

Towards New Concepts of Mental Health Promotion and Prevention in Thailand

Apichai Mongkol^{*}

The first psychiatric hospital in Thailand was founded in 1889. Like other countries, mental health programs conventionally focused on treatment and rehabilitation of people with major psychiatric disorders, firstly in hospitals and later in communities.

Since the establishment of the Department of Mental Health (DMH) in 1992, the concept of mental health has shifted from treatment and rehabilitation to prevention and promotion in different settings. Thai recent experiences reflect the initial successes in mental health prevention and promotion in five areas; suicide prevention, school mental health, family mental health, disaster management and public education.

The suicide rate has been decreasing continuously from 8.6 per 100,000 per year in 1999 to 5.95 in 2007. The effective interventions implemented include the early detection and treatment of depression at clinical and community settings, the use of epidemiological data as one of ministry of public health performance indicators, the capacity strengthening programs (for health workforces) to provide continuous care for people at risk, promotion of community involvement, and very active and continuous public campaigning.

The mental health promotion and prevention programs were integrated into school system. These programs include the psychosocial competency strengthening among students with particular focus on life skills and resilience programs, and the introduction of advisory and counseling system in all secondary schools.

Family mental health programs, including the EQ development and parent school programs have been implemented. These initiatives have been synergized by the public education and the involvement of schools and communities. Recently, the local authorities have had a major role mobilizing their resource to support such programs.

^{*} Department of Mental Health, Ministry of Public Health, Thailand

Two types of disasters were managed differently. For natural disasters, like the Tsunami, the mental health care delivery was integrated into the health care system and community network. For man-made and long term disasters including violence in Thailand's deep southern region, in contrast, resilience development programs together with strengthened basic mental health care strengthening have proven to bring benefit to the people in need and government officers who live and work there.

The strong DMH has developed good relationships between DMH and public media which allow them to collaboratively provide the mental health public education programs. The media has become the major channel for DMH to create awareness and understanding among the public, including as key informants in mental health-related news reports. During economic crisis, for instance, DMH conducted public campaigning programs focusing on stress management.

Albeit the successes in these five key areas, there are still many challenges waiting ahead for DMH, including the strategy to conduct mental health promotion programs in the fast-changing society. Examples of newly being prepared initiatives are the homicide reduction and domestic violence reduction.