Psychiatric Bulletin (1990), **14**, 158–160

Foreign reports

Child psychiatry in Thailand

L. B. BARTLET, Consultant Psychiatrist, Southampton General Hospital, Shirley, Southampton SO9 4XY

Thailand, unlike many Asian countries, never experienced colonial or imperial subjection and thus lacked the portal through which psychiatric services usually gained entry. As a result, progress in this field was initially slow. The first mental hospital was established in 1889, a century later than in India. The country has been fortunate inasmuch as it has been spared involvement in the wars, revolutions, and other social upheavals that have plagued Asia in the 20th century. Recent national stability and impressive economic growth have provided a sound base for the development of health services, and progress has been rapid in comparison with many neighbouring countries. Due attention has been paid to family planning, maternity and child welfare services. The provision of comprehensive primary health care in urban and rural areas is improving all the time. The education of children is universally regarded as important. Schooling is compulsory and attendance satisfactory.

Buddhism is a pervasive influence affecting individual, family and community life in many and diverse ways. Under-controlled behaviour and the open expression of negative feeling is frowned upon. Elders are respected. Politeness and non-aggressive responsiveness are encouraged (Gardiner, 1968). Buddhist ideas (such as meditation and relaxation) have a strong influence on therapists such as psychiatrists and traditional healers. Humility and self-denial are practised by the high percentage of male adolescents who become novice monks, attach themselves to religious communities and take up the begging bowl along with the rigours of the simple life. There is time to reflect and stand back from the hurly burly. The state formally sanctions the system, recognising the need of young people to take stock of themselves and the world around them. The great majority return to everyday life after a period of months, no doubt mentally enriched by their experiences.

Child guidance services

There are several child guidance services in Bangkok but only one outside (in Chiengmai, the Northern capital). The largest is the Mental Health and Child Guidance Centre, a long established, well endowed foundation occupying a multi-storied building in the centre of Bangkok. By British standards it is spacious and well equipped. American influence is in evidence and there are strong links with the University of North Carolina's Department of Psychology. It is well staffed by psychologists, psychiatrists, social workers, nurses and occupational therapists. Administrative back-up, including statistical services, are strong. Assessment, guidance and treatment are provided for all ages – children, adolescents and adults. Group work is undertaken and includes a pre-school class. New cases tend to be assessed on a 'walk-in' rather than a 'by appointment' basis. Providing full assessment for the very irregular patient flow can at times make very heavy demands on staff. The tradition of on-the-spot attention is deeply fixed, and there is a fear that the adoption of a booked appointment system might prove discouraging to clients. Transportation within and outside Bangkok is slow and tiring and a factor of considerable importance in the planning of treatment programmes and follow-up arrangements.

Mental handicap services for children

The prevalence of mental handicap in most Asian countries is slightly higher than in the West and usually put around 3% (WHO estimate). Prevalence studies in Thailand should be completed soon. Specialised resources are very thin on the ground and once again mostly located in and around Bangkok. The largest centre is the Rajanukul Hospital and the associated Institute of Mental Deficiency. There are assessment and treatment services for mentally handicapped persons of all ages. Links with paediatricians have been forged and all paediatricians in training come to the hospital for short attachments (two weeks). The institute and hospital are both commodious and a large new out-patients department is under construction. The institute has received valued specialist help from Dr Isobel Mair of Glasgow. Financial aid from the Save the Children Fund arranged by the Princess Royal is much appreciated.

https://doi.org/10.1192/pb.14.3.158 Published online by Cambridge University Press

There is world-wide agreement that services for mentally handicapped children should be located in the community and moves are being made in this direction. In a suburb of Bangkok a pleasant house has been converted into a day centre. A Down's Syndrome group has been formed there, enabling mothers and children to join in developmental and educational programmes under the leadership of a psychologist trained at McQuarry University in Australia.

No respite care programmes have been established though there is an obvious need. Workers are inhibited by the fear that if responsibility is taken for a handicapped child the consequence may be abandonment by the parents. Abandonment of children in hospital is by no means uncommon in Asia, especially in cases of handicap and chronic illness. The consequences for the hospital authorities are serious because the paucity of social welfare agencies means they may be left with children for as long as a year before placement is found.

There are a few special schools and training centres, mostly in the Bangkok area. The Ministry of Education is setting up special classes in a number of ordinary schools on an experimental basis. Otherwise there are no organised services for children who are too retarded to be accommodated in ordinary schools.

In-patient services

Some children with psychosomatic problems are assessed and treated in hospitals with large paediatric departments. Bangkok Children's and Siriraj Hospitals both have child psychiatrists on their staff. Children with major psychiatric disorders are referred to the Yuwaprasat Child Psychiatric Hospital. This is a large facility in attractive grounds on the outskirts of the city. The buildings are roomy and airy with well thought out play areas and a swimming pool. Staffing ratios are much the same as in the UK. There are three psychiatrists, four psychologists and two social workers. Including porters, gardeners, etc. there are 140 on the staff. Although there is room for 100 in-patients, the bed occupancy is well below this and at weekends is lower still (about 20) as most children return to their families. There are a varying number of day places and the out-patient side of the work is considerable. The hospital has its own laboratory and EEG Department and a special service is offered to epileptic patients, both child and adult, living in the neighbourhood. The majority of in-patients are retarded and many are autistic. Treatment programmes are worked out for each child, targets set and records kept by the nursing staff. Medical and nursing staff regularly meet the parents who continue to operate programmes at home and report back.

The Ministry of Education has attached a team of four teachers to the hospital. They work closely with the other professionals offering a range of services: educational assessment and schooling for in-patients and day patients; phased return of emotionally disturbed children to their local schools; and conjoint advisory work with other disciplines in local schools. There is no psychological service in Thailand so this provision is greatly valued by school principals in the neighbourhood. The range of treatments offered is much the same as in the West although individual therapy is rarely used. Holding therapy has been introduced for autistic patients. I was shown an unusual case of gross deprivation – a girl who had been kept for seven years in a bamboo cage by a primitive tribe who believed her to be rabid. Now aged 14, she is catching up developmentally as such children do with good care and stimulation (Koluchuva, 1976).

Services for adolescents

There are signs that the Thai people are troubled by the changing patterns of behaviour of their adolescents. As tourism booms, more and more young Westerners arrive and, unlike the elderly tourists of the past, mix with and influence their Thai peers. Western traits are beginning to appear. Assertiveness is commoner, showing up more strongly in pursuits adopted from the West such as motorcycling. As in Pakistan, many young people are on drugs; some, indeed, having been introduced to opiates in early childhood by carers using the drugs as pacifiers. Hundreds and thousands of girls from poor urban and rural families move to the cities and become prostitutes (though this is not a new development). Newspaper and magazine articles reveal great parental anxiety about sexual deviance. Psychiatric services for adolescents are thin and their impact on the drug problem minimal. There are a number of small adolescent clinics, including a service with a psychosomatic emphasis at Bangkok's Children's Hospital.

The most comprehensive programme has been established at the Somdet Chaopraya Hospital, a large 900-bedded neuro-psychiatric hospital. The centrepiece of this service is a busy in-patient unit with 40–50 beds occupied at any one time. While the young patients eat and sleep on an adult ward, they spend most of the hospital day in a physically separate 'adolescent block' where they receive treatment and engage in leisure activities. Sleeping and eating arrangements excepted, the unit has much in common with British adolescent units in terms of philosophy and treatment. Over half the admissions are suffering from psychoses so the picture in this respect is very different from the UK where most units report low admission rates for psychosis (Wells *et al*, 1978).

https://doi.org/10.1192/pb.14.3.158 Published online by Cambridge University Press

There are too many unknowns to speculate why so many patients present with psychoses. The other side of the coin is that there are fewer admissions with problems that are mainly psycho-social.

Professional input

Several Thai psychiatrists have had overseas training experience in child psychiatry, mostly in the USA. The need for more child psychiatrists is widely appreciated and the Medical Council of Thailand has agreed to recognise child psychiatry as a full sub-specialty. The Council has also asked for the establishment of a relevant training programme. A working party of senior child psychiatrists has been set up under the chairmanship of Dr Vanpen Boonyaprakob to produce a blueprint for a training programme. Issues of particular concern are: the extent of basic experience in psychiatry and paediatrics that potential trainees will require; the range of training experiences to which trainees will be exposed; the length of the training programme itself (two or three years). The inauguration of the programme and the consequent establishment of a nucleus of consultants will be an important development on the child mental health scene in Asia. A few of these consultants strategically placed around the country could be very influential, e.g. on the development of community services. In its 1978 Report, WHO stressed the importance of including a mental health component in primary health services for children. To a greater extent than in the West these consultants will have educational, public relations, advisory and research roles.

Clinical psychologists contribute significantly to most of the psychiatric and mental health services. In children's work they play an important part in assessing learning difficulties and advising schools (as was pointed out earlier, there are no school psychological services). There is a growing interest in behaviour therapy. Psychiatric social workers are represented in much the same proportion as in other Asian countries (distinctly less than in the West). Nurses in general are alert, involved and confident. They appear to be better trained and they carry more status than their counterparts in other Asian countries such as India and Pakistan.

Research

Movement in this direction is, understandably, limited. The team of adolescent workers at Somdet Chaopraya Hospital, responding to the widespread anxiety about sexual behaviour, are carrying out a survey of the sexual knowledge, attitudes and behaviour of secondary school students in Bangkok (a project similar in many respects to a British study recently postponed by Mrs Thatcher). Researching skills in Thailand are still in short supply, a problem that in one instance has been overcome by collaboration between American workers at the University of North Carolina and staff at Bangkok Mental Health and Child Guidance Centre. Using clinic data from both countries and applying Achenbach's Child Behavour Check List to them, the collaborating team found that problems of over-control (somatocising, fearfulness, nervous movements, worrying) were reported more frequently for Thai than for US youth; problems of under-control (disobedience, fighting, lying, crying) were reported more for US youngsters (Weisz *et al*, 1987). This suggested culture can influence psychopathology and disturbed behaviour. The Buddhist culture of Thailand with its inhibition of the expression of feeling leads to more problems of over-control whereas the more individualistic assertive culture of the US fosters problems of under-control. This is a remarkable piece of work and an important step in the evolution of transcultural child psychiatry. There are likely to be many comparative studies of this kind in the next decade.

Comment

Child psychiatry is taking shape in Thailand. In gaining the recognition of the Medical Council of Thailand as a separate sub-specialty a significant milestone has been passed. Despite the language barrier, which is greater for Thais than for most of their Asian neighbours, there is an eagerness to learn from colleagues in the West. On the Asian scene, Thai child psychiatry is well to the fore and likely to remain so.

References

GARDINER, H. W. (1986) Expression of anger among Thais; some preliminary findings. *Psychologia*, **11**, 221–228.

KOLUCHUVA, J. (1976) The further development of twins after severe and prolonged deprivation; a second report. *Journal of Child Psychology and Psychiatry*, **17**, 181–188.

WEISZ, J. R. *et al* (1987) Over and under-controlled referral problems among children from Thailand and the United States. *Journal of Consulting and Clinical Psychology*, **SS(5)**, 719–726.

WELLS, P. G., MORRIS, A., JONES, R. M. & ALLEN, D. J. (1978) An adolescent unit assessed: a consumer survey. *British Journal of Psychiatry*, **132**, 300–308.

WORLD HEALTH ORGANIZATION (1978) *Technical Report. Child Mental Health and Psychosocial Disorder*. Geneva: WHO.

https://doi.org/10.1192/pb.14.3.158 Published online by Cambridge University Press