Assessment of Best Practice Community-based Mental Health Projects in Thailand

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Introduction

World health demographic patterns have changed through the decades. Previously, infectious diseases such as tuberculosis and malaria dominated as major causes of death across populations. In recent years, this trend has shifted towards accidents and non-communicable diseases accounting for the majority of mortalities and morbidities. Developed countries were the first to manifest this shift primarily because of lifestyle factors. Chronic, lifestyle-related diseases such as cardiovascular disorders and malignancy have consistently ranked as top illnesses that strain health resources and lessen life expectancies. Nevertheless, developing countries have already followed this trend shift because of the "modernization" of the way people live - a reflection of globalization and its effect on societies. The increase in stressors associated with a more competitive society has led to the emergence of mental health as an important global concern (Laksanavicharn, 1987).

Currently, there is a perceived low level of research in the field of mental health, specifically coming from the low and middle-income countries of Asia and the Pacific region. As mental health is an essential component of over-all human health, researches have to give priority to this area given the many socio-economic challenges that serve as stressors which challenge the people's skills to cope or adapt.

To address the state of inadequate mental health research in the Asia Pacific Region, the study had two major objectives. The first objective was to conduct a review of the available mental health researches in Thailand. The second objective was to assess three community-based mental health projects in Thailand. The data from this research is essential in creating effective and culturally sensitive models for enhancing the delivery of mental health services across countries in the region. The gathering of existing studies will create a database of actors in mental health research that would be an integral foundation in building a network of Asian scholars focusing on mental health in Asia.

Conceptual Framework

This study focuses on two important components of effective mental health service delivery. One is research that provides essential information that could serve as framework or context for program development. The other is the strategy that was actually used and how effective it was in achieving its objectives. Hence this study had two phases. The first phase that could be described as a "research about researches" finds out what is the available body of knowledge on mental health in Thailand. The second phase then examines how these researches interact with policy and service delivery institutions that provide the highest level of mental health to as many people as possible. The focus on community-based approaches instead of institutionalization reflects the growing involvement of other stakeholders in comprehensive mental health care. The findings from Thailand could serve as valuable models for similar initiatives in the region.

The choice of Thailand as the study site is more properly put into context when its current realities are examined. Similar to many other developing countries, the rapid changes in the demographics and behavior of Thai society have created a milieu where the people's coping skills and mental health are continuously challenged. According to its Ministry of Public Health (MOPH), the social changes have indeed created an impact on the country's mental health status. The Mental Health in Thailand 2002-2003 Report identifies current concerns in the Thai context. The increasing elderly population, high number of poor and/or disabled individuals, unfavorable changes in family makeup/ lifestyles, higher divorce rates, and increase in the number of those who consume alcohol, are just some of them. These realities provide an explanation for the increase in mental health concerns in Thailand in the past years. In addition, a study commissioned in 2004 by the Department of Mental Health (DOMH) adds that symptoms of non-clinical depressive states were observed in 20 - 40% of the general population and 30 - 40% of Thai children (Udomratn,2004). These figures are just some of the reasons for a call for more effective preventive, therapeutic and rehabilitative interventions that will lessen mental illness in Thai society. The attainment of sound mental health among the populace is a need that is also felt in other countries in Asia. This study aims to help address that need.

Mapping Mental Health Researches in Thailand

Health research plays an important role in improving the quality of mental health goals. Responsive research in the field of mental health is essential not only in coming up with useful epidemiologic data on illnesses and their determinants but also in determining current needs and in developing technologies and interventions. There are rapid social changes in the past five decades that consequently add to the burden of mental illness, but research has generally failed to catch up (WHO-Western Pacific Region, 2002). The lack of adequate research outputs, capacities and resources in mental health has been identified in most developing or low and middle income countries as the reason for the widening gap in effective service provision (Global Forum for Health Research, 2003-2004 10/90Report; Saraceno and Saxena, 2004). In response to this situation and to set a backgrounder for the

analysis of mental health projects, a determination of research outputs in the field of mental health was undertaken by the author as an extension of the work he started last year which mapped mental health research capacities in the Western Pacific Region, a project done with Dr. Exaltacion Lamberte's group at the Social Development Research Center of De La Salle University, Manila (Lamberte,et.al, 2005, personal communication).

An online search of research reports using electronically accessible databases accessed 573 articles. Further analysis showed that from 1994 to 2004, an average of 48 articles from or about Thailand were published, featured or cited in on-line databases annually. These were produced mostly by local, university based researchers in the field of Psychiatry. Only about half of the articles have their titles or abstracts in English while their main text was in Thai. The majority of the researches were epidemiologic studies on various population groups with the theme of biopsychosocial determinants of mental illness. In terms of grey literature format (not appearing on peer-reviewed publications), 249 online-accessible theses were accessed, representing a valuable but often under-used source of data for mental health policies and program initiatives. Printed mental health related research in non-journal formats were few and written mostly in Thai.

Despite its low volume compared to the research output of developed countries, the mental health research culture in Thailand is thriving. There is a need though to promote global access to researches in and about Thailand by increasing English-language publications available online.

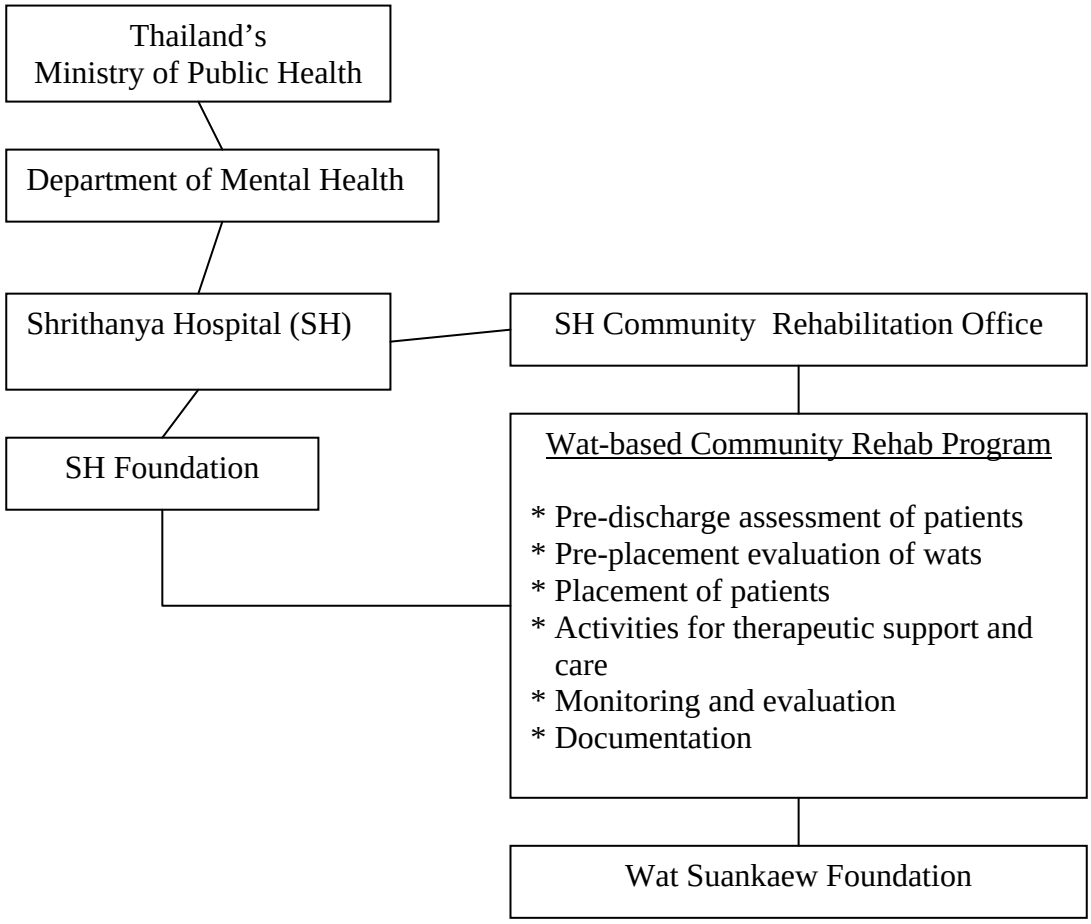
Documentation of Three Best Practice Community-based Mental Health Initiatives and Projects in Thailand*

Best Practice Project 1:
The Srithanya Hospital and Wat Suankaew Foundation Alliance

The Srithanya Hospital (SH) is the premier psychiatric tertiary care center of the DOMH of the MOPH. It is the nation's medical institution for psychiatric rehabilitation. The hospital provides comprehensive prevention, management and rehabilitation for psychiatric patients who cannot afford private psychiatric care institutions. To further improve the delivery of psychiatric services to its indigent patients, the administration of the SH has established the "Srithanya Hospital Foundation" (SHF), a charity organization that addresses the needs of indigent patients by providing them continuous care and facilitating their return to mainstream Thai society. As majority of the hospital's patients are economically disadvantaged, the provision of placement and continuous care at a community setting was deemed essential in lessening relapse and readmission rates. The need to provide a "halfway house" for discharged patients prompted a search for partner organizations in the communities. The search for these organizations led to linkages with the five wats (Buddhist Temples) in Nonthaburi Province. The monks of these wats have agreed to provide shelter and in most cases, employment and livelihood, to former patients of the SH. These patients were

evaluated as well-functioning enough to be discharged but have no families to go home to. One of these wats is Wat Suankaew which, under the Wat Suankaew Foundation (WSKF), currently hosts seven patients. The alliance between SHF through its Community Rehabilitation Office (CRO) and the five wats has established a best-practice or model program for community-based rehabilitation and placement for the former patients of the SH. The Project's operational framework is shown below.

Figure 1
Community Mental Health Service Delivery Model of the Partnership Between Shrithanya Hospital and Wat Suankaew Foundation



The alliance between SHF-CRO and the WSKF can be considered as best practice because it has a well defined set of programmatic components adhered to faithfully by both organizations. The program has been in place for seven years and has witnessed a certain level of success. A few patients who stayed at WSKF have already left the wat to join mainstream society after acquiring personal and livelihood skills. This attests to the effectiveness of the program which rests heavily on the commitment of both the nurses of SH-CRO and the monks of WSKF.

Best Practice Project 2:

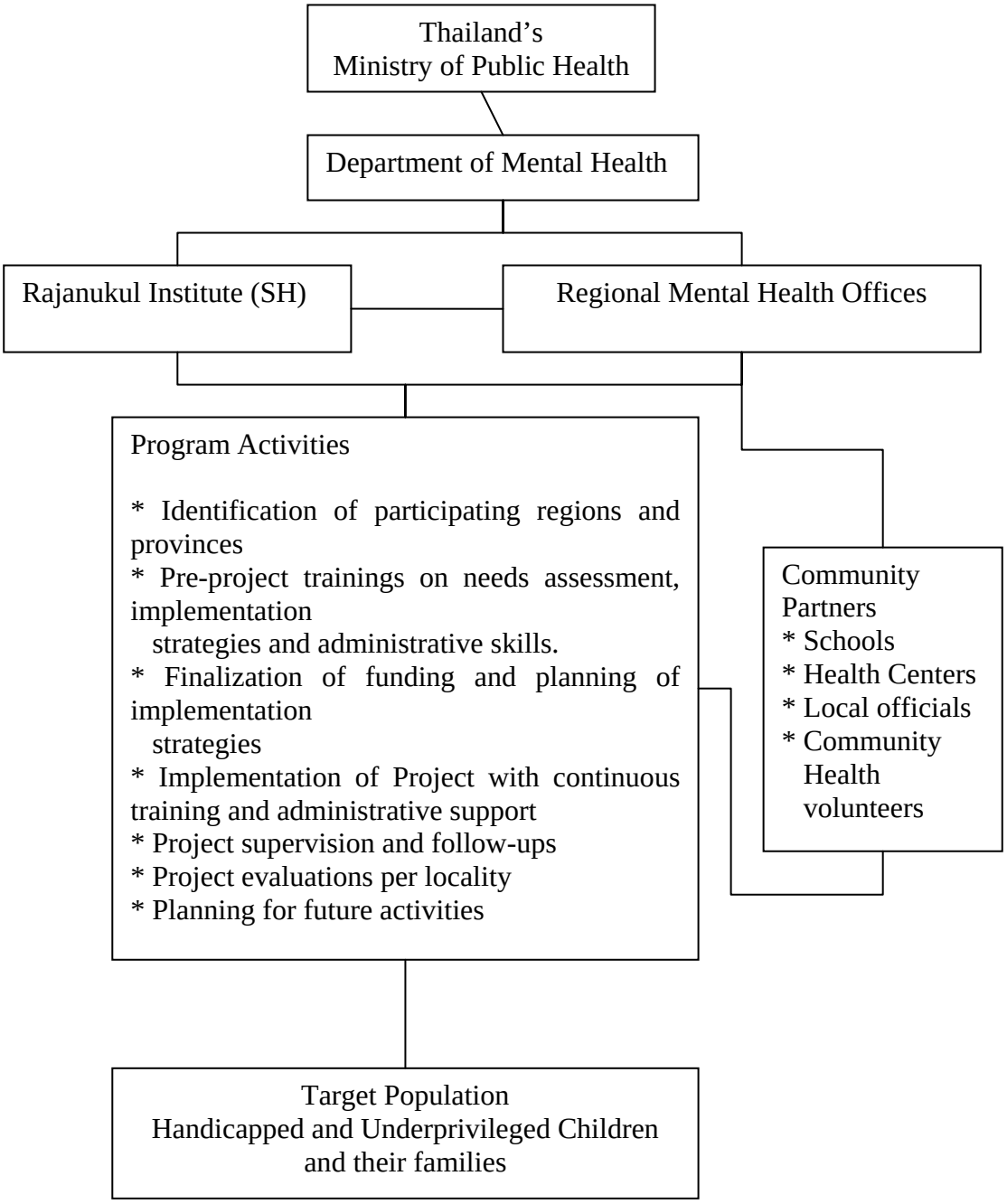
The Rajanukul Institute and the
"The Mental Health for Handicapped and Underprivileged Children Project"

The Rajanukul Institute, also of the DOMH-MOPH, is the country's premier educational and research center in the fields of Child Development and Down Syndrome/ Mental Retardation. The Institute provides tertiary level care including clinical diagnosis, management and rehabilitation. In Thailand, as in anywhere else in the world, majority of handicapped and underprivileged children are not provided full access to education and related services. To address this, the DOMH-MOPH, in collaboration with the Rajanukul Institute embarked on an initiative called "Mental Health for the Handicapped and Underprivileged Children Project" (MHHUCP). Piloted from years 2001 to 2003, it was a comprehensive and innovative community-based model project in mental health initially involving 13 provinces. Right from the beginning, the MHHUCP was designed by program administrators to be participatory, involving as many sectors of society as possible. In a nutshell, each of the 13 localities was given the capacity to identify their own needs in relation to handicapped/ underprivileged children. Based on the contextualized needs-assessment, community stakeholders were assisted in formulating possible solutions. The assistance was provided by the program administrators (i.e. MOPH, DOMH and Rajanukul Institute) in the form of funding and technical support for training, tools for community-based assessment of children's mental health concerns, media exposure, IEC (information, education and communication) materials and related resources. The project aims to identify the unique concerns of handicapped/ underprivileged children in each province and provide feasible solutions. The project outcomes were then assessed, using both external and internal evaluation strategies. Each locality was encouraged to learn from its own experience and share this experience with other provinces.

The approach used in managing the MHHUCP initiative was new in Thailand. It was based on a "bottom-up" style in contrast to the traditional "top-down" style where project implementation parameters are just handed down to ground level staff by the program administrators. Evaluation of the project has shown that personnel who have undergone training have acquired increased knowledge, attitudes and skills in relation to delivering rehabilitation and care. This enhanced their capacity for intervention in the future. The service delivery framework of the MHHUCP is shown below.

Figure 2

Community Mental Health Service Delivery Model of the "The Mental Health for Handicapped and Underprivileged Children Project" of the Rajanukul Institute



The Rajanukul Institute has played a significant role in addressing the needs of children with mental retardation and developmental concerns in Thailand. Through its many programs and projects, it has slowly achieved its task of providing prevention, management and rehabilitation service to its clients and families. The MHHUCP is a best practice community-based mental health program primarily because it has achieved its objectives. The adoption of the bottom-up approach by the project has allowed its local partners to conduct needs

assessment and plan their implementation strategies based on their unique contexts. Today, patients continue to benefit from the initiatives that were started under the program. Although the project officially ended three years ago in 2003, its effects are still felt in the context of mental health service delivery to handicapped/ underprivileged children. The initial success of the MHHUCP has justified the need for it to be continued as a national, ongoing project with appropriate allocation of resources.

Best Practice Project 3:

The Rajanagindra Institute and the "The Mental Health for Schools Project"

The Child and Adolescent Mental Health, Rajanagindra Institute, under the DOMH-MOPH, is Thailand's leading center for Child and Adolescent Mental Health. In contrast to Rajanukul Institute which focuses on biologically-based developmental anomalies such as mental retardation and Down Syndrome, it provides services for mental health concerns that are mostly behavioral and adjustment related.

After a crisis among adolescents in a series of youth suicides in the year 2000, the Ministry of Education (MOE), in collaboration with the DOMH, developed a responsive school mental health program. After a year of program development, pilot studies in 7 schools in Thailand have shown support for the continuance of mental health programs that are delivered in the school setting. Eventually, the model was integrated into the existing educational reform scheme. The model does not only involve mental health and counseling but also life skills that will promote the student's over-all well being. To address the mental health needs of students that require specialist care, a referral system was also set up.

The key components and activities in the school in relation to this national program are the following: (1) Promotion and prevention: This involves routine individual student assessment, specialized screening for at-risk students, classroom mental health promotion activities and parent-teacher meetings. (2) Helping process: This provides service to those who are at-risk or experiencing problems though various approaches. Help was delivered through intra-institutional referral to school counselors, case conferences, external referral to health counselors and basic intervention/treatment in schools. (3) Network Building: This involves networking with parents and community and providing information systems for student support and care.

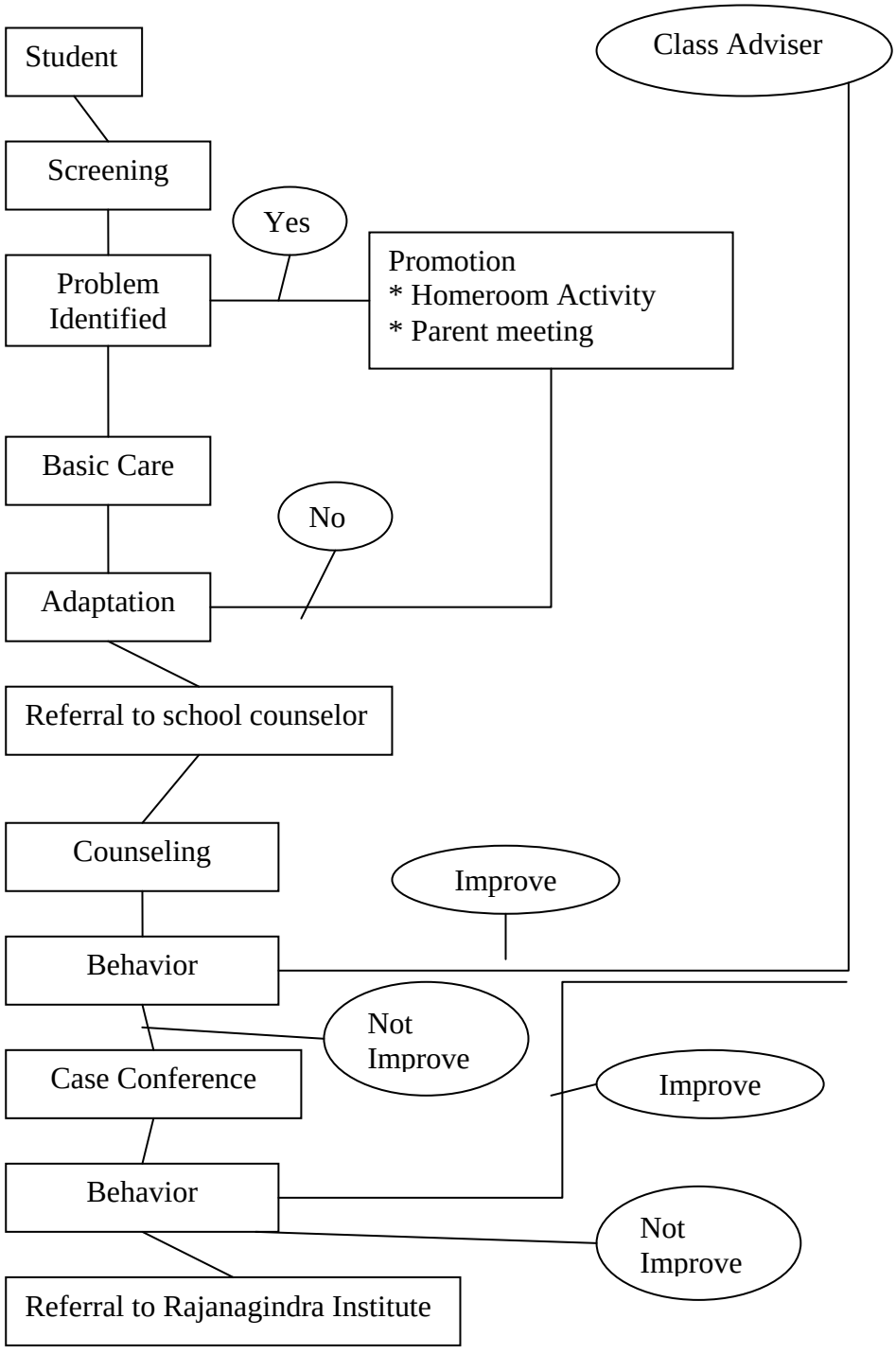
Being the country's premier institution in the field of child and adolescent mental health development, the Rajanagindra Institute played an active role in the promotion of mental health among students in schools. It has adopted its own School Mental Health program patterned after the MOE's model for mental health delivery in schools. The objective of the program is to develop knowledge, technology and media for preventing, screening and helping students with mental health concerns. In this task, the role of teachers and other school personnel is crucial. Being a tertiary care mental health center manned by child psychiatrists and child development specialists, the Rajanagindra Institute acts as a main

referral center for students with problems from the greater Bangkok area and nearby communities.

The Rajanagindra Institute's Four Step Program for Mental health Service Delivery in Schools is very simple. It encompasses various activities that are encapsulated in four steps. These are (1) Plan (2) Do (3) Check, and (4) Act. Specific activities were included in the program to ensure that each student's needs are addressed. These are shown in the figure below.

Figure 3

Protocol/ Model for Service Delivery Rajanagindra Institute's "Mental Health for Schools Project"



To make sure that students receive adequate mental health support services, the Rajanagindra Institute conducted meetings with participating teachers and school counselors who were also

trained by the Institute in student assessment, adoption of intervention strategies, as well as how to deliver the modules/materials designed by the institute for promoting mental health. In the model, class advisors were required to conduct a 30-minute screening for each student in his/her class. Based on the results, the student is classified as normal, at-risk or problematic. Children under the normal group go through a homeroom program that focuses on life skills and coping techniques. Students classified as belonging to the at-risk groups are invited to attend a 3 day seminar designed by the institute which provides more specialized information and support to this group. Those classified as problematic are seen individually and given special attention through counseling or meetings with their parents. Behavior is observed after initial intervention. If there was no improvement, the student is then referred to the Institute for further management.

In place for almost six years now, the program has achieved tremendous impact in terms of delivering mental health to children and adolescents in a school-setting. Since it was formally started, several children were identified and referred for proper intervention at the Institute, preventing problems from escalating into major mental health concerns. Suicide rates have gone down and the students appear to have better coping skills because of the program. The teachers and school-based counselors feel more empowered and committed in their work. The primary reason for the success of the program is the clearness of the protocols used. This, added to the availability of training and support materials for teachers and counselors, have helped in providing success for the program. “The Mental Health for Schools Project” of the Rajanagindra Institute is a simple yet effective model for mental health service delivery with schools as community partners. It is a program that deserves to be replicated not only in all schools in Thailand but in other countries as well.

Conclusions and Recommendations

In terms of mental health research output, Thailand is doing well relative to other countries in the region. Nevertheless, there is a need to provide more technical support to put these researches online for wider access and exchange of information across countries. Increasing the number of researches written and published in English would promote the sharing of information with other researchers who are interested in the mental health efforts that Thailand had initiated. Health research is indispensable in achieving desired health outcomes regardless of country or region. It is a dynamic and continuous process that requires policy support and resources. This research has shown that there is no lack of researchers in Asia. What is missing is the presence of a strong health research culture that is boosted by committed institutional support and funding.

In Thailand, the involvement of community stakeholders in national mental health promotion is recognized and constantly encouraged by government agencies. The three community-based mental health projects provided examples on how government agencies can work hand-in-hand with community stakeholders in providing mental health services that are effective, adequate and context-appropriate. The models/figures derived from these programs highlight the features and systems employed in the projects. These could serve as programmatic templates for similar community mental health initiatives in the region.

The findings from the documentation of three best-practice community mental health project in Thailand are summarized as follows:

1. They are often initiated by a government-attached agency. This agency plays an important role in terms of administration and resource provision.
2. Community mobilization is more easily achieved when there is institutional back-up. The government's supporting role is crucial, at least at the early phases of the project.
3. Policy support is also important. National decrees and laws help create a milieu where mental health promotion activities are encouraged and supported.
4. There is a need for community champions or figureheads. These are the community leaders, not necessarily officials, who express a strong commitment to working for a specific health goal.
5. Government-initiated community mental health partnerships are more successful if the program's approaches or strategies are based on the assessed needs and available resources in the community.
6. The "bottom-up approach" is more effective than the "top-down approach". The bottom up approach encourages community stakeholders to assess their own needs and come up with their own unique solutions to the problems they identified themselves. The top down approach refers to programmatic guidelines being formulated by higher officials who do not employ community consultative processes.
7. The importance of planning and clear protocols for cooperative work could not be over-emphasized. When the people know what to do, for whom and where, they could more easily participate in the efforts in promoting mental health.
8. The acceptance and commitment from community stakeholders is essential not only in the initial phases of the project, but also at the latter phase. This component is crucial in the context of program sustainability.
9. Thai mental health initiatives put a strong emphasis on prevention through information and early-intervention. As resources are limited, it is always better to prevent mental illness than provide hospital beds to cure those who are afflicted.
10. Constant follow-up and evaluation are also important in making community initiatives a success. These features require the presence of an institution that has available personnel for this purpose.

The culture of community involvement in the context of health promotion and health service delivery is alive and well in Thailand. The availability of research and technology for mental health has helped made this possible. When combined with strong policy and resource support from the government and with the cooperation of communities, the agenda of achieving "Mental Health for All" could be achieved, not only in Thailand but in other Asian countries as well.

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[*] Information for Phase II of the study were derived from published and unpublished institutional documents, media materials, site visits, focused group discussions and key informant interviews.