



Department of Mental Health
Ministry of Public Health
THAILAND

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COMMUNITY MENTAL HEALTH: THAILAND COUNTRY REPORT

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COMMUNITY MENTAL HEALTH DEVELOPMENT

1889: First psychiatric hospital, currently, 17 psychiatric hospitals

1964: Mobile mental health team

1976: “Monitoring Mental Health Needs” cooperation with WHO

1972: extend from psy. hospitals integrated to general hospitals

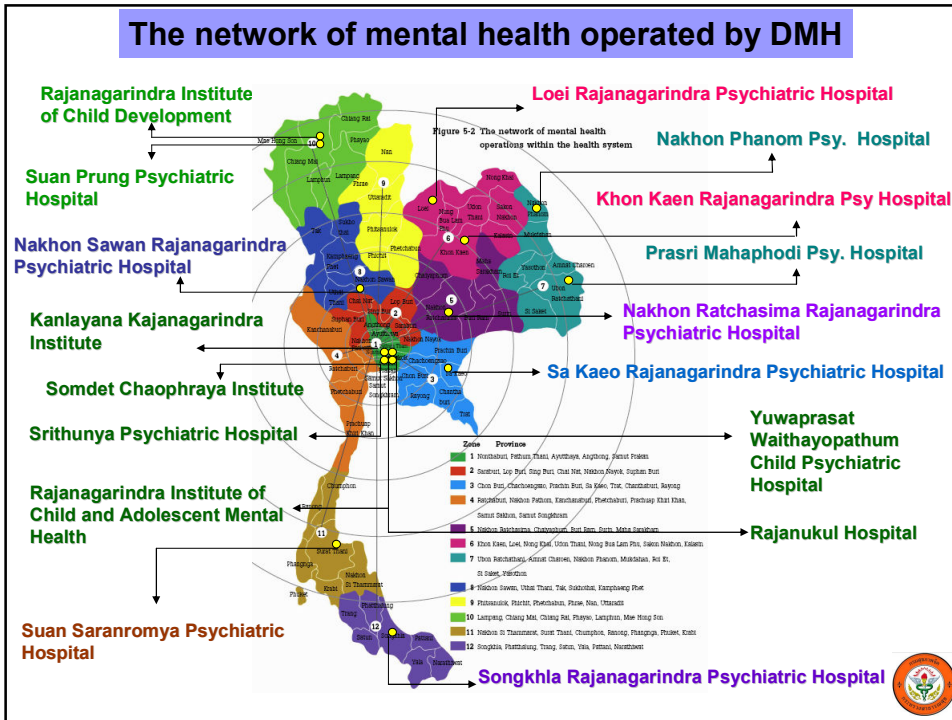
1978: Add “Mental Health” component in “Primary Health Care” and implemented into public health care.

1992: Reorganize Health Services : from “Division of Mental Health” to “Department of Mental Health “ responsible to administer and develop mental health operations of the country

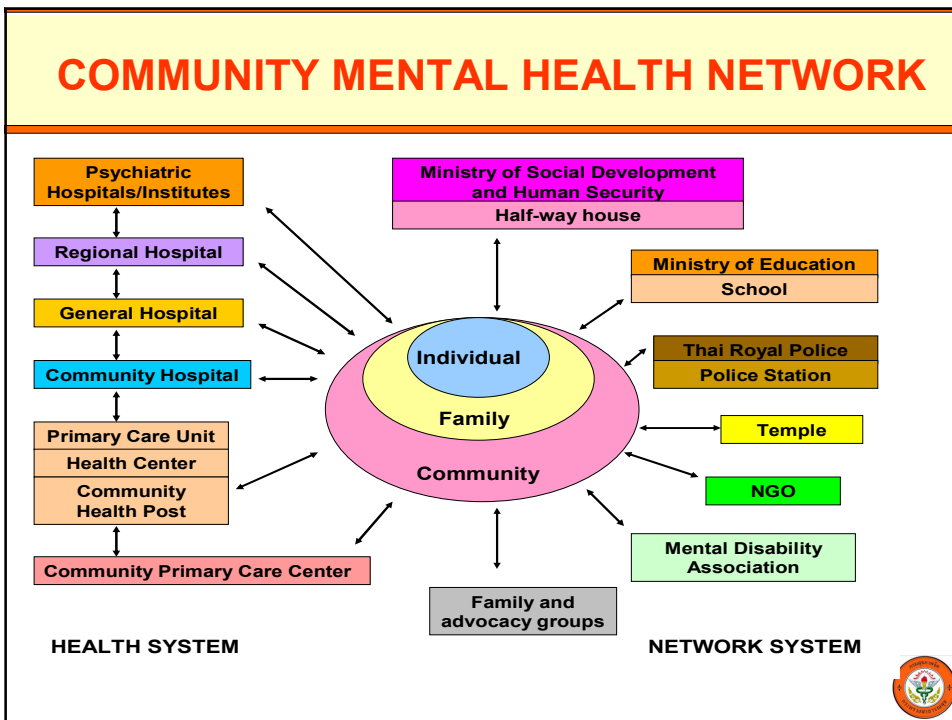
1997: Established “Regional Community Mental Health Center” (14 centers) to facilitated the community mental health networks



The network of mental health operated by DMH



COMMUNITY MENTAL HEALTH NETWORK



WHY BEST PRACTICES?



Possibility to integration and implementation in health system



Emphasis on community networking applicable



Effective mental health care in community



DMH operated community mental health throughout the country by cooperate, facilitate and monitor the health system and the community



BEST PRACTICE I THE CONTINUITY OF PSYCHIATRIC CARE IN THE COMMUNITY



GOAL : Continuity of care for complicated psychiatric patients

STRATEGIES: Collaboration care of local health team and mental health team and facilitate the participation of patients, family and community.



SUCCESS FACTORS

- Infrastructure of health system
- Awareness and priority setting of the local health service
- Local health personnel empowerment
- Collaboration of local health team and mental health team



BEST PRACTICE II

SCHOOL MENTAL HEALTH PROGRAM

GOALS : integrated mental health care in educational system

STRATEGIES: the collaboration of mental health team and school to emphasis the school system approach

SUCCESS FACTORS

- Teacher network who work on SMH
- integrated mental health component into student curriculum

LIMITATION

- In the processing of educational system reform
- Priority setting of SMH of the school



BEST PRACTICE III

COMMUNITY BASED MENTAL HEALTH PROMOTION AND PREVENTION

GOAL: Mental health promotion and prevention in the community

STRATEGIES: Facilitate local health volunteer or community leader to do mental health activities as needed by the community



SUCCESS FACTORS:

- Social capitals
- Initiation by the community as needed
- Community participation with supported by the community leader

LIMITATION

- Priority setting of the community



BEST PRACTICE IV

MENTAL HEALTH INTERVENTION IN THE TSUNAMI



GOAL: Provide mental health support to the survivor

STRATEGIES: establish the mental health care system in each period collaboration with other organization

SUCCESS FACTORS:

- Well-established chain of command
- Well-developed existing health and mental health care delivery system
- A comprehensive data and information gathering system
- Participation of many other partners



BEST PRACTICE V

FAMILY SUPPORT GROUPS

GOAL: Improve psychiatric care by family members with support by family groups

STRATEGIES: Facilitate the community and family to have their network to work together as an advocacy group or self help group



SUCCESS FACTORS:

- Initiate and maintain the network by their own

LIMITATION:

- Stigmatization



NEXT STEPS

IMPLICATION:

- Enhancing capability of local community health network to provide mental health care.
- Quality improvement through Hospital Accreditation (HA) and Health Promoting Hospital (HPH) which included the mental health aspects in the components.
- Strengthen non-health community network system to work on mental health

LONG TERM STRATEGIES:

- expanding mental health network through “**Local Authority Administration**” that can provide service as community needs.
- The mental health works should be considered the “**sufficient economy**” concepts for the applicable and sustainable.

