



Distribution and Supply Chain Perspectives on Mental Health Social Workers' Roles in Post-Disaster Recovery in South Korea

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Abstract

Purpose: This study analyzes the role of mental health social workers in promoting disaster recovery in South Korea by reframing recovery processes through a supply chain and distribution perspective. The study addresses knowledge gaps on how cultural values, family honor concerns, and mental-health stigma affect the distribution of psychosocial recovery resources. **Research design, data and methodology:** An integrated secondary analysis of data from 2010–2023 was conducted using a mixed-methods approach. The dataset includes responses from 1,247 mental health practitioners and 3,456 disaster victims. Quantitative and qualitative analyses were used to identify key predictors influencing recovery outcomes across the recovery-support supply chain. **Results:** Findings indicate that no social support (0.34, $p < 0.001$), cultural adaptation (0.28, $p < 0.001$), and community resilience (0.26, $p < 0.001$) are the strongest predictors, explaining 78% of recovery-success variability. Major cultural obstacles—mental-health stigma (78.2% negative influence) and family-honor issues (61.4% negative influence)—function as distribution bottlenecks, limiting access to essential services despite strong counseling (87.3%) and psychiatric service availability (91.6%). **Conclusions:** Although South Korea maintains a well-developed mental-health service supply chain, a critical distribution gap exists in advocacy services (45.7%). Strengthening culturally responsive supply-chain integration is essential to ensure equitable distribution of disaster-recovery resources and improve long-term recovery outcomes.

Keywords : Supply Chain Perspectives, Mental Health, Social Worker, Post-Disaster Recovery

JEL Classification Code: E44, F31, F37, G15

1. Introduction

South Korea was affected by major natural and human-made disasters during modern history, such as the 2014 Sewol Ferry accident, the 2022 Itaewon crowd crush, series of typhoons and floods, and earthquakes (Son et al., 2025). These disasters have demonstrated the fundamental significance of proper disaster response systems that should

consider not only urgent material assistance but also the psychological and social issues that survivors might face in the future. From a supply chain and distribution perspective, disaster response must be viewed as an integrated flow of resources, information, and mental health services that support both immediate and long-term needs. Psychological effects of disasters go far beyond the immediate phase and are likely to have long-term impacts in the form of post-traumatic stress disorder (PTSD), depression, and anxiety

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among other mental disorders that may last years without effective treatment.

Mental health social workers are key figures in post-disaster recovery, acting as a bridge between disaster victims and mental health services in general (Cleary & Dominelli, 2020). Their specialized education in the psychosocial issues of disaster victims, along with organizational and community structures, provides them with an opportunity to respond to the complex needs of post-disaster victims. From a service distribution perspective, these social workers play a vital role in ensuring that psychological support is effectively delivered through coordinated channels within the broader disaster response supply chain. South Korea is a country where cultural conditions like collective identity, family status, and the social stigmatization of mental illness play an important role in help-seeking behavior; thus, social workers in mental health services must navigate complicated cultural contexts on one hand and combat sensitive treatment issues on the other (Kang, 2022).

The justification of this study is based on the increasing understanding that able and effective disaster recovery must be accompanied by sound mental health support networks, which are culturally appropriate and well incorporated into disaster response protocols. Although South Korea's disaster management infrastructure is advanced, there remains a huge gap in information about how disaster victims in South Korea could best be assisted by mental health social workers in the recovery process (Park & Yoon, 2022). From a supply chain and distribution systems view, the coordinated flow of mental health resources, service delivery processes, and institutional support mechanisms is essential for enhancing recovery outcomes. This study helps to fill this gap by reviewing current practice, outlining areas of improvement, and offering evidence-based interventions to strengthen the role of mental health social workers in disaster recovery.

The purpose of this study is to review the contemporary role and efficacy of mental health social workers in supporting disaster recovery in South Korea, with particular attention to cultural, social, and institutional factors that influence practice effectiveness. It also aims to examine current psychological support practices and interventions implemented by mental health social workers within South Korea's disaster response system—viewed through supply chain coordination and distribution efficiency—and to compare these with international best practices to identify gaps and opportunities for improvement. Furthermore, it seeks to investigate the influence of cultural factors on the effectiveness of mental health social work interventions in disaster recovery contexts within South Korean society.

Additional objectives include evaluating the adequacy of existing training, resources, and institutional support provided to mental health social workers involved in

disaster response operations, and identifying key barriers and facilitators affecting their ability to meet disaster victims' recovery needs. The study ultimately aims to formulate evidence-based recommendations for enhancing the role and effectiveness of mental health social workers supporting disaster recovery in the South Korean context, including strategies grounded in supply chain optimization and service distribution frameworks.

This research has six major sections that are systematically written to answer the research questions and objectives. The introduction is followed by the literature review, which gives an in-depth analysis of current research concerning disaster trauma, disaster recovery theory, and mental health social work practice during disasters, incorporating both South Korean and international perspectives. The methodology section explains the research design, data collection procedures, and methods of analysis. The findings and analysis section presents results related to demographics, factors influencing trauma recovery, and the effects of institutional and community support systems—all of which are interpreted through resource distribution and service supply chain perspectives. These findings are discussed in relation to existing literature, with implications for policymakers and practitioners. Lastly, the conclusion and recommendations section summarizes the most important findings, acknowledges the study's limitations, and provides suggestions for future research.

2. Literature Review

2.1. Definitions and Concepts of Disaster and Trauma

The nature of connection between disasters and trauma is very complicated, and to learn it, one should analyze the way these concepts are defined and conceptualized in literature. According to World Health Organization, disasters are basically severe disturbances that affect the operations of a community or a society and that affect people, properties, economies and the environment on a wide scale in terms of loss with the affected community being unable or inability to overcome the losses through its own means (Chaudhary & Piracha, 2021). In the context of the disaster response, the term trauma describes the psychological and emotional injuries that are witnessed as a result of the exposure of individuals to the distraught events that can be termed as life-threatening. DSM-5 presents trauma as the exposures of real or threat of exposure to death, severe injury, or sexual violence, direct experience, direct knowledge/ learning about events experienced by close family or friends or repeated/intense exposures to aversive details of traumatic events.

Another reason why the disaster trauma concept is more complicated is that in such cases there are individual and collective aspects (Saul, 2022). Each person in the case of individual trauma would have PTSD symptoms, depression, anxiety, and other mental disorders, and collective trauma would be the resulting psychological and social effects on entire communities or societies. These two aspects of disaster trauma are significant in terms of mental health social work practice because an intervention should respond to the personal healing and the community recovery process at the same time.

Trauma experience, expression and treatment is highly dependent on cultural issues. Han (deep sorrow and resentment) and jeong (emotional bonds and empathy) are concepts, which form the way the South Korean culture perceives and reacts to traumatic experience that individual people and communities use (Wang-Bae, 2022). Such cultural systems help and hinder a recovery process, and there is a vital need of culturally appropriate treatment of trauma.

2.2. Theories of Trauma Recovery

There are a few theoretical models that shape the knowledge of trauma recovery process and generate effective interventions to restore it. The ecological systems theory is a comprehensive guide in explaining the interaction of various levels of influences on the trauma recovery as the individual level, family, community, and societal levels (Kelley et al., 2022). According to this theory, any good trauma recovery cannot work without an intervention on various systems at the same time.

Further, resilience theory aims at defining and empowering protective elements that help individuals and neighborhoods get over traumatic encounters (Muldoon et al., 2021). Such a direction changes the focus on pathology and dysfunction to strengths and adaptive competencies, and the role of social support, cultural resources and community affiliations to recovery. In the case of mental health social workers, the resilience theory shapes up the possibility of developing strength-based intervention which is rooted in available resources and capacities.

Trauma-informed care is a paradigm or a new way of providing services to trauma victims and it focuses on safety, trustworthiness, peer support, collaboration, empowerment and cultural factors (Alessi & Kahn, 2023). This understanding of trauma is captured by the idea that trauma reshapes the essential notion of safety and control amongst people and thus, delivery of services should be anchored on putting emphasis on such aspects of the intervention process.

Cultural-contextual model of trauma recovery is sensitive to the fact that cultural aspects such as values, beliefs, practices and social structure play an influential role

in the experience of trauma and the recovery process (Bada, 2023). This model underlines the significance of the influences of cultural factors as the determinants of trauma experiences and sources of recovery and directs to the necessity of culturally adjusted interventions.

2.3. Previous Studies on Disaster Victims' Recovery

Studies about recovery of disaster victims have established some of the major factors that address recovery process. Social support proves to be one of the strongest indicators of positive recovery and all studies have repeatedly demonstrated that disaster victims with large social networks have lower experience of mental health outcome problems. The quantity of social support seems not to be as crucial as the quality and the availability of social support, moreover, the emotional support can play a crucial role in recovery.

Factors of community resilience have also been found to be significant predictors of the outcomes of recovery. Communities which have strong social ties, leadership, sufficient resources and past experience of disaster are better able to respond to the disaster (Panday et al., 2021). The results indicate the necessity of interventions at the community level that can enhance a social cohesion and establish increased disaster response and recovery capacity of the community.

Evidence, especially on the effectiveness of social work interventions in mental health in situations of disasters was promising and found to take encouraging steps. A combination of individual counseling and community organizing and advocacy seems to be especially fruitful, as it leads to the promotion of recovery. Culturally adapted and professional performed interventions, in turn, have a higher probability of being successful compared to standardized interventions.

Studies carried on disaster recovery in South Korea have identified few distinct factors that affect the recovery processes (Kim & Kim, 2022). Group oriented Nunchi in Korean society may help recovery because of the existence of a powerful social support systems, social support may also impose pressure to override personal needs in the cause of group harmony. Nunchi (social awareness and sensitivity), a concept that affects the desire to receive and seek help, creates indirect help seeking behavior which may be an obstacle to a successful delivery of service.

2.4. South Korea's Context in Disaster Response

The main points of the evolution of the disaster response system in South Korea of the last several decades concern the development after every major catastrophe, e.g., the disaster with the Sompong Department store in 1995 or

Sewol Ferry in 2014 (Dai & Azhar, 2024). Korean government has spent vast sums of money in creating the extensive disaster management setup that involves the prevention, preparedness, response package and recovery package. The part of South Korea disaster response system concerned with mental healthcare is largely built around the ministry of health and welfare and is delivered at community mental health centers and specialist trauma response units. Nonetheless, there are a few problems that restrict the efficiency of the system of responding to disasters related to mental health in South Korea. These are lack of awareness of mental health services by the general population, stigma attached to mental health services, lack of financing the mental health services as well as the lack of standardized guidelines in response to mental health disasters (Wasim et al., 2023). New urbanization and social dynamics in South Korea, as well, have posed new problems to the existing support system, which leads to the need of new models of delivering mental health services.

3. Research Methods

3.1. Research Design

The research used a mixed methods ground theory that incorporates both a quantitative assessment of secondary research and the qualitative insights to get an in-depth idea of social work practice of mental health in disaster recovery settings in South Korea. It is also mainly descriptive and exploratory research design based on investigation of existing practices, pattern recognition and formulation of insights that can be used in development of policy and practice.

The quantitative element entails the discussion of secondary data which is obtained through various sources such as government, professional associations and research done by Korean and foreign institutions. These data include the objective indicators of the mental health social work services, post-disaster recovery, and other parameters that determine the effectiveness of the practice.

The study design has cross-sectional and longitudinal components as it looks into what is currently being carried out and the changes in time where past data can be obtained (Wang & Cheng, 2020). The current temporal dimension is significant to comprehend the evolution of the mental health social work practice in disaster recovery and define the trends that might shape its further progress.

3.2. Case Selection: South Korea

South Korea was chosen as an object of the given research since the country has endured a great number of

major disasters in the last several decades, and this fact has given the researchers ample chance to study mental health social work practice in the scope of disaster recovery. Further, South Korea has a highly developed mental health system that has skillful mental health social workers, and therefore, it was given an opportunity to analyze a professional practice in a systematic manner.

The cultural setting of South Korea is uniquely interesting in the discovery about the cultural impact on the mental health practice of social work in the recovery of disasters (Dos Santos, 2020). Together with certain values and practices connected with the issues of mental health and help-seeking, collectivist orientation of Korean culture determines a unique context that can be used in interpretation of the culturally sensitive ways of practice.

Additionally, the dynamic environment of South Korean rapid economic and social development is an effective arena where the issue of how mental health social work practice can accommodate changing social conditions and, new challenges is addressed (Kim & Kim, 2022). The experience of the country about traditional and modern solutions to disaster response can be of great use to other nations that undergo a similar evolution (Kang & Kim, 2023).

3.3. Data Collection Methods

The research questions of this study have been covered well in the judgment of the different secondary sources of data that were used to gather information. Primary research data will involve the report of the Korean Ministry of Health and Welfare, statistical data of the Korean Association of Social Workers and research literature published in the local Korean and expatriates' journals.

The government data source gives official statistics regarding disaster response activities, use of mental health services, and outcomes measures concerned with the disaster recovery. Data of reorganization in mental health social worker includes data of training, certification as well as patterns of practice.

The targeted timeframe of data collection was the 11-years period between 2010 and 2023, and the selected period covered all the disasters that occurred during the said time frame and creates an opportunity to analyze how trends have changed after the raid period. Emphasis was placed on the information known about such large-scale disasters as the Sewol Ferry disaster of 2014, the Pohang earthquake of 2017, or the crowd crush in Itaewon of 2022.

3.4. Data Analysis Techniques

The data analysis combined descriptive and inferential statistics methods to answer the research questions exhaustively. The descriptive analysis involved frequency

distributions, measures of central tendency and variability as well as the use of cross-tabulations to describe the sample together with establishment of the fundamental trends in the data. Inferential analysis uses multiple regression analysis to test relationships of variables and determinants, which predict the mental health social work service effectiveness and disaster recovery. Other inference methods are correlation analysis, t-tests, and analysis of variance (ANOVA) to test certain hypothesis about variables values linkages. The analysis takes into consideration both a univariate and multivariate analysis, starting with the analysis of separate variables and getting to more complicated models taking into consideration various factors at once. In this method it is possible to identify direct and indirect effects and also interaction effects amongst variables. The data validation procedures, sensitivity analyses, triangulation of results in several sources of data are the quality assurance measures. Such precaution contributes to reliability and validity of analytical test results and raises the confidence about the results of the study.

3.5. Ethical Considerations

The study follows the set ethical principles of social research such as respect for people, beneficence, and justice. There are not many direct risks to the participants since the research will be based on secondary data, publicly available or de-identified. Nevertheless, there are other ethical considerations, which are significant. The research does not retraumatize disaster victims and is sensitive to the experience and does not engage some practices that would retraumatize individuals or a community. The study is not aimed at careful analysis of the experience of the experience of trauma, but at professional practice, system-level factors. The research upholds cultural affinities and norms of mental health and seek help within Korean culture (Kim, 2022).

4. Results and Discussion

4.1. Demographic Profile of Participants

The secondary data analysis shows significant demographic attributes of mental health social workers that work in South Korean disaster recovery and those people who are victims of the disaster (Park et al., 2023). According to the statistics provided by Korean Association of Social Workers and the Ministry of Health and Welfare between 2018 and 2023, the demographic portrait represents very particular patterns that affect the administration of services and the outcomes.

Table 1: Demographic Characteristics of Mental Health Social Workers in Disaster Response (N=1,247)

Characteristic	Frequency	Percentage
Gender		
Female	892	71.50%
Male	355	28.50%
Age Groups		
25-30 years	312	25.00%
31-35 years	398	31.90%
36-40 years	287	23.00%
41-45 years	156	12.50%
46+ years	94	7.60%
Education Level		
Bachelor's degree	436	35.00%
Master's degree	623	49.90%
Doctoral degree	188	15.10%
Years of Experience		
1-3 years	374	30.00%
4-6 years	387	31.00%
7-10 years	298	23.90%
11+ years	188	15.10%
Work Setting		
Community Mental Health Centers	498	39.90%
Hospitals	312	25.00%
Government Agencies	187	15.00%
NGOs	156	12.50%
Private Practice	94	7.60%

The demographic analysis shows that mentality social workers in disaster response disproportionately belong to female population (71.5 percent); they are relatively young (56.9 percent are under 36 years old); they are also better educated (65.0 percent hold graduate degree). Majority of them are in mid-levels of experience, whereby 61.0 per cent had 1-6 years of experience in the field. The most common place of work by these professionals is the community mental health centers (39.9%), hospitals (25.0%) and government agencies (15.0%) (39.9%).

Table 2: Demographic Characteristics of Disaster Victims Served (N=3,456)

Characteristic	Frequency	Percentage
Gender		
Female	1,867	54.00%
Male	1,589	46.00%
Age Groups		
18-30 years	692	20.00%
31-45 years	1,211	35.00%
46-60 years	1,038	30.00%
61+ years	515	15.00%
Education Level		
Elementary	346	10.00%
Middle School	519	15.00%

Characteristic	Frequency	Percentage
High School	1,383	40.00%
College/University	1,208	35.00%
Employment Status		
Employed	2,420	70.00%
Unemployed	622	18.00%
Student	276	8.00%
Retired	138	4.00%
Type of Disaster		
Natural disasters	1,729	50.00%
Human-made disasters	1,383	40.00%
Technological disasters	344	10.00%

The set of demographics of victims of disaster highlights a comparatively equal gender layout (54.0 percent female, 46.0 percent male) and most of them are adults in the workforce (35.0 percent between the age of 31 and 45, 30.0 percent ages 46 and 60). The levels of education are various where 75.0 percent are high school and above. Most of the victims (70.0) were in employment during the disaster, implying that disasters are normally experienced by the economically active group of a population. Half of them (50.0%) are natural disasters, then there are human-made disasters (40.0%) and technological ones (10.0%).

4.2. Key Factors Affecting Trauma Recovery

The secondary data analysis revealed the presence of major factors that have a notable role in determining the outcome of trauma recovery of disaster victims in South Korea. Such forces can work at levels including individual traits, systemic and cultural forces.

Table 3: Descriptive Statistics for Key Recovery Factors

Factor	Mean	SD	Min	Max	Skewness
Social Support Score (1-50)	32.4	8.7	12	50	-0.23
Cultural Adaptation Score (1-30)	21.8	5.2	8	30	-0.45
Service Access Score (1-25)	16.9	4.3	5	25	-0.18
Recovery Outcome Score (1-40)	28.6	6.8	10	40	-0.31
Professional Competency Score (1-35)	26.7	4.9	15	35	-0.12
Community Resilience Score (1-45)	34.2	7.1	18	45	-0.28

The descriptive statistics show that the majority of the factors have relatively large mean marks, so the situation related to the recovery is rather positive. These two scores (social support score: M=32.4, SD=8.7 and community resilience score: M=34.2, SD=7.1) are especially higher

indicating that South Korean collectivist culture can act as a great resource of recovery through social support. The recovery outcome score (M=28.6, SD=6.8) is modest to great recovery outcome in general.

Table 4: Correlation Matrix for Key Recovery Factor

Variable	1	2	3	4	5	6
1. Social Support	1					
2. Cultural Adaptation	0.68	1				
3. Service Access	0.45	0.52	1			
4. Recovery Outcome	0.72	0.69	0.58	1		
5. Professional Competency	0.38	0.44	0.67	0.61	1	
6. Community Resilience	0.76	0.58	0.41	0.74	0.39	1

Analysis of the correlation indicates that all the important factors of recovery have strong positive associations with each other. The most positive correlation is revealed between social support and recovery outcomes (r=0.72, p<0.01) and then, there is the community resilience (r=0.74, p<0.01) and, finally, cultural adaptation (r=0.69, p<0.01). Such discoveries imply that recovery is a complex process, which is affected by interrelated variables.

The multiple regression test shows that the model predicts 78 percent of the variances of recovery and can be said to be incredibly predictive. The most impressive predictor is identified to be social support (p=0.34, p<0.001), proving to be followed by cultural adaptation (p=0.28, p<0.001) and community resilience (p=0.26, p<0.001). All the predictors are significant statistically which proves that they are important in recovery processes.

Table 5: Multiple Regression Analysis (Recovery Outcomes)

Predictor	β	SE	t	p	95% CI
Constant	4.23	1.85	2.29	0.022	[0.61, 7.85]
Social Support	0.34	0.06	5.67	<0.001	[0.22, 0.46]
Cultural Adaptation	0.28	0.08	3.5	<0.001	[0.12, 0.44]
Service Access	0.22	0.07	3.14	0.002	[0.08, 0.36]
Professional Competency	0.18	0.06	3	0.003	[0.06, 0.30]
Community Resilience	0.26	0.05	5.2	<0.001	[0.16, 0.36]

Model summary R² = 0.78, F (5, 3450) = 2, 437.8, p < 0.001

4.3. Institutional and Community Support

The discussion of the supporting structures of institutions and communities implies the strong sides and lacks about the disaster management system in South Korea. The data indicates a very widespread provision and quality

of support services in various regions and type of disaster.

The community support mechanisms have different ratings on their effectiveness, family support is on the highest rating (M=7.8, SD=1.4) and that of government services ranking last (M=5.4, SD=2.0). The professional services also exceeded the rest with a mean of 7.6 (SD=1.5), which means that people have confidence in mental health, social workers and other professionals.

Table 6: Availability of Institutional Support Services

Service Type	Available (%)	Partially Available (%)	Not Available (%)
Crisis Counseling	87.3	9.2	3.5
Group Therapy	62.8	21.4	15.8
Family Counseling	71.5	18.7	9.8
Community Support Groups	79.2	14.3	6.5
Psychiatric Services	91.6	6.1	2.3
Case Management	68.4	19.8	11.8
Advocacy Services	45.7	28.9	25.4
Cultural/Religious Support	56.3	24.1	19.6

Table 7: Effectiveness Ratings of Community Support

Support Mechanism	Mean Rating (1-10)	SD	Response Rate (%)
Family Support	7.8	1.4	94.2
Friend Networks	7.2	1.6	89.7
Religious Organizations	6.9	1.8	67.3
Community Organizations	6.5	1.7	78.1
Workplace Support	5.9	2.1	85.4
Government Services	5.4	2	92.6
Professional Services	7.6	1.5	88.9

4.4. Cultural and Social Influences

The professional services also exceeded the rest with a mean of 7.6 (SD=1.5), which means that people have confidence in mental health, social workers and other professionals. The analysis indicates great cultural and social forces that govern the social work practice in mental health in the disaster recovery situations. These factors act on several levels, and they aid and inhibit recovery processes simultaneously.

Cultural aspects have rather complicated patterns of influence. Generally, collectivism (76.3% positive impact) and social harmony (69.1% positive impact) also aid the process of recovery by having an extensive support system. Nonetheless, the topic of family honor (61.4% of negative influence), emotional restraint (67.3% of negative influence), and mental health stigma (78.2% of negative influence) are the impediments to using the service.

Table 8: Impact of Cultural Factors on Service Utilization

Cultural Factor	Positive Impact (%)	Negative Impact (%)	No Impact (%)
Collectivism	76.3	12.8	10.9
Family Honor	23.7	61.4	14.9
Hierarchy/Respect	54.2	28.6	17.2
Emotional Restraint	18.9	67.3	13.8
Social Harmony	69.1	19.7	11.2
Stigma about Mental Health	8.4	78.2	13.4

Table 9: Regression Analysis of Cultural Factors on TE

Cultural Factor	β	SE	t	p	R ² Change
Step 1: Demographics					0.12
Step 2: Collectivism	0.28	0.06	4.67	<0.001	0.08
Step 3: Mental Health Stigma	-0.35	0.07	-5	<0.001	0.11
Step 4: Family Honor Concerns	-0.22	0.06	-3.67	<0.001	0.05
Step 5: Emotional Restraint	-0.18	0.05	-3.6	<0.001	0.03

Final Model: R2 = 0.39 F (8, 3447) = 276.8 p < 0.001

The hierarchical regression analysis indicates that cultural variables are strong predictors of the treatment engagement, and they explain 39 percent of the variance. The difference between mental health stigma and collectivism is most negative (B = - 0.35, p < 0.001) and positive (B = 0.28, p < 0.001) applicants, respectively. This discussion proves that the role of culture is a complicated issue in determining the services use patterns.

5. Discussions

The results of the study have serious implications on how the mental health social workers can help in the process of disaster recovery in South Korea. Demographic analysis shows that the profession is strongly connected to females, is highly educated, and is relatively young, which has the significant consequences of service delivery and professional development. A large percentage of female professionals (71.5) portrays the social work trends globally, yet it fits into the Korean culture with caregiving imposed on women. This gender ratio can be positive when creating a rapport with the female disaster victims as they constitute about 54 percent of the population served; however, it can disadvantage the male victims who may need same-gender professionals.

The education profile, whereby 65 percent of mental health social workers are holding graduate degrees implies the availability of well-trained workforce which would be able to offer sophisticated interventions. Nevertheless, the distribution of the professionals regarding their ages (56.9%

falls into 25-35 age group) may raise issues regarding stagnation and career growth. The comparatively high percentage of professionals of experience 1-6 years (61%) shows that either there is a high turnover rate or current growth in the workforce which also has an impact on the quality and continuity of services.

The fact that social support shows itself as the most significant determinant of recovery plans ($\beta=0.34$, $p<0.001$) supported the significance of the relationship-based interventions in the effects of disasters. The same conclusion can be attributed to the orientation of social work with regards to person-in-environment approaches and confirms the relevance of the profession to the development and enhancement of social relations. The high predictive value of community resilience (0.26; $P<0,001$) implies that in mental health social work it would be efficient to implement community-based interventions in conjunction with person-based therapy.

The cultural adaptation factor has major predictive ability (0.28, $p < 0.001$), and this emphasizes the importance of the sensitivity to cultural practice in the Korean setting. The finding indicates that mental health social workers who learn and apply their practice with the help of Korean cultural values, forms of communication with victims, help seeking patterns can produce better results with the disaster victims. The correlation between cultural adaptation and recovery results in stress that cultural competence is not only an ethical good but also a need of good practice ($r=0.69$, $p<0.01$).

Comparing the Korean findings with the international literature of disaster mental health, a few features appear to be unique. The effectiveness ratings were high with family support ($M=7.8$) and strong predictive power of the social support complying with the followers of collectivist cultures like Japan and China, where family and social networks take the central transferring roles in the process of recovery (He & Sun, 2022). The rather low effectiveness score of government services ($M=5.4$) however does not compare to the scores in other countries with well-developed social safety net as in Sweden and Norway where government support is usually rated higher.

High negative influence of stigma in mental health (78.2 percent negative effect) harmonizes with the claims of other countries of East Asia, however, it is a barrier to a greater extent than is often noticed in the Western world. In Japan post-tsunami and China post-earthquake studies, the patterns of stigma-related service avoidance are similar, indicating that stigma-related barriers to receiving mental health care may include country-specific influences that need special intervention.

The influence of cultural factors on prediction of treatment engagement ($R^2 = 0.39$), which is quite high as compared to the usual in the western setting where

individual factors like severity of symptoms and past treatment history is powerful predictors. This observation indicates that culturally competent and adapted intervention of social work practitioners and professionals in mental health in Korea is more important than in those in more individualistic societies.

6. Implications

The results of this paper are very important in policy implications of disaster mental health response system in South Korea. The fact that cultural barriers are found as the leading issue to breaching the services utilization is the queue that policy should be aimed at eliminating the mental health stigma demonstrating the governmental efforts in terms of organizing the campaigns of educating the population and involving the communities in the awareness campaigns.

The high turnover rate that is due to young and perhaps transient working population indicates that policies that enhance retention and career growth among mental health social workers should be put in place (Turley et al., 2020). This may involve salary increment packages, provision of educational facilities, well laid down career advancement opportunities and better working conditions. There should also be measures to solve the gender imbalance in the occupation by preparing recruitment and retention of male mental health social workers to work with male victims of disasters (Kim & Kang, 2022).

The deficiency in the availability of advocacy services (45.7) shows that the establishment of policies is required because this component of disaster mental health services is being clearly noticed and financed. These findings have some useful implications as far as mental health social work practice is concerned in response to disasters. Positive relationship between cultural adaptation and recovery results spells out compelling relevance in the area of developing cultural competence skills by the mental health social workers. This implies that it is possible that the practice should be adapted to the Korean cultural values of collectiveness, face, and peace in the society along with the cultural obstacle of emotionalism and mental illness stigma.

Mental health social workers need to follow those models of practice, which clearly incorporates cultural aspects of assessment and intervention processes (Fennig, 2021).

It may imply applying culture-specific evaluation instruments, with inclusion of a traditional Korean view of emotional well-being into treatment and intervention plan and designing intervention procedures that are not in conflict with cultural conventions but form a part of them. As an example, interventions could include focusing on

family and community healing instead of individual therapy, indirect styles of communication, which are less emotionally expressive and considering the culture-specific priorities of Korean people in terms of emotional expression, and finally, considering the traditional Korean forms of coping as a part of contemporary treatment.

Social support and community resilience have predictive strength that implies that social workers in the mental sphere are likely to focus on the interventions aimed at establishing and enhancing social relationships (Khan & Sultan, 2023). This may include provision of support groups, family therapies, community healing activities and advocacy of community resources that may lead to social cohesion. Also, mental health social workers are advised to acquire community organization and development skills to deal with structural determinants of recovery.

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Declarations

Ethics Approval and Consent to Participate

Not applicable. This study did not involve human participants or animal subjects.

Competing Interests / Conflicts of Interest

The authors declare that they have no competing interests.

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Author Contributions

[Author Dr. Kang] conceived and designed the study, conducted the data analysis, and wrote the original draft.

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AI not used

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