244	1.0	3,225	1.4
	42~48M	227,485	195,109	**85.8**	22,109	9.7	5,024	**2.2**	2,521	1.1	2,722	1.2
	54~60M	238,187	205,356	**86.2**	23,442	9.8	4,603	**1.9**	2,423	1.0	2,363	1.0
	66~71M	233,167	200,827	**86.1**	23,550	10.1	4,244	**1.8**	2,395	1.0	2,151	0.9
2023	**Total**	1,441,962	1,204,878	**83.6**	177,479	12.3	32,900	**2.3**	12,266	0.9	14,439	1.0
	9~12M	220,095	182,641	**83.0**	31,022	14.1	3,906	**1.8**	889	0.4	1,637	0.7
	18~24M	238,737	193,245	**80.9**	35,420	14.8	6,288	**2.6**	1,310	0.5	2,474	1.0
	30~36M	240,409	191,863	**79.8**	34,829	14.5	7,730	**3.2**	2,528	1.1	3,459	1.4
	42~48M	248,204	211,594	**85.3**	25,433	10.2	5,838	**2.4**	2,680	1.1	2,659	1.1
	54~60M	249,870	215,106	**86.1**	25,138	10.1	4,807	**1.9**	2,567	1.0	2,252	0.9
	66~71M	244,647	210,429	**86.0**	25,637	10.5	4,331	**1.8**	2,292	0.9	1,958	0.8

* Ref. NHIS. National Health Screening Statistical Yearbook(each year)

Health Screening Institution Evaluation

Overview

- Definition: Institutions designated by the Minister of Health and Welfare according to Article 14 of the **Framework Act on Health Examination** to conduct national health screening services
  - Type : General screening, Infant and child screening, Oral health screening, Cancer screening

Status of Screening Institutions

As of 2025.12.31.

Category	General Health screening	Infant and child screening	Oral Health screening	Cancer screening
Institutions	6,878	3,774	14,638	7,738

Health Screening Institution Evaluation

Objectives

- To promote continuous quality improvement in all aspects of screening services, including structure (personnel, facilities, equipment, etc.), processes, and outcomes
- To ensure high-quality screening services by fostering autonomous quality management within institutions.

  –Legal Basis: Article 15 of the Framework Act on Health Examinations

Subjects of Evaluation

- **Regular Evaluation:**

  Institutions with 50+ annual screenings per type (3-year cycle, 2024–2026)
- **Ad-hoc Evaluation:**

  Institutions that received the lowest grade ('Inadequate') in the previous evaluation

Health Screening Institution Evaluation

General Screening
(General Health, Infant & Child, Dental)

Specialized General Screening
(Laboratory Medicine)

Cancer Screening
(Endoscopy, Pathology, Radiology, etc.)

Minimizing the burden on evaluation

Integrated Evaluation System
(Since 2012, by NHIS)

Health Screening Institution Evaluation

Evaluation Procedure

Preparation

National Health Screening Committee

Make decisions on evaluation overall
(subject, method, criteria, etc.)

Ministry of Health and Welfare(MOHW)

Notify the decisions to NHIS

NHIS

Notify institutions & hold info session

Evaluation

Step1	Document Review
Step2	On-site Inspection
Step3	Final Result Notification & Appeals

Health Screening Institution Evaluation

Evaluation Items

- **Check-up Types (9)**: General, Infant & Child, Oral, Stomach, Colorectal, Liver, Breast, Cervical, and Lung Cancer.
- **Evaluation Domains (8)**: General, On-site, Infant & Child, Oral, Laboratory Medicine, Radiology, Endoscopy, and Pathology.
- **Quality Improvement**: Administrative disposition history, disease predictability & records, follow-up management, etc.

Evaluation Results

- Results are calculated on a 100-point scale for each check-up type and evaluation domain, categorized into three grades.
  - ▷ **Grade 1 (Excellent):** 90 points or above
  - ▷ **Grade 2 (Average):** 60 points or above – below 90 points
  - ▷ **Grade 3 (Insufficient):** Below 60 points

Health Screening Institution Evaluation

Disclosure of Results

- **Screening Institutions:** Individual notification by examination type and evaluation domain.
  - ▷ Detailed evaluation results (item-specific) via the Health Management Portal
- **General Public:** Results are published on the NHIS website and mobile app.
  - ▷ Including grades (Excellent, Average, Insufficient) by examination type and evaluation domain

Follow-up Management

- **Target:** Institutions rated as 'Insufficient' in the evaluation
- **Goal:** To improve the quality of the National Health Screening Program by strengthening the internal capacity of screening institutions
- **Method:** Providing education and consultation
  - ▷ NHIS: General, Infant & Child, and Oral Screenings
  - ▷ NCC(National Cancer Center): Cancer Screenings

3

Implications

Implications

Screening items and population expanded → universal coverage

- Health screening was originated from mass screening for TB and parasitic diseases
- The systemized health screening began by providing General Health Screening for the employees in 1980
- It took almost 40 years to achieve universal coverage
- Nowadays, Health screening budget makes up about 2% of the total NHIS budget

Limited follow-up programs after screening

- NHIS provides limited health promoting programs related to the screening results
- Some of examinees are ignorant of their health conditions due to notifying screening results via letter or email

Separated data management system

- The Student Screening results do not pile up in NHIS data base, discontinuing one's life time record of screening

  ▷Organizing Task Force(TF), NHIS is going to manage Student Screening from 2027(commissioned from MOHW)

PART II

Mental Health Welfare

Systems

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Programs

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Insights

01 | Global Mental Health Landscape

Scale of the Problem

1 Billion+

people worldwide live with a mental health condition (WHO 2023)

1 in 5

adults in OECD countries experience depression or anxiety symptoms (OECD 2025)

280M / 301M

people affected by depression or anxiety disorders globally (WHO 2023)

Worsening Trends

+20%

depression prevalence still at least 20% above pre-COVID levels (OECD 2023)

+39%

rise in major depression prevalence in OECD countries between 1990–2023 (OECD 2025)

70–90%

treatment gap in many countries — those in need receive no treatment (WHO)

Economic & Labor Impact

$1 Trillion

lost annually in global workplace productivity due to depression & anxiety (WHO 2024)

12 Billion

working days lost every year to depression and anxiety alone (WHO 2024)

–30%

lower employment rate among people with mental disorders (OECD 2021)

Sources: WHO Mental Health Action Plan 2013–2030 · WHO Fact Sheet 2024 · OECD Health at a Glance 2023/2025 · OECD Mental Health Promotion & Prevention 2025

01 | Global Policy Response

① Strengthen Governance & Leadership

At least 80% of countries to have updated national mental health policies or plans aligned with international human rights instruments

Target: 80% of countries with updated national plans

② Provide Comprehensive Services

Transition from institution-based care to community-based mental health services accessible to all, especially vulnerable populations

Target: 50% reduction in suicide rate

③ Implement Strategies for Promotion & Prevention

Mental health promotion and prevention programs integrated into primary care and public health systems across the life course

Target: 80% of countries with at least 2 national promotion programs

④ Strengthen Evidence, Research & Information Systems

Establish systems to collect, analyze and use mental health data for policy and planning; increase research investment in LMICs

Target: 80% of countries collecting core mental health indicators

💡 Early intervention is key: untreated mild depression carries a 10–20% risk of progressing to major depression (OECD 2025)

Source: WHO Comprehensive Mental Health Action Plan 2013–2030 · Adopted by 194 WHO Member States

01 | The Investment Gap

Budget Allocation

Recommended (LMICs)

Lancet Commission target for low & middle income countries

≥5%

Recommended (HICs)

Lancet Commission target for high income countries

≥10%

Global actual average

Median govt. mental health budget unchanged since 2017 (WHO Atlas 2024)

~2%

Cost of Inaction

Up to 4%

of GDP lost annually to mental health conditions (employment + productivity) (OECD)

2/3

of new disability pensions are due to mental health problems (OECD 2016)

$1 → $5.7

return on every $1 invested in mental health — highest ROI in public health (WHO / McKinsey)

The gap between burden and investment is the policy opportunity.

02 | Mental Health in the Asia-Pacific Region

475 Million

people in Asia-Pacific live with a mental health condition (1 in 7 people)

Up to 90%

treatment gap — those in need receive no appropriate care in some countries

$11 Trillion

projected economic growth loss from mental illness in India & China alone by 2030 (Lancet / PMC)

10 per 100,000

median mental health workers in Western Pacific region — far below what is needed

Key Challenges in the Region

▲ Shared barriers across Asia-Pacific AND Korea

① Social Stigma

Shame & fear prevent help-seeking behavior

② Underfunding

Mental health budgets ~3% of health spend (APAC avg, KPMG 2025)

③ Workforce Shortage

<1 psychiatrist per 100,000 in most LMIC countries (OECD 2024)

④ Fragmented Delivery

Only 25% of LICs offer community-based services; no unified national delivery systems (WHO 2024)

Korea launched the region's first nationwide voucher-based psychological counseling program open to all citizens (July 2024)

Source: OECD/WHO Health at a Glance Asia/Pacific 2024 · WHO Western Pacific Regional Framework 2023–2030 · Lancet Commission 2018

03 | Korea's Mental Health — Where We Stand

Disease Burden

27.8%

Lifetime prevalence of mental disorders — 1 in 4 Koreans (National Survey 2021)

8.5%

1-year prevalence of mental disorders — only 12.1% of those seek help (National Survey 2021)

29.1

Suicide deaths per 100,000 — highest in OECD (2024 Statistics Korea)

Cost & Funding

~$5.0B

Annual mental health treatment cost (NHIS 2024, +10% p.a.)

~$8.4B

Total social cost of mental illness annually (3rd MH Plan)

2.9%

Mental health share of health budget (NHIS 2025 · OECD avg: 6.7%)

Public Awareness

12.1%

Mental health service utilization rate (3rd MH Plan)

39.4%

Mental health screening participation rate (NHIS 2024)

40.4%

Negative perception of mental illness (3rd MH Plan)

Source: 3rd National Mental Health Welfare Basic Plan (2026–2030) · National Mental Health Survey 2021 · NHIS data 2024

03 | Korea's Policy Response — Two National Plans

6th National Health Promotion Plan (2026-2030)

7 priority areas / 32 core tasks

🎯 **Youth designated as a standalone priority**

- Mental health screening expanded to **all young adults**
- **Early treatment cost support** for first mental health visit (state-funded)
- **1:1 online counseling** for isolated & reclusive youth
- **Tailored services for young adults & NEET youth**
- **Suicide prevention unit** mandated in every local government (new KPI)
- **Provide screening & related services** for those in military services

3rd Mental Health Welfare Basic Plan (2026-2030)

Vision: "Body and mind, healthy together"

6 Strategic Priorities (17 initiatives / 53 sub-tasks)

① **Prevention**
- Build a nationwide mental health safety net
- Expand screening & counseling access for all

② **Treatment**
- Create a safe, rights-respecting psychiatric care environment

③ **Recovery**
- Strengthen community-based reintegration & peer support for independence

④ **Addiction**
- Systematic response to drugs, alcohol & digital addiction among youth

⑤ **Suicide Prevention**
- Reinforce life-safety net & 24-hr crisis centers

⑥ **Policy Foundation**
- Expand workforce, data systems & public investment in mental health

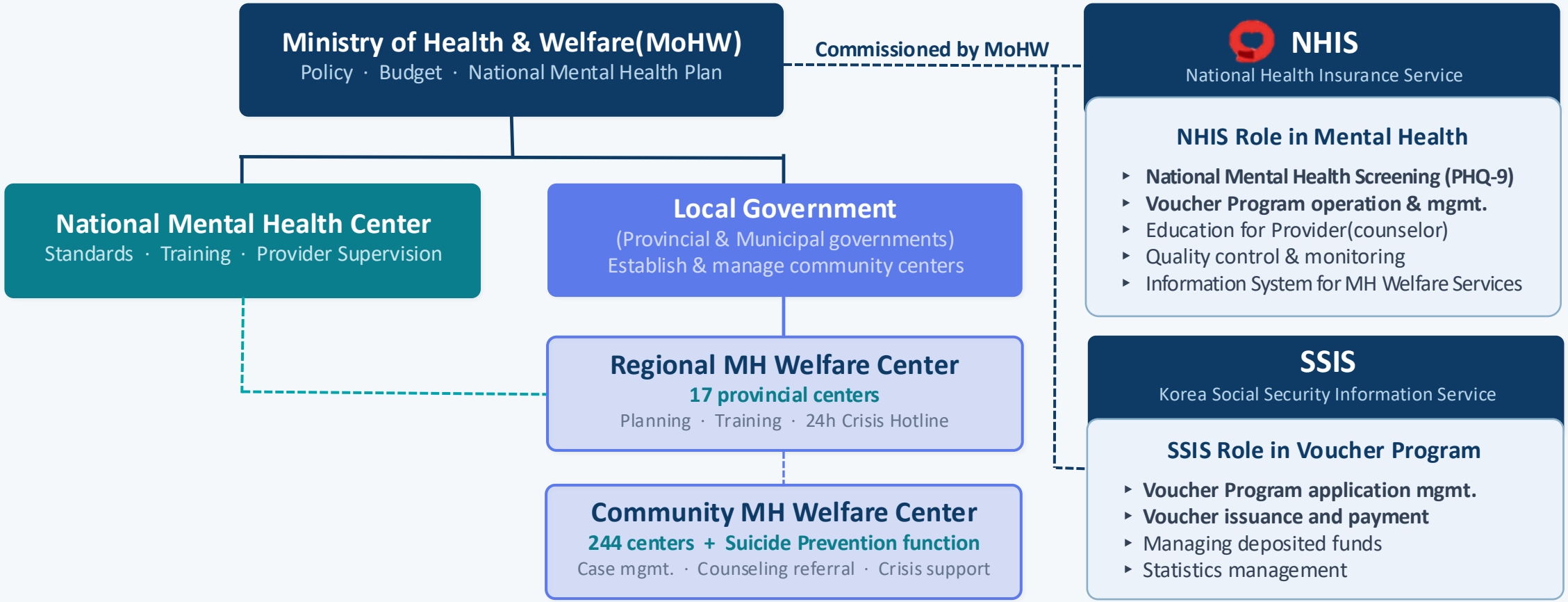
Source: 6th National Health Promotion Plan (HP2030, 2026–2030) · 3rd Mental Health Welfare Basic Plan (MoHW, March 2026)

03 | Korea's 2030 Targets — Where To Go

	Indicator	Target by 2030	Action Plan
Disease Burden	**Suicide mortality rate** (per 100,000)	**29.1 → 20.4**	▸ **Expand 24-hr crisis centers** (target: 17 regional centers by 2030) ▸ **Introduce AI crisis signal detection** (hotline 109) ▸ **Expand psychological autopsy to youth**
Cost & Funding	**Mental health budget** (% of health spend)	**2.9% → 5%+**	▸ **Increase budget in mental health**
Public Awareness	**Mental Health Service utilization rate**	**12.1% → 24%**	▸ **Mental Health Psychological Counseling Voucher Program (July 2024)** ▸ **Expand targets** (symptom level: moderate → moderate & severe) ▸ **Provide visiting & online counseling service**
	Mental health screening rate	**39.4% → 60%**	▸ **Expand screening to young adults** (20-34y, every 2 years) ▸ **Provide screening and related services for those in military service** ▸ **Link screening results** (PHQ-9 score ≥ 10) **for Voucher Program**
	Negative perception of mental illness	**40.4% → 25%**	▸ **National campaigns for improving awareness & perception** ▸ **Financially support making contents for improving awareness**

Source: 6th National Health Promotion Plan (HP2030) · 3rd Mental Health Welfare Basic Plan 2026–2030 · NHIS data 2024

03 | Mental Health Support & Delivery System



Mental Health Psychological Counseling Voucher Program

Korea's first nationwide psychological counseling subsidy — July 2024

FUNDING SOURCE

National Current Expenditure Subsidy

OPERATED BY

NHIS
(commissioned by MoHW)

LAUNCHED

July 2024

COVERAGE

Nationwide

FOCUS

Prevention over treatment

04 | How the Program Was Created

Opportunities

Cost Barrier

Private counseling costs $32–$97/session

— unaffordable for many.

Stigma Barrier

40.4% of Koreans hold negative views toward mental illness

— a barrier to mental care.

Prevention Gap

Most support available only at crisis stage

— not early intervention.

Fragmented Delivery

Separate & region-specific pilot programs

— no unified standards.

Solution

A government-issued voucher that funds professional psychological counseling for eligible citizens
— lowering cost, reducing stigma, and enabling earlier intervention.

Legal & Administrative Basis

- **Legal basis:** Act on the Improvement of Mental Health and the Support for Welfare Services for Mental Patients (Arts. 4 & 12)
- **Administrative basis:** MoHW–NHIS Agreement on Mental Health Psychological Counseling Voucher Program

Sources: 3rd National Mental Health Welfare Basic Plan (2026–2030) · Mental Health Welfare Act (unofficial KLRI translation) · MoHW Information Disclosure

04 | How the Program Works — Delivery System

Ministry of Health & Welfare (MoHW)

- Sets policy & national guidelines
- Manages budget & issues subsidy

NHIS

- National Mental Health screening
- Program promotion
- Service quality control

Community Service Center

- Receives applications
- Sends applications to Health Center

Public Health Center

- Registers providers
- Evaluates applicants & issues vouchers

Counseling Provider

- Delivers services

※ Registered agencies & licensed counselors only

Beneficiary

- Book & use services
- Pays co-payments

※ 8 sessions, 50m for each session

NHIS's Key Role in the Voucher Program

✓ **Operates national mental health screening (PHQ-9)**

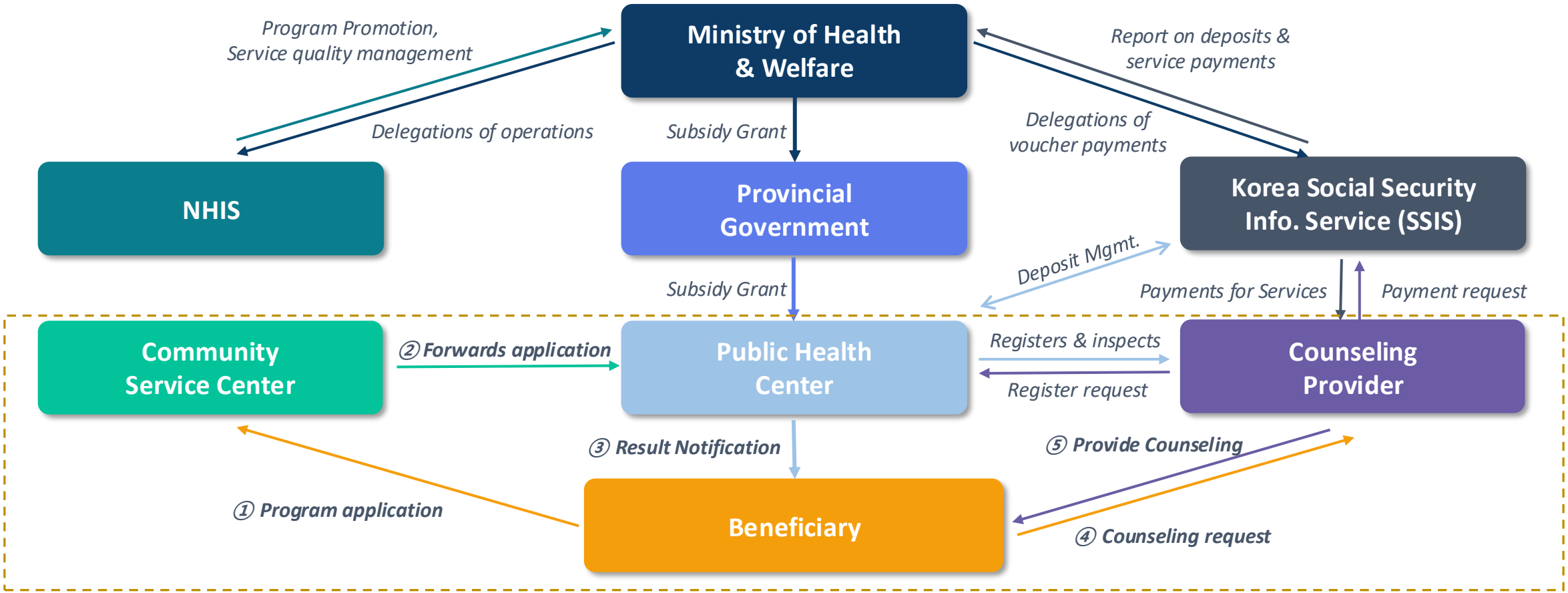
✓ **Supports program promotion and public awareness**

✓ **Makes educational contents and trains counseling providers**

✓ **Conducts satisfaction surveys and program monitoring**

Source: 2026 Psychological Counseling Voucher Program Guidelines (MoHW / NHIS / SSIS / Local Governments)

04 | Behind the Scenes — System & Fund Flow



Source: 2026 Psychological Counseling Voucher Program Guidelines, Appendix (MoHW / NHIS / SSIS / Local Governments)

04 | Eligibility & Service Structure

Who Qualifies? (7 Pathways)

① Referred by Mental Health Welfare Center & university counseling center

② Diagnosed by psychiatrist or oriental medicine doctor

③ PHQ-9 score ≥10 in National Mental Health Screening **NHIS linked**

④ Independent youth & extended care children

⑤ Referred via Community Clinic for Mental Health Care (pilot program)

⑥ Disaster victims & bereaved families

⑦ Registered members of Mental Health Welfare Centers

Service Structure

Sessions	8 sessions total
Duration	≥ 50 min / session
Validity	120 days from issuance
Frequency	Once per year
Format	1:1 in-person (primary)
Content	PHQ-9 + talk therapy

💰 **Co-payment: Tiered by income(4 level)**
Lowest income group & vulnerable youth: exempt

04 | Program Outcomes & Future Challenges

✅ What Has Worked (Jul ’24 – May ’26)

1 Improved National Mental Health

- 91.6% report improved wellbeing (NHIS 2025)
- 83% show a decrease in PHQ-9 score (KIHASA)

2 Rapid Nationwide Expansion (Accumulated)

- 140,864 applicants · 842,390 sessions
- 1,908 providers · 10,906 staffs

3 One National Standard, Not a Patchwork

- Standardized delivery system & service criteria
- Applied across all 17 provinces
- Resolves Fragmented Delivery

4 Built-In Quality Assurance

- Dedicated research monitors program effectiveness
- Safeguards service quality standards
- Reinforces public trust against Stigma

⚠ Ongoing Challenges

1 Geographic Concentration

- 51.9% of providers based in Seoul/Gyeonggi/Incheon
- Limits access for residents outside the capital region

2 Provider Quality Variation

- Monitoring & quality-assurance systems
- Still being strengthened

3 Session Limit

- Only 8 sessions per year, non-renewable
- Insufficient for moderate-to-severe cases

4 Legal & Administrative System Refinement

- New info. system needs legal authorization (holds personal data)
- Amendment bill submitted (Apr 2026); under review

Sources: NHIS 2025 User Satisfaction Survey · KIHASA program evaluation · MoHW press release (May 2025) · National Assembly data via Rep. Seo Mi-hwa’s office, Oct 2025

05 | Roadmap for National Mental Health Welfare System

What can you bring home from Korea's experience?

1

Start with Screening

Adding a mental health screening item (e.g., PHQ-9) to existing health checkups costs little but creates a referral pipeline. Korea did this before launching the voucher.

2

Collaborate with the Field

Involve academic societies, professional associations, and the medical field from the design stage — this supports workforce training and quality assurance.

3

Design for Access, Not Just Services

Lower cost barriers, and reduce the time it takes to actually receive care. Community-based delivery (not hospital-only) reaches people sooner.

4

Tiered Co-payment = Equity

Sliding scale ensures vulnerable groups are not excluded. Start with the most vulnerable populations — build political will and evidence before full expansion.

5

Prioritize Prevention Over Treatment

Prioritize everyday mental health care over crisis-only treatment. Governments should lead active awareness campaigns to shift public perception.

6

Central-Local Coordination is Essential

Policies set centrally, services delivered locally. Korea's 261 community mental health centers are the backbone of continuity — consider your own local capacity.

PART III

Q n A

Thank you

h·well
National Health
Insurance Service