EVALUATING THAILAND'S MENTAL HEALTH EDUCATION POLICY

BY

EMILY FICKLING

AN INDEPENDENT STUDY SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN SOCIAL INNOVATION AND SUSTAINABILITY

SCHOOL OF GLOBAL STUDIES

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ABSTRACT

Rising adolescent mental illness rates have been given special attention after the pandemic, but many gaps still remain as the rates continue to rise despite government interventions. There has been little evaluation of the current school-based mental health (SBMH) system in Thailand including a universal definition of SBMH. Stigma remains a strong barrier to Thai adolescents seeking mental health services, and promising research suggests raising mental health literacy (MHL) rates can reduce this stigma. Through a literature review with international examples and a policy analysis, this research seeks to understand to what extent Thai policy addresses school-based mental health and what gaps exist in the policy. There seems to be a lack of interventions dedicated to raising in MHL rates with SBMH policy primarily focusing on developing social responsibility in adolescents. Ensuring policy outlines a direct path to improving mental health literacy could help to create a more holistic response to increasing adolescent mental illness rates that effectively targets social stigma. This research is expected to aid in identifying policy gaps that are either not effective or negatively affect students. By bringing attention to the increasing issue of adolescent mental health and how mental health education (MHE) could improve the situation, it is expected that more focus will be put on ensuring schools are adequately equipped to educate students on mental health and provide resources for them.

Keywords: adolescent, mental health, Thailand, policy, school

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CHAPTER 1
INTRODUCTION

1.1 Introduction

Adolescent mental health issues have skyrocketed globally following the pandemic with many countries working to implement policies that can mitigate the rise. Thailand has also struggled with rising mental illness rates. A recent survey revealed nearly a fifth of Thai students aged 11 to 19 had moderate to severe depression symptoms (Burnet Institute et al., 2022). Mental health services can be offered in many different settings, but there are arguments that schools are an effective setting for providing mental health resources. Most mental illnesses begin showing symptoms during early adolescence (Patel et al., 2007). Partly because of this, schools have proven to be an effective place for mental health interventions (Hoover & Bostic, 2021). An offshoot of health literacy, mental health literacy (MHL), has proven to be effective at improving help-seeking behavior and reducing social stigma (Soria-Martinez et al., 2023). Because of the ability of higher MHL rates to lower stigma, it can be beneficial when considered a primary objective for school-based mental health (SBMH) policies in Thailand. Through a literature review including several international examples with a policy analysis of Thai SBMH policy, this paper seeks to understand the gaps and opportunities that are presented in Thailand's mental health education policy in order to effectively integrate mental health education (MHE) into secondary schools in order to reduce social stigma towards mental health.

CHAPTER 2
REVIEW OF LITERATURE

2.1 Mental Health Education Introduction

Youth mental health has worsened over the last few decades and became a topic of international discussion in the 90s (Wiedermann et al., 2023). Mitigating this rise globally has been the focus of many international organizations including the World Health Organization (WHO) and the United Nations (UN). According to the World Health Organization, having good mental health is defined as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (WHO, 2024). Recognizing the dangers of this trend going unchecked calls to integrate mental health support into schools emerged in the early 21st century (Atkins et al., 2010; Weist et al., 2001). While improvements were slowly implemented initially, the pandemic saw a sharp rise in adolescent mental illness rates resulting in many countries working fast to improve school-based mental health programs in the last few years. Critical evaluation of past and present programs are important in ensuring that future responses are appropriate, efficient, and holistic.

2.1.1 School-based Mental Health Programs

School-based mental health (SBMH) refers to mental health interventions that are implemented on school property, and are designed for the students. There is an abundance of evidence supporting the benefits of SBMH programs, especially in middle schools. For one, most mental illnesses begin showing symptoms during early adolescence (Patel et al., 2007). With adolescents spending much of their time in school, having facilities that can accommodate emerging mental health symptoms can be effective at prevention and intervention. Having in-school services can also widely increase their availability nationally.

There is evidence to support that school-based services can improve access to mental healthcare for disadvantaged groups. A study done on school mental

health service usage in the United States showed that one-third of students received mental health care only at school. These students were frequently from low-income households, indicating the ability of school-based programs to help bridge disparities in access to care (Ali et al., 2019). As a result of the growing body of evidence, support has grown steadily over the years for school-based programs.

There are arguments as to whether these interventions should be universal and apply to the entire student body or target individual students who might be more at risk of experiencing mental illness like in early identification programs (Cavioni et al., 2020). Arguments supporting universal interventions believe early identification programs and their tendency to single students out can make it harder to reduce stigma while preventing disadvantaged students who may not be exhibiting symptoms from receiving care (Cavioni et al., 2020).

2.1.2 Mental Health Literacy and Stigma

The primary goal of SBMH programs is to improve a form of health literacy, which research shows can greatly aid in reducing illness rates. The Centers for Disease Control and Prevention (CDC) defines health literacy as "the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others" (2020). Improving health literacy has long been the focus of governments, but primarily for physical health. Mental health literacy (MHL), a smaller offshoot of health literacy coming out of Australia, considers the ability of the public to understand how to recognize, manage, or prevent mental illnesses (Jorm et al., 1997). This definition has been further refined in more recent years to include facets like social stigma and an understanding of treatment options. It also differentiates between mental health and its promotion and knowledge and understanding of mental disorders and their processes (Soria-Martínez et al., 2023). Though the field of research on MHL is small, multiple studies have been completed that support the idea that raising MHL rates can improve factors associated with rising mental illness rates including help-seeking behavior and social stigma, and that schools are an effective place to raise MHL rates. Social stigma in this case refers to a lack of social acceptance towards certain labels or behaviors, which acts as a strict barrier to

adolescents seeking help for mental issues. Comparative studies done between Western and non-Western countries suggest that lower MHL rates (common in non-Western countries) directly contribute to misunderstandings that influence stigma. One study done on Thai university students suggests this stigma largely comes from family, media, and education. Though data is limited, there appear to be negative portrayals of mental illness in Thai news, soap operas, and movies. The students also reported feeling that their parents would not understand how to help due to parents not typically discussing feelings with the household. In terms of education, the students reported feeling like there was a clear lack of education on mental disorders which diverges from international schools that were reported to include more education on it (Pitakchinnapong & Rhein, 2019). Acknowledging stigma and common beliefs about mental health that are not true is positively related to lower social stigma against others and themselves and more positive attitudes toward mental health. Literacy can also result in more empathy towards those undergoing treatment (Soria-Martínez et al., 2023).

2.2 Effectiveness of SBMH Programs

Some studies suggest that education-based mental health programs, especially those that aim to raise MHL rates, can reduce negative factors associated with mental illness. A study done on two separate MHL programs in Cambodia and Vietnam supports the ability of schools to increase MHL rates effectively (Nguyen et al, 2020). Separate studies done on the efficacy of MHE programs in secondary schools in Peru and India saw that higher MHL rates can reduce suicide attempts and social and personal stigma surrounding mental health while improving help-seeking behavior and self-esteem (Kim et. al., 2019; Srikala & Kishore, 2010). A study from Norway provides evidence that promoting positive mental health literacy in SBMH programs is positively correlated with mental well-being (Bjørnsen et al., 2019).

While efficacy studies are overall more limited in Thailand, some have been done on university students with the results indicating higher MHL rates can improve help-seeking behavior and reduce both social and self-stigma (Shahidi & Johnson, 2022). Another study done on industrial workers in Thailand showed

improving health literacy on depression can reduce depressive symptoms and prevent symptoms from arising (Thongnopakun, 2020). Positive results from MHE programs both in and outside of schools show that the Thai landscape, especially schools, is an appropriate landscape for these interventions.

Research has been done on the most effective intervention types in an effort to determine the best design models. A 1997 American study done over ten years saw evidence to support cognitive-behavioral therapy through education-based interventions, social skills training, and teacher consultations based on early intervention techniques (Hoagwood & Erwin, 1997). A framework coming from Italy and Malta agrees that social skills training (referred to as social and emotional learning) should be one of the pillars of an effective SBMH program, but places an equal focus on resilience training and risk behavior prevention. Evidence supports the effectiveness of social and emotional learning programs in improving students' interpersonal relationships and their overall learning. Studies reviewed by the authors support the importance of resilience training and show that children with higher resilience levels are less likely to experience mental health issues. (Cavioni et al., 2020).

Because of the abundance of evidence showing the benefits of school-based mental health education programs, they are being implemented and improved around the globe. However, adolescent mental illness rates continue to rise indicating a lapse in the effectiveness of current models and their implementation especially given that the more popular models neglect the importance of raising MHL rates.

2.3 Mental Health Education Policy in Thailand

Education policy in Thailand is developed by multiple government bodies including the Ministry of Education (MOE), the Ministry of Higher Education, and for Bangkok, the Bangkok Metropolitan Administration (BMA). The Department of Mental Health (DMH) has overseen frequent public awareness campaigns in conjunction with the Ministry of Education. The DMH frequently designs policies in

conjunction with educational government bodies that reflect the objectives of the national strategy.

The Thai government has long been working to improve the mental health of Thai youth. In the late 90s, under the 7th National Economic and Social Development Plan, the government aimed to promote self-reliance for mental issues and introduced "life skills" programs to schools that were designed to "foster a healthy mental state..." (Siriwanarangsan et al., 2004, p. 154). Today, these life skills courses focus on appreciating oneself and others, analytical decision-making & problem-solving, managing emotions and stress, and building positive relationships as outlined in the Life Skills teacher's manual designed by United Nations International Children's Emergency Fund (UNICEF) in conjunction with the Office of the Basic Education Commission (UNICEF, 2017). The Mental Health Plan was also focused on creating a profile of the mental health landscape at the time (Udomratn, 2007). The Health Promotion Foundation Act of 2001 saw the creation of the Thai Health Promotion Foundation (ThaiHealth), which altered the way individual health was seen. The foundation was designed to act as an external state agency under the supervision of the Prime Minister. ThaiHealth does research and makes recommendations based on the findings. While it does encompass mental health, ThaiHealth is split between other noncommunicable diseases like addiction.

In 2004, the Office of Basic Education Commission (OBEC) introduced a policy requiring schools to develop a "mental healthcare system" with the DMH. The government has also implemented measures like early identification programs in schools with positive results, though these typically only focus on students exhibiting symptoms and do not universally apply to every student.

The Health Development Plan under the Eighth National Economic and Social Development Plan (1997-2001) furthered Thailand's dedication to improving the mental health system by placing an emphasis on community mental health, improving service quality, and improving communities' resilience (Udomratn, 2007).

Even within current mental health programs, most programs are delivered by teachers. Few schools have full or part-time mental health professionals; therefore, the quality of education is limited to how extensively the teachers are trained (Burnett Institute, 2022). To combat the lack of mental health professionals and teachers

limited in mental health training, the government released the Kru Care Jai program as a part of the 2018-2037 national strategy. It is a joint venture between the Public Health Ministry and the MOE and will be overseen by the DMH. It aims to train teachers on how to screen students for mental illness and prevent bullying (Phangyang, 2024). However, the program was announced at the beginning of 2024 and has yet to take effect on the current landscape. The DMH has also developed an application called School Health Hero which helps to monitor at-risk students. It has been reported that, in 2022, 73% of at-risk students received help and were able to improve through the use of the app (Phangyang, 2024).

A 2019 study done on anti-stigma activities in several Asian countries revealed that very few studies have been done on activities that focus on combatting stigma in Thailand (Zhang et al., 2019). While this does indicate more research needs to be done, it could also indicate a lack of policy and implementation explicitly working toward this goal.

There are of course gaps in the reach of programs, with many being temporary pilot programs limited to a small number of schools. While Thailand has made great strides towards improving youth mental health, large gaps in funding and facilitation remain. In 2020, only 2.3% of government health spending went to mental health. Within this, over 81% went to psychiatric hospitals. There are also still many gaps in integrating mental health into standard curricula as many programs are pilots or limited to specific areas. (Burnet Institute et al., 2022).

There also seems to be large gaps in MHE resources being available in public schools run by both the BMA and MOE and a lack of mental health education being integrated into standard curricula in Thailand.

It seems there are also still major issues with standardizing SBMH programs through policy which is compounded by implementation issues that vary by locality. With many government entities developing policies guiding SBMH programs in Bangkok middle schools, the lack of standardization caused by this could explain the relatively unmitigated rise in adolescent mental health and could have the potential to exacerbate disparities in mental healthcare access.

2.4 International Mental Health Education Policy Examples

Internationally, there have been calls to bridge education and mental health policy in the hopes of implementing standardized mental health interventions in schools (Kataoka et. al., 2009). These calls are complemented by arguments made for specific mental health policies for children and adolescents as other countries experience a similar rise in adolescent mental illness rates (Shatkin & Belfer, 2004). In recent years, there have been calls for specific mental health education programs tailored to students in crisis now more than ever due to global climate, health emergencies, and increasing socioeconomic disparities (Wiedermann et al., 2023). Modern iterations of MHL would agree that, because of global crises, contextually appropriate policies and programs are necessary to ensure that each individual has access to the resources they need.

Certain countries internationally have shown the different methods governments use to improve SBMH and adolescent mental health as a result. In the early 2000s, China launched a massive healthcare reform that saw a growing focus on mental healthcare, but effective reform wouldn't come until later as much of the reform was limited to medical facilities. However, despite a slow start, China has put raising awareness of mental health and mental disorders at the forefront of its National Mental Health Plans, both from 2002 and 2015. Awareness being at the forefront of the policy is considered a primary reason why so many literacy-based interventions have been implemented (Lu et al., 2019). One report suggests that much of China's community-based healthcare declined following the introduction of the market economy, but was slowly improved after the 2009 healthcare reform. Much of China's recent work on improving mental health has been improving community resources outside of medical facilities, including those offered in schools. In 2019, a joint government initiative saw the enactment of the "Action Plan for Promotion of Children and Adolescents' Mental Health". This aimed to promote mental health services in schools such as providing private counseling from specially trained teachers (Chen et al., 2023).

China also responded swiftly to COVID-19 and the increasing mental illness rates in adolescents. In May 2020, China issued the "Technical Guidelines for

Prevention of New Coronavirus Pneumonia in Primary, Secondary Schools and Child Care Institutions" policy that made it a requirement for schools to teach students about mental health and offer counseling on-site and via a hotline (Qiu et al., 2020).

While there was a big push for school mental health programs in the late 90s and early 2000s, research on the subject in the United States had been relatively stagnant up until the pandemic. A 2019 study looked at factors relating to the states' adoption of mental health education and service policies in schools. It concluded that certain actions can be taken by the states to encourage schools to implement mental health policies. These include offering mental health training and certifications, having a state mental health services coordinator, and maintaining a state health council (Guerra et al., 2019).

A 2022 report done by the National Academy for State Health Policy looked at the strides certain states have taken in combatting the rise in youth mental illness rates following the pandemic. It showed that since 2020, nearly three-quarters of the states have enacted and sustained 92 laws to support youth mental health in schools. Programs and policies that arose from these laws include increasing funding for SMHPs, providing support for the planning of program improvements, providing education and support for students and faculty, and issuing requirements and recommendations for individual school policies (Gould & Randi, 2022).

In the United States, gaps still remain in school-based mental health programs. Just like in many countries, the wealth of different localities often determines the school system's ability to provide mental health services to all students. Not every state has been able to increase funding for SBMH programs, and over a quarter had virtually no response to the pandemic's effect on adolescent mental health (Randi & Gould, 2022).

Finland has long been considered a front-runner for mental health services, and the government has taken positive steps towards integrating mental health into schools and standard curricula. Finland's Basic Education Act first outlines the requirements of schools to promote students' well-being; it describes well-being as including good mental health.

Finland's new National Core Curriculum was adopted in 2004 and saw health education being taught as an independent subject. Any curricular elements

relating to student welfare, including mental health education, are designed in conjunction with health authorities including school counselors, social workers, and psychologists. Mental health education in health courses focuses on coping skills, though it is noted that ensuring students are educated on mental health services available to them is limited to upper secondary schools (Kannas et al., 2008).

To combat the rising suicide rates experienced in Denmark following the pandemic, students are able to be referred for educational psychological counseling which includes "broad educational, psychological and clinical expertise" with some localities offering treatment (Sommar, 2016). However, this form of external support can create barriers by being outside of school making it more difficult for students to access.

As a result of many migrant children in schools with generally higher rates of mental illness, Denmark and Sweden have implemented some measures to address their needs. A 2020 study noted Denmark's decision to give more authority to individual localities while Sweden worked to centralize and standardize its response nationally. Regardless, it is noted that there are still gaps in implementation as many Scandinavian teachers reported feeling unequipped to provide adequate support to migrant students because of a lack of services offered to them (Mock-Muñoz de Luna et al., 2020). Resources designed specifically for migrant students and their teachers are especially important in Thailand which is now home to over 300,000 migrant children (UNICEF, 2022).

Many non-governmental organizations support MHL being integrated into policy as is the case with Canadian Alliance on Mental Illness and Mental Health (CAMIMH). Other resources have been created such as MyHealth Magazine which provides virtual resources to both students and instructors including classroom activities based on the main components of MHL (Kutcher et al., 2015).

In Australia, which is considered the birthplace of mental health literacy, the National Mental Health Plan includes working with schools and communities to improve mental health literacy. As well, the government has been supporting research on MHL rates in the country since 2003 (Jorm, 2015). However, some evidence suggests many schools in the country are still reactive and focus on treatment for those exhibiting symptoms rather than prevention (Hopkins, 2014).

2.5 Gaps in Knowledge

Within school-based mental health programs and policy, there seems to be a lack of a universal meaning of school mental health including a lack of specific terminology. The effectiveness of school-based programs can be hampered by discrepancies in the definitions of "school mental health" making outcomes disproportionate (Cavioni et al., 2020). This can make research on the subject difficult to analyze and draw conclusions from. It also makes it more difficult for policymakers to implement school-based programs without agreement on the most effective designs. There is also the issue of research being done on standardized programs. Many studies done on the efficacy of SBMH programs look at pilot programs or programs restricted to specific areas. This means that a lack of universal agreement on SBMH programs hampers research, preventing policymakers from making evidence-based decisions.

There is also little analysis available on the topic of SBMH programs in SEA countries. Nearly all of the studies done on secondary school MHL programs in this region, though with positive results, were pilot programs or implemented by wealthier localities.

There also appear to be gaps in the school levels studied. Most available studies done on mental health literacy in Thailand focus on university students and university mental health programs.

As with the Scandinavian study, it could be beneficial to understand what resources instructors lack when providing mental help for students. There doesn't appear to be much research on what could be done to improve instructors' abilities to cater to student mental health or how this gap affects their mental health.

It is also agreed upon that there are some gaps in the ability of MHL research to provide reliable results as tools used to measure MHL rates and the effects of programs vary from study to study (Kutcher et al., 2016).

Table 2.1

International Example Chart

Country	**Notable Interventions and Issues**
China	- China has put raising awareness of mental health and mental disorders at the forefront of its National Mental Health Plans. Awareness being at the forefront of the policy is considered a primary reason why so many literacy-based interventions have been implemented (Lu et al., 2019). - Much of China's recent work on improving mental health has been improving community resources outside of medical facilities, including those offered in schools. - In 2019, a joint government initiative saw the enactment of the "Action Plan for Promotion of Children and Adolescents' Mental Health". This aimed to promote mental health services in schools such as providing private counseling from specially trained teachers (Chen et al., 2023). - In May 2020, China issued the "Technical Guidelines for Prevention of New Coronavirus Pneumonia in Primary, Secondary Schools and Child Care Institutions" policy that made it a requirement for schools to teach students about mental health and offer counseling on-site and via a hotline (Qiu et al., 2020).
United States	- Nearly three-quarters of the states have enacted and sustained 92 laws to support youth mental health in schools. - Programs and policies that arose from these laws include increasing funding for SMHPs, providing support for the planning of program improvements, providing education and support for students and faculty, and issuing requirements and recommendations for individual school policies (Gould & Randi, 2022).

Table 2.1

International Example Chart (Cont.)

Country	**Notable Interventions and Issues**
	- Over a quarter of U.S. states had virtually no response to the pandemic's effect on adolescent mental health (Randi & Gould, 2022).
Denmark and Sweden	- Denmark decentralization of MHE system - Denmark, post-COVID, implemented referral-based psychological counseling with a focus on education - Sweden centralization of MHE system - Scandinavian teachers reported feeling unequipped to support student's MHE
Finland	- National Core Curriculum of 2004 saw health being taught as an independent subject - All subjects relating to mental health must be designed in conjunction with health authorities - Most of the MHE focuses on coping skills
Canada	- Few government sponsored interventions - Mainly NGOs working to improve MHL - CAMIMH MyHealth virtual magazine for teachers and students based on MHL components
Australia	- Government-sponsored MHL research throughout the country - National Mental Health Plan includes working with schools and communities to improve MHL

CHAPTER 3
RESEARCH METHODOLOGY

3.1 Research Tools

3.1.1 Literature Review

For the research tools, a literature review will be conducted to help conceptualize mental health education and its effectiveness. This literature review will examine the development of MHE policy and programs globally as well as in Thailand. It will also consider the effectiveness of different types of MHE programs and how policy determines which types are used. Global studies published online will be used for this with priority going to studies done in Asia.

3.1.2 Policy Analysis

Following this, a policy analysis will be done on Thailand's current policies regarding mental health education and will be evaluated using examples of policy implementation and employing a mental health literacy conceptual framework described below. Most of Thailand's education and mental health policies are available publicly online. The policy will be machine-translated and then paraphrased.

3.1.3 International Examples

Various examples are used to understand the situation internationally and see what measures they have taken to address worsening youth mental health. China's mental health education situation is considered due to its low suicide rates and extensive mental health education policy for schools that have made it the top-ranking country in Asia for the third United Nation's Sustainable Development Goal (SDG) working towards good health and wellbeing (The State Council Information Office, 2023; United Nations, 2023). As well, Finland and other Scandinavian countries are considered due to their effective integration of mental health education into standard curricula. Australia and Canada are also considered for their MHL approach to SBMH policy, especially with Australia being where the

concept of MHL originated from. Most of these countries experience high immigration rates which can make it more relevant to Thailand.

3.2 Conceptual Framework

This research employs a framework based on the concept of MHL and its ability to improve help-seeking behavior and reduce stigma.

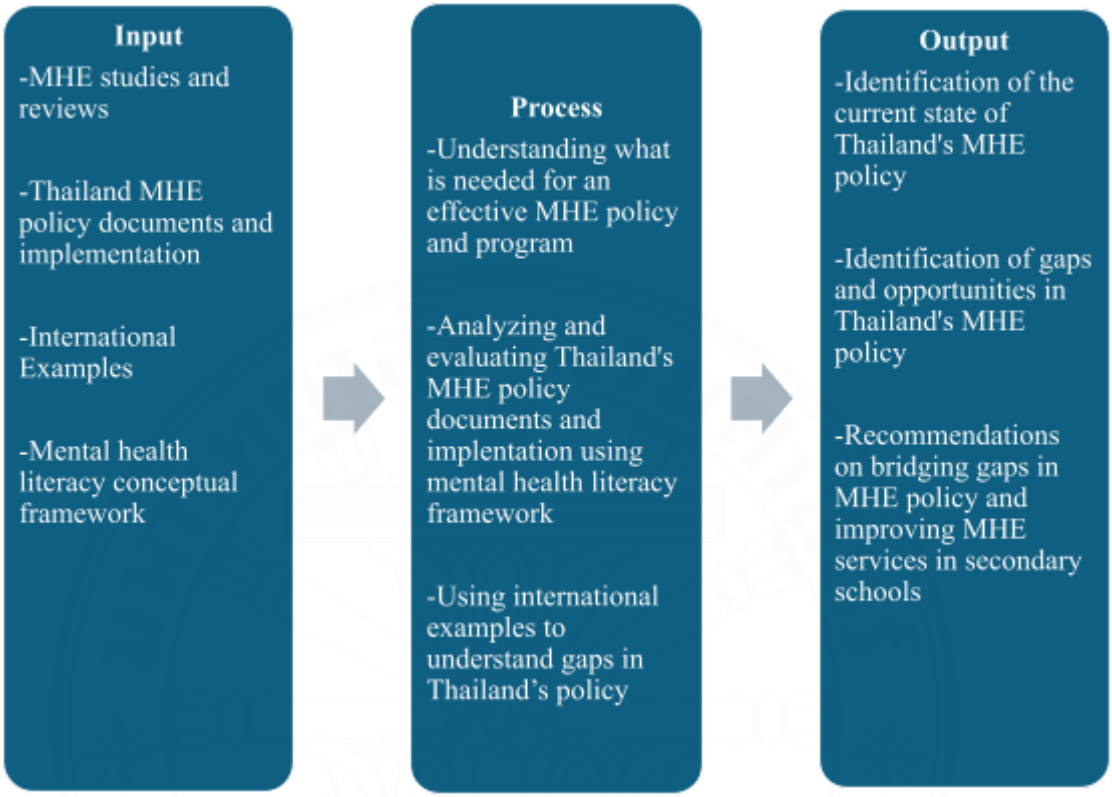
A recent review was able to conceptualize MHL and form a more holistic definition with extra considerations for educational implementation purposes. The conceptual framework emphasizes that, while it is important to maintain the core components of MHL, it should always be applied contextually, which in the case of Thailand could mean to include more about social responsibility and the role of community in mental health. In terms of the target audience, content included should be age-appropriate, though that would be designed by experienced educators.

While Jorm et. al. (1997) provided a core definition for MHL, Soria-Martinez et. al. (2023) refined this definition through a literature review and with the help of an expert panel. MHL has thus been conceptualized as having knowledge and skills that increase understanding of mental health, mental disorders, treatments, and how to access resources. The other core concept of MHL is the acknowledgment of stigmas towards mental health and falsely held beliefs, which is especially important in a Thai context as the social stigma surrounding mental health prevents many individuals from seeking help. This acknowledgment can help individuals alter previously held beliefs to reduce stigma for both themselves and others while also increasing empathy towards others (Soria-Martínez et al., 2023). Self stigma towards mental health refers to the internal disapproval of being diagnosed and seeking help. Using this framework in conjunction with the review and international examples can help to understand if or how MHL can be reflected in policy to help develop a more holistic SBMH system.

This study also utilizes a conceptual framework to understand how the data inputs can contribute to identifying gaps and opportunities through the research methods mentioned.

Figure 3.1

Conceptual Framework Model



CHAPTER 4
RESULTS AND DISCUSSION

4.1 Policy Language

4.1.1 Social Responsibility Focus and Stigma

Thailand implemented the Life Skills curriculum in the early 21st century to help improve students' ability to navigate life as they age. However, looking at the policy that started this curriculum, it primarily focuses on social responsibility rather than referring to mental health as an extension of physical health and overall well-being, despite the government referring to these courses as its response to worsening mental illness rates.

In 2006, the government outlined the policy for school guidance systems. Generally, the responsibilities of these systems include mentoring students in a way that promotes healthy growth both physically and mentally; it also outlines early intervention responsibilities. However, evidence suggests early identification programs can single students out and increase social stigma (Cavioni et al., 2020). The policy also discusses what instructors should look for with the primary intent being to prevent students from committing offenses. There could be a gap here if a large part of guidance systems is looking to prevent students from offending their communities rather than attempting to help students manage the mental processes that may or may not result in offenses being committed. It could also indicate a deeper stigma within the policy where school officials associate students experiencing mental issues with offensive behavior.

4.1.2 Decentralization

Thailand has made great strides towards improving adolescent mental health. However, many of the actions taken by government bodies tend to be too general and do not provide enough guidance for implementation at the school level. In the seventh National Strategy, the government refers to its desire to decentralize healthcare and put more power in provincial authorities to decide what is

best for the local community. However, this means that program design and implementation are primarily in the hands of local authorities, and most notably, teachers who tend to receive the job of implementing general policies like the ones for mental health. The study on instructors in Scandinavia showed that they often don't feel like they are getting the resources they need to be able to provide proper mental health services to students, especially students with more sensitive backgrounds like those who immigrated recently (de Luna et al., 2020). This can worsen implementation gaps, especially in a country like Thailand which is home to many immigrant children. General policy objectives in a less developed field can make it difficult for provincial authorities and instructors to properly implement effectively designed plans.

4.1.3 COVID-19 Response

In more recent years, and as part of the 2022 to 2027 National Strategy, the government introduced a project dedicated to helping citizens understand health risks and processes following the COVID-19 outbreak. This project is run by the Office of the Permanent Secretary, the Ministry of Education, and the Office of the Non-Formal and Informal Education Promotion and leverages education to achieve the desired results of healthier communities. There is a small part of this project that focuses on ensuring people are educated on mental health resources available to them with most being tied to the effects of the pandemic. However, education on mental health resources diverges from overall knowledge of mental health.

4.2 Policy Implementation

In 2022, the Bangkok Metropolitan Administration collaborated with the Department of Mental Health and a private organization to develop the BuddyThai application that works with schools and students virtually to provide psychological services and information on understanding and managing emotions. The application also works with schools to inform instructors of students who are at risk. However, this is only a temporary pilot program for schools affiliated with the BMA. While it

does improve the ability of students to access virtual resources, it has very little intersection with schools and minimal contact with instructors aside from notifying them of at-risk students.

As well, the Kru Care Jai program aims to improve the abilities of teachers to carry out SBMH policies through training in deep listening, at-risk symptom identification, and bullying and violence prevention (Phangyang, 2024). It acts as an important step towards filling the gap in instructor resources as mentioned in the Scandinavian study, however, steps could be taken to ensure it is effective at providing instructors with the resources they need in a contextually appropriate way.

The “21st Century Skills” manual, developed by the OBEC and UNICEF for instructors of the life skills courses, outlines the current guidelines for the curriculum. The curriculum of the life skills courses is designed with policy objectives of ensuring students are able to deal with various issues in the current social context in mind. It focuses on four aspects including awareness and appreciation of oneself and others, creative decision-making and problem-solving, managing emotions and stress, and building positive relationships with others (UNICEF). While resilience and social and emotional learning are major components of school-based mental health promotion, there is a stark lack of MHL components that could greatly reduce stigma and increase the understanding of mental disorders and available resources (Cavioni et al., 2020; Soria-Martínez et al., 2023).

CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

It is clear that the current school-based mental health system is still in development, as it is in many countries, but recommendations based on international examples can help the government create a more universal policy that covers every aspect of SBMH including mental health literacy. For a developing system, it is important to have a strong central body where the instructions come from. Having a universal framework for all provinces, one that can be altered within given boundaries, can help ensure better implementation and more consistent results.

In terms of the decentralization of school-based mental health decisions, it is clear that there are gaps in the ability of provincial authorities to design and implement effective measures without the help of the national government or more developed provinces. As well, at an individual level, teachers who lack the resources necessary to implement effective plans show that there is a major gap in their training. However, the Thai government has been working to combat this gap with the new Kru Care Jai program that focuses on improving the training of teachers on mental health topics so they are more prepared to help with student issues. The Kru Care Jai program is a big step towards filling the implementation gap that is seen at the instructor level, however, it could use more research on specific instructor needs.

The main consideration when looking at this policy is the overall goal of improving health literacy. Most of the stated policy objectives are about improving social responsibility with the overarching goal being to improve wellbeing. It doesn't seem like the goal of improving health literacy manifests itself in policy implementation either. While social and emotional learning, the mental health aspect of the life skills courses, is a large part of improving mental well-being, improving health literacy is seemingly an effective way to reduce the social stigma that Thai adolescents still suffer from.

The Thai government has made great efforts to improve the mental health of adolescents, however, gaps still remain as they do in many other countries. As social stigma still remains a large barrier to adolescents seeking mental help and with the evidence supporting the benefits of programs focused on increasing mental health literacy, it could be beneficial for SBMH policy to include guidance for school authorities on including more education on the underlying mental health processes rather than focusing solely on coping mechanisms to improve social responsibility and resilience. A number of studies have concluded that high MHL rates are negatively correlated with both social and self stigma through the acknowledgement of false beliefs, and the government could leverage this tactic to potentially lessen the stigma preventing Thai adolescents from seeking mental help (Soria-Martinez et al., 2023; Cavioni et al., 2020; Pitakchinnapong & Rhein, 2019; Kim et. al., 2019; Srikala & Kishore, 2010; Shahidi & Johnson, 2022). It is especially relevant given that it has already been tested in a Thai university context.

5.2 Recommendations

The primary recommendation would be to outline a policy that places mental health literacy at the forefront of school-based mental health along with social responsibility and resilience. As in the case of China and Australia, policy objectives focused on raising awareness and health literacy can be responsible for the design of more localized MHL interventions. As mentioned before, high mental health literacy rates are linked with higher help-seeking behavior and lower social and self stigmas. While the government is actively building adolescents' coping skills, if it wants to lower stigma, addressing MHL in policy to ensure its components carry through to implementation could help reach this goal. It can also be difficult for an individual to understand what resources they need without the ability to identify symptoms.

As with the implementation gaps, it could be beneficial to generate more specific guidelines in SBMH policy and provide more resources for provincial authorities when developing the curriculum. As is needed globally, it would be beneficial and potentially fiscally efficient to allocate more resources towards providing mental health care in schools. If help-seeking behavior is to be improved, it is important for those resources to be as convenient as possible.

It could also be beneficial for the Thai government to understand what instructors need to be able to provide mental health services to students effectively, especially as the Kru Care Jai program is rolled out to ensure there are no knowledge or resource gaps.

With the evidence against behavioral intervention programs that look for specific symptoms in individual children, it could be beneficial to move more resources away from identification programs and toward universal MHL classes. There are not only benefits for students, but evidence suggests there are numerous benefits for staff as well which could work in conjunction with training from the Kru Care Jai program.

5.3 Limitations

There are several limitations that affect the efficacy of this project. There is little research done on this topic in a Thai context, limiting how applicable policies from other countries would be.

As well, most of Thailand's policies available online are in the Thai language, therefore this study is bound by limitations that come with machine translations. Policy is also subject to change, therefore by the time the research is completed the data could be outdated. Time constraints are also a limitation.

As well, policy analysis is a qualitative research method and can be subjective; despite efforts to avoid bias by using international examples and implemented programs as evidence, it should be taken into consideration that some interpretations could be biased.

This study is also limited to the public information available including studies done on MHE policy and programs and policy documents from both Thailand

and China. Data limitations should also be considered including a lack of accurate data from Thailand and example countries. It is possible that illness and suicide rates do not reflect reality due to errors in recording.

5.4 Ethical Considerations

This study uses sources available in the public domain such as published studies and policies, therefore no ethical considerations are required.

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