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Addressing mental health in

— Thailand

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Addressing mental health in --- Thailand

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6th September 2022



69.8 million (2020)

Population



77.1 (2019)

Life-expectancy in years



7260 (2019)

Gross national income per capita, Atlas method (current US\$)



67 (2019)

UHC service coverage index



6.2 (2019)

Poverty headcount ratio

Source: World Bank (<https://data.worldbank.org/>, accessed 10 June 2022).



91 (2019)

Physicians per 100,000



315 (2019)

Nurses and midwives per 100,000



US\$ 210 (2018)

Government expenditure on health per capita



2.3 (2020)

Mental health expenditure as % of health expenditure



1.4 (2020)

Government per capita expenditure on mental health (US\$)

Source: World Bank (<https://data.worldbank.org/>, accessed 10 June 2022), WHO Mental health atlas, 2020 data



The burden of mental health problems

- A recent online mental health assessment and survey was carried out by the Department of Mental Health Thailand, involving more than 2.5 million people during 18 months of the COVID-19 pandemic from 1 January 2020 to 30 September 2021. It showed the following:
 - 216,098 (8.38%) respondents suffered from stress due to the Covid-19 pandemic.
 - 254,243 (9.86%) respondents were prone to depression.
 - 140,939 (5.46%) were at risk of committing suicide.
 - 25,552 (4.16%) people were suffering from burnout.
 - Out of 183,974 adolescents surveyed, 28% experienced high levels of stress, 32% were at risk of depression and 22% were at risk of committing suicide.
- According to the WHO Mental Health Atlas 2020, the age-standardized suicide mortality was 7.95 per 100,000 population in 2019.
- More than 50,000 people attempted suicide in 2018 and there were 4,134 deaths registered as suicides in that year. It is probable that all deaths by suicide were not reported owing to stigmatization.

(Source: What Thailand can teach us about mental health. World Economic Forum 2020).

Source: Online dashboard of mental health assessment (<https://checkin.dmh.go.th/dashboard/index.php>, accessed 20 August 2022)

The treatment gap cannot be estimated due to the absence of reliable population-based mental health surveys done in recent years, although it can be speculated that the treatment gap would have increased at least in the past couple of years due to health-care disruptions and psychosocial stressors related to the COVID-19 pandemic.

- According to data from the Department of Mental Health, suicide is the leading cause of death among adolescents. In 2019, about 800 adolescents and young people aged 10–29 years of age committed suicide and more than 10,000 children aged 10–19 years called to seek mental health support through the hotline 1323, with the top three issues reported during the calls being related to stress and anxiety, romantic relationships and depression.
- In a UNICEF-led survey last year, 7 in 10 children and young people reported poorer mental health due to the impact of COVID-19 on their lives. Most of them were concerned about family household incomes, their studies, and future education and employment.



Mental health policies, programmes and laws

- The Mental Health Act covers patients' rights as well as prevention.
 - A high-level Mental Health Board has been established.
 - There is a strong Mental Health Department at the Ministry of Public Health.
 - There is a dedicated alcohol control unit in the Ministry.
 - The Narcotics Control Board is a separate entity.
-
- The Mental Health Act, B.E. 2551 (2008) established the Mental Health Board chaired by the Prime Minister and included secretaries of several ministries, representatives of non-government agencies and other experts to oversee implementation of the Act. It also empowers the Board to lay down policies and measures in relation to the protection of the rights of a person with mental disorders, access to mental health service as well as social cohabitation among other responsibilities. It specifies patients' rights including issues related to treatment and rehabilitation.
 - The law also includes academic and technical development through research and knowledge management, empowerment through integrating mental health care into the public health systems as well as strengthening the mental health network, building the capacity of mental health personnel, and reforming the health management system. This Act was amended in 2019 include promotion of mental health, prevention, the rights of patients to be protected from publicity and strengthening systemic rehabilitation mechanisms.
 - Thailand has a well-developed mental health-care system with a very strong governance structure that includes a Department of Mental Health at the Ministry of Public Health, which is headed by a Director-General with three Directors under the Director-General, supported by qualified mental health professionals and bureaucrats.
 - The Narcotic Control Board operate several drug treatment and rehabilitation centres. Thailand also has a dedicated alcohol prevention and research unit under the Ministry of Public Health. Thailand's governance structure for mental health and substance use can be a role model for other countries in the Region to follow.



Prevention and promotion activities: organization and coverage

- The Department of Mental Health (DMH) as a national authority of mental health, has carried out many preventive programmes, especially on priority mental health issues such as depression and suicide prevention. It has established a centre of excellence for these issues to work on national guidelines for prevention, screening and treatment. (<https://suicide.dmh.go.th/>) (<https://www.thaidepression.com/2020/web/>)
- The Department also carries out public communications and collaborates with other sectors on prevention and reduction of stigmatization.

- **School mental health:** Thailand has a well-established school-based mental health programme, which was designed as a three-phased strategy – to provide mental health services to students in schools, empower teachers to be part of the mental health care in schools, and integrate mental health care into the school curriculum. The national project “To be number one” which aims to promote self-esteem and well-being of adolescents and “Friend’s corner” which serves as a venue for adolescents to meet and exchange ideas, provide support, and obtain counseling and basic information about health services was part of the project.
- The DMH has a project called “School Health HERO” (Health and Educational Reintegrating Operation). It was developed as a guideline for surveillance of mental health problems in children and adolescents through nine simple questions.

- **Alcohol:** in 2020, during the COVID-19 pandemic, there was a general decline in drink-driving cases reported in Thailand in comparison to previous years. The government demonstrated its commitment to strengthen alcohol control measures through increased public health campaigns on the harms related to alcohol consumption, prohibiting online sale/home delivery and online marketing of alcoholic beverage and strengthening drink-driving counter measures such as the use of breathalysers at checkpoints.



Mental health services: organization and coverage

- In 1978, Thailand initiated integration of mental health services to primary health care (PHC) resulting in a major shift in focus on mental health at the community level.
- Primary mental health care at the village level is provided by village health volunteers (VHV). Their responsibility is to ensure

Mental health services are well integrated into primary care.

Village health volunteers work at community and family level.

PHC units conduct screening and ensure continuity of care.

Community hospitals at district level and general hospitals at provincial level provide outpatient services.

Tertiary care is provided by regional and university hospitals and psychiatric hospitals.

community participation in mental health activities. Community mental health has been expanded to cover the needs of the population across their lifespan, and includes community mental health care for complex patients, the school mental health program, the community-based mental health project, and crisis mental health interventions.

- At the sub-district level, primary care units and health centres staffed by health personnel provide primary medical services, including mental health screening and monitoring to ensure continuity of psychiatric care. The mental health services in PHC include mental health education, early screening for mental health problems such as psychosis, autism, depression and suicide, provision of psychological support, facilitating continuing care and encouraging community involvement in mental health activities.
- Community hospitals at the district level and general hospitals at the provincial level

Human resources per 100 000 population



0.29 (total 203)
Psychiatrists



0.19 (total 135)
Social workers



2.9 (total 1,907)
Mental health nurses



1192 (total 831,774)
Village health volunteers



0.27 (total 187)
Psychologists



99.3 (total 69,331)
Community teams

Source: Mental health atlas, 2020 data

provide outpatient services for common psychiatric disorders, continuity of care for chronic patients, and mental health care to general hospital patients. Specialized comprehensive psychiatric care is provided by regional hospitals, university hospitals and psychiatric hospitals or institutes.

- Tertiary mental health-care specialist services are provided at the regional, university and psychiatric hospitals/institutes. Multidisciplinary team including psychiatrists and psychologists, provide comprehensive mental health assessment, management, and technical support to the community mental health network.

The Mental health atlas, 2020 data showed that inpatient admissions decreased significantly from 5434.67 per 100,000 population in 2014 to 1557.06 per 100,000 in 2020, whereas community-based mental health services increased from 0.003 per 100,000 population in 2014 to 1.74 per 100,000 in 2020. Therefore the increase in community-based mental health services seems to have had a remarkable impact of reducing inpatient admissions.

Mental health information system and research



Thailand has a well-developed Health Management Information System (HMIS) related to mental disorders and substance use. Data are collected from all the health facilities on a regular basis. Thailand also has a high

capacity for research on mental health and has published many studies and articles in the past although there seems to be a decline in the rate of publications in recent years.

Analysis



Issues requiring urgent attention

- Anxiety, depression and suicide among the youth has been a growing problem in recent years, especially during the COVID-19 pandemic. Substance and alcohol abuse is also a significant problem among the youth.
- In the general population, suicide and alcohol use are concerns.

Areas of strength and areas needing further investment

- Thailand is one of the few countries in the South-East Asia Region which has a dedicated mental health programme executed by a dedicated mental health department under the Ministry of Public Health. Therefore, mental health services are well established within the health system.
- The bulk of inpatient mental health services is still being provided through several large mental hospitals and as much as 80% of the total mental health budget is spent on them. In recent years there is a shift to community-based services and care, with increasing numbers being provided services at such levels in the system. The continuation of this strategic shift in providing mental health services from large mental hospitals to general, district hospitals and community health centres will further increase accessibility to treatment and participation by families and lessen the stigma of the illness.

Challenges

- Although Thailand has a relatively large number of trained psychiatrists, psychologists and other categories of mental health professionals, the numbers are insufficient to cover the entire population, especially in the remote rural areas.
- General physicians and general practitioners are incapable of making accurate diagnoses and providing treatment, even when they are given brief training such as the WHO mental health Gap Action Programme (mhGAP). For example, depressive disorders are underdiagnosed, whereas anxiety disorders are diagnosed too often. Even when they are diagnosed correctly, patients may be given subtherapeutic doses of medications, which delays recovery.
- Primary and secondary care services have little opportunity to care for psychiatric patients during the continuation and maintenance phases of their illness because of limited supplies of medications. For example, district hospitals have only haloperidol for schizophrenia and amitriptyline or imipramine for depression. Atypical antipsychotics and the newer generation of drugs such as fluoxetine are available only in the university and central hospitals and most of the time patients have to pay for the medications.
- Patients and their families have limited understanding of psychiatric disorders and their causes. Many believe in supernatural causes especially in case of psychoses and discontinue treatment early. Patients' preference to see only psychiatrists for their problems also leads to bypassing the primary and secondary level of health-care services.

Solutions

- Community-based treatment and rehabilitation should be comprehensive and include rehabilitation services, hospital diversion programmes, residential supervised services, home health services, or community crisis services so that a patient gets holistic care at the community level and does not need to go elsewhere.
- Although the infrastructure of the health service system in the country is favourable for integrated mental health care, the extent of integration and priority given in care facilities are still limited due to the limited capacity of health-care providers. Hence, further strengthening of the capacity of community health workers, monitoring and supervision should be considered.
- At present, psychiatric hospitals/institutes have high workloads, mostly due to patients who have relapsed, or due to a lack of psychotropic medication in local health-care facilities. Therefore, continuity of care in collaboration with local health facilities and communities should be implemented consistently and the necessary psychotropic medications be made available at least at the community hospital level.
- There is a need to strengthen the non-health community network system in collaboration with local authorities and administrations to work in mental health to reduce stigma and discrimination towards patients with mental health conditions and their families with the objective of long-term sustenance of programmes at the community level.

SWOT

Strengths

There is a comprehensive mental health law which includes patients' rights and promotion of mental health.

Mental health services are well integrated into primary care and the community-level health system.

Community mental health has been expanded to cover the needs of the population across the lifespan.

A Mental Health Board chaired by the Prime Minister has been established.

There is a technically strong mental health unit at the Ministry of Public Health.

National-level preventive programmes are conducted.

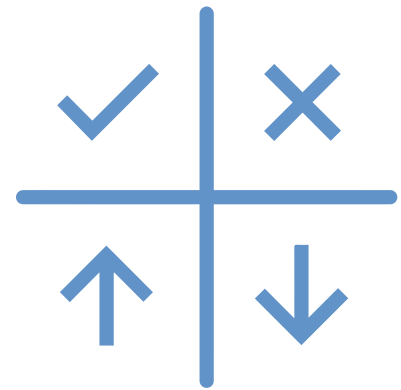
A well-developed Health Management Information System for mental disorders and substance use is in place.

There is high capacity for research.

Opportunities

Continued expansion of community mental health services has reduced inpatient admissions, which can be further leveraged.

There is a well-established school-based mental health programme.



Weaknesses

Recent national level prevalence data are not available.

The current treatment gaps are not known.

Threats

There has been a possible increase in suicide, including among young people.

Alcohol use and harm show concerning trends.

High levels of stress and burnout have been reported in the recent survey by the Ministry.

A high level of COVID-19-related mental health issues are reported by children.

Notes



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