



Department of Mental Health
Ministry of Public Health
THAILAND

PRE-CONGRESS WORKSHOP
COMMUNITY BASED REHABILITATION (CBR)
AND MENTAL HEALTH

Learning Materials on Community Mental Health



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COUNTRY BACKGROUND

Capital: Bangkok

Government: Constitutional Monarchy

Area: 513,115 sq km (198,115 sq miles)

76 provinces; 876 Districts; 7,282 Sub-district (Tambon)

Population: 65 Million People, Median Age 32.4 years

Life expectancy: 66 years (men), 74 years (women)

Ethnic Groups: Thai 75%, Chinese 14%, Other 11%

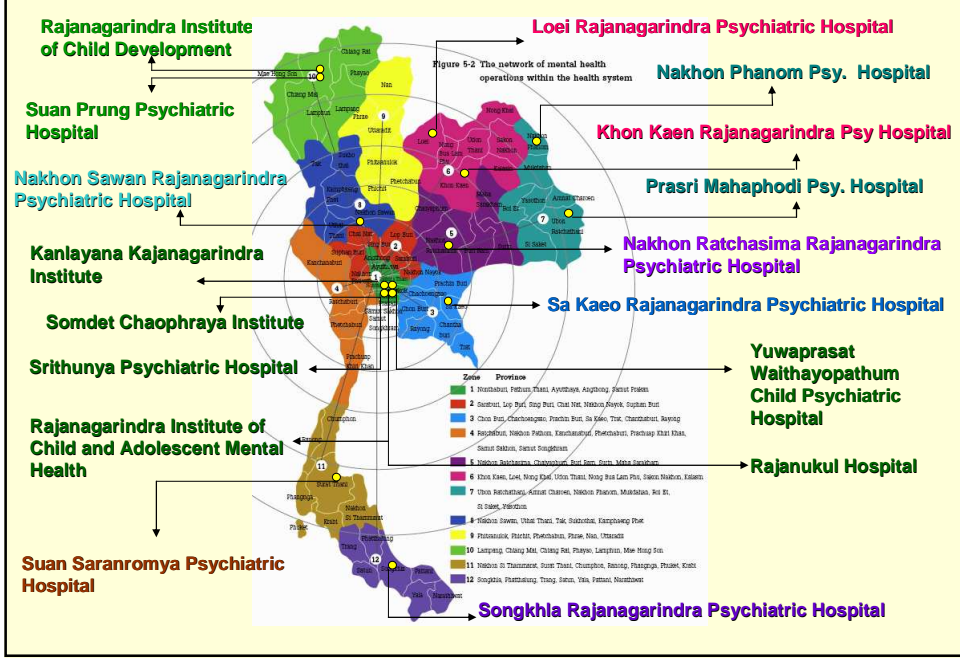
Literacy Rate: 92.6%

Religions: Buddhist 94.6%, Muslim 4.6%, Christian 0.7%

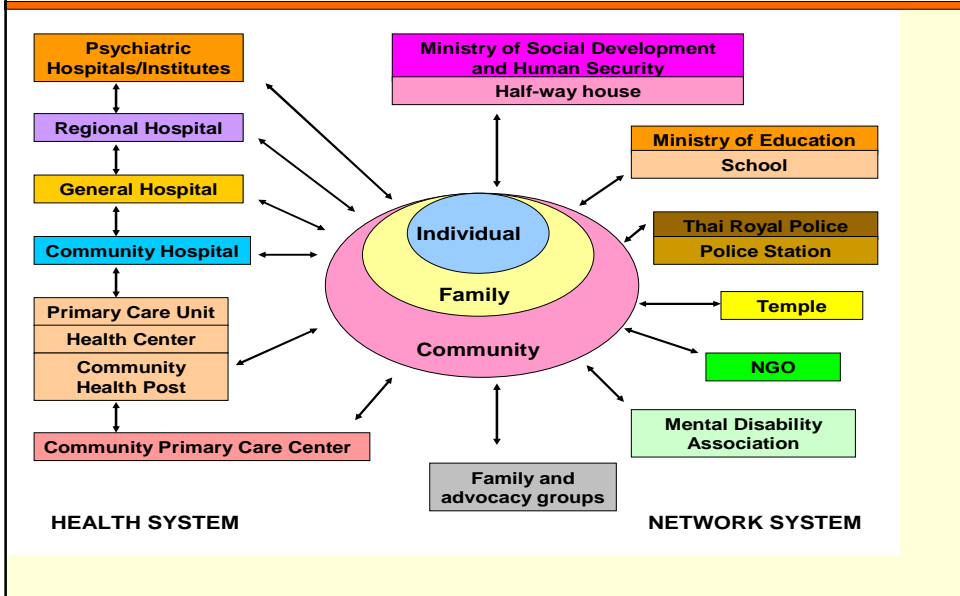
GDP per capita: US\$ 8,300 (69th) (2005)



The network of mental health operated by DMH

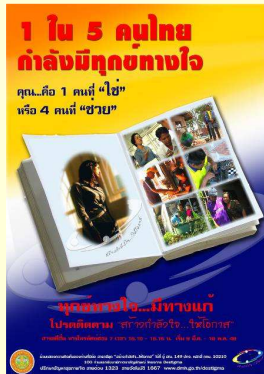


COMMUNITY MENTAL HEALTH NETWORK



National Epidemiology Survey 2003

Overall **~ 20 %** population suffered from MH problems



- Depressive Disorders 5%
- Psychotic Disorders 1 %
- Severe Stress 8%
- Suicidal rate 6 per 100,000
- Child&Adoles.Problems 5 %

"1 in 5 Campaign"

SCHOOL HORROR: Four girls hurt, one critical, in stabbing at prestigious St Joseph's. Police launch frantic hunt for 31-yr-old woman



A knife-wielding woman stabbed and seriously injured four students at a well-known convent school in the heart of Bangkok yesterday, in a case of unprovoked school assault that police suspect could be the work of a mentally ill person.

- Suspect an ex-mental patient

After more than 12 hours of hunting for leads, police last night named a 31-year-old woman with history of mental disorder as the suspect in the Saint Joseph Convent School knife attack that left four schoolgirls injured. The mother of Jitrada Tantiwanichayasuk, who police suspect was the attacker, said her daughter had a history of mental illness



COMMUNITY MENTAL COMMUNITY VS PSYCHIATRY HEALTH

Community Mental Health

Procedure to produce
Mental Health Services
for community within
community by
participation from
community themselves



- Community Psychiatry

- **is the operation for treatment service in community,**



Model in Thailand

- Since Thailand has different rationale to carry out the community mental health program, i.e.

- **LIMITED MANPOWER AND RESOURCES**
Psychiatric hospitals, personnel

*The mental health promotion is necessary
To normal population to prevent the
problems*

The Psychiatric Hospital

- It situated in town, which is very far from community
- Form Institutionalization habit
- Difficult to adapt to life style at home.

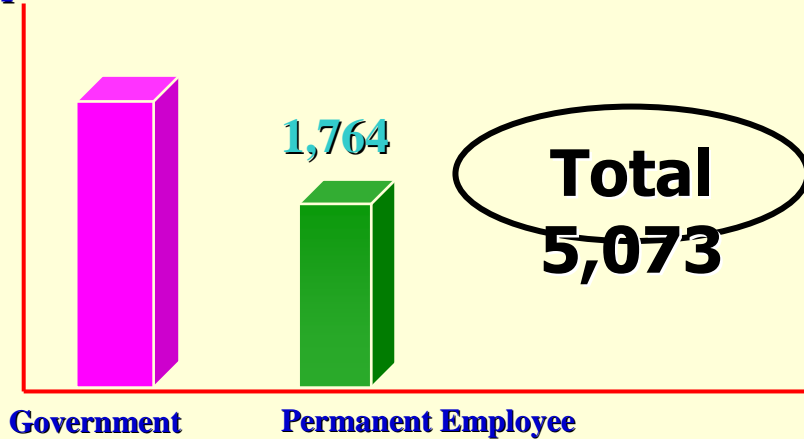


- Community Mental Health Service

Mental Health personnel



person



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

TOPICS IN MENTAL HEALTH TRAINING

1. PSYCHOSIS

2. NEUROSIS

3. EPILEPSY

4. MENTAL RETARDATION

5. OTHERS MENTAL

HEALTH

CONTENT

- Definition
- Cause
- Symptoms
- Diagnosis
- Treatment
- Referral system
- Follow-up
- Rehabilitation



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
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

