

EVALUATION AND LESSON LEARNED

THAILAND INTERNATIONAL

Mental Health Work Force Training Program 2025



16 JUNE – 4 JULY 2025



EVALUATION AND LESSON LEARNED

Thailand International Mental Health Work Force Training Program 2025

Advisory Board:

Burin Suraaroonsamrit, MD.

Editorial Board:

Wee Mekwilai, PhD.

Mrs. Navinee Regnault

Ms. Pawinee Sangkhaboon

Ms. Pimchanok Ansuwan

Ms. Thananporn Chinsangchaisin

Contact:

Bureau of Mental Health Academic Affairs, Department of Mental Health,
Ministry of Public Health, Thailand.

88/20 Tiwanon Road, Nonthaburi, 11000 Thailand.

Tel. +66-2590-8026,8031

Email: dmh.imhc7@gmail.com

Preface

This report has been prepared to summarize the implementation, evaluation results, and lessons learned from the **International Mental Health Workforce Training Program**, organized by the Department of Mental Health, Ministry of Public Health, in collaboration with the World Health Organization (WHO). The program aims to strengthen the competencies of mental health and psychiatric professionals, enabling them to provide comprehensive services ranging from mental health promotion and prevention to risk screening, treatment, rehabilitation, and continuous community-based care.

Over the years, the program has provided opportunities for participants from various countries to learn, exchange experiences, and build collaborative networks in mental health at both regional and global levels. The training has received highly positive feedback in terms of academic content, diverse learning methods, and the practical application of knowledge within different country contexts.

This **Evaluation and Lesson Learned** report presents evidence-based insights into participants' learning experiences, assessment outcomes, feedback, and the lessons drawn from program implementation. It serves as a knowledge base to further refine the curriculum to ensure quality, relevance, and responsiveness to the needs of mental health professionals. Moreover, it reflects Thailand's continuing role in supporting the WHO's mission to strengthen sustainable mental health systems worldwide.

The Bureau of Mental Health Academic Affairs, through the Division of International Relations, Department of Mental Health, would like to express our sincere appreciation to all partner institutions, both domestic and international, as well as to all participants whose active engagement contributed to the success of this program. We hope that this report will be a valuable resource in advancing mental health development at national, regional, and global levels.



Table of Contents

Preface.....	i
Table of Contents.....	ii
Chapter I Introduction.....	1
Chapter II Course Experiences.....	6
Chapter III Evaluation.....	37
Chapter IV Feedback and Comments.....	45
Chapter V Lessons Learned.....	50
Appendix.....	54

Chapter I: Introduction

Background and Rationale:

The Department of Mental Health (DMH) has been implementing the Mental Health Workforce Training Program, which aims to provide people with quality mental health and psychiatric services from personnel equipped with standard competencies. The course focuses on equipping specialized nursing and health personnel with skills for proactive services that reach the public in their communities to strengthen mental health, prevent and address risk factors causing mental health and psychiatric problems, screen people at risk, provide supportive therapy, and refer them to higher-level facilities when necessary. This includes providing continuous care for patients with complex problems or severe mental illness.

The 1-month Mental Health Work Force Training Programme was developed in Thai by the Psychiatric Services Development Committee under Department of Mental Health at Somdet Chaopraya Institute of Psychiatry, Srithanya Psychiatric Hospital, Galya Rajanagarindra Institute of Psychiatry and Prasimahabhodi Psychiatric Hospital, in collaboration with Faculty of Nursing, Mahidol University and Faculty of Pharmacy, Siam University. Since 1997, the training has been organized by the Department of Mental Health on an annual basis.

By 2022, a total of 825 people have been trained and are actively working in providing mental health services in psychiatric hospitals throughout Thailand.

In line with the plan of expanding the role of the Department of Mental Health as a WHO Collaborating Centre and promoting Thailand's public health leadership, the course was adapted to meet the needs of international trainees. The Bureau of Mental Health Academic Affairs, Department of Mental Health, in collaboration with the World Health Organization (WHO), has successfully conducted two training sessions in 2023 and 2024, with participants from several countries. A total of 56 participants from various countries have attended these sessions. The organizers received positive feedback on the relevance and usefulness of the training for participants' work. The curriculum, which includes the following modules, has been further fine-tuned for the next cohort of trainees:

- Policy and Health Systems
- Mental Health problems and psychiatric diseases
- Mental Health Information system and technologies
- Community Mental Health
- Study Visit to Mental Health and Psychiatric Services along with Participation in the Annual International Mental Health Conference

The first cohort was implemented in 2023, delivered in a hybrid format, the inaugural course welcomed 25 participants from 7 countries. The curriculum focused on essential concepts of mental health systems, community-based care, and strategic service development. Evaluation findings revealed that 75% of participants achieved scores above 70% in the post-training assessment, while 80% reported a significant impact on their professional practice. Many applied the knowledge and tools gained to improve local MHPSS initiatives, inform policy planning, and foster intersectoral collaboration.

The second cohort was launched in 2024, delivered in a hybrid format, building upon the success of the 2023 course. This cohort expanded its reach with 33 participants from 10 countries.

It placed greater emphasis on cross-country learning, the application of digital tools, and integrated systems thinking. The average post-course assessment score was 78%, reflecting a high level of knowledge acquisition. Participants noted that the course enabled them to develop or strengthen national mental health strategies, community-level interventions, and multisectoral policy initiatives.

Consistently positive feedback, strong learning outcomes, and increasing regional interest underscore the relevance and value of this program. Thailand's recognized leadership in integrating mental health into Universal Health Coverage (UHC) and promoting community-based approaches positions the country as a regional hub for knowledge exchange. Continuing this course aligns with WHO's objectives to strengthen mental health systems and provides a practical platform for peer learning, contextual adaptation, and innovation across diverse settings.

This year, the Department of Mental Health plans to organize the 3rd Mental Health Work Force Training Program from June 16th to July 4th, 2025 and offer it to other Member States in collaboration with WHO Country Office for Thailand and WHO SEARO.

Personnel development in mental health and psychiatry is a critical factor in achieving mental health outcomes and targets not only in Southeast Asia but also in other participating countries. Developing knowledge and working skills and exchanging successful operational experiences between countries, including important academic work, will advance the mental health and well-being of the population, as highlighted in the WHO SEAR Member States Paro Declaration on universal access to mental health care and services. This training also contributes to the global strategy on mental health by enhancing the capacity of health professionals to implement national mental health policies and strategies, especially through the integration of best practices, data-driven approaches, and international collaboration. This ensures that the skills and knowledge gained from the training are not only applied locally but also aligned with global efforts to strengthen mental health systems and ensure universal access to care. Therefore, the Mental Health Workforce Training Program is envisaged to be organized continuously with a standardized, certified quality curriculum and efficient personnel development training.

Course Objectives

At the end of the course, the participants are expected to be able to:

1. Promote mental health, prevent mental health problems in vulnerable groups, screen for mental health issues, treat and rehabilitate psychiatric patients using evidence-based approaches, provide systematic care to people with mental health and psychiatric problems by collaborating with families and community beneficiaries for continuous care, and evaluate the outcomes of care.
2. Exchange knowledge, share experiences and learnings on mental health promotion, prevention, rehabilitation, and treatment in their respective countries.
3. Understand and learn mental health processes, strategies, operations, and community mental health services.

Learning Objectives

The Mental Health Workforce Program consists of four theoretical Modules and study visits in two areas as follows:

1. Policy and Health System
2. Mental health problems and psychiatric diseases
3. Mental Health Information system and technologies
4. Community Mental Health
5. Study Visit Mental Health and Psychiatric Services
6. Study Visit to Mental Health Services in the Community

Each module has an objective for the trainees to develop their knowledge and skills as follows:

1. To understand WHO SEARO role and mission, the health system, mental health and psychiatric service system, mental health act and relevant laws, human right; Patient Relative and society strategies for mental health promotion and mental illness prevention, and mental health crisis.
2. To have knowledge and understanding of mental health problems and management psychiatric diseases in childhood, adolescence and adult, psychiatric drugs, holistic health condition assessment and to have skills in history taking, screening, health and mental health assessment, mental health examination, psychosocial assessment. establishing relationships and communication, psycho education, counseling, motivation interviewing and child development program for therapy for people suffering from mental illness.
3. To understand and apply mental health information and technologies, practical psychiatric epidemiology, country report, digital mental health services and use of media in promoting mental health literacy.
4. To have the knowledge and understanding of community mental health and psychiatric nursing process, concepts of rehabilitation of psychiatric patients in the community, continuing care and referral system for psychiatric patients and coordination with networks, families, and communities to participate in the ongoing care of psychiatric patients using empirical evidence within the scope of law and professional ethics.
5. Enable the usage of mental health and psychiatric service, such as screening, preventive intervention, procedures and care practices, psychosocial intervention.
6. To be able to perform using the community mental health and psychiatric process; using strategies to promote and prevent mental health problems in the community; collaborating with the health team in the network and strengthening the community; care of chronic psychiatric patients to receive comprehensive and continuous care; rehabilitation of psychiatric patients in the community; application of concepts, theories, and empirical data on an ethical basis within the scope of laws.

Target Trainees

Mental Health Personnel (*such as registered nursing, public health technical officer, psychologists, social workers, etc.*) who have the following qualifications:

1. Have clinical practice at least 2 years or have experience in mental health/psychiatric nursing practice for at least 1 year.
2. Have a role or responsibility in mental health and psychiatric position/assignment.

Methods of Instruction

The instruction includes lectures, participatory discussions, small group discussions, demonstration teaching/feedback demonstration, and self-study, and study visits in the psychiatric unit and community.

Evaluation

The program's measurements and evaluation include a report assessment, report presentation, and written examination, where trainees must

1. Attend at least 90% of the training sessions and complete a minimum of 15 hours of study visits
2. Achieve a passing score of at least 70% on the post-test
3. Submit an applied community mental health report

Participants:

The International Mental Health Workforce Training Program has conducted training for 3 batches, with a total of 93 participants from 16 countries: Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Maldives, Myanmar, Nepal, Papua New Guinea, Sri Lanka, Timor-Leste, Thailand, Turkey, Ukraine, and Vietnam.

No. /Year	Participating Countries	Total Number of Participants
1 st (26 Jun – 21 Jul 2023)	Bangladesh = 3 Bhutan = 3 Cambodia = 1 Sri Lanka = 3 Timor-Leste = 3 Thailand = 10	23
2 nd (8 Jul – 1 Aug 2024)	Bangladesh = 6 Bhutan = 2 Cambodia = 5 China = 4 Indonesia = 2 Maldives = 2 Nepal = 2 Sri Lanka = 2 Thailand = 6 Vietnam = 2	33
3 rd (16 June – 4 July 2025)	Bangladesh = 7 Cambodia = 2 China = 10 India = 3 Indonesia = 1 Myanmar = 3 Nepal = 1 Papua New Guinea = 1 Thailand = 5 Turkey = 1 Ukraine = 1 Vietnam = 2	37

Remarks:

In the third batch of the International Mental Health Workforce Training Program (2025), a total of 25 participants from nine countries—Bangladesh, Cambodia, China, India, Indonesia, Myanmar, Nepal, Thailand, and Vietnam—successfully completed the onsite phase of the training.

Chapter II: Course Experiences

Duration of the Course

During 16th June – 4th July 2025, the program is divided into two phases as a schedule detail provided for each phase below:

Phase One Online Training Course 16 th - 27 th July 2025 Via Zoom Meeting	16 th June	17 th June	18 th June	19 th June	20 th June
	Online Opening Ceremony/ M 1.1/ M 1.2/ M 1.3/ M 1.4	M 1.5/ M 2.2	M 2.1/ M 1.7	M 2.2/ M 2.4/ M 2.7/ M2.11	M 2.5/ M 2.6/ M 3.2
	23 rd June	24 th June	25 th June	26 th June	27 th June
	M 2.8/ M 2.9/ M 2.10/ M 4.2	M 2.2/ M 2.3/ M 2.12	M 3.1/ M 3.3/ M 3.4/ M 4.6	M 4.1/ M 4.3/ M 4.4	M 1.6/ M 2.13/ M 4.5/ Online Examination
Phase Two Onsite Study Visits 30 th June – 4 th July 2025 at Srithanya Hospital, Somdet Chaopraya Institute of Psychiatry, Rajanukul Institute, and Child and Adolescent Mental Health Rajanagarindra Institute	30 th June	1 st July	2 nd July	3 rd July	4 th July
	Onsite Opening and Certificate Ceremony/ Study visit M 5.1	Attend the 24 th Annual International Mental Health Conference at ICONSIAM, Bangkok			Study visit M 5.2
				Study visit M 6.1	

Course Curriculum

The International Mental Health Workforce Training Program aims to ensure that trainees at Department of Mental Health, Thailand, can promote mental health, prevent the occurrence of mental health problems in vulnerable groups, screen for mental health problems, treat and rehabilitate psychiatric patients by using empirical evidence, provide systematic care and continuous care to people who have mental health and psychiatric problems by cooperating with their families and community beneficiaries, and evaluate the outcomes of caring services. The training includes six modules as follows:

Content	Duration
Module 1 Policy and Health System	15 hours
1.1 Overview and course objective	0.5 hours
1.2 Introduction to mental health	1.5 hours
1.3 Mental health policy and plan: at global and regional	1 hour
1.4 Health system, public health framework, mental health, and psychiatric service system	3 hours
1.5 Mental Health Legislation: Human Rights; patient, family members, caregivers, and society Mental Health Acts and relevant laws	2 hours 2 hours
1.6 Mental health policy and plan: Strategies for mental health promotion and prevention in mental health	2 hours
1.7 Mental Health in Crisis - Strategies and Frameworks at the Global Level - Implementations and practices in Thailand	1.5 hours 1.5 hours

Content	Duration
Module 2 Mental health problems and psychiatric diseases	33 hours
2.1 Common mental disorders in childhood and adolescence	3 hours
2.2 Common mental disorders in adult - Anxiety, Mood Disorder - Suicide Prevention: Strategies and Frameworks at the Global Level - Suicide Prevention-Implementations and practices in Thailand	2 hours 1 hour 2 hours
2.3 Severe Mental Disorders (Alcohol and Substance Abuse, Psychoses)	3 hours
2.4 Psychiatric drugs	2 hours
2.5 History taking and mental examination and psychosocial assessment	2 hours
2.6 Mental health tools; screening and assessment of psychiatric symptoms	3 hours
2.7 Therapeutic relationship and communication	2 hours
2.8 Environmental arrangements for treatment	2 hours
2.9 Psycho education and symptom management	2 hours
2.10 Counseling	2 hours
2.11 Motivation interviewing	2 hours
2.12 Child development program	2 hours
2.13 Mental health and psychosocial supports (MHPSS)	3 hours

Content	Duration
Module 3 Mental Health Information system and technologies	7.5 hours
3.1 Epidemiology of mental health	2 hours
3.2 Mental health information system	2 hours
3.3 Mental health Atlas	1 hour
3.4 Mental Health Care in Digital Technology Era	2.5 hours

Content	Duration
Module 4 Community Mental Health	12 hours
4.1 Mental health and community psychiatric practices	2 hours
4.2 Concepts of rehabilitation of psychiatric patients in the community	2 hours
4.3 Concepts of continuing care and referral system for psychiatric patients	2 hours
4.4 Deinstitutionalization	2 hours
4.5 Mental health network development	2 hours
4.6 Empowering minds together Foster a supportive community, bridging experience of individuals and caregivers	2 hours

Content	Hours
Module 5 Study visit Mental Health and Psychiatric Services	12 hours
5.1 Study visit mental health service in the psychiatric hospital	6 hours
5.2 Study visit child and adolescent mental health service	6 hours

Content	Hours
Module 6 Study visit to mental health services in the community	6 hours
6.1 Study visit to mental health services in the community	6 hours

Module Brief Descriptions

Module 1 Policy and Health System

Md. 1.1 Overview and Course Objective

To give the participants a clearer overall picture of how the training program will be conducted, introducing the program's background, course objectives, and course curriculum.

Md. 1.2 Introduction to Mental Health

This module aims to deepen understanding of mental health, underline its importance, and provide a clear picture of the prevalence and burden of mental health conditions worldwide by introducing what mental health is; prevalence and burden of mental health conditions; global impact; and challenges and solutions. It is also designed to be informative and transformative, aiming not just to educate but also to empower participants to become advocates for mental health in their communities. The WHO South-East Asia Region's commitment to building resilient health systems was discussed, particularly in the face of natural disasters and climate change, with a focus on universal health coverage and emergency risk management.

Md. 1.3 Mental Health Policy and Plan: At Global and Regional

With a focus on key documents like the WHO's Mental Health Action Plan, this discussion delved into the frameworks and guidelines set up by leading global health organizations. Participants learnt about the roles of WHO South-East Asia Regional Office (SEARO) and examined strategies and challenges in implementing global mental health policies which emphasized the integration of mental health into broader health and social policies for a comprehensive approach to public health. The adaptation of these policies at regional and national levels considering cultural, economic, and political factors, also were explored. Through collaborative analysis, participants found successful initiatives, programs, and policies that address mental health challenges and promote equitable access to care. Additionally, the discussion covered mental health promotion and preventive strategies at various levels, particularly in response to COVID-19 highlighting the importance of selecting the right strategies for various levels of public mental healthcare needs. In addition, how participants' countries or organizations implement their mental health policy at the community level is also discussed.

Md. 1.4 Health system, public health framework, mental health, and psychiatric service system

This module emphasized the comprehensive approach to the mental health system covering prevention, treatment, rehabilitation, and continuous care within communities. It highlighted the importance of integrating physical and mental health services with the interconnectedness of health, society, and multisectoral networks, which is crucial in enhancing the success of the framework and supporting the work capacity that is appropriate to the context of the area.

Md. 1.5 Mental Health Legislation: Human Rights; patient, family members, caregivers, and society Mental Health Acts and relevant laws

The Mental Health Act, B.E. 2551 (2008) and its 2019 amendment address key areas such as patient rights, treatment, rehabilitation, and staff responsibilities. These areas aim to provide comprehensive care across all population groups. This module is also about The National Mental Health Development Plan (2018–2037) which focuses on promoting mental health, enhancing service systems, advancing legal measures, and developing academic mechanisms. Moreover, the training gives an importance to human rights, particularly the right to health emphasized as universal and interconnected that ensure the availability, accessibility, acceptability, and quality of care. The discussion highlights the importance of ethical mental health laws and the global significance of the UN CRPD and WHO Quality Rights Initiative in promoting the rights and dignity of individuals with disabilities as well.

Md. 1.6 Mental health policy and plan: Strategies for mental health promotion and prevention in mental health

In order to support a comprehensive approach to public health, it is important to explore the frameworks and guidelines established by leading global health organizations, such as the WHO's Mental Health Action Plan, along with the examination of the objectives, strategies, and challenges of implementing global mental health policies, emphasizing the integration of mental health into broader health and social policies to promote a holistic approach to public health. The linkage between global strategies and regional contexts has been explained in terms of how regional and national levels adapt and implement global mental health policies while considering cultural, economic, and political differences that influence mental health policy and planning. The lecture also included promotion and measures to remedy each level of mental disorder and strategy for universal, selective, and indicated prevention of mental health problems in Thailand.

Md. 1.7 Mental Health in Crisis

• Strategies and Frameworks at the Global Level

During crises and disasters, individuals experience varying degrees of mental distress which can lead to disorders such as PTSD, depression, and substance abuse. Mental reactions range from initial distress and physical symptoms, insomnia, to severe behaviors, such as substance abuse, and psychiatric disorders. Global Strategies and Frameworks, especially WHO and IASC Guidelines for Mental Health and Psychosocial Support (MHPSS) in emergencies, the 4-tiered Intervention Pyramid, and Psychological First Aid (PFA) have been discussed.

• Implementations and practices in Thailand

In the case of Thailand, the emergency response operation namely MCATT (Mental Health Crisis Assessment and Treatment Team) Model was examined. Victims are categorized by their proximity to the event: survivors, near-miss victims, evacuees, first responders, support networks, and indirectly exposed public. Post-disaster mental health care follows a four-tier approach: ensuring safety, providing calmness, offering basic emotional support, and delivering treatment. The care process includes three phases: immediate aid (0–2 weeks), post-impact follow-up (4 weeks), and long-term recovery (6–36 months). Effective disaster response involves coordination among multiple agencies, a command center overseeing triage, psychological first aid, referral systems, and ongoing training. Thailand's MHPSS response on the Tsunami incidents in Southern part of Thailand and COVID-19 pandemic were discussed as case studies and also the integration between DMH command center and health security system.

Module 2 Mental Health Problems and Management

Md. 2.1 Common Mental Disorders in Childhood and Adolescence

Understanding mental health in childhood and adolescence is crucial for public health, as early identification and intervention can prevent serious mental illnesses. Key mental disorders in this age group include ADHD, learning disabilities, intellectual disabilities, autism spectrum disorder, schizophrenia, bipolar disorder, major depressive disorder, generalized anxiety disorder, obsessive-compulsive disorder, anorexia/bulimia nervosa, defiant disorder, and conduct disorder. Behavioral issues such as theft, lying, aggression, and school phobia are also prevalent. Effective behavior modification techniques involve children's groups, positive reinforcement, and structured rewards and punishments to address those issues and support healthy development.

Md. 2.2 Common Mental Disorders in Adults

The session covered the epidemiology, risk factors, and psychosocial treatments for anxiety, stress, burn-out, mood disorders, and suicide. The training provided a differentiation between stress, burn-out, and anxiety, along with strategies for identifying and treating these conditions. The session also delved into the epidemiology and risk factors of mood disorders and discussed effective identification and psychosocial treatment methods. Additionally, this module addressed the epidemiology of suicide, including risk factors, warning signs, and prevention strategies. Participants learned how to apply theories and principles of suicide prevention in real-world settings to effectively intervene and implement preventive measures.

Md. 2.3 Severe Mental Disorders

The training focused on understanding psychotic spectrum disorders, particularly schizophrenia, early intervention, relapse prevention, and adherence strategies. This module also addressed treatment approaches, including biological, psychological, and social therapies. Additionally, the training explored the effects of various substances—such as alcohol, stimulants, hallucinogens, nervous suppressants, and combination drugs—on the central nervous system, emphasizing the biology of addiction and its impact on the brain. The management of alcohol and substance-related disorders was discussed with a focus on acute stages, withdrawal and intoxication, as well as relapse prevention.

Md. 2.4 Psychiatric Drugs

The training covered the mechanisms of action in psychotropic drugs, including antipsychotics, antidepressants, anxiolytics, mood stabilizers, along with basic pharmacodynamics. This session emphasized the principles of proper drug use in psychiatric patients, considering factors like dosage, pharmacokinetics, adverse reactions, and patient's specific characteristics. The module also discussed evaluating drug response and duration of action for each drug class. Additionally, it outlined the principles of drug safety evaluation, focusing on adverse reactions, drug interactions, and the periods when adverse reactions are most likely to occur.

Md. 2.5 History Taking and Mental Examination and Psychosocial Assessment

The training emphasized the importance of psychosocial assessments focusing on gathering detailed histories of illness from both service recipients and their families. Key areas of assessment include mental status examination, which covers aspects such as general appearance, speech, emotion, thought patterns, cognition and perception. The training also highlighted

effective communication in mental health care, stressing active listening, empathetic communication, and managing challenging behaviors. Additionally, this session covered the role of cultural competence, ethics, and professionalism in mental health communication.

Md. 2.6 Mental Health Tools: Screening and Assessment of Psychiatric Symptoms

The training focused on the use of various screening and assessment tools for mental health evaluations. It covered the format, method of use, and interpretation of results for the following assessments: AUDIT for drinking problems, AWS for alcohol withdrawal severity, Overt Aggression Scale Assessment Form (OAS) for aggression, TMSE, MOCA-B, and BPRS for broader mental health symptoms. Objectives, scoring, and interpretation of each tool were discussed to emphasize selecting the appropriate assessment based on symptoms. Participants also practiced using these tools to gain proficiency.

Md. 2.7 Therapeutic Relationship and Communication

The training emphasized the use of relational therapy to enhance patient self-acceptance and effective relationships within their social lives. Therapeutic communication guidelines were outlined to aid therapists in addressing patient needs and maintaining professionalism. The core concepts were rooted in Sullivan's and Peplau's theories focusing on improving interpersonal relationships. Psychiatric nurses play diverse roles, from teachers to counselors and the relationship elements which includes trust, empathy, and respect. Self-awareness was explored through the Johari Window and the therapeutic relationship that progresses through phases of orientation, identification, exploitation, and resolution.

Md. 2.8 Environmental Arrangements for Treatment

Milieu therapy uses the environment as a therapeutic tool which focuses on physical settings, staff, rules, and activities to aid behavioral adjustment. It includes group therapy activities like art, occupational, and motivational groups, each with phases for orientation, working, and termination. Nurses play a key role in facilitating these activities by encouraging participation, connecting issues, and evaluating group dynamics. Important aspects of Milieu Therapy involve managing patient behavior through restrictions while maintaining dignity and providing opportunities for patient feedback.

Md. 2.9 Psycho Education and Symptom Management

Psychoeducation aims to educate patients and their families about mental health to improve coping skills and reduce recurrence. Effective psychoeducation involves lectures, group work, and close interaction with therapists which lead to better medication adherence and lower relapse rates. Evidence shows that multifamily psychoeducation can enhance problem-solving and decrease caregiver burden. Symptom management focuses on helping patients understand and manage their symptoms through Cognitive Behavioral Therapy (CBT) and structured symptom management models, which include adjusting thoughts, practicing coping and relaxation skills, and evaluating strategies.

Md. 2.10 Counseling

Counseling involves a counselor assisting clients in understanding and resolving their problems for personal growth. The goal is for clients to recognize their issues, understand their needs, and take responsibility for their actions. The counseling process includes five steps: building relationships, exploring problems, understanding needs, planning solutions, and ending

counseling. Skipping steps, especially problem exploration, can hinder effectiveness. Key counseling skills include empathic listening, questioning, and summarizing can help clients gain maximum benefit from the process.

Md. 2.11 Motivation Interviewing

Motivational Interviewing (MI) is a directive counseling method aimed at changing health behaviors to prevent or reduce disease risks. It is based on four principles: collaboration, evocation, autonomy, and compassion. The MI process involves three steps: engagement, where the counselor and client work as a team; finding motivation by exploring important aspects of the client's life; and advising with options to foster commitment to change. MI can be used in various settings, such as NCDs clinics and substance abuse programs, to enhance treatment adherence and promote health behavior changes.

Md. 2.12 Child Development Program

Early childhood, especially the first three years, is a critical period for rapid brain development and synaptic pruning. The Developmental System model focuses on early detection and intervention for developmental delays which emphasize parental involvement and training for health staff to support children from birth to school age. The project includes maintaining a child development database in Thailand and monitoring progress through real-time reports and regional supervision. Tools like developmental surveillance and promotion manual (DSPM), DAIM, and TEDA4I are used to assess developmental screening quality and address issues.

Md. 2.13 Mental health and psychosocial support (MHPSS)

The course will provide a comprehensive understanding of the principles, theories, and practices related to promoting mental health and well-being in individuals and communities affected by adversity, trauma, and crisis. Participants will explore a range of topics, including psychological first aid, trauma-informed care, resilience-building strategies, and the integration of MHPSS into humanitarian and development contexts. Through a combination of theoretical learning, case studies, interactive discussions, and practical exercises, participants will develop the knowledge and skills needed to effectively support and empower individuals and communities facing mental health challenges in diverse settings.

Module 3 Mental Health Information System and Technologies

Md. 3.1 Epidemiology of mental health

The basic principles of psychiatric epidemiology include its development, measurement in psychiatry, cultural issues in research and ethics. Study designed topics cover various epidemiological study types, such as ecological, cross-sectional, case-control, cohort studies, and randomized controlled trials. Interpretation focuses on understanding chance, bias, confounding, causation, and the use of statistical methods in psychiatric epidemiology.

Md. 3.2 Mental Health Information System (MHIS)

A Mental Health Information System (MHIS) collects, processes, and analyzes data to enhance mental health service delivery and decision-making. The system is guided by the WHO pyramid framework to organize data collection. Key issues in clinical data management include data redundancy, analysis errors and interpretation issues. The quality assurance process ensures that procedures are followed and recorded accurately. To effectively implement MHIS, a step-by-

step process involves assessing needs, analyzing current systems, implementing solutions, and evaluating effectiveness, with careful planning needed to address familiar challenges in developing countries.

Md 3.3 Mental Health Atlas

This session will provide an overview of the Mental Health Atlas and key indicators for Mental Health systems. This course will provide an in-depth exploration of mental health systems worldwide, focusing on the collection, analysis, and interpretation of key indicators to assess the performance and effectiveness of mental health services. In order to understand the worldwide status of mental health systems, participants will learn how to navigate and utilize the Mental Health Atlas, a valuable resource published by the World Health Organization (WHO), and other relevant data sources.

Md 3.4 Mental Health Care in Digital Technology Era

- **Global trends and best practices**

The session provided an overview of digital mental health, outlining current challenges and potential solutions. It emphasized the role of psychological interventions and self-help strategies, highlighting the importance of evidence-based digital interventions supported by case studies and WHO implementation models. Key programs discussed included Doing What Matters in Times of Stress, Step-by-Step, and Sustainable Technology for Adolescents and Youth to Reduce Stress (STARS), along with details on WHO's role and trial locations. The session also explored digital approaches to promoting mental health literacy, including definitions, common concerns, and guidance provided by the WHO. Finally, it examined promising digital innovations, emerging trends, and the ongoing challenges that shape the future of digital mental health.

- **Development and implementation in Thailand**

This session provided a comprehensive introduction to digital mental health services in Thailand. The module covered the definition, importance, design, implementation, and key challenges of digital mental health services with examples from Thailand. Additionally, this training introduced the use of media in promoting mental health literacy, exploring the conceptual framework, related theories, and benefits, supported by examples in Thailand. Participants will apply theories, principles, and strategies of digital mental health services to real-world practices, learning to implement digital mental health care effectively in various settings.

Module 4 Community Mental Health

Md 4.1 Mental health and community psychiatric practices

The mental health and community psychiatric practice process includes the following steps: Preparation, Community Assessment, Community Diagnosis (which involves identifying problems and needs), Priority Setting, Planning, Implementation of the specified plan or project, and Evaluation with continuous development. These 7-step processes ensure comprehensive planning and execution of mental health and community psychiatric practices.

Md 4.2 Concept of Community Psychiatric Patient Rehabilitation

The training covered the goals, values, and principles of psychiatric patient rehabilitation including definitions and various models such as psychiatric, social, psychosocial, and vocational rehabilitation. It emphasized destigmatizing mental illness and outlined methods for acute and subacute care. Key skills for living, self-care, social, work, and community living skills were highlighted in this session as well as the role of families was discussed and focused on their participation in continuous care, understanding patients and managing stress. Additionally, strategies for effective communication, monitoring psychotic recurrence, and supporting patient recovery were included in this module.

Md 4.3 Concepts of Continuing Care and Psychiatric Patients Referral System

The referral system enables facilities with limited resources to collaborate with those that have advanced equipment or specialized staff who facilitate patient assistance and continuity of care. Referrals can include referring out, referring in, referring back, referring to receive, and consulting for patient care. An example is the referral of psychiatric patients through the THAI CoC and THAI Refer Systems, demonstrated by the Psychiatric Hospital Nakhon Ratchasima in Health Area 9. Continuity care for psychiatric patients encompasses concepts that include continuous access to health services, systems theory, and care coordination. It involves various levels of medical facilities—from primary to specialized care units and includes individual care plans addressing symptoms, medication, caregiver support, daily routines, and more.

Md 4.4 Deinstitutionalization of mental health

The Deinstitutionalization of Mental Health course covered the historical context, principles, challenges, and best practices of moving from institutionalized care to community-based mental health services. Participants explored the social, political, and ethical factors driving global deinstitutionalization efforts and assessed the impact of these changes on individuals, families, and communities.

Md 4.5 Mental Health Network Development

The session delved into the concept of mental health network development, covering definition, importance, and types. It identified key stakeholders and role identification in the mental health network across different sectors. An analysis of the current landscape highlighted existing strengths, gaps, and opportunities for improvement. The session concluded with strategies aimed at enhancing collaboration and coordination across different levels of the mental health system, fostering a more integrated and effective network of support.

Md 4.6 Empowering Minds Together: Foster A Supportive Community, Bridging Experience of Individuals and Caregivers

The course on Human-Centric Design in Mental Health Care addressed challenges and barriers in mental health care from the perspectives of individuals and caregivers. Participants

engaged in group work, where they will be assigned to design a supportive community that bridges the experiences of both individuals and caregivers, focusing on creating practical and empathetic solutions.

Module 5 Study Visit to Mental Health and Psychiatric Services

Md 5.1 Study Visit to Psychiatric Service in the Psychiatric Hospital

The training covered the structure of mental and psychiatric health service systems within psychiatric hospitals and emphasized the integration of primary and secondary mental health care with health service system facilities. This course included the process for delivering recovery-oriented psychiatric services and outlined the procedures for screening, history taking, mental examination, and psychosocial assessment of individuals with mental disorders or behavioral problems. Additionally, the session provided examples of care practices for managing serious mental disorders.

5.2 Study Visit to Child and Adolescent Mental Health Service

The training focused on the service delivery system for child and adolescent mental health care settings, detailing the processes of screening, history taking, mental examination, and psychosocial assessment for young individuals with mental disorders or behavioral problems. This session also included examples of care practices tailored for children and adolescents and provided specific behavior modification techniques to address behavioral issues in this age group.

Module 6 Study Visit to Mental Health Services in the Community

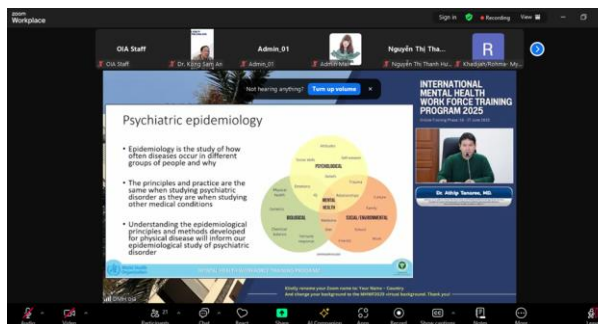
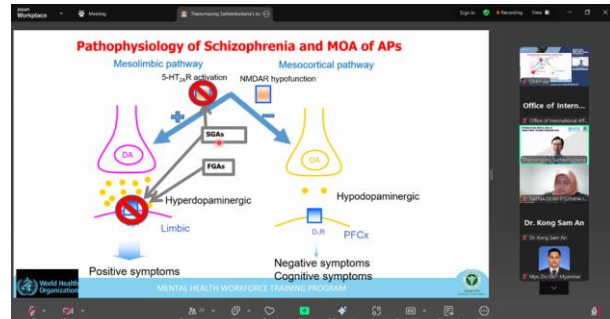
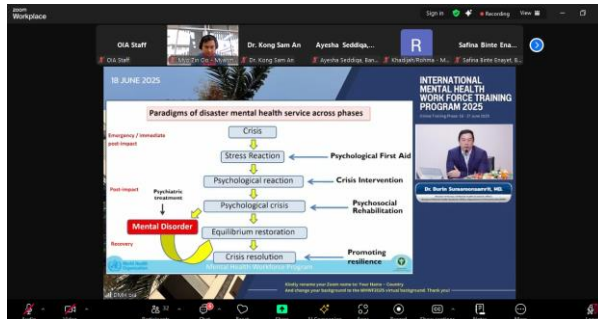
Md 6.1 Study Visit to Mental Health Services in the Community

The training addressed the mental health and community psychiatric practice process and focused on how psychiatric care integrates with primary care and community mental health networks which highlighted the importance of collaboration between these levels of care and the development of community mental health networks to ensure continuous care. The session emphasized strategies for building and sustaining effective mental health support systems within communities.

Learning Process

The teaching and learning methods in session included:

- Lectures



This year, we received academic support from the World Health Organization and MHPSS.net Sri Lanka, who facilitated a total of five expert speakers delivering lectures in the following seven sessions during the online training phase.

1. (Md. 1.3) - Mental health policy and plan: at global and regional
By Dr. Andrea Bruni, Regional Adviser Mental Health, WHO SEARO

2. (Md. 2.2) – Suicide Prevention: Strategies and Frameworks at the Global Level
By Dr. Sandersan Onie, Consultant, WHO HQ

The screenshot shows a Zoom meeting interface. The main window displays a PowerPoint slide titled "WHAT IS LIVE LIFE?". The slide features a large orange box with the word "LIVE" and the text "cross-cutting foundations". To the right, the word "LIFE" is spelled out in large letters, each corresponding to a "Key effective evidence-based intervention":

- L**: Limit access to means of suicide
- I**: Interact with the media on responsible reporting
- F**: Foster life skills of young people
- E**: Early identify and support everyone affected

On the left side of the slide, a list of "cross-cutting foundations" includes: Situation analysis, Multisectoral collaboration, Awareness raising, Capacity building, Financing, and Surveillance, monitoring, evaluation.

The Zoom interface shows Dr. Sandersan Onie, WHO HQ, in the top right video feed. The bottom of the screen displays the Zoom toolbar with icons for Audio, Video, Participants, Chat, React, Share, AI Companion, Apps, Show captions, Transcript, and More.

3. (Md. 1.7) – Mental Health in Crisis: Strategies and Frameworks at the Global Level
By Dr. Fahmy Hanna, Technical Officer, WHO HQ

The screenshot shows a Zoom meeting interface. The main window displays a PowerPoint slide titled "MHPSS MSP Activities". The slide contains a circular diagram with "MHPSS MSP" in the center, surrounded by various icons representing different sectors and activities. Below the diagram, there are several sections of text and tables:

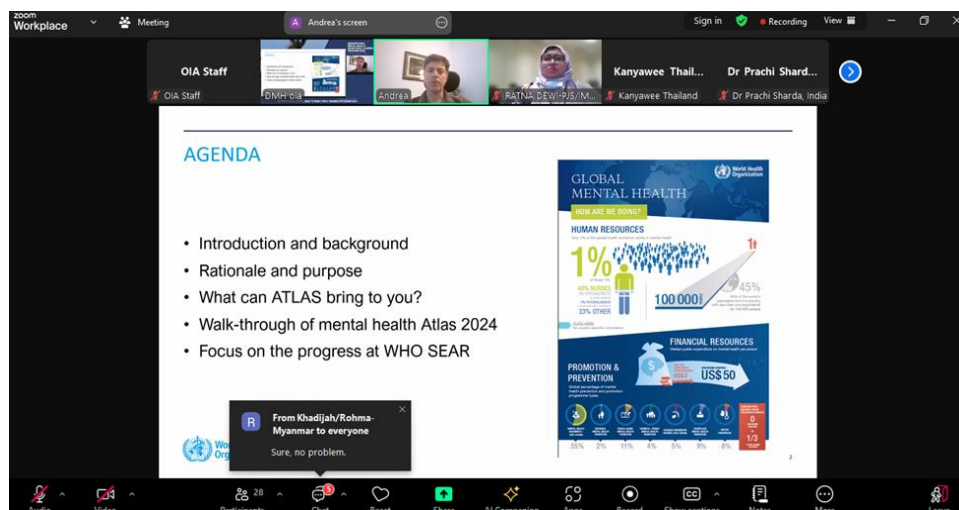
- Section 1: Inter-Agency Coordination and Assessment**
 - 1.1. Coordinate MHPSS within and across sectors
 - 1.2. Assess MHPSS needs and resources to guide programming
- Section 2: Essential components of all MHPSS programmes**
 - 2.1. Develop plan and operational framework
 - 2.2. Develop and implement an MHPSS system
 - 2.3. Care for staff and maintainers providing MHPSS
 - 2.4. Support MHPSS coordination of staff and volunteers
- Section 4: Activities and considerations for specific settings**
 - 4.1. Integrate MHPSS considerations and support into clinical care management for infectious diseases
 - 4.2. Provide mental health and psychosocial support to persons deprived of their liberty

At the bottom of the slide, there is a note: "cutting across various sectors and some are sector specific and you will see the icon of the sector next to the activity which is relevant to the sector some".

The Zoom interface shows Dr. Fahmy Hanna in the top right video feed. The bottom of the screen displays the Zoom toolbar with icons for Audio, Video, Participants, Chat, React, Share, AI Companion, Apps, Show captions, Transcript, and More.

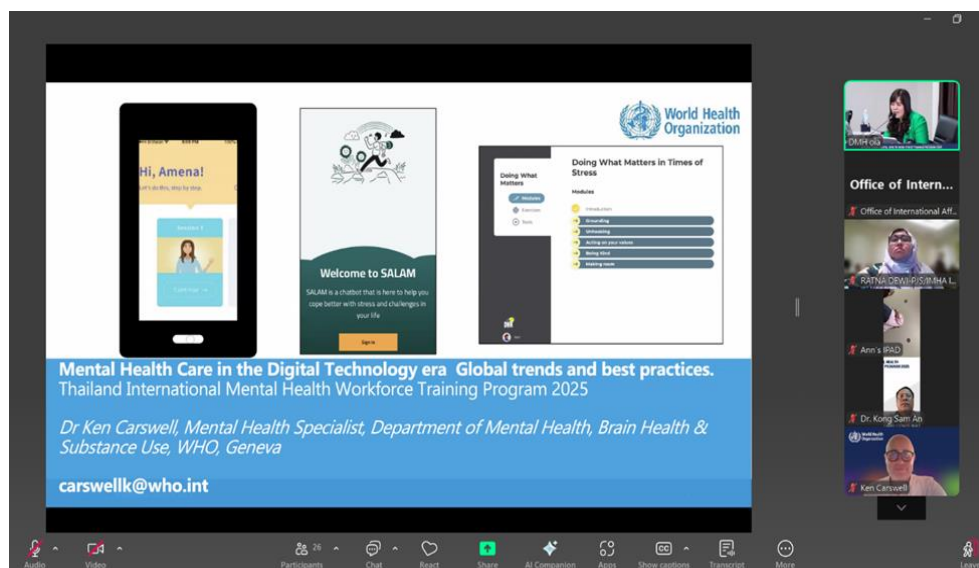
4. (Md. 3.3) - Mental Health Atlas

By Dr. Andrea Bruni, Regional Adviser Mental Health, WHO SEARO



5. (Md. 3.4) – Mental Health Care in Digital Technology Era: Global trends and best practices

By Dr. Ken Carswell, Mental Health Specialist, WHO HQ



6. (Md. 4.4) - Deinstitutionalization

By Dr. Andrea Bruni, Regional Adviser Mental Health, WHO SEARO

Deinstitutionalization in mental health

International Mental Health Work Force Training Program
26 June 2025

Dr. Andrea Bruni
Mental Health Regional Advisor
WHO SEARO
brunia@who.int

Chat: From Md. Shihab Uddin - Bangladesh to everyone

Participants: 15

Video thumbnails: Office of Intern..., Office of International Aff..., Andrea, Admin_01, Mustakim Ahmed Sunny

7. (Md. 2.13) – Mental Health and Psychosocial Support (MHPSS)

By Dr. Ananda Galappatti, Director (Strategy), MHPSS.net Sri Lanka

Unpacking the Evidence-Informed Active Ingredients of Psychological First Aid

PFA Action Principles	
Prepare	- Learn about the crisis event. - Learn about available services and supports. - Learn about safety and security concerns.
Look	- Observe for safety. - Observe for people with obvious urgent basic needs. - Observe for people with serious distress reactions.
Listen	- Make contact with people who may need support. - Ask about people's needs and concerns. - Listen to people and help them feel calm.
Link	- Help people address basic needs and access services. - Help people cope with problems. - Give information. - Connect people with loved ones and social support.

Five Essential Elements

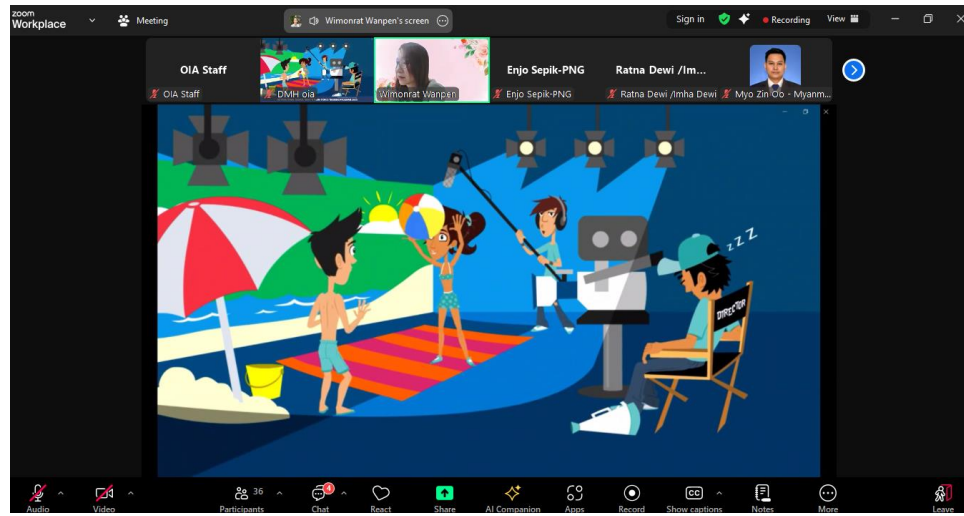
- Connectedness
- Safety
- Calm
- Self & Community Efficacy
- Hope

Hobfoll et al., 2007

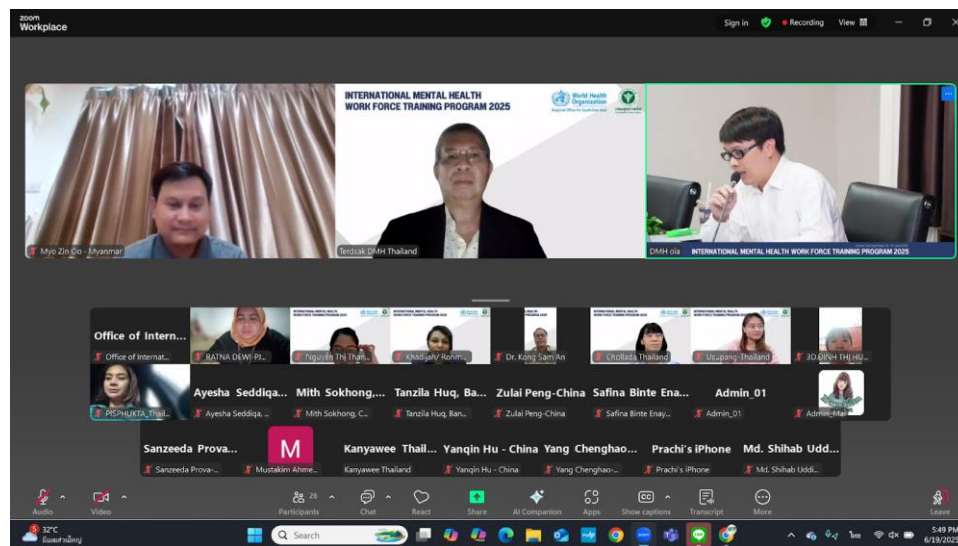
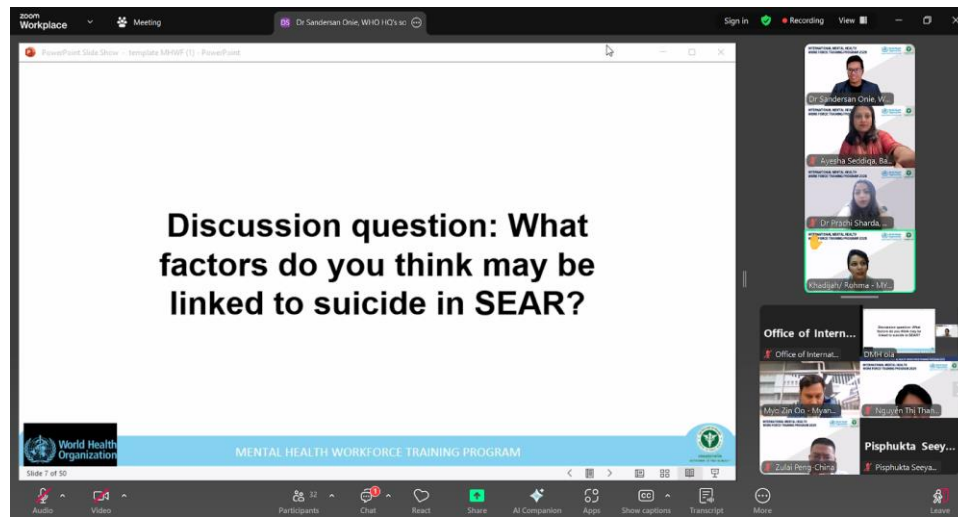
Hobfoll SE, Watson P, Bell CC, Bryant RA, Bryner MJ, Friedman MJ, Friedman M, Gerson RP, de Jong JT, Lerner CM, Maqeen S, Norris Y, Norwood AE, Pynoos BS, Reissman D, Ruzick JL, Shalev AY, Solomon Z, Steinberg AM, Ursano RJ. Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*. 2007; 70(4):283-315. discussion 316-69. doi: 10.1521/psyc.2007.70.4.283. PMID: 18181708.

Video thumbnail: Ananda Galappatti

- Observing Prerecords



- Participatory Discussions



- Case Study Analysis

The screenshot shows a Zoom meeting window. The main content is a PowerPoint slide titled "Case Scenario 2: The Demanding Family Member". The slide text describes a scenario where a Public Health Technical Officer visits a community health center and encounters Mrs. Devi, the daughter of an elderly patient (Mr. Kumar) with newly diagnosed dementia. Mrs. Devi is aggressive and demands more medication for her father. The slide also includes "Discussion Prompts for a Mixed Group" with four bullet points for Public Health Technical Officers/Nurses, Psychiatrists/Psychologists, and Directors.

Case Scenario 2: The Demanding Family Member

Scenario: You are a Public Health Technical Officer visiting a community health center. Mrs. Devi, the daughter of an elderly patient (Mr. Kumar) with newly diagnosed dementia, approaches you aggressively. She is upset and shouts, "You people aren't doing enough for my father! He's getting worse, and nobody is telling us anything clear. Why aren't you giving him stronger medication? He needs to be cured!" You know Mr. Kumar's care plan has been thoroughly discussed with the family, but Mrs. Devi seems to have forgotten or not fully processed the information.

Discussion Prompts for a Mixed Group:

- **For Public Health Technical Officers/Nurses:** How do you navigate this immediate confrontation in a public setting while maintaining professionalism?
- **For Psychiatrists/Psychologists:** What are the psychological underpinnings of Mrs. Devi's distress? How might understanding her emotional state inform your communication strategy?
- **For Directors:** How can clear communication protocols and family education programs at an organizational level prevent or mitigate such situations?
- How can **validation and clarification** be used to de-escalate Mrs. Devi's anger while still providing necessary information?

The Zoom interface shows three participants in a sidebar: Supriak Phrasawan, Ratna Dewi PISIMHA INDONESIA, and Mutakim Alherd Sunny - Bangladesh. The bottom toolbar includes icons for Audio, Video, Participants, Chat, React, Share, AI Companion, Apps, Show captions, Transcript, and More.

The screenshot shows a Zoom meeting window. The main content is a PowerPoint slide titled "Case Scenario" dated 19 JUNE 2025. The slide text describes a scenario where Mr. Chad, a 35-year-old son of an ice factory owner, is living with schizophrenia. He was 170 cm tall and weighed 90 kg. He was working as an ice delivery for the market. One day, he was transferred to the hospital due to hallucinations and delusions due to drinking alcohol. He also hurt his sister. After one week of admission to the hospital, his symptoms subsided. He cooperated well with the treatment and regulation of the ward. He could talk to others normally but he didn't take a shower well. He could clean the ward but it was not clean. He could help lift heavy things in the ward. He could control his emotion and behavior. He wanted to go home but his father wanted him to stay in the hospital for a little longer and brought his guitar for him. The slide asks "How would you rehabilitate Mr. Chad?".

Case Scenario

19 JUNE 2025

Mr. Chad, a 35 y.o. son of an ice factory owner, was living with schizophrenia. He was 170 cm tall and weighed 90 kg. He was working as an ice delivery for the market.

One day, he was transferred to the hospital due to hallucinations and delusions due to drinking alcohol. He also hurt his sister.

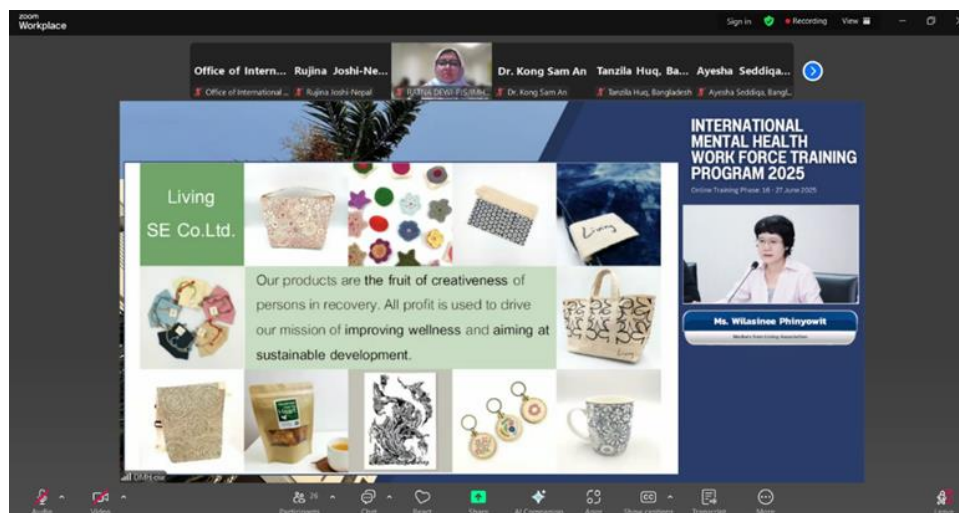
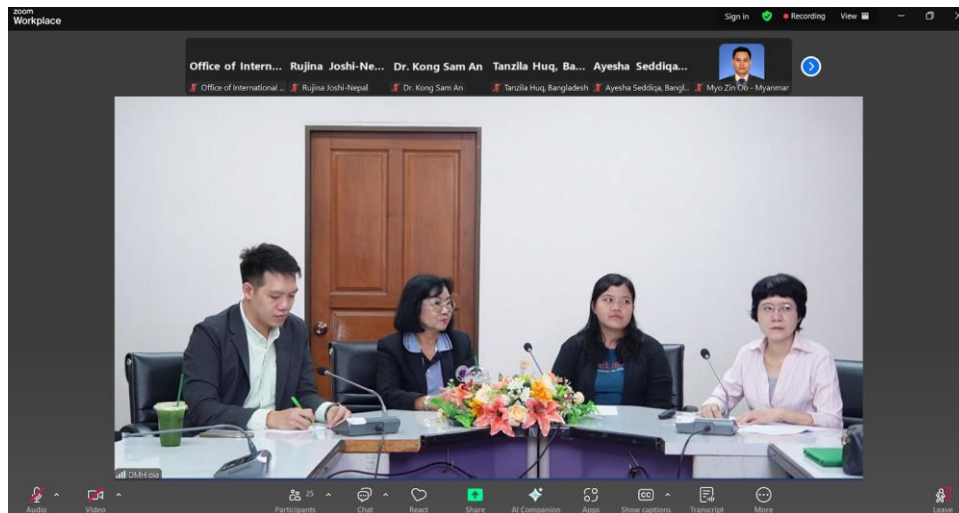
After one week of admission to the hospital, his symptoms subsided. He cooperated well with the treatment and regulation of the ward. He could talk to others normally but he didn't take a shower well. He could clean the ward but it was not clean. He could help lift heavy things in the ward. He could control his emotion and behavior.

He wanted to go home but his father wanted him to stay in the hospital for a little longer and brought his guitar for him.

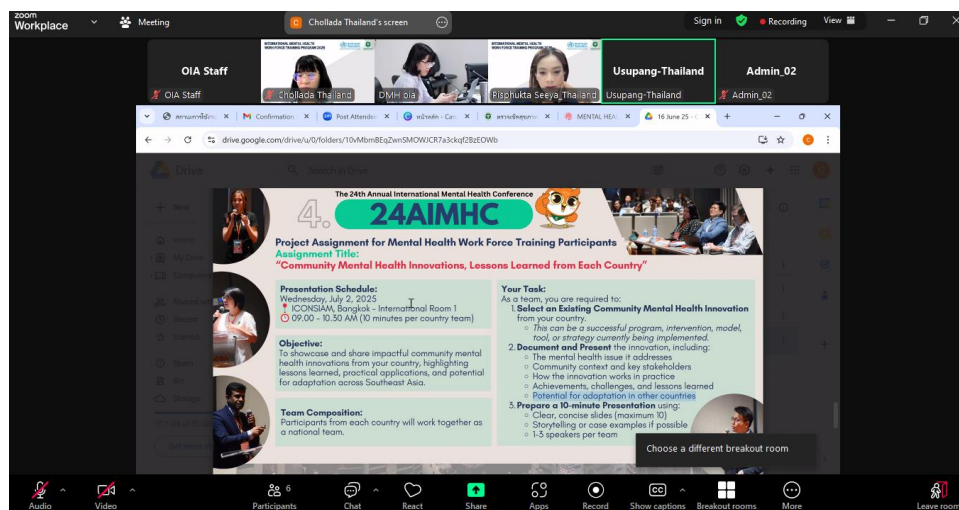
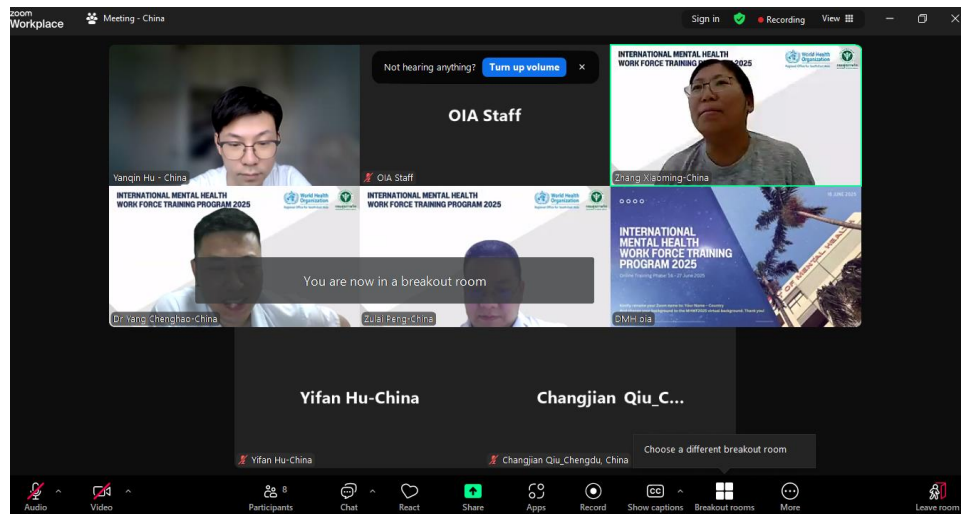
How would you rehabilitate Mr. Chad?

The Zoom interface shows a video of a man speaking. The bottom toolbar includes icons for Audio, Video, Participants, Chat, React, Share, AI Companion, Apps, Record, Show captions, Notes, and More. The participant list at the bottom includes Ratna Dewi /imha..., OIA Staff, Dr. Kong Sam An, Admin_01, Admin_Mai..., Changjian Qiu_C..., Office of Intern..., and PISPHUKTA_Tha....

- Real Life Experiences



- **Group Discussion**



- **Writing Report and Presentations**



Participants' presentation



Participants' presentation



Participant's presentation



Participant's presentation



Chairman and discussants



Group photo after the presentation session

- Participated in the 24th Annual International Mental Health Conference (24AIMHC) at ICONSIAM, Bangkok, Thailand



Participants attended in the sub-room session



Participant presented an International Oral Presentation



Participants in front of the conference back-drop



Participants listened to the special lecture



Participants at the closing ceremony



Group photo at the closing ceremony of 24AIMHC

Study Visits

The Department of Mental Health, Thailand, has organized study visits to the department's affiliated hospitals and institutes as part of the International Mental Health Workforce Training Program 2025. These visits aim to provide participants with the opportunity to observe practical operations and service delivery processes across a variety of settings – including suburban, urban, and child and adolescent psychiatric care – with the intention of applying the knowledge and insights gained to enhance mental health and psychiatric service systems in their countries. This year, the program includes study visits to four key sites: Srithanya Hospital, Somdet Chaopraya Institute of Psychiatry, Rajanukul Institute, and the Child and Adolescent Mental Health Rajanagarindra Institute.

- **Study visit on mental health in suburb area:**

Srithanya Hospital

Srithanya Hospital is a renowned psychiatric hospital located in Nonthaburi province, Thailand. It is one of the leading institutions for mental health care in the country which offers a comprehensive range of services for the diagnosis, treatment, and rehabilitation of individuals with mental health conditions. The hospital is also known for its expertise in rehabilitation, occupational therapy, and psychological support. Its procedure focuses on helping individuals regain their functional abilities and improve their quality of life through tailored rehabilitation programs. Additionally, Srithanya Hospital collaborates with the community to support the care of individuals with mental health issues.



Group photo of participants during the study visit to Srithanya Hospital



Dr. Kittisak Aksornwong, Director-General of the Department of Mental Health, Thailand, delivering opening remarks for the onsite opening ceremony



Dr. Jos Vandelaer, WHO Representative to Thailand, delivering opening remarks for the onsite opening ceremony



Distinguished guests and MHWF2025 participants in the conference room during the opening ceremony



Group photo after the Certificate Ceremony



Participants participated in the lecture session on “Srinakharinwirot’s Community Mental Health Integration”



The participants visited Male Psychiatric Ward



Participants listened to occupational therapists on psychiatric patient rehabilitation through occupational therapy and visit the Friends Shop, the rehabilitation patient training center



Participants visited crafting section of the Friends Shop



Participants visited Coffee Cafe by Friends Shop



Participants watched the sample of rehabilitation process for psychiatric patients at Welfare Patients Rehabilitation Ward



Participants visited the outpatient department



Participants visited the outpatient department

- **Study visit on mental health in urban area:**

Somdet Chaopraya Institute of Psychiatry

Somdet Chaopraya Institute of Psychiatry, established in 1914, is a Thailand major psychiatric hospital located in Bangkok. It serves as a leading center for psychiatric care, innovation, research, and education. The institute offers comprehensive mental health services that include both inpatient and outpatient care, and specialized programs for various mental health conditions. The institute also plays a significant role in training mental health professionals and advancing psychiatric research in Thailand.



Group photo during the study visit of participants at Somdet Chaopraya Institute of Psychiatry



Participants in the conference room and watching the institute's introductory video



Participants visited a Premium Ward



Participants visited a Sleep Lab



Participants observed the use of the CogniPlus device, which aids in memory, attention, and executive functions



Participants learnt about Transcranial Magnetic Stimulation (TMS)



Participants learnt about the process of psychiatric patient rehabilitation through occupational therapy and visit Lhang Kha Deang Coffee Shop and Friends Shop



Participants visited the electroconvulsive therapy (ECT) center



Participants visited the inpatient ward

- **Study visit on Child and Adolescent Psychiatry:**

Rajanukul Institute

Rajanukul Institute specializes in intellectual disabilities, they play a crucial role in providing developmental stimulation services for children, especially those with special needs including children with developmental delays or learning disabilities. The institute also offers educational support, therapy, and developmental enhancement tailored to the individual needs of each child.



Group photo of the participants during the study visit to Rajanukul Institute



Participants in the conference room and listening to the institute's introductory agenda



Participants observed activities stimulating the development of children with their parents



Participants visited Sensory Integration Room for Physical Activities Therapy



Participants visited Snoezelen Room



Participants observed occupational therapy activity, agriculture



Participants visited Shelter Coffee Shop, a site for occupational training



Participants listened to the lecture at inpatient ward



Participants listened to an occupational therapist talking about Art Therapy

Child and Adolescent Mental Health Rajanagarindra Institute

Child and Adolescent Mental Health Rajanagarindra Institute (CAMRI) is an agency under the Department of Mental Health that specialises in child and adolescent psychiatry where they provide diagnostic evaluations, treatment, and consultation services for families and caregivers on emotional, behavioral, and learning issues of their children. The institute is also where the Mental Health Helpline 1323 – a 24/7 free counseling service provided by the Department of Mental Health, available 24/7, offering emotional support, crisis intervention, suicide prevention, and referral services to mental health facilities – operation center is located.



Group photo of participants during the study visit to Child and Adolescent Mental Health Rajanagarindra Institute



The participants listened to a presentation providing mental health counseling services through the Dmind application, 1323 Helpline, and support for individuals at risk of suicide by the HOPE team



The participants observed the operation of Mental Health Counseling Helpline 1323 Team



The participants listened about the operation of Mental Health Counseling Helpline 1323



The participants visited the Mental Health Counseling Center, Helpline 1323



The participants visited the staff break room



The participants discussed with the registered nurse about the outpatient department services



The participants visited counseling room of the outpatient department



The participants visited the outpatient department

Chapter III: Evaluation

We used mix-procedures for comprehensive evaluating the Mental Health Workforce Training Program 2025. The purpose of this evaluation is to assess the effectiveness of the training program in improving participants' knowledge, skills, and attitudes related to the program's curriculum.

The evaluation will provide valuable insights for us to make necessary improvements and enhancements to future iterations of the training.

Objectives:

- To assess participants' knowledge gain in mental health concepts and practices.
- To evaluate the effectiveness of training methodologies and materials.
- To measure the impact of the training.
- To gather feedback and suggestions for course improvement (See **Chapter IV**).

Evaluation Design:

Objectives	Evaluation dimensions	Methods	Tools
1. To assess participants' knowledge gain in mental health concepts and practices	- Knowledge	- Post-test (Achieve a passing score of at least 70%)	Multiple choice test (50 questions)
2. To evaluate the effectiveness of training methodologies and materials	- Training methodologies and materials	- Questionnaire	- Training evaluation questionnaire
3. To gather feedback and suggestions for course improvement (See Chapter IV)			
4. To measure the impact of the training	- Adaptability and usability	- Report Assignment - Presentation - Follow-up Questionnaire	- Report assignment - Follow-up questionnaire

***Note:** Follow-up questionnaire will be sent after six months

Objectives 1:

To assess participants' knowledge gain in mental health concepts and practices

The effectiveness of the mental health workforce training was evaluated using a 50-question multiple-choice test, which assessed participants' knowledge of mental health concepts and practices. The results showed a significant improvement from pre-test to post-test. The average score increased from 35.08 out of 50 (70.16%) in the pre-test to 41.72 out of 50 (83.44%) in the post-test. The highest scores rose from 46 (92%) to 50 (100%), while the lowest scores improved from 8 (16%) to 19 (38%).

The number of participants passing the minimum threshold of 70% (35 points or higher) increased from 15 (60%) in the pre-test to 22 (88%) in the post-test. Those achieving very high scores of 45 points or more increased from 5 (20%) to 9 (36%). Nineteen participants (76%) scored higher in the post-test than in the pre-test. The number of participants not meeting the passing criteria decreased from 10 (40%) to 3 (12%).

The median score improved from 37 (74%) to 43 (86%). In the post-test, 4 participants (16%) scored between 35–40 points, showing a solid foundational grasp of the content, while 18 participants (72%) scored between 41–50 points, indicating advanced comprehension and mastery. These results highlight the effectiveness of the training in enhancing participants' knowledge of mental health concepts, with a substantial portion achieving high levels of understanding.

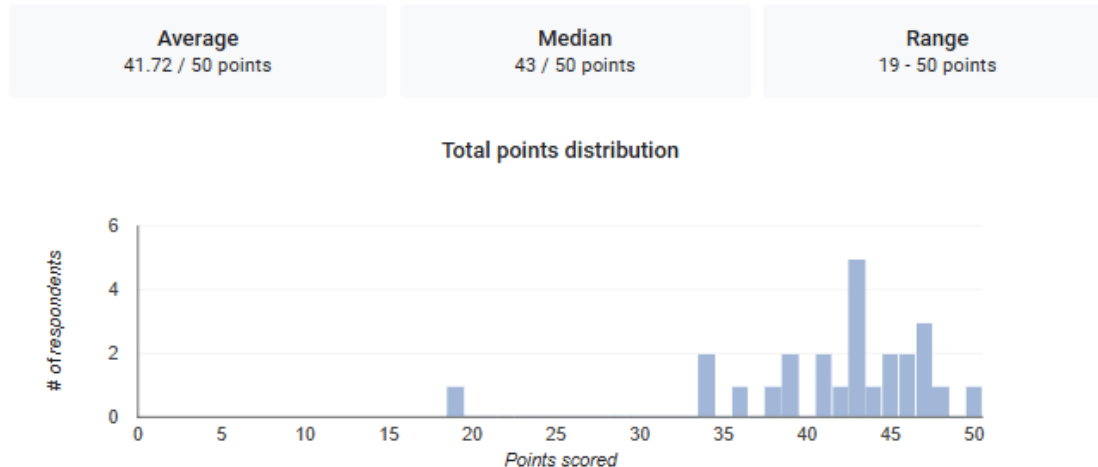


Figure 1. Distribution of Post-Test Scores

Overall Performance: 25 Participants Tested

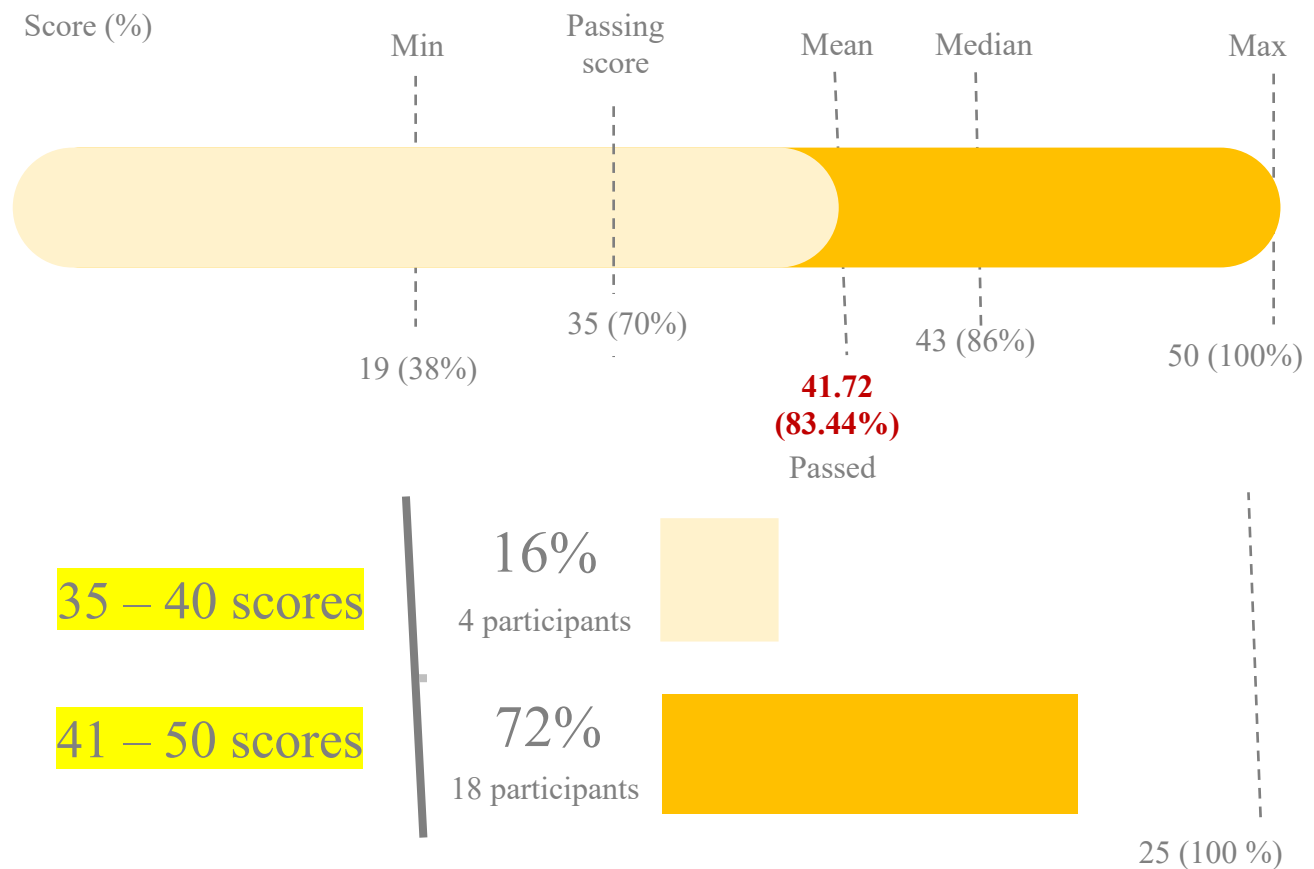


Figure 2. Overall Post-Test Performance of Participants

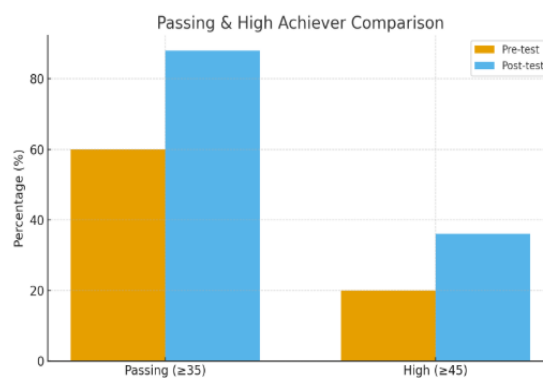


Figure 3. Comparison of Passing Rates and High Achievers (Pre-test vs. Post-test)

The chart illustrates the improvement in participants' performance between the pre-test and post-test. The percentage of participants meeting the passing threshold (≥ 35 points) increased significantly from 60% to 88%. Similarly, the proportion of high achievers (scoring ≥ 45 points, equivalent to over 90%) rose from 20% to 36%. In addition, the average score increased from 35.08 to 41.72, and the median score improved from 37 to 43, reflecting a substantial overall enhancement in participants' knowledge after the training.

Objective 2:

To assess the application of knowledge and skills gained and evaluate participants' satisfaction with the course content and structure.

The assessment revealed a high level of intention among participants to apply the knowledge and skills acquired through the training. The highest planned applications were observed in training and capacity building (88%) and personal/professional development (88%), followed by community engagement and integration (72%) and evidence-based research and practice (68%). Policy development and advocacy also demonstrated a notable interest, with 52% planning to apply and 40% considering it. Moderate levels of application were reported in program/service implementation (60%) and use of technology and innovation (56%) (Table 1).

Regarding course content and structure, participants expressed high satisfaction across most dimensions. The quality of in-person sessions received the highest ratings (84% very satisfied), while overall course structure was also highly regarded (72% very satisfied, 20% satisfied). Quality of online sessions was positively rated (48% very satisfied, 48% satisfied), and the relevance of content to participants' country context was considered strong (64% very satisfied, 28% satisfied). The balance between theoretical and practical parts (64% very satisfied, 32% satisfied) and group assignments with discussions (56% very satisfied, 40% satisfied) were also well received (Table 2).

Overall, the findings reflect strong readiness among participants to apply the training outcomes in practice, alongside a high level of satisfaction with the course content and structure, highlighting the program's success in meeting participant expectations.

Table 1. Application of Knowledge and Skills (N=25)

Note: "Will apply" = participants are certain to apply; "May apply" = participants may apply; "Will not apply" = participants do not plan to apply; "Not relevant to my context" = the content is not applicable in their context.

How do you plan to apply the knowledge and skills gained?	Will apply	May apply	Will not apply	Not relevant to my context
Policy development and advocacy	13 (52%)	10 (40%)	1 (4%)	1 (4%)
Program/service implementation	15 (60%)	8 (32%)	0 (0%)	2 (8%)
Training and capacity building	22 (88%)	3 (12%)	0 (0%)	0 (0%)
Use of technology and innovation	14 (56%)	11 (44%)	0 (0%)	0 (0%)
Evidence-based research and practice	17 (68%)	5 (20%)	2 (8%)	1 (4%)
Community engagement and integration	18 (72%)	7 (28%)	0 (0%)	0 (0%)
Personal/professional development	22 (88%)	3 (12%)	0 (0%)	0 (0%)

Table 2: Course Content and Structure

Description: This table summarizes participants' satisfaction levels regarding various aspects of the training program. Numbers indicate the count of respondents, with percentages in parentheses (N=25).

Evaluation Aspect	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Quality of online sessions	12 (48%)	12 (48%)	1 (4%)	0 (0%)	0 (0%)
Quality of in-person sessions	21 (84%)	3 (12%)	0 (0%)	1 (4%)	0 (0%)
Relevance of content to your country's context	16 (64%)	7 (28%)	2 (8%)	0 (0%)	0 (0%)
Proportion theoretical training and practical parts	16 (64%)	8 (32%)	1 (4%)	0 (0%)	0 (0%)
Group assignments and discussions	14 (56%)	10 (40%)	2 (8%)	0 (0%)	0 (0%)
Overall course structure	18 (72%)	5 (20%)	2 (8%)	0 (0%)	0 (0%)

Objective 3:

To measure the impact of the training

The projects from each country demonstrate the significant impact of the training in terms of adaptability and usability by effectively tailoring the knowledge gained to address their unique community needs and challenges. Participants were tasked with conducting group country reports on the concept of applied community mental healthcare by collaborating with their country group members to share and merge their insights. These collective efforts were presented at the 24th Annual International Mental Health Conference at ICONSIAM, Bangkok on 2nd July 2025. Application of the knowledge gained from the training to their initiatives can be concluded in the following:

Bangladesh: How Digital Peer-Based Community Support Networks Are Transforming Youth Mental Health in Bangladesh

Objective: To improve youth mental health in Bangladesh by training peer supporters (in private universities setting) to provide non-judgmental, confidential, and culturally appropriate support,

both in-person (focused on active listening, emotional validation, planning, and referrals) and through digital platforms (for anonymous support and wider reach), addressing depression, anxiety, suicidal ideation, academic stress, bullying, and parent-child conflicts among adolescents and university students.

Comments: This innovation presents a practical and youth-driven model that effectively leverages peer networks and digital tools to support mental health. It demonstrates strong scalability and has already gained institutional support within universities, which strengthens its potential for sustainability. However, to sustain and expand its impact, greater family and community involvement will be essential, alongside broader use of digital platforms such as WhatsApp and Telegram to reach more young people. The planned expansion to schools and communities is highly promising and could play a key role in establishing early intervention systems for youth mental health in Bangladesh.

Cambodia: Empower Youth in Community Mental Health

Objective: To strengthen youth mental health support in Cambodia by empowering young people as leaders, peer supporters, and digital innovators, using creative, stigma-free approaches such as podcasts, social media campaigns, peer ambassador programs, and safe spaces for open dialogue.

Comments: This innovation demonstrates how youth leadership and digital platforms can transform mental health support in a resource-limited setting. By combining creative content, peer support, and safe spaces, these programs break stigma and make mental health conversations accessible and relatable. The integration of youth voices into national strategy highlights strong policy alignment and sustainability potential. However, long-term success will depend on continued institutional support, collaboration across sectors, and capacity building for young leaders to ensure quality and reach. Cambodia's model offers valuable lessons for other countries on building youth-centered, community-driven mental health systems.

China: The Current Situation of Mental Health Services in Chinese Communities: Development and Innovation

Objective:

To enhance mental health service delivery in underserved Chinese communities by integrating AI technologies such as AI-assisted monitoring systems and smart pillboxes to improve medication adherence and address resource shortages, especially in rural or economically underdeveloped areas.

Comments:

The use of AI in mental health care is a forward-thinking approach with high potential, especially for resource-limited areas. The plan to contribute a policy-oriented report combining AI and community service is commendable and could support system-level improvement.

India: Therapeutic Clowning – A Human-Centered Mental Health Intervention

Objective:

To reduce anxiety, stress, trauma, and emotional fatigue through therapeutic clowning, a trauma-informed, human-centered intervention that uses humor and empathy to support mental well-being in clinical and community settings.

Comments:

This innovation offers a creative and culturally sensitive approach that helps humanize mental health care. Its plan to scale through partnerships and facilitator training is both promising and well-aligned with community-based mental health priorities. However, to fully realize its potential, broader awareness, comprehensive training, and stronger policy support are essential to address misconceptions and extend its reach.

Indonesia: Be Creative in Expression with Expressive Therapy

Objective: To strengthen the rights and inclusion of individuals with psychosocial and other disabilities in Indonesia through intersectional advocacy, expressive therapy, and community-driven approaches led by the Indonesia Mental Health Association (IMHA).

Comments: The IMHA initiative highlights the power of combining intersectional advocacy with creative approaches like expressive therapy to amplify voices of people with disabilities. Its ability to bring together individuals from diverse backgrounds into inclusive platforms demonstrates strong movement-building potential. To strengthen sustainability, more investment in capacity building, legal protections, and resource allocation would be valuable. Collaborations with artists and broader civil society could further expand visibility and impact, also ensuring inclusive platforms, consistent resources, and supportive structures to sustain engagement and growth.

Myanmar: Applied Creative & Community Mental Health Healing in Myanmar

Objective: To de-institutionalize mental health care in Myanmar by shifting services from clinics into communities, using creative arts therapies, lifestyle-based healing, peer-led support, and cultural reconnection to promote dignity, resilience, and long-term recovery.

Comments: This innovation highlights a powerful shift from clinic-based models to community-powered healing, blending traditional practices, creative expression, and lifestyle interventions with evidence-based therapies. Its strength lies in being culturally rooted, inclusive, and peer-led, which makes it particularly relevant for Myanmar's context of trauma and instability. However, scaling will require stronger policy support, regulation, and institutional backing, as well as training frameworks to ensure quality and sustainability.

Nepal: Community Informant Detection Tool (CIDT) for Female Community Health Volunteers (FCHV)

Objective:

To enhance early detection and referral of individuals with suspected mental health conditions in communities by training FCHVs to use the CIDT, a culturally adapted, non-stigmatizing screening tool based on local idioms and vignettes.

Comments:

The CIDT is an innovative, low-resource approach that enables community health volunteers to detect mental health issues early, using culturally adapted and non-stigmatizing methods, which is a prominent solution for expanding mental health coverage at the community level. The usage of local language and context is a major strength that enhances acceptance and accuracy. However, further support is needed to increase FCHV capacity and improvement on mental health literacy among volunteers is necessary to ensure consistency, scalability, and long-term effectiveness.

Thailand: The Mental Health Crisis Assessment and Treatment Team: MCATT

Objective: To provide the MCATT with a practical framework for working collaboratively with local networks and deliver timely psychological support and care to crisis-affected individuals.

Comments: Thailand's MCATT is a strong example of how structured, multidisciplinary, and culturally grounded mental health responses can be integrated into disaster management. Its balance of technical precision and human sensitivity is prominent. Continued investment in training, cross-sector collaboration, and knowledge-sharing could further enhance resilience and sustainability.

Vietnam: A depression management and microloans programme for poor women

Objective:

To improve mental health and socio-economic well-being of poor women in Vietnam by integrating community-based depression treatment with access to microloans, enabling women to regain functionality, economic independence, and social inclusion.

Comments:

The program is highly relevant and well-designed, addressing both mental health and poverty — two interconnected issues for poor women. The integration of group therapy and microloans is a smart, sustainable approach that empowers participants both emotionally and economically. For long-term success, the program should build sustainability through stronger funding mechanisms, addressing persistent stigma, and expanding workforce training to meet the growing demand.

Objective 4: Feedback and Suggestions for course improvement (See Chapter IV)

Chapter IV: Feedback and Reflections

This chapter explores the feedback and reflections collected from participants regarding their experiences and perspectives gained from the training. The key questions addressed include: What new skills and knowledge did participants acquire from this training? How do participants plan to apply these skills and knowledge in their own countries? The chapter also examines suggestions for improvement, as participants were invited to provide feedback on various aspects of the training such as course organization, content, and secretariat support. These insights aim to identify areas where the training can be further refined to better meet the needs of future participants. Another important focus is on assessing participants' willingness to invest in future training opportunities. We also sought to understand whether participants would recommend this course to others, and who they believe would benefit the most from such training. These reflections provide a valuable overview of the program's impact and potential scope.

What new skills and knowledge did participants acquire from this training?

- Community mental health models (low-cost, scalable)
- Integrated mental health system in Thailand
- Visits to Srithanya Hospital, Somdet Chaopraya Institute, Rajanukul Institute, and Child & Adolescent Mental Health Institute
- Hands-on training
- Short intervention models
- Communication techniques for trust building
- Interdisciplinary teamwork and continuity of care
- International peer learning and exchange
- Professional networking and friendships
- Inspiration from responsibility and commitment
- Patient rehabilitation and livelihood initiatives
- Policy and research in mental health
- Program evaluation and service improvement
- Urban mental health campaigns
- Mental health advocacy and anti-stigma efforts
- Training of Trainers (ToT) and capacity building
- Tele-MANAS helpline and patient follow-up system
- Integration of mental health into primary care
- Standardized screening tools (PHQ-9, ASSIST, T-ACE)
- Youth mental health support
- Evidence-based policy research
- DMind collaboration and international partnerships

Community Mental Health Models & Practices	Collaboration & Networking
• Community-level insights • Real-life models (hospital-based care, village health volunteers, primary care integration) • Community-based mental health models • Scalable models (low-cost, Tele-MANAS, school-based, rehabilitation) • Patient rehabilitation approaches • Organizing & managing mental health services	• Diverse participants • Collaboration between government, professionals, hospitals, and community • International networking & professional exchange • Friendships & peer learning
Practical Learning & Exposure	Knowledge & Research
• Site visits & field visits • Hands-on experience • Online classes & conferences • Experiential learning & sharing space	• Knowledge base • Country presentations & shared experiences • Policy & interventions • Learning from other countries' services • Training materials
Clinical Practice & Patient Care	Innovation & Digital Approaches
• Inpatient service model • Holistic, person-centered care • Psychiatric nursing skills (assessment, intervention, support) • Practical tools (assessment frameworks, brief interventions, communication) • Interdisciplinary collaboration & continuity of care • Compassionate, evidence-based care • Responsibility, passion, and care in community services	• Digital platforms for data, planning, and innovation

How will you apply the training's contents and knowledge gained in your country?

Six key themes were identified based on the answers of participants.

1. Mental Health Awareness Campaigns

Example Activities:

- Conduct an **Urban Mental Health Campaign** in India in collaboration with the Ministry of Health, using public transport branding, street plays, and Tele-MANAS awareness initiatives
- Carry out **community-level campaigns**, workshops, and community engagement activities
- Implement **Mental Health Advocacy** to promote awareness and reduce stigma around mental health in society

2. Training and Capacity Building

Example Activities:

- Organize **Training of Trainers (ToT)** for community health volunteers (ASHAs, MAS members) and healthcare staff
- Conduct training workshops across health regions
- Share knowledge with hospital staff and relevant personnel to enhance competencies in mental health care

3. Mental Health Service Development

Example Activities:

- Strengthen **Mental Health Helpline / Tele-MANAS systems** and follow-up mechanisms
- Integrate mental health services into **primary healthcare (PHC)**
- Develop **AI-based software** for community mental health screening and early detection

4. Screening, Brief Interventions, and Patient Education

Example Activities:

- Utilize standardized tools such as **PHQ-9, ASSIST, and T-ACE** for early screening and risk assessment
- Provide **brief interventions** and **psychoeducation** for patients and their families
- Implement supportive activities for adolescents, including **group discussions, journaling, and relaxation techniques**

5. Research and Policy Development

Example Activities:

- Conduct research to improve mental health policies and programs
- Design and pilot **models for integrating mental health into primary care**
- Establish **client databases** to support evidence-based policy reform and program planning

6. Networking and Knowledge Exchange

Example Activities:

- Collaborate with the **DMind project** and international academic networks
- Share knowledge with government agencies, NGOs, and community partners
- Prepare reports and disseminate findings to colleagues and relevant organizations to inform practice

What needs to be done and how can the training be improved? **(e.g., the course organization, Content, Secretariat support)**

To analyse the feedback on how the training could be improved, we can break down the suggestions into five key themes:

1. Interactivity and Learning Format

- Make lectures and activities more interactive, e.g., discussions or Q&A
- Break long lectures into shorter segments for easier comprehension

2. Balance Between Online and Onsite Learning

- Reduce online training hours, especially on working days (no more than 2 hours/day)
- Increase onsite learning and include more community or field visits

3. Planning and Scheduling

- Provide earlier notice for group assignments and expectations
- Adjust the schedule to avoid overlapping sessions
- Allocate more time for participants to present and share experiences

4. Content and Knowledge Sharing

- Include more country case studies and model sharing
- Provide opportunities for participants to exchange experiences and best practices

5. Technical and Instructor Improvements

- Improve online session quality (audio, visuals, and access)
- Ensure lecturers communicate clearly and understandably in English

The suggestions highlight the need for a highly interactive, well-organized training program that accommodates working professionals. Improvements should include making lectures and activities more engaging, breaking long sessions into shorter segments, increasing onsite learning and field activities, adjusting schedules and providing earlier notice for assignments, and including diverse country case studies and best practices. Technical quality of online sessions and clarity of instructors should also be improved. Overall, the program is valuable, but there is room to enhance its effectiveness and practical applicability.

Are you willing to pay out of pocket to participate in the course?

Responses regarding participants' willingness to pay out of pocket for the course show a range of perspectives as follows:

- 76% of participants (19 people) noted that they are willing to pay only partially, for example covering airfare or meals, to reduce financial burden but not the full fee. Meanwhile, several participants are unable to pay out of pocket and require external financial support, such as from their company, the government, or other organizations, due to their financial constraints and limited budget
- 24% of participants (6 people) are willing to pay the full course fee

These responses indicate that while many participants are willing to invest personally in the course, financial limitations remain a significant barrier for others. The diversity in willingness to pay highlights the importance of considering financial accessibility when designing and offering training programs, and for some participants, external funding or support may be necessary to enable participation.

Will you recommend this course to others? With whom?

Participants were aligned in their views that the program should be recommended to others, this include mental health professionals, policymakers and health officials, NGOs staff, primary care or community health workers, and psychiatric students and trainees. This strong endorsement suggests that the course is highly valued, seen as beneficial, and provides relevant insights and skills applicable to diverse stakeholders committed to advancing mental health.

Chapter V: Lesson Learned

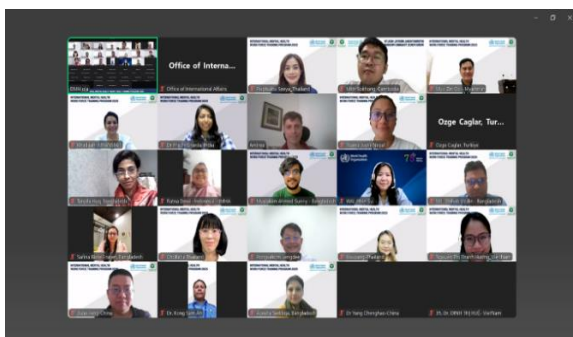
1. Knowledge & Skills Development

Participants consistently highlighted the value of the program's comprehensive coverage of global mental health frameworks, which integrated clinical, community-based, and policy perspectives. Practical tools such as evidence-based clinical guidelines, case-based learning, and therapeutic communication techniques were especially useful for strengthening professional practice. Learning about Thailand's mental health system, including school-based promotion, tele-counseling, community rehabilitation, and de-institutionalization, broadened participants' regional understanding and provided inspiration for adaptation in their own contexts. Overall, the training is able to deepen both theoretical knowledge and practical competencies, equipping participants with updated approaches to apply in their work.



2. Learning Approaches and Training Design

The training was praised for its well-organized structure, diversity of topics, and the expertise and sincerity of speakers and facilitators. The combination of online and onsite learning was seen as highly effective. Online sessions provided theoretical grounding, while site visits, hospital demonstrations, and in-person workshops made the program impactful and allowed for contextual application. Participants particularly appreciated the interactive components, including workshops, research seminars, group activities, and in-person demonstrations. However, they also suggested areas for improvement, such as allocating more time for peer-to-peer exchange, reducing online-lecture hours due to their work, extending field visits, and introducing more immersive case studies to strengthen hands-on learning. In addition, provide greater flexibility when forming groups for the country-group assignment to ensure relevance across diverse professional backgrounds. These reflections underscore that the current design is effective but could be further enhanced by deepening experiential and peer-led elements.



3. International Knowledge Exchange, Collaboration, and Network

Many participants noted the importance of international/cross-cultural knowledge sharing. The diversity of participants fostered meaningful dialogue, broadened regional understanding, and inspired innovative and collaborative approaches. Networking opportunities were seen as both professionally enriching and personally motivating, besides, it created a valuable platform for building sustainable professional relationships and collaborative initiatives.



4. Motivation and Professional Commitment

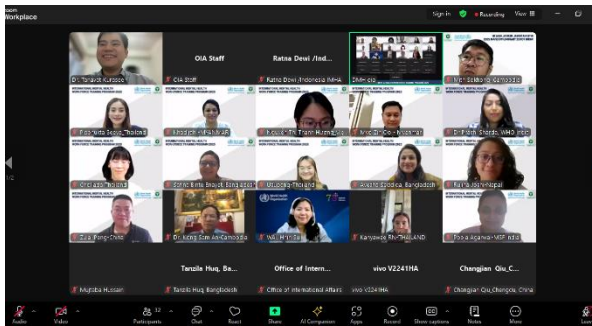
Participants reflected on how the training renewed their motivation and strengthened their commitment to advancing inclusive and community-based mental health care. The program was described as inspiring and empowering, providing not only knowledge and skills but also a sense of hope and confidence in their ability to make a meaningful contribution. This reinforcement of professional purpose was an important outcome, underscoring the training's role in cultivating long-term dedication among mental health professionals.



5. Financial Accessibility and Equity

This year (2025), a total of 25 participants from nine countries—Bangladesh, Cambodia, China, India, Indonesia, Myanmar, Nepal, Thailand, and Vietnam—successfully completed the onsite phase of the training program. However, 13 participants were unable to attend this phase. We found out that the three main reasons that preventing their participation were financial limitations, internal organization administrative issues, and health-related concerns. It is noteworthy that the majority of participants in this cohort enrolled independently rather than as official representatives of their organizations. As a result, many bore full financial responsibility for their participation.

Therefore, while the training was highly valued, several participants raised concerns about financial barriers to participation, particularly for professionals working in NGOs or in resource-limited settings. Modest salaries and high costs related to international travel and accommodation were identified as significant challenges that could limit future engagement. Participants suggested that external funding or partial sponsorships would be essential to ensure broader accessibility and equity. This feedback underscores the importance of addressing financial inclusion to sustain diverse participation, increase accessibility and opportunity, and maximize the program's regional impact.



Appendix

List of MHWF2025 Participants who successfully complete the training programme

No.	Name - Surname	Position	Organization	Country of Nationality
1	Ms.Sanzeeda Munir Prova	Lecturer of Psychology	School of General Education, BRAC University, Bangladesh	Bangladesh
2	Ms.Safina Binte Enayet	Psychosocial Counselor and Adjunct Lecturer	Counseling and Wellness Centre, BRAC University, Bangladesh	Bangladesh
3	Mr. Md Shihab Uddin	Deputy Manager, Technical (Psychosocial)	BRAC, Bangladesh	Bangladesh
4	Ms. Syeda Tanzila Huq	Mental health Professional	BRAC University, Bangladesh	Bangladesh
5	Ms. Ayesha Seddiqa	Psychosocial Counselor and Adjunct Faculty	Counseling and Wellness Centre & General Education, BRAC University, Bangladesh	Bangladesh
6	Ms. Elma Rudhsarah	Research Associate	Women Support Initiative Forum , Bangladesh	Bangladesh
7	Mr. Mustakim Ahmed Sunny	Founder	Ridwan Ahmed Ami Memorial Trust, Bangladesh	Bangladesh
8	Dr. Kong Sam An	Deputy Director	Department of Mental Health and Substance Abuse, Ministry of Health, Cambodia	Cambodia
9	Dr. Mith Sokhong	Psychiatrist	Sunrise Mental Clinic, Cambodia	Cambodia
10	Mr. Yang Chenghao	Ward Director	General Psychiatric Ward, Tianjin Anding Hospital, Tianjin, China	China
11	Mr. Li Tao	Ward Director	Psychiatric Ward B4, Tianjin anding hospital, Tianjin, China	China

No.	Name - Surname	Position	Organization	Country of Nationality
12	Dr. Prachi Sambhaji Sharda	National Consultant to The Ministry of Health - Mental Health	World Health Organization, India	India
13	Ms. Pooja Agarwal	Psychologist	Médecins Sans Frontières: MSF (Doctors without borders), India	India
14	Mr.Mujtaba Noorul Hussain	Mental Health Advocate	Institute of Mental Health and Neurosciences, India	India
15	Ms. Nurhayati Ratna Sari Dewi	Head of Indonesian Mental Health Association Jakarta Branch	Indonesian Mental Health Association Jakarta, Indonesia	Indonesia
16	Dr. Hnin Su Wai	National Professional Officer	World Health Organization, Myanmar	Myanmar
17	Miss Khadijah	Mental Health Counsellor	Freelancer, Myanmar	Myanmar
18	Dr. Myo Zin Oo	Researcher	Research Institute for Health Sciences, Chiang Mai University, Thailand	Myanmar
19	Ms.Rujina Joshi	Global Health Practitioner / Community Health Volunteer	Freelancer / Jagriti Mahila Samuha	Nepal
20	Dr. Partimokkh Promchuay	Child and Adolescent Psychiatrist	Rajanukul Institute, Department of Mental Health, Thailand	Thailand
21	Ms. Chollada Jarusirichaikul	Public Health Technical Officer, Professional level	Department of Mental Health, Thailand	Thailand
22	Miss Pispukta Seeya	Public Health Technical Officer, Professional Level	Mental Health Center 7, Department of Mental Health, Thailand	Thailand

No.	Name - Surname	Position	Organization	Country of Nationality
23	Miss Usupang Khotchalee	Psychologist	Bureau of Mental Health Service Administration, Thailand	Thailand
24	Miss Kanyawee Kaewmak	Registered Nurse	Songkhla Rajanarindra Psychiatric Hospital, Thailand	Thailand
25	Ms. Nguyen Thi Thanh Huong	Preventive Medicine Doctor at National Psychiatric Hospital 2.	National Psychiatric Hospital No.2, Ministry of Health, Vietnam, Vietnam	Vietnam
26	Dr. Dinh Thi Hue	Resident doctor of Psychiatric	Faculty of Male and Foreigner Patients- National Psychiatric Hospital No1, Vietnam	Vietnam

Advisory and Administrative Group of the Department of Mental Health (DMH)

- 1 M.L.Somchai Chakraband, M.D. Advisor to Department of Mental Health
- 2 Kiattiphum Wongrajit, MD. Advisor to Department of Mental Health
- 3 Panpimol Wipulakorn, MD. Advisor to Department of Mental Health
- 4 Samai Sirithongthaworn, MD. Advisor to Department of Mental Health
- 5 Kittisak Aksornwong, MD. Director-General of Department of Mental Health
- 6 Sirisak Thitidilokrat, MD. Deputy Director-General of Department of Mental Health
- 7 Chumphot Phromsida, MD. Deputy Director-General of Department of Mental Health
- 8 Nichapa Sawasdiganon, MD. Deputy Director-General of Department of Mental Health

WHO Thailand

- 1 Dr. Jos Vandelaer WHO Representative to Thailand
- 2 Dr. Olivia Nieveras Medical Officer, NCDs
- 3 Ms. Ganokrat Teachanuntra Executive Assistant (Programme)

Speakers

Speakers from NGOs

- | | | | |
|---|-----------------------|--------------------------------|---------------------|
| 1 | Dr. Andrea Bruni | Regional Adviser Mental Health | WHO SEARO |
| 2 | Dr. Sandersan Onie | Consultant | WHO HQ |
| 3 | Dr. Fahmy Hanna | Technical Officer | WHO HQ |
| 4 | Dr. Ken Carswell | Mental Health Specialist | WHO HQ |
| 5 | Dr. Ananda Galappatti | Director (Strategy) | MHPSS.net Sri Lanka |

Thai Speakers

- | | | | |
|---|-------------------------------|---|--|
| 1 | Samai Sirithongthaworn, MD. | Advisor | DMH |
| 2 | Burin Suraaroonamrit, MD. | Director | Bureau of Mental Health Academic Affairs, DMH |
| 3 | Terdsak Detkong, MD. | Acting Director | Division of Mental Health Promotion and Development, DMH |
| 4 | Benjamas Prukkanone, MD. | Director | Office of the Secretary of the National Mental Health Commission, DMH |
| 5 | Dutsadee Juengsiragulwit, MD. | Director | Bureau of Mental Health Service Administration, DMH |
| 6 | Thaweesak Sirirutraykha, MD. | Director | Office of Information Technology / Yuwaprasart Waithayopatham Child and Adolescent Psychiatric Hospital, DMH |
| 7 | Pongsakorn Lengdee, MD. | Director | Mental Health Center 13, DMH |
| 8 | Wimonrat Wanpen, MD. | Medical Physician, Expert Level (Acting Advisory Level) | Division of Mental Health Promotion and Development, DMH |

9	Suttha Supanya, MD.	Medical Physician, Expert Level	Somdet Chaopraya Institute of Psychiatry
10	Patanon Kwansanit, MD., MSc.	Medical Physician, Expert Level	Somdet Chaopraya Institute of Psychiatry
11	Supaseak Virojanapa, MD.	Medical Physician, Senior Professional Level	Bureau of Mental Health Academic Affairs / Srithanya Hospital, DMH
12	Athip Tanaree, MD.	Medical Physician, Senior Professional Level	Bureau of Mental Health Academic Affairs / Srithanya Hospital, DMH
13	Natthapakorn Bodhidong, MD., MSc, FRCPsychT	Medical Physician, Senior Professional Level	Somdet Chaopraya Institute of Psychiatry, DMH
14	Boonchu Yuttapolpiboon, BNS.	Registered Nurse, Senior Professional Level	Srithanya Hospital, DMH
15	Suphakupimon Papang, BNS.	Registered Nurse, Senior Professional Level	Rajanagarindra Institute of Child Development, DMH
16	Wee Mekwilai, PhD.	Clinical Psychologist, Senior Professional Level	Bureau of Mental Health Academic Affairs, DMH
17	Yada Thongthammarat, PhD.	Clinical Psychologist, Senior Professional Level	Nakhon Ratchasima Rajanakarindra Psychiatric Hospital, DMH
18	Ms. Pradthana Ratthanathirawan	Social Worker, Senior Professional Level	Rajanukul Institute, DMH
19	Thanawat Khurasi, MD.	Medical Physician, Professional Level	Srithanya Hospital, DMH
20	Teerapat Chattalaong, MD.	Medical Physician, Professional Level	Somdet Chaopraya Institute of Psychiatry, DMH
21	Chayanit Anantarawong, BNS.	Registered Nurse, Professional Level	Rajanagarindra Institute of Child Development, DMH
22	Wiphawadi Phakduangjai, BNS.	Registered Nurse, Professional Level	Rajanagarindra Institute of Child Development, DMH
23	Yanika Valeeithikul, MD.	Medical Physician, Practitioner Level	Bureau of Mental Health Service Administration, DMH
24	Ms. Wannisa Suktong	Clinical Psychologist, Practitioner Level	Child and Adolescent Mental Health Rajanagarindra Institute, DMH

25	Assoc. Prof. Yajai Sitthimongkol, PhD.	Associate Professor	Department of Mental Health and Psychiatric Nursing, Faculty of Nursing, Mahidol University
26	Assoc. Prof. Atittaya Pomchaikate Au Yeong, PhD.	Associate Professor	Department of Mental Health and Psychiatric Nursing, Faculty of Nursing, Mahidol University
27	Assist. Prof. Sirada Kesornsri, PhD.	Assistant Professor	Department of Mental Health and Psychiatric Nursing, Faculty of Nursing, Mahidol University
28	Assist. Prof. Supapak Phetrasuwan, PhD	Assistant Professor	Department of Mental Health and Psychiatric Nursing, Faculty of Nursing, Mahidol University
29	Assist. Prof. Thanompong Sathienluckana, PhD., Pharm. D., BCP, BCPP	Assistant Professor	Faculty of Pharmacy, Siam University
30	Ms. Aree Narongnoi	President of the Village Health Volunteers of Nonthaburi Province	The Village Health Volunteers of Nonthaburi Province Bang Bua Thong Subdistrict Health Promoting Hospital, Moo 12
31	Ms. Wilasinee Pinyowitt	Academic Officer	Living Association
32	Ms. Kawintra Yenpensuk	Academic Officer	Living Association

Working Group

1	Wee Mekwilai, PhD.	Clinical Psychologist, Senior Professional Level	Bureau of Mental Health Academic Affairs, DMH
2	Ms. Navinee Regnault	Public Health Technical Officer, Professional Level	Division of Mental Health Promotion and Development, DMH
3	Ms. Pawinee Sangkhaboon	Foreign Relations Officer, Professional Level	Bureau of Mental Health Academic Affairs, DMH
4	Ms. Pimchanok Ansuwan	Public Health Technical Officer, Practitioner Level	Bureau of Mental Health Academic Affairs, DMH
5	Ms. Sivakarn Summote	Foreign Relations Officer	Bureau of Mental Health Academic Affairs, DMH
6	Ms. Litapat Sirathonpitipat	Foreign Relations Officer	Bureau of Mental Health Academic Affairs, DMH
7	Ms. Suchanan Ngamvaseenont	Foreign Relations Officer	Bureau of Mental Health Academic Affairs, DMH
8	Ms. Thananporn Chinsangchaisin	Foreign Relations Officer	Bureau of Mental Health Academic Affairs, DMH
9	Ms. Supanee Indee	General Service Officer	Bureau of Mental Health Academic Affairs, DMH



World Health
Organization
Thailand