RTG/WHO COLLABORATIVE PROGRAMME PROJECT FINAL REPORT

General: A final technical report describing all activities and results of the project should be submitted in the English language on Form No. WHO/RTG-3.5 within ninety days after completion of the Agreement. In cases where the reports are written in the Thai language, the cover sheet and executive summary *must* be in English. The final report is an important document not only with respect to the project itself, but also to its specific value for progress in health development of the country. This form can be used for research projects and other activities such as training, workshops, conferences, study tours, and meeting attendance/participation.

PART I. COVER SHEET: The found in the Proposal form and must be si		s it contains much of the same information
1. Full Name of Responsible		
Dr. Burin Suraaroonsamri		
2. Full Name of Organization		
Bureau of Mental Health A	Academic Affairs, Departm	nent of Mental Health
3. Address of Organization Bureau of Mental Health A 88/20 Moo 4 Tiwanon Rd,	cademic Affairs, Departme	•
Telephone Number: (66 2) 590 8026	Fax Number: (66 2) 590 8031	E-mail Address: dmh.imhc7@gmail.com
4. Title of Project: Internation	onal Mental Health Work F	orce Training Program 2025
5. Total Budget (Baht): 697,700 (338,000 supported by WHO Thailand and 393,200 supported by Department of Mental Health)	6. Duration: 1 June – 31 July 2025 (2 months)	
7. Date Agreement Signed:	8 May 2025	
8. Funds Received:	Amount (Baht) 304,200	Date Received 5 June 2025
Total:	304,200	
9. Completion Date of Proje	ect: 31 July 2025	
10. Signatures:		
Responsible Officer: Dr	. Burin Suraaroonsamrit	
11. Date Report Submitted:	8 October 2025	

PART II. EXECUTIVE SUMMARY: [This summary should be one to two pages in length and should be treated as a self-contained document highlighting (1) the project objectives, (2) major activities undertaken, and (3) project's results in terms of what has been accomplished with major conclusions and recommendations. It should be written using clear, succinct and specific terms to describe the project's basic elements in such a way that individuals unfamiliar with the project can understand what has been accomplished.]

Project Title: International Mental Health Workforce Training Program 2025

The Department of Mental Health, Ministry of Public Health, Thailand in collaboration with the World Health Organization South-East Asia Region (WHO SEARO) are organizing, for the third year, Thailand International Mental Health Workforce Training Program. The objective of the program is to develop multidisciplinary mental health and psychiatry workforce in the region, and also focuses on strengthening the capacity to deliver high-quality mental health and psychiatric services, responding to the needs of proactive and continuous mental healthcare, encompassing prevention, screening, supportive therapy, and referral processes.

Major Activities Undertaken:

Program Design and Curriculum Development:

The curriculum was developed in collaboration with the World Health Organization South-East Asia Region (WHO SEARO), covering core topics including health policy and systems, mental health and psychiatric disorders, mental health information systems, and community mental health. A blended learning approach was adopted, combining online learning with face-to-face sessions to meet the needs of modern training and ensure continuous learning.

Training Delivery:

The training program was conducted from 16 June to 4 July 2025, targeting mental health professionals from WHO SEARO, ASEAN member countries and partner/networks. The instruction includes lectures, participatory discussions, small group discussions, demonstration teaching/feedback demonstration, and self-study; and study visits to the relevant units under the Department of Mental Health which are Srithanya Hospital, Somdet Chaopraya Institute of Psychiatry, Ratchanukul Institute, and Rajanagarindra Institute of Child and Adolescent Mental Health, in order to providing a comprehensive learning experience.

Evaluation and Feedback:

The effectiveness of the training was assessed through a 50 multiple-choice test, with participants achieving an average score of 41.72/50, indicating excellent understanding of the content. Feedback on training methods and materials was positive, with most participants expressing satisfaction regarding relevance, organization, and applicability of the content. Some participants suggested extending the training duration to allow deeper engagement.

Practical Application and Impact:

Participants prepared group reports from each country on the concept of applied community mental healthcare by collaborating with fellow country group members to exchange and integrate insights. These reports were presented at the 24th Annual International Mental Health Conference at ICONSIAM, Bangkok, on 2 July 2025. The reports demonstrated the significant impact of the training in terms of adaptability and usability, with participants tailoring knowledge gained to address the unique needs and challenges of their communities.

Results and Major Conclusions:

The training program successfully achieved its objectives by enhancing the knowledge and skills of mental health and psychiatric professionals. The blended learning approach effectively

combined online and face-to-face learning to meet diverse learning needs comprehensively. Positive feedback from participants reflects the program's relevance and effectiveness in preparing mental health professionals to address present and future challenges. The application of knowledge gained has led to the development of practical plans and initiatives to improve mental health services in each country.

Overall, the International Mental Health Workforce Training Program 2025 has made significant progress in advancing mental healthcare in the region, fostering regional collaboration and enhancing mental health outcomes. 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.

PART III. END-OF-PROJECT STATUS: [This section should provide information regarding (1) the overall history of project implementation, (2) the achievement of project objectives, (3) the final level of resource utilization, and (4) the final delivery of the stated product. It is used as a basis for concluding the end-of-project status and, in some cases, identifying follow-on activities that may be needed to ensure that the benefits of the project are realized to the maximum extent or mechanisms required for dissemination of the technical knowledge to the intended beneficiaries.]

The Department of Mental Health, Ministry of Public Health, and the World Health Organization, represented by its Regional Office for the South-East Asia Region (WHO SEARO), have continued their cooperation through a Memorandum of Understanding (MOU) signed in 2018 to advance collaboration in three key areas: 1) child development and mental health (CDMH), 2) strengthening the mental health workforce, and 3) other possible collaborative activities such as community mental health.

The Thailand International Mental Health Workforce Training Program 2023–2025 is another important activity under this memorandum, aiming to develop the potential of mental health professionals in Southeast Asia by exchanging knowledge, sharing experiences, and learning from mental health practices in each country. This helps participants better understand strategies for mental health processes and how to apply knowledge in ways that suit their national contexts. Strengthening the mental health workforce is an important step toward the establishment of the WHO Collaborating Center for Research and Training on Mental Health in the near future.

The Thailand International Mental Health Workforce Training Program in 2025 serves as a platform for knowledge exchange, providing participants with guidelines for mental health and psychiatric practices in line with the MOU on Managing Mental Health Problems in Southeast Asia. Moreover, the program has produced a revised version of the International Mental Health Workforce Manual, with content adapted to the specific situations and needs of service users in each country. It has also compiled lessons learned that can be used in organizing similar training programs and serve as a reference for developing other training courses, under the cooperation of the Department of Mental Health, Ministry of Public Health, and WHO SEARO.

The aim of the training is to promote learning and knowledge exchange, as well as the sharing of experiences and lessons in mental health promotion, prevention, rehabilitation, and treatment. This year, 25 health professionals participated in the course, including representatives from Bangladesh (7), Cambodia (2), China (2), India (2), Indonesia (1), Myanmar (3), Nepal (1), Thailand (5), and Vietnam (2).

1. Implementation Timeline:

- Planning and Development: The curriculum was developed in collaboration with the World Health Organization's Regional Office for South-East Asia (WHO SEARO), incorporating feedback from previous training sessions for further improvement. The program was designed as a blended learning model, combining online learning with study visits to institutions under the Department of Mental Health, including Srithanya Hospital, Somdet Chaopraya Institute of Psychiatry, Rajanukul Institute, and Rajanagarindra Institute of Child and Adolescent Mental Health.
- Training Delivery: The training program was conducted from 16 June to 4 July 2025. The activities included academic lectures, participatory discussions, study visits to psychiatric units and community mental health services, and the preparation of country group reports on approaches to applying community mental health concepts. These reports were jointly developed by participants from different countries to exchange and consolidate insights. The outputs were presented at the 24th International Mental Health Conference, held at ICONSIAM, Bangkok, on 2 July 2025.
- Evaluation and Feedback: Ongoing assessments and monitoring were conducted to evaluate the effectiveness of the training. Feedback from participants was collected and analyzed to refine and further develop the curriculum for future training sessions.

2. Achievement of Project Objectives:

The project successfully met its primary objectives:

- Enhanced Skills and Knowledge: Participants gained a deep understanding of mental health
 concepts, psychiatric care, and community mental health practices. The training improved their
 ability to promote mental health, prevent mental health problems, and provide continued care.
- Capacity Building: The program effectively built the capacity of mental health professionals to deliver high-quality services. The curriculum covered key areas including mental health policies, psychiatric diseases, and community mental health etc.
- Practical Application: Participants demonstrated the ability to apply the knowledge gained by
 developing and presenting actionable plans to address mental health needs in their respective
 countries.

3. Final Level of Resource Utilization:

- **Financial Resources:** The project utilized allocated funds efficiently to cover training materials, logistical arrangements, and accommodation expenses. The budget was managed within the allocated limits, ensuring that resources were used effectively to support training activities.
- **Human Resources:** Speakers and facilitators from the Department of Mental Health, WHO HQ, WHO SEARO, and other experts were engaged throughout the project. Their expertise was crucial in delivering high-quality training and ensuring that the program objectives were met.
- Training Materials: Resources including online platforms, educational materials, and study
 visit arrangements were utilized effectively. Participants received comprehensive training
 materials, and feedback indicated that these resources were valuable in supporting their
 learning.

4. Final Delivery of the Stated Product:

- **Training Completion:** The training program was successfully delivered according to the schedule, with participants completing all required sessions and evaluations. The curriculum was effectively delivered through a combination of online and in-person methods.
- **Participant Outcomes:** Participants demonstrated significant knowledge gain and skill development. The final evaluation showed that they had achieved the desired learning outcomes and were prepared to apply the training in their professional roles.
- **Dissemination of Knowledge:** Participants from each country presented at the 24th Annual International Mental Health Conference at ICONSIAM, Bangkok, on 2 July 2025. They shared their insights and implementation plans for their respective countries, which helped promote the dissemination of technical knowledge and encouraged the application of training outcomes.

5. Follow-On Activities and Recommendations:

- Sustained Support: To maximize the benefits of the training, follow-up support should be provided to participants to assist with the implementation of their plans and address any challenges they encounter.
- **Knowledge Sharing:** Develop mechanisms for continued knowledge sharing and collaboration among participants to foster regional partnerships and exchange best practices.
- Curriculum Updates: Regularly review and update the curriculum to reflect emerging trends and challenges in mental health care, ensuring that the training remains relevant and effective.

PART IV. DATA ON USE OF RESOURCES: [Provide (1) summary disbursement data on all the WHO budget or resources received and expended under the project; and (2) description of any problems or remedies relating to use and/or availability of the budget or resources.]

Mental Health Training Course Duration: 1 June - 31 July 2025 Financial report

Item	Expenditures
Phase one: online training course 16 - 27 June 2025 (12 days)	
IT support for organizing the online system for training	105,250.00
Phase two: onsite training course: 30 June - 4 July 2025 (5 days)	
• Transportation (THB 3,500 x 5 vans x 7 days)	122,500.00
Speaker Fee	76,450.00
Total expenses	304,200.00

Note: For the budget implementation of the online training system, at first, a budget of 130,000 THB was allocated. To ensuring that the total cost of operating the online training system was fully supported in time, we used the budget 96,200 THB, with an additional 9,050 THB reallocated from the speaker fee budget, making the total expenditure 105,250 THB. However, this amount was still 24,750 THB lower than the actual cost. Therefore, the shortfall (24,750 THB) was covered by the Department of Mental Health.

1. Knowledge & Skills Development

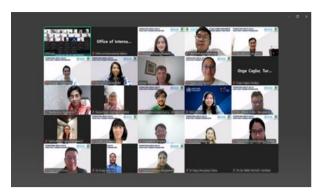
Participants consistently highlighted the value of the program's comprehensive coverage of global mental health frameworks, which integrated clinical, community-based, and policy perspectives. Practical tools such as evidence-based clinical guidelines, case-based learning, and therapeutic communication 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.

