

# A Study on the Factors Affecting Depression of the Disabled People in Korea

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## Abstract

**Background/Objectives:** The purpose of research is to construct a living environment and provide appropriate welfare resources to reduce the depression by identifying the factors affecting the depression of the disabled people.

**Method/Statistical Analysis:** This research analyzed the data of 2017 which is the 12th data of the Korea Welfare Panel conducted by the Korea Institute for Health and Social Affairs. In order to identify the factors affecting the depression of the disabled, this research analyzed the difference of depression according to demographic factors. In addition, the factors affecting depression were surveyed through the regression analysis of the SPSS statistics program.

**Findings:** The high scores of people with disabilities on depression indicate that access to mental health is essential in the areas of disability support, which suggests that life cycle management should be carried out through all subjects regardless of their socio-demographic variables. The result of a hierarchical regression analysis through demographic variables, satisfaction, and social support variable is as follows. First, in the area of demographic variables, male more than female, the lower is household income and the higher is one's work ability, depression turned out to be high. Next, the result of analysis showed significant results in all variables excluding all ages and education level. When all variables are included, male more than female, the lower is one's household income, the more one has work ability, depression was high, and the lower is one's health satisfaction, residential satisfaction, family life satisfaction, and social support, depression turned out to be low, suggesting that individual, family, and social resource environment are important explanatory factors in the perception of depression for the disabled.

**Improvements/Applications:** It is clear that, as a method to reduce depression of the disabled, a comprehensive and environmental approach is necessary which encompasses familial, psychological, and social dimensions.

**Keywords:** *Disabled person, Satisfaction, Social support, Depression, Korea Welfare Panel.*

## Introduction

In the study of life satisfaction of people with disabilities, we have focused on physical health in

the past, but recently there is an increasing interest in psychological aspects<sup>[1]</sup>. One of the psychological problems of people with disabilities is depression, and when depression progresses, it causes the satisfaction of life to be reduced to the extent that it requires professional treatment<sup>[2,3]</sup>.

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Personal factors and social environmental factors such as deterioration of physical function experienced by disabled people, child problems, economic problems, loss of close people, and changes in life events are likely to increase depression<sup>[4]</sup>. In this vulnerable situation,

people with disabilities often meet with their families<sup>[5]</sup> and have social relations, showing that depression decreases<sup>[4]</sup>.

Mental health is one of the essential requirements for reaching spiritual, physical and social well-being, the ultimate goal of social welfare. Especially, depression and schizophrenia are representative mental health issues that require prevention and treatment given the frequency of occurrence and the outcome of the disease<sup>[6]</sup>.

Fortunately, a variety of preventive programs have been provided in Korea, focusing on large and regional mental health centers, since the mid-2000s, as the national level of prevention has been strengthened in line with the global trend of mental health policies. The main contents of the Center's project consist of raising awareness of mental health problems for the general or high-risk groups of local residents and conducting various knowledge education and screening tests for early detection<sup>[7,8]</sup>.

Depression is a common symptom that can be experienced, but it can be exposed to a variety of risks if it becomes severe. Specifically, severe depression can impair psycho-social functioning<sup>[9]</sup> and cause 7.8 times greater risk of suicidal thoughts than non-depressants<sup>[10]</sup>.

According to<sup>[11]</sup>, the ratio of the disabled to experience depression was 24.5 percent, about twice as high as the 10.3 percent of the non-disabled.

Differences in depression can be described as inequality due to socioeconomic perspectives other than biological ones, which are also applicable to differences in the experience of depression for the disabled and non-disabled<sup>[12]</sup>. The socioeconomic view is that the social and economic status of an individual, such as the level of education, income level, and professional status, creates differences between individuals<sup>[13]</sup>.

When thinking about policies for the disabled, pay attention first the target is aging disabled people who have lived with disabilities for a long time. Priority is given to developing policy support measures to address the aging issues of people with developmental disabilities, including intellectual and autistic persons, who are using the welfare facilities for the disabled. Expansion of available service facilities is required<sup>[14]</sup>.

The elderly population need social attention to experience the double risk of disability and aging. As older people age, their health risks increase. Older people with disabilities are more likely to experience premature aging than non-disabled people<sup>[15]</sup>. In other words, people with disabilities experience changes due to aging in addition to previous disorders, which lead to health risks.

The main thing is that these health risks are not natural and can be prevented and managed. In terms of their rights, they should seek social alternatives to recognize and support the healthy retirement of disabled seniors.

The guarantee of the right to health of the elderly must include not only physical but also mental health. Compared to the discussion of the physical health of the elderly, the interest in mental health is limited.

In particular, depression of the elderly is a very important problem that threatens the quality of life.

Older people with disabilities are two to three times more likely to experience depression than non-disabled older people<sup>[16]</sup>. The prevalence of depression in older people is associated with a variety of factors including age, health, function, and social role<sup>[17]</sup>.

People with disabilities are more vulnerable to depression because they receive more social discrimination and exclusion than non-disabled people. In addition, people with disabilities have a negative perspective on themselves by internalizing social exclusion, non-acceptance, and prejudice. It is very likely that these points will soon appear depressed<sup>[18]</sup>.

This research aims to provide basic data to related social welfare systems and practice areas by examining factors affecting depression as one of the factors that can lower the depression of the disabled and increase the satisfaction of life.

The study on the effect on depression, which is a major threat to the healthy lives of people with disabilities, can contribute to the implementation of specific projects, such as the creation of policy alternatives that can enhance the life satisfaction of people with disabilities, as well as programs implemented by institutions for the disabled.

## Method

This research analyzed the data of 2017 which is the 12th data of the Korea Welfare Panel conducted by the Korea Institute for Health and Social Affairs. of 6581 households which include 12,790 persons, only 1,459 persons who are disabled were selected as subjects of this analysis.

In order to identify the factors affecting the depression of the disabled, this research analyzed the difference of depression according to gender, education level, age, household income, and working ability as demographic factors. In addition, the factors affecting depression due to health satisfaction, residential satisfaction, family life satisfaction and social support were surveyed through the regression analysis of the SPSS statistics program.

## Result and Discussion

- 1. Depression differences by demographic variables:** Shown in [Table 1], gender was 784 males, slightly more than 675 females. The educational level was

the highest with 511 graduates (35%). The highest age group was in the 70s with 477 persons (32.7%). The highest household income was 478 people (32.8%) with less than 15 million won per year. 782 (53.6%) of the respondents answered that they were able to work, and 222 (15.2%) answered that only simple work was possible. There were 333 (22.8%) simple workers who could only do household work, and 103 (7.1%) responded that they had no working ability at all. The statistics for each section showed only significant differences in the work ability factors.

As a result of demographic variables of the research subject, the factors affecting depression of the disabled was the variable of work ability and degree. In the case of work ability or simple work ability, the degree of depression turned out to be significantly lower than weak simple work or no work ability. In the end, it can be seen that the ability and degree of work ability in the case of the disabled have a great influence on the depression.

**Table 1. Depression differences by demographic variables**

Variable	Division	N	%	M	t/F
Sex	Male	784	53.7	21.13	-.22
	Female	675	46.3	20.89	
Education level	Not attending school	3	.2	-	1.70
	unschooled	230	15.8	23.83	
	Elementary School	511	35.0	20.26	
	Middle School	231	15.8	18.11	
	High school	340	23.3	22.39	
	College	51	3.5	20.96	
	University	77	5.3	21.49	
	Graduate school	16	1.1	15.92	
Age	Under the age of 10	8	.5	-	1.70
	Teenage	22	1.5	-	
	20s	30	2.1	23.64	
	30s	49	3.4	32.39	
	40s	127	8.7	23.98	
	50s	183	12.5	23.22	
	60s	284	19.5	18.78	
	70s	477	32.7	18.72	
	Over 80s	279	19.1	22.68	
Household income	Less than 15 million won	478	32.8	20.83	.07
	15 million ~ 20 million won	226	15.5	21.44	
	20 million won ~ 30 million won	276	18.9	21.09	
	30 million won ~ 50 million won	230	15.8	20.59	
	More than 50 million won	249	17.1	21.32	

Variable	Division	N	%	M	t/F
Work ability perception	under the age of 14	19	1.3	-	45.94*** a,b<c<d
	Possible to work <sup>a</sup>	782	53.6	17.67	
	Only simple work <sup>b</sup>	222	15.2	20.89	
	Weak working hours (housework only) <sup>c</sup>	333	22.8	26.26	
	No ability to work (do not even do housework) <sup>d</sup>	103	7.1	50.11	

\*p<.05 \*\*p<.01 \*\*\*p<.001

**2. General characteristics of the variables:** [Table 2] shows the general characteristics of the main factors such as health satisfaction, housing environment satisfaction, family relationship satisfaction, social support, and depression. The average of health satisfaction was 3.32 for the disabled and 2.57 for the disabled, which was significantly higher in the non-disabled. The satisfaction level of living environment was 3.62 for the disabled and 3.54 for the disabled. The satisfaction level of family

relations was higher for the non-disabled people with 3.90 and 3.71 for the disabled, and the social support was 3.74 and 3.49 for the disabled. Depression was 25.75 for the disabled and 30.25 for the disabled.

The high scores of people with disabilities on depression indicate that access to mental health is essential in the areas of disability support, which suggests that life cycle management should be carried out through all subjects regardless of their socio-demographic variables.

**Table 2. General characteristics comparison**

Variable	Non-disabled		Disabled		t
	M	SD	M	SD	
Health satisfaction	3.32	.94	2.57	.94	26.33***
Housing environment satisfaction	3.62	.74	3.54	.74	3.67***
Family relationship satisfaction	3.90	.64	3.71	.70	9.05***
Social support	3.74	.62	3.49	.73	11.55***
Depression	25.75	8.11	30.25	10.49	-14.34***

\*p<.05 \*\*p<.01 \*\*\*p<.001

**3. Factors Affecting Depression of the Disabled:**

The result of a hierarchical regression analysis through demographic variables, satisfaction, and social support variable, is as shown in [Table 3].

First, in the area of demographic variables, male more than female ( $\beta=.01, p<.01$ ), the lower is household income ( $\beta=-.20, p<.001$ ) and the higher is one's work ability ( $\beta=.30, p<.001$ ), depression turned out to be high ( $F=50.03***$ ). Next, when the factors were analyzed adding satisfaction and social support to demographic variables, the result of analysis showed significant results in all variables excluding all ages and education level ( $F=63.62***$ ).

When all variables are included, male more than female ( $\beta=.02, p<.001$ ), the lower is one's household income ( $\beta=-.09, p<.01$ ), the more one has work ability ( $\beta=.19, p<.001$ ), depression was high, and the lower is one's health satisfaction ( $\beta=-.26, p<.001$ ), residential satisfaction ( $\beta=-.07, p<.01$ ), family life satisfaction ( $\beta=-.20, p<.001$ ), and social support ( $\beta=-.10, p<.001$ ), depression turned out to be low, suggesting that individual, family, and social resource environment are important explanatory factors in the perception of depression for the disabled.

**Table 3: Factors Affecting Depression of the Disabled**

Variable	Model 1		Model 2	
	B	β	B	β
Sex (F=0)	0.00	0.01**	0.01	0.02***
Age	-1.06	-0.09	-1.19	-0.10
Education level	0.13	0.03	0.22	0.05
Household income	-0.77	-0.20***	-0.37	-0.09**
Work ability	1.99	0.30***	1.27	0.19***
Health satisfaction			-1.59	-0.26***
Residential satisfaction			-0.57	-0.07**
Family life satisfaction			-1.68	-0.20***
Social support			-0.08	-0.10***
Constant	15.27		29.61	
F	50.03***		63.62***	
R2	.18		.34	

\*. p<.05 \*\*p<.01 \*\*\*p<.001

**Conclusion**

The results of this research showed that, in addition to demographic variables, health satisfaction, residential satisfaction, family life satisfaction, and social support variable have a great influence on the depression of the disabled. From this, it is clear that, as a method to reduce depression of the disabled, a comprehensive and environmental approach is necessary which encompasses familial, psychological, and social dimensions. In particular, when investigating the depression of the disabled, it should be interpreted and constituted in consideration of the prior environmental differences due to social discrimination and exclusion, not just the comparison with the figures with the non-disabled.

Future research to apply and understand the environment of persons with disabilities suggests the use of qualitative research method. Rather than merely conducting a case study, a research method that understands, applies and interprets the environment and culture in which people with disabilities live, and creates alternatives would be desirable.

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**Source of Funding:** Self

**Conflict of Interest:** Nil

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