กรมสุขภาพจิต
DEPARTMENT OF MENTAL HEALTH

World Health Organization
Regional Office for South-East Asia

TRAINING COURSE MANUAL

THAILAND INTERNATIONAL

Mental Health Work Force Training Program

2025

Organized in collaboration with the Department of Mental Health, WHO Thailand and WHO SEARO

FORWARD

The Mental Health Workforce Training Program aims to enhance the capacity of mental health personnel such as Registered nursing, Nursing Technical Officer and Public health technical officer have specialized knowledge and skills in mental health and basic psychiatric nursing that are standardized and consistent with the current situation in terms of the promotion, prevention, and screening of mental health problems; treatment; and rehabilitation of psychiatric patients using empirical evidence that will lead to the provision of quality mental health services.

The Department of Mental Health hopes that the participants will benefit from attending the program and can use the knowledge and experience gained from the program to develop mental health and psychiatric service in their countries for better mental health for all.

CONTENTS

TRAINING COURSE SYLLABUS

COURSE TITLE: Mental Health Workforce Training Program 2025

OVERVIEW:

The Department of Mental Health, Ministry of Public Health, Thailand, has been supporting Mental Health Workforce Training Program. The program aimed at providing participants with qualified mental health and psychiatric services from personnel with standard competencies in providing specialized nursing, with an emphasis on proactive services that reach the public in the area to strengthen mental health, prevent and handle risk factors causing mental health and psychiatric problems, screen people who are at risk of developing mental health and psychiatric problems, provide supportive therapy, and refer them to higher level facilities. This includes providing continuous care for psychiatric patients. In this specialty service, nursing personnel must develop knowledge and skills in order to provide quality services.

In addition, the Department of Mental Health has also developed a teaching model to respond to the needs of trainees in the modern era. The teaching is developed as a blended model using the online program to support classes, seminars, and study visit as appropriate in order to facilitate trainees' continuous receipt of training to develop the capacity for specialized nursing care and to maximize the benefits of the mental health and psychiatric service system.

COURSE OBJECTIVES

Trainees can promote mental health, prevent the occurrence of mental health problems in vulnerable groups, screen for mental health problems, treat and rehabilitate psychiatric patients using empirical evidence, provide systematic care to people with mental health and psychiatric problems by cooperating with families and community beneficiaries for the continuous care of people with mental health and psychiatric problems in the community, and evaluate the outcomes of care for people with mental health and psychiatric problems.

LEARNING OBJECTIVES

The Mental Health Workforce Program consists of four theoretical Module and study visit in two areas ones 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 applying 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 the 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 INSTRUCTIONS

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

EVALUATION

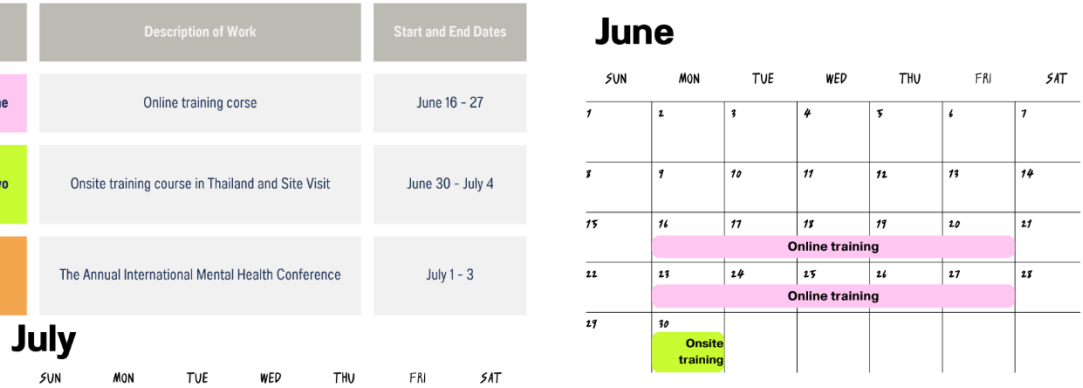
The measurements and evaluation of the program include a report assessment, report presentation, and written examination, where trainees must

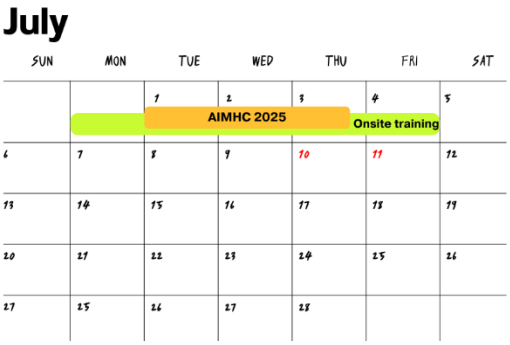
1. attend the training not less than 90% of the program, attend study visit at least 15 hours
2. must pass a post-test (not less than 70% of the total score)
3. Applied community mental health report

DURATION OF COURSE

During June 16 – July 4, 2025 which break the program into 2 phases, as a schedule detail provides for each phase as below.

	Description of Work	Start and End Dates
Phase One	Online training corse	June 16 - 27
Phase Two	Onsite training course in Thailand and Site Visit	June 30 - July 4
AIMHC	The Annual International Mental Health Conference	July 1 - 3





COURSE OVERVIEW

Content	Duration
Module 1 Policy and Health System	**15 hours**
1.1 Overview and course objective Introduction to mental health	0.5 hours
1.2 Introduction to mental health	1.5 hours
1.3 Mental health policy and plan: at global and regional	1 hours
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 hours 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 hours
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 psychiatric 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 1

Policy and health system

(16 Hours)

Topic 1.1

Overview and course objective

Duration: 0.5 hours

Objective: After completing this session, the participants will be able to describe "Course objectives and the importance of the course"

Method of Instruction: Lectures and Participatory Discussions

Learning Objective (Duration)	Content	Activity	Materials
1. Explain course objectives (30 minutes)	The program aimed at providing participants can promote mental health, prevent the occurrence of mental health problems in vulnerable groups, screen for mental health problems, treat and rehabilitate psychiatric patients using empirical evidence, provide systematic care to people with mental health and psychiatric problems by cooperating with families and community beneficiaries for the continuous care of people with mental health and psychiatric problems in the community.	Lectures	The slide presentation

Topic 1.2

Introduction to mental health

Duration: 1.5 hours

Objective: After completing this session, the participants will be able to describe "What is mental health and why mental health is important?"

Method of Instruction: Lectures and Participatory Discussions

Learning Objective (Duration)	Content	Activity	Materials
1. Explain What is mental health and why mental health is important? (90 minutes)	This lecture aims to deepen your understanding of mental health, underline its importance, and provide a clear picture of the prevalence and burden of mental health conditions worldwide. The contents of this lecture are as the follows. - What is Mental Health? - Prevalence and Burden of Mental Health Conditions - Global Impact - Challenges and solutions This session is 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.	Lectures and Participatory Discussions	The slide presentation

Topic 1.3

Mental health policy and plan: at global and regional

Duration: 1 hour

Objective: By the end of this 1-hour session, participants will be able to:

- Summarize key global frameworks guiding mental health policy.
- Understand WHO SEARO's role and its regional strategy.
- Recognize the importance of adapting global policy to local contexts.
- Identify strategic approaches to promote and prevent mental health problems.

Method of Instruction: Lectures and Participatory Discussions

Learning Objective (Duration)	Content	Activity	Materials
1. Global Policy Frameworks (15 minutes)	• Brief overview of WHO's *Mental Health Action Plan 2013–2030* and *Comprehensive Mental Health Action Plan*. • Key pillars: integrated services, human rights, life-course approach, and community-based care. • Highlight WHO's emphasis on universal health coverage and mental health as a public good.	Lectures and Participatory Discussions	The slide presentation

2. WHO SEARO Regional Strategy (10 minutes)	• Role of WHO South-East Asia Regional Office (SEARO):
	  • Support for 11 member states (including Thailand)
	  • Priorities: reduce treatment gap, promote community-based care, and integrate mental health into PHC.
	• Regional achievements and challenges (e.g., workforce limitations, stigma, funding gaps).
		Lectures and Participatory Discussions	The slide presentation

3. Adapting Policy to Local Contexts (15 minutes)	• The importance of tailoring mental health policy based on cultural, economic, and political factors. • Thailand's national mental health policy as a case study:	Lectures and Participatory Discussions	The slide presentation

Learning Objective (Duration)	Content	Activity	Materials
	○ Emphasis on prevention, promotion, and community-based mental health care. ○ Integration of policy with social services and local government systems.		
4. Strategies for Mental Health Promotion and Prevention (15 minutes)	Introduction to three levels of prevention: • **Universal** (e.g., school programs, public awareness campaigns) • **Selective** (e.g., support for vulnerable groups) • **Indicated** (e.g., early intervention for individuals with symptoms) Short case example: COVID-19 mental health strategy in Thailand (communication, quarantine care, digital outreach).	Lectures and Participatory Discussions	The slide presentation
5. Reflection and Wrap-up (5 minutes)	Quick group discussion: • "How does your country or organization implement mental health policy at the community level?" • "What one action could you take to support policy implementation in your work?"		

Topic 1.4

Health system, public health framework, mental health and psychiatric service system

Duration: 3 hours

Objective: After completing this session, the participants will be able to describe the concepts of the health and public health framework service systems
Method of Instruction: Lectures and Participatory Discussions

Learning Objective (Duration)	Content	Activity	Materials
1. Explain the meaning and connection between "health" and "health system." (20 minutes)	Physical health, mental health, and society are holistically interconnected. The desired health system must be operated, covering prevention, treatment, rehabilitation, continuous care, and integration, including having a diverse network.	- Randomly ask 2–3 learners the question "What is good health?" - Describe the meaning of "health," "health system," and "desirable health system" and exemplify case studies for learners to discuss, such as "Is a cancer patient considered healthy?"	The slide presentation
2. Describe the Public health framework (40 minutes)	An effective mental health service system has a variety of components, is linked to a multisectoral network, and has service activities specific to each service, including ○ Prevention ○ Treatment ○ Maintenance	- Describe the linkages between the mental health service system and the mental health intervention spectrum. - Have a representative summarize all three parts of the mental health intervention spectrum and have other learners complete them.	The slide presentation
3. Explain the policy on Implementation for mental health operations. (30 minutes)	The Ministry of Public Health has a plan to establish a minimum mental health service policy that should be available at each level to guide relevant organizations/agencies in improving the quality of services	- Describe the policy and direction of mental health operations in line with the current situation.	The slide presentation

Learning Objective (Duration)	Content	Activity	Materials
	and in accordance with the needs of the people in the present.		
4. Apply the policy on mental health operations to responsible jobs. (60 minutes)	Each level of the mental health service system has activities specific to each service and has a network to help support the work capacity that is appropriate to the context of the area.	- Ask the learners to review what level their agency/organization should be, what its potential should be, and what networks are needed to operate effectively in mental health. - Random representatives to do presentations.	The slide presentation
5. Explain the material content of the health system, mental health and psychiatric service system, and mental health operational policy. (30 minutes)	Physical health, mental health, and society are holistically interconnected. The desired health system must be operated, covering prevention, treatment, rehabilitation, and ongoing care, as well as having an immediate assistance system starting from the integration phase.	- Summarize the essence of the health system, the mental health and psychiatric service system, and the mental health operational policy.	The slide presentation

Topic 1.5

Mental health act and relevant laws

Human right; patient, family members, caregivers, and society

Duration: 2 hours / 2 hours

Objective: After completing this session, the participants will be able to describe

1. mental health act and relevant laws
2. human right; patient, family members, caregivers, and society

Method of Instruction: Participatory Lectures

Objective (Time)	Content	Activity	Materials
1. Describe the essence of the Mental Health Act, B.E. 2551 (2008) and 2562 (2019). (45 minutes)	The key issues of the Mental Health Act, B.E. 2551 (2008) and as the Amended Edition (No. 2), B.E. 2562 (2019), consist of 6 categories as follows: 1. Committee 2. Patient rights 3. Treatment and rehabilitation 4. Appeal 5. Staff 6. Penalty	– Describe all 6 categories of the Mental Health Act (No. 2), B.E. 2562 (2019), including examples of cases.	
2. Explain the conceptual framework for developing mental health work with legal mechanisms. (30 minutes)	The conceptual framework for the development of mental health work through legal mechanisms focuses on promoting, preventing, treating, and rehabilitating to effectively cover all groups of people, including normal groups, vulnerable groups, and sick groups, so that people can be cared for and patients receive treatment and rehabilitation, as well as keeping society safe.	– Describe the conceptual framework for the development of mental health work through legal mechanisms.	
3. Identify important aspects of the changes to the Mental Health Act, from No. 1 to No. 2, including the role of the National Mental Health Development Plan, No. 1 (2018–2037).	The Mental Health Act (No. 2), B.E. 2562 (2019) and the National Mental Health Development Plan, No. 1 (B.E. 2561–2580) (2018–2037), consists of 4 strategies as follows: 1. Promote and prevent mental health problems throughout life. 2. Develop mental health and psychiatric service systems.	– Describe the changes of the Mental Health Act, from No. 1 to No. 2 and the National Mental Health Development Plan, No. 1 (B.E. 2561–2580) (2018–2037).	

Objective (Time)	Content	Activity	Materials
(45 minutes)	3. Drive and push forward legal, social and welfare measures. 4. Develop academics and mechanisms of mental health operations		
4. Describe Core components of the right to health (60 minutes)	Human rights are universal and inalienable. They apply equally, to all people, everywhere, without distinction. Human Rights standards – to food, health, education, to be free from torture, inhuman or degrading treatment – are also interrelated. The improvement of one right facilitates advancement of the others. Likewise, the deprivation of one right adversely affects the others. **Core components of the right to health** - Availability - Accessibility - Acceptability - Quality Reference : https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health	– Lectures and Participatory Discussions	
5. Discuss mental health law issues and Human right issues in each country (30 minutes)	The discussion of mental health law issues and human rights issues in each country involves a complex interplay between legislation, societal attitudes, and the protection of individual freedoms and dignity. Mental health laws govern the administration of mental health care, including the diagnosis, treatment, and rights of those experiencing mental health conditions. These laws are critical for ensuring access to care, protecting those vulnerable to exploitation, and ensuring that treatments are carried out ethically and effectively.	Discussion	The slide presentation

Objective (Time)	Content	Activity	Materials
6. introduction of the UN CRPD and the WHO Quality Rights Initiative (30 minutes)	The lecture "Introduction to the UN Convention on the Rights of Persons with Disabilities (CRPD) and the WHO Quality Rights Initiative" encompasses a comprehensive overview of two pivotal global efforts aimed at enhancing the rights, dignity, and welfare of individuals with disabilities, including those with mental health conditions. This introduction aims to elucidate the origins, objectives, and key principles of both the UN CRPD and the WHO Quality Rights Initiative, illustrating their significance in the global movement towards more inclusive, equitable, and respectful treatment of all individuals, regardless of ability.	Lectures and Participatory Discussions	The slide presentation

Topic 1.6

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

A mental health policy and plan is essential to coordinate all services and activities related to mental health. Without adequate policies and plans, mental disorders are likely to be treated in an inefficient and fragmented manner.

Duration: 3 hours

Objective:

1. Exploring the Framework: To understand the frameworks and guidelines established by leading global health organizations. This includes an overview of key documents like the WHO's Mental Health Action Plan.
2. Analysing Global Policies: To examine 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.
3. Understanding Regional Variations: To explore how global mental health policies are adapted and implemented at regional and national levels, considering cultural, economic, and political differences that influence mental health policy and planning.
4. Identifying Best Practices: To identify and study best practices in mental health policy and planning from around the world.
5. To explain the concepts, forms of promoting mental health, strategies, and processes for promoting community mental health and preventing mental illness.

Method of Instruction: Participatory Lectures and Discussions

Objective (Time)	Content	Activity	Materials
1. Understand the frameworks and guidelines established by leading global health organizations (10 minutes)	- The frameworks and guidelines established by leading global health organizations - Key documents such as the WHO's Mental Health Action Plan	Lectures and Participatory Discussions	The slide presentation
2. Examine 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.	- Strategies, and challenges of implementing global mental health policies - Integration of mental health into broader health and social policies to promote a holistic approach to public health	Lectures and Participatory Discussions	The slide presentation

Objective (Time)	Content	Activity	Materials
(10 minutes)			
3. Explore how global mental health policies are adapted and implemented at regional and national levels, considering cultural, economic, and political differences that influence mental health policy and planning. (20 minutes)	How global mental health policies are adapted and implemented at regional and national levels, considering cultural, economic, and political differences that influence mental health policy and planning	Lectures and Participatory Discussions	The slide presentation
4. Identify and study best practices in mental health policy and planning from around the world. (20 minutes)	In this discussion, participants will explore and analyze exemplary strategies in mental health policy and planning implemented across different countries and regions. Through collaborative research and discussion, participants will identify initiatives, programs, and policies that have shown success in addressing mental health challenges, promoting well-being, and ensuring equitable access to care.	Exercise: to review and discuss example of mental health policies	Example of mental health policies
5. Describe the measure to remedy each level of mental disorder. (30 minutes)	The measure to remedy mental disorders is divided into four levels according to the needs of public mental healthcare and the severity of the problem, namely: 1. Promotion of the prevention of mental health in a normal condition 2. The need for counseling for prevention when there are certain mental health issues 3. Need for support from General Hospital 4. The need for specialized care from psychiatric hospitals due to the severe problem	- Describe the health situation, mental health needs of Thai people, and measures to remedy mental disorders.	-The slide presentation
6. Explain the strategy for prevention of	The mental health promotion is an activity to enhance social and environmental in order for	- Lecture on mental health promotion and the strategy for	-The slide presentation

Objective (Time)	Content	Activity	Materials
mental health problems. (30 minutes)	people to have complete psychological development. The preventive strategy is divided into three levels: 1. Universal prevention strategy 2. Selective prevention strategy 3. Indicated prevention	prevention of mental health problems.	
7. Explain guidelines for promoting and preventing mental health issues during the COVID-19 situation. (30 minutes)	The promotion and prevention of mental health problems during COVID-19 has the goal of reducing illness, increasing the quality of life by a universal prevention level, such as mental health communication through Air war, by a selective prevention level, such as the care in the state quarantine local quarantine, by an indicted prevention level, such as providing services in a new way of life. The challenge of promoting and preventing mental health issues during COVID-19 is to work with networks and information communications to meet the needs of the public through various platforms.	- Lecture on the promotion and prevention of mental health problems during COVID-19	-The slide presentation
8. Apply the strategy of promotion and prevention of mental health problems. (30 minutes)	The effective promotion and prevention of mental health problems requires the selection of strategies appropriate to the particular level of the problem. • A universal prevention is a prevention aimed at the general public or the entire population. • A selective prevention is a prevention for vulnerable groups. • An indicated prevention is a prevention targeted at high-risk individuals. Then, the implementation is planned and coordinated with the network partners for further actions.	- Divide the learners into three small groups to discuss the strategy of promotion and prevention of mental health problems based on mental health issues experienced. - Send representatives to do presentations in the main room. The instructors and other groups of learners jointly provide comments.	-The slide presentation

Topic 1.7

Mental Health in Crisis

Duration: 3 hours

Objective: To explain the concept and methods of helping individuals in mental health in crisis and emergency psychiatry in the community.

Divided into 2 parts

- Strategies and Frameworks at the Global Level
- Implementations and practices in Thailand

Method of Instruction: Participatory Lectures and Discussions

Objective (Time)	Content	Activity	Materials
Part 1 Strategies and Frameworks at the Global Level			
1. Understanding Crisis Impact on Mental Health (30 minutes)	• Definition of crisis and disaster (natural, man-made, pandemic, etc.) • Psychological reactions: acute stress, anxiety, PTSD, depression, grief, substance use • Risk and protective factors (e.g., previous trauma, social support) • Vulnerable groups: children, elderly, people with mental illness, frontline workers	Lecture and give examples	-The slide presentation
2. Global Strategies and Frameworks (60 minutes)	WHO and IASC Guidelines for MHPSS in emergencies • **The 4-tiered Intervention Pyramid**: 1. Basic services and security 2. Community and family supports 3. Focused, non-specialized supports 4. Specialized mental health services Psychological First Aid (PFA) • Core actions: look, listen, link • Do's and don'ts in crisis communication	Lecture, give examples, group activities	-The slide presentation

Objective (Time)	Content	Activity	Materials
	Integration with public health and emergency response (e.g., Health Cluster in humanitarian emergencies)		
Part 2 Implementations and practices in Thailand			
1. Thailand's MHPSS Response and the MCATT Model (60 minutes)	Introduction to **MCATT** (Mental Health Crisis Assessment and Treatment Team) ○ Structure: central, provincial, district, and subdistrict teams ○ Core functions: screening, triage, referral, counseling, community support Case Study: ○ **Tsunami in Southern Thailand**: Community-based trauma counseling ○ **COVID-19 pandemic**: Hotline services, quarantine site outreach, mental health infographics, Line official services Integration with DMH command center and health security system	Mini case presentation: "MCATT team response during COVID-19: Lessons learned" Discussion: "What are the strengths and challenges of implementing MCATT in your area?"	-The slide presentation
2. Application Exercise – Designing a Local Crisis Response (30 minutes)	• Participants are divided into small groups (4–6 people per group) • Scenario: "A flash flood affects 700 households in a rural district. There are fatalities, displacement, and disruption of services." • Task: Develop a 7-day mental health and psychosocial response plan using the 4-tier model, including: ○ Team setup ○ PFA deployment ○ Screening and referral ○ Community-based interventions • Presentations: 5-minute group presentation with peer/instructor feedback	Group activities	Scenario

Course 2: Mental health problems and management

(34 Hours)

Topic 2.1

Common mental disorders in childhood and adolescence

Duration: 3 hours

Objective: Provide opportunity for the learner to know common mental disorders in childhood and adolescence

Method of Instruction: Participatory Lectures

Objective (Time)	Content	Activity	Materials
1. Explain concept of mental disorders and behavior problem (10 minutes)	Mental health from childhood and adolescence importance for public health. It is necessary to study its epidemiology, risk factor, symptom and treatment in order to care plan and prevent serious mental illness.	- Participatory lecture	-The slide presentation
2. Explain about mental disorders in childhood and adolescence (90 minutes)	Mental health from childhood and adolescence importance for public health. It is necessary to study its epidemiology, risk factor, symptom and treatment in order to care plan and prevent serious mental illness. Mental disorders include - Attention Deficit Hyperactive Disorder: ADHD - Learning Disabilities: LD - Intellectual Disabilities - Autism Spectrum Disorder - Schizophrenia - Bipolar disorder - Major Depressive Disorder - Generalized Anxiety Disorder - Obsessive Compulsive disorder - Anorexia/Bulimia Nervosa - Dependence Defiant disorder - Conduct disorder	- Lecturer explains about Common mental disorders in childhood and adolescence - Let the learners assess their experience common mental disorders in childhood and adolescence - Sharing the care practices of their own countries	
1. Explain about behavior problem and behavior modification techniques in childhood and adolescence (80 minutes)	Behavior problem in childhood and adolescence include Thieves, lies, aggression, emotional problems, anxiety, school age phobia, children refuse to go to school , etc. Behavior modification techniques include Children's groups, affirm, rewards, punishment methods, etc.	- Lecturer explains about behavior problem - Lecturer explains about basic behavior modification techniques - Sharing the care practices of their own countries	

Topic 2.2

Common mental health disorders in adults

Duration: 5 hours

Objective: Provide opportunity for the learner to know

1. anxiety, mood disorder
2. Suicide Prevention: Strategies and Frameworks at the Global Level
3. Suicide Prevention-Implementations and practices in Thailand

Method of Instruction: Participatory Lectures

Objective	Content	Activity	Materials
1. Explain about anxiety. (45 minutes)	- Epidemiology of anxiety. - Risk factor of stress, burn-out, and anxiety. - Differentiation of stress, burn-out, and anxiety. - Psychosocial treatment of stress, burn-out, and anxiety.	- Lecturer explains about anxiety. - Let the learners assess their experience regarding anxiety. - Let the learners design their mental-healthy working environment.	- mhGAP Intervention Guide Version 2.0 - PowerPoint presentation
2. Explain about mood disorder (depression, bipolar) (75 minutes)	- Epidemiology of mood disorder. - Risk factor of mood disorder. - Identification of mood disorder. - Psychosocial treatment of mood disorder.	- Lecturer explains about mood disorder. - Let the learners assess their experience regarding mood disorder.	- mhGAP Intervention Guide Version 2.0 - PowerPoint presentation
3. Explain about suicide prevention. (60 minutes)	- Epidemiology of suicide - Risk factor of suicide - Suicide warning signs - Psychosocial prevention of suicide.	- Lecturer explains about suicide. - Let the learners design their suicide prevention program in their own community.	- The Live Life initiative, an implantation guide for suicide prevention in countries - PowerPoint presentation
4. Apply the theories, principles, and strategies of suicide prevention to practices (Case study in Thailand) (120 minutes)	This session focuses on applying theories, principles, and strategies of suicide prevention to real world practices. Participants learn to intervene effectively and implement preventive measures in various settings.	Participatory lecture Case study in Thailand	-The slide presentation

Topic 2.3

Severe Mental Disorders

Duration: 3 hours

Objective: To provide an opportunity for the learner to understand more severe mental disorders, including psychotic spectrum disorders and alcohol and substances-related disorders.

Method of Instruction: Participatory Lectures

Objective	Content	Activity	Materials
1. Psychotic spectrum disorders (75 minutes)	1. Understanding the course and origin of psychotic spectrum disorders. 2. Understanding schizophrenia The course of the disease The course of schizophrenia, early intervention, relapse prevention, and adherence strategies. Treatment 1. Biological therapy 2. Psychological therapies 3. Social therapies	This interactive lecture aimed to help the participants better understand the causes and risk factors for psychotic spectrum disorders. The progression of various illnesses, the factors influencing outcomes, and the most recent therapy and care approaches. L	- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5 - PowerPoint presentation
2. Substance-related and Addictive Disorders (75 minutes)	**Substance action on the central nervous system** - Alcohol - Stimulants (methamphetamine, ecstasy, cocaine) - Hallucinogen (LSD, buffalo mushroom) - Nervous suppressants (opium, heroin, sleeping pills) - Combination (Marijuana, Kratom) **Understanding the biology of addiction and the effects of alcohol and substances on the brain.** **Psychiatric sequelae of alcohol and substances use**	- This interactive lecture aimed to help the participants better understand the biology of addiction and the effect of alcohol and other substances on the brain and body. In addition, the class will focus on the psychiatric sequelae of alcohol and substances and their management—strategies to reduce relapse and motivation enhancement to help with cessation.	-

Objective	Content	Activity	Materials
	Management of Alcohol and substance-related disorders: Acute stages: Withdrawal and intoxications Relapse prevention		

Topic 2.4

Psychiatric Drugs

Duration: 2 hours

Objective: To explain the principles of psychotropic drug use and guidelines for assessing adverse reactions from medications.

Method of Instruction: Participatory Lectures

Objective (Time)	Content	Activity	Materials
1. Describe the primary mechanisms of action of psychotropic and neuroactive drugs. (15 minutes)	Mechanisms of action of psychotropic drugs, such as antipsychotics, antidepressants, anxiolytic, and mood stabilizers, as well as basic information on pharmacodynamics.	- Participatory lecture	-The slide presentation: Pharmacology of Psychotropic and Neurotropic Drugs
2. Explain the principles of proper use of psychotropic and psychotropic drugs. (30 minutes)	The principles of proper use of psychotropic and neurotropic drugs in psychiatric patients of each disease by considering factors, such as dose, pharmacokinetics, adverse reactions, and characteristics of specific patients.	- Participatory lectures	
3. Describe guidelines for monitoring the effectiveness of psychotropic and neurotropic drugs. (15 minutes)	The principles for evaluating drug response and duration of action for each group of drugs.	- Participatory lectures	
4. Describe guidelines for assessing adverse reactions from psychotropic and psychotropic drugs. (60 minutes)	The principles of evaluating the safety of the drug, both adverse reactions and drug interaction, including a period of the most frequent occurrence of adverse reactions for each type of medication.	- Participatory lectures	

Topic 2.5

History taking and mental examination and psychosocial assessment

Duration: 3 hours

Objective: To be able to perform history taking, mental examination, physical examination, psychosocial assessment and enhance communication skills.

Method of Instruction: Lectures, watching videos, discussion, case studies analysis, practices in small groups.

Objective (Time)	Content	Activity	Materials
1. Explain the principles and methods of collecting information in people with mental health and psychiatric problems or those with mental symptoms. (45 minutes)	Psychosocial assessments can be collected from: 1. History of illness of service recipients - Major symptoms - Current history of illness - Past history of illness 2. History of illness of families 3. Assessment of service recipients according to the health plan	– Ask the learners about their experience in data collection. – Lecture on the data collection principles. – Ask the learners to exchange learning issues together.	-The slide presentation
2. Provide guidelines for assessing psychosocial conditions in people with mental health and psychiatric problems or those with mental symptoms. (45 minutes)	- Importance of psychosocial assessment - Guidelines for history taking and principles for evaluating people with mental health and psychiatric problems 1. Mental Status Examination Principles - General appearances - Speech - Emotion - Emotional state - Thought patterns - Thought content - Cognition consists of a level of consciousness, perception of time, place, person, general knowledge, decision-making, self-knowing and acknowledging one's own illness, abstract	– Lecture on mental assessment. – Demonstrate psychosocial assessment through videos and randomly ask the learners for their understanding of post-video assessment. – Subgroup the learners into groups of three persons to practice a reverse demonstration for an interview, acting as patients, interviewers, observers (subgrouping into four groups of break rooms, each group	- Videos on the mental illness assessment and history taking, history taking assessment form - The slide presentation The MSE Assessment

Objective (Time)	Content	Activity	Materials
	thinking, intentionality and concentration, memory - Perception - Spiritual dimension	has 15 minutes, taking 3 hours).	
3. Evaluate psychosocial conditions in people with mental and psychiatric problems or those with psychotic symptoms comprehensively and accurately. (60 minutes)	Assessment of service recipients according to the health plan - Healthcare awareness - Food and nutrient metabolism - Excretion - Activities & exercises - Rest and sleep - Intelligence and perception - Self-awareness and self-concept - Roles and relationships - Sex and fertility - Adaptability and stress resistance - Values and beliefs	1. Practice the sample case analysis. 2. Practice by dividing the learners into groups, with three persons each, for the role-playing activity (divided into subgroups with group instructors, taking 3 hours). 3. Practice and report on psychosocial assessment results in people with mental health and psychiatric problems at their agencies.	-The slide presentation Sample case sheets to practice evaluating psychiatric patients by joining in the break rooms. It takes 3 hours.
4. Understand the importance of effective communication in mental health care (30 minutes)	- Introduction to Effective Communication in Mental Health Care - Active Listening and Empathetic Communication - Questioning Techniques and Mental Health Assessment - Nonverbal Communication and Body Language - Delivering Difficult Information with Compassion - Managing Challenging Behaviors in Communication - Assertive Communication and Boundary Setting - Cultural Competence in Communication - Ethics and Professionalism in Mental Health Communication	Role-Playing and Skill Application Exercises	The slide presentation

Topic 2.6

Mental health tools ; screening and assessment of psychiatric symptoms

Duration: 3 Hours

Objective: To screen and assess risks of mental illness.

Method of Instruction: lecture, watch videos and discuss in class, divide practice groups, reverse demonstrations.

Objective (Time)	Content	Activity	Materials
1. Be able to explain types of the screening form and suitability for use. (45 minutes)	Use of screening and assessments Format, method of use and interpretation of results 1. Drinking Problem Assessment Form AUDIT 2. Alcohol Withdrawal Severity Assessment Form with Tools AWS 3. Overt Aggression Scale Assessment Form (OAS) 4. TMSE Assessment Form 5. MOCA-B Assessment Form 6. BPRS Assessment Form	– Learners study the assigned documents before class. – Participatory lecture – Ask the learners about their experience in using the screening and mental symptom assessment forms.	– Video on BPRS mental symptom assessment – The slide presentation 1. Drinking Problem Assessment Form AUDIT 2. Alcohol Withdrawal Severity Assessment Form with Tools AWS 3. Overt Aggression Scale Assessment Form (OAS) 4. TMSE Assessment Form 5. MOCA-B Assessment Form 6. BPRS Assessment Form
2. Be able to choose and use each type of mental health assessment form appropriately. (45 minutes)	– Objectives of different types of assessments – Scoring and interpretation – Selection of the assessment form to suit the symptoms	– Describe the importance and purpose of using the tools.	
3. Have screening skills of mental health problems, use of addictive substance and alcohol problems, accurate assessment of mental symptoms. (45 minutes)	- How to use the mental symptom assessment form	– Open the video “Mental Symptom Assessment with BPRS” to demonstrate the learners and describe in detail for the scores of each topic. – Give the learners the opportunity to ask questions about using the tools after watching the video.	
4. Be able to use screening tools to	Practice using the following tools:	– Break up the reverse demonstration	

Objective (Time)	Content	Activity	Materials
assess psychiatric symptoms. (45 minutes)	1. Alcohol Drinking Problem Assessment Form AUDIT 2. Alcohol Withdrawal Severity Assessment Form with AWS Tools 3. Overt Aggression Scale Behavior Assessment Form (OAS) 4. TMSE Assessment Form 5. MOCA-B Assessment Form 6. BPRS Assessment Form	practice group using screening forms and assessment tools and having instructors of small group discussion joining in the discussion on practice issues, providing recommendations and assessing scores together with the learners. – Give the learners the opportunity to inquire into the details of the topics in question. – Back into the classroom, small group instructors summarize the points raised by each subgroup, and present them in the classroom. – Summarize the points and let the learners ask questions.	

Topic 2.7

Therapeutic Relationship and Communication

Duration: 2 hours

Objective: To describe how to build relationship and communication for therapy to individuals with mental illnesses by taking into account patient rights, ethics, and professional ethics.

Method of Instruction: Participatory Lectures

Objective (Time)	Content	Activity	Materials
1. Explain the aim of using therapeutic relationship in psychiatric nursing and therapeutic communication. (10 minutes)	• **Aim of using relational therapy:** To enable patients to grow in their knowing, understanding and self-acceptance, be able to relate and meet their needs in the scope of "reality." • **Aim of therapeutic communication:** To help the therapists have guidelines to search problems, meet the needs of the patients, and maintain professional interaction with the patients.	– Ask the learners' previous knowledge and understanding of the purpose of using therapeutic relationship in psychiatric nursing and therapeutic communication. – Describe the aim of using therapeutic relationship and communication.	-The slide presentation
2. Explain the concept of therapeutic relationship. (10 minutes)	• **Core concept of therapeutic relationship** is based on the Theory of Interpersonal Relationships of Sullivan (1953) and the Theory of Interpersonal Relationships of Peplau (1952), which believe that expressed mental and emotional problems of psychiatric patients are caused by the problem of interpersonal relationships, so it must focus on developing interpersonal relationships to solve such problems by allowing patients to learn how to build appropriate relationships.	– Ask the learners the basics by answering the question in the chat *"Who was the first nursing theorist to mention the interaction between nurses and patients?"* – Lecture on the concept of therapeutic relationships.	-The slide presentation
3. Explain the role of psychiatric nurses in the use of therapeutic relationships. (10 minutes)	• **Role of psychiatric nurses:** There are several roles including (1) Strangers (2) individuals providing the information (3) Teachers (4) Leaders	- Lecture on the role of psychiatric nurses with examples of each role.	-The slide presentation

Objective (Time)	Content	Activity	Materials
	(5) Substitutes (6) Technical experts (7) Counselors		
4. Describe the elements of the therapeutic relationships between the patients and the nurses. (20 minutes)	• **Elements of the relationship between the patients and nurses** 1. Trust 2. Respect 3. Professional intimacy 4. Empathy 5. Power 6. Acceptance 7. Positive regard 8. Self-awareness 9. Therapeutic use of self	– Lecture on the elements of the relationships between the patients and the nurses with examples. – Do activities according to Activity Sheet 1. – Ask 1–2 students to do presentations of the answers according to Activity Sheet 1.	The slide presentation
5. Express your thoughts and feelings of self-awareness to be a therapist of the therapeutic relationships. (40 minutes)	• **The self-awareness** by using the Johari Window is divided into four parts as follows: 1. The open or public self 2. The unknowing or blind self 3. The private or hidden self 4. The unknown self	– Lecture on the self-awareness with examples. – Do activities according to Activity Sheets 2 and 3. – Ask 1–2 students to do presentations of the answers according to Activity Sheets 2 and 3.	The slide presentation
6. Identify the problems and solutions of each phase of the therapeutic relationships. (30 minutes)	• The therapeutic relationship phase between the patients and nurses 1. Orientation or pre-interacting phase 2. Identification or initial phase 3. Exploitation or working phase 4. Resolution or terminating phase	– Lecture on the therapeutic relationship phase between the patients and nurses. – Do activities according to Activity Sheet 5. – Ask 1–2 students to do presentations of the answers according to Activity Sheet 5.	The slide presentation

Topic 2.8

Environmental arrangements for treatment

Duration: 2 hours

Objective: To plan Environmental arrangements for treatment purposes

Method of Instruction: Lectures Participatory Discussions

Objective (Time)	Content	Activity	Materials
1. Explain the meaning and purpose of Milieu Therapy. (10 minutes)	The word "Milieu" has its roots in French meaning middle, or it can mean environment. When the two words are combined together, Milieu and therapy, they become Milieu therapy or the use of the environment for therapeutic purposes. In some books, the term Therapeutic environment is an environmental arrangement for therapy with the purpose and pattern to help patients to have behavioral adjustment that brings about the ability to live properly in society.	- Participatory lecture	- The slide presentation
2. Explain the composition of Milieu Therapy. (10 minutes)	**The composition of Milieu Therapy** Therapeutic environments include physical and environment climate, staffs, rules, and programs or activities.	- Participatory lecture	- The slide presentation
3. Describe group therapy activities for psychiatric patients. (10 minutes)	Group therapy activities are the application of daily activities or routines as a medium for the treatment of psychiatric patients with the aim of promoting, preventing, treating, and rehabilitating patients. Group therapy activities can be organized in open or closed groups, depending on the purpose or characteristics of the group members. **Types of group therapy activities are as follows:** 1. Newspaper group 2. Art therapy group 3. Occupational therapy group	- Participatory lecture	- The slide presentation

Objective (Time)	Content	Activity	Materials
	4. Therapeutic recreation group 5. Motivation-enhancing groups 6. Self-enrichment groups 7. Educational groups 8. Community Therapy Group		
4. Plan to group therapy activities for psychiatric patients. (40 minutes)	**Orientation phase** – Identify the purpose of the group and explain how to interact with each other. **Working phase** – Encourage the group to pursue its objectives. – Encourage each member to learn and develop themselves. **Termination phase** – Prepare to terminate the group. **The role of nurses in organizing the Milieu Therapy and therapy activities:** 1. Allow all members of the group to express their opinions. 2. Connect issues to help create interactions in the group. 3. Avoid acting or conversing in a one-to-one manner in the group. 4. Evaluate the activity group, which is done in the final step before terminating the group to allow its members to criticize the group activities. Moreover, it gives the members the opportunity to comment on what experiences they have gained from doing this activity group.	– Participatory lecture – Do activities according to Activity Sheet 1	The slide presentation
5. Explain the restrictions on rights and behaviors of psychiatric patients. (10 minutes)	The important thing of the Milieu Therapy is the restrictions on the rights and behavior of patients as follows: 1. Be unable to control self-behavior. 2. Be aggressive, fussy, rampant, frantic.	- Participatory lecture	- The slide presentation

Objective (Time)	Content	Activity	Materials
	3. Be in a state of trance, confusion, broken perception. 4. Have an idea to escape from the hospital.		
6. Prepare a nursing plan for psychiatric patients with the restrictions of the rights and behaviors. (40 minutes)	**Nursing persons with the restrictions of the rights and behaviors** 1. Prepare the place and equipment ready for use. 2. Explain reasons why and how to restrict rights or behaviors to patients, treat patients with dignity and act as therapy, not as punishment. 3. Inform patients what to do and when they will be set free. 4. Keep taking care of patients in the early stages to reduce their sense of loss of self-worth. 5. Be aware of the dangers of bonding or entering a separate room. 6. Let patients be free rapidly when their symptoms have improved and self-controlled. 7. Give patients the opportunity to question, speak, express their feelings.	- Participatory lectures - Do activities according to Activity Sheet 2	-The slide presentation

Topic 2.9

Psycho education and symptom management

Duration: 2 hours

Objective: To explain the principle of educating the relatives or families of patients to reduce the recurrence.

Method of Instruction: Participatory Lectures

Objective (Time)	Content	Activity	Materials
1. Explain the definition and importance of psychoeducation. (30 minutes)	Psychoeducation or mental health education is about educating relatives or families of patients with the aim of educating them, providing stress coping skills, providing assistance resources and supporting systems to reduce recurrence. Psychoeducation in psychiatric patients is more difficult than in general patients because service providers require a high level of knowledge and experience. However, many studies indicate that if patients have knowledge of their disease, they will be able to handle it. Thus, teaching patients and their families to have right knowledge, strategies, and skills for confronting the problems in order to reduce recurrence is an important goal of psychiatric nursing.	- Randomly ask the learners with the question, “Have you ever provided psychoeducation to patients and relatives in your department?” - Describe the definition and importance of psychoeducation.	-The slide presentation
2. Apply the model of family assistance program and psychoeducation program in psychiatric patients with empirical evidence. (30 minutes)	The assistance program provides a learning system including lectures and group assignments and opportunities for families to talk closely with the healer by emphasizing the problems occurred in the family, including having good relationships between the family and the healer, are key factors in the success of the program. The literature review found the same research results that	- Lecture on the organization of the family assistance program in psychiatric patients. - Give examples of research syntheses on the family assistance program and psychoeducation program in psychiatric patients.	-The slide presentation

Objective (Time)	Content	Activity	Materials
	• The experimental group cooperated in taking more medication. The recurrence rate was lower, and the rehospitalization rate was reduced when compared to the control group. • If patients and their families receive psychoeducation, it will be more effective in preventing the occurrence of relapse. • The use of multifamily psychoeducation groups can increase problem-solving ability and reduce the care burden when compared to the control group.		
3. Explain guidelines on mental symptom management. (30 minutes)	Mental symptoms are a personal experience that reflects changes in physical, mental, emotional, social function, as well as exposing or thinking. Other people are unable to observe patients' symptoms directly. If the patients are obsessive about their symptoms, their quality of life will be poor. If the symptoms are very severe, the patients will not be able to perform their daily routine on their own. The management of symptoms must be a process that encourages the patients to do themselves. The patients must understand, want to do, and do it with a goal to be able to take care of themselves.	- Describe the principles and concepts for managing mental symptoms.	-The slide presentation
4. Describe the psychotic symptom management nursing with secondary empirical evidence. (30 minutes)	There are two forms of symptom management: *1) Cognitive Behavioral Therapy* is the program based on the conceptual framework of CBT. The key activity is to train patients' coping skills by teaching them what situations lead to symptoms and how to use coping skills to reduce the severity of symptoms including	- Lecture on the psychotic symptom management nursing. - Give examples of empirical evidence for the psychiatric management program.	-The slide presentation

Objective (Time)	Content	Activity	Materials
	• Adjustment of thoughts and belief • Practice of coping skills • Practice of relaxation skills • Psychological development, such as a sense of self-worth *2) Symptom Management Model* aims to provide a conceptual framework for understanding symptoms, designing strategies for dealing with symptoms, and management evaluation.		

Topic 2.10

Counselling

Duration: 2 hours

Objective: To plan the consultation so that service recipients can solve the problem and make their own decisions.

Method of Instruction: Participatory Lectures

Objective	Content	Activity	Materials
1. Explain the meaning and purpose of the consultation. (10 minutes)	**Counseling** is the process of interaction between two or more people, they are a counselor and a consultant. The counselor is a person who provide assistance to the consultants who are experiencing problems/difficulties to explore and understand what are the problems so that the consultants are able to solve the problem themselves and have self-development to become more complete persons. **The goal** of counseling is to help consultants (Cl.) who are experiencing problems/difficulties to recognize their state of mind/thoughts/actions, to understand the problems/needs, and to be ready to solve the problem and take responsibility for their actions and decisions.	– Participatory lecture – Randomly ask the learners for the question, “In your opinion, what is counselling and what is the purpose of it?”	-The slide presentation
2. Identify the steps of the counselling process and what should be done in each step. (50 minutes)	**The counselling process** has five steps and in order to make the most benefit of counselling, counselors need to go through the steps in sequence and use the counselling skills appropriately at every step. The five-step process of counselling consists of 1. Build relationships 2. Explore the problems 3. Understand the problems, causes, needs 4. Plan a solution	– Participatory lecture – Use a question to stimulate the original learning to link with the new learning, for example, “For the 5-step process, what do you think is the most important of these 5 steps?” and “Do you think we can skip some steps, such as from Step 2 to Step 4?” as well as “What	-The slide presentation

Objective	Content	Activity	Materials
	5. Discontinuation of counselling One of the factors that makes counselling unsuccessful is to skip the steps in the counselling process. The most common thing is to jump to the problem-solving step without exploring the problems or needs, and without helping the service recipients to understand their problems, causes, or needs. Therefore, at the problem exploration step, the consultant should have time to talk about the actual suffering/problems. The counsellors provide skills to be entrusted by the service recipients to reveal their story, explore and understand themselves, leading to the discovery of appropriate solutions for the service recipients.	is the impact of jumping the steps?"	
3. Understand the proper use of counselling skills. (60 minutes)	The appropriate use of counselling skills at each step of the counselling process will help service recipients get a maximum benefit in accordance with the counselling objective. The initial counselling skills are as follows: 1. Welcoming/Greeting 2. Questioning 3. Empathic listening 4. Restating/Restatement 5. Reflection/Reflection 6. Using silence 7. Summarizing 8. Identify problem 9. Giving information/advice 10. Referrals to experts Summary Counseling is the process of helping service recipients who are experiencing difficulties/distress to explore and understand their needs, solve problems, take	– Participatory lecture – Watch the video on Empathic Listening, which is at the heart of the consultation. Then, ask the following question: "What perspectives or benefits did you have from watching the video?" – Summarize the principles of Empathic Listening, the problems and obstacles of listening – comprehensively, and the solutions.	-The slide presentation - Video: Interview by Pe Arak

Objective	Content	Activity	Materials
	responsibility for their actions and decisions. The process of counseling has 5 steps. Counselors need to go through a sequence of steps in conjunction with the proper use of counseling skills.		

Topic 2.11

Motivation Interviewing

Duration: 2 hours

Objective: 1. Learner gain knowledge of Motivational Interviewing, a kind of preventive counseling.

2 . Learner can practice MI. In term of applying MI. skill and short form intervention to change clients' health behavior.

Method of Instruction: Participatory Lectures

Objective	Content	Activity	Materials
1. Explain the meaning , principle and purpose of the Motivational Interviewing. (30 minutes)	**Motivational Interviewing is a kind of Counseling**. A form of directive counseling which focus at changing health behavior to prevent or decrease chance of getting diseases or complication. There are four main principle; Collaboration, Evocation, Autonomy, Compassion. Counselor will work with clients, find out goal and option which will be used as motivation for one's self to change for good. There are some condition that suitable with MI. for example; Changing health behavior of NCDs , increasing adherence to treatment , decreasing hospitalization of alcohol misuse. There are three process of MI. First engagement then find out motivation and advice with menus	– Participatory lecture – Randomly ask the learners for the question "How can you change health behavior of patient?" "If there are success cases, what are them look like?"	-The slide presentation
2. Identify steps and skills of Motivational Interviewing and what should be done in each step. (30 minutes)	MI process which has three steps and in order to make the session more successful , counselors need to go through the steps and use MI skills appropriately at every step. The first step is Engagement ,it mean that counselor and client have common goal and work as a team to find out options to solve problems.The key skill of this step is affirmation. Second step Find out motivation in client's life.The key skill is	– Participatory lecture – Use a question to stimulate the original learning to link with the new learning, for example, "How can you facilitate each steps?"	-The slide presentation

Objective	Content	Activity	Materials
	asking about important thing or person. Third step Advice with menus.This step make client more commitment to change.		
3. Demonstration of Motivational Interviewing steps and skills (30 minutes)	MI can apply into services as a skill or as an intervention.Staff can use certain skill like affirmation to enhance collaboration. For indicated case [for example uncontrolled hypertension]staff should practice MI in a short form[Brief Motivational Advice]	- Demonstration – Small group activity	-The slide presentation
4. Applying Motivational Interviewing (30 minutes)	- MI can be integrated into several services for example NCDs clinics,Psychiatric and substance abuse clinics.Main purpose is to increase adherence to treatment - MI can use as a tool for prevention for example increasing health behavior.	– Group activities and discussion	-Activity sheet

Topic 2.12

Child development program

Duration: 2 hours

Objective: 1. Understand the importance of early brain and child development

2. Understand the developmental surveillance, screening, evaluation, and early intervention.

Method of Instruction: Participatory Lectures

Objective	Content	Activity	Materials
1. Explain the importance of early brain and child development. (30 minutes)	The early years of childhood, especially the first three, children learn more quickly and develop more rapidly than at any other time. In a child's brain, an over production of connections-synapses between brain cells - occurs. Pruning causes snipping away some of the synapses while allowing others to strengthen. But pruning is differently timed in certain parts of the brain	– Participatory lecture	-The slide presentation
2. Understand the developmental surveillance, screening, evaluation, and early intervention (60 minutes)	**Developmental system**: Model of Early Detection and Intervention of Children with Developmental Delay: Guidelines for Health Care System. The background, conceptual framework, evolution of development, and benefits of the project. **Implementation**: 1. Emphasis on the parents' role in enhancing children development. 2. Preparing health staff of hospitals in sub district to take care of normal and risk group children (LBW, BA and children with social risk factors)3Preparing	– Participatory lecture	-The slide presentation

Objective	Content	Activity	Materials
	the children to get ready to transfer to school age. 4. Child Development's Database in Thailand. **Monitoring and Supervision:** 1. Real time report 2. Supervision at Regional level 3. Analysis and problem solving - A number of provinces using DSPM, DAIM, TEDA4I tools - Quality of developmental screening (normal/delayed)		
3. identify the methods of development by using developmental surveillance and promotion manual (DSPM) (90 minutes)	Demonstrate and Practices the development for DSPM, DAIM, TEDA4I	- Watch VDO demonstration – Practice evaluation the development by practicing the material selection.	-The slide presentation -Video demonstrate

Topic 2.13

Mental health and psychosocial supports (MHPSS)

The Mental Health and Psychosocial Supports (MHPSS) 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.

Duration: 3 hours

Objective: 1. Understand the concepts of mental health and psychosocial support and their importance in promoting resilience and well-being.
2. Explore the psychological impact of adversity, trauma, and crisis on individuals and communities.
3. Learn principles and techniques of psychological first aid for providing immediate support to individuals in distress.
4. Develop skills in conducting psychosocial assessments and identifying mental health needs in humanitarian and development contexts.
5. Explore strategies for promoting self-care and resilience among humanitarian workers and other frontline responders.
6. Understand the principles of trauma-informed care and its application in supporting survivors of trauma and violence.
7. Learn about culturally sensitive approaches to MHPSS and the importance of community participation and empowerment.
8. Explore best practices for integrating MHPSS into humanitarian response, disaster preparedness, and development programming.
9. Develop skills in designing, implementing, and evaluating MHPSS interventions and programs.
10. Reflect on ethical considerations and challenges in providing MHPSS in diverse cultural and social contexts

Method of Instruction: Participatory Lectures, role-play practices, and reverse demonstration

Objective	Content	Activity	Materials
1. Understand the concepts of mental health and psychosocial support and their importance in promoting resilience and well-being (10 minutes)	The concepts of mental health and psychosocial support and their importance in promoting resilience and well-being	Participatory Lectures	-The slide presentation

Objective	Content	Activity	Materials
2. Explore the psychological impact of adversity, trauma, and crisis on individuals and communities (10 minutes)	The psychological impact of adversity, trauma, and crisis on individuals and communities	Participatory Lectures	-The slide presentation -
3. Learn principles and techniques of psychological first aid for providing immediate support to individuals in distress (10 minutes)	Principles and techniques of psychological first aid for providing immediate support to individuals in distress	Participatory Lectures and practices	-The slide presentation
4. Develop skills in conducting psychosocial assessments and identifying mental health needs in humanitarian and development contexts (30 minutes)	Psychosocial assessments and identifying mental health needs in humanitarian and development contexts	Participatory Lectures and role-play practices	-The slide presentation -Example crisis situations
5. Explore strategies for promoting self-care and resilience among humanitarian workers and other frontline responders (20 minutes)	Strategies for promoting self-care and resilience among humanitarian workers and other frontline responders	Participatory Lectures	-The slide presentation
6. Understand the principles of trauma-informed care and its application in supporting survivors of trauma and violence (20 minutes)	Principles of trauma-informed care and its application in supporting survivors of trauma and violence	Participatory Lectures	-The slide presentation

Objective	Content	Activity	Materials
7. Learn about culturally sensitive approaches to MHPSS and the importance of community participation and empowerment (20 minutes)	Culturally sensitive approaches to MHPSS and the importance of community participation and empowerment	Participatory Lectures	-The slide presentation
8. Explore best practices for integrating MHPSS into humanitarian response, disaster preparedness, and development programming (30 minutes)	Best practices for integrating MHPSS into humanitarian response, disaster preparedness, and development programming	Review the best practices and group discussion	Best practices
9. Develop skills in designing, implementing, and evaluating MHPSS interventions and programs (20 minutes)	Skills in designing, implementing, and evaluating MHPSS interventions and programs	Participatory Lectures	-The slide presentation
10. Reflect on ethical considerations and challenges in providing MHPSS in diverse cultural and social contexts (10 minutes)	Ethical considerations and challenges in providing MHPSS in diverse cultural and social contexts	Participatory Lectures	-The slide presentation

Course 3: Mental health Information system and technologies

(7.5 Hours)

Topic 3.1

Epidemiology in Mental Health

Duration: 2 hours

Objective: To provide a comprehensive introduction to the fundamentals of epidemiology for mental health practices. At the end of the topic, participants will have a good understanding of the fundamentals of epidemiology, including measurement, study designs, bias, confounding, and causation.

Method of Instruction

Objective (Time)	Content	Activity	Materials
Understand the fundamentals of epidemiology	**Basic principles (40 mins)** 1. Development of psychiatric epidemiology 2. Measurement in psychiatry 3. Cultural issue in measurement and research 4. Ethic and research in psychiatry	Participatory lectures	The slide presentation
	Study design (40 mins) 1. Introduction to epidemiological study designs 2. Ecological and cross-level studies 3. Cross-sectional surveys 4. The case–control study 5. Cohort studies 6. Randomized controlled trials	Participatory lectures	The slide presentation
	Interpretation (40 mins) 1. chance, bias, and confounding 2. causation 3. Statistical methods in psychiatric epidemiology	Participatory lectures	The slide presentation

Topic 3.2

Mental health information system (MHIS)

Duration: 2 hours

Objective: After completing this session, the participants will be able to

1. describe what is HMIS? And the role of MHIS in mental health system in low-and middle-income counties
2. Identify what types of information should be collected?
3. Explain the clinical data management process
4. Explain the fundamentals of designing and implementing MHIS
5. Anticipate key challenges in designing and implementing MHIS in low-resource contexts

Method of Instruction: Participatory Lectures

Objective (Time)	Content	Activity	Materials
1. Describe what is HMIS? And the role of MHIS in mental health system in low-and middle-income counties (20 mins)	A mental health information system (MHIS) is a system for collecting, processing, analyzing, disseminating, and using information about a mental health service and the mental health needs of the population it serves. The MHIS aims to improve the effectiveness and efficiency of the mental health service and ensure more equitable delivery by enabling managers and service providers to make more informed decisions for improving the quality of care. In short, an MHIS is a system for action: it exists not simply for the purpose of gathering data, but also for enabling decision-making in all aspects of the mental health system.	- Participatory lectures	-The slide presentation
2. Identify what types of information should be collected? (20 mins)	Information should be collected from a variety of different mental health services. To make this possible, the appropriate systems need to be in place within these services. WHO has developed a model for an optimal mix of mental health services – the WHO pyramid framework – which can be used to help organize the place of collection as well as the type of	- Participatory lectures	-The slide presentation

Objective (Time)	Content	Activity	Materials
	information that needs to be collected.		
3. Explain the importance of clinical data management. (20 mins)	**The Importance of Clinical Data Management** – The information is redundant or contradictory; the recorded data is not clear; there are conflicts in the information itself; or the recorded data exceeds certain limits or is impossible. – The data analyst may erroneously write the logic of the analysis program. – The person summarizing the research findings may not interpret them correctly. – The tentative agreement of the selected statistical method is not verified. **The Clinical Data Management Process** – Beginning a draft of a research project; – Preparation of data logging and storage planning; – Database creation; – Data recording; – Personal information protection, information safety and security; – Data verification; – Preparation of complete and accurate information ready to analyze and conclude the research results for publication; – Management, excision, selection of information to research associates or third parties who request it, whether it is a legal or commercial claim.	- Participatory lectures	-The slide presentation

Objective (Time)	Content	Activity	Materials
	Explain the Assuring Data Quality Process. A key principle of the quality assurance (QA) process is to verify that all research participants, whether researchers, data collectors (principal investigators, project staff), or informants (volunteers, patients), have performed the procedures set out in the research outline. **Key Quality Assurance Principles** 1. Make it clear what to do. 2. Follow what you are informed to do. 3. Clearly record what has been done.		
4. Explain the fundamentals of designing and implementing MHIS (20 mins)	There is a step-by-step process that will guide you on how to assess information needs, analyse current information systems, implement the planned information systems and evaluate them. This step-by-step process can be summarized in the form of four questions: • What information do we need? (Needs assessment) • What information do we have? (Situation analysis) • How can we get the information we need? (Implementation) • How well are information systems working? (Evaluation)	- Participatory lectures	- The slide presentation
5. Anticipate key challenges in designing and implementing MHIS in low-resource contexts	Although there are several benefits to information systems, many of these systems are beset with problems. These are encountered in each of the stages: collection, processing, analysis, dissemination and use. In the case of MHIS, particularly in developing countries, those involved	- Participatory lectures	-The slide presentation

Objective (Time)	Content	Activity	Materials
(20 mins)	in the design and maintenance of general health information systems (HIS) frequently do not have an adequate understanding of mental health. These problems are made worse by changes in the health system as a whole, in terms of both structure and staff turnover. Careful planning in the design and implementation of information systems is therefore essential for overcoming these common problems.		

Topic 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. 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 to understand the status of mental health systems globally.

Duration: 1 hour

Objective: After completing this session, the participants will be able to describe the collection, analysis, and interpretation of key indicators to assess the performance and effectiveness of mental health services.

Method of Instruction: Participatory Lectures

Objective (Time)	Content	Activity	Materials
1. Describe the collection, analysis, and interpretation of key indicators to assess the performance and effectiveness of mental health services (30 mins)	Key indicators to assess the performance and effectiveness of mental health services	- Participatory lectures	-The slide presentation
2. 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 to understand the status of mental health systems globally. (30 mins)	Mental Health Atlas	- Participatory lectures	-The slide presentation

Topic 3.4

Mental Health Care in Digital Technology Era

Duration: 2.5 hours

Objective: After completing this session, the participants will have better understanding about

1. digital mental health services
2. the use of media in promoting mental health literacy.

Method of Instruction: Participatory Lectures, presentation, and discussion

Objective (Time)	Content	Activity	Materials
1. Understand and be able to explain the fundamentals of designing and implementing digital mental health services (45 mins)	In this session will provide a comprehensive introduction to the digital mental health services by lecturing and together discussing the existing digital mental health services in Thailand. The content will be as the following: - What is a digital mental health service? - Why digital mental health services are important? - How to design and implement a digital mental health service? - Key challenges - Examples in Thailand	- Participatory lectures	-The slide presentation
2. Understand and be able to explain the fundamentals of the use of media in promoting mental health literacy (45 mins)	In this session will provide a comprehensive introduction to the use of media in promoting mental health literacy by lecturing and together discussing some examples in Thailand. The content will be as the following: - Conceptual framework of mental health literacy - Related theories of the development mental health literacy program and implementation - Benefits of media - Examples in Thailand	- Participatory lectures	-The slide presentation

Objective (Time)	Content	Activity	Materials
3. Apply the theories, principles, and strategies of digital mental health to practices (60 minutes)	This session focuses on applying theories, principles, and strategies of digital mental health services to real world practices. Participants learn to intervene effectively and implement digital mental health care in various settings.	Short presentations from countries (3-5 presentations) and discussion	-The slide presentation

Course 4: Community Mental Health (12 Hours)

Topic 4.1

Mental health and community psychiatric practices

Duration: 2 hours

Objective: To integrate knowledge, plan mental health and psychiatry practices in the community.

Method of Instruction: Participatory Lectures, Small Group Discussion, and Presentation

Objective (Time)	Content	Activity	Materials
1. Describe the process of mental health and community psychiatric practices. (30 mins)	The mental health and community psychiatric practice process consists of: 1. Preparation 2. Community assessment 3. Diagnosis of the community and identification of problems and needs (Community Diagnosis) 4. Priority Setting 5. Planning 6. Implementation by the specified plan/project 7. Evaluation and continuous development	- Participatory lecture	- The slide presentation Mental Health and Community Psychiatric Practices
2. Diagnose and plan mental health and community psychiatric practices. (90 mins)	Plan mental health and community psychiatric practices according to the 7-step process.	- Small group discussion - Presentation	The slide presentation

Topic 4.2

Concept of Community Psychiatric Patient Rehabilitation

Duration: 2 hours

Objective: To explain the concept on community psychiatric patient rehabilitation.

Method of Instruction: Participatory Lectures and Group Discussion

Objective (Time)	Content	Activity	Materials
1. Describe the model of rehabilitation of psychiatric patients in the community. (30 minutes)	- Goals, values, and principles of rehabilitation of psychiatric patients - Definition of rehabilitation of psychiatric patients - Restoration models; - Psychiatric rehabilitation - Social rehabilitation - Psychosocial rehabilitation - Vocational rehabilitation - Destigmatize mental illness	- Participatory lecture - Discuss about the rehabilitation of psychiatric patients at their departments.	The slide presentation
2. Understand the methods and goals of recovery in each phase. (30 minutes)	**Methods of rehabilitation of psychiatric patients** - Acute care - Subacute care - Basic skills needed for living, including self-care skills, home cohabitation skills, social skills, work skills, time and leisure skills, community living skills.	- Lecture - Ask the learners to explain about the methods and goals of rehabilitation in each phase.	The slide presentation
3. Explain the family's role in the rehabilitation of psychiatric patients. (60 minutes)	**Role of the family in the rehabilitation of psychiatric patients** - Bring families and communities to participate in continuity care of psychiatric patients in the role of supporting the recovery of psychiatric patients in the family and community and the role of being a continuous caregiver who understands, cares, and monitors the patients. - Adjust attitudes to understand and accept the patients. - Learn skills for proper patient care. - There are ways to relieve stress oneself.	- Lecture - Ask the learners to share the role of families in the rehabilitation of psychiatric patients.	The slide presentation

Objective (Time)	Content	Activity	Materials
	- Learn how to communicate with each other without conflict. - Monitor psychotic recurrence. - Support the recovery.		

Topic 4.3

Concepts of Continuing Care and and Psychiatric Patients Referral System

Duration: 2 hours

Objective: 1. To explain importance of the patient referral system.

2. To explain guidelines for continuity care for psychiatric patients in the community.

Method of Instruction: Participatory Lectures

Objective (Time)	Content	Activity	Materials
1. Describe the importance of the patient referral system. (10 minutes)	The referral system can help facilities having limited potential ask for cooperation from facilities that have more ready equipment or have specialized personnel in providing assistance, advice, and accept the patients for continuity care.	- Ask 1–2 learners to share their experiences about referring psychiatric patients in their unit or district health service and other learners explain the importance of the referral system. - Lecture	The slide presentation
2. Explain various types of referrals. (10 minutes)	**Definition of the referral** • Refer out • Refer in • Refer back • Refer receive • Consultation for patient care **Example** The referral of psychiatric patients with the THAI CoC, THAI Refer Systems; Case Study of Psychiatric Hospital Nakhon Ratchasima, Health Area 9	- Ask the learners to give examples of referrals - Lecture on the referral system	The slide presentation
3. Explain the concept of continuity care for psychiatric patients. (20 minutes)	Continuity care concept for psychiatric patients : Definition of continuity care for psychiatric patients : Continuity care concepts uses the concept of continuous care for psychiatric patients, including the concept of access to health services, the concept of systems theory, continuity and coordination of care. : Elements of continuity care and integration of continuity care of the area	- Participatory lecture - Use questions to encourage the learners to provide feedback on the continuity care of psychiatric patients (put questions in ppt; exchange ideas on the continuity care of each area).	The slide presentation

Objective (Time)	Content	Activity	Materials
4. Explain the roles of caring for psychiatric patients in the community (20 minutes)	**The role of personnel** The role of personnel is classified by level of medical facilities in the public health system including 1) Primary care units, which are sub-district health promoting hospitals, 2) Secondary care units, such as community hospitals, 3) Tertiary care units, such as central hospitals/general hospitals, 4) Specialized care units, including psychiatric hospitals.	Share experiences, roles, and activities of continuity care for psychiatric patients in the community.	The slide presentation
5. Plan psychiatric patient continuity care based on problems and needs. (60 minutes)	2.2 Continuity care plan for psychiatric patients in the community uses the concept of continuity care for psychiatric patients, which has 10 individual patient continuity care plans as follows: Area 1: Psychotic symptoms Area 2: Taking medication Area 3: Relatives or caregivers Area 4: Daily Routine Area 5: Occupation Area 6: Family Relationships Area 7 Environment/Housing Area 8: Communication and Behavior Area 9: Primary learning ability Area 10: Drinking Alcohol and Substance Use	- Participatory lecture - Divide the learners into groups to analyze case studies, and plan continuity care based on problems and needs.	The slide presentation

Topic 4.4

Deinstitutionalization of mental health

The Deinstitutionalization of Mental Health course explores the historical context, principles, challenges, and best practices associated with the transition from institutionalized care to community-based mental health services. Participants will examine the social, political, and ethical factors that have driven deinstitutionalization efforts globally, as well as the impact of these changes on individuals, families, and communities.

Duration: 2 hours

Objective: 1. To explore the rationale behind the deinstitutionalization of mental health care, the principles and values underlying deinstitutionalization, including human rights, autonomy, and community integration.

2. To examine the challenges and barriers to deinstitutionalization, including stigma, funding, workforce shortages, and lack of community support services.

3. To learn about best practices and innovative models of community-based mental health care, including assertive community treatment, supported employment, and crisis intervention teams.

Method of Instruction: Participatory Lectures and presentations

Objective (Time)	Content	Activity	Materials
1. explore the rationale behind the deinstitutionalizatio n of mental health care, the principles and values underlying deinstitutionalizatio n, including human rights, autonomy, and community integration (30 mins)	Rationale, principles and values underlying deinstitutionalization, including human rights, autonomy, and community integration	- Participatory lectures	-The slide presentation
2. examine the challenges and barriers to deinstitutionalizatio n, including stigma, funding, workforce shortages, and lack of community support services (30 mins)	Challenges and barriers to deinstitutionalization, including stigma, funding, workforce shortages, and lack of community support services	- Participatory lectures	-The slide presentation
3. Learn about best practices and innovative models of community-based mental health care, including assertive community treatment, supported employment, and crisis intervention teams (60 mins)	Best practices and innovative models of community-based mental health care, including assertive community treatment, supported employment, and crisis intervention teams	Short presentations from countries (3-5 presentations) and discussion	-The slide presentation s

Topic 4.5

Mental Health Network Development

Duration: 2 hours

Objective: By the end of this session, participants will be able to:

- Understand the importance and principles of mental health network development.
- Identify key stakeholders in the mental health network across different sectors.
- Analyze the current strengths, gaps, and opportunities in their local mental health networks.
- Propose strategies for strengthening collaboration and coordination across levels.

Method of Instruction: Participatory Lectures, video presentations, and group works

Objective (Time)	Content	Activity	Materials
1. Understanding Mental Health Networks (30 mins)	Definition of a mental health network: interconnected organizations, services, and individuals working collaboratively to promote, prevent, treat, and rehabilitate mental health. Why networks matter: • Improve continuity of care • Enable multi-sectoral action • Increase efficiency and reach • Build shared accountability Types of networks: • Clinical networks (e.g., psychiatric hospitals, community clinics) • Community-based networks (e.g., NGOs, peer support groups) • Cross-sectoral networks (e.g., schools, police, local government, media)	- Participatory lectures	-The slide presentation

2. Stakeholder Mapping and Role Identification (30 mins)	Participants work in small groups to create a **mental health network map** for their own area. They identify and categorize stakeholders under: • **Government**: DMH, PHO, local authorities • **Health system**: Hospitals, clinics, health volunteers, psychiatric nurses • **Community**: Temples, schools, workplaces, elderly clubs • **Civil society**: NGOs, media, peer-support groups • **Law and order**: Police, courts, correctional facilities • **Social protection**: Welfare officers, social development offices Groups share observations: • Who is active? • Who is missing or underutilized? • What coordination mechanisms exist?		-

3. Challenges and Strategies in Network Strengthening (30 mins)	**Common Challenges:** • Fragmentation between service levels (hospital vs community) • Poor communication between sectors • Limited shared data systems • Role ambiguity and duplication of efforts • Lack of formal agreements or MOUs **Strategies for Strengthening:** • Establish regular inter-agency meetings • Develop shared care plans and referral pathways • Train network partners on basic mental health principles • Use technology (e.g., shared databases, Line groups) • Set up local mental health coordinating committees		-
4. Group Planning Exercise – Strengthen Your Network	Each group selects **one major gap** from their earlier network mapping and answers: • What is the gap (e.g., poor referral system from community to hospital)? • Who needs to be involved? • What coordination mechanism can be created or improved? • What small action can be done within 3 months? Each group presents their "action plan" in 2–3 minutes.		-

Topic 4.6

Empowering minds together

"Foster a supportive community, bridging experiences of individuals and caregivers"

Foster a supportive community, bridging experiences of individuals and caregivers

Duration: 2 hours

Objective: 1. To understand the important of human-centric design in mental health care
2. To understand challenges and barriers in mental health care through the lens of individuals and caregivers

Method of Instruction: Participatory Lectures, video presentations, and group works

Objective **(Time)**	**Content**	**Activity**	**Materials**
1. Understand the important of human-centric design in mental health care (30 mins)	Human-centric design in mental health care	- Participatory lectures	-The slide presentation
2. Understand challenges and barriers in mental health care through the lens of individuals and caregivers (30 mins)	Challenges and barriers in mental health care through the lens of individuals and caregivers	Video presentations	-The slide presentation
3. Applying to real world practices (60 mins)	Group works -participants will be assigned to a group and will discuss and design a supportive community, bridging experiences of individuals and caregivers	Group works	Practical exercise

Course 5: Study visit
Mental Health and Psychiatric Services
(12 Hours)

Topic 5.1

Study visit mental health service in the psychiatric hospital

Duration: 6 hours

Objective: Apply mental health and psychiatric services system in own country

Method of Instruction: Observation, Small Group Discussion, and Presentation

Objective (Time)	Content	Activity	Materials
1. Explain the psychiatric service in psychiatric hospital at tertiary level (90 min)	- The mental and psychiatric health service systems of psychiatric hospitals - Linking Primary and Secondary mental health care service systems to psychiatric hospitals	- Observation and discussion at psychiatric hospital	The slide presentation
2. Explain continuous care and recovery-oriented service for psychiatric patients (90 min)	- Process of providing Psychiatric Recovery Oriented Service	- Small group discussion and create a learning summary - Presentation	The slide presentation
3.Apply service procedures and care practices and with mental illness in own country (180 min)	- The setting of Screening, History Taking, Mental Examination and Psychosocial Assessment with mental disorders or behavior problem in psychiatric hospital - Examples of care practices with serious mental disorders	- Observation and discussion at the clinic - Small group discussion and create a learning summary - Presentation	The slide presentation

Topic 5.2

Study visit child and adolescent mental health service

Duration: 6 hours

Objective: Apply service procedures and behavior modification techniques for children and adolescents in own country

Method of Instruction: Observation, Small Group Discussion, and Presentation

Objective (Time)	Content	Activity	Materials
1. Describe the process of providing child and adolescent mental health service (60 min)	Service delivery system for child and adolescent mental health care setting	- Observation and discussion at the clinic	The slide presentation
2. Apply service procedures, care practices and behavior modification techniques for child and adolescents with mental illness in own country (300 min)	- Screening, History Taking, Mental Examination and Psychosocial Assessment in child and adolescents with mental disorders or behavior problem - Examples of care practices for child and adolescents with mental disorders - Examples of behavior modification techniques for child and adolescents with behavior problem	- Observation and discussion at the clinic - Small group discussion and create a learning summary - Presentation	

Course 6: Study visit to mental health services in the community

(6 Hours)

Topic 6.1

Study visit to mental health services in the community

Duration: 6 hours

Objective: Apply community mental health service system in own country

Method of Instruction: Observation, Small Group Discussion, and Presentation

Objective (Time)	Content	Activity	Materials
1. Describe key concepts in community mental health (60 min)	- The mental health and community psychiatric practice process	- Participatory lectures and Observation	The slide presentation
2. Explain the process of providing mental health services (120 min)	- The collaboration of the psychiatric care in the primary care level and community mental health network	- Observation and discussion at the clinic	
3. Apply Knowledge of how to establish community network (180 min)	- Developing community mental health network and continuous care	- Visit patient at home with volunteers - Divide the group to create a learning summary - Presentation	