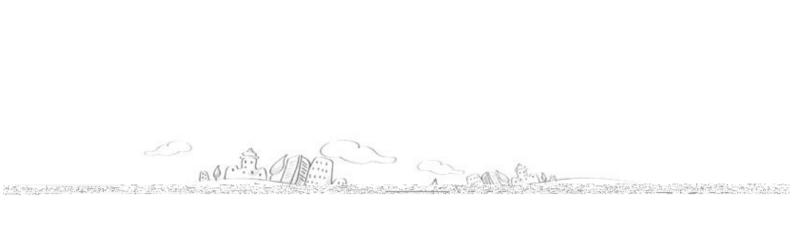




🔪 경 기 도



🌋 경기도광역정신보건센터



다국어 정신건강 안내서

C C



 $\alpha_{i}, \gamma_{j}$ 

■ ?

( )

•

**■** ?

- :

<del>-</del> :

■ ?

-

-

-

-

· ·

-

-

-

-

A CARLON TO

?

-

(Lithium)

.

1- 2

· ?

macified and the

?

100 10-20



? ? ?

?

?

the second of the second

(body language)

manifold .

■ ?

\_

-

•

12

SOMPORT

MACHEN STANDERS 13

.

,

.

\*

,



?

1

.

2 : ( ) .

3 :

.

morning the same of the same o

•

Antabuse(),

(Alcoholics Anonymus, AA)

north all the same

■ ?

, , , ( ),

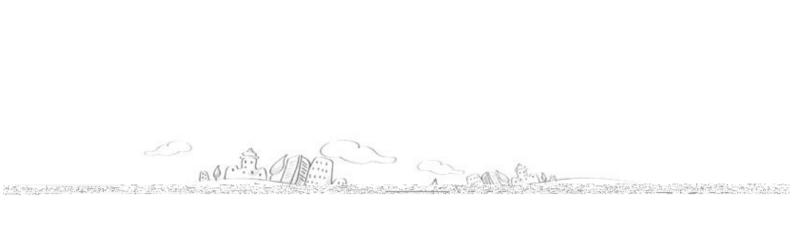
■ ?

-

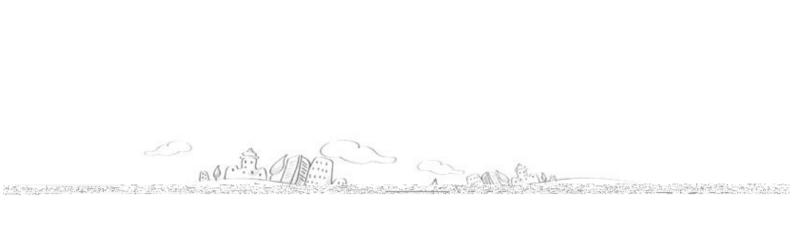
-

- ,

north and the







· ?

---

■ - 24 365

-

■ -

MACHEN 23

-					
2		•			
-					
3					
-					
4.					
-	,				
5.					
-					
6		•			
-					
7.			•		
-					
8		•			
-			•		
9.		•			
10			•		
10.					

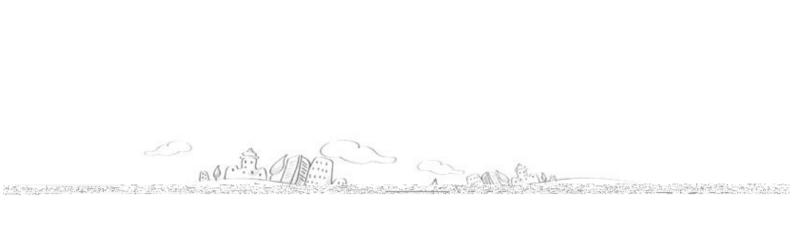
A PARTIE AND A STATE OF THE PARTIES AND A STATE

A CARDONA

1.



- 1. 정신보건관련기관 알아보기
- 2. 불안척도
- 3. 우울척도



1	129	http://www.mw.go.kr
2	02- 6925- 5551	http://www.kfamh.or.kr
3	02-6925-5552	
4	070-7135-6021	http://www.kacap.or.kr

1	031- 212- 0435
2	031- 581- 8881~ 2
3	031- 968(9)- 2333~ 4
4	02- 504- 4440
5	02- 897- 7787
6	031- 762- 8728/8756
7	031- 550- 2007
8	031- 461- 1771
9	031- 998- 4005
10	031- 592- 5891~ 2
11	031- 863- 3632
12	032- 654- 4024~ 7
13	( ) 031- 754- 3220
14	( ) 031- 739- 1007
15	031- 751- 2445/6
16	031- 247- 0888
17	031- 273- 7511
18	031- 228- 5737~ 9
19	013.242.5737~ 8
20	031- 316- 6661~ 3
21	031- 411- 7573
22	031- 413- 1822
<i>~~</i>	403- 4764
23	031- 678- 5368

north Millian

24	031- 469- 2989
25	031- 840- 7320- 4
26	031- 770- 3526,3532
27	031- 886- 3435,3437
28	031- 832- 8106
29	031- 374- 8680
30	031- 286- 0949
31	( ) 031- 266- 5717
32	031- 458- 0682
33	828- 4567, 838- 4181
34	031- 637- 2330- 1
35	031- 942- 2117~ 8
36	031- 658- 9818 031- 659- 4729
37	031- 535- 4000
38	031- 790- 6558
39	031) 369- 2892
40	( ) 031) 267- 3494~ 5

1	031- 256- 9478
2	031- 464- 0175~ 6
3	031- 948- 8004
4	031- 751- 2768~ 9



Beck (Beck Anxiety Inventory: BAI)

: : :	/	:_		
0 1	2		3	
1 .	0	1	2	3
2 .	0	1	2	3
3 .	0	1	2	3
4 .	0	1	2	3
5	0	1	2	3
6 ( ) .	0	1	2	3
7 .	0	1	2	3
8 .	0	1	2	3
9 .	0	1	2	3
10 .	0	1	2	3
	0	1	2	3
	0	1	2	3
	0	1	2	3
	0	1	2	3
	0	1	2	3
	0	1	2	3
17 .	0	1	2	3
	0	1	2	3
	0	1	2	3
20 .	0	1	2	3
21 ( ).	0	1	2	3

평가자 기록란 : 총점 \_\_\_\_\_\_ 평가 \_\_\_\_

1. O) 1) . ( ) 2) 3) 2. O) 1) 2) 3) 3. 0) 1) 2) 3) 4. O) 1) 2) 3) . ( ) 5. 0) 1) 2) 3) 6. O) 1) 2)

(Beck Depression Inventory : BDI)

Beck

```
. ( )
     3)
7.
     O)
     1)
     2)
     3)
8.
     O)
                                                 . ( )
     1)
     2)
     3)
                                              . (
9.
     O)
     1)
                            . (
     2)
     3)
10. O)
     1)
     2)
     3)
11. O)
     1)
     2)
                                              )
     3)
12. O)
     1)
     2)
     3)
13. 0)
     1)
    2)
```

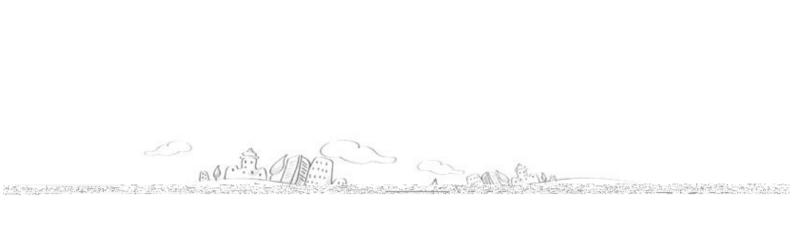
```
. ( )
   3)
                                     . ( )
14. O)
   1)
   2)
                             . ( )
   3)
15. O)
                                        . ( )
   1)
   2)
   3)
16. 0)
   1)
   2)
   3)
                          . ( )
17. O)
                         . ( )
   1)
                          . ( )
   2)
   3)
18 0)
                        . ( )
   1)
   2)
                       . ( )
   3)
19. O)
                2kg
   1)
   2)
                5kg
   3)
                7kg
                                . ( , )
```

MACHINE TO THE PARTY OF THE PAR

20.	O)		. ( )
	1)	, ,	. ( )
	2)		. ( )
	3)		. ( )
21.	O)	(sex)	. ( )
	1)	(sex)	. ( )
	2)	(sex)	. ( )
	3)	(sex)	. ( )

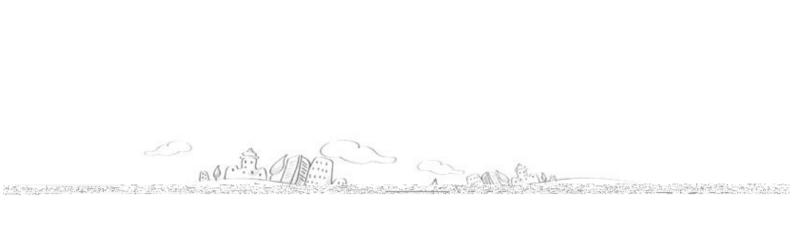
:

north All a \_33 \_\_\_\_ STATE OF THE PERSON OF THE PERSON AND THE





## English



## Understanding of diseases

## The Bipolar disorder or Manic depressive disorder

#### What is the bipolar disorder?

A disease with two emotional conditions, mania and depression, or only manic state appear by cyclic turns. Daily and career functions may be impaired because of excessively elated or depressed state.

## ■ How a manic state differs from a normal 'good feeling'?

- Feeling good: To feel good because of a pleasant happening.
- Mania: A pathological condition with unrealistic and inappropriate emotional excitement which causes difficulties in social life because of excessive emotional excitement and over-confidence.

## ■ What are the symptoms of Mania?

Despite sleepiness one does not sleep because of busy thoughts and

urges of doing things of supposed contingencies

Skip meals to save precious time for works to be done.

Talkative to verbalize one's busy thinking while one remains idle with no action.

Unable to concentrate while one feels of improved memory functions.

Spends huge amount of money with no concern of tomorrow.

Blames others for mistakes, while one feels confident believing that nothing can go wrong.

Depression may follow a manic state which may accompany with suicida ideas.

Sexual desire increases.

Argues frequently and they get easily upset

May have grandiose delusions; "I am great", "I am a billionaire", or " I am a genius'.

#### Treatment of mania

#### General treatment

The purpose of treatment is to bring the remission of symptoms to prevent harms to one-self, family and society

For most cases, patients are hospitalized because they lack insight, refuse treatment and rarely comply with outpatient treatment. People should take gentle and persuasive attitude with acute manic patients because they are extremely demanding. Arguing with acute manic patient should be avoided.

#### Drug therapy

Main medicine is Lithium In acute stage, however, antipsychotics may be used in conjunction with Lithium to control acute symptoms. The improvement of symptoms responding to Lithium usually comes 1 or 2 weeks after initiating Lithium

## The course of bipolar disorder



If untreated, mania and depression may appear by turns of months or years, or only mania appears and disappears in cycle.

When properly treated, prognosis is good as that of depressive disorder. With continuous follow up treatment the patient can enjoy a normal life with no relapse of symptoms.

A SOUTH AND A SOUT

STORE THE

#### Hereditary factors

If you have a parent, a sibling, or a relative diagnosed by Depressive Disorders, it is more likely that you are vulnerable to be affected by this disorder compare to others who do not have such family background.

#### Environmental stress and living conditions

The death of loved ones, separation, loneliness, unemployment and financial problems may possibly cause Depressive Disorder.

#### Physical illnesses

Diseases affecting thyroid gland, stroke, hypertension, cancer, diabetes may cause Depressive Disorder.

#### Characters

A person vulnerable to Depressive Disorders are;

anxiety prone with agonies and extra sensitivities to environmental situations shy and inhibited in personal relationships blames oneself with low self- esteem afraid of personal relationships a perfectionist and self- centered

People who belong to the first four categories have a high risk of Depressive Disorders. A perfectionist itself is not a risk of Depressive Disorders, but once a perfectionist is affected by a Depressive Disorder it can take a long course. A self-centered person is more vulnerable to a short-term Depressive Disorder.

### Symptoms of Depressive Disorders

- Low self- esteem
- A change of sleep patterns: insomnia or a shallow sleep.
- Changes in appetite and body weight.
- Uncontrollable anger, guilt feelings, irritability, anxiety, and pessimistic view.
- Frequent mood swing: depressed in the morning but to feel better in the afternoon
- Hard to enjoy anything: being bored, loss of interest in things ordinarily enjoyed.
- Reduced resistance against pain: cannot bear pains causing new symptoms
- Decrease of sexual libido
- Impaired mental concentration and memory: feels like one has dementia.
- Lack of will power: not worth of doing anything and no meanings.

A 100 S

## Please remember!!

- a To feel depressed at times is a normal phenomena.
- is If a feeling of depression lasts longer than 2 weeks and causes difficulties in functioning at home or at work, you need a professional assessment.
- if you have a suicidal idea, you must seek for help from a psychiatrist instantly.

## ■ Treatment of Depressive Disorders

#### Antidepressants

Antidepressant medication is an effective and economic way of treatment for Depressive Disorders. It does not have habit forming tendency, and it is safe because they stabilize brain functions by balancing neurotransmitters which are produced and already exist in the brain. It is possible to see various undesirable side-effects, but it is important to continue taking the medication as you consult with your doctor to adjust the dosage of the drug until such time when you see desirable effects of the drug. The therapeutic effects of the drug may appear 2 weeks after the start of the medication, futhermore, at least 3 week is required to see the full effects of the drug. You may have to take the medication for long time even after the recovery of the depressed mood to reduce the risk of relapse.

#### Psychotherapy

Psychotherapy emphasizes on resolving individual's personal problems

by a wide range of approaches. For instance, an intervention of persistent troubles at home or work place, or an immediate assistance in managing serious problems erupted suddenly as a crisis.

#### Self treatment and alternative remedies

Now various self-help methods and alternative remedies become available, and they are used either independently or combined with biological and/or psychological treatments.

# Meditation relaxation exercise well balanced meals regular exercise avoiding alcohols and drugs Yoga reading therapy aromatherapy

#### How to deal with Depressive Disorders

When you think you have Depressive Disorders.

If you think you need help, do not hesitate to call on a doctor.

Accepting the fact that you have a Depressive Disorder is a courageous thing. Even though receiving a treatment for the Depressive Disorder may be burdensome, the effective treatment eventually should relive the burden. Above of all, asking help requires courageous determination that deserves a high recognition for the initiative.

What should you do when a member of family or a friend seem to have a Depressive Disorder?

If you notice a member of your family or a close friend of yours is suffering from a Depressive Disorder, you should tell the person of your impression in a supportive manner and recommend a visit to a psychiatrist or to go with the person. Often, the one suffering from Depressive Disorders may not ask for help. In this situation, you should tell the person of what you are so concerned about and why certain things look so serious to you. If possible, remind him of a specific situation or behaviors that concerned you as you list actual examples.

It may be helpful to give him informations about Depressive Disorders on internet or a book that you are aware of.

It may be difficult to find proper words or action for the ones suffering from a Depressive Disorder. Various situations and personal issues mat be involved thus we would like to suggest a several ways of helping them considering those circumstances.

A OF THE PARTY OF

S CARDONA

#### Talking with them

A conversation with someone who needs help should be carried out with considerations and cautions. Neutral statements such as 'Now, I can understand why you are so worried is more desirable than to give them an advices, solutions, or recommendations.

In addition, an appropriate body language plays a crucial role to make them to feel relieved. Eye to eye contact during conversation assures them that you are concentrating on his story exclusively.

#### Spending time with them

Spending time and talking with them will assure them of your concerns and it also helps you to understand their experiences of current situations.

#### Taking care of yourself

Taking good care of oneself is also important for the members of families or friends of those who suffer from Depressive Disorders. You should find time to enjoy yourselves with activities that are pleasurable.

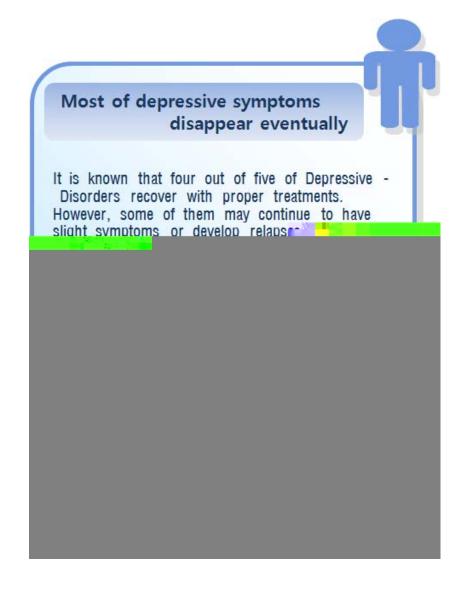
#### Things to avoid

- Such judgemental statements as 'Cheer up', 'Keep yourself going'
- Avoiding them or keeping distance from them
- Such advise as 'keep busy" or 'get out of your house', etc.
- Let things to take it's own course with a belief that it will eventually pass

#### Desirable things

- Listen to their stories and point out their positive changes
- Persuade them to visit a psychiatrist or a mental professional
- Help them to acquire information about Depressive Disorders and to be straight about their Depressive Disorders.
- Encourage physical activities and urge them to eat well
- Keep in touch with them and cheer them up.
- Lead other friends and families to learn and practice similar supportive measures as described above.

## The course and prognosis of Depressive Disorders



MONTH OF THE PARTY OF THE PARTY

these vessels get either narrowed or blocked, the heart and it's muscles can not receive enough oxygen and nutrition, consequently causing the death of heart muscles. This means a sudden death due to cardiac arrest.

Digestive disorders; dyspepsia, gastritis and gastric ulcer

Under stress, the mobility of stomach decreases and the blood vessels of stomach contract causing the stomach wall turning pale bringing indigestion. Stress also increases the secretion of gastric juice causing gastritis. If the secretion of gastric acid continues for a long time, it may cause a gastric ulcer.

#### Irritable bowel syndrome

One suffers from the alternations of diarrhea and constipation, while no cause is found despite a thorough medical check up. This disorder is closely related with emotions such as anxiety and depression. Anxiety and nervousness cause increased activities of large intestines causing diarrhea. When frustrated or depressed, the activity of large intestine decreases causing constipation.

#### Management of stress

- Solving the root of the problem which brought stress
- Avoid situations of being pressed by time
- Avoid overeating but to take adequate amount of water and nutrition
- Avoid stressful situations
- Talk about stress openly with people who are close

\* It is important to be attentive to stress and to practice it's management



## Schizophrenia

#### Schizophrenia is a recoverable disease

Delusion, hallucination, tension and bizarre behavior, incoherent speech, avoidance of interpersonal relationship, blunt expression, and loss of desire are common symptoms of schizophrenia. It is a disease of abnormal brain functions which may take a chronic course to bring personality deterioration. It is a treatable and fully recoverable disease often untreated and hidden, however, because of shame and fear of stigma, which may bring more serious problems later

#### The symptoms of schizophrenia



Because it is a disease of the brain, the functions of thought, emotion, perception, behavior may be affected and manifest in various symptoms.

- Delusion: unrealistic fixed false belief (resist against rational explanation and persuasion)
- Hallucinations: perception of things that do not exist (auditory, visual and tactile hallucinations)
- Confusing language: speaks according to specific logics of their own. Their speech is very difficult to understand as the contents are confusing.
- Negative symptoms: Basic functions of social life are affected to become very inadequate, manifested by avoidance of interpersonal relationship, blunt facial expression, and the lack of desires.

## Treatment of schizophrenia

## Drug therapy is essential

- It reduces symptoms
- It helps to improve speech
- It reduces anxiety, tension, and restlessness
- It reduces or eliminates auditory hallucinations
- It clears mind and improve mental concentration

MARINE STANDED AT

- It reduces aggressive behavior, irrational anger, and irritability
- It eliminates strange thoughts and feelings
- It helps to restore normal expressions of emotion correcting inappropriate smiles or crying

## Psychoisocial rehabilitation is important

- It reduces chances for recurrence and rehospitlalization
- Because of difficulty in inter-personal relationship and vocational activity, various social function rehabilitation therapy is necessary.

MONTH AND THE

## Anxiety Disorder

#### Anxiety disorder

Anxiety disorder denotes several disorders with manifesting anxiety that patient mainly appeals; exhibiting excessive; exchension when mainfrinted with ordls; ry riskyl situations, experiencing extxeme anxiety in situations of no specific reasons of exhvocation and experiencing exceeded anxiety while resisting one's compulsive alien thoughts or impulses.

## Kinds of anxiety disorder

- Panic disorder: irregular and sudden anxiety attack
- Social phobia: fear of a specific social situation or activity
- Specific phobias: fear of specific objects(e.g. animals or insects) or a natural environment (storm or high area)
- Obsessive compulsive disorder: repetitive thoughts and actions against will that comes with severe anxiety and distress
- Generalized anxiety disorder: worries with anxiety most of the time about practically everything in life
- Post- traumatic stress disorder: extreme fear following a severe shock

## What is the thing to do?

Most anxiety disorders takes chronic courses if not properly treated. If it becomes chronic, complications may follow to combine with alcoholic, drug addiction or other anxiety disorders. Therefore, early detection and treatment is essential. Patient and family should not overlook these symptoms blaming one's weak mind or timidity. An accurate diagnosis and treatment must follow.

## Alcohol abuse, alcohol dependence

## Alcohol dependence

It refers to those people who consume excessive amount of alcohol to the extent that they become disabled in social and career functions.

#### Alcohol abuse

Excessive drinking in amount and frequency despite existing physical, psychological and social problems, though typical physical and psychological withdrawal symptom of alcohol is yet to manifest.

#### Alcohol dependence

This is a morbidly serious condition with physical and psychological withdrawal symptoms manifesting during or after the cease of drinking. Serious social and career problems are usually accompanied in this stage.

## ■ What are the symptoms of alcohol dependence and abuse?

1st: Precursory(pre-onset) phase

- Drink occasionally to for the feeling of release
- Drink everyday for the feeling of release
- Tolerance for alcohol increases.

2nd: Prodromal phase

- Memory laps after drinking(film cut- off).
- Hide one's drinking
- Rapid gulp-drinking
- No guilt feeling regarding one's own drinking.

3rd: Critical phase

- Loses control over drinking.
- Avoids social pressure.
- Shows aggressive behaviors and/or continued self- pity
- Changes drinking habits

AR SERVE

- Loses one's job
- Loses interests on external affairs
- Avoids relationships with others
- Frequent use of excuse and rationalization
- Exhibits exaggerated behaviors
- Stops drinking temporally
- Avoids friends.
- Falls into self pity
- Alcohol becomes the center of life
- Holds unreasonable grudges.
- Sexual desire declines.
- Drinks to relieve hangover
- Develops excessive jealousy and the delusion of infidelity

#### 4th: Chronic phase

- Drinks everyday
- Develops weird thinking.
- Preoccupied with groundless fear
- Oblivious to daily affairs but drinking
- Exhibits moral deterioration
- Careless of places wherever one can drink
- No more excuses for drinking
- Unable to work
- Mind desolated.

MONTH STATE OF THE STATE OF THE

## Attention deficit / hyperactivity disorder, ADHD

#### ■ What is ADHD?

The main characteristics of this disorder are attention deficit, hyperactivity and impulsiveness. They tend to move constantly, to be distracted easily, not able to focus attention on a subtect for a long time, not to listen to osubrs' carefully, to talkongfocuantly and to blurt words abruptly of what they have in their mind at a moment.

## Main symptoms of each type

The attention deficit - hyperactivity type
Restless and move incessantly
Have difficulty in staying sit
Run or crawl around excessively
Continuous actions
Talkative and abrupt answers
Disturb or interrupt others conversations
Frequent careless mistakes

- Difficulty in focusing attention.

Difficulty in organizing and systematizing.

Do not listen carefully

Lose belongings easily

Dislike subjects that require mental concentration.

#### Treatment methods

Drug therapy: Specific drugs are used to reduce hyperactivity and impulsive behavior.
 Such drugs also increase attention span.

Programs: Cognitive behavior therapy, family education, social skill training, play therapy.

## Common misunderstandings

- If tries hard, the child can concentrate
- One will grow out of it
- It comes from poor parenting
- It comes from problems of teachers and educational environment.
- Drug therapy is harmful.

north all the

1 MDE VA

## Internet addiction

#### What is Internet addiction?

It is a problem of excessive use of internet which causes mental, physical, social functional difficulties. Once addicted, one can not control the use of internet while the use of internet become more frequent and the time of the use prolonged. Abstinence, stop using internet, causes symptoms of anxiety and restlessness.

#### ■ How to treat internet addiction?

It should be treated by individual psychotherapy because most of internet addicts have other behavioral and emotional problems. For children, it is helpful to set rules about the use of computer and to reward the child when the rules are complied.

Find the causes of overuse and correct them

Check the time of internet use and set the new time for the use

Use a computer located in public place, not in a private place.

Use computer as a tool for relaxation and fun and increase the time for physical activities.

Check activities that are forgotten or set aside because of the use of computer and also find other enjoyable activities.



## Various programs a mental health center can offer

#### ■ Treatments

Counseling for general mental health problems Refer to medical institutions or rehabilitation facilities when necessary.

## Operating daytime rehabilitation program

Various rehabilitation programs to help social re-adjustment of mentally disabled

Education on mental health Training for social skills Group psychotherapies Individual counselling

## ■ Telephone counselling

- Counselling for psychiatric problems and suicide prevention for 24 hours for 365days.

## Case management

Management of symptoms, medications, daily life affairs and the promotion of functions.
 Provide social skill training, psychoeducation, counselling, crisis intervention and resource connections.

#### Vocational rehabilitation

- It is for those members who are capable of managing everyday life and with needs for employment.
- Programs are designed to learn and acquire those social skills necessary at work place step by step enabling them to get a suitable jobs eventually

## ■ Family education

- It is an educational meeting for family members to learn about mental disorders; the courses, the symptoms and medications to suppress symptoms of major mental disorders. The main purpose of family education is to prevent recurrence of symptoms and to enhance rehabilitation progress through effective management of symptoms of the afflicted through family care in the course of treatment and recovery.



## Guideline for healthy mental life Practicing 10 rules for your mental health

## 1. See the world positively.

- Believe that a coin has two sides.

## 2. Keep a grateful mind

It energizes your life.

## 3. Greet people joyfully

It makes your heart warm and it is the base of success

## 4. Relish three meals in a day tastefully and slowly.

It keeps you healthy and is a source of joy.

## 5. Put yourself on others' shoes.

You don't have to argue with others.

#### 6. Praise whoever.

You will be confident of yourself as you praise others, for the praise comes back to you You don't have to be nervous of making on time and your punctuality builds your credit.

## 8. Live honestly even on purpose

Your feeling will be brightened by smiles

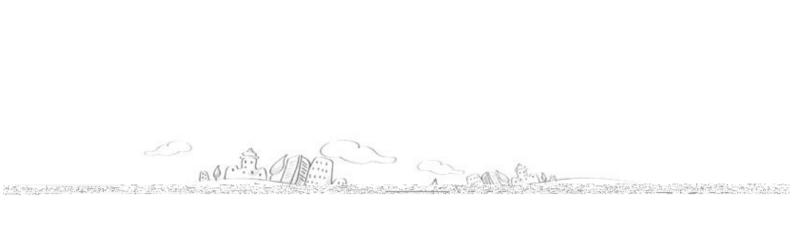
## 9. Live in principles.

If you lie, you will get nervous because of guilt feeling

## 10. You should learn to accept loss

- You will feel easy and the loss will come back as something more worthwhile

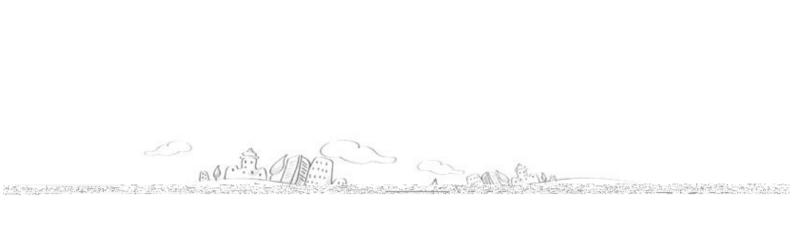






## Appendix

- 1. Mental health-related institutions
- 2. Beck Anxiety Inventory(BAI)
- 3. Beck Depression Inventory: Second Edition(BDI-II)



## Organizations related with mental health

Order	Name	Telephone number	Web site	
1	Ministry of Health & Welfare	129	http://www.mw.go.kr	
2	Korea Family Association For	02,6025,5551	http://www.kfamh.or.kr/	
2	Mental Health	02 0923 3031		
3	Korean Mentally disabled People's	02 6925 5552		
3	Association	02 0323 3002		
4	Korean Academy of Child &	070 7135 6021	http://www.kacap.or.kr/	
	Adolescent Psychiatry	0/0/1300021	пири// www.касарог.кг/	

Local Mental Health Center in Gyeonggi Province

Order	Name	Telephone number	Etc
1	Gyeonggi Provincial Mental Health Center	031 212 0435	
2	Gapyeong Community Mental Health Center	031 581- 8881~2	
3	Goyang Community Mental Health Center	031 968(9) 2333~4	
4	Gwacheon Community Mental Health Center	02 504 4440	
5	Gwangmyeong Community Mental Health Center	02 897 7787	
6	Gwangju Community Mental Health Center	031 762 8728/8756	
7	Guri Community Mental Health Center	031 550 2007	
8	Gunpo Community Mental Health Center	031 461 1771	
9	Gimpo Community Mental Health Center	031 998 4005	
10	Namyangju Community Mental Health Center	031 592 5891~2	
11	Dongduchon Community Mental Health Center	031 863 3632	
12	Bucheon Community Mental Health Center	032 654 4024~ 7	
13	Seongnam Mental Health Center (Main Office)	031 754 3220	
14	Seongnam Mental Health Center (Jungwon- gu)	031 739 1007	
15	Seongnam Child and Youth Mental Health Center "Tium"	031 751 2445/6	Child &Youth
16	Suwon Community Mental Health Center	031 247 0888	
17	Suwon Elderly Mental Health Center	031 273 7511	
18	Suwon Elderly Mental Health Center (Jangan)	031 228 5737~9	Elderly
19	Suwon Child & Youth Mental Health Center	013.242.5737~8	Child& Youth
20	Si heung Community Mental Health Center	031 316 6661~3	
21	Ansan Community Mental Health Center	031 411 7573	
22	Ansan Child and Youth Mental Health Center	031 413 1822/403 4764	Child& Youth
23	Ansung Community Mental Health Center	031 678 5368	
24	Anyang Community Mental Health Center	031 469 2989	
25	Yangju Community Mental Health Center	031 840 7320~ 4	
1000			

or the sale

26	Yangpyeong Community Mental Health Center	031 770 3526,3532
27	Yeoju Community Mental Health Center	031 886 3435,3437
28	Yeoncheon Community Mental Health Center	031 832 8106
29	Osan Community Mental Health Center	031 374 8680
30	Yongin Community Mental Health Center	031 286 0949
31	Yongin Community Mental Health Center (Suji gu)	031 266 5717
32	Uiwang Community Mental Health Center	031 458 0682
33	Uijeongbu Community Mental Health Center	828 4567, 838 4181
34	Icheon Community Mental Health Center	031 637 2330- 1
35	Paju Community Mental Health Center	031 942 2117~ 8
36	Pyeongtaek Community Mental Health Center	031 658 9818/659 4729
37	Pocheon Community Mental Health Center	031 535 4000
38	Hanam Community Mental Health Center	031 790 6558
39	Hwasung Community Mental Health Center	031) 369 2892
40	Hwasung Community Mental Health Center(Branch office)	031) 267 3494~ 5

## Alcohol Counseling Center in Gyeonggi Province

Order	Name	Telephone number Etc
1	Suwon Alcohol Counseling Center	031 256 9478
2	Anyang Alcohol Counseling Center	031 464 0175~ 6
3	Paju Alcohol Counseling Center	031 948 8004
4	Seongnam Alcohol Counseling Center	031 751 2768-9

Alcohol Counseling Center in Gyeonggi Province

Order	Name	Telephone number	Etc
1	Suwon AlcoholCounseling Center	031 256 9478	
2	Anyang Alcohol Counseling Center	031 464 0175~ 6	
3	Paju Alcohol Counseling Center	031 948 8004	
4	Seongnam Alcohol Counseling Center	031 751 2768~9	





#### Beck Anxiety Inventory(BAI)

(Beck, Epstein, Brown, & Steer, 1988)

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY, by placing an X in the corresponding space in the column next to each symptom

NOT	MILDLY	MODERATELY	SEVERELY
AT	It didn't	It was very unpleasant	I could barely
ALL	bother me much.	but I could stand it.	stand it.

- 1. Numbness or tingling.
- 2. Feeling hot.
- 3. Wobbliness in legs.
- 4. Unable to relax.
- 5. Fear of the worst happening.
- 6. Dizzy or lightheaded.
- 7. Heart pounding or racing.
- 8. Unsteady.
- 9. Terrified.
- 10. Nervous.
- 11. Feelings of choking.
- 12. Hands trembling.
- 13. Shaky.
- 14. Fear of losing control.
- 15. Difficulty breathing.
- 16. Fear of dying.
- 17. scared.
- 18. Indigestion or discomfort in abdomen.
- 19. Faint.
- 20. Face Flushed.
- 21.sweating(not due to heart)

morning and the second second

0	Ι	do	not	feel	sad

- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it
- O I am not discouraged about my future.
- I feel more discouraged about my future than I used to be.
- I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.
- O I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back I see a lot of failures.
- 3 I feel I am a total failure as a person.
- O I get as much pleasure from the as I ever did from the things I enjoy.
- I don't enjoy thins as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.
- O I don't feel particularly guilty.
- I feel guilty over many things I have done or should have done.

MORE CONTRACTOR

#### 6. Punishment Feelings

- O I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back I see a lot of failures.
- 3 I feel I am a total failure as a person.

#### 7. Self-Dislike

- O I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

#### 8 Self- Criticalness

- O I don't criticize or blame myself more than usual.
- I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

#### 9. Suicidal Thoughts or wishes

- O I don't have any thoughts of killing myself.
- I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

#### 10. crying

- O I don't cry any more than I used to
- 1 I cry more than I used to.
- 2 I cry over every little thing
- 3 I feel like crying, but I can't.

#### 11. Agitation

- O I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing somthing

#### 12. Loss of Interest

- O I have not lost interest in other people or activities.
- I am less interested in other people or things than before.
- I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

The state of the s

#### 13. Indecisiveness

- O I make decision about as well as ever.
- I find it more difficult to make decisions than usual.
- I have much greater difficulty in making decisions than I used to
- 3 I have trouble making any decisions.

#### 14. Worthlessness

- O I do not feel I am worthless.
- I don't consider myself as worthwhile and useful as I used to
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

#### 15. Loss of Energy

- O I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much
- 3 I don't have enough energy to do anything

## 16. Changes in Sleeping Pattern

- O I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1- 2hours early and can't get back to sleep.

#### 17. Irritability

- O I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

#### 18. Changes in Appetite

- O I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much grater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

marithall and a second

