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Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of COVID-19

APEC Health Working Group

October 2022

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Virtual Event | 1-2 June 2022

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Executive Summary

The web conference on the "Performance Assessment of Mental Health Rehabilitation to Combat the 4th wave of Covid-19" was held by the Department of Mental Health, Ministry of Health, Thailand, and sponsored by APEC on 1 June 2022 and 2 June 2022, Speakers and participants came from Australia; Malaysia; the Philippines; Chinese Taipei; Thailand; the United States, Viet Nam; Cambodia; and Pakistan. Participants consisted of personnel from mental health organizations, health organizations, World Health Organizations, private sectors, educational institutes, and religious organizations. Most conference participants were involved with mental health policy-making or participated in mental health promotion activities.

The conference brought APEC member economies together to share, strengthen, maintain, and develop knowledge, skill, and technical know-how in addressing mental health rehabilitation to recovery from the Covid-19 pandemic through the "Resilience Programme" as well as discussing opportunities and challenges of using resilience programme to the community under unique social contexts. The conference explored potential cooperation opportunities among member economies to collaborate on the resilience programme and knowledge.

The workshop participants were recruited through APEC experts and others related Working Groups. There were 44 participants in the workshop from 7 APEC member economies (Australia; Malaysia; the Philippines; Chinese Taipei; Thailand; United States of America; Viet Nam) and the 2 Non-member economies are Pakistan and Cambodia. Twenty-seven participants were women, and seventeen were men.

There were eight speakers at the workshop: four women and four men. Five speakers attended all the sessions, and the others attended one each. Each day was structured as follows:

Day 1:
  o Overview Mental Health impact during COVID-19
  o Role of Resilience as a protective factor
  o Principle and element of resilience
  o Level of resilience (individual, family, and community)
Day 2:
  o Role of leader and community volunteer
  o Process and tool
  o Monitoring and Evaluation

In each day of virtual conference had been divided into two sessions, a total of four sessions including:

Session 1 – Overview and Purpose of Mental Health Rehabilitation Mental Health impact during COVID-19, this session indicated the role of mental health rehabilitation as a protective Factor, and the results of the project "Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of COVID-19" in Thailand.

Session 2 – Principle and element of the resilience programme, this session introduced knowledge and application to combat the mental health impact during COVID-19 by DMH of Thailand, including 1) the principle of intervention level of resilience programme to the individual, family, and community, the importance of mental response during the COVID 19 outbreak, mental health responses and Community Mental Health Vaccine Innovation, lesson learned in communities.

Session 3 – the Resilience Programme: Manual and Curriculum expanded detail about the process, innovation, and tool, as well as monitoring and evaluation, that leaders and community volunteers used to reduce the mental health risk factors, namely, depression, suicide, burnout, and stress.

Session 4 – Practices from economies and organizations provided content, detail, and other information to be suitable for use in different econ. nomination speakers present their works in accordance to Mental Health Rehabilitation Program in the Covid-19 epidemic, the content relates to the project of reducing mental health risk in various organizations.

Respondents to a survey of workshop participants all felt the workshop was relevant to the needs of their economy that they had gained new skills and knowledge from the event and that their specific skills and knowledge of the Resilience Programme, and mental health rehabilitation tool. They were interested in applying their knowledge through their current and future work. For example, they will develop their information to the policy-maker; a Private Sector will do more and will be working more closely with scholars on the Resilience Programme; and, Chinese Taipei, Philippines, and Thailand's Health working group will work more on Resilience experience by sharing their knowledge for the future crisis.

APEC and HWG should consider continuing to support the development of a Mental Health Rehabilitation in Asia Pacific, particularly through seminars and webinars, regional and thematic groups, and training workshops.

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1. Review and situational analysis

A. Background and Importance:

COVID-19 puts significant psychological and social stress on individuals, families, and communities. Therefore, mental health crises must be at the front and center of every economy's response to and recovery from the COVID-19 pandemic. When analyzing the nature of a pandemic, the Health Footprint of the COVID-19 pandemic could be divided into 4 waves: 1st wave: Immediate mortality and morbidity of COVID-19, 2nd wave: Impact of resources restriction on urgent non-COVID-19 conditions, 3rd wave: Impact of Interrupted care of chronic conditions and 4th wave: Psychic trauma, Mental illness, Economic injury, Burnout. The mental health and well-being of societies severely impacted by this crisis must be prioritized urgently through the cooperation of all sectors in every health area in preparation for the 4th wave under the 'Mental Health Rehabilitation to Combat 4th Wave of COVID-19 Program'. The APEC economies have been inevitably impacted by the COVID-19 pandemic, leading to increases in mental health illnesses. The project aims to increase the resilience of all economies by increasing the mental capacity of individual, family, and community levels. It provided 4 elements of research assessment (1. context, 2. Inputs, 3. process, and 4. outcomes) and recommendations through the Mental Health Rehabilitation Program for the health workforce in community mental health, which will derive from the research component of the project. The workshop component of the project provided an opportunity for all economies to exchange experiences and share lessons learned and the outcomes of interventions implemented in their own economies. It is expected that the outcomes of the project could lead to the development of an APEC guideline in dealing with mental health during pandemics and public health-related events in the future.

Due to the alarming levels of spread and severity of the COVID-19, and the worrying levels of inaction in many parts of the world, on 11 March 2020, the World Health Organization (WHO) announced that the COVID-19 could be characterized as a pandemic. When analyzing the nature of the outbreak according to the Health Footprint (UPWELL Health Collection, Home Health: Melbourne, Australia) of the COVID-19, it can be divided into 4 waves: 1st wave: Immediate mortality and morbidity of COVID-19, 2nd wave: Impact of resources restriction on urgent non-COVID-19 conditions, 3rd wave: Impact of Interrupted care of chronic conditions and 4th wave: Psychic trauma, Mental illness, Economic injury, Burnout. Although all those waves assert impacts on both physical and mental conditions, the 4th wave has the most impact on mental health illness, including among health personnel. The COVID-19 crisis is not only a physical health crisis, but it also has the seeds of a major mental health crisis, if action is not taken. The long-term pandemic will likely affect the economy, contributing greatly to stress, anxiety, mental health problems, and illnesses with psychiatric disorders. The mental health and well-being of whole societies have been severely impacted by this crisis and must be prioritized urgently through the cooperation of all sectors in every health area in preparation for the 4th wave under the Mental Health Rehabilitation to Combat 4th Wave of COVID-19 Program. This crisis put significant psychological and social stress on individuals, families and communities. Therefore, mental health crisis must be at the front and center of every economy's response to and recovery from the COVID-19 pandemic.

One of the components of the Mental Health Rehabilitation to Combat 4th Wave of COVID-19 Program is the resilience programme, which has been used to enhance the emotional and

psychological capacity of individuals, families, and communities to recover after experiencing a crisis or difficult situation in life. Resilience is comprised of capacity in 3 areas; enduring, resolving, and fighting with problems, which can help protect people from various mental health problem conditions, such as depression and anxiety. It also helps offset factors that could increase the risk of mental health conditions. The resilience programme affect to people mental health had been studied to measure resilience during the COVID-19 pandemic such as an epidemiological study about resilience during tough times, and design a test to measure resilience. The result found a correlation between resilience and specific mental health problem for example stress, burnout, suicide, and depression. Resilience will be a protective factor for the population.

The project complements and concretizes the United Nations' efforts in urging the use of a whole-of-society approach to promote, protect and care for mental health as recommended in the UN's Policy Brief: COVID-19 and the Need for Action on mental health. The project address at least 2 of the 3 recommended actions: (1) supporting recovery from COVID-19 by building mental health services for the future and (2) applying a whole-of-society approach to promote, protect and care for mental health, particularly the latter where the project aims to increase mental capacity at the individual, family, and community levels to strengthen mental immunity. It links to developing innovation for Health Security from Pandemic Influenza of the funding priority areas covered by the ASF Sub-Fund on Human Security.

This project aims to reduce the impacts of the COVID-19 pandemic on people's mental health in APEC member economies, particularly developing economies, and to increase mental health capacity at the individual, family, and community levels so as to support mental immunity. This project supports capacity-building needs for APEC developing economies through developing innovation for health security. It falls under the funding priority areas for the ASF Sub-Fund on Human Security on 'Health Security, including Avian and Pandemic Influenza, and HIV/AIDS'.

The COVID-19 pandemic has people's lives all over the world. All health system leaders are seeking the best solution to reduce its impacts. Mental health issues have become more challenging in this crisis. As approaches to maintaining people's mental well-being vary from economy to economy, it is, therefore, crucial to learn and discuss what has been done so far, what works for the economies, and what doesn't.

This project provides a great opportunity for APEC economies to build capacity through the exchange of experiences and sharing of lessons learned, and interventions implemented in their own economies' context to manage mental health during the COVID-19 pandemic. The project allows the participants to learn from other economies' experiences and the results of the research work this project. It is expected that the project could lead to the development of a guideline for all economies in dealing with mental health during pandemics and other health-related events in the future.

This project engages APEC's aspirational vision to strengthen mental health and reduce the economic impact of mental illness in the Asia-Pacific region and APEC Digital Hub for Mental Health Digital's priority area on 'disaster resilience and trauma'. For engagement, this project will invite representatives from each economy to participate in the workshop the project. Each economy will have an opportunity to exchange views and share their experiences in mental

health-related interventions being implemented in their own economies. Furthermore, this project will serve as a platform for collaboration between HWG and LSIF to strive to continue strengthening and deepening pragmatic collaboration in the fields of pandemic preparedness, response, and recovery; prevention and control of emerging and re-emerging infectious diseases; non-communicable disease, including mental health; health issues across the life-course, including healthy aging; antimicrobial resistance; rare diseases; and, other issues at the nexus of health and the economy. Especially, research and innovation as well as encourage both APEC economies and non-APEC economies to connect and engage with one another for further collaboration not only in mental health but also in other relevant areas and with other stakeholders such as ASEAN and WHO.

This project strengthened collaboration/partnership among mental health experts and stakeholders from government, academia and private sector as a result of past projects that promoted the work by the APEC Digital Hub for Mental Health, such as LSIF 01 2018S and LSIF 05 2019S and CT 13 2017A. These projects encouraged economies to increase awareness and helped share knowledge about mental health. Our project will also indirectly support the past effort done in project HWG 02 2018S that encouraged a creation of network to enhance capacity in infectious disease control and public heath emergencies. Our project will focus mainly on how to increase mental health resilience for people and communities across APEC economy to cope with mental health issues arising as a result of pandemics and public health emergency events.

B. Objectives:

The overall objective of this project is to increase the quality of mental health services, particularly mental health rehabilitation to combat the 4th wave (stress, depression, suicide, and burnout) in APEC economies, by bringing together mental health experts, practitioners, policymakers, and other relevant stakeholders to:

1. share research results derived from the assessment of the resilience programme and recommendations to decrease mental health issues;
2. build the capacity of new collaborations and enhance existing partnerships to address the APEC-wide issues of mental health rehabilitation due to COVID-19;
3. establish further linkages between APEC's work with other regional health priorities, such as the threat of infectious diseases, to strengthen mental health practices and policies relating to mental health services, including promotion, prevention, care and rehabilitation.

C. Development and implementation of the Program:

The Department of Mental Health of Thailand has developed a resilience programme to enable people affected by the COVID-19 pandemic to access and learn concepts, methods, and skills in enhancing "resilience", which has been integrated with government assistance from various organizations, including interested parties and the general public. Those who are interested can learn at their own pace through a variety of learning channels. This program is based on community resilience using the concept of psychological first aid "Safe, Clam, Hope and Care"

and resilience (the Mental Empowerment in Enduring, Resolving, and Fighting). The program lasts only about 3 hours and consists of 6 lessons, starting with learning about the experiences of others through media to bring out their abilities and potential. These lessons will help learners to have peace of mind, endure hardships, to create encouragement from relationships with important people in life, to have options for solving problems that are suitable for themselves.

This program will be implemented by mental health networks (government organizations and non-governmental organizations. The assessment of the program was evaluated by HRDI Company Limited, content analysis, descriptive results, and summary and discussion of research recommendations. The result of the Assessment of the program is the evaluation result document. The summary of the research work will be included in the Workshop Report.

D. Situation and Health Footprint of Covid-19:

The analysis of the outbreak's nature according to the Health Footprint of COVID-19 in Figure 1 (source: the graph was adapted from Victor Tseng – Pulmonary & Critical Care Physician: University of Colorado.) The outbreak can be divided into four waves;

Phase 1: The patient was found traveling from the COVID-19 endemic economies.
- The goal of disease control is preventing the spread of infection in the economy.
- The main countermeasures are screening and surveillance of the disease in foreign travelers and control the disease from spreading by taking care of patients in detention facilities provided by the state (state quarantine) and the isolation room in the hospital (isolation room). If all infected can be found and controlled there will be no outbreak in the economy. But if there is an infection from foreign travelers to Thai people. The situation will expand to phase 2.

Phase 2: A COVID-19 patient was found in the economy with a limited outbreak.
- Disease control goals are control the disease to a limited extent.
- Main countermeasures are control and slow the outbreak by surveillance, thoroughly search for the patient, take care of patients and also infection control in hospitals, monitor the disease in people who come into contact with the patient and communicate to the general public to strictly prevent disease. If operated effectively the epidemic will slow down and stop. But if the infection control is not good enough the outbreak will expand into the 3rd phase.

Phase 3: A widespread outbreak of COVID-19 was found in Thailand.
- Disease control goals are to mitigate damage and impact.
- Main countermeasures are the treat intervention for patients to minimize the number of deaths and communicate to advise people to protect themselves as wide as possible. As the chart shows the forecast of the 3 phases of the epidemic in Figure 1 shows the impact of COVID-19 outbreaks (source: Health Officers' Guide to Emergency Response in Case of the Coronavirus Disease 2019 Outbreak in Thailand).

When analyzing the nature of the outbreak according to Health Footprint of COVID-19 in Figure 1 (source: Graph adapted from Victor Tseng – Pulmonary & Critical Care Physician: University of Colorado.) The outbreak can be divided into 4 waves:

1st Wave
Immediate mortality and morbidity of COVID - 19

2st Wave
Impact of resource restriction on urgent non-COVID conditions

3rd Wave
Impact of interrupted care on chronic conditions

1st Wave Tail
Post-ICU recovery

4th Wave
- Psychic trauma
- Mental illness
- Economic injury
- Burnout

Health Footprint of Pandemic
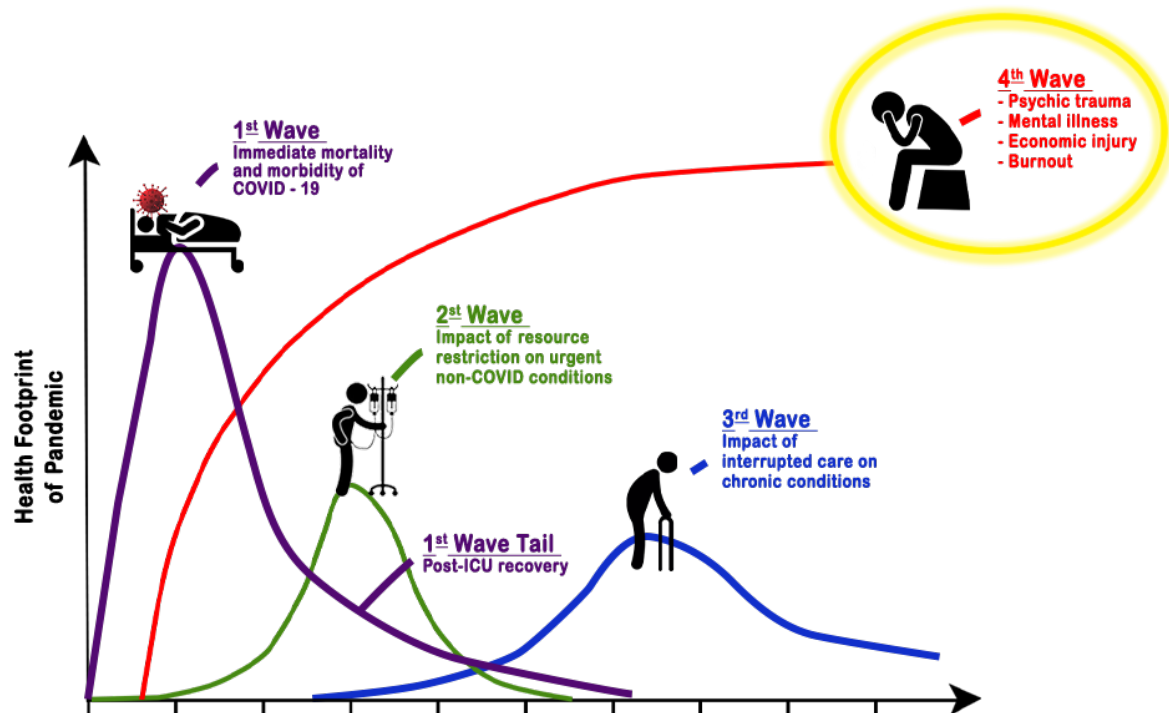
Phase I	Phase II	Phase III
Containment (Triage)	Control (Epidemic control)	Migration (Reduction of impact) If Covid-19 epidemic in to phase 3 If Covid-19 epidemic under control in phase 2
Number of travelers from China.	Number of patients	
Covid-19 detected travelers from abroad	**Limited Infection**	**Covid-19 outbreak in the country**
Surveillance and screening of travelers	Disease Investigation and Close Contact Tracing	Slow down the Epidemic, reduce mortality, hospital-acquired infection and reduce impact

Figure 1: The health footprint of Covid-19

- The 1st wave: Immediate mortality and morbidity of COVID-19. The epidemic has infected many people and killed many people.

- The 2nd wave: Impact of resources restriction on urgent non-COVID-19 conditions. The outbreak spreads and creates problems for the uninfected patients including urgent management of sufficient resources to prevent and treat patients.
- The 3rd wave: Impact of Interrupted care of chronic conditions. Outbreaks will affect patients with chronic diseases that impossible to see a doctor as scheduled or need to take care of themself at home.
- The 4th wave: Psychic trauma, Mental illness, Economic injury, Burnout. The long-standing epidemic will affect the economy, causing people's stress and anxious. Increased mental health problems and psychiatric illnesses. Medical and public health personnel are emotionally exhausted. Burnout can result in mental health problems or psychiatric illnesses. (Information from UPWELL Health Collection, Home Health: Melbourne, Australia)

However, the 1st wave of outbreaks in Thailand in phase 1 has started in January 2020. Only infected people who traveled from abroad has been found. Until the end of February 2020 the second phase of the 1st wave of outbreaks has begun that started to find the first infected person in the economy which is a taxi driver who contact with people who come from abroad. Then it's the entrance of the 1st wave of the outbreak in phase 3. That is a widespread outbreak of COVID-19 in Thailand since March 2020 onwards. The epidemic situation in the first wave has gradually improved until it can be controlled. This brings the number of infected people in the economy to 0 for more than 100 days in a row.
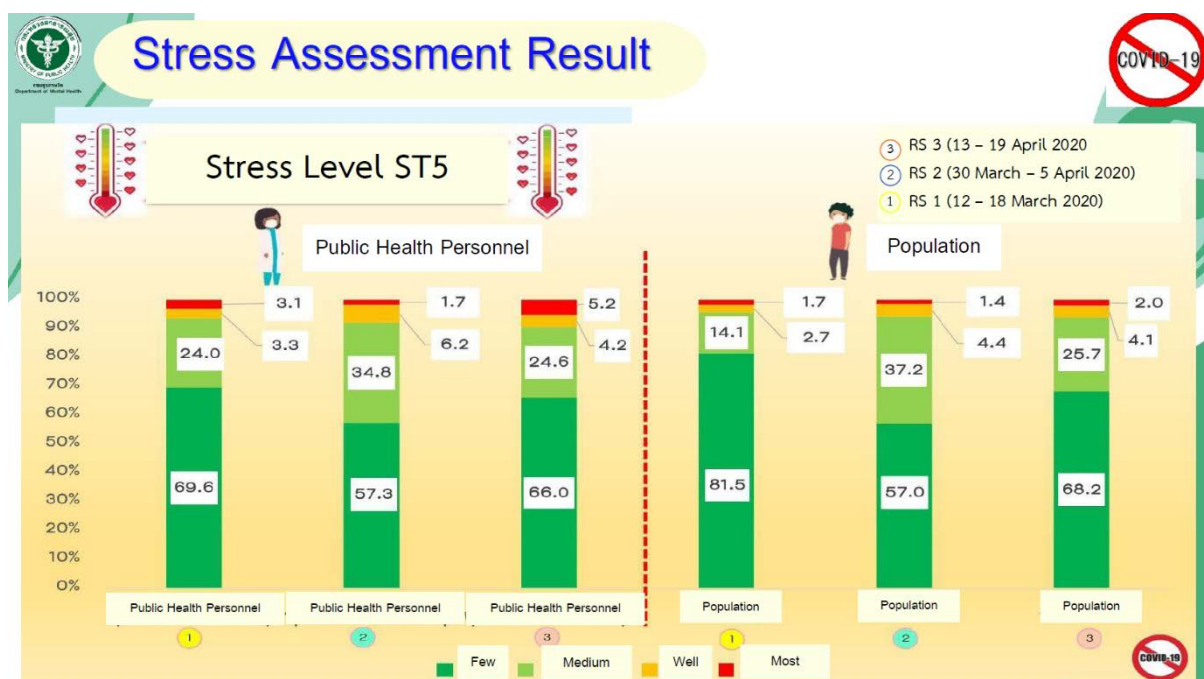
Figure 2: The Stress Assessment Result

Figure 2 shows the stress assessment result from March 2020 to April 2020. There were divided into 3 episodes. The first is from 12 to18 March, the second is from 30 March to 5 April, and the third is from 13 to 19 April. On the left side, it had seen that the public health personnel have increased high stress from 3.1 in the first period to 5.2 in the third period, while on the right had seen that the population with high stress had increased less than the left side.
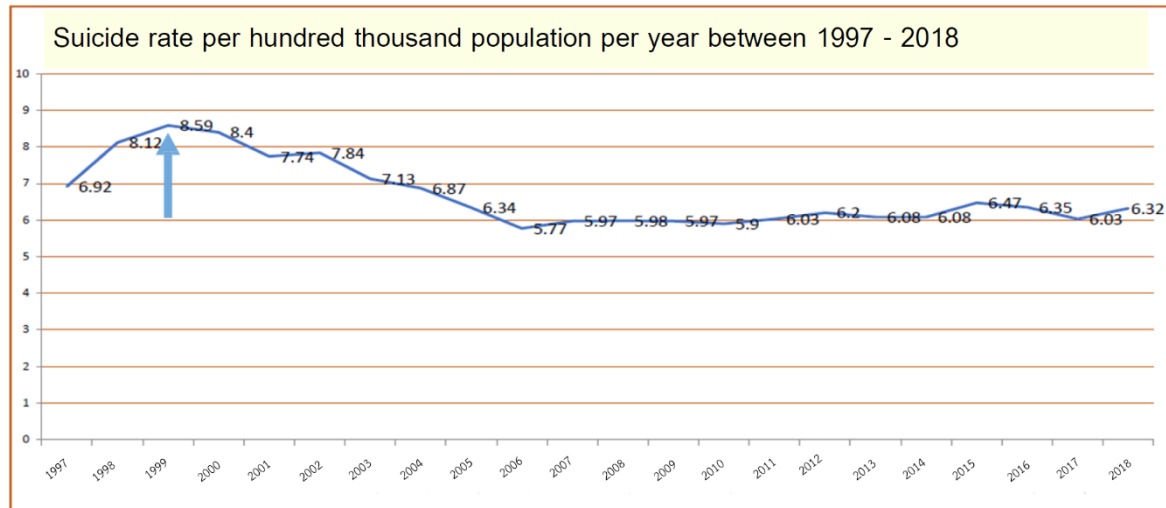
Figure 3: Suicide Rate of Thai Population

Moreover, the DMH had analyzed backward in 2018 seen in Figure 3. It can be referred that there is a continuous decrease in the suicide rate from years 1999 when Tom Yam Kung Crisis (the great economic crisis). The situation turned worse again in 2020 as to be seen In Figure 4, which shows the trend of suicide rate in 2020 from January to December. It had been obviously increased and could be speculated that it was related to the coronavirus crisis.
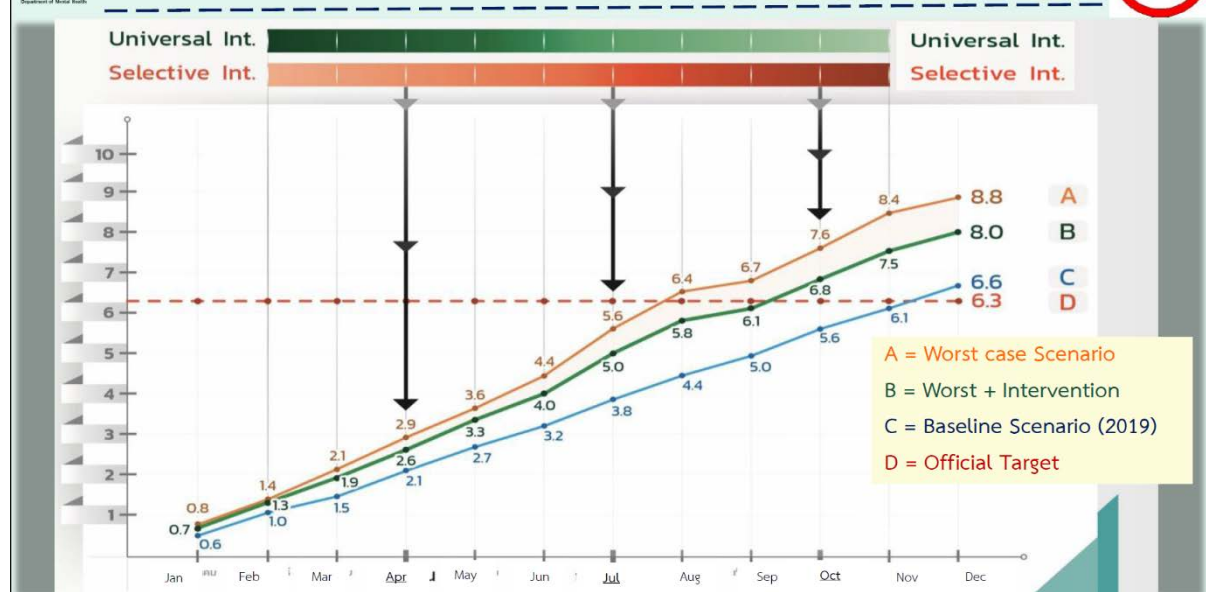
Figure 4: Trend of Suicide Rate in 2020

Concerning about these problems, the Department of Mental Health carries out its essential mission in building the mental strength of the people, and mental immunity for families and communities to be safe from the effects of mental health on the situation of the outbreak of COVID-19. Therefore, the Department of Mental Health prepared a "Mental rehabilitation plan in the situation of the Coronavirus Disease 2019 (COVID-19) outbreak in 2020 – 2021 (Combat 4th Wave of COVID-19 Plan: C4)". The plan is the framework to enable agencies under the Department of Mental Health to develop plans/projects consistent with the local context, including public health agencies that can be used as a support guide and integrate mental health operations in the provincial health zone.

This project focuses on the 4th wave, psychic trauma, mental illness, economic injury, and burnout. The long-standing epidemic will affect the economy, causing people stress and anxiety, increasing mental health problems and psychiatric conditions

E. The Strategic Plan to Combat 4th Wave of COVID-19

The epidemic situation of COVID-19 is an important factor in mental and psychiatric problems with an increasing trend. From the survey of stress (Stress) of the Department of Mental Health found that 8 out of 10 health care workers and 4 in 10 people have stress and anxiety at work. This tends to make health care workers emotionally exhausted feeling powerless, hopeless, losing mental energy and leading to burnout. For people there may be increased stress and may be suffering from a psychiatric illness such as depression. In addition, suicide rates tended to rise from January to March. When comparing the 2019 data with 2020, the number of suicides has increased by about 20 percent.

Mental health needs to be urgently undertaken through the cooperation of all sectors in all health areas to prepare for entering the 4th wave under "Mental rehabilitation plan in the situation of the Coronavirus Disease 2019 outbreak in 2020 – 2021 (Combat 4th Wave of COVID-19 Plan: C4)". To focus on people, families and communities safe from mental health impacts in this situation of the COVID-19 outbreak. And having mental strength full of energy. Be able to adapt to a new way of life (New Normal) with the mental vaccine " strength, strong, struggle". Focus on reducing the mental health impact of health personnel and the public. And increase the mental potential of the individual, family, and community to have mental immunity as Figure 5:
1. Individual level Mental rehabilitation at the individual level is carried out as follows:
    o Integration of mental health promotion work according to age groups on the issue of knowledge of mental health (Mental Health Literacy) Adjusting the way of thinking into a new way of life "New Normal Mind Set" social distancing "Social Distancing but Still Connect" and behavior modification guidelines to be in line with the new way of life. (New Normal)
    o Surveillance and prevention of mental health problems in at-risk groups, such as medical and public health personnel patients infected with COVID-19 and their relatives, the detainees (quarantine), the socially vulnerable such as people with intellectual or mental disabilities, people with disabilities, people with chronic diseases People with severe economic problems, prisoners, etc. With activities consisting of;
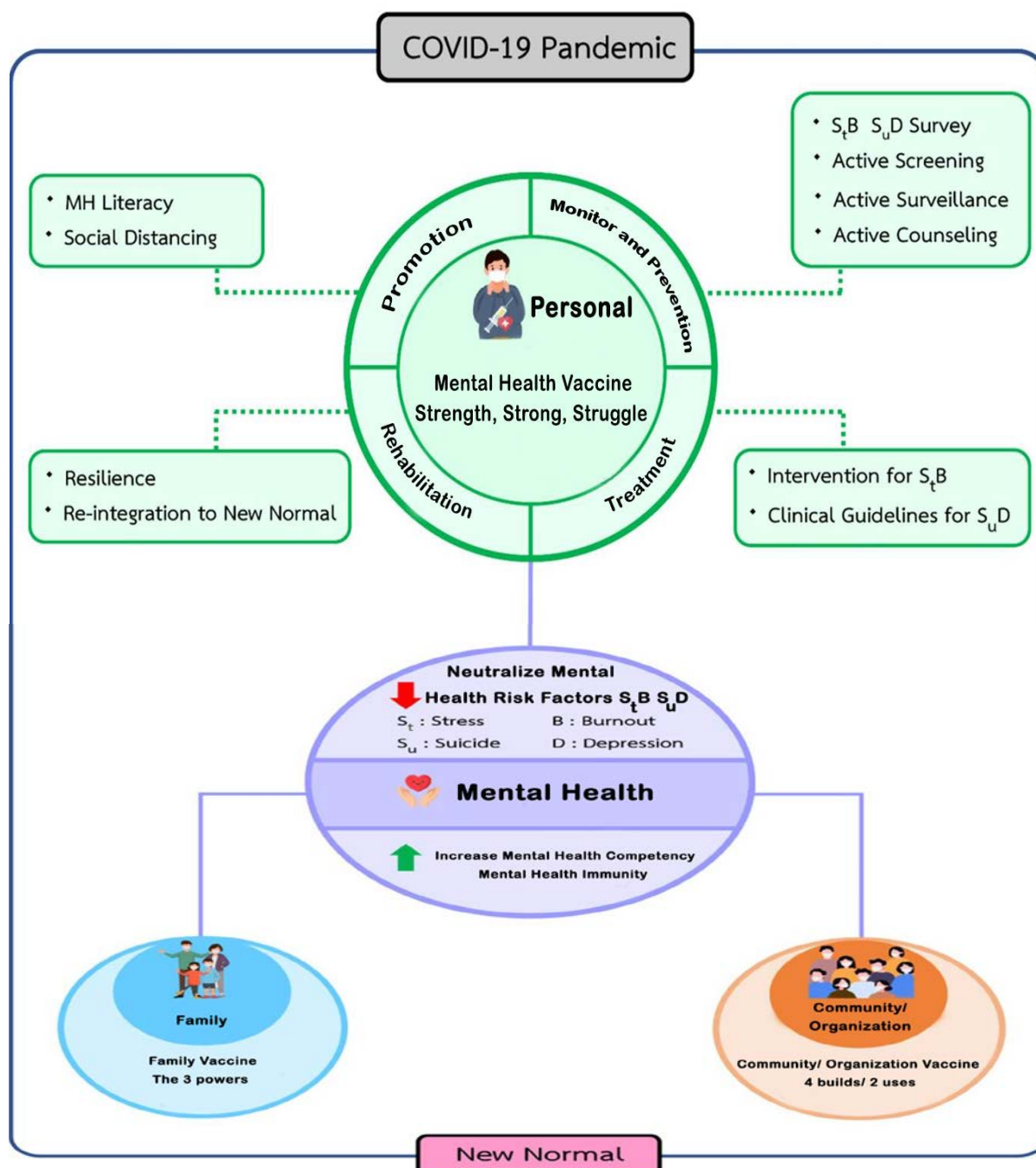
Figure 5: Conceptual Framework of The Strategic Plan of Combat 4th Wave of Coronavirus 2020 Pandemic (COVID-19): The C4 Plan

- Survey of mental health problems (StB SuD Survey) in 4 issues, namely, stress, burnout, suicide, and depression.
- Active Screening: Village health volunteers visited each home for a preliminary mental health screening assessment as well as screening for mental health problems by telephone/online by the Department of Mental Health (Hospitals/Institutes/ Mental Health Centers). And for the general public, they can Self-Assessment of Mental Health including screening for

psychiatric problems through the Mental Health Checkup Application/ Mental health check in web page (as show in Figure 6).

- Active Surveillance: The two groups of counseling were active counseling and In-house Counseling including reducing stigma in society (De-Stigmatization). This is carried out through the cooperation of public health personnel at all levels, including village health volunteers and people's networks in the community.

o Caring for people with mental health problems arising from the impact of the Covid-19 outbreak in 4 issues (StB SuD: Stress, Burnout, Suicide, Depression) including alcohol and substance abusers with mental health problems with operational measures (Intervention) to take care of stress and burnout. As well as Clinical Guideline for those at risk of suicide and depression including organizing a mental health and psychiatric service system to be in line with the new way of life.)Service Excellence for New Normal)

o Resilience of people with mental health problems (Re-integration) at the individual, family and community level by focusing on the use of "mental vaccines". Giving people full potential and full of energy have mental strength (Resilience) By using the principle of "tough, strength, fight". Tough: I am; know how you are. What crises have you been through? strength: I have; know what you have potential can find resources to further develop self-care skills. And fight: I can; make good things happen Ready to enter a new way of life (New normal).
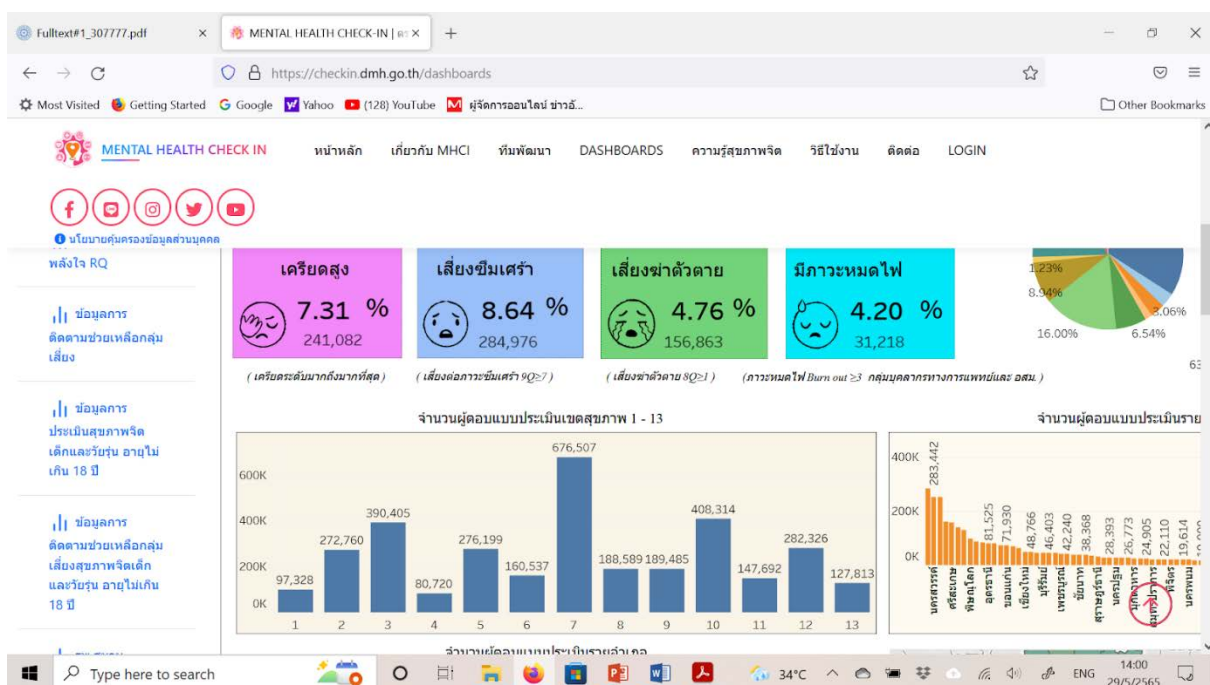
Figure 6: A mental health screening tool - Mental Health Check in

2. Family level: Focus on building mental strength at the family level. "Family vaccines" and increase the potential of families through 3 important forces:
   o Positive energy: positive family See a solution to every problem even in a crisis.

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     o   Resilient Forces: family relies on resilient forces to be able to modify the role acting as a substitute. Help each other lighten the burden that arises and lead to the power of cooperation.

     o   The power of cooperation makes the family reconcile. being united in surmounting obstacles.

3. Community/Organization Level: Focus on building immunity at the community/ organization level in order for people in the community/organization to work together to cope and move through the epidemic crisis together with strength. By creating immunity in the community can be done by creating "community vaccines:4 Build 2 uses". Consisting of (1) Build a community that feels safe (Sense of Safe) by communicating to the public with knowledge and the right way to take care of oneself. Together with the determination of safety measures for people in the community (2) Build a peaceful community (Calm) by communicating to the public. Let the public know the situation of the epidemic consistently clear. Along with encouraging people to have the knowledge to manage stress- reduce the anxiety. (3) Build a community of hope by restoring the infrastructure and services available in the community to be able to return to serve the people as soon as possible. Together with providing financial and occupational welfare to help people in the community. (4) Build a community that understands empathize and give opportunity (De-stigmatization) by communicating and understanding about the epidemic, reduce disgust and provide opportunities for those who have recovered to take part in helping others in the community. In addition, the creation community vaccines need to use the power that has in the community, including (1) Use the potential of the community (Efficacy) mobilize resources available in the community including drawing participation of people in the community to come together to solve problems in the community. (2) Use connections in the community (Connectedness) from community leaders, Local scholars, neighbors, and family members come together to help each other.

The Department of Mental Health Ministry of Health has carried out a mental health rehabilitation project to cope with the 4th wave of COVID-19 under the "Mental Rehabilitation Plan in the Situation of the Covid-19(COVID-19) Outbreak 2020 - 2021 (Combat 4th, Wave of COVID-19 Plan: C4)" with the vision, objectives and key strategies of the plan as follows:

Vision:
Person, family, and social have resilience and be safe from mental health consequences of the Coronavirus 2019 Pandemic (COVID-19)

Objective:
1. Reduce the impact on people's mental health from the situation the COVID-19
2. Increase mental health potential at individual, family, and social levels to have mental immunity.

Indicators and target values of the plan:
1. The suicide rate does not exceed 8.0 per 100,000 population.
2. 80% of people in the four risk groups (StB SuD: Stress, Burnout, Suicide, Depression) had access to mental health services.
3. 80% of people who are mentally strong in the situation of the coronavirus disease 2019 (COVID-19) outbreak.

Strategy:

1. Integrate to promote proactively prevent mental health and control factors that cause mental health problems in Epidemic situation of coronavirus disease 2019 (COVID-19): Mental Health Promotion Prevention and Protection Excellence.
2. To improve the quality of mental health and psychiatric service systems in the situation of the coronavirus disease 2019 epidemic. (COVID-19): Mental Health Service Excellence.
3. Develop a communication system for mental health risks. And build awareness of mental health: Mental Health Risk Communication and Mental Health Literacy.
4. Develop personnel to increase potential in coronavirus disease 2019 (COVID-19) epidemic situation: Personal Potentiality/Competency.
5. Develop an information synthesis system to create a policy proposal on mental health in the coronavirus disease 2019 epidemic (COVID-19): Mental Health Information, Technology, and Innovation
6. Develop and install Mental vaccines for individuals, families, and communities to prepare them for a new way of life: New Normal.

Mental Health Service System in Thailand

Department of Mental Health sets policies and supports operations including supporting the body of knowledge and technology in mental health. Develop personnel according to the mental rehabilitation guidelines in the situation of the COVID-19 outbreak. Organize a system of proactive screening services for mental health problems by telephone/online. Especially, among medical and public health personnel (Helper). As well as establishing a mental health database and report on performance to be presented at the ministry/economy level to provide policy recommendations on mental health at the economy level.
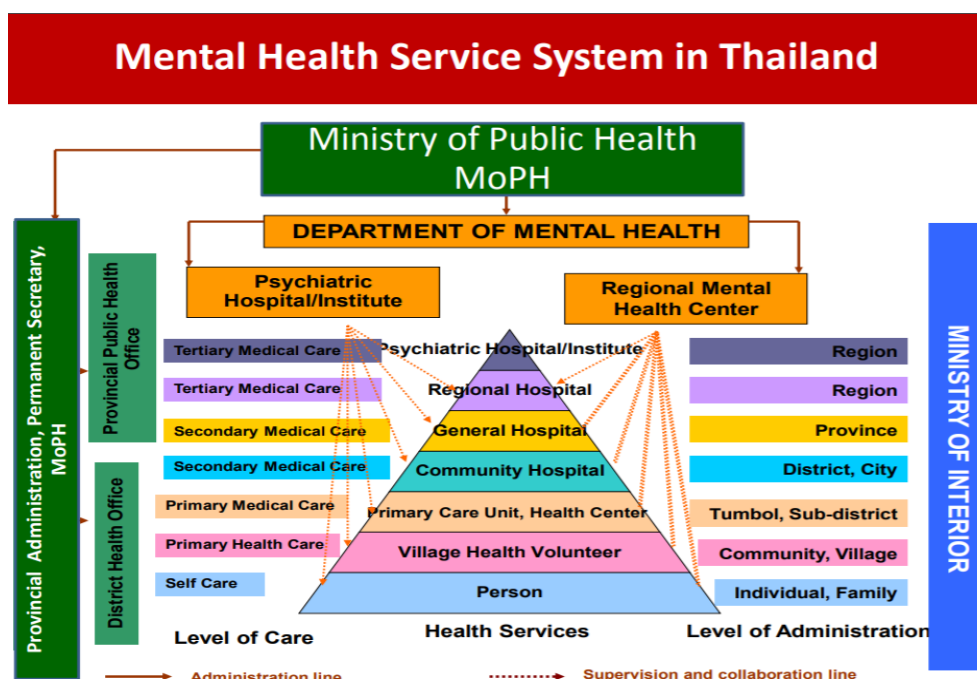
Figure 7: Mental Health Service System in Thailand

- **Health area 1-12 & Bangkok:** Health zones encourage local authorities to implement mental rehabilitation guidelines in the situation of the COVID-19 outbreak and lay down guidelines for operations consistent with the context of the health zone, as well as monitor and supervise the overall operation of the health zone.
- **Ministry of Public Health:** Provincial Public Health Office support and monitor the operations of the area, collect delivery information in the mental health database and performance report presented at the provincial/health district level for decision-making in the implementation of provincial/health district guidelines. In line with the guidelines for mental rehabilitation in the situation of the COVID-19 outbreak.
- **General Hospitals:** Center Hospital/General Hospital Organize a system to implement mental rehabilitation guidelines in the situation of the COVID-19 outbreak in screening, diagnosing, and treating at-risk groups referred from community hospitals. Provide psychiatric emergency services as well as providing necessary mental health counseling.
- **Community Hospitals:** Community hospital Organize a system to implement mental rehabilitation guidelines in the situation of the COVID-19 outbreak in monitoring and assessing risk groups at sub-district health promoting hospitals. referral, including diagnosis, treatment, and assistance by providing first aid to the mental and give advice according to the problem. As well as follow up and support the implementation of Mental vaccines, family vaccines and community/ organizational vaccines for individuals, families and communities to have mental immunity.
- **Sub district Health Promotion Hospitals:** Sub-district Health Promoting Hospital Follow up and assess the risk groups at the village health volunteers (VHVs), referring or assessing mental health of at-risk groups who receive services, provide psychological assistance by providing first aid to the mind and provide initial consultation. As well as to support and participate in the work on heart vaccines, family vaccines and community/ organizational vaccines so that individuals, families and communities have mental immunity.
- **Village Health Volunteer/ Department of Health Service Support:** Village Health Volunteer (VHVs) Visit each home for an initial mental health screening assessment and giving advice on self-monitoring and prevention of mental health problems. Provide basic mental first aid by using the 3S principle (surveying, paying attention, listening, forwarding and connecting). As well as working on the Mental Vaccine (Strength, Strong, Struggle), Family Vaccine (3 Powers: Positive, Flexible, Co-operation) and community/ organizational vaccines (4 builds, 2 uses) to provide individuals, families and communities with mental immunity.
- **Department of Mental Health:** Set up policy and support operation (knowledge and mental health technology); Develop officers with mental health rehabilitation; Organize screen system of proactive mental health problem via telephone/online especially helpers; Collect data and report for propose policy.
- **Local government organization**: It is a network at the local level. Support in welfare matters related to the target group of public health work such as funds related to children, the disabled, the elderly. Provide money to support village volunteers as well as supporting the budget and manpower It depends on the cooperation in each locality.

The COVID-19 epidemic is a critical factor that creates mental and psychiatric problems; its trend is increasing. The survey of stress (Stress) of the Department of Mental Health found that 8 out of 10 health care workers and 4 in 10 people have stress and anxiety at work., the number of suicides has increased by about 20 percent.

This problem makes healthcare workers emotionally exhausted, feeling powerless, hopeless, losing mental energy, and burnout.

The DMH by the Bureau of Mental Health Academic Affairs has developed a learning course on strengthening the mind, strength, strong, and struggle, called the Resilience Programme: RP. So that people affected by the epidemic situation have access to and learn the concept methods and skills in strengthening the mind power, which has been integrated with the operation, healing, and assistance from the government.

The resilience perspective

Once human beings face situations or problems that are hard to correct or improve, it creates pressure, stress, and anxiety that cause mental health problems that require practical and effective treatment processes. They developed a simultaneously cost-effective and preventive-intervention method through resilience processes (Kazdin and Blase, 2011).

In psychological terms, resilience means management's ability to control situations or inquire about managing efficiently, such as natural disasters, crime, war, abuse, etc. These are situations that cannot avoid easily. A psychologist focuses on resilience based on observations and doubts about a person who has gone through a bad situation, but why some people cannot be able to severe mental health problems. In contrast, some people can fight the crisis and recover their minds successfully.

The resilience concept According to the dictionary, it means flexibility. If there is a change, it can be changed back to the original state. Psychologically refers to dynamic processes. The dynamic system on the success of physical and mental conditioning to combat life's adversity. (Southwick and others, 2014)

"Resilience" was derived from a Latin word "resillio" meaning "bounce back" (Manyena, 2006 quoted in Mohupt, 2008: 63)

Academic work in Thailand has given many meanings to resilience. such as "flexibility". From research on education and development of resilience of caregivers of psychiatric patients by individual consultation. The results showed a statistically significant difference between caregivers of counseled and non-counseled psychiatric patients. Individualized counseling has resulted in a change in the flexibility of psychiatric caregivers for the better. (Tantima Duayyotha, 2010) In addition, resilience was meant "Mental immunity and mental strength". From research on education and development of a model for enhancing mental immunity and restore integrated physical and mental health of teachers and educational personnel based on a new way of life. (Patchari et al., 2020)

Supara Chaopreecha (2008) Be very careful with the definition of resilience. The researcher noted from an article published in the Journal of the Psychiatric Association of Thailand in 2008. Supara chose the English word "resilience" in the article titled Resilience in abused children without interpreting the meaning of this word in any way. But there is an explanation of the meaning that is consistent with the meaning from the academic work that was given at the beginning that resilience means flexibility, recovery from disease. However, there is interesting further explanations that resilience can be defined by individual qualities that may be similar to mental strength or good mental health. Rutter (2006) Explain that resilience has a broader meaning than individual qualities. It is the nature of the interaction concept between the person and the environment. In general, without a bad situation, there will be no resilience. Characteristics of resilience from the interaction between the person and the environment therefore include: faced with difficult situations and having good outcomes for that person.

The difference in the meaning of resilience as shown from the above academic example reflects the ambiguity of the meaning of resilience. Therefore, the following definitions of resilience are elucidated to clarify the meaning of resilience. Leading to the creation of mutual understanding according to the objectives of the research as 2 characteristics as individual and environment.

i. _Resilience according to individual characteristics_

The definition of personal resilience emphasizes the flexibility of the individual to recover the body and mind from bad experiences in life. Academics who study resilience according to individual characteristics focuses on characterization of individuals who are resilient in times of crisis. Characteristics of a person with resilience are as follows (Yaohanat Pattananonkiat et al 2007: 162):
(1) Going through adversity or have overcome adversity in life.
(2) Look at the world in a positive way only look at the good part-helpful part.
(3) Being flexible, adaptable, able to learn from the wrong actions or behaviors of the past.
(4) Understanding oneself, knowing one's own weaknesses and strengths, able to control one's emotions and thoughts.
(5) Able to build self-power.
(6) Possessing appropriate communication skills for negotiation or assistance.
(7) Have skills in problem management. Try to find the best solution.
(8) Having a good and smooth relationship with close people. Have a person as a consultant.
(9) Have a sense of humor

The concept of resilience according to individual characteristics has been attracting attention for more than three decades. From the beginning, psychologists were interested in the adjustment of children in the group of parents with mental problems. The results showed that only 10% of children were psychologically affected and unable to lead a normal life. But the other 90% are able to live normally. (Department of Mental Health, 2009: 33)

Psychologists call the characteristics of a person who is able to resilient themselves from a critical state as resilience quotient (RQ) which shows a strong mind to overcome obstacles in life. Department of Mental Health (2009, p. 12) specify the meaning of RQ as "encourage good mental energy" which is a tool to help individuals escape the risk of mental problems. And even if experienced from severe situations able to live consciously. Have a strong, stable mind

that accepts the truth of life in both the good and the bad. Able to quickly restore oneself to normal life. Happy with their lives, have freedom, and have the power to benefit themselves and society with value. Until it can be said without any exaggeration that crisis-resilient individuals can use life's good and bad experiences as the gift of true happiness.

Wagnild and Young (1993: 167-168) The components of resilience according to individual characteristics are divided into 5 components as follows:
(1) Equanimity characteristics of a person that arising from a balance in the mind
(2) Perseverance: characteristics of a person arising from an attempt to combat life's problems.
(3) Self-reliance characteristics of a person who has self-confidence in solving problems.
(4) A person who realizes the value and meaning of life. (meaningfulness)
(5) Live on the understanding that each person has his own way of life (existential aloneness).

Although the concept of RQ identifies the relationship with external factors at the individual level such as parents, teachers and other supportive environments. But the RQ resilience level analysis is only within the dimension of the individual's resilience skills. The process of RQ is done by evaluating recovery capacity by measuring individual RQ levels. Person with high RQ levels will be able to resilient themselves from the post-crisis faster than those with lower RQ. Yaowanat Pattananonkiat and team (2007, p: 167) describe the components of resilience according to individual characteristics to step towards having RQ from I am concept: which means being someone else's love, Self-esteem, freedom, faith and hope. I have: is trust, relationship, model, health and education resources. And I can: is to have the ability to think only of useful things, communication skills, problem solving skills and skills in keeping one's mind calm.

RQ by Characteristics Composition and the concept is within the scope of the individual at the individual level leading to techniques for enhancing RQ from the Department of Mental Health. (2009: 91-93) On the principle of adjustment and fulfillment through the slogan "4 Adjust 3 Fill". This is a technique used to strengthen personal RQ resilience abilities. (I can) When a person is faced with severe life problems, adversity, or critical situations until it is difficult to control the mental state to be normal. This technique presents 4 adjustments, which are emotional adjustments, thinking adjustment, acting adjustment and target adjustment. The next level is 3 fills, including faith fulfillment, friendhood fulfillment and being open-mind.

Techniques for enhancing RQ from the Department of Mental Health is like a mental vaccine to prevent the person's mental problems by building resilience in the person to fight the crisis in life until victory through the use of strong mental power. In addition to being able to get through the crisis, they can also create opportunities for themselves. Able to uplift the mind, thoughts and life in a good way and can be successful. Also known as "Turning a Crisis into an Opportunity" that the individual must be involved in the external environment, both at the individual level to the support environment. (Rutter, 2006) Meaning and essence of resilience that the individual is concerned with in this environment. Thus, expanding the scope from the individual level to the external environment through interaction between the individual and the family and the community

This concept focuses on both qualitative and quantitative contexts. When the context is different, something is to blame in a critical situation. It may be useful in critical or risky situations. In some situations, there is little risk. Dealing with the problem one way or another might be enough. But in some situations that are very risky, it needs to be solved through a combination of different approaches to see the change. Dyer (1996) Describe resilience as a person's ability or skill to restore the mind can be divided into 3 dimensions namely, the individual dimension, the interpersonal dimension and family dimension. The interaction between the individual and the environment produces influencing factors to person and to strengthening the mind in the face of critical situations or after the crisis situation has passed. Dyer describes resilience as the ability to maintain mental balance from antecedent like adversity and the protective factor that develops is mental strength (consequence), able to face effectively (effective coping). Thus, mental recovery is a dynamic of development.

iii. <u>*Resilience Classified by type of risk factors*</u>

Resilience can be classified by type of risk factors into 3 dimensions, namely: (1) individual problems such as underweight and disability, (2) children's chronic stressful conditions such as drug abuse and parents' alcohol abuse; and (3) severe suffering conditions such as public disasters and death of a loved one (Newman & Blackburn, 2002: 2-3). Moreover, the classification can be made for the individual, family and community levels (Flieming & Ledogar, 2008: 7; Lankao & Tribbia, 2009: 2).

Positive emotion theory. Frederickson (2005 quoted in Hutchinson & Pretelt, 2009: 21-22) introduces the concept for broadening and building the theory of positive emotion that having a positive emotion creates the quality and is important for creating resilience as it will stimulate the person's physiological level that causes a reaction in response to the stress as well as the creation of a new mental reaction that limits the possible expression.

Protective factors or assets. There are two kinds of protective factors, namely "internal protective factors or internal assets" which are personal potential or capacity and "external protective factors or external assets" which exist in the environment outside the individual's body and help enhance the person's potential or capacity. Protective factors help minimize the impact of risk factors, hinder the path of the cause and impact, or obstruct the negative impact of the risk factors, resulting in a good adaptation (Constantine & Benard, 2001: 32).

iv. <u>*The concept of Grotberg*</u>

Individual's capacity characteristics are divided to three components (Maclean, 2004; Flach, 1988 quoted in Penprapa Prinyapol, 2003), i.e.,
- "I have" meaning self-esteem with thinking and behavioral independence as a giver and a receiver, trustworthiness and love, and good relationships with other people
- "I am" meaning strong internal factors and personality including feelings, attitudes and personal beliefs.
- "I can" meaning social factors and inter-personal interactions

        v.   *External protective factors or external assets*

Include those at the family, school, community, and peer levels (Suriyadev Tripati,n.d.; Constantine & Benard, 2001: 20-22)

        (1) Family protective factors include the warm and secure family relationships such as parents' support, child-parent relationship.

        (2) Peer protective factors. Peers provide the support that children do not obtain from their parents or others.

        (3) School protective factors are the supportive factors from schools that promote positive development for children

        (4) Community protective factors include social support, creative areas, neighbor relationship in the community

The Resilience in Mental Health Rehabilitation to Combat the 4th Wave of COVID-19: MRH program

Mental health strengthens motivated through three mental health willpower, i.e., "strength", "strong", and "struggle" (in Thai words, "Xụd", "ḥụd", "s̄ū̂").

Figure 8: The principle of Resilience in MHR program

The principle of "strong, strength, struggle" refer:

- Strong: I am Strong: I am; know how you are. What crises have you been through?
- Strength: I have Supported: I have; know what you have potential can find resources to further develop self-care skills?
- Struggle: I can do better: I can; make good things happen, and I am ready to enter a new way of life (New Normal).

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2. Summary of the assessment results

A. Introduction:

Thailand by the Office of Agency Development under the Department of Mental Health (2006) defines resilience that reflects the interactions and dynamics of mental strength development that is the ability to deal with problems and crises in life. This view comes from a paradigm shift in resilience from the concept of risk factors and protective factors that are constant variables. A positive outcome is due to the presence of protective factors sufficient to overcome the risk factors. Whereas the dynamics of resilience is the study of the mechanisms or processes that lead to positive outcomes and it is different at each individual level. The two concepts therefore do not contradict each other, but complement each other. Therefore, the description of resilience factors must cover three areas: Physical, Biological Factors, Psychological Factors and social factors.

The Department of Mental Health is a government agency of the Ministry of Health which is directly responsible for the development of the mental health of people in the economies, project development/innovation, prevention, restoration including the provision of mental health services for patients or those who suffer from mental health problems. It is an important mission that must be carried out continuously and in accordance with the situation of the economies and the world.

From 2019 - Present 2021, the epidemic situation of the COVID-19 continues to spread around the world including Thailand. This situation is a problem that creates social tensions and psychological tension in people at the individual, family and community levels. The mental health crisis is the front and center of the economic response to recovery from the COVID-19 pandemic. Especially, the impact of the 4th wave of COVID-19 outbreak affecting the mind/mental illness from economic damage and Burnout Syndrome.

The Department of Mental Health is therefore a leader in collaborating with all health districts by birth of the 'Mental Health Rehabilitation to Combat 4th Wave of COVID-19 Program'. This project is not only beneficial for Thailand. It can also benefit other economies that are currently facing the COVID-19 problem. Especially in developing economies which is in the APEC (Asia-Pacific Economic Cooperation: APEC) member economy.

The Department of Mental Health (DMH) recognizes and put more attention to the effect of the COVID-19 that causes mental health crisis in the population. The Mental Health Rehabilitation program (MHR program) was conducted by the Department of mental health, Ministry of Health, Thailand, to respond to the COVID-19 4th wave that causes mental health crises in the population. This program has an encouragement to carry out activities for empowerment/ mental strength of the people from 2020 to 2021. Therefore, this year (2022) is appropriate to assess the performance of the MHR program through four components namely 1) context, 2) Inputs, 3) process and 4) outcomes.

Research objectives:
1. To assess the effectiveness of resilience in the situation of the Coronavirus Disease 2019 epidemic project;
2. To evaluate the efficiency of resilience in the situation of the Coronavirus Disease 2019 epidemic project.
3. To give practical and policy suggestions for coping with the impact of the 4th wave of the Coronavirus Disease 2019.

Research scope:
1) Scope of evaluation content: The Contractor shall undertake both qualitative and quantitative study:

   a. Efficacy evaluation of the MHR program, intended to provide 4 elements of research assessment through CIPP Model (Context, Input, Process, and Product), consists of five evaluated issues as follows: (1) management structure, (2) leadership, (3) network management method, (4) plan/project achieved its intended objectives, (5) obstacles and suggestions to improve/develop plan/project implementation.

   b. Effectiveness evaluation of the MHR program, as outcome evaluation, divides into three parts of study: (1) The ability of mental rehabilitation consists of three dimensions of mental strengthening in COVID-19 situation that are the tolerate ability to problems, troubleshooting ability, and problem combat ability. Three issues will be assessed in this part, namely, knowledge of mental rehabilitation; (2) Mental health assessment of population impacted by MHR program, there are four subjective assessments as: stress, burnout, suicide risk, and depression; (3) Study of relationship between 2 variable groups, namely, the mental rehabilitation ability variable and mental health variables.

2) Scope of population and target groups: The Contractor shall undertake both qualitative and quantitative study (Figure 9):

   a. Qualitatively specific target groups consist of Thai personnel and stakeholders both inside and outside the public health service systems who

participated in the MHR Programme. The sampling size was selected the specific group 45 people. The name of the target audience will be confidential and presents the overall information only. Target audience selection covers personal including policy maker, stakeholders, and healthcare workers in the community. The target groups were random by snowball random sampling method and collected from all 13 health regions of Thailand;

b. Population for a quantitative study consists of 400 Thai people attending the Resilience Programme, namely, one – stakeholders both inside and outside the public health service systems = 200 people, and another – vulnerable groups to mental health problems who attend the resilience programme = 200 people);

3) Scope of Study area: The Contractor shall apply the above 2 study methods (qualitative and quantitative) to 13 health regions of Thailand.

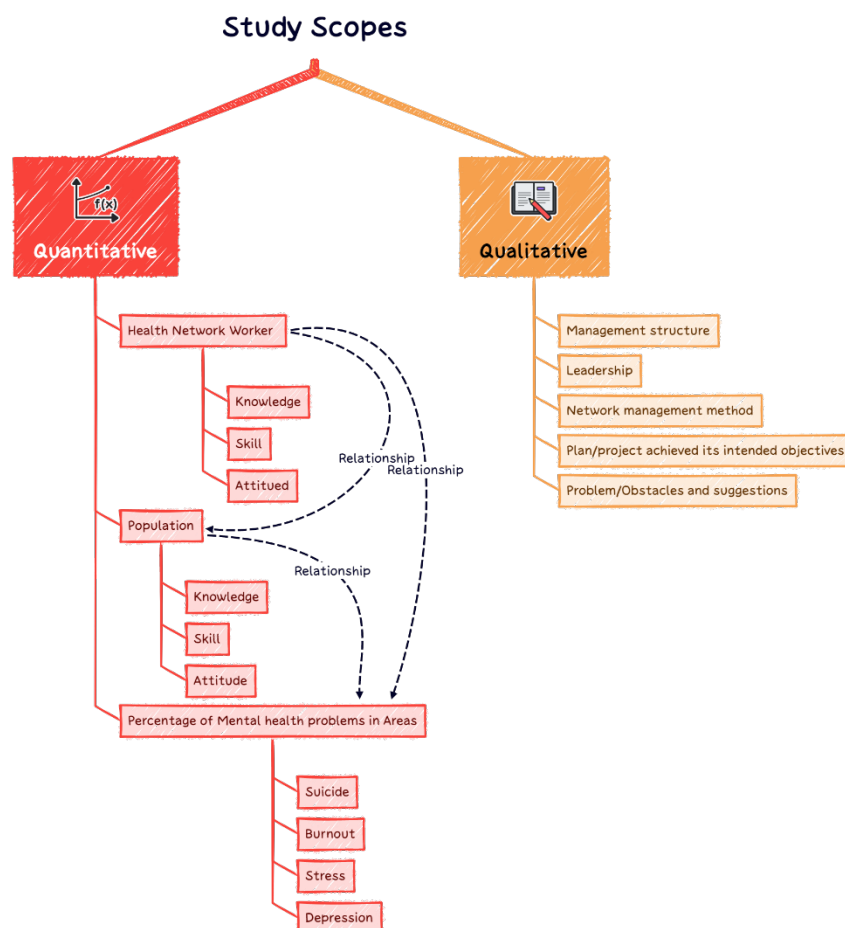

Study Scopes

Figure 9: The scope of research study

B. Research Methodology:

The assessment of the MHR program used a mixed evaluation research methodology (Mixed method) between qualitative and quantitative methodology.

This research was collecting data by in-depth interviews, questionnaire collection, document Collection, and data information from Mental Health Check in dashboard.

The quantitative data analyse by logics. Atlas.ti program was used for coding and analysing the content of data. SPSS Statistic program was analysed in quantitative method. The statistics used include percent, mean, correlation, and t-test.

Analysis of data for evaluation. It is content analysis. by using a comparison between goals and actual results. The logical associative analysis includes the use of descriptive statistics, percentages, and averages. Criteria for assessing the effectiveness of mental rehabilitation programs in the overall situation of the coronavirus disease 2019 epidemic as show in Table 1.

Table 1: the criteria for assessing the MHR program

Issue	Indicators	Criterion	Method
1. Context			
1.1 Consistency/ appropriation of policies/ plans of the Department of Mental Health	(1) Consistency with the plan and other policies of the Department of Mental Health	There is a consistent/ appropriate analysis.	In-depth interview Document analyses
1.2 Consistency/ appropriateness of mental health measures due to COVID-19	(2) Consistency with the mental health measures due to COVID-19	Having a consistent/ appropriate analysis consisting of (1) Promoting mental health literacy (2) Promoting the adjustment of thinking into a new way of life (3) Promoting social distancing (4) Promoting behavioral change guidelines to be in line with the new way of life.	In-depth interview Document analyses
	(3) Connection with surveillance and prevention of mental health problems in high-risk groups	There is a consistent/ appropriate analysis.	In-depth interview Document analyses
	(4) Having a consistent/ appropriate analysis. Resilience measures for	Having a consistent/ appropriate analysis.	In-depth interview

Issue	Indicators	Criterion	Method
	people with mental health problems (Re-integration) at the individual, family and community level		
2. Input			
2.1 Resilience Project in the Situation of the Coronavirus Disease 2019 Epidemic.	(5) Having a systematic action plan document	Project plan documents are published to relevant agencies	In-depth interview Document analyses
	(6) Complete enough for implementation	Complete enough for implementation	
2.2 Having project implementation guidelines	(7) Having a manual for the implementation of the resilience project	Having evidence of the project implementation manual.	in-depth interview Document analyses
2.3 Resource	(8)The adequacy / appropriateness of - Man - Money - Material - Management	It is sufficient and suitable for the implementation of the project.	In-depth interview Document analyses
3. The process of managing the Resilience project			
3.1 Leadership in project management	(9) Leadership in project management in action	Having leadership that is conducive to the implementation of plans/projects.	In-depth interview
3.2 Network administration	(10) Coordination of the network to drive the project.	Having evidence of network co-operation to drive the project/ activity	In-depth interview Document analyses
3.3 Practical and goal achievement	(11) Implementation process	Implementation of the project plan	In-depth interview Document analyses
	(12) The implementation of the project has reached the specified goals.	13 health area have implementation.	In-depth interview Document analyses
3.5 Follow-up evaluation	(13) Monitoring and evaluation of resilience	Having evaluation	In-depth interview

Issue	Indicators	Criterion	Method
	project in the situation of the coronavirus disease 2019 epidemic.		Document analyses
4. Productivity/Result			
4.1 The Network of Resilience practitioners (200 samples)	(14) Having knowledge of resilience management	More than 70%	Questionnaire
	(15) Having a positive attitude towards resilience management	More than 70%	Questionnaire
	(16) Having a resilience skills	More than 70%	Questionnaire
4.2 People who participated in MHR program (200 samples)	(17) People who have knowledge of resilience.	More than 70%	Questionnaire
	(18) People who have positive attitude towards resilience project.	More than 70%	Questionnaire
	(19) People who have resilience skills.	More than 70%	Questionnaire
	(20) People in the target province have good mental health. (Stress/Burnout/Suicide risk/Depression within specified criteria)	- 80%	Thai Mental Health check in database.

- o There are indicators that pass the criteria 81-100%, means high efficiency.
- o There are indicators that pass the criteria 71–80%, means relatively high efficiency.
- o There are indicators that pass the criteria 61–70%, means moderate effectiveness.
- o There are indicators that pass the criteria 51-60%, means relatively low effectiveness.
- o There are indicators that pass the criteria. Less than 50 percent means low efficiency.

This conceptual framework is a specific for quantitative research to study the relationship between mental rehabilitation capacity of people participating in the mental rehabilitation program which is classified into two target groups; the network of mental rehabilitation practitioners and groups of people participating in the mental rehabilitation project. The relationship between factors is studied as shown in Figure 10.
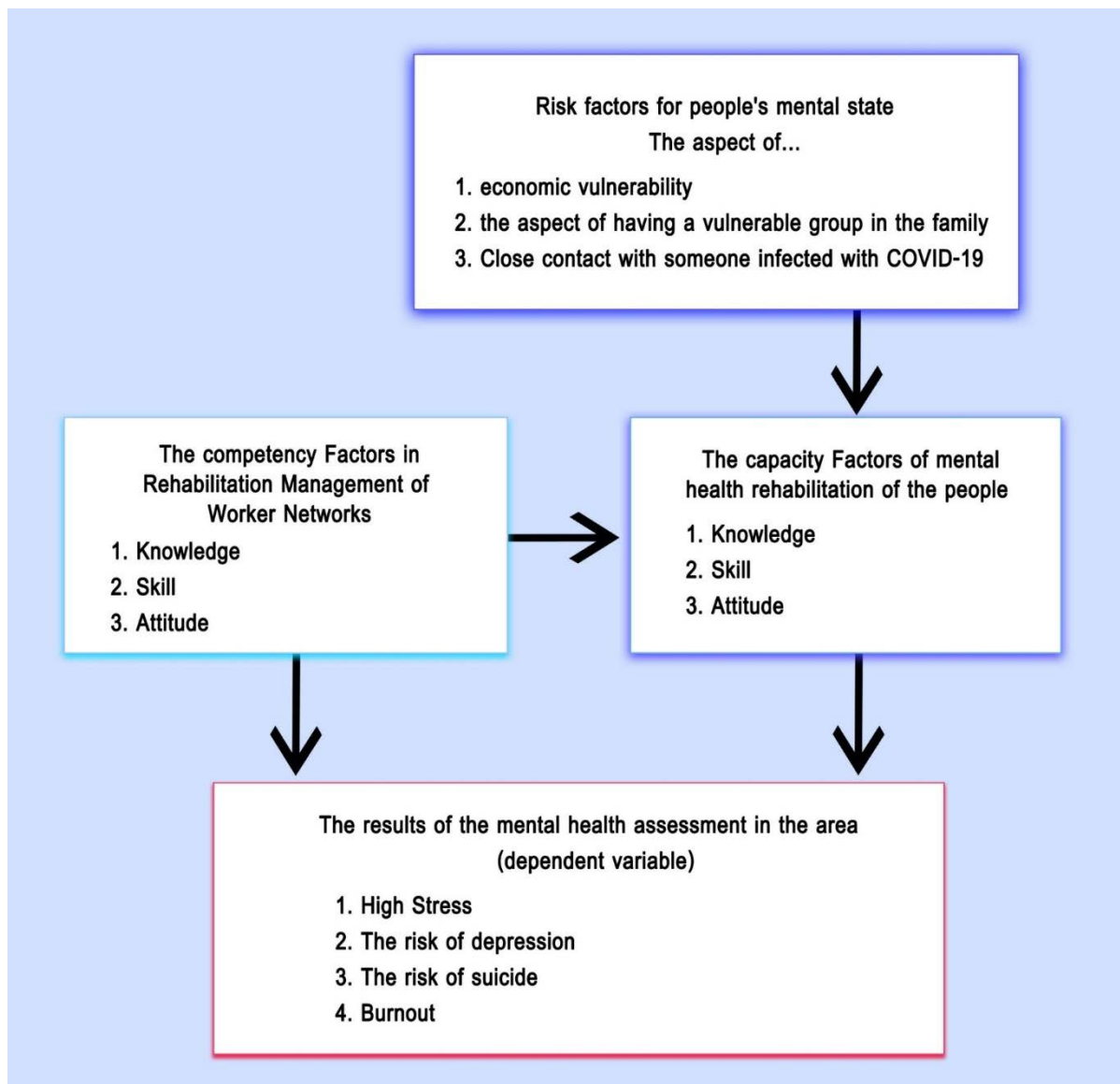
Figure 10: Framework of the relationship study in quantitative research

   i.   Context

1.   **MHR Program Management Structure**

In operation of the MHR Program consists of 3 main functions, namely, strategic planning (C4) driven by the Mental Health Strategy and Planning Division, Resilience Programme operated by the Bureau of Mental Health Academic Affairs, and Community mental health innovation or Mental Health Vaccine (in Thai "Vaccine Jai") driven by Division of Mental Health Promotion and Development, Department of Mental Health.

These three pillars have driven routine operations down to three primary sectors, namely: First, sub-departments under the Department of Mental Health, which consists of Mental Health Centers, and Mental Health Service Units in 13 Health regions all over Thailand; second, Network partners within the Public Health Service System, consisting of the Provincial Public Health Office, District Public Health Office, provincial hospitals, district hospitals, sub-district health promoting hospitals; and the last, non-health organization, consisting, educational institutions, Civil Society/ Foundation/ Non-Profit organizations, local government, all the way through the general public sector, and Village Volunteer working together in an integrated network.

2.   **Connection with the plan and various policies**

The study found the principle in the MHR program. Link to plans and policies both internationally. Policy at the national level, at the department level, and the local level is as follows:

WHO: This program supports the policy of "Mental Health Considerations during COVID-19 Outbreak" (WHO, 2020).

Alignment - APEC: This program supports critical areas of the implementation of the Healthy Asia Pacific 2020 Roadmap, focusing on the practical implementation and management of networks of mental health contribute to the reduction of the impact of mental health from the COVID-19 pandemic.

National Mental Health Development Plan, Issue 1 (2018 – 2037), First Term (2018) (2018-2022) by MHR Program. This project is the 2nd strategy for developing mental health and psychiatric service systems.

Combat 4th Wave of COVID-19 plan: MHR Program is a plan that directly complies with the C4 plan that occurred as a mechanism to drive mental rehabilitation operations in the situation of the Covid-19 epidemic that the Department of Mental Health has prepared.

Provincial Plans and Policies: The MHR Program is consistent with the policies and action plans of the network of stakeholders at the provincial level, which has been transmitted from the Ministry of Public Health, Thailand. The project has been integrated with local plans, such

as the Health Service Development Plan known as "Service Plan," the policy to establish the Emergency Operations Center (EOC).

District-level policy: The MHR Program has been integrated into the policy of the Ministry of Public Health of Thailand to operate at the health level with the District Quality of Life Development Committee.

3. Content operation of MHR Program

It can be found from the study that MHR Program have operation in various term as follows:

o Forms and methods of mental rejuvenation.
o Enhancing knowledge of mental health and new lifestyle approaches (New Normal)
o CMHI: Mental health vaccine innovation
o Promoting the management of problems related to the economy

4. Target audience in MHR Program

The really audience in MHR Program can be found included:

Vulnerable Group: Vulnerable groups such as a group of people who are facing crises in their lives, especially those who have lost their jobs. These workers are considered at risk because of their higher suicide rates due to economic problems. In addition, some operators are classified as vulnerable because of stress from work, the delay in paying special premiums, or a career, form at risk of contracting COVID-19. Mental Health Assessment Results found that these groups of people are also at high risk of suicide. Moreover, it reflects children, the elderly, people with physical and mental disabilities, and people with chronic diseases who need continuous medication, such as those with diabetes, high blood pressure. Chronic non-communicable diseases are more concerned than other groups as they are at increased risk if they are infected with Covid 19, also is at risk of having severe symptoms that lead to death. Therefore, it is necessary to survey mental health conditions and provide knowledge to protect from infection and adjust treatments to be more secure. For example, using a telephone to consult and send the medicine through the post office, maintaining safety when visiting the doctor, etc.

Infected and At-Risk Groups: There are improvements in surveying, screening, and help in the first stage in the form of Active case finding in patients infected with Covid 19 and relatives who are detained in both Local and Home Quarantine. For example, patients with chronic diseases have to continue taking medication and rehabilitation in various hospitals in the field "Hospitel" (the hotel be a hospital) provided by the government and private rehabilitation centers. Mental Health Centers conduct rehabilitation activities on infected people from the first day of entering the quarantine system by assessing the mental health of infected people every three days. On the first day of psychiatric evaluation, there will be assessing psychiatric risk from alcohol or substance abuse on the second day and mental health check-in on day three. Patients who pass three days may be more stressed from adapting to living with crowds. And after a week or around day 8, there is a system to prepare patients to return to the community in field hospitals because people in the community may stigmatize patients in the

early stages of being worried and anxious. After that, the mental health center will follow up rehabilitation after returning to the community every three months.

Ministry of Public Health Personnel Officers: Public health personnel is on the front line facing a state of stress, tiredness, and demotivation, which may lead to serious mental health problems. At the beginning of Covid 19, the Department of Mental Health coordinated with all 13 mental health centers to investigate stress, depression, and the risk of suicide among officers under the Ministry of Public Health led by the Mental Health Center. Start by evaluating personnel in your organization first to take care of the minds of staff within the center and people and then provide information through social media with the mental health network and local health workers to communicate about the project and begin the rehabilitation process.

Community Network: one of the activities is building a network in the community, supporting the creation of a body of knowledge on mental rehabilitation in the community so that people in the community take care of people in the community together, including empowering people in the community to practice actively. And by building networking, we can reduce the problems from limitations in technology for communication in the community. A Community network is a strategy to bring the practice to the family level by creating a vaccine in the community. The critical community network is the Village Health Volunteer, working on the project from knocking on the door to applying for the COVID-19 vaccination. They investigate people from different locations or even surveillance for physical and mental health problems from COVID-19 with three principles: look for, pay attention, and fast-forward to the Department of Mental Health.

ii. Input

In terms of inputs, the results came from qualitative data analysis from in-depth interviews with a target group of 45 people by using content analysis. Data were grouped using logic following the conceptual research framework. The data was encoded using the program Atlas version 9 can report with the study of documents data. It can be explained as follows:

Plans and Manual Document: C4 Plan and Manual, Resilience Programme Course Books, Books and manuals CMHI (Community mental health vaccine innovation);

Operating budget: this MHR program has an insufficient operating budget. Still, it can operate because the operators in each sector use the method of integrating the funding to implement the project together with other works. Some activities don't cost much, such as supporting manuals, media, and knowledge to a network of representatives of people in the area who need knowledge on mental health to be used to build robust mental health for the people. In addition, the project implementation has also received budget support from external agencies enabling mental health workers to be driven under low budget conditions.

Personnel: Personnel for mental health operations in Thailand is limited, and each sector has a relative shortage of personnel to operate the project. Therefore, processes related to mental health, such as the MHR Program and other projects. There are focusing on the preparation of network partners; there are using training and potential development of network partners and creating a mentoring system, a coaching system to enhance work potential.

Mental Health Check in Application: The Mental Health Check tool was developed for proactive mental health screening by using the Application to screen mental health in various organizations, communities, and people who receive services at hospitals. However, some areas still face problems with adoption as some health volunteers have limited access to the technology. Therefore, it is also applied as a document for mental health assessment instead of bringing it to the Application later.

Using the operation manual: The operation manual, whether an innovative vaccine guide or a manual for empowerment, can be used during the covid situation very well, which personnel can take to work with network partners, to strengthen the vaccine for use in the community. Make the community solid and able to go through the crisis as for the resilience programme. A lesson plans for the community so that the community's public health volunteers and leaders use it to empower people in the community or their own family.

E-learning /Video / Application: There are educational video clips, such as social distancing. Initial mental health care during quarantine or in the community has been integrated with the part of the vaccine mind in the community public relations through various media. Private-sector networks in some areas have applied innovative applications to educate about mental health management.

Data Health Information Dashboard: In the implementation of the project, the Ministry of Public Health's health database system was introduced for operation; the staff also has a part in recording information such as depression information into the Dashboard system so that information resources can be shared in Real-Time, making it possible to track the performance.

Technology/software for communication: Communication technologies such as group creation in Line Applications, online meetings via zoom meetings, etc. are being used to enable operations that take into account social distancing that sometimes cannot be united or down to the area to be able to continue the project.

iii. *Process*

1. <u>Leadership in management:</u>

Based on the interviews with key informants on the MRH program during the spread of Covid19 disease, which turn out that leaders have expressed behavior in the following:
- o Visionary Leadership in Mental Health
- o Leadership with operational Clarity
- o Inspiration Leadership
- o Leadership Emphasis on Performance Participation
- o Leadership that prioritizes work
- o Leadership that understands, approaches, develops
- o Selfless Leadership
- o Facilitated Leadership
- o Flexible Leadership in Management

- o Leadership with a focus on networking
- o Transformational Leadership
- o Leadership that promotes learning and self-improvement

2. Collaboration with the network:

In the implementation of the MHR program, there are synergies with the network at various levels from the policy level. Health area level, provincial level, district level, and community level each level has the following synergies:
- o Policy level collaboration
- o Area health zone level collaboration
- o Provincial-level collaboration
- o District level collaboration
- o Community-level collaboration

3. Implementing MHR Program:

For project implementation, there is a process for performance consisting of group appointments to commit the plan, Defining the direction of operation, resource allocation, meeting to clarify the guidelines for working with the network, and implementation of the project to the target group, which can operate according to those strategies of DMH.

4. The results of the operation of MHR program in 2021:

1) The Office of Mental Health Academics has participated in supporting the implementation of both the allocation of funding for the drive and training videos and providing academic support. As a driving force in the past, the results were presented at the 20th International Mental Health Symposium through a variety of presentation formats, such as video presentations, academic presentations, and learning exchange through the Session Thai symposium.

2) The advances in academic development and empowerment operations are essential to carry out mental strengthening activities and will be even more critical in the following years. The DMH has tried to make such operations sustainable and academically stable through the mental health center/hospital process that can develop into academic writing by the tool to assess the course.

3) There were operations in all 13 health zones, nationwide. Some areas had been operating as the main project and integrated with other complementary activities.

4) Operations to empower those mentally affected by the COVID-19 epidemic in 2021 in 13 health zones. In the fiscal year 2021, operating under the COVID-19 situation, agencies can bring courses and videos to strengthen the mind to organize activities for target groups in 5 areas at 38.46%. Able to apply the curriculum and videos to empower the mind to apply/integrate into eight areas are 61.54%.

5) The assessment of the willpower level of the target affected by the epidemic situation of Coronavirus 2019 by determining the resolve before attending the training course, after the training course, and following up after the training for one month according to the three items of the willpower assessment form of the coursebook. The Mental Health Department affected 335 people; it was found that 182 people had moderate mental

strength before school, 45.3%, and 262 people, 78.2% up after school, and 132 followed up after one month of training is 55.0%.

6) From the implementation of activities according to the curriculum and videos to strengthen the mind in the area by public health personnel at the Mental Health Center 1-13 and the Psychiatric Hospital. It was found that 69% were satisfied, and 23% was the highest satisfaction.

5. <u>The Evaluation process of MHR program:</u>

a) Assessment Process: It focuses on systematic governance and measurement. A program of activities has been carried out in conjunction with the area, e.g., Activities are already by quarter, which has required actions to be tracked online and onsite and in the part that has been operated online. The area will have operations and reports to form in the form of a document, including pictures and performed results. Monthly reports are sent in the onsite part; there has been a visit to follow up, also a visit to empower to go down to talk and ask about problems and obstacles in operation. To know the problem and give advice or support in that matter.

b) Supervision, follow-up, observing: The follow-up work has formal and informal ways, sometimes via Line Group, e-mail, phone inquiries, and providing information on work in the area. The central part has visited both the supervision area with inspectors and only the Mental Health Department. The coordination with the size of responsibility has been established to monitor the implementation. It may have an inquiry letter, including presentations working through the emergency operations center and the EOC system at the district level.

c) Reporting and Presentations: The Mental Health Center provides weekly C4 Progress reports to the EOC Provincial Team, along with the mental health practitioners, The District Public Health Office (PHP), community hospital to set guidelines for mental health care for people in the area helped to develop manuals that came up for use in the district and proposed to the Department of Mental Health. In addition, there was an evaluation of knowledge exchange activities at the end of the year. For example, what are the results of using activities? How has the area changed? Work is tracked by integrating with district indicators assessed with the inspectors two times a year and randomly, which is considered part of the follow-up. In the follow-up process, mental health centers and psychiatric hospitals will follow up under the supervision of the government have monthly delivery.

d) Key performance indicator: Performance evaluation system. Mental health work is an urgent need for needles. Therefore, the executives focus on following these tasks. Therefore, there is a process for monitoring and evaluating the project's results for the project operators by setting indicators to reduce gaps in operations. However, defining metrics must truly measure the efficiency and effectiveness of tasks and projects. Therefore, it is clear and not redundant, which can lead to achieving project objectives and goals according to the policy, also in order not to increase the burden on the operator too much due to the small number of operators.

6. <u>Problems/ obstacles:</u>

The following problems were revealed by relevant personnel of the MHR program:

a) Problems with network cooperation: In the past, relevant departments paid less attention to mental health problems. Hence, lack of networks in some regions, the potential for collaboration, and sometimes no cooperation.

b) Insufficient Human Resources: The number of direct staff working at the Department of Mental Health is limited and unable to cover all areas of responsibility. There is also a workload in many duties. Both work under the indicator or policies and proactive tasks in the area. Therefore, different studies must be integrated so that some work may not be intense or fully meet the goals.

c) Technology limitations: for using the app. During mental health assessment, many areas still lack the availability of the Internet system. Some village health volunteers (VHV) As a result, the VHV cannot use the application. Therefore, a documented assessment is still required.

d) Communication delays: some processes are too complex and bureaucratic. In addition, some agencies have changed their response. This problem made the communication and coordination more delayed. In addition, there was a lack of cooperation from relevant agencies because it is seen that such work is not a mission in their agency.

e) Inability to work in high-risk areas: the COVID-19 outbreak is unable to work locally. Therefore, the work method has been adjusted online and supported by the budget. Technological media will go directly to the area to enable local mental health networks to take care of people's mental health. As a result, the performance may not be as efficient as having an expert on-site.

f) Language and cultural differences: Some areas have linguistic and cultural differences. Therefore, officers must have the ability to understand and communicate in the local dialects, or they may need a local interpreter to be the translator for communication between officials and the local public. In addition, including media preparation, various knowledge and activities must be consistent with that area's context.

g) Potential Workforce Issues: Due to Diversity in Mental Health Networks recognizing or understanding. It takes a different amount of time. Therefore, it takes time for training to understand the education personnel working on mental health. To develop potential and bring that knowledge to be transferred to the network. In addition, joint operations need to be flexible to continue working together. This problem responded that mental health work was quite tricky and took a long time to learn.

h) Executive /Officer turnover: Frequent change of responsible person resulting in uninterrupted operation. Operations are not as efficient as they should be because it takes time to learn and coordinate. There was a delay in the procedure.

i) Lack of clarity: Mental health operations have several similar projects. The network does not know whether they are different jobs or the same. As a result, the operation has no fixed goals and objectives. Confuse operators causing operators not to be able to plan the operation according to the desired objectives.

j) Other Issues: Timeliness of activities and education about the COVID – 19 epidemic situations due to the rapidly changing situation of the CVID – 19 epidemics. Preparation in the field of knowledge about how to behave. It is essential to organize activities for mental readiness to handle the changes.

This part revealed study results on the competency of participants in the MHR program and its relationship with mental health assessment results. In addition, there were results from in-depth interviews about success factors.

1. **General information of the quantitative samples**

The sample size in this study was 400 people, categorized into two groups.
1.1 The Network of Resilience practitioners (Table 2)

The sample size in this group was 200 workers who had characteristics as follows:

1) Gender: the samples consisted of 175 females (87.5%) and 25 males (12.5%).

2) Position: most of the samples were nurses (51.0%), secondary were public health officials (33.0%), and others were psychologists (6.0%), public health volunteers (4.5%), physicians (3.0%), admins/ policemen (2.5%), respectively.

3) Organization type: the samples were in organization category by types as follows: sub-district hospital (43.0%), district hospital (20%), district public health office (16%), provincial hospital (10.5%), provincially public health office (9%), and non-health organization (1.5%), respectively.

4) Role in MHR program: the samples had a role descending as follows, Resilience Programme (51%), Mental Health Vaccine Innovation (36%), C4 plan (35.5%), and others, such as mental health screening, support surveillance in COVID-19, general health service, caring for covid patients, information support, counseling for COVID-19 patients, etc. (10.5%)

5) The relevance with COVID-19: most samples had work relevant to COVID-19 (95.5%).

6) The risk from COVID-19: the workers had risk levels from COVID-19 by descending, a high level (53.5%), a low level (32.0%), and a middle level (14.5%), respectively. The high means having close contact with someone infected with COVID-19. The middle means having close contact with someone risked of COVID-19. The low mean just contacting COVID-19 but not closing from risk persons.

Table 2: The characteristics of samples of the Network of Resilience practitioners

Characteristics of workers		Amount	Percent
1.Gender	Female	175	87.5
	Male	25	12.5
2. Position	Nurse	102	51.0
	Health official	66	33.0
	Psychologist	12	6.0
	Public health volunteer	9	4.5
	Physician	6	3.0
	Others	5	2.5

Characteristics of workers		Amount	Percent
3. Organization type	Sub-district hospital	86	43.0
	District hospital	40	20.0
	District public health office	32	16
	Provincial hospital	21	10.5
	Provincial public health office	18	9.0
	Non-health organization	3	1.5
4. Role in MHR program	Resilience Programme	102	51
	C4 plan	71	35.5
	Mental health vaccine	72	36.0
	Others	21	10.5
5. The relevant with COVID-19	Relevant	191	95.5
	Non-Relevant	9	4.5
6. The risk from COVID-19	High	107	53.5
	Middle	29	14.5
	Role	64	32.0

1.2 The beneficial population (Table 3)

The sample size in this group was 200 workers who had characteristics as follows:

1) Gender: the samples consisted of 29 males (14.5%) and 171 females (85.5%).

2) Age: age range was between 15 years old to 78 years old, with an average of 47.64 years old and a median of 49 years old.

3) Occupation: most of the samples were contract workers in general labors (33.5%), followed by farmers (28.5%), company or governance employees (12%), sellers (8%), and others (namely, business, student, housekeeper, unemployed), respectively.

4) Education: most of the samples were educated at secondary school (50.5%), followed by a diploma or Bachelor's degree (26.0%), primary school or illiterate (20.5), and higher Bachelor's degree (3.0%), respectively.

5) Risk status: most of the samples were from the mentally vulnerable group (81.5) and the non-mentally vulnerable group (18.5). In the risk group, most of the samples faced the risk of economic problems (40.0%), second infected or at risk of contracting COVID-19 (36.5%), and the lowest samples or relatives were mental health patients (7.5%).

Table 3: The characteristics of samples of the beneficial population

Characteristics of practitioners		Amount	Percent
1.Gender	Female	171	85.5
	Male	29	14.5
2. Age range	15 – 40 years old	55	27.5
	41 – 60 years old	114	57.0
	61 – 80 years old	31	15.5

Characteristics of practitioners		Amount	Percent
3. Occupation	Contract workers in general labors	67	33.5
	Farmers	57	28.5
	Company or governance employees	24	12.0
	Sellers	16	8.0
	others (namely, business, student, housekeeper, unemployed)	36	18.0
4. Education	Primary school or illiterate	41	20.5
	Secondary school	101	50.5
	Diploma or Bachelor's degree	52	26.0
	Higher Bachelor's degree	6	3.0
5. Vulnerable group	Non-vulnerable group	37	18.5
	Vulnerable group	163	81.5
	- Economic problems	80	40.0
	- Infected or at risk of contracting COVID-19	73	36.5
	- Having an elderly person/infant in the family	50	25.0
	- A chronic disease patient	34	17.0
	- Mental health patients	15	7.5

2. Knowledge of mental health rehabilitation

2.1 The MHR knowledge of project practitioner networks

Table 4 reveals that the respondents have a high level of MHR program knowledge. This is shown clearly by the average mean score of 3.77. The lowest score is 2.00 and the maximum score is 5.00. The standard deviation score is .719

The statement number 11 (the knowledge of how to protect themselves from contracting COVID-19) has the highest mean score (4.27), followed by statement number 13 (the knowledge of how to access reliability information channels of Covid-19) has an average mean score of 4.22.

The contents that respondents have the mean scores less than 3.00 are the statement number 5 (how to get the benefits from resilience programme) mean scores of 2.10 and statement number 4 (how to implement resilience knowledge for practice) at the average mean scores of 2.29.

Table 4: Score of MHR program knowledge of network practitioners

Issue	N	Min	Max	Mean	Std. Deviation
1. The knowledge of resilience programme assessment tool, 3 questions	200	0	5	3.66	.958
2. The way to build up your "stamina" for yourself and those around you.	200	1	5	3.87	.838
3. How to properly reduce stress for yourself	200	2	5	4.18	.768
4. how to implement resilience knowledge for practice	200	0	5	2.29	1.593
5. how to get the benefits from resilience programme	200	0	5	2.10	1.430
6. The knowledge of enhancing mental health vaccine program through community	200	0	5	3.78	.984
7. The knowledge of the way to enhance community mental health vaccine by 4 establishes, 2 uses promotion	200	0	5	3.68	1.102
8. Enhancing the understanding of community mental health vaccines for health workers and the networks	200	0	5	3.77	1.007
9. The knowledge of the process of promoting participation in the community for mental immunity	200	0	5	3.80	1.019
10. The knowledge and understanding of integration between mental strengthening and mental health vaccines	200	0	5	3.62	1.088
11. The knowledge of how to protect themselves from contracting COVID-19	200	1	5	4.27	.888
12. The knowledge and understanding of how to use medicines to treat primary symptoms of COVID-19	200	1	5	4.01	.897
13. the knowledge of how to access reliability information channels of Covid-19	200	1	5	4.22	.857
14. The knowledge of which channels for psychological assistance and or, access to its services in times of crisis	200	1	5	3.99	.885
15. The Knowledge of how to get assistance from Covid-19 service systems	200	1	5	4.06	.895
Total:	200	2.00	5.00	3.77	.719

The results of the data analysis according to the assessment criteria showed that 8 5.5% of network practitioners have knowledge of MHR program in Covid-19 situation above mean score of 3.00 as in Table 5.

Table 5: Percentage of networks with MHR knowledge

Mean score	Frequency	Percent
Less than or equal to 3	29	14.5
More than 3	171	85.5
Total:	200	100.0

2.2 <u>Knowledge of beneficial people participated in MHR program</u>

The study results revealed that samples had a mean overall cognitive score of 4.16. The lowest average score is 1.00, the highest score is 5.00, and the Standard Deviation is .795.

In Table 6 classified by issues, it was found that; the issue that the respondents had the most understanding of was Access to on-demand mental health rehabilitation information (average score of 4.50)—followed by knowledge and experience of how to protect yourself from COVID-19 infection (mean score 4.38). As for the issues with the least average comprehension scores, there are 2 issues: self-access to mental health information and knowledge of psychological support channels and Access to mental health services in crisis (mean score of 4.04).

Table 6: Mean of Knowledge score in a beneficial people group classified by issues

Issue	N	Min	Max	Mean	Std. Deviation
1. Access to on-demand mental health rehabilitation information	52	1	5	4.50	.780
2. Self-access to mental health information	200	0	5	4.04	1.031
3. Getting information about mental recovery of COVID-19 from the staff or agencies in the community	200	0	5	4.14	1.053
4. knowledge of psychological support channels and access to mental health services in crisis	200	1	5	4.04	1.002
5. Getting advice on guidelines for prevention and control of the spread of COVID-19	200	1	5	4.26	.859
6. knowledge and understanding of how to protect yourself from COVID-19 infection	200	1	5	4.38	.811
7. Knowledge and understanding of basic practices when finding yourself or family members infected with COVID-19	200	0	5	4.26	.898

Issue	N	Min	Max	Mean	Std. Deviation
8. Knowledge of the correct information access channels about COVID-19 measures	200	1	5	4.23	.895
9. Knowledge about the process of mental immunity for oneself and family	200	1	5	4.16	.932
10. Knowledge of how to get help. Access to services related to COVID-19	200	1	5	4.14	.878
Total:	200	1.00	5.00	4.1655	.79538

The results of the data analysis according to the assessment criteria revealed that 91.0% of the population had knowledge and understanding about the management of mental rehabilitation in the COVID-19 situation (mean score more than 3) as shown in Table 7.

Table 7: Percentage of beneficial people with MHR knowledge

Average knowledge score	Frequency	Percent
Less than or Equal to 3	18	9.0
More than 3	182	91.0
Total:	200	100.0

3. **Skill of mental health rehabilitation:**

3.1 The management skills of the MHR program of health practitioner

The samples have high management skills in the resilience programme, with mean of 4.02. The lowest score of 1.00, the highest score of 5.00, and the standard deviation score of .721.

Statement number 6 (the ability to express positive communication and a positive mindset throughout the world) has the highest mean score (4.04), followed by the three statements at the same score of 4.20 are, statement number 4 (the ability to counsel for consciousness and manage stress), the statement number 5 (the ability to advise on how to adapt daily life through Covid-19 situation), and the statement number 7 (the ability to advise on the way to manage life problems). The lowest average mean score of (3.96) is in the statement number 2 (the ability to give an advice the way to conquer life problems) as in Table 8.

Table 8: Score of the management skill of health practitioner classified by issue

Issue	N	Min	Max	Mean	Std. Deviation
1.The ability to communicate for the awareness of current situation change.	200	1	5	3.98	.795
2. The ability to give an advice the way to conquer life problems	200	1	5	3.96	.838

Issue	N	Min	Max	Mean	Std. Deviation
3.The ability to encourage and communicate for information exchange or find possible solutions.	200	1	5	3.99	.839
4. The ability to counsel for consciousness and manage stress	200	1	5	4.02	.795
5. The ability to give an advice on how to adapt daily life through Covid-19 situation	200	1	5	4.02	.789
6. The ability to express positive communication and positive mindset through the world	200	1	5	4.04	.795
7. The ability to advise the way to solve life problems	200	1	5	4.02	.798
8. The ability to build good relationship, good counselor, and advise the others	200	1	5	4.10	.777
9. I can advise and establish understanding of how to behave in accordance with the new government measures.	200	1	5	4.10	.789
10. The appropriate communication skills for negotiating or assisting	200	1	5	3.98	.823
Total	200	1	5	4.02	.721

The results of the data analysis according to the assessment criteria showed that 89% of health worker networks have management skill of resilience programme above an average mean score (3.00) as in Table 9.

Table 9: Percentage of health practitioner with MHR management skill

Mean score	Frequency	Percent
Less than or Equal to 3	22	11.0
More than 3	178	89.0
Total:	200	100.0

3.2 Beneficial people's mental rehabilitation skills

The results of the study showed that the people had an overall average skill score of 4.18 points, the lowest mean score was 1.00, and the highest score was 5.00 and Standard Deviation was .778.

Classified by issues, it was found that the issues most skilled by respondents were: having good and smooth relationships with close ones (mean score 4.36), followed by optimism skills and always encouraging themselves (mean score 4.34). People had the lowest average skill score is ability to experience adversity in life (mean score of 4.02) as in Table 10.

Table 10: MHR Skills of beneficial people classified by issue

Issue	N	Min	Max	Mean	Std. Deviation
1. Able to experience hardships in life	200	1	5	4.02	.943
2. Can manage ideas, good mood control which can overcome adversity in life	200	1	5	4.04	.901
3. Able to build self-esteem	200	0	5	4.21	.938
4. Can handle problems and try to find the best solution for themselves	200	1	5	4.20	.891
5. Can learn to live from other people, able to adapt under the impact of the Covid-19 epidemic crisis.	200	1	5	4.12	.883
6. Optimistic and always encourage yourself.	200	1	5	4.34	.812
7. Able to adapt to life and comply with government measures.	200	1	5	4.21	.872
8. Having a good and smooth relationship with close people.	200	1	5	4.36	.838
9. Can find a mentor when adversity occurs uneasiness	200	1	5	4.21	.922
10. Having appropriate communication skills for bargaining or asking for help.	200	1	5	4.12	.871
Total	200	1	5	4.18	.778

The results of the analysis in Table 11, showed that 91.0 percent of people have mental rehabilitation skills in the situation of COVID-19 (mean e of more than 3).

Table 11: Percentage of beneficial people with MHR skills

Mean score	Frequency	Percent
Less than or Equal to 3	18	9.0
More than 3	182	91.0
Total:	200	100.0

4. Attitude towards mental health rehabilitation:

4.1 Attitudes towards the management of people's mental rehabilitation

The result shown respondents have high overall mean score of 3.71 on the attitude through resilience programme, the lowest score of 2.20, the highest score of 5.00, and standard Deviation of .646.

The statement number 8 (the attitude of helping and generosity to others) has the highest mean score (4.27), followed by the statement number 15 (the attitudes towards changing work practices) has mean score (4.25).

The statements that have mean score less than (3.0) are the statement number 4 (the attitude towards working conditions that make them exhausting and want to quit the job) has mean score of 2.05, the statement number 5 (the attitude towards working in the situation of COVID-19 that cause stress and affect their behaviors of its services for people) has mean score of 2.04, the statement number 9 (the attitude towards the way of encouragement that it will help people to cope with various problems and obstacles in life) has mean score of 2.98, and the statement number 10 (the attitude towards self-reliance) has mean score of 2.70 (Table 12).

Table 12: Score of the attitude of health practitioner classified by issues

Issue	N	Min	Max	Mean	Std. Deviation
1. The attitude towards self-improvement to be able to advise others to be encouraged to fight obstacles during the COVID-19 outbreak	200	2	5	4.20	.750
2. The attitude towards behavior sets a good example for others.	200	2	5	4.20	.761
3. The attitude to behave as a good example in mental health	200	2	5	4.17	.815
4. The attitude towards working conditions that make them exhausting and want to quit the job	200	0	5	2.05	1.613
5. the attitude towards working in the situation of COVID-19 that cause stress and affect their behaviors of its services for people	200	0	5	2.04	1.610
6. The attitude towards a situation that believes that hardships will someday pass.	200	1	5	4.16	.841
7. The attitude towards managing one's own stress	200	2	5	4.21	.774
8. The attitude of helping and generosity to others	200	2	5	4.27	.780
9. the attitude towards the way of encouragement that it will help people to cope with various problems and obstacles in life	200	0	5	2.98	1.867
10. The attitude towards self-reliance	200	0	5	2.70	1.851
11. The attitude towards the potential that exist in the community	200	0	5	4.16	.863
12. The attitudes towards resilience programme is a course that can be used in practice.	200	1	5	4.16	.773
13. The attitude of using the 4 establishments fundamental in the innovation of mental health vaccine	200	2	5	4.04	.816
14. The attitude towards improving communication methods to aware of the COVID-19 outbreak situation	200	2	5	4.10	.783

Issue	N	Min	Max	Mean	Std. Deviation
15. the attitudes towards changing work practices	200	2	5	4.25	.767
Total	200	2.20	5.00	3.71	.646

The results of the data analysis according to the assessment criteria showed that 8 2.5% of health worker networks have the attitude towards resilience programme above an average mean score (3.00) as in Table 13.

Table 13: Percentage of health practitioner with attitudes towards mental health rehabilitation

Mean score	Frequency	Percent
Less than or Equal to 3	35	17.5
More than 3	165	82.5
Total:	200	100.0

4.2 Attitudes towards mental health rehabilitation of beneficial people

The results showed that the people had an overall average attitude score of 3.76 points, the lowest mean score was 2.20 and the highest score was 5.00 and the Standard Deviation was .738.

Classified by issues (Table 14), it was found that the issue that the respondents had the best viewpoint was "Problems are meant to crash", that is, if facing a problem, one should consciously seek a solution. Should not avoid problems (average score 4.31). Followed by the attitude towards eliminating stress as much as possible (mean score 4.26).

The issue People had an average attitude score of less than 3 points, with 3 issues as follows: attitudes towards being in a difficult society during the COVID-19 outbreak (average score 2.56), attitudes towards working in the situation of COVID-19 that causes stress and affects public service behavior (mean score 20.4), attitudes towards encouragement that can be helped (2.61) and attitudes to which agencies can be relied upon in times of crisis (2.92).

Table 14: Attitudes towards mental health rehabilitation of beneficial people classified by issue

Issue	N	Min	Max	Mean	Std. Deviation
1. Covid-19 outbreak situation is the driving force that drives us to overcome obstacles in our life successfully.	200	1	5	4.18	.871
2. "Problems are meant to crash", that is, if facing a problem, one should consciously seek a solution. Should not avoid problems	200	1	5	4.31	.841
3. Attitudes to live in difficult Society during the COVID-19 outbreak situation.	200	0	5	2.56	1.744

Issue	N	Min	Max	Mean	Std. Deviation
4. Attitudes towards self-improvement in life during the COVID-19 outbreak situation.	200	1	5	4.29	.893
5. In a crisis there is always an opportunity.	200	0	5	4.14	.957
6. Attitude that it will pass someday.	200	1	5	4.23	.891
7. Attitude to get rid of stress as much as possible.	200	1	5	4.26	.891
8. Attitudes towards the potential of the organization in the community.	200	1	5	4.15	.944
9. Attitude that an encouraging can help.	200	0	5	2.61	1.966
10. Attitude of think that there are agencies that can be relied on in times of crisis.	200	0	5	2.92	1.897
Total	200	2.20	5.00	3.76	.738

The results of the data analysis according to the assessment criteria showed that 81.5% of the people had a positive attitude towards mental rehabilitation in the situation of COVID-19. (Average score of more than 3 points) as in Table 15.

Table 15: Percentage of beneficial people with good attitude towards MHR

Mean score	Frequency	Percent
Less than or equal to 3	37	18.5
More than 3	163	81.5
Total:	200	100.0

The outputs of MHR program can be short summarized in Figure 11.

Practitioners	Knowledge	85.5%
	Skill	89.0%
	Attitude	82.5%
People	Knowledge	91.0%
	Skill	91.0%
	Attitude	81.5%

Output of MHR program

Figure 11: Outputs of MHR program

5. people mental health assessment:

The results of the mental health assessment overall in Thailand from Mental Health Check in Dashboard found that the population had stress of 7.69%, depression risk of 9.08%, suicide risk of 5.02%, and burnout of 4.16% (data complete on March 28, 2022).

The researcher recorded data by divided into a sub-district level in each sample. The data were calculated only for the area associated with the sample this time. The results of each region were classified as shown in table 16. It can be concluded that, in the operational areas of the MHR program, the highest stress, depression, suicide risk, and burnout were found in the Northeast.

Table 16: Result of Public mental health assessment

	%Stress	%Depression	%Suicide	%Burnout
North				
Mean	0.67	1.41	0.32	0.95
Std. Deviation	.377	.834	.146	.400
Minimum	0.24	.45	0.17	0.71
Maximum	1.06	2.14	0.82	3.23
Center				
Mean	2.17	2.55	1.29	2.60
Std. Deviation	1.662	1.973	1.229	1.185
Minimum	0.48	0.67	0.19	0.29
Maximum	9.53	12.71	7.42	8.89
Northeast				
Mean	6.61	7.30	3.75	4.16
Std. Deviation	9.18	9.69	4.35	2.93
Minimum	1.01	1.10	0.50	0.76
Maximum	37.50	37.50	15.39	10.64
South				
Mean	2.06	3.26	0.95	3.75
Std. Deviation	1.993	3.236	.718	1.558
Minimum	0.17	0.27	0.05	2.19
Maximum	8.25	12.37	2.36	6.25

6. Relationship between mental rehabilitation variable and mental health assessment:

6.1 The relationship between mental health problems and MHR ability of health practitioner

From the results of the correlation analysis, it was found that there were significant relations among the mental health problem variable group in term of depression risk, suicide risk, and Burnout in the working areas. In the MHR ability variable groups, it was found that skill had

related to knowledge. However, there is an important observation which is stress, depression, and suicide risk variables have a relationship with attitudes towards the MHR program (Table 17).

Table 17: The Correlation between mental health assessment results and competency of health practitioner

Variables	n	1	2	3	4	5	6	7
Mental health problem								
1.High stress	182	1						
2.Depression risk	182	.977**	1					
3.Suicide risk	182	.970**	.971**	1				
4.Burn out	168	.770**	.814**	.828**	1			
MHR ability								
5.Adtitude towards MHR program	200	.168*	.148*	.186*	0.096	1		
6.Skill of MHR program	200	0.032	0.029	0.042	-0.056	.573**	1	
7.Knowledge of MHR program	200	0.08	0.087	0.095	0.033	.460**	.771**	1

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Analyzed by a group, attitude scores towards the MHR program were divided into two groups: the group with a higher attitude towards the MHR program and the group with a lower attitude toward the MRH program (see Table 18). in the area with higher mental health problems (high stress, high risk of depression, and high risk of suicide), it was found more operators with higher attitudes toward the MHR program than in areas with lower mental health problems.

Table 18: The relationship between mental health problems and MHR ability of health practitioner

Percentage of people screened for mental health in the area	Attitudes towards MHR program	N	Mean	Std. Deviation	Std. Error Mean
High Stress	low	26	3.73	5.802	1.138
	high	156	4.78	7.821	.626
Depression Risk	low	26	4.63	5.932	1.163
	high	156	5.89	9.280	.743
Suicide Risk	low	26	1.98	3.018	.592
	high	156	3.12	5.529	.443

In areas with more mental health problems, officers tended to have more positive attitudes toward rehabilitation programs than those with fewer mental health problems. It is consistent with qualitative research. The interviewee stated that if it is an area with problems, the MHR program is considered helpful for operating in the area. At the same time, in areas with few mental health problems, MHR programs may lead to increased workloads on network operators. This result can be summarized as an understanding model in Figure 12.
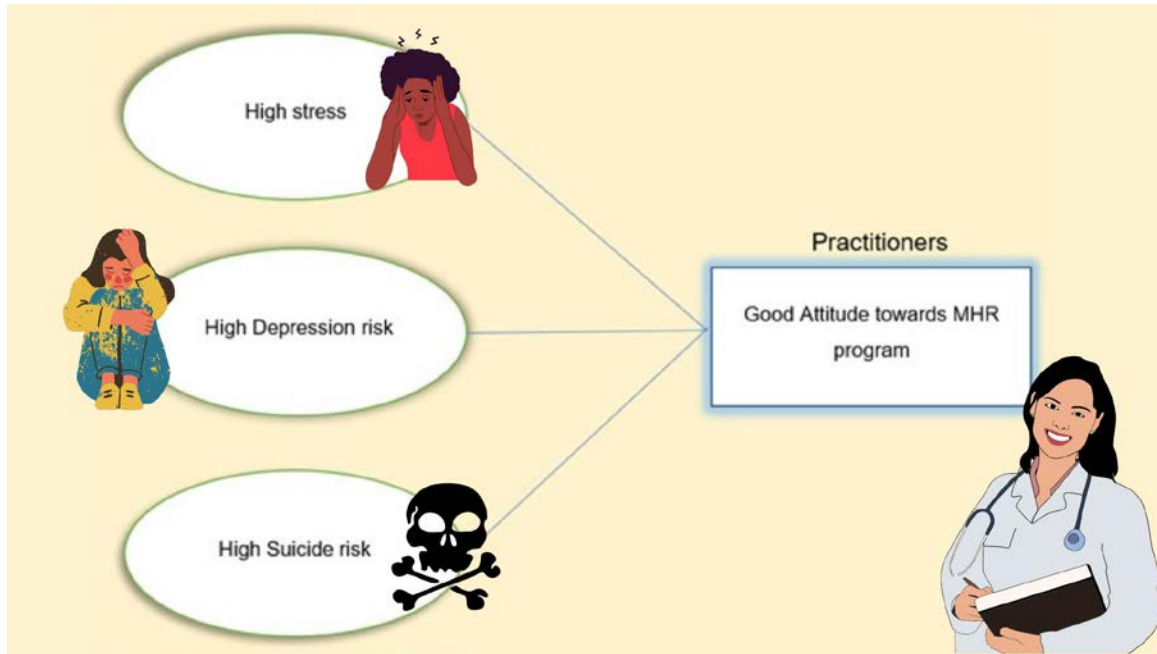
Figure 12: The Correlation between mental health problem and practitioner's attitude towards MHR program

6.2 The relationship between mental health problems in the area and the MHR ability of volunteers.

From the results of the correlation analysis, it was found significant relationships among mental health problem variables in terms of depression risk, suicide risk, and Burnout. In the MHR ability variable groups, it was found that skill of MHR related to attitude toward MHR. However, an important observation is that attitude towards MHR has a negative relationship with burnout in areas (Table 19). In other words, the higher the attitude score, the lower the Burnout in areas.

Table 19: The relationship between mental health problems in the area and the MHR ability of volunteers.

variables	n	mean	1	2	3	4	5	6	7
MHR ability									
1.Knowledge of MHR	200	4.17	1						
2.Skill of MHR	200	4.18	.934**	1					
3.Adtitude towards MHR	200	3.77	.648**	.686**	1				
Mental health problem									
4.High stress	200	2.45	-0.041	-0.001	-0.032	1			
5.Depression risk	200	3.10	0.005	0.027	0.008	.964**	1		
6.Suiside risk	198	1.37	-0.001	0.028	0.023	.862**	.877**	1	
7.Burn out	178	2.57	-0.083	-0.096	-.194**	.556**	.637**	.601**	1

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Analyzed by group of attitude scores towards MHR, it was found that in areas with positive attitudes towards mental rehabilitation, the Burnout Syndrome was found to be lower than in areas with a negative attitude (Table 20).

Table 20: Mean of attitude scores towards MHR of beneficial people and burnout in areas

Attitude toward MHR		N	Mean	Std. Deviation	Std. Error Mean
Percentage of people screened for mental health with high Burnout in the area	Lower	33	3.26	1.819	.316
	higher	145	2.41	1.940	.161

6.3 <u>The relationship between operator's ability and volunteers' ability in MHR.</u>

From the analysis results, it was found a significant statistical relationship between the operator's attitude and volunteer ability, namely, knowledge, skill, and attitude (as shown in Table 21).

Table 21: The relationship between operator's ability and volunteers' ability in MHR

Correlations	n	mean	1	2	3	4	5	6
1.Operator knowledge	110	4.09	1					
2.Operator skill	110	4.30	.968**	1				
3.Operator attitude	110	4.02	-.226*	-0.145	1			
4. Volunteer knowledge	200	4.17	-0.082	-0.026	.349**	1		
5. Volunteer skill	200	4.18	-0.067	-0.026	.295**	.934**	1	
6. Volunteer attitude	200	3.77	-0.147	-0.108	.363**	.648**	.686**	1

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Analyzed the group of network operators classified by attitude, it was found in the network operator group with higher positive attitudes toward the MHR program will find volunteers with higher scores on knowledge, skills, and attitudes than those with negative attitudes towards the MHR program. From the results of this research, it can be concluded that an essential factor related to people's knowledge, skills, and attitudes is the attitude of network operators in the area (as see in Table 22).

Table 22: Crossable of Attitude of network operators and beneficial people competency

	Attitude of network operators	N	Mean	Std. Deviation	Std. Error Mean
Average public knowledge	Low	52	3.8827	.923	.128
	High	58	4.5190	.660	.087
Average public skill	Low	52	3.8904	.932	.129
	High	58	4.4741	.722	.095
Average public attitude	Low	52	3.4442	.757	.105
	High	58	4.0897	.740	.097

From the research results in this section, it can be concluded that Important factors related to people's knowledge, skills and attitudes is the attitude of network operators in the area.

6.4 <u>The relationship between role in MHR program and capability variable of practitioners.</u>

From testing the difference of mean between the factors of the roles of the practitioners in the MHR program and the scores of knowledges, skills and attitudes towards the MHR program, it was found that;
1. Among those in charge of the C4 plan had statistically significantly higher scores in the MHR program than those who were not responsible for the C4 plan. (p< .05)
2. Those in charge of the Resilience programme had statistically significantly higher scores on the skills associated with the MHR program than those who were not responsible for the resilience programme. (p< .05), details as shown in Table 23.

Table 23: Comparative analysis of means between the Role in MHR program with the knowledge, skills, and attitude scores of network operators.

Part-1

Role in MHR program		N	Knowledge		Skill		Attitude	
			sig	F	sig	F	sig	F
1. Role in C4 Plan	No	129	0.36*	4.44	.554	.37	.134	2.26
	Yes	71						
2. Role in Resilience programme	No	98	.119	2.46	.028*	4.91	.900	.016
	Yes	102						
3. Role in Mental Vaccine	No	128	.467	.530	.922	.01	.614	.255
	Yes	72						

*p ≤.05

Part-2

Role in MHR program		N	Knowledge		Skill		Attitude	
		200	Mean	S.D.	Mean	S.D.	Mean	S.D.
1. Role in C4 Plan	No	129	3.61	.65	3.86	.70	3.70	.67
	Yes	71	4.05	.76	4.30	.67	3.73	.60
2. Role in Resilience programme	No	98	3.63	.67	3.91	.67	3.63	.64
	Yes	102	3.90	.74	4.13	.76	3.90	.64
3. Role in Mental Vaccine	No	128	3.69	.70	3.96	.70	3.69	.64
	Yes	72	3.89	.74	4.13	.74	3.75	.65

From this part of result, it can be concluded in Figure13.
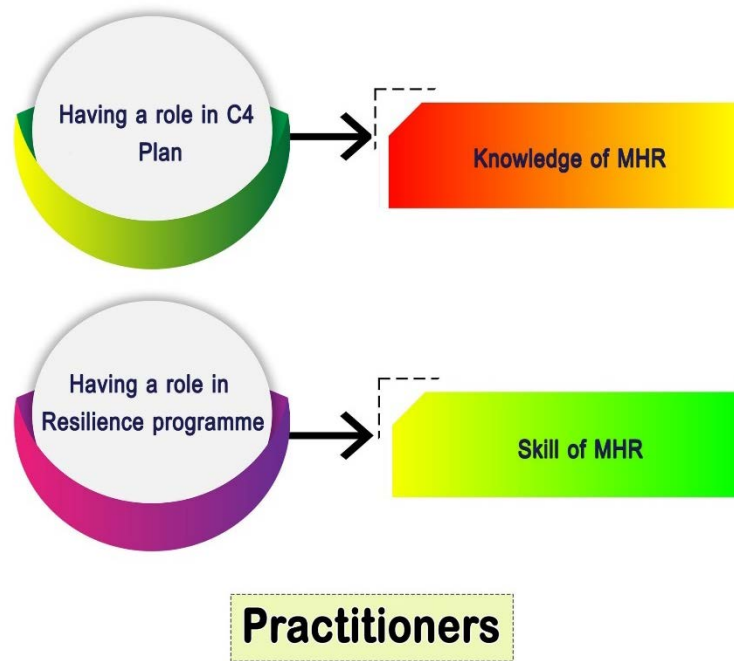
Figure 13: The relationship between role in MHR program and capability variable of practitioners

6.5 The relationship between vulnerable factor and MHR ability of people

From testing the difference of mean between the vulnerable group factors and MHR ability (knowledge, skill, and attitude towards MHR), it was found that those who had elderly/infant in the family had more knowledge, skill, and attitude toward MRH scores than those who had not. The details show in Table 24.

From the results of this research, it can be concluded that people that interested in the MHR program tend to have an elderly or infant in their family. Therefore, the project operator should focus on these groups.

Table 24: Comparative analysis of means between the vulnerable factor and MHR ability of people

MHR ability	Have elderly/infant in the family	N	Mean	Std. Deviation	Sig (F)
Knowledge	No	150	4.0860	.83175	.014* (2.64)
	Yes	50	4.4040	.62301	
Skill	No	150	4.0913	.80276	.004* (.688)
	yes	50	4.4560	.62895	
Attitude	No	150	3.6953	.74133	.020* (.161)
	Yes	50	3.9740	.69482	

*$p \leq .05$

From this part of result, it can be concluded in Figure14.
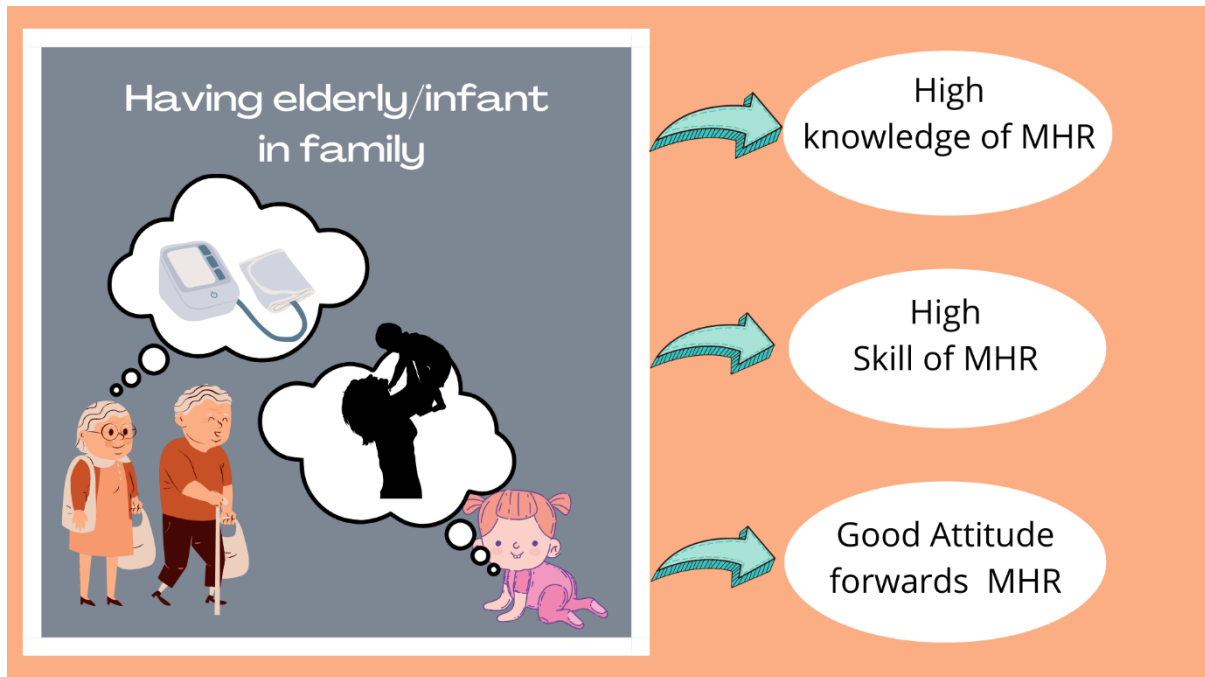
Figure 14: Relationship between the vulnerable factor and MHR capability of people

Summary model of the relationship study shows in Figure 15.
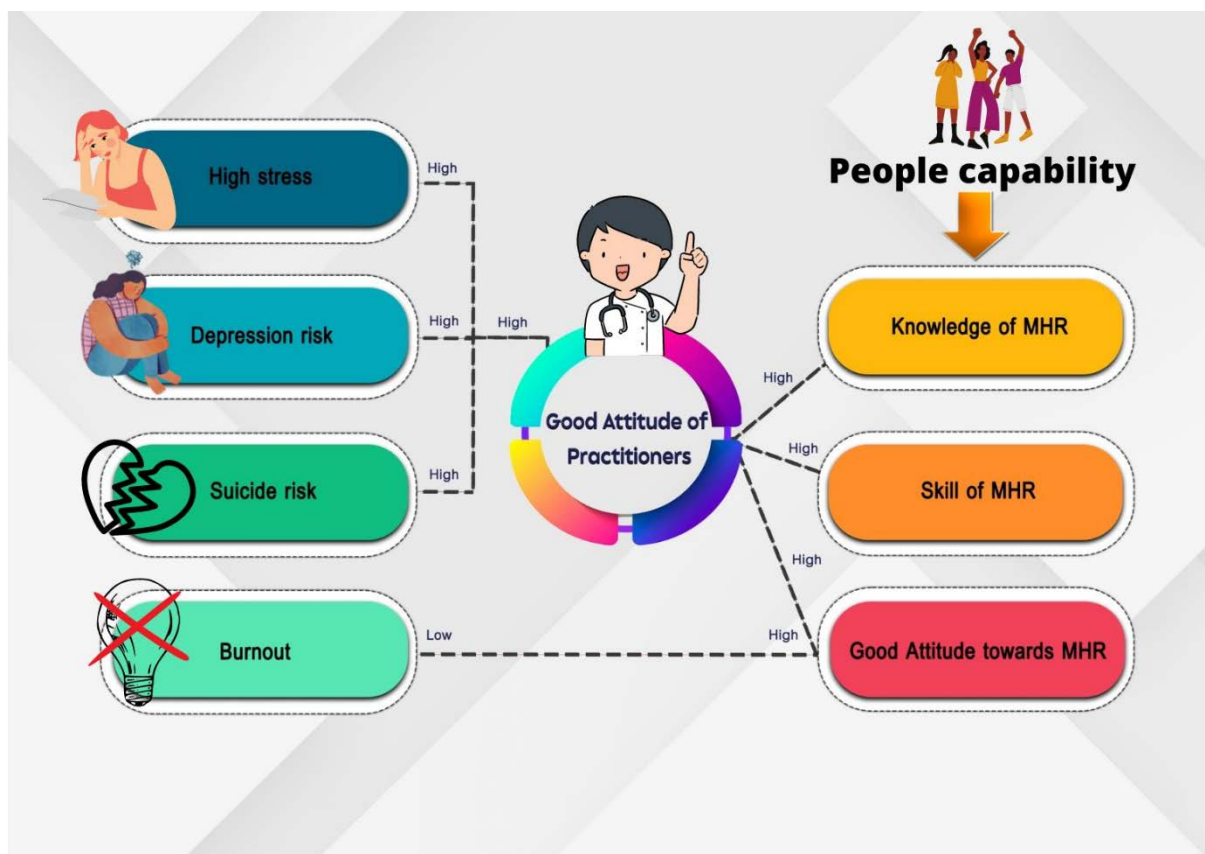
Figure 15: Summary model of the relationship study
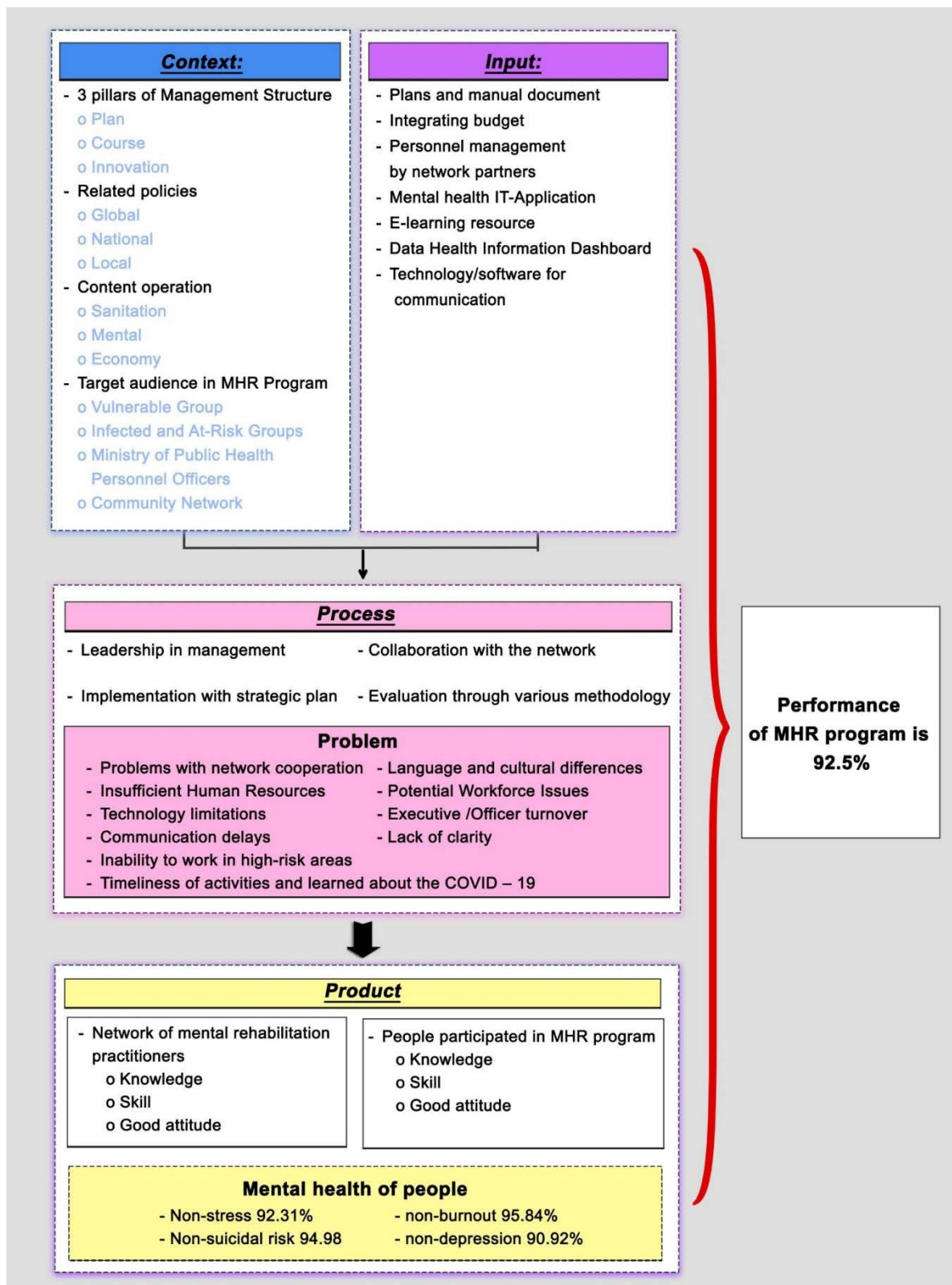
Figure 16: Summary of the performance assessment

Most interviewees thought that the project was quite successful at about 80 percent because, for example, in Phrae, Mental health was promoted for people in the community during the epidemic. People in the community lost their jobs and were stressed. Therefore, activities are organized for the community and let them take action. The result is that the community can operate continuously. Even though this project has ended. The community's leaders and the village committees have continued to drive the work. The results were reported to the Mental Health Center. Suppose there is an approach or innovation they can build on to take care of people in their community from the needs and contexts. In addition, with the fourth wave of the Covid – 19 epidemic, people and related agencies have increasingly recognized the importance of mental health, thus, making the project operation smoother than in the first period. Integration of work to enable visualization of mental health in the matter of Mental Health Check, in Mental Health Vaccine into the integration, where the search and screening system is continuously monitored in the community. The information will be returned to the design and be able to search for those affected by covid-19, leading to a plan to build other mental care. However, 20% is still unsuccessful due to a lack of coverage and cannot reach all groups of people. Some target groups think that the project is not successful. For the reason that it is a good project but does not match the needs of the area. As well as not being able to operate to cover all areas which make the suicide rate increase.

Qualitative data was conducted through in-depth interviews with 45 of the target groups in terms of success factors. The content analysis adopts the research concept of logical clustering. It can be explained as follows.

- Leadership Clarity: Leadership clarity results in a clear direction of action. There are people responsible, resulting in personnel knowing their roles and responsibilities and having confidence in work, causing the work process to be connected, which can drive the project to be successful or achieve the project goals. Communication skills can make the operator easily understand the various tasks, have a good relationship with the network, and integrate multiple functions within the department and the web.
- Leaders Focus: Recognize the benefits and importance of the project. Therefore, it is the leader in planning the work. Support in the operation and follow-up process while acknowledging problems and finding solutions to such issues for the project to be successful and encouraging relevant agencies to recognize the importance of people's mental health operations.
- Good Network Relationships Engage: Having a good networking relationship with both the network within the public health service system and networks outside the public health service system will result in cooperation in various activities and create participation in operations with all relevant sectors. Having a good network connection can help reduce the process of communication. And have support in multiple fields, Reduce the barriers to work, and support the operation to be successful.
- Application capabilities: a case-based approach is a key to successful project management. Due to the spread of the disease, Covid-19 has affected the operating area. Therefore, they need to adjust their knowledge and activities, which can be quickly learned and understood by creating documents. There is communication through the VHV that some of the initial mental health data could not be collected through the MHCI because of volunteers. Most of them are lack technology-using knowledge. Hence, they provide mental health assessment documents, etc.

- Positive Attitude of the project leader: Project leaders have a positive attitude toward mental health in the Covid – 19 epidemic situations, allowing them to understand better mental health, conscious of its importance and the benefits of its program. A good attitude toward MHR will result in management with knowledge, experience, determination, and awareness of solving mental and physical health problems that are very important for the whole health system. As a result, the project was successful.

E. Summary of Evaluation:

The evaluation of Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of COVID 19 combines quantitative approaches. And qualitative methods are Based on in-depth interviews with a target group of 45 people and a questionnaire from a network of stakeholders and 400 people, together with a documentary data analysis. The assessment results according to the criteria set out in Chapter 3 can be summarized as shown in Table 25.

Table 25: The results of the assessment according to the criteria

Issues	Indicators	Criteria	Performance
1. Context			
1.1 Consistency/ appropriation of policies/plans of the Department of Mental Health	(1) the connection with the plan and other policies of the Department of Mental Health	Appropriate consistency analysis	☑ Have proper consistency in accordance with the policies and plans at the international, economies and local levels
1.2 Consistency/ appropriation of mental health measures due to COVID-19	(2) Links to mental health measures due to COVID-19	Appropriate analysis includes (1) Promoting mental health knowledge (2) Promoting adaptation to new lifestyles (3) Promoting social distancing (4) Promoting behavioral change guidelines to be in line with the new way of life	☑It is consistent/ appropriate in terms of mental health measures due to COVID-19 in terms of 1) Mental rehabilitation patterns and methods 2) Enhancing awareness of mental health and new lifestyle approaches 3) Using innovative mental health vaccines together with screening for mental health problems through an online application system 4) Promoting the management of problems related to the economy Working behavior in

60

Issues	Indicators	Criteria	Performance
			accordance with the new way of life
	(3) The link with surveillance and prevention of mental health problems in the at-risk groups.	Appropriate consistency analysis	☑There was active case finding links in 4 groups: 1) medical and public health personnel 2) Covid - 19(COVID-19) patients and their relatives 3) quarantined: Local Quarantine and Home Quarantine and their relatives. 4) Those who are socially vulnerable, e.g., children, the elderly, people with physical/mental disabilities, and chronically ill patients who need continuous medication
	(4) Analysis of conformity/ appropriate rehabilitation measures People with mental health problems (Re-integration) at the individual, family, community-level	Appropriate consistency analysis	☑ The contents of the operation are consistent with the rehabilitation measures. People with mental health problems (Re-integration) both at the individual, family, and community level by providing counseling for those screened and found to be at risk and go to remedy the problem.
2. Input			
2.1 Resilience Project in the Situation of the Covid – 19 Epidemic	(5) There is a systematic work plan document.	There is a project plan document published to the relevant agencies.	☑There is a plan document published both in the form of a printed book. distributed to relevant agencies and published as an online E-book that everyone can download
	(6) There are enough components for implementation	There are enough components for implementation	☒There is still unclear purpose. and many ambiguous goals and also have content that is inconsistent with the context of some areas

Issues	Indicators	Criteria	Performance
2.2 Project operation manual	(7) Operation guide for mental rehabilitation project	There is evidence of project implementation manuals.	☑ There are many types of project manuals, comprising details, methods of operation, tools, materials, and equipment required for operation. and examples of operations from the area that is outstanding
2.3 Resources	(8) Sufficiency/ appropriateness of - Personnel (Man) - Budget (Money) - Materials - Management	Sufficient and appropriate for the implementation of the project.	☒ Man ☒ Money ☑ Material ☑ Management Considered with pass 0.5
3. Process			
3.1 Project Management Leadership	(9) Leadership in Project Implementation	Project-oriented leadership	☑ There are many characteristics of good leadership, including vision, clarity, motivation, participation, sacrifice, support, flexibility, networking, mental health, and change leadership.
3.3 Network Management	(10) Project-Driven Network Collaboration	Evidence of network cooperation in project-driven activities	☑ In addition, the network cooperates from the policy level of provincial health districts, communities, and regions.
3.4 Implementation and goal achievement	(11) Project Implementation Process	Project implementation is implemented as planned.	☑ The MHR program has been implemented in accordance with the plan in all 6 strategies.
	(12) The project's implementation met the specified goals	All 13 health zones were implemented	☑ All 13 health zones have been implemented
3.6 Monitoring and Evaluation	(13) Monitoring and evaluation of mental health rehabilitation projects in the situation of the Covid - 19epidemic	There is an evaluation	☑There are many forms of tracking and reporting systems and evaluation meetings.

Issues	Indicators	Criteria	Performance
4. Product			
4.1 Network of mental rehabilitation practitioners	(14) Knowledge of MHR management	- more than 70 percent	☑ 85.5
	(15) Positive attitude towards MHR management	- more than 70 percent	☑ 82.5
	(16) MHR management skills	- more than 70 percent	☑ 89.0%
4.2 Participants in the project	(17) People have knowledge of MHR	- More than 70 percent	☑ 91.1%
	(18) People have a positive attitude towards MHR	- More than 70 percent	☑ 81.3%
	(19) People have skills in MHR	- More than 70 percent	☑ 91.0%
	(20) Population had good mental health (stress, burnout/suicidal risk/depression). within the specified criteria)	- 80 percent	☑ Population had good mental health - Non-stress 92.31% - Non-burnout 95.84% - Non-suicidal risk 94.98 - Non-depression 90.92%

There were 18.5 of 20 criteria pass of the indicators from the evaluation results. Therefore, it can be concluded that achieving the target percentage of 92.5% is considered a level of high efficiency.

F. Suggestions for development:

The recommendations from the operation are analyzed by qualitative data, including in-depth interviews with 45 people. The results can be explained as follows.

1) Clarity, thoroughness, and modernity of the project: The clarity of the policy allows it to be conveyed to the operator, leading to a simple operation. In particular, working under the emergency of the COVID-19 pandemic, simple processes can also help address budget constraints, such as defining what vulnerable groups are, to what extent, or vaccines. The gritty was sometimes renamed confusing. In addition to the clarity of the policy, Practitioners need new strategies that are flexible and contextual— covering all groups of people, such as early childhood and adolescents, who are all psychologically affected by the COVID-19 epidemic. A new strategy that can respond to the changing context of the area and the situation also creates an attractive project that will help implement activities under the mental rehabilitation program. Get

attention from all groups of stakeholders. Clarity of policies and flexible strategies based on the local context relieves operator pressure from indicators. Conversely, non-flexible indicators offer the opportunity for practitioners to feel that the assessment is unfair.

2) MOU with non-departmental agencies to create cooperation and integration of work: MOU should be made with various departments for integration of holistic work and specifying the duties and responsibilities of each Ministry or each department and encourage all departments to work together without separating any one unit that will provide tools to revitalize the mind throughout the private sector.

3) Provide training to regain skills and enhance skills for volunteers operating in the area: During the project implementation, training should be organized to rehabilitate and enhance skills for those responsible for the work of OHEC or at the ground level who wish to update information and skills or knowledge by providing those who have experience in the project—working as a mentor works side-by-side within the rehabilitation program to encourage practitioners to be more confident in developing or advancing mental health work. Or it could be developed into a manual for local practitioners such as the VHV to use as a manual for mental health care. Training activities shall be conducted at least once every three months. This study aims to develop mental health knowledge from local governments. The mental health of public health organization staff

4) Develop a technology system for communication: The development of communication technology systems should be undertaken to respond to the constraints in specific contexts. People in some areas cannot access online systems for various reasons, including ignorance of technology and the complexity of the system. The online system should be simple so that people can access it without going into the ground to educate them and become at risk of contracting COVID-19. In addition, technology should be used to report information, data storage, data development Share information with each other so that all stakeholders can take advantage of the information. All sectors will know immediately who, what, where, and how.

5) Create a network to collaborate with outside the Department of Mental Health network: The establishment of the network of the Ministry of public transport and the screening activities supported by the policies and departments of the local government. Resource transfer between mental health examination applications. The restoration of public spirit is the responsibility of an organization. People will benefit from this project to make them physically and mentally healthy, safe, and peaceful.

6) The Analysis Database Management: The analysis method of the database management system will analyse all kinds of data to prevent suicide, or depth data, such as the analysis of the natural causes of mental health problems. Data management should be returned between the Department of Health, the systematic transmission of information so that information is linked between agencies to facilitate the management of COVID-19 problems, from illness to receiving compensation for death from COVID-19.

7) Long-term rehabilitation plan: the practitioner requires continuous planning and integration: The negative impact of COVID-19 on people in the long term, from health to economic problems. Long-term goals should cover the mental rehabilitation of physically and economically impacted, especially those faced with a debt crisis. Business problems There should be a mental rehabilitation plan that will be able to generate income for the people. The plan's implementation should be continually cover

vulnerable groups, such as those who have lost their family members to COVID-19, so that people can continue consciously amid the loss. In addition, it includes a plan to heal the minds of relapsed patients to extend their mental rehabilitation, skills, and communication to understand the nature of COVID-19 better. In addition, the implementation of an ongoing plan to provide care for COVID-19 patients who have recovered from illness but are affected by long-term health (long covid), there should be plans to support recovery in three months and six months. People need to be mentally cared for until these periods are over until the people are sent back to the community. People must take care of them until they are released and until they hand them over to the community. Returned minority communities need to integrate, understand and provide opportunities to return to the life of societies or social institutions. Conventional warheads integrate communities ready to welcome those who have been infected back to the community. The plan should include building the patient's motto and community understanding.

8) Making the simple and easy plans to understand: Practitioners from four participating organizations in the rehabilitation program stated that the project details were so complex that it was difficult to understand for proper implementation. Therefore, the plan should be more detailed and easier to understand or clarify the purpose and reason for the practice from the face-to-face explanation rather than the use of manuals for each agency to know to create the dynamic activity.

9) Put more emphasis on volunteers: The priority here is to educate. Training on how to work in the area is safe for volunteers operating in the area, especially VHV, who are prominent in the COVID-19 epidemic situation in the project and help public health officials or ministry officials. Volunteers are stressed because they are tasked with collecting data in all areas and persuading people in the area to vaccinate at least 90%. Besides those duties, they are required to screen mental health problems in the area for referral to the mental health department.

10) Create more convenient ways to the project operations. Some situations require the advice of a specialist from the Department of Mental Health but cannot use the usual communication channels easily. no answer or missed calls are not directly responsible for the project. Therefore, the project should have emergency contact channels or hotlines to enable network partners to request consultations conveniently and quickly.

11) Provides more flexibility in operations: This is because the mission of the MHR program is in addition to the expected workload. As a result, practitioners have more workloads than before. On top of that, the indicators had not followed the context. Therefore, the performance indicators must be more flexible than just numerical indexes to allow operators to focus on projects for a better project response.

3. Detail of Workshop

On June 1 st and Jun 2 nd, 2022, the web conference on the "Performance Assessment of Mental Health Rehabilitation to Combat the 4th wave of Covid-19", initiated by the Department of Mental Health, Thailand and sponsored by APEC, was held in the Mental Health Thailand, Nonthaburi, Thailand. Speakers and participants came from Indonesia, Malaysia, Philippines, Chinese Taipei, Thailand, United States, Viet Nam the organization for mental health cooperation, Mental Health services organization. Most of the conference participants were

involved with mental health policy making, or come from academic institutions or the private sector.

The conference sought to bring to set her member economies to share, strengthen, maintain, and develop knowledge, slath and technical know-how in addressing mental health rehabilitation to recovery from Covid-19 pandemic through "Resilience Programme", as well as discussing opportunity and challenging of using resilience programme to the community under unique social context. The conference explored potential cooperation opportunities among APEC member economies in collaboration on the resilience programme and knowledge.

A. Objectives:

This project seeks to bring together member economies to share, strengthen, maintain, and develop knowledge, skills and technical know-how in addressing mental health rehabilitation to recovery from the COVID-19 pandemic through Resilience Programme which was used to enhance the emotional and psychological capacity of individuals, families, communities to recover after experiencing a crisis or difficult situation in life. Resilience is comprised of capacity in 3 areas: enduring, resolving, and fighting with problems, which can help protect people from various mental health conditions, such as depression and anxiety. It also helps offset factors that could increase the risk of mental health conditions.

The overall objective of this project is to increase the quality of mental health services, particularly mental health rehabilitation to combat the 4th wave (stress, depression, suicide, and burnout) in APEC economy, by bringing together mental health experts, practitioners, policymakers and other relevant stakeholders to
1) share research results derived from the assessment of the resilience programme and recommendations to decrease mental health issues;
2) build the capacity of new collaborations and enhance existing partnerships to address the APEC-wide issues of mental health rehabilitation due to COVID-19; and
3) establish further linkages between APEC's work with other regional health priorities, such as the threat of infectious diseases, to strengthen mental health practices and policies relating to mental health services, including promotion, prevention, care, and rehabilitation.

B. Agenda:

The agenda of the workshop has shown in Table 26.

Table 26: Agenda of the online workshop

1 June 2022		
08:00 - 08.15	Registration and Reception (Online)	
08:15 - 08:30	Introduction	Dr. Amporn Benjaponpitak, Director - General of Department of Mental Health (DMH), Thailand

	Opening: Welcome and Introductory Remarks	Dr. Pongsadhorn Pokpermdee, HWG Chair (2022-2023) - Thailand
08:30 – 09:00	Setting the Scene – An introduction to the topic, some past work, and issues leading to the current workshop - Let the participants in economies introduce themselves	Moderator, Sarawoot Intapanom Ph.D. Conference Secretariat All participants from each economy.
09:00 – 09.30	Presentation of the results of mental health rehabilitation in Thailand - Overview **of** Mental Health impact during COVID-19 - Role of mental health rehabilitation as **a** protective factor	Dr. Benjamas Prukkanone Division of Mental Health Strategy and Planning (MHSP), Department of Mental Health (DMH), Thailand
09.30 – 10:00	Report on project outputs: Result of Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of COVID-19	The Researcher Team from HRDI
10:00 – 10:20	Brake	
10:20 – 11:00	Comments on the project output and share experiences	The invited nominations as speaker All others participants can put comments as direct message via Zoom application.
11:00 – 12:00	Lunch	
12:00 – 12:30	- Principle and element of the resilience programme	Dr. Terdsak Detkong, Director of Bureau of Mental Health Academic Affairs, Thailand
12:30 – 14:30	Knowledge and application - Level of resilience in individual, family, and community - Innovation/ Application / VDO Best practice in Thailand	Ms. Navinee Kruahong MSc Global Menta Health- Division of Mental Health Promotion and Development
14:30 - 15:00	- Question and Open Discussion on the resilience programme	Moderator, Dr. Terdsak Detkong, (Project Overseer) Participants
2 June 2022		
08:00 - 08.15	Registration and Reception (Online)	
08:15 - 08:30	Introduction & agenda	Dr. Terdsak Detkong, (Project Overseer, PO)

08:30 – 09:30	PO presents the Manual of Resilience Programme that Health Working network have used as a guideline to implement for strengthen "willpower" of the people in their areas.	Dr. Terdsak Detkong, (Project Overseer, PO) Ms. Navinee Kruahong Public Health Officer & MSc Global Menta Health, Divistion of Mental Health Promotion and Development
09:30 -11:00	All participants provide comments to the Manual of Resilience Programme which was also developed its contents, details, and others information to be suitable for use in any context from different economies.	Moderator, Dr.Terdsak Detkong, (Project Overseer, PO) Participants
11:00 - 12:00	Lunch	
12:00 - 14:15	All nomination speakers present their works in accordance to Mental Health Rehabilitation Programme in the Covid-19 epidemic, the content relates to the project of reducing mental health risk factors; depression, suicide, burnout, and stress. In the presentation will be included; - Role of leader and community volunteer - Process and tools - Monitoring and Evaluation	Estimate 8 nomination speaker will present.
14:15 -14:30	Afternoon tea	
14:30 - 14:45	Quick summary of the prior session followed up by discussion aimed at generating a common view on the issues generated by the project.	Moderator, Sarawoot Intapanom Ph.D. Conference Secretariat
14:45 - 15:00	Meeting Summary	Dr.Terdsak Detkong, (Project Overseer)

C. Preparation for the workshop

This web conference had been prepared immediately after getting the result from the research report in March 2022. The content of this web conference was made in accordance with the research result and the objectives that plan to meet economic needs of all participants. Therefore, this web conference has sent over a hundred invitation emails to all of the health working group (HWG), the representative of APEC members and all prospects that they can get very useful information from this workshop, such as the private sector from the university, the industries, the temple, etc. Unfortunately, this web conference faced a different time zone obstacle as Mexico's economy replied that they would not be able to join because the conference started too early for them.

Therefore, the conference secretariat and project overseer had been trying to find out the solutions then, the web conference had been postponed from 3.5.2022 and 4.5.2022 to 1.6.2022 and 2.6.2022

On 1.5.2022, the new web conference invitation email had been sent by APEC secretariat and HRDI again, to apologize for the postponement, and provide them a new date and time for this web conference. On 20th, May 2022, the conference received accepted email responses from APEC economy, private and public sectors within and outside APEC economy in total 42 participants, by this number included the Thai Health Working Group and Web Conference support team (6 peoples).

This web conference has invited 8 of expert speakers, 6 expert speakers accepted to participate in the conference, meanwhile the one expert from the 6 has been cancelled one day before the 1st date of web conference. This web conference found another expert speaker from academic area to replace. All expert speakers and participants had received the General Information Circular (Appendix 1) by email from project secretariat 15 days before the conference date. Moreover, all of the expert speakers received an executive summary (Appendix 2), the research summary report to prepare before attending the workshop.

The web-conference organizer, HRDI designed the main content for all speakers and submitted it to the graphic designer team from NPK Co., Ltd. to design and create the infographics and images that were used for the presentation. Beside the infographic work for presentation, HRDI drafted the "Resilience manual" in English version to Project Overseer to review and passed to NPK to create infographics to present at this web conference (Appendix 3).

The related documents used for the presentation and for the workshop had been submitted to Project Overseer since April 30, 2022, 2 months before the workshop.

D. Workshop participation and gender

Workshop participants were principally recruited through members of the APEC Health Working Group, APEC Expert Group on mental health, and psychology, Expert from WHO, and APEC Expert Group who were invited to nominate attendees. Some participants were also identified through contacts with other organizations such as the Department of Mental Health, universities, and the private sector who were interested in the project.

There were 44 participants in the workshop. There were 42 participants from 7 APEC member economies: Malaysia; Philippines; Australia; Chinese Taipei; United States of America; Thailand; and Viet Nam moreover, 2 participants were from Non-member economies: Cambodia; Pakistan.

Both men and women were actively encouraged to participate in the workshop; 27 participants were women and 17 were men. A list of participants and experts shown in Table 27.

Table 27: list of participants and experts

	First Name - Last Name	M/F	Speaker/Expert or Participant	Economy	Organization
1	Chakrit Promsith	M	**Speaker**	Thailand	Auto Allianz (Private Sector)
2	Terdsak Detkong	M	**Speaker**	Thailand	Office of International Affairs, Department of Mental Health, Ministry of Public Health
3	Thannaphat Khotsing	F	**Participate**	Thailand	NIDA
4	Nai Wen Guo	F	**Expert**	Chinese Taipei	Institute of Behavioral Medicine, National Cheng Kung University, Medical College
5	Carol V.Narra	F	**Expert**	Philippines	Disease Prevention and Control Bureau- Mental Health Division
6	Nuttapong Petlaor	M	**Participate**	Thailand	Rajamangala University of Technology Isan
7	Thananya Yongthong	F	**Participate**	Thialnd	Mentalhealthcenter2
8	Pantiwa Kaewsawat	F	**Participate**	Thailand	NIDA
9	Patchareeya Tangkanopas	F	**Participate**	Thailand	Mental Health Center 9
10	Muhammad Azhar Khalil	M	**Participate**	Pakistan	Department of Finance, Martin de Tours School of Management and Economics, Assumption University
11	Tipparin Panyamee	F	**Participate**	Thailand	Rajamangala University of Technology Isan Khonkaen Campus
12	Pakapon senkhaw	M	**Participate**	Thailand	Ramkhamheang university
13	Worapat Mekkhachorn	M	**Participate**	Thailand	Rajabhat Rajanagarindra University
14	Paranee Kamsaeng	F	**Participate**	Chinese Taipei	Dhammakaya International Meditation Center of Taipei
15	Jirawat Sriruang	M	**Participate**	Thailand	NIDA
16	Dullapark Maneein	M	**Participate**	Thailand	True corporation public company limited
17	Suwaibah Tohyayong	F	**Participate**	Malaysia	Google malaysia
18	Nattanan Chobtumdee	F	**Participate**	Thailand	HRDI Co., Ltd.
19	Rungthip Siricharoen	F	**Participate**	Thailand	Department of Mental Health
20	Tanuttha Kumboon	F	**Participate**	Thailand	NIDA
21	Warumporn Thangnimngam	F	**Participate**	Thailand	NPK EDUTAINMENT
22	Krisanachot Bualar	M	**Participate**	Thailand	School of Human Ecology, Sukhothai Thammathirat Open University
23	Aldrin Q. Reyes	M	**Participate**	Philippines	Department of health

	First Name - Last Name	M/F	Speaker/Expert or Participant	Economy	Organization
24	Usa Sutthisakorn	F	**Participate**	Thailand	Associate Professor at School of Humanities and Applied Arts, University of the Thai Chamber of Commerce
25	Pongpol Chussanachote	M	**Participate**	Thailand	Division of Mental Health Promotion and Development
26	Ly Nguonhong	M	**Participate**	Cambodia	Market conduct officer , Insurance regulator of Cambodia
27	Nanthawadee Worawasuwat	F	**Participate**	Thailand	Division of Mental Health Promotion and Development
28	Wasin Praditsilp	M	**Participate**	Australia	International Communication and Soft Power, Macquarie University
29	Supawadee Nusin	F	**Participate**	Thailand	HRDI Co., Ltd.
30	Sue-Huei Chen	F	**Speaker**	Chinese Taipei	Department of psychology, National Taiwan University
31	Benjamas Prukkanone	F	**Speaker**	Thailand	DMH
32	Navinee Kruahong	F	**Speaker**	Thailand	DMH
33	Sarawoot Intapanom	M	**Speaker**	Thailand	Siam One Consulting
34	Amporn Benjaponpitak	F	**Speaker**	Thailand	DMH
35	Pongsadhorn Pokpermdee	M	**Speaker**	Thailand	Ministry of Public Health
36	Chayanis Anusakulroj	F	**Participate**	Thailand	NIDA
37	Wullop Yaiying	M	**Participate**	Thailand	HRDI Co., Ltd.
38	Uraiwan Niltow	F	**Participate**	Thailand	DMH
39	Brandon Gray	M	**Expert**	USA	World Health Organization
40	Maliwan Sukraksa	F	**Participate**	Thailand	DMH
41	Satreerat Rujirachakorn	F	**Participate**	Thailand	Division of Mental Health Promotion and Development
42	Sankamon Gornnum	F	**Participate**	Thailand	DMH
43	Sirikul Chulkeeree	F	**Participate**	Thailand	DMH
44	Duyen Truong	F	**Participate**	Viet Nam	HR consultant coordiates with customer

The attendance at each session varied:
- o   44 participants attended the first session
- o   32 participants attended the second session
- o   35 participants attended the third session
- o   35 participants attended the fourth session

The conference illustrations are in the appendix 4.

The workshop took place over four three-hour sessions with 8 speakers:

- Sarawoot Intapanom, APEC Project contractor, Thailand (lead presenter for session 1 and moderator for all sessions)
- Amporn Benjaponpitak, Director - General of Department of Mental Health, Thailand (session 1)
- Pongsadhorn Pokpermdee, APEC Health Working Group Chair (2022-2023) – Thailand (session 1)
- Benjamas Prukkanone, Director - Division of Mental Health Strategy and Planning, Department of Mental Health, Thailand (session 1)
- Terdsak Detkong, Director of Bureau of Mental Health Academic Affairs, Department of Mental Health, Thailand (lead presenter for session 2 and 3, and attended all sessions)
- Navinee Kruahong, Public Health Officer& MSc Global Mental Health, Division of Mentalhealth Promotion and Development, DMH, Thailand (lead presenter for session 2 and 3, and attended all sessions)
- Chakrit Promsith, Auto Allianz Thailand (Private Sector), Thailand (lead presenter for session 4 and attended all sessions)
- Sue-Huei Chen, Department of psychology, National Taiwan University, Chinese Taipei (lead presenter for session 4 and attended all sessions)

There were 8 speakers at the workshop; four women and four men. Five speakers attended all the sessions, and three speakers attended first section. The topics each speaker reported are shown in table 28.

Table 28: Detail of speakers and topic in each session

Speaker	Details
	Session 1: Introduced the strategy of mental health care plan to combat 4th wave of COVID-19 pandemic as practiced by Thailand' Department of mental health

Speaker	Details
Dr. Pongsadhorn Pokpermdee, MD. APEC Health Working Group Chair (2022-2023) Thailand — Speaker	Session 1: Introduced the world situation of COVID-19 and propagated the policy of covid-19 in the APEC Health working group
Dr.Benjamas Prukkanone, MD. Division of Mental Health Strategy and Planning Thailand — Speaker	Session 1: Introduced the overview of the Mental Health impact of COVID-19 and the Strategic Plan of Combat 4th Wave of Coronavirus 2019 Pandemic (COVID-19): The C4 Plan
Dr. Sarawoot Intapanom Researcher of HRDI.CO., LTD. Thailand — Moderator	Session 1: Research result of Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of COVID-19
Dr.Terdsak Detkong, MD. Director of Bureau of Mental Health Academic Affairs Thailand — Project Overseer	Session 2: Principle and element of the resilience programme Session 3: Manual and Curriculum of the Resilience Programme

Speaker	Details
Navinee Kruahong — Expert from Division of Mental Health Promotion and Development, Thailand. Speaker	Session 2: Knowledge and application of resilience in community level
	Session 3: Community Mental Health Vaccine Program
Chakrit Promsith — Expert from Auto Allianz Thailand (Private sector). Speaker	Session 4: Resilience programme- Example from Auto Alliance Thailand (Private sector)
Dr. Sue-Huei Chen — Distinguished professor, Department of psychology, National Taiwan University, Chinese Taipei. Speaker	Session 4: Experience of Resilience – Case studies in Chinese Taipei

The slides for the presentation are in Appendix 5.

The core content for each session is described below.

Session 1 Overview and Purpose of Mental Health Rehabilitation

I. Opening: Welcome and Introductory Remarks

Amporn Benjaponpitak introduced the strategy of mental health care plan to combat 4th wave of COVID-19 pandemic as practiced by Thailand' Department of mental health (DMH), Ministry of Health. She covered:
- o Vision
- o Objective

- KPI
- Strategy

Pongsadhorn Pokpermdee introduced the world situation of COVID-19 and propagated the policy of covid-19 in the APEC Health working group. He told about the impact of COVID-19 on health workers, health vaccine operations to combat the COVID-19 pandemic, policy about COVID-19 in the short and long-term, and the relevance of Performance Assessment of Mental Health Rehabilitation with Health Working Group and APEC coordination.

Benjamas Prukkanone described an overview of the Mental Health impact of COVID-19 and the role of mental health rehabilitation as a protective factor. She also focuses on the Strategic Plan of Combat 4th Wave of Coronavirus 2019 Pandemic (COVID-19): The C4 Plan. The presentation covered:
- Rational of the C4 Plan
- The C4 Plan
- The Implementation of C4 Plan
- The Monitor and Evaluation of C4 Plan
- Actions in the Department of Mental Health

II. Research presentation

Sarawoot Intapanom described the research result of Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of COVID-19. He reported:
- Purpose of evaluation research
- Methodology
- Key findings of qualitative research
- Key findings of qualitative research
- The results of the assessment according to the criteria
- Suggestions for development

III. Conclusion and discussion on the first section

Following these presentations, participants comment on the project output and share experiences as follows.

Terdsak Detkong (Project Overseer and Director of Bureau of Mental Health Academic Affairs, DMH) remarked on the report on the effectiveness and the key factors that associate with the good outcome, especially mental health problems. The impact of Covid-19 is not only in Thailand, but it has happened in Cambodia, Taipei, Philippines, and many other economies. All member faced this impact. Thailand on behalf of the Department of Mental health uses the knowledge, apply, and focus all about mental health. As the way for Thai people. The current situation is not a good period because Thailand and other economies have been facing Covid-19 crisis for many years until now and not only the impact of infection but also economic and other problems like social problems like political problems. If we only focus on the result of this project, he thinks that it is unfair. What the report shows is knowledge and skill. Knowledge is called mental health literacy or mental health literacy. The most important will be the attitude

and motivation of both practitioners and all people who are living with the impact of Covid-19. The research results confirm what we have noticed that we cannot use this approach to build up the skills. In fact, we need to motivate our people to be aware of the situation of the problem and see what they have to learn and to do next. We are using several words to explain but what we accept is resilience-up-skill. That means in a situation like Covid-19 we cannot use the same paradigm or thinking way to deal with new problems. We must learn how we can adopt existing knowledge or new knowledge and translate it into our new world. Therefore, thank you to the research team sharing the result of the research that will benefit the Department of Mental Health in the future.

Paranee Khamsang (life-spiritual Leader, Dhammakaya International Meditation Center of Taipei) commented that the result shows the Department of Mental Health Thailand has a very high quality of management and organization, approximately 90%. The result that was analyzed by the CIPP Model has covered all the content. She was very impressed that Thailand is using an application called "Mental Health Checked-In".

Ly Nguanhong (assurance regulator of Cambodia) has explained about mental health to combat Covid-19 in Cambodia that is a little bit ahead of Thailand because in Cambodia is focusing on vaccination since February 2021. At that time, not everybody was really sure about the vaccination yet. However, it turned out to be one of our successes in combating from that point on. Now, over 70% of the population has received 4 doses of the vaccine. So, if you look at south east Asia, Cambodia opened the border earlier than other economies. In terms of the program to combat Covid-19, the ministry of health is also working closely with the other department as well preparing hospitals for Covid-19 cases. He gave the comment on the Thai program, personally. He thought Thailand has prepared a good program for mental health compared with Cambodia, but Cambodia can be a little bit lower than Thailand in terms of knowledge because Cambodia is caring more for physical health than mental health.

Nai Wen Guo (instated of Behavioral Medicine, National Cheng Kung University) supported and indicated that Thailand is like south of Taipei in terms of using behavioral management, self-irrigation, psychological management to help people in Taipei.

Session 2 Principle and element of the Resilience Programme

I. principle and element of the Resilience Programme
Terdsak Detkong introduced the principle and element of the Resilience Programme included 4 subjects:

- o Principle and conceptual framework
- o Background and Development
- o Tools and Intervention
- o Applying to contexts

II. Knowledge and application of resilience in community level

Navinee Kruahong described the Lesson learned from a community-based mental health and psychosocial support program in Thailand: Community mental health vaccine. She covered:

- o The importance of mental responses during the COVID-19 outbreak
- o Development of Community Mental Health Vaccine program

- o From theory to practice: Economies implementation
- o Lesson Learned in Communities

III. <u>Question and Open Discussion on the resilience programme.</u>

Nai Wen Guo (instead of Behavioral Medicine, National Cheng Kung University) explained the situation in Chinese Taipei that the government prepared for Taiwanese for a resilience training program for individual, school and community. Sometimes they met some trouble because so many people are not so familiar with mental health about preparation, not for the main problem point but it means from reading or requisition and try to help people, but it was not special for mental health ability. So, we hope something that could be related in Chinese Taipei culture. In short, she had some ideas from the conference to create the project to meet Taiwanese culture.

Navinee Kruahong (Public Health Officer, Mental Health Promotion Division of Mental Health Promotion and Development, Department of Mental Health, Thailand) answered that the program is generalized. In the step of reviewing the community, we asked them what they trained and the community's efficacy so it means in this step allowing them to bring the culture, to take their religions that they think that can help them to promote the sense of calmness in the community. So, the information they will use in the next step of the program in the participation process. It means when they are going to create the activities. The information that they brainstorm will take into account to create the activities that they want to deliver in their own community. By the way, all of their culture or religion is what happens in this program.

Crol V. Narra (Medical Office IV, Department of Health, Philippines) indicated the effort of the Philippines. The Philippines actually have Covid-19 verify strategic map cases, isolate, and recover. The mental health aspect, The Department of health in the Philippines issues guidelines on the implementation of mental health. Psychosocial support in the Covid-19. So, with that guideline of department of health, we do all of mental health support process that not just this emergency disaster but also during Covid-19 pandemic, so some of specific affinities we establish the one stop for Filipino returning from oversea, Filipino worker at the airport for psychosocial assessment, social media, mental health promotion. Distribute mental health service kits for returning overseas workers. So those of Our staff in Our department, health care workers who are required quarantine and isolation. The Philippines is quite similar to what has been shared a while ago "the mental health check in application". We also have "Lusong-Isip", a mental health and self-care application. The application that promotes self-care and well-being. This is the priority of BOH, such as meditation and also referral to service providers. It is free application, these all well fair for health worker which is called "sharing for the peering"

The Philippines has behavioral suggestions for our health workers such as health care workshops, and give them mental health care kits to make people feel comfortable. They do utilize the center of national mental health live and mental health hotline in the Philippines.

The challenges of the project are human resources. That is why we conduct training using the WHO mental health draft to conduct training for non-specialist. So that they can offer screens and manage at least those priority mental health conditions. That is the first challenge that is addressed. At the moment because the Philippines is a very complex community so they are

using community based mental health rehabilitation. This the way to away from the inverted triangle approach to empower or increase more of the community-based mental health services. Because the problem in the Philippines is very few psychologists, or specialists, so that is why it is required to empower the community so that that problem may be addressed. And also, they do expand the health financing benefits package in terms of mental health to include the for out station services. Those are the things that are in the pipeline of the mental health division. For provision of the medicine the Philippines is offering unlimited free medicine for mental health services users about 25% of 362 access size that will expand it in the future.

To build a mental health network, the Philippines established the Philippines council of mental health, this is the policy advisory board. It is composed of the different government agencies of the economies. They are aside from the department chairperson of this counsel. They do have the agency from the education sector, the government from the Civil society group. They do utilize this counsel at different agencies. The government developed a mental health strategic framework plan in all the contributions of all agencies. It is not just DOH who are involved in the mental health plan of the economies that are network with other agencies. The responsibility of the labor department will take care of training the population for the new job.

Terdsak Detkong supported Miss Navinee Khuahong on the experience in the Philippines, that we all agreed the way we want to improve the mental health policy followed by the livelihood of a good job, good living. Dr. Terdsak expressed his thought about the coverage how can we cover intervention or our implementation in the target group and the effectiveness that we have so many interventions in Thailand and sometimes we ask ourselves that how many percent or how many impact that this program has the two issues in my mind and I think that we are looking to learn about the effectiveness how to make our intervention cover all of our target group.

Session 3 the Resilience Programme: Manual and Curriculum

    i.   Manual and Curriculum

Terdsak Detkong described the Manual and Curriculum of Resilience Programme. He provided the principle of the power of "strength", "strong" and "struggle". The conclusion from this course is that the Resilience Programme for the individual includes 3 Modules and 6 topics of learning included:

- o Module 1 Strength power includes two topics, namely;

  topic 1 is "What is resilience?"; and

  topic 2 is "Resilience: I can raise up

- o Module 2 Strong power has a topic that is topic 3 "Resilience: Encouragement is value"

- o Module 3 Struggle Power includes three topics, namely;

  topic 4 "Stress management"

  topic 5 "Life is adaption"

  topic 6 "New way for problems solution"

The discussions on the Resilience Programme as follows:

All participants provide comments to the Manual of Resilience Programme which has developed its contents, details and information to be suited for use in different contexts. Sarawoot Intapanom (moderator) pointed out that this event is inviting all sectors from public and private in favor of mental health policy. Meanwhile, as it could be many academic words were used in this conference. So, please feel free to ask for an explanation about the meaning of those words especially for the Resilience Programme.

The case has been shown by Terdsak Detkong was also very interesting as one of the famous musicians lost their job and turned his career as a food seller. There are so many cases like this in Thailand after Covid-19 situation. He asked Terdsak to explain more about brain abilities: that connect and find the answer.

Terdsak Detkong explained that in normal situations the people should be able to answer this question easily. But once they are in pain, they will not be able to answer this question properly. they use this kind of psychological tool to assess people before we train them about mental health.

He had an experience with one patient that he attended suicide several years ago. He came from some provinces and worked in Bangkok. He could not get a job. So, he has no money and 50,000 debts. This amount is too much for him so he wants to jump from the bridge to Chao Phraya River. Terdsak Detkong explained that normal people are in debt with only 50,000 baths, this is not a large amount. Unfortunately, he could not think about the solutions at that time. They cannot ask for other kinds of resources and cannot solve even a simple problem. This is in the study that we translate into a real case.

For a curriculum and the training, we monitor the outcome of the training by two group indicators. The first group is called the immediate effect, that is collecting satisfaction, the knowledge or the skill that participants get during in the training cause 2-3 months after that we collect the mental health to see the degree of depressive, burnout, stress, suicide below than before going to learn in the class or not. In fact, we did not monitor the brain function because we need to learn more about harmonization to answer this test. This test shows the potential of the people to think or not to think about the connectivity in their brain or their life but we still need to study more to see which numbers is a normal range for this test like IQ or EQ that we studied enough so we can say that when people test IQ test and they get 120 scores, means high if comparing with normal. Now, we monitor satisfaction, knowledge, and skill after the class.

Usa (Head of Counseling and Job Placement Division from the University of the Thai Chamber of Commerce) said it was great to join this event as it is useful for resilience projects that can apply to the economy. She wondered about the 3 modules that Terdsak presented. How can she apply to the students or in every occupation, what kind of module for these groups? All of it our use together? If for university and student?

Terdsak answered that the curriculum that was presented is focused on the main audience of adults in the community. So, to use it differently in our text we must adapt.

Usa indicated that at the Thai Chamber of Commerce University many departments support the students in their suffering, with psychologists taking care of the students. During the Covid-19 situation they tried to apply the way to take care of the students such as time counselling via Webex because to encourage and give the knowledge to counseling, advisor, teacher so they can understand the students. Along this way, the university has been trying to promote "resilience" to be a general subject in the University's subject into 2 or 3 subjects; stress management, Resilience, or mental health rehabilitation. She claimed that it required her to think bigger to have resilience as the general subject in the University.

As covid does not only affect students but it also affects the teacher so we have the happiness center to be a center of faculty of humanities. So, I do hope to connect to the Department of Mental Health. It can connect together so we can have better counseling.

For the report, we have collected SCL 90 to collect their mental health situation. So, the advisor can understand their advice more. We plan to have a better collection next year.

ii. Community Mental Health Vaccine Program

Navinee Kruahong shared her experience in the methodology for operating the Mental Health Vaccine Program in the COVID-19 situation. The program schedules included
   o Introduction/ Background
   o What is Community Mental Health Vaccine?
   o Roadmap to community Mental Health Vaccine
   o Community innovation
   o Implementation support system

The discussions on Community Mental Health Vaccine Program as follow:

Chakrit Promsith (Assistant HR Manager, AutoAlliance Thailand) explained that when he first heard about Vaccine Jai (Mental Health Vaccine, he got confused about what a mental health vaccine is. In Private sector, they are not familiar with this word. Once Covid-19 epidemic so he found a very good sense of Mental Health Vaccine. I have seen the Resilience Manual in the Thai version in the future if we can expand to private groups, especially empowerment on how we can deploy this kind of framework or process to the audience so we could learn more. During Covid-19 epidemic this is quite important because if they do not trust how they can hear the mental health. He works in the hard industry and all are men. So, the man does not like someone talking about them unless they trust us. I like to make someone feel safe once they talk to us. Resilience programme is a kind of methodology to make them feel safe because the moment you listen to them it means you respect them.

In the process, he agreed about the process that has to make it flow to find what is the pain point. In the afternoon he will share how he applies from the concept into practice. In the future we hope this mental health vaccine will be a service to the community and also expanding to the private sector also.

Navinee Khruahong answered that basically it can apply to the private sector because in terms of community it is not just about the village but in each community refers to all organizations

and sectors. It could be different in appropriate to the community context. So, Resilience is for every community.

    i. <u>Example from Auto Aliiance Thailand (Private sector)</u>

Chakrit Promsith provided examples of employee well-being holistic programs in Auto Aliiance Thailand (AAT). He presented background and implementation in AAT included:

- o Economic is flat technology disruption
- o The Beginning of Changes in AAT for Employee Care Programs
- o Appointment of health promotion committee and other working group
- o Planning by facilitate everyone to see the big picture to company future success
- o Set AAT model "Hero at Healthy and Happy for work life"
- o Operating Employee Health Promotion Programs
- o The program about financial literacy
- o Connect to the communities and share the practices in the reduce stress and improve well-being in workplace
- o Adjust Health Actions to cope with COVID-19 Crisis
- o Implementation of mental health vaccine innovation called "Vaccine Jai"
- o Urgent Road Map During 2021-2022
- o Action Plan for improve Wellbeing Program in 2022 (Physical Health, Mental Health, Personal Finance Planning)
- o Support Mental Health Department and Skill Development Department to certify 'Employee Health Promotion-Holistic Advisor' for all industry

    ii. <u>Question and Discussion on implementation in an organization</u>

Participants had commented on the implementation of AAT mental health promotion projects as follows:

Terdsak expressed his appreciation for Auto Allianz as one of the best examples in Thailand. The 5,400 employees of auto Allianz during Covid-19 got the one-third (1 day at the office/3 days onsite) policy, and back-office workers can work from home.

Nai Wen Gou expressed that she has learned a lot and is so impressed that they can do so many things in occupational education. It Is compressive to think about how to treat every individual in a community case. Somehow, she is still interested in if the employee gets laid off so then who will be the keeper if the worker loses their job.

Chakrit Promsith answered that even in the private sector it is hard to answer who should respond. Many are one thing but life skill is what we need to see. He had found that 50% of employees lost their jobs. The good side we learn from covid is we should offer life skills instead of financial skills. Nothing is perfect for the people.

Pakapon Senkhaw (Lecturer, Ramkhamhaeng University) asked the question because the university where he teaches is open-university. The students also work a fulltime job, while they are still studying in the university. So, for Covid-19 epidemic they have been affected by

this situation too. He would like to have an idea from Dr. Terdsak how he can support his students to keep getting the occupation, and continuing study.

Terdsak Detkong, Department of Mental Health had the policy for this situation. The student may drop study to change the situation. So, if this situation is similar in the workplace, an overview of this situation shall define the target group. We focus of the student, the risk group or set up counselling to get solution how take care themselves during tough time, Risk Group should be application test in the University as Usa work with Department of Mental Health several years, the data will go through teacher or counselor.

The Group Mental Health problem, this group we must design the system to solve this problem. Such as some students not having enough money to pay for. The teacher should help to solve this problem individually with five or ten students in his hands. So, the teacher can look after this group of students one by one. This system must design together on how the students can adjust their life to find out if this group of students can get some more money from a part time job or attend to a cause that can up skill for specific jobs such as selling products online. This system can help students or sometimes it can help the teacher too.

iii. Experience of Resilience programme in Chinese Taipei

Sui-Hei Chen indicated the psychological Distress and Resilience during the Covid-19 pandemic in Chinese Taipei. The background of covid trans in Chinese Taipei. During 2021-2022, the covid trends in Chinese Taipei have dramatically increased, up quickly. Now Chinese Taipei faces the biggest outbreak, it is under much more stress right now. In reality Chinese Taipei is much lower than the global trends. Chinese Taipei views covid as an unparalleled crisis, facing various challenges in daily routines and also experiencing additional psychological burden that affect the commons stress plus an extraordinary Covid-19 stress so all together forces people stress. The result from her research background Covid-19 pandemic is like a Trauma event since 1999, a huge earthquake in Chinese Taipei.

Covid-19 is a collective event. It has features of extraordinary, unpredictable, overwhelming, shattering trans-forming, uncertainty and uncontrollability. So, these made the people helpless and hopeless, a lot of fear and anxiety, depression, irritability, boredom, anger and frustration. The study from online surveys that recruit volunteers to participate in the survey from 3 groups: general public, quarantine/ at home, and health care workers collect data for the first time 2020-2021 and then the 2 nd time collect data from the same group of samples. Covid-19 related to PTSD-like and Depression in Chinese Taipei. The PTSD showed the most sample is in the PTSD risk. Depression prevalence showed that after they leant from the 1st time, they got less stress. The general public has the highest number and more depression than quarantined and health workers. She also calculated the positive side, showing the general population and health workers that health workers have more positive thoughts than others. But at first, health workers got more stress than other populations because they are working in the hospital to take care Covid-19 cases.

The result of correlates of Covid-19 related PTSD found that PTSD positively correlated with post traumatic growth (PTG). The daily new time is correlated to the physiological stress, perceived social support is not affected distressed.

Because people receive negative news every day. On the other hand, the people who perceived social support are willing to adapt because they feel someone listens to them, they have someone to contact with, people express their sympathy and support. People are willing to provide material aid and subjectively satisfied with the support.

Resilience is a protective factor; in the research part we can use the approach collected data on how people can stay and change success over time but some do not / General public has a fear all the time. But the different content found in health workers, they do not change much, they do not grow their positive mind.

The more special thing about Taiwanese style is facing the Covid-19 pandemic. Chinese Taipei has had relatively successful responses to the Covid-19 pandemic over the past 2 years in Chinese Taipei. Public education sets up the regular/ daily reports on infected cases and preventive measures delivered by our CDC to the media at fixed time. Also, Chinese Taipei had a lesson from SARS 19 years ago.

Chinese Taipei provides open and transparent information hosting a daily lived streamed press conference at fixed time (i.e., 14.00 PM every weekday) since January 22, 2020 and publishing press releases via TV, line, FB, etc. to establish a transparent, timely, and professional platform for communication with the media and the public.

The government launched the advocates preventive measures and stigma reduction. On mental health, Chinese Taipei has psychologists to teach the media how to get better sleep, how to keep calm etc., how to do social support without community spread.

Chinese Taipei has a good resource allocation that keeps people feeling more assured of their safety via rolling policy making for prevention measures. They use a lot of AI technology adopting technology to strengthen preventive measures. Smart community transmission prevention by expanding telecare to reduce risk of community spread, amending tele counseling and distance psychological therapy services with some conditions.

Resilience Building for individuals by improving coping skills and adaptability; social support, realistic planning, self-esteem, coping skills communication skills, Emotional Regulations. For organization, community, and social operations the single most important factor influencing members' perception of both stress and safety. The program reduces/buffers stress and ensures safety by 4 key elements; good leadership, open communication, timely education, and social support.

iv. Conclusion

The conference on "Performance Assessment of Mental Health Rehabilitation to Combat the 4th wave of Covid-19" included two days for presentations and discussions on the resilience programme as the main methodology of mental health rehabilitation to strengthen people's mental health capacity while facing life-crisis because of Covid-19 epidemic. The last session (comment and open discussion) provided an opportunity to share what participants can take away from the conference as well as to suggest potential adaptability of the resilience program as a case study from Thailand member economies to take away and establish a resilience

programme in accordance with their economies' context. Overall, the Conference achieved its main objectives as described in the project proposal.

Moreover, all participants considered that it afforded many Chinese for valuable networking among representatives from the Health Working Group (HWG), academies, Public and private sectors from within and outside the APEC region.

- o The participants, the conference's speaker, and moderators agreed that the project achieved its objectives. They consider the conference shares many practical knowledge on how to implement Resilience Programme through the different community context, especially the sharing experience between policy maker, scholar and private sectors. This conference is accepted by participants as the networking for mental health work groups especially between APEC and outside APEC economies.
- o The participants shared their intentions to apply their knowledge through their current and future work. For example,
    - – Resilience Programme in community that will deliver information to the policy-maker. 2.2 Private Sector will do more and will be working more closely with scholars on the Resilience Programme.
    - – Chinese Taipei, Philippines and Thailand's Health working group will work more on Resilience experience by sharing their knowledge for the future crisis.
- o The participants recommended having the Resilience manual for community in English version that the Department of Mental Health, Thailand said this is in process but if there is anything to support just contact via email. They will support the need promptly.

4. Post-program evaluation: project evaluation survey result:

On June 1st and Jun 2nd, 2022, the web conference on the "Performance Assessment of Mental Health Rehabilitation to Combat the 4th wave of Covid-19", initiated by the Department of Mental Health, Thailand and sponsored by APEC, was held in the Mental Health Thailand, Nonthaburi, Thailand. Speakers and participants came from Indonesia, Malaysia, Philippines, Chinese Taipei, Thailand, United States, Viet Nam the organization for mental health cooperation, Mental Health services organization. Most of the conference participants were involved with mental health policy making, or come from academic institutions or the private sector.

The conference sought to bring to set her member economies to share, strengthen, maintain, and develop knowledge, slath and technical know-how in addressing mental health rehabilitation to recovery from Covid-19 pandemic through "Resilience Programme", as well as discussing opportunity and challenging of using resilience programme to the community under unique social context. The conference explored potential cooperation opportunities among APEC member economies in collaboration on the resilience programme and knowledge.

A. Background

In June 2022, DMH of Thailand hosted the Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of Covid-19 Online Workshop. The workshop was hosted in a virtual event from the Department of Mental Health, Nonthaburi, Thailand. This is a part and final, component of the Project "Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of Covid-19"

The topic of the workshop was an in depth look at Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of Covid-19. The workshop component of the project provided an opportunity for all economies to exchange experiences and share lessons learned and the outcomes of interventions implemented in their own economies. The outcomes of the project could lead to the development of an APEC guideline for dealing with mental health during pandemics and public health-related events in the future.

The workshop was attended by 44 participants from 7 APEC economies and 2 Non-Member of APEC economies.

B. Attendees' information

There were 24 attendees filling out the form.

Gender: There were 15 females and 9 males who filled the form. The percentage had shown in Figure 17.
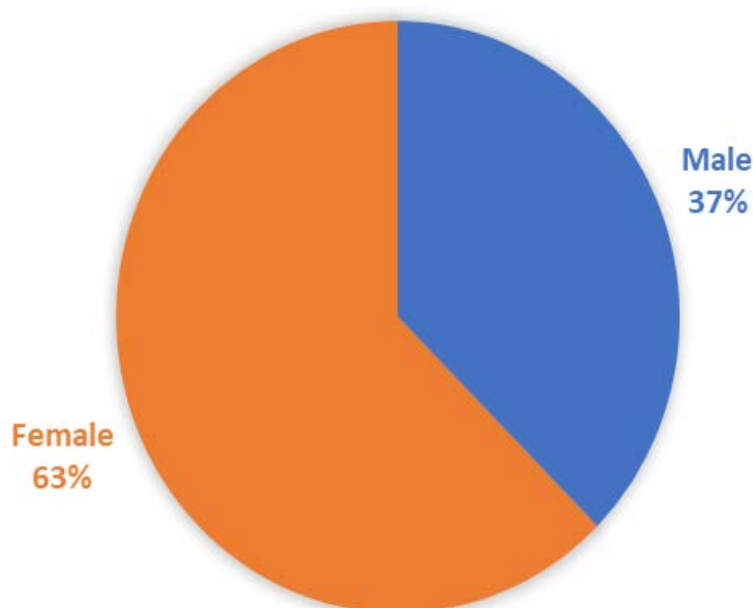
Figure 17: Participants classified by gender

<u>Organization Type</u>: There were 8 attendees from the university sector, 7 attendees from the private sector, 6 attendees from health organizations, and 1 from a religious organization. The percentage had shown in Figure 18.
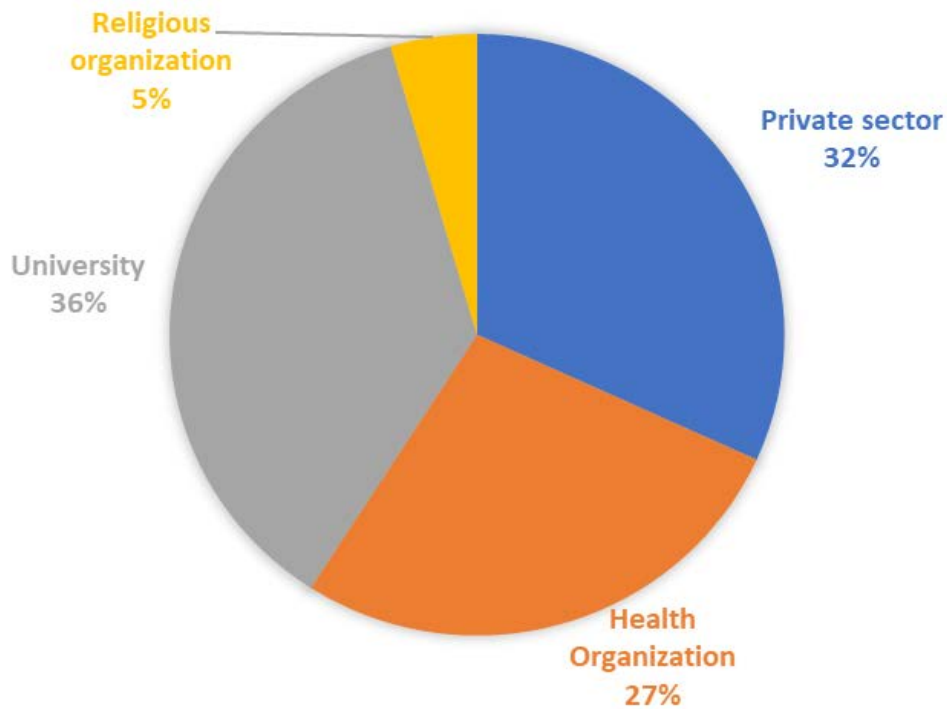
Figure 18: Participants classified by Organization Type

<u>Economies</u>: There were 18 attendees from Thailand, 2 from Chinese Taipei, and one each from Malaysia, Pakistan, Cambodia, and the Philippines. The percentage had shown in Figure 19.
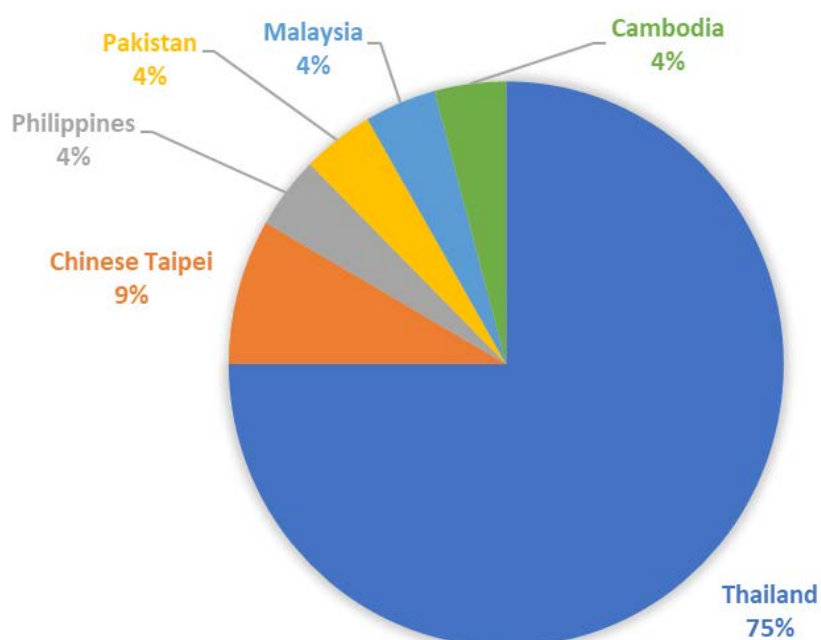
Figure 19: Participants classified by Economies

C. Project evaluation survey form

APEC Project Evaluation Survey: Workshop

APEC Project Name/Number: HWG 04 2020A – Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of COVID-19

Date: 1-2 june 2022

Instructions: Please indicate your level of agreement with the statements listed in the table below.

	Strongly Agree	Agree	Disagree	COMMENTS (Continue on back if necessary)
1. The content was relevant to me				
2. The workshop was applicable to my work				
3. The content was delivered effectively				
4. The program was well-paced				
5. The instructor was a good communicator				
6. The trainers/experts or facilitators were well prepared				

and knowledgeable about the topic				
7. The materials distributed were useful				
8. The time allotted for the training was sufficient.				

1. How relevant was this project to you and your economy?

5	4	3	2	1
very	mostly	somewhat	a little	not much

Explain:_____
_____

2. In your view what were the project's results/achievements?
Explain:_____
_____

3. What new skills and knowledge did you gain from this event?
Explain:_____
_____

4. Rate your level of knowledge of and skills in the topic prior to participating in the event:

5	4	3	2	1
very high		high	medium	low	very low

5. Rate your level of knowledge of and skills in the topic after participating in the event:

5	4	3	2	1
very high	high	medium	low	very low

Explain:_____
_____

6. How will you apply the project's content and knowledge gained at your workplace? Please provide examples (e.g. develop new policy initiatives, organise trainings, develop work plans/strategies, draft regulations, develop new procedures/tools etc.).
Explain:_____
_____

7. What needs to be done next by APEC? Are there plans to link the project's outcomes to subsequent collective actions by fora or individual actions by economies?
_____
_____

8. How could this project have been improved? Please provide comments on how to improve the project, if relevant.
_____
_____
_____

Participant information (identifying information is optional):

Name:
Organization / Economy:
Email:
Gender: M / F

Detailed assessment results were classified by questions as follow:

Part 1

1. Content was relevant to me: the majority of attendees agree that content was relevant to them. ere 14 attendees answered agree, 9 strongly agree, and just one disagreed. The percentage is shown in Figure 20.
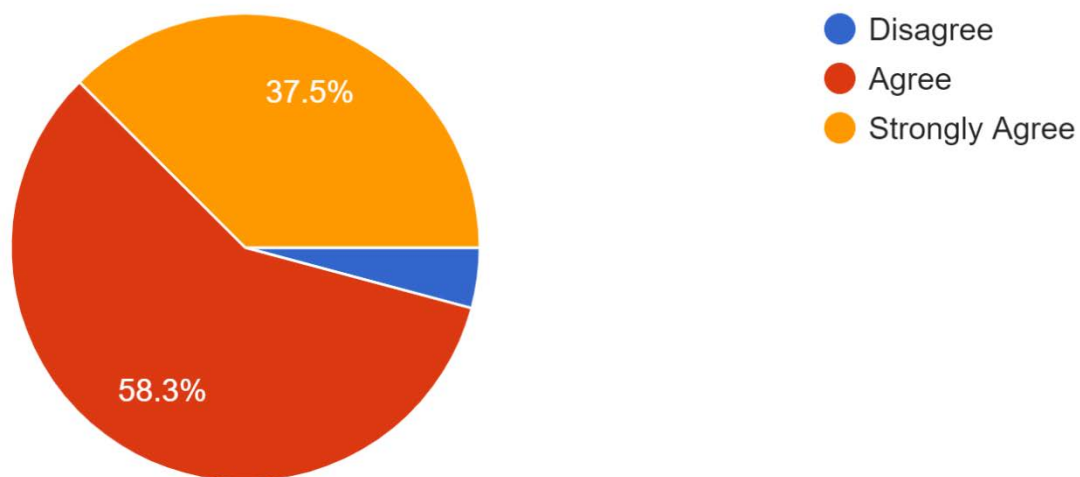
Figure 20: Answer "content was relevant to me"

2. The workshop was applicable to my work: the majority of attendees agree that the workshop was applicable to their work. 14 attendees answered agree, 8 strongly agreed, and 2 disagreed. The percentage is shown in Figure 21.
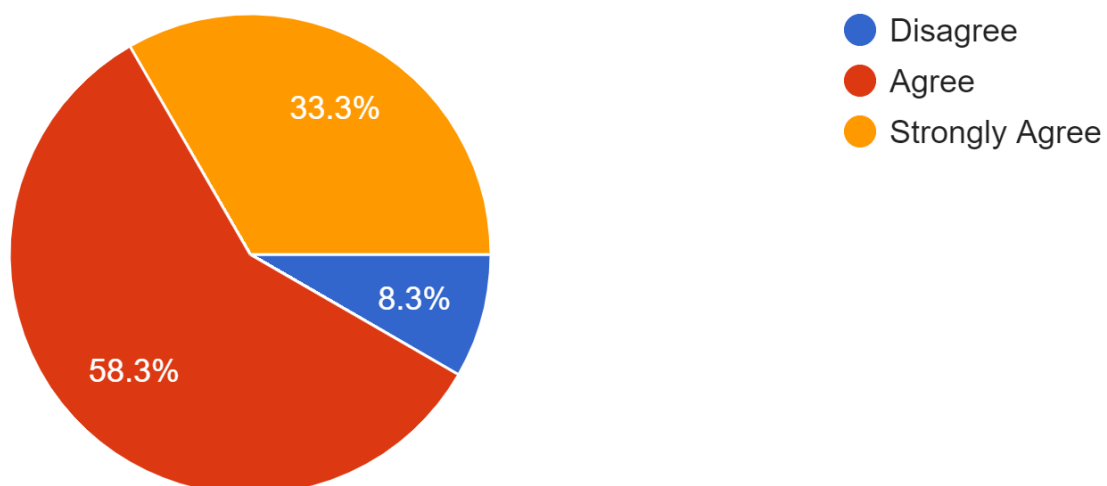
Figure 21: Answer "The workshop was applicable to my work"

3. The content was delivered effectively: the majority of attendees strongly agree that the content was delivered effectively. The content was delivered effectively. 13 attendees answered strongly agree and 11 answered agree. The percentage is shown in Figure 22.
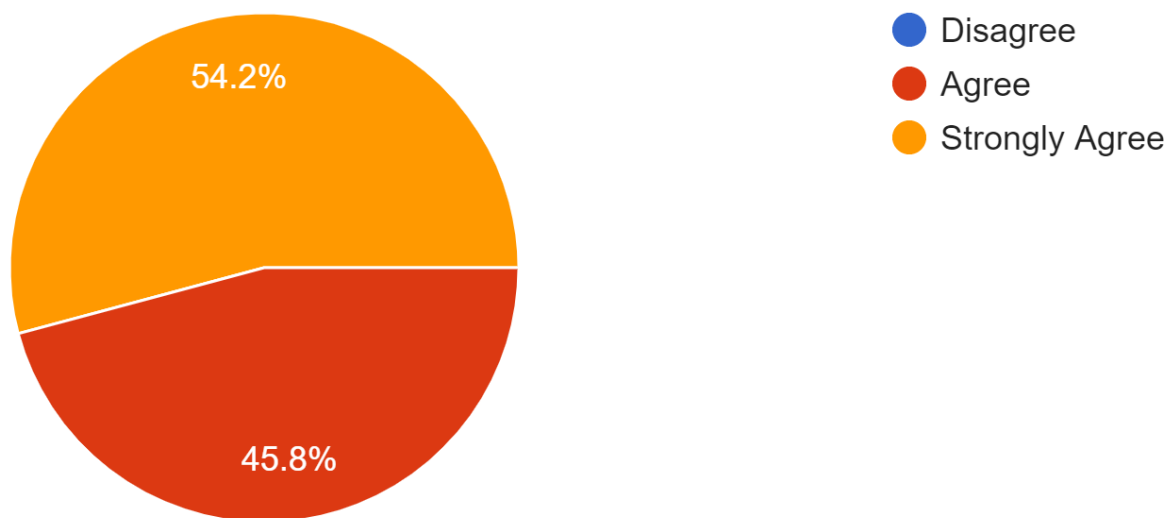
Figure 22: Answer "the content was delivered effectively"

4. The program was well-paced: the majority of attendees agree that the program was well-paced. 12 attendees answered agree, 11 strongly agree, and only one was disagree. The percentage is shown in Figure 23.
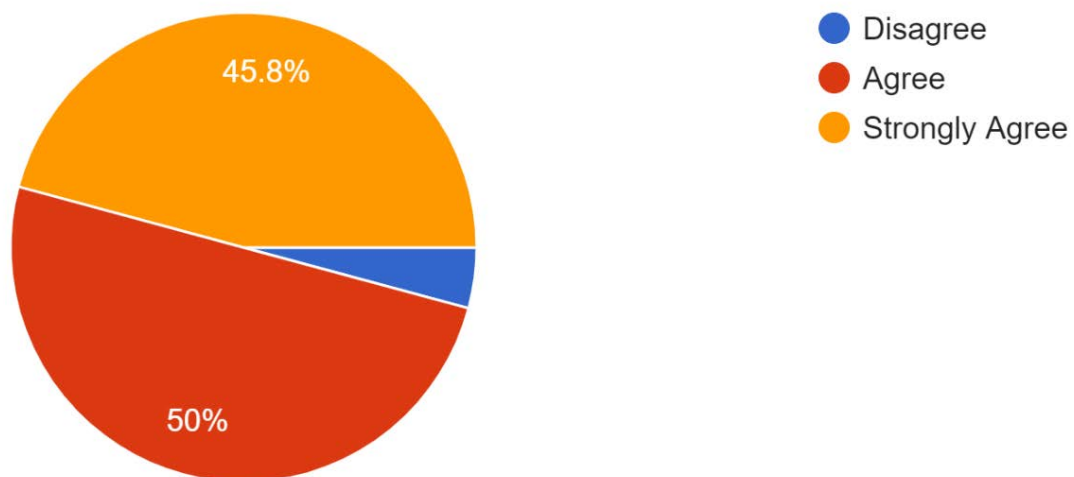
Figure 23: Answer "the program was well-paced"

5. The instructor was a good communicator: the majority of attendees strongly agree that the instructor was a good communicator. 15 attendees answered strongly agree, and 9 answered agree. The percentage is shown in Figure 24.
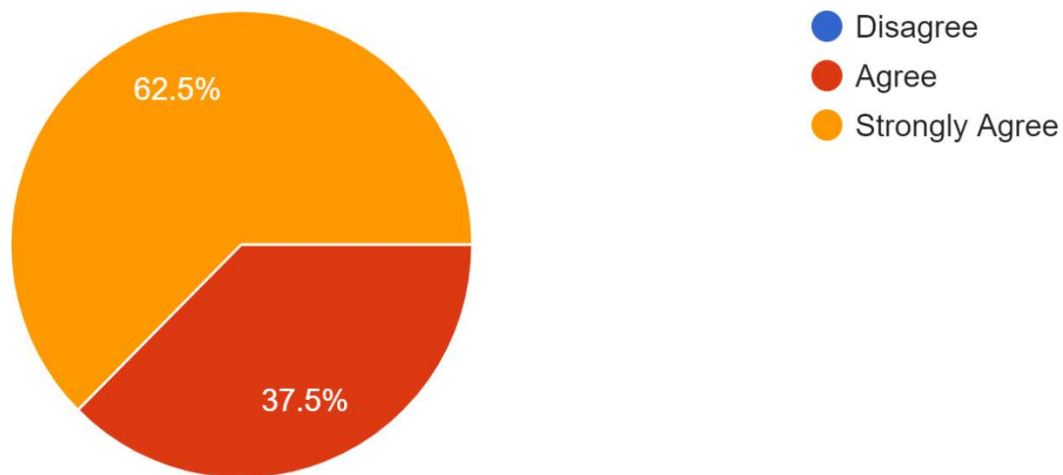
6. The trainers/experts or facilitators were well prepared and knowledgeable about the topic: the majority of attendees strongly agree that the trainers/experts or facilitators were well prepared and knowledgeable about the topic. 15 attendees answered strongly agree, and 9 answered agree. The percentage is shown in Figure 25.
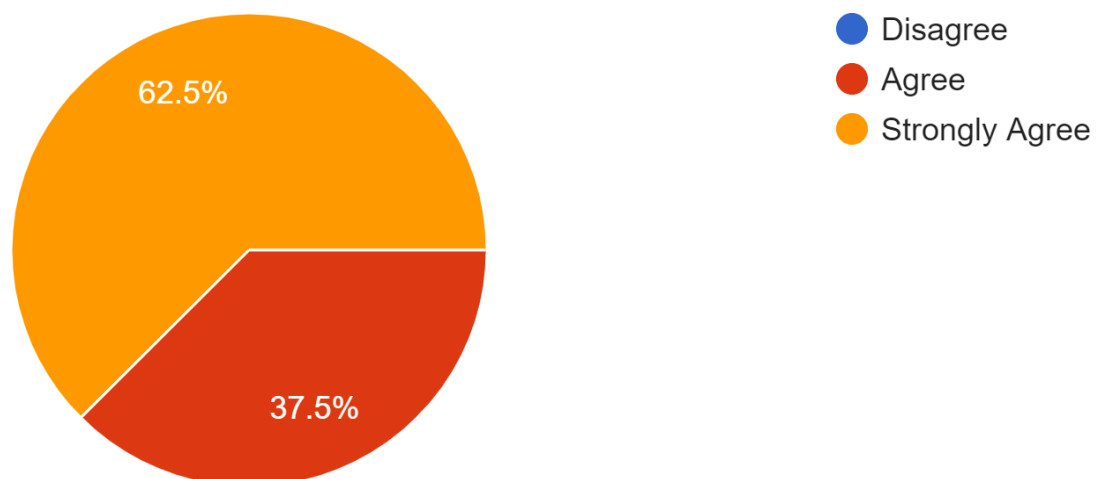
Figure 25: Answer "trainers/experts or facilitators were well prepared and knowledgeable about the topic

7. The materials distributed were useful: the majority of attendees agree that the materials distributed were useful. 14 attendees answered agree and 10 strongly agree. The percentage is shown in Figure 26.
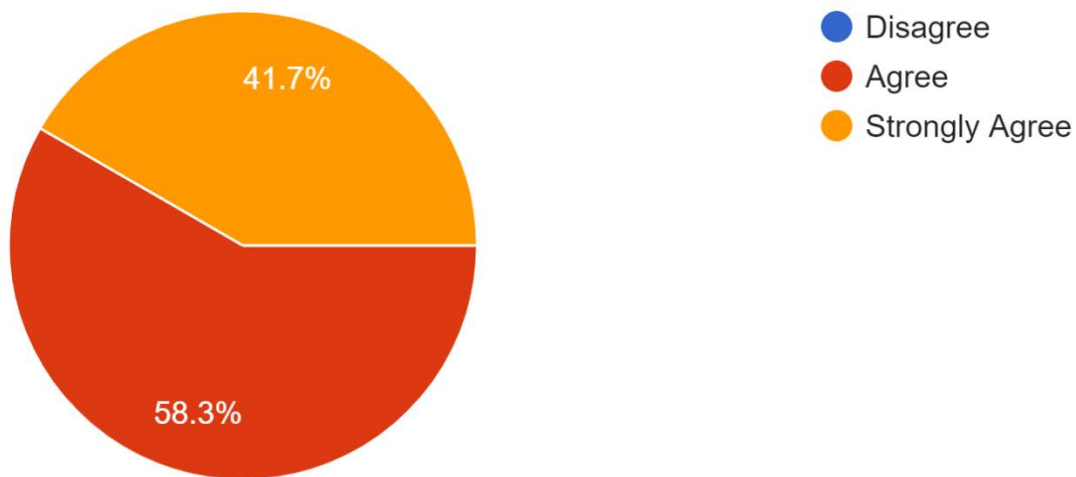
Figure 26: Answer "the materials distributed were useful"

8. The time allotted for the training was sufficient: the majority of attendees agree that the time allotted for the training was sufficient. 13 attendees answered agree and 11 strongly agree. The percentage is shown in Figure 27.
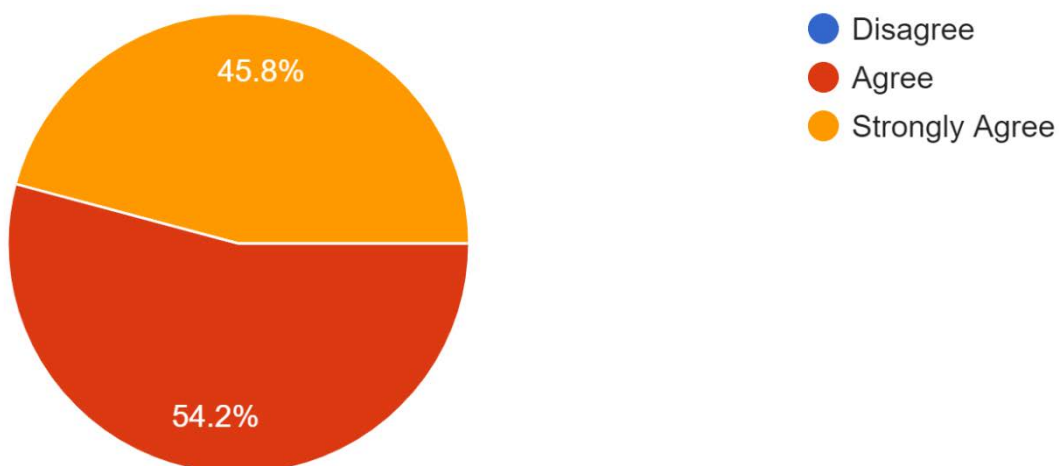
Figure 27: Answer "the time allotted for the training was sufficient"

1. From the question "how relevant was this project to you and your economy?" the majority of attendees answered mostly. 13 attendees answered mostly, 5 somewhat, 4 very, and 2 a little. The percentage is shown in Figure 28.
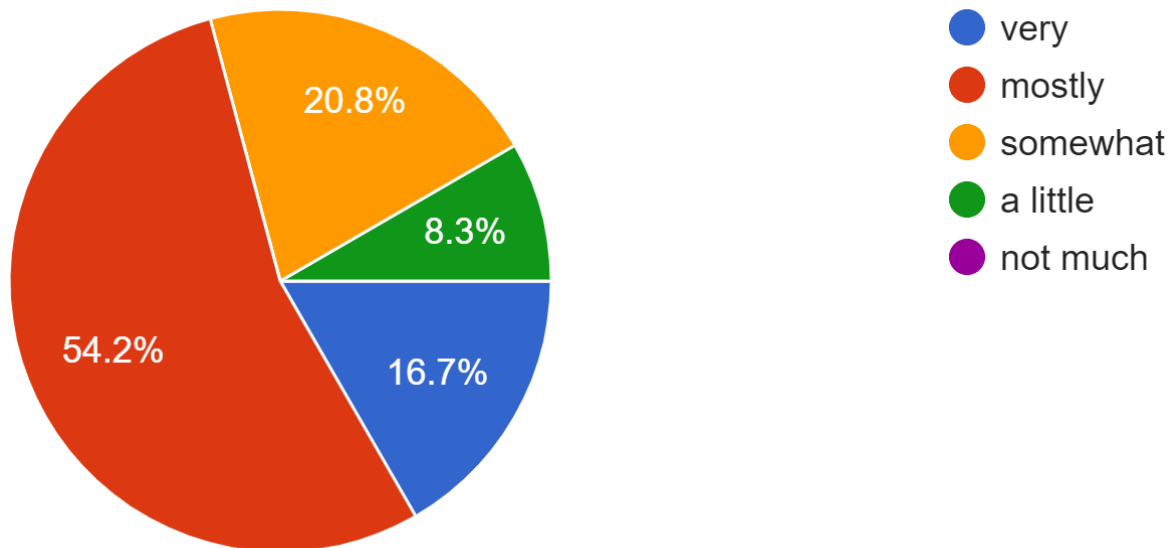
Figure 28: Answer "how relevant was this project to you and your economy?"

2. From the question "in your view what were the project's results/achievements?" There were attendees revealed as follows:

   – The quality of the speakers, in particular, was praised during the day and received the highest marks
   – Mostly activity in the workshop has been achievement

3. From the question "what new skills and knowledge did you gain from this event?" There was an attendee answered:
   – Several factors to Combat with Covid-19 and improved mental health

4. Rate your level of knowledge of and skills in the topic prior to participating in the event: The majority of attendees rated their level of knowledge as medium. 12 attendees answered medium, 8 high, 3 low, and 1 very high. Percentage is shown in Figure 29.

5. Rate your level of knowledge of and skills in the topic after participating in the event: The majority of attendees rated their level of knowledge as high. 15 attendees answered high, 6 very high, 2 medium, and 1 low. Percentage is shown in Figure 30.
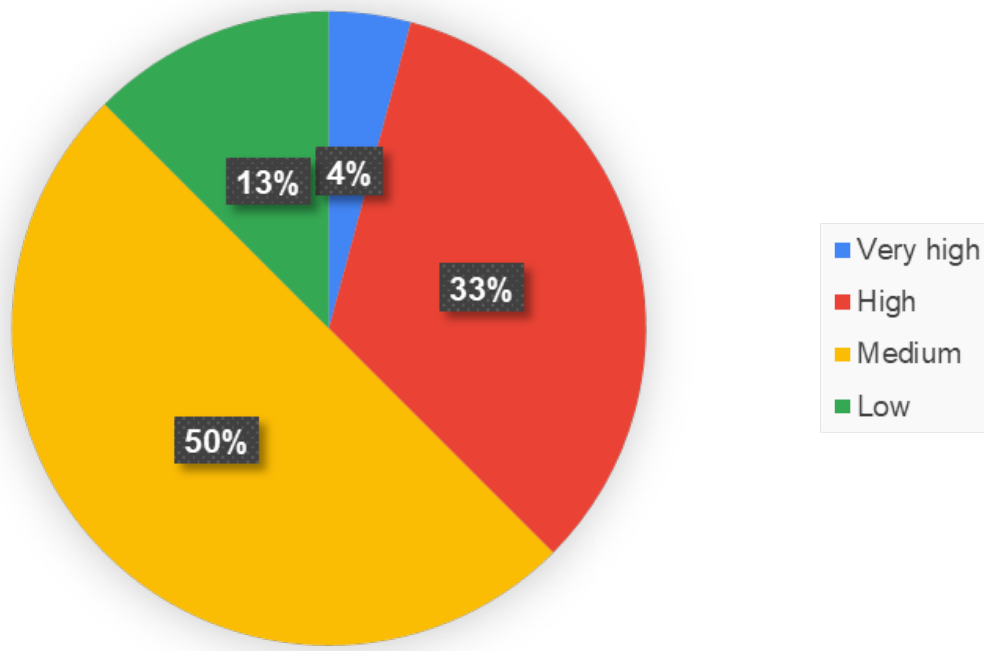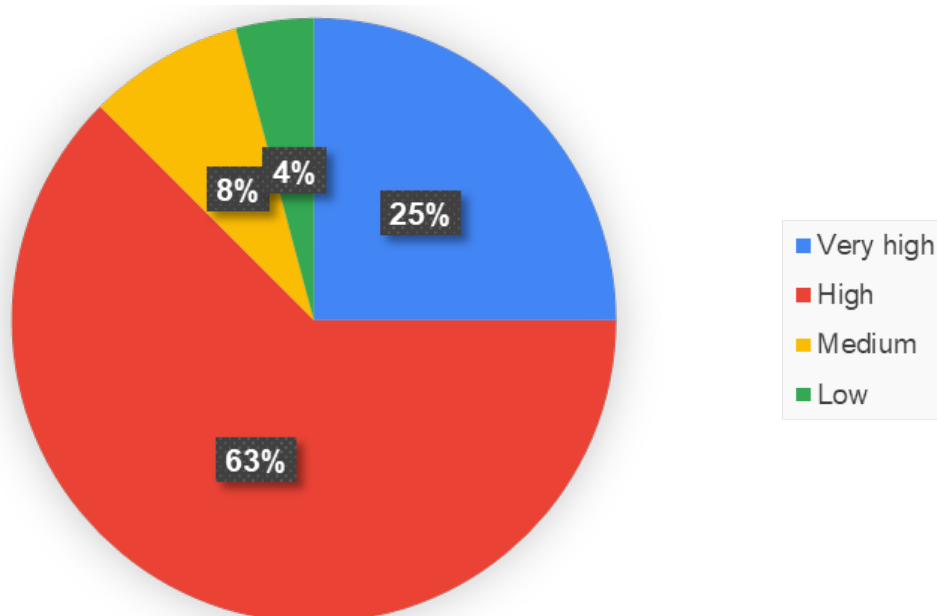
Figure 30: Answered "Rate your level of knowledge of and skills in the topic after participating in the event"

6. From the question "How will you apply the project's content and knowledge gained at your workplace? Please provide examples (e.g. develop new policy initiatives, organise trainings, develop work plans/strategies, draft regulations, develop new procedures/tools etc.).": There are attendees answered as follow:

   − It will be somehow tried to develop new policy initiatives and organise more training programs
   − Develop work plans/strategies,
   − Gained sufficient knowledge to strengthen the literature of my ongoing project on financial distress caused by Covid-19.

7. From the question "What needs to be done next by APEC? Are there plans to link the project's outcomes to subsequent collective actions by fora or individual actions by economies?" there is an attendee answered that "Empowerment MH project"

8. From the question "how could this project have been improved? Please provide comments on how to improve the project, if relevant." There were attendees answered:

   − Due to some participants unable to log in to the meeting system, therefore unable to come to the discussion
   − It supports well-being project of my organization
   − Diversification and enrollment of more speakers and participants.
   − Communication to more participants

E. Analyze and Conclusion

At the end of the workshop, attendees were requested to provide feedback on the workshop's suitability, interest, length, and topic selection, among other things. 24 attendees filled out the form, and the results are as follows:

The first section asked attendees to score several attributes of the workshop on a scale from 1 to 3, where 1 as disagree, 2 as agree, and 3 as strongly agree. Table 29 shows the results for the main points.

Table 29: the results for the main attributes

	Attribute	Average Score
1	Relevance to me	2.3
2	Applicability to my work	2.3
3	Delivered effectively	2.5
4	The program was well-paced	2.4
5	Instructor's communication suitability	2.6
6	Speakers well prepared and knowledgeable about the topic	2.6
7	Material distribution	2.4
8	Time allotted suitability	2.5

From Table 29, the score has more than 2 for every attribute, which means attendees tend to agree and strongly agree. The quality of the speakers and instructor's communication, in particular, was praised during the day and received the highest marks (2.6). The strong results are encouraging for DMH and demonstrate a strong appetite and need for further work in this area.

The Second section asked the audience about the level of relevance to them and their economies. The majority of attendees revealed that this project relevant is mostly (54.2%).

The form also asked about the improvement of skills and knowledge. The majority of attendees revealed that their level of knowledge of and skills in the topic after participating was higher than prior. These results show in Table 30.

Table 30: rate level of knowledge of and skills in the topic prior and after participating in the event

	Rate	Very high	High	Medium	Low	Very low
i.	level of knowledge and skills in the topic prior to participating in the event	4%	33%	50%	13%	-
ii.	level of knowledge and skills in the topic after participating in the event:	25%	63%	8%	4%	-

Furthermore, the majority of the participants viewed that the project mostly succeeds. They have got knowledge about several factors to combat with Covid-19 and improved mental health. It can be applied to support the well-being project of their organization. Gained sufficient knowledge to strengthen the literature of my ongoing project on financial distress caused by Covid-19.

Attendees were also asked to provide areas for improvement. Comments for this question included:

- Diversification and enrolment of more speakers and participants
- Communication to more participants
- Due to some participants unable to log in to the meeting system, therefore unable to come to the discussion

Thinking of the future, the audience was asked to provide topic suggestions for next be done with APEC or plans to link the project's outcomes to subsequent collective actions by fora or individual. The suggested include:

- Empowerment Mental Health project
- Try to develop new policy initiatives and organize more training programs
- Develop work plans/strategies

5. Recommendation

A. Recommendation for the Manual of Resilience Programme

1. The application of resilience manual in accordance to every single APEC economy: It is imperative that each member shall analyze its context before use the manual as guidelines included (1) individual's mental health behavior and (2) mental health management system for each economy. This is because the manual that has been prepared is made under the context of Thai society in accordance with the mental health behaviors of individuals according to social characteristics, Thai culture and Thailand's mental health management system. In general, each economy has different social, cultural, and mental health management systems. The implementation of the manual therefore requires an analysis of the context of each economy to be consistent with people's living style and mental health management system of those economy.

2. Provide Manual in English and other languages: The manuals should be produced in English and other languages as required by APEC economy in order to facilitate the use of the manual in accordance with the context of member economy.

3. A channel for receiving feedback from APEC economy that have applied the manual: There should be a channel for APEC members to be used as information to improve the manual to be more effective and benefits of developing manuals.

B. Recommendation for APEC cooperation

1. Establishment of a memorandum of cooperation on mental health with APEC economy: A memorandum of Cooperation on Mental Health with APEC economy should be established. This will enable APEC member economy collaborate on the implementation of both academic and managerial mental health activities.

2. Sharing manuals and courses "Strength, Strong, Struggle" to build cooperation with APEC member economy: This is because some economies do not have resilience programme manual or "Strength, Strong, Struggle" courses to work on mental health for people or there are manuals and courses, but want to compare with Thailand's manuals and courses, to develop specific manuals and courses in accordance to their economy, hence they should share them with other APEC economy.

Establishing an international mental health management learning center: An international mental health management learning center should be established to provide an opportunity for APEC economy to exchange knowledge of mental health operations by requesting support from the establishment budget from APEC. This will create continuous and sustainable cooperation with APEC economy on mental health effecting economy.

1. Preparation of "Strength, Strong, Struggle" Courses in English and other languages: The courses should be provided in English and other languages to distribute to every APEC economy by funding from APEC in order to disseminate the course so that APEC member economy have the opportunity to learn and apply it in their own economy's mental health operations.

2. Developing the content of the course to be specific to various target groups. There are various target groups that require "Strength, Strong Struggle" courses: Therefore, the content should be divided into modules for different target groups such as unemployed employees, student group and various groups who face a crisis in the epidemic situation of the Covid-19.

3. Sharing knowledge to upskill or reskill on the "Strength, Strong, Struggle" causes to Village Health Volunteer (VHV) and all other health working group: Training courses or learning channels should be created for VHVs. and all public health working group to have the knowledge, skills and attitudes according to this curriculum.

4. Step-by-step development of strategies for strengthening individuals, families and communities: The causes should be used to build strength at the individual, family and community levels in a step-by-step manner by establishing strategies for strengthening individual and family levels to be strengthened "Strength, Strong, Struggle" before expanding to a concrete community level.

5. Using public media and digital systems to help publicize: The project should publicize and share knowledge through public and digital media with frequency, number and content of Daily live stream for the general public to access and to promote the project to be known to the general public by point out the importance of the project and its benefits, for example, presenting successful people to participate in the project, propose attitude change ideas that are beneficial to mental health management to create awareness, raising awareness about mental health in the Covid-19, leading to further preparation at the individual, family and community levels.

6. A clear analysis of the situation of mental health problems between general and critical conditions: The situation of mental health problems should be analyzed and clearly identified as a mental health problem in general (no coronavirus situation) or crisis (with coronavirus situation) where people are stressed differently to address mental health problems, people should have different approaches to their concentration.

D. Recommendation for the MHR program

1. Developing a specific mental health program based on a variety of target groups: There should be a clear mental health work plan based on the risk of mental health problems of the target group so that people's mental health problems have different causes and contexts according to the characteristics of the target group get specific solutions according to your target audience.

2. The development of mental health work in the people's sector to be comparable to that of primary health care: There should apply the principles of primary health care "Public health care by people for people" to develop mental health work By focusing on mental health operations in community areas more than ever before, which mainly focuses on physical health work by developing knowledge, skills and mental health attitudes, VHVs can perform basic mental health tasks and take care of mental health problems of people in their villages to a certain extent.

3. Establishing strategies to support the private sector in continually working on mental health in the organization: There should be a sub-department in the Department of Mental Health that provides consulting services to the private sector that continuously operates health care for employees in the organization. This is not just a speaker or academic advice on mental health but must be a team of consultants for mental health operations in private sector that participates in analytical thinking and planning of mental health operations with corporate executives or entrepreneurs.

4. Preparation of cooperation plans with organizations or agencies in all sectors, both the public and private sectors: There should be an integrated work plan for mental health cooperation with all organizations and agencies responsible for managing human resources both government agencies, different departments, different ministries, different agencies, and private organizations such as associations, foundations, business units to cover all target groups of people at risk of mental health problems. It is also the creation of a systematic network of mental health operations organizations.

5. Providing Mental Health Counseling Channels for Mental Health Practitioners: There should be established the way to give advice such as Tele-counseling or Hot line or Group Line channels so that operators in the area encountering problems can consult Inquire about various problems with the VHV, public health personnel, and staff from other agencies or organizations 24 hours a day, considering mental health problems as an urgent problem so that local operators can work with confidence Including to create the appropriate mind-set to local health working group.

6. Promoting innovation and the use of renewable resources for local mental health practice: There should be a plan to promote innovation in addressing mental health problems in the area and the development of knowledge on techniques for applying alternative resources for mental health practice in the area for the VHV, public health personnel and officials of other agencies or organizations.

7. Bottom-up planning: Opportunities should be given to stakeholders at the operational level, including VHVs, public health personnel and officials of other agencies or organizations participated in the mental health plan. This is because local workers will be closer to the people and aware of the mental health problems of the people. This will enable the mental health program to respond well to people's mental health problems.

1. Organizational restructuring for mental health operations in Bangkok: There should be upgraded to the mental health center 13, which is responsible for mental health work in the area of Bangkok as part of a division of the Department of Mental Health to increase the capacity of the mental health operations unit to be able to effectively perform mental health work in Bangkok. This is because the nature of mental health work in Bangkok is different from mental health work in other provinces.

2. Establishing a memorandum of cooperation at the policy level with other agencies to cover all target groups: The Department of Mental Health should have a memorandum of cooperation at the policy level with various government agencies to cover all target groups of mental health work, such as the Department of Local Government Promotion to coordinate with local for easier coordination at the operational level administrative organizations (Province Administration Organization, Sub-District Administration Organization, Municipality, Bangkok and Pattaya City), etc.

APPENDIX 1

General Information Circular

GENERAL INFORMATION
CIRCULAR

Performance Assessment of Mental Health
Rehabilitation to Combat the 4th Wave of COVID-19

1st, 2nd June 2022
Virtual Event

Organizer: HRDI CO., LTD.
Co-Organizer: Office of International Affairs, Department of Mental Health, Ministry of Public Health, Thailand

Event held under APEC Project: HWG 04 2020A - Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of COVID-19
Sponsoring Economy / Project Overseer: Thailand / Terdsak Detkong
Co-sponsoring APEC economies: Australia; Chile; China; Hong Kong, China; Japan; Malaysia; Mexico; Russia; Chinese Taipei
Funded by HWG

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ANNEX I   **TENTATIVE PROGRAM OF ACTIVITIES**
ANNEX II   **NOMINATION FORM**

1. OBJECTIVES

This project seeks to bring together member economies to share, strengthen, maintain, and develop knowledge, skills and technical know-how in addressing mental health rehabilitation to recovery from the COVID-19 pandemic through Resilience Programme which was used to enhance the emotional and psychological capacity of individuals, families, communities to recover after experiencing a crisis or difficult situation in life. Resilience is comprised of capacity in 3 areas: enduring, resolving, and fighting with problems, which can help protect people from various mental health conditions, such as depression and anxiety. It also helps offset factors that could increase the risk of mental health conditions.

Project Objectives

The project will:

The overall objective of this project is to increase the quality of mental health services, particularly mental health rehabilitation to combat the 4th wave (stress, depression, suicide, and burnout) in APEC economies, by bringing together mental health experts, practitioners, policymakers and other relevant stakeholders to 1) share research results derived from the assessment of the resilience programme and recommendations to decrease mental health issues; 2) build the capacity of new collaborations and enhance existing partnerships to address the APEC-wide issues of mental health rehabilitation due to COVID-19; and 3) establish further linkages between APEC's work with other regional health priorities, such as the threat of infectious diseases, to strengthen mental health practices and policies relating to mental health services, including promotion, prevention, care, and rehabilitation.

Workshop Objectives

a. The workshop is a 2 days event led by an expert consultant that will deliver a performance assessment of mental health rehabilitation to combat the 4th wave of covid-19, learned lessons about recovery program for people who received the effect of COVID 19, which was operated through the Combat 4th Wave of COVID-19 Plan, the resilience programme, and the Community Mental Health Vaccine Innovation to favor the application of good practices on mental health rehabilitation to reduce mental health crisis from the COVID-19 pandemic.

b. The workshop component of the project will provide an opportunity for all economies to exchange experiences and share lessons learned and the outcomes of interventions implemented in their own economies. It is expected that the outcomes of the project could lead to the development of an APEC guideline in dealing with mental health during pandemics and public health-related events in the future.

c. The PO will present the research results and recommendations derived from the research work to APEC member economies, which will be an analytical input to the workshop. It is an opportunity to exchange the implementation of mental health issues and key success factors in our own economies.

2. EVENT DATE

1 June 2022 – 2 June 2022

3. VIRTUAL MEETING

(3.1) Online Event
To ensure the safety and health of all event participants, this workshop will be an online virtual event. No cross-border travel will be required and the participant can participate in the event at their own home or office via the internet. To ensure maximum efficiency and reduce the shortcomings virtual events will bring, this workshop will use multiple means of conducting this virtual event, including live streaming and multi-user web conferencing. To ensure that the participants of this event will be able to efficiently interact with speakers, mentors, and other participants, we recommend the following Hardware minimum requirements:

CPU: 2 GHz Dual-Core I3 Processor
RAM: 4GB
Storage: 40GB
Network
Adapter：(Recommended)256Kbps/2Mbps, (Minimum)100Kbps/300Kbps
Others: Digital camera(s), Headset

Zoom Meeting will be used as the virtual meeting software for this event, if the participants cannot use the software, please contact HRDI technician via email at hrdi.huahin@gmail.com, warumporn.tha@gmail.com, with the copy to the PO email at dmh.imhc3@gmail.com for instructions to resolve the technical problems.

(3.2) Time Zone
This workshop will be conducted in a GMT+7 time zone and the opening ceremony will be held at 08:00 AM on June 1st, Since a workshop is a virtual event and no cross-border travel will be required, participants should make sure the correspondent time in their respective time zone.
Opening Ceremony Time in Capital City of Each Economy (for reference):

Date	Time	Economy
June 1st	04:00	Russia (MSK)
June 1st	08:00	Indonesia; Thailand; Viet Nam
June 1st	09:00	Brunei Darussalam; China; Hong Kong China; Malaysia; The Philippines; Singapore; Chinese Taipei
June 1st	10.00	Japan, Korea
June 1st	11.00	Australia (AEST); Papua New Guinea
June 1st	13:00	New Zealand
June 1st	20:00	Mexico (CDT), Peru
June 1st	21:00	Canada (EDT), Chile, United States (EDT)

(3.3) Requirements
This event will be held online and as such, participants will require access to a computer and internet services capable of supporting interactive video streaming. Smartphones are not suitable. It is highly suggested that the

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participant could attend the conference in a quiet, undisturbed environment to ensure the quality of the event for themselves and other participants. An operational manual will be provided to the speakers and participants after nomination, while two test runs will be conducted to ensure all participants can be well connected.

4. PARTICIPANTS AND SPEAKERS

All 21 APEC member economies are welcome and invited to attend and actively participate in the event. However, to ensure the efficiency of the virtual event, approximately 40 government officials, experts, and stakeholders from APEC member economies are expected to participate.

Target participants will be the health workforce who practices in community mental health and mental health leaders. Hence, this online workshop will be invited 3 nominations to be;

    a. The one nomination will be invited to be an expert speaker of economies to present on 2 June 2022.
    b. The others two nominations from each economy (1 health workforce, 1 mental health leader) will be invited to be expert commentators in the Question and Answer (Q&A) session.

All nomination speakers would like to present MHR project will prepare and submit a 15-minute presentation in PPT or PDF files to Conference Secretariat via email at sarawoot@siamoneconsulting.com with the copy to PO via email at dmh.imhc3@gmail.com before 2 June 2022 to be allowing for presentation schedule allocation (estimate 8 economies present in this workshop). In case of more than 8 economies would like to present, the morning schedule will be adjusted.

In order to ensure that the project benefits both men and women, gender equity will be actively pursued when finalizing invitations and speakers at this event, in order to have equal input representing the views of men and women within economies.

This project will make efforts to provide balanced opportunities for men and women. The targets for female participants and female speakers are both at 50%. The project addresses the pillar of "Skills, Capacity Building, Health of the Gender Criteria" as stated in Appendix G of the Guidebook on APEC Projects The knowledge, skills and capacity building of mental health could be strengthened and empowered women. As APEC has recognized the COVID 19 had "disproportionate economic and social impacts on women and girls", this project will take into consideration gender perspective in both survey and workshop components. The PO is committed to collect sex-disaggregated data for all speakers and participants (and not only the APEC funded) from the project event. This data will be included as part of the submission of the Completion

Report to the Secretariat when the project completes and will serve to guide future POs on their own gender parity target.

5. AGENDA

The tentative agenda of the event is attached as ANNEX I.

6. METHODOLOGY

(6.1)   Organization   of
Program

Target audiences of this project
are:
(1) Health workforces who practice in community mental health areas. They will learn how to achieve the best results from mental health programs in various contexts through the research results, sharing experiences and exchanging lessons learned on how to deal with mental health crises in their own economies.
(2) Mental health system leaders, health executives, and policymakers who have experience in mental health policy. They will have a better understanding of concepts and strategies to set health policy and plan processes for mental health preparedness and response during pandemics and public health emergency events.

These two main groups of direct project participants are those involved at least domestically in mental health services. The health workforces include physicians, nurses, psychiatrists, psychologists, social workers, mental health workers who have experience working in mental health services. The mental health system leaders, health executives, and policymakers must be at least Director-level and oversee health policy planning at either regional or central government health agencies. These participants will benefit from the project as they will be able to influence changes both in policy development and practices in their economies.

The participants must have competent English communication skills to participate in the workshop to fully contribute to the project. The indirect beneficiaries of the project are interested academia, including the health workforce and service recipients (patients) of those who participate in the project.

(6.2) Evaluation

Participants are required to complete and return an Evaluation Form by the end of the workshop. In this form, each participant is encouraged to share their views and advice on the Workshop's impact and efficiency as well as possible suggestions and policy implications for future APEC related cooperation programs and activities.

(6.3) Language

The workshop will be conducted in English

7. INSTITUTION

The Workshop will be organized by HRDI CO., LTD.

Project Overseer:
Dr. Terdsak Detkong, MD.
Organization:
Office of International Affairs, Department of Mental Health, Ministry of Public Health

Email:
drterd@yahoo.com; dmh.imhc3@gmail.com

For all substantive and logistics matters including APEC-funded participants, please directly contact the program overseer dmh.imhc3@gmail.com

APEC-funded participants should directly contact the APEC Secretariat for financial and related arrangements. Contacts are as follows

Primary contact:
Ms Nor Chahaya Binte Subari (Ms)   *Ms Aurora Tsai*
Program Executive   Program Director

APEC Secretariat   APEC Secretariat
Email: ncs@apec.org   Email: at@apec.org

8. APPLICATION PROCEDURES

Focal points of respective APEC member economies HWG will nominate their proposed participants to attend the event through the following procedures:

1) APEC HWG focal points need to send copies of the completed Nomination Form (ANNEX II) to the contact indicated on the form with the details of the nominated participant(s) applying to attend the event through e-mail by the deadline. The deadlines for participants' nomination will be 15 May 2022:
2) Speakers approved by the Project Overseer should submit their presentations via email to dmh.imhc3@gmail.com on or before 25 May 2022 at the latest.

9. MISCELLANEOUS

1) After confirmation of acceptance, all participants and speakers are required to conduct test runs with the organizer, before 18 May, 2022.
2) APEC highly values collaboration with appropriate external stakeholders. Participation in all APEC events is governed by APEC's Guidelines for Managing Co-operation with Non-members, and attendance of nominees for this event who are not government officials (or part of a government delegation), for instance from the private or academic sectors, may be subject to HWG's approval as per the aforementioned Guidelines;
3) Speakers and participants are required to strictly observe the event schedule;
4) The presentations and other documents from the event will be collated by the by the Project Overseer (or their delegate) who will send them to the APEC Secretariat within

2 weeks of the event. The presentations will be made publicly available shortly after through APEC's Meeting Document Database (unless they are indicated to be for restricted circulation only to EWG members). Presenters are reminded that all event materials must comply with APEC Publication Guidelines;

5) The event deliberations also need to comply with the APEC Hosting Guidelines.

ANNEX I
AGENDA (DRAFT)

Performance Assessment of Mental Health Rehabilitation
to Combat the 4th Wave of COVID-19
Date: 1– 2, June 2022
Time zone: GMT +7

1 June 2022		
08:00 - 08.15	Registration and Reception (Online)	
08:15 - 08:30	Introduction Opening: Welcome and Introductory Remarks	Dr. Amporn Benjaponpitak, Director - General of Department of Mental Health (DMH), Thailand Dr. Pongsadhorn Pokpermdee, HWG Chair (2022-2023) - Thailand
08:30 – 09:00	Setting the Scene – An introduction to the topic, some past work, and issues leading to the current workshop - Let the participants in economies introduce themselves	Moderator, Sarawoot Intapanom Ph.D. Conference Secretariat All participants from each economy.
09:00 – 09.30	Presentation of the results of mental health rehabilitation in Thailand - Overview of Mental Health impact during COVID-19 - Role of mental health rehabilitation as a protective factor	Dr. Benjamas Prukkanone Division of Mental Health Strategy and Planning (MHSP), Department of Mental Health (DMH), Thailand
09.30 – 10:00	Report on project outputs: Result of Performance Assessment of Mental Health Rehabilitation to Combat the 4th Wave of COVID-19	The Researcher Team from HRDI
10:00 – 10:20	Brake	
10:20 – 11:00	Comments on the project output and share experiences	The invited nominations as speaker All others participants can put comments as direct message via Zoom application.
11:00 – 12:00	Lunch	

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12:00 – 12:30	- Principle and element of the resilience programme	Dr. Terdsak Detkong, Director of Bureau of Mental Health Academic Affairs, Thailand
12:30 – 14:30	Knowledge and application - Level of resilience in individual, family, and community - Innovation/ Application / VDO Best practice in Thailand	Ms. Navinee Kruahong Public Health Officer, MSc Global Menta Health
14:30 - 15:00	- Question and Open Discussion on the resilience programme	Moderator, Dr. Terdsak Detkong, (Project Overseer) Keynote Speaker 1 Speaker 2 Speaker 3 Participants
2 June 2022		
08:00 - 08.15	Registration and Reception (Online)	
08:15 - 08:30	Introduction & agenda	Dr. Terdsak Detkong, (Project Overseer, PO)
08:30 – 09:30	PO presents the Manual of Resilience Program that Health Working network have used as a guideline to implement for strengthen "willpower" of the people in their areas.	Dr. Terdsak Detkong, (Project Overseer, PO) Ms. Navinee Kruahong Public Health Officer, MSc Global Menta Health
09:30 -11:00	All participants provide comments to the Manual of Resilience Program which was also developed its contents, details, and others information to be suitable for use in any context from different economies.	Moderator, Dr.Terdsak Detkong, (Project Overseer, PO) Participants
11:00 - 12:00	Lunch	
12:00 - 14:15	All nomination speakers present their works in accordance to Mental Health Rehabilitation Programme in the Covid-19 epidemic, the content relates to the project of reducing mental health risk factors; depression, suicide, burnout, and stress. In the presentation will be included; - Role of leader and community volunteer	Estimate 8 nomination speaker will present.

	- Process and tools	
	- Monitoring and Evaluation	
14:15 -14:30	Afternoon tea	
14:30 - 14:45	Quick summary of the prior session followed up by discussion aimed at generating a common view on the issues generated by the project.	Dr.Terdsak Detkong, (Project Overseer, PO)
14:45 - 15:00	Meeting Summary	(Chair/ Secretariat to lead)

ANNEX II
NOMINATION FORM

**Performance Assessment of Mental Health Rehabilitation
to Combat the 4th Wave of COVID-19 (HWG 04 2020A)**

Complete all fields and return to Nominations Focal Point below:

Dr. Terdsak Detkong, MD
Project Overseer/ Project Manager, Office of International Affairs, Department of Mental Health, Ministry of Public Health
Email: dmh.imhc3@gmail.com , Tel: (+66) 2 5908026; 8031
with the copy to drterd@yahoo.com; hrdi.huahin@gmail.com; sarawoot@siamoneconsulting.com

All data provided on this form, including any personal data, is collected by the APEC Secretariat and disclosed via communications with Project Overseers, host economy, and project participants. Disclosure includes transmission of this information outside of Singapore.

APEC MEMBER ECONOMY: [INSERT]

NOMINEE 1

Name (CAPITALISE surname):   [INSERT]

Title (Dr/Mr/Ms/Mrs):   [INSERT]   Position:

Gender (M/F):   [INSERT]

Organization: [INSERT]   Email: [INSERT]

Telephone: [INSERT]   Fax: [INSERT]

Nominated as an Expert Speaker: Yes / No   APEC-funded / Self-funded

Nominated as an Active Participant: Yes / No   APEC-funded / Self-funded

Government official: Yes / No

NOMINEE 2

Name (CAPITALISE surname):   [INSERT]

Title (Dr/Mr/Ms/Mrs):   [INSERT]   Position:

Gender (M/F):   [INSERT]

Organization: [INSERT]   Email: [INSERT]

Telephone: [INSERT]   Fax: [INSERT]

Nominated as an Expert Speaker: Yes / No   APEC-funded / Self-funded

Nominated as an Active Participant: Yes / No   APEC-funded / Self-funded

Government official: Yes / No

NOMINEE 3

Name (CAPITALISE surname):   [INSERT]

Title (Dr/Mr/Ms/Mrs):   [INSERT]   Position:

Gender (M/F):   [INSERT]

Organization: [INSERT]   Email: [INSERT]

Telephone: [INSERT]   Fax: [INSERT]

Nominated as an Expert Speaker: Yes / No   APEC-funded / Self-funded

Nominated as an Active Participant: Yes / No   APEC-funded / Self-funded

Government official: Yes / No

_____

Name of official making the above Nomination(s):

Economy Representative for which APEC Fora:

Title:

Organization:

Email:

Telephone:

Fax:

Please complete <u>all fields</u> in this form and email it to the Nominations Focal Point given above, no later than:

15 May 2022 <u>for both speaker and participant nominations</u>

***** LATE NOMINATIONS MAY NOT BE ACCEPTED *****

APPENDIX 2

Executive summary of research report

The assessment results of Mental Health Rehabilitation (MHR) to Combat the 4th Wave of COVID-19

Introduction

The Department of Mental Health (DMH) recognizes and put more attention to the effect of the COVID-19 that causes mental health crisis in the population. The Mental Health Rehabilitation program (MHR program) was conducted by the Department of mental health, Ministry of Health, Thailand, to respond to the COVID-19 4th wave that causes mental health crises in the population. This program has an encouragement to carry out activities for empowerment/ mental strength of the people from 2020 to 2021. Therefore, this year (2022) is appropriate to assess the performance of the MHR program through four components namely 1) context, 2) Inputs, 3) process and 4) outcomes.

Research objectives

1) To assess the effectiveness of resilience in the situation of the Coronavirus Disease 2019 epidemic project;
2) To evaluate the efficiency of resilience in the situation of the Coronavirus Disease 2019 epidemic project.
3) To give practical and policy suggestions for coping with the impact of the 4th wave of the Coronavirus Disease 2019.

Research Methodology

The assessment of the MHR program used a mixed evaluation research methodology (Mixed method) between qualitative and quantitative methodology. Analysis of data for evaluation. It is the content analysis by comparing goals and actual results. The logical associative analysis includes descriptive statistics, percentages, and averages.
The sampling size selected a specific group of 45 people. Population for a quantitative study consists of 400 people attending the Resilience Program, namely, one – stakeholders both inside and outside the public health service systems = 200 people, and another – vulnerable groups to mental health problems who attend the resilience program = 200 people). Scope of Study area was 13 health regions of Thailand.

Result

Contexts of MHR program

1. The MHR Program has proper consistency in accordance with the policies and plans at the international, national, and local levels.
2. It is consistent/appropriate in terms of mental health measures due to COVID-19, namely, mental rehabilitation patterns and methods, enhancing awareness of new lifestyle approaches, using innovative mental health vaccines together with screening for mental health problems through an online application system, and promoting the management of problems related to the economy.
3. There was a link between surveillance and the prevention of mental health problems in the at-risk groups in 4 groups namely, medical and public health personnel, Covid - 19(COVID-19) patients and their relatives, quarantined and their relatives, and those who are socially vulnerable, e.g., children, the elderly, people with physical/mental disabilities, and chronically ill patients who need continuous medication
4. The contents of the operation are consistent with the rehabilitation measures. People with mental health problems (Re-integration) both at the individual, family, and community levels.

Inputs

1. There is a plan document published both in the form of a printed book. distributed to relevant agencies and published as an online E-book that everyone can download.
2. There are still unclear purposes and many ambiguous goals and also have content that is inconsistent with the context of some areas such as border provinces.
3. There are many types of project manuals, comprising details, methods of operation, tools, materials, and equipment required for operation. and examples of operations from the area that is outstanding
4. There were sufficiency/appropriateness of some resources
    ☒ Personnel
    ☒ Budget
    ☑ Materials
    ☑ Management

The assessment results of Mental Health Rehabilitation (MHR) to Combat the 4th Wave of COVID-19

Process

1. The executive in operation in the program has good leadership as Transformational Leadership characteristics, including vision, clarity, motivation, participation, sacrifice, support, flexibility, and attention to mental health networking.
2. There was evidence of network cooperation in project-driven activities with the policy level of provincial health districts, communities, and regions.
3. The MHR program has been implemented in accordance with the plan in all 6 strategies, namely, mental health promotion, prevention and protection, mental health service excellence, mental health risk communication and mental health literacy, develop personnel to increase the potential for COVID-19 epidemic situation, develop an information synthesis system to create a policy proposal on mental health in the COVID-19 epidemic, develop and install Mental vaccines for individuals, families, and communities to prepare them for a new way of life.
4. All 13 health zones have been implemented.
5. There are many forms of tracking and reporting systems and evaluation meetings.

Outcomes

1. A network of mental rehabilitation practitioners has Knowledge of HR program management at 85.5%, a positive attitude toward MHR program management at 82.5%, and MHR program management skills at 89.0%.
2. People participants in the project have knowledge of MHR at 91.1%, a positive attitude towards MHR at 81.3%, and skills in MHR at 91.0%.
3. Population had good mental health
   - Non-stress 92.31%
   - Non-burnout 95.84%
   - Non-suicidal risk 94.98
   - Non-depression 90.92%

Summary of evaluation

There were 18.5 of 20 criteria pass of the indicators from the evaluation results. Therefore, it can be concluded that achieving the target percentage of 92.5% is considered a level of high efficiency.

Suggestions for development

1. More clarity of policies and flexible strategies based on the local context.
2. Create a network to collaborate with outside the Department of Mental Health such as conducting MOU with non-departmental agencies to create cooperation and integration of work programs.
3. Provide training to regain skills and enhance skills for volunteers operating in the area.
4. Develop communication technology systems to respond to the constraints in specific contexts.
5. Analyze all kinds of data to prevent suicide, or depth data, such as the analysis of the natural causes of mental health problems; and creates the systematic transmission of information to link information between agencies to facilitate the management of COVID-19 problems.
6. The plan's implementation should be continual in the long-term and short-term, such as three months, six months, or a year.
7. The plan should be more detailed and easier to understand or clarify the purpose and reason for the practice from the face-to-face explanation rather than the use of manuals for each agency to know to create the dynamic activity.
8. More training on how to work in the area is safe for volunteers operating in the area, especially those who are prominent in helping public health officials or ministry officials.
9. Create more convenient ways to the project operations such as hotlines to enable network partners to request consultations conveniently and quickly.
10. The performance indicators for officials must be more flexible instead of just numerical indexes to allow operators to focus on projects for a better project response.

APPENDIX 3

The manual of mental health rehabilitation
to combat the 4th wave of covid-19

THE RESILIENCE GUIDE
By
The Power of
Strength, Strong and
Struggle

The process of resilience:

1

Strength

We are

- Knowing of willpower
- Rise to fight again

2

Strong

We have

- We have valuable things to support
- We have supportive relationship

3

Struggle

We Can

- Management of stress
- Life is adaption
- Find new ways to solve problems
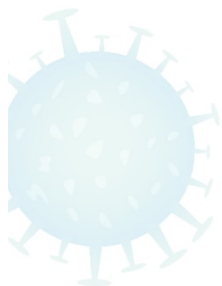
Strength Power

We are

Get to know the Willpower: Stress, Strong & Struggle

Resilience is willpower in another word. The is the power to overcome the crisis that is in us. It is one that will help prevent us from losing our mental health when the day our lives have to go into a crisis which we cannot control, consisting of "Stress, Strong & Struggle"

Strength Power is a state of mind that is strong, calm, stable, and resistant to pressure, control yourself and be confident that you will be able to overcome obstacles and crises.

Strong Power is having the willpower or the will to carry on with your life, under stressful situations. This is an important source of encouragement by getting supported from people around you.

Struggle Power is the power that fights over obstacles, problems that arise from critical situations, especially the ability to resolve problems and have skills in dealing with stress and emotions.

Strength Power

We are

We are strong , We can rise up and fight again

Crisis in everyone's life, many events are beyond our control such as the COVID-19 outbreak. This may lead to mental health deterioration, but all of us can build our own inner strength, or "Stress Power," on our own.

Those who have "Strength Power" will have the following characteristics:

1. Understanding of the situation and will go through this tough time.
2. Believe that you are strong enough ready to deal with difficult situations
3. See the other side that can always change for the good.
4. Appreciate on doing good things. Helping and caring for others.
5. Not doing as you please but ready to maintain safety for society

Simple ways to build Strength Power for yourselves.

1. Identify stress signals, identify the causes, and find ways to reduce stress immediately.
2. Create peace of mind in various ways and stay calm.
3. Keep encouraging and fulfilling self-worth and think that the crisis shall pass someday.
4. Look for positive aspects or positives of living during the COVID-19 pandemic.
5. Study the lives of other people who are able to adjust accordingly.

Strong Power

We have

Valuable things to Support , Supportive relationship

Strong Power: It is a power that can be encouraged when facing with pressure and in difficult situation, the power to rise again by looking at life with hope. If you cannot go through this alone, find someone you trust to motivate and support you. This is a very valuable encouragement during hard time.

Seeking help from those around you: It is a request for support in different ways such as asking for sympathy, understanding from people who may not be family members or relatives. The main principles are how you plan for the have conversation, must open to receive advice and encouragement from those around you.

What needs to do to boost Strong Power: Firstly issue, the act or speech that expresses our feelings. For example, I'm totally discouraged; I'm worried about my child etc. Secondly issue, thinking about the people around us that we consider kind and helpful. Last issue, we must be confident to speak up for advice, asking for help and support.

Struggle Power

↓

We can

↓

Stress Management , Problem solving

Stress is the surrounding stress from economic, family, work, illness, and environmental problems that cause a person to react as physical, mental, and behavioral symptoms and when accumulated as chronic stress. It affects physical and mental illnesses.

The right way to manage stress

Realize

Self-awareness by observing and acknowledging the stress that arises. It's a natural thing to happen and most people will adjust.

Stress prevention does not accumulate additional stress by practicing mindfulness to have a state of mind that is doing various tasks in the present.

Stress Management

Prevent Stress

Reduce Stress

Have an appropriate way to reduce stress by yourself by practicing meditation in psychology. Easy to practice and anyone can practice.

Struggle Power

We can Do it better

Life is Adaptation

Adaptation is one of the struggle powers that are very important to our survival during difficult situations such as the COVID-19 epidemic. both in the case of living behavior and in the case of daily spending.

Rethinking is a lifestyle that has adapted to the epidemic situation of COVID-19. to address important issues for our mental health especially the problem of insufficient funds for daily expenses will be a major problem for mental health which must be re-thought "Review of income and expenses" to be balanced

Reducing expenses, increases income equals reducing mental health problems.

Revenue

Expenses
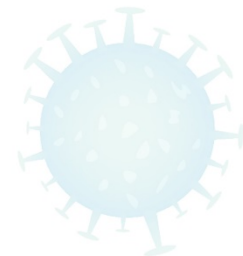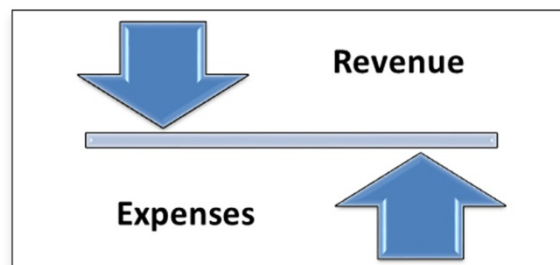
Struggle Power

Find new ways to solve problems

People with fighting power will always find new ways. In order to get new ways of working, increasing income, without sticking to the same things that have been done, which can be done both by relying on the ability in the same career. Other abilities that arise from learning newer things
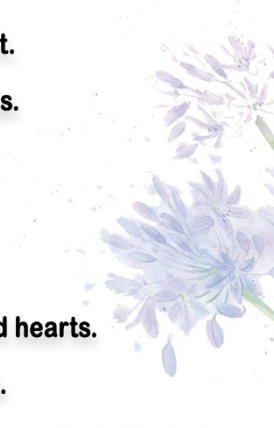
Increase in income, it's an important way to find a new way. To solve the problem of balance of income and expenses that greatly affects our mental health in the situation of the COVID-19 epidemic. Which is considered "Solutions" for good living and it will add even more value. When working with "Reducing Expenses" that are not necessary.

Solution

Solution
- Increase Income
  - Self
  - Source of Support
- Reduce Expenses
  - Frugal Living
  - Reduce Unnecessary Expenses
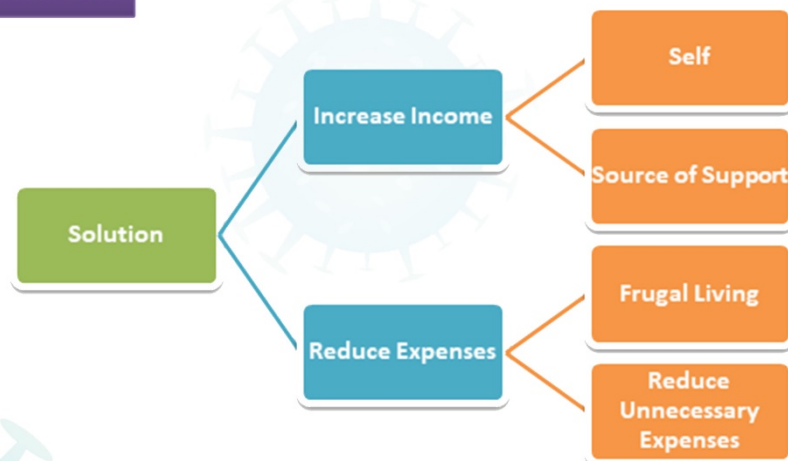
Knowledge tips to strengthen the willpower "Strength, Strong & Struggle".
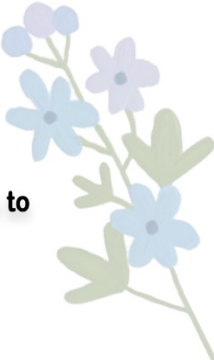
- Stress is normal and can be useful.
- How to empower "Strength, Strong & Struggle" during the COVID-19 pandemic.
- Look at a good example and give encouragement.
- Take a good look, you still have many good things.
- Support today for a better tomorrow.
- Think & life changes.
- Before coming hero.
- People who fight for life are more than a hundred hearts.
- How to build strength to be stronger than before.
- The crisis that has come, it's just a chapter in the book of life that we will get through it.
- Mental health and the COVID-19 crisis.
- How to help someone close to you who is stressed due to the COVID-19 crisis.
- Crisis will make us grow.
- This will pass eventually.

Study the details "Knowledge to strengthen the Willpower by Stress, Strong & Struggle at https://www.thaidmh-elibrary.org › content

Knowledge tips to strengthen the willpower "Strength, Strong & Struggle".

- Mental Health Power is Fighting the Covid-19 Crisis.

- Precious things are near me.

- A treasure trove of power is creating a new way.

- Mental strength Build with willpower, strength, strong, struggle to solve the problem of declining income.

- Even a small success can count as a victory.

- Life changes but you have to fight.

- It's time to look for encouragement.

- Even though life is difficult these days but there are things that can be done better.

- An important grudge to encourage each other in times of crises.

- When faced with problems, we will look for the positive and not repeat ourselves.

- Fight to get through the crisis "you can start".

- Increase happiness to overcome stress.

- Fighting the Crisis with a New Attitude.

Study the details "Knowledge to strengthen the Willpower by Strength, Strong & Struggle at https://www.thaidmh-elibrary.org › content

" Wearing a face mask
in public to prevent infection "

APPENDIX 4

Conference illustrations

44 participants attended the first session

32 participants attended the second session

35 participants attended the third session

35 participants attended the fourth session

APPENDIX 5

Conference illustrations

Session 1

Amporn Benjaponpitak, MD, MRCPsych, Director-General of Department of Mental Health, Thailand
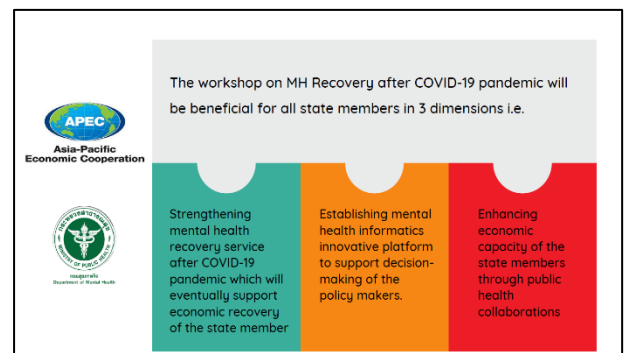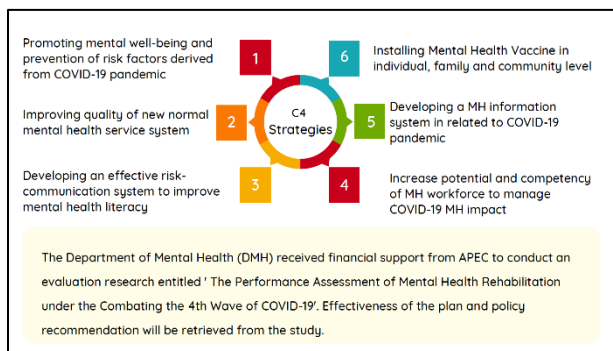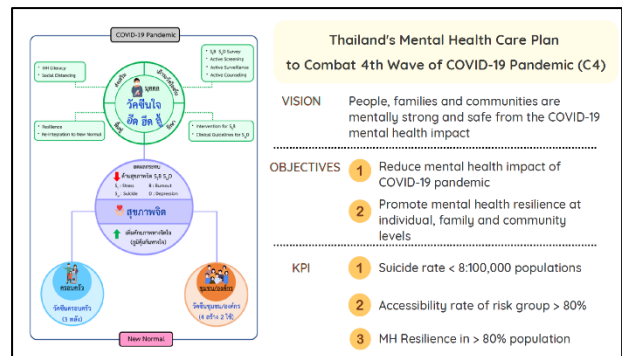
Benjamas Prukkanone, M.D., Ph.D., Director of Division of Mental Health Strategy and Planning, Department of Mental Health, Thailand

- Rational of the C4 Plan
- The C4 Plan
- The Implementation of C4 Plan
- The Monitor and Evaluation of C4 Plan
- Actions in the Department of Mental Health

Since 2020, the Department of Mental Health by the Mental Health Strategy and Planning Division has set a mental rehabilitation plan in the situation of the Covid-19 epidemic. Presented according to government measures to control disease and effective care to make the epidemic situation better accordingly and at the level of control with surveillance. However, the outbreak of COVID-19 affects people's health and has an enormous economic impact. As a result, people experience stress, anxiety, mental health problems, and increased psychiatric illnesses.
Health workers and health professionals are prone to emotional exhaustion, burnout, and possibly causing mental health problems. This situation is a warning signal for the impact of the 4th wave, the economic impact, and the impact of mental health problems that the DMH must prepare for urgently.

Stress Assessment Result

Stress Level ST5

RS 3 (13 - 19 April 2020)
RS 2 (30 March - 5 April 2020)
RS 1 (12 - 18 March 2020)

Public Health Personnel | Population

Raw | Medium | Well | Most

Suicide Rate of Thai Population

Suicide rate per hundred thousand population per year between 1997 - 2018

Data Source : Digital Health Group, Strategy and Planning Division | In year 2020 , the estimate of Suicide rate is 8.44.0 per hundred thousand of Thai population.

Scenarios : Trend of Suicide Rate in 2020

Universal Int. | Universal Int.
Selective Int. | Selective Int.

8.8 A
8.0 B
6.6 C
6.3 D

A = Worst case Scenario
B = Worst + Intervention
C = Baseline Scenario (2019)
D = Official Target

Mental Health Consequences and Population at risk

The C4 Plan

The Department of Mental Health carries out its essential mission in building the mental strength of the people, mental immunity for families and communities to be safe from the effects of mental health on the situation of the outbreak of COVID-19. Therefore, the Department of Mental Health prepared a "Mental rehabilitation plan in the situation of the Coronavirus Disease 2019 (COVID-19) outbreak in 2020 – 2021 (Combat 4th Wave of COVID-19 Plan: C4)". The plan is the framework to enable agencies under the Department of Mental Health to develop plans/projects consistent with the local context, including public health agencies that can be used as a support guide and integrate mental health operations in the provincial health zone.

Conceptual Framework of The Strategic Plan of Combat 4th Wave of Coronavirus 2020 Pandemic (COVID-19) : The C4 Plan

Conceptual Framework
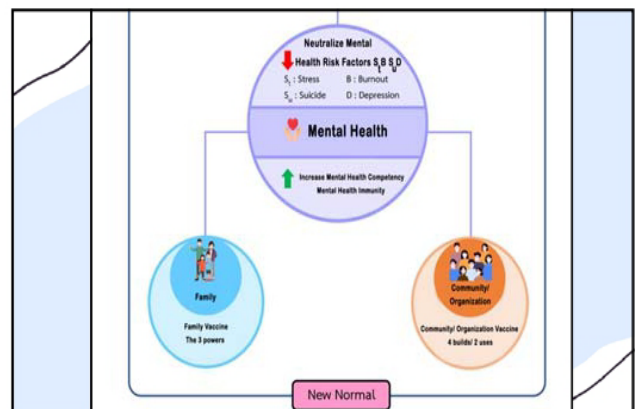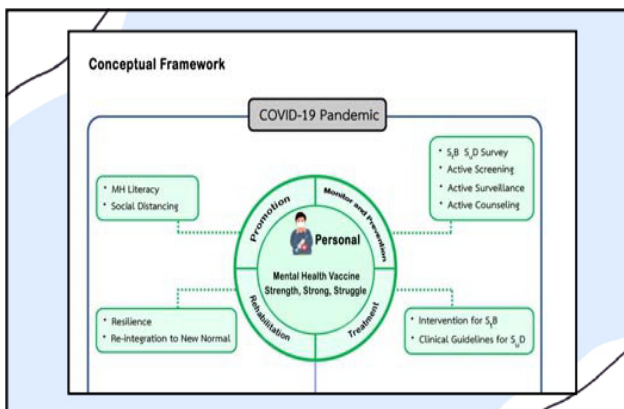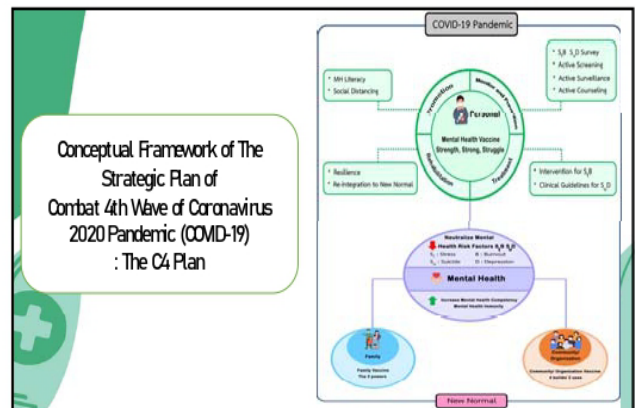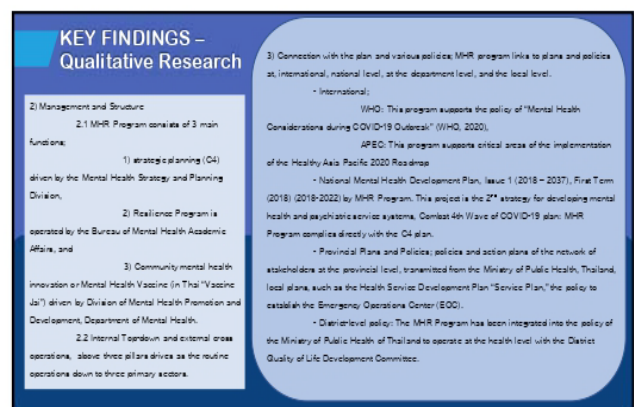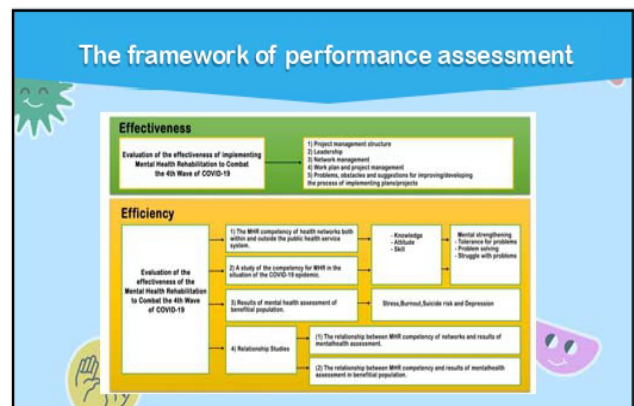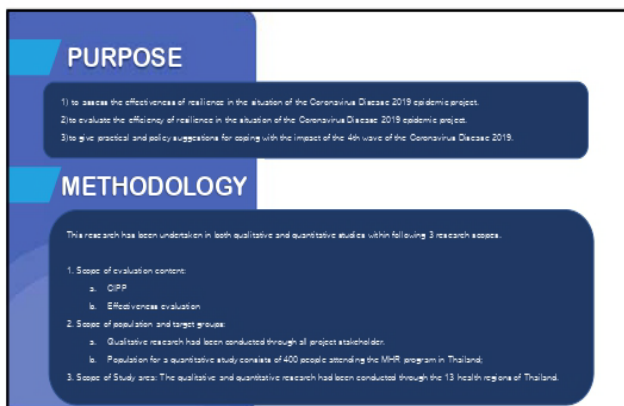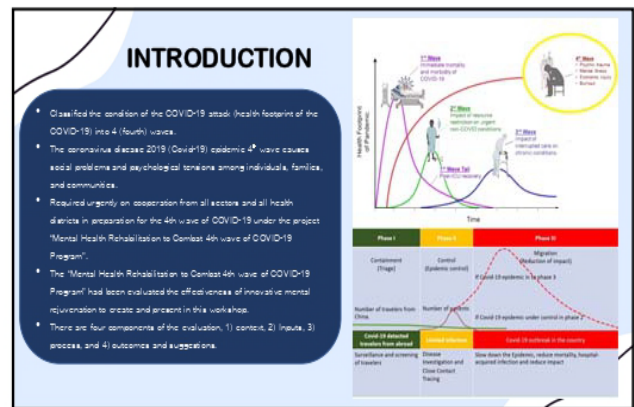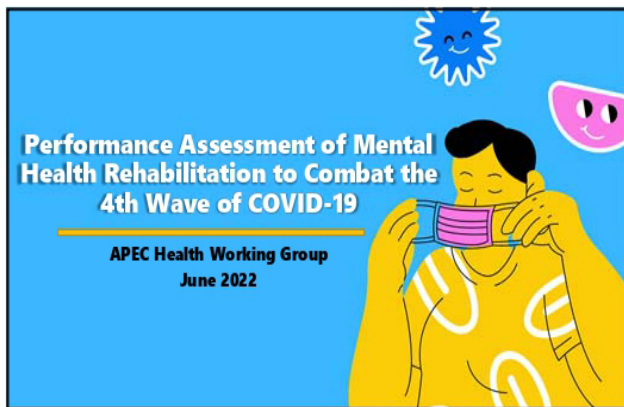
KEY FINDINGS – Qualitative Research

4) Content of the MHR Program
- Forms and methods of mental rejuvenation
- Enhancing knowledge of mental health and new lifestyle approaches (New Normal)
- CMHI: Mental health vaccine innovation
- Promoting the management of problems related to the economy

5) Beneficially Target Group in MHR Program.
- Vulnerable Group
- Infected and At-Risk Groups
- Ministry of Public Health Officers
- Community Network

KEY FINDINGS – Project Input

Plans and Manual Document
- Plans and Manual Document; C4 Plan and Manual https://www.dmh.go.th/intranet/p2554/download.
- Resilience Programme Course Books; The Documents can be downloaded at URL: https://dmhnetlibrary.org/itcms/show/453
- Books and manuals; CMHI (Community mental health vaccine innovation) https://www.dmh.go.th/covid19/pnews

Resources and Management
- Operating budget; this MHR program has an insufficient operating budget. Still, it can operate because the operators in each sector use the method of integrating the funding to implement the project together with other works.
- Personnel; Personnel for mental health operations in Thailand is limited, and each sector has a relative shortage of personnel to operate the project.
- Mental Health Check in Application
- Working Manual
- E-Learning Video / Application
- Data Health Information Dashboard
- Technology/software for communication

KEY FINDINGS – Project Process

Leadership in management
a) Visionary Leadership in Mental Health
b) Leadership with operational Clarity
c) Inspiration Leadership
d) Leadership Emphasis on Performance Participation
e) Leadership that prioritize work
f) Leadership that understands, approaches, develops
g) Selfless Leadership
h) Facilitated Leadership
i) Flexible Leadership in Management
j) Leadership with a focus on networking
k) Transformational Leadership
l) Leadership that promotes learning and self-improvement

KEY FINDINGS – Project Process

Collaboration with the network
- Policy level collaboration
- Area health zone level collaboration
- Provincial-level collaboration
- District level collaboration
- Community-level collaboration

KEY FINDINGS – Implementing MHR Program

1) Strategy 1: Integrate and promote, proactive mental health prevention and control factors that contribute to mental health problems in viral infectious disease outbreaks
2) Strategy 2: Improve the quality of mental health and psychiatric service systems in the infectious epidemic situations of COVID-19
3) Strategy 3: Develop a mental health risk communication system and build mental health awareness
4) Strategy 4: Develop personnel to increase their potential performance in the situation of the COVID-19 outbreak
5) Strategy 5: Develop an information synthesis system to create a policy proposal on mental health during the Covid - 19 epidemic
6) Develop and install a mental vaccine for individuals, families, and communities to prepare them for a new life (New Normal)

KEY FINDINGS – The results of the Resilience Program

1) Supporting the operation of the Office of Mental Health Academics in driving the empowerment of mental health.
2) The advances in academic development and empowerment operations are essential to carry out mental strengthening activities and will be even more critical in the following years.
3) The success of the RP in 13 health zones. It was found that there were operations in all 13 health zones, each health area operating as a main project.
4) They brought the curriculum and videos to strengthen the mind to organize activities for target groups in the area.
5) The willpower assessment of The Mental Health Department, educated and trained of 335 people; found 182 people have a moderate mental strength before school, 45.3%, and 262 people, 78.2% up after school, and 132 followed up after one month of training is 55.0%.
6) There is overall satisfaction in organizing activities according to the curriculum and videos to empower people in the area.
   Implementation of activities according to the curriculum and videos to strengthen the mind in the area by public health personnel at the Mental Health Center 1-13 and the Psychiatric Hospital.
The satisfaction level is found at 69%, followed by the highest level at 23%.

KEY FINDINGS – Project Evaluation Process

a) Assessment Process: It focuses on systematic governance and measurement.
b) Supervision, follow-up, observing: The follow-up work has formal and informal ways, sometimes via Line Group, e-mail, phone inquiries, and providing information on work in the area.
c) Reporting and Presentations: The Mental Health Center provides weekly C4 Progress reports to the EOC Provincial Team, along with the mental health practitioners, The District Public Health Office (PHP), community hospital to set guidelines for mental health care for people in the area helped to develop manuals that came up for use in the district and proposed to the Department of Mental Health.
d) Key performance indicator: Performance evaluation system. Mental health work is an urgent need for needles.

KEY FINDINGS – Problems in operation

a) Problems with network cooperation: lack of networks in some regions, the potential for collaboration, and sometimes no cooperation.

b) Insufficient Human Resources, the number of direct staff working at the Department of Mental Health is limited, unable to cover all areas of responsibility.

c) Technology limitations for using the app. During mental health assessment, many areas still lack the availability of the Internet system.

d) Communication delays: some processes are too complex and bureaucratic. In addition, some agencies have changed their response.

e) Inability to work in high-risk areas: the COVID-19 outbreak is unable to work locally.

f) Language and cultural differences: Some areas have linguistic and cultural differences.

g) Potential Workforce Issues: Due to Diversity in Mental Health Networks recognizing or understanding.

h) Executive/Officer turnover: Frequent change of responsible person resulting in uninterrupted operation.

i) Lack of clarity: Mental health operations have several similar projects. The network does not know whether they are different jobs or the same.

j) Other issues: Timeliness of activities and education about the COVID-19 epidemic situations due to the rapidly changing situation of the COVID-19 epidemics.

KEY FINDINGS - General information of the respondents

Table 4.1 The characteristics of samples of the Network of Resilience practitioners

Table 4.2 The characteristics of samples of the beneficial population

KEY FINDINGS – the knowledge of networks

MHR program knowledge of network practitioners
Quantitative research result reveals that the respondents have a high level of MHR program knowledge.
This shows clearly by the average mean score of 3.77.
The lowest score is 2.00 and the maximum score is 5.00.
The standard deviation score is .719.

The statement number 11
(the knowledge of how to protect themselves from contracting COVID-19) has the highest mean score
4.27)

Following by Statement number 13 (the knowledge of how to access reliability information channels of Covid-19) has an average mean score of 4.22.

The contents that respondents have the mean scores less than 3.00 are the statement number 5 (how to get the benefits from resilience program) mean score of 2.10 and statement number 4 (how to implement resilience knowledge for practice) at the average mean score of 2.29.

KEY FINDINGS – Knowledge of beneficial people participated in MHR program

Table 4.6 Mean of Knowledge score in a beneficial people group classified by issues

The most understanding of was Access to on-demand mental health rehabilitation information (average score of 4.50)—followed by knowledge and experience of how to protect yourself from COVID-19 infection (mean score 4.38). As for the issue with the least average comprehension scores, there are 2 issues: self-access to mental health information and knowledge of psychological support channels and Access to mental health services in crisis (mean score of 4.04).

Table 4.7 Percentage of beneficial people with MHR knowledge

Average knowledge score	Frequency	Percent
Less than or Equal to 3 point	18	9.0
More than 3 point	182	91.0
Total:	200	100.0

The results of the data analysis according to the assessment criteria revealed that 91.0% of the population had knowledge and understanding about the management of mental rehabilitation in the COVID-19 situation (mean score more than 3). (Table 4.7)

KEY FINDINGS – Skill of mental health rehabilitation

Table 4.9 Score of the management skill of health practitioner classified by issue

Statement number 6 (the ability to express positive communication and a positive mindset throughout the world) has the highest mean score (4.04), followed by the three statements at the same score of 4.20 are, statement number 4 (the ability to council for consciousness and manage stress), the statement number 5 (the ability to advise on how to adapt daily life through Covid-19 situation), and the statement number 7 (the ability to advise on the way to manage life problems). The lowest average mean score of (3.96) is in the statement number 2 (the ability to give an advice the way to conquer life problems). (Table 4.9)

KEY FINDINGS – Beneficial people's mental rehabilitation skills

Table 4.12 MHR Skills of beneficial people classified by issue

Slide 1

Situation and health footprint of Covid-19

The impact of COVID-19 outbreaks: 4th wave

The analysis of the outbreak's nature according to the Health Footprint of COVID-19 in Figure 2.1 (source: the graph was adapted from Victor Tseng – Pulmonary & Critical Care Physician: University of Colorado.)

The outbreak can be divided into four waves;

1st wave: Immediate mortality and morbidity of COVID-19.

2nd wave, the impact of resources restriction on urgent non-COVID-19 conditions. The outbreak creates problems for the uninfected patients.

3rd wave, the impact of interrupted care of chronic conditions

The Covid outbreak affects chronic diseases patients. They are impossible to see a doctor as scheduled

This research focuses on the 4th wave, psychic trauma, mental illness, economic injury, burnout. The long-standing epidemic will affect the economy, causing people stress and anxiety, increasing mental health problems and psychiatric conditions

Slide 2

Mental Health Check in; A screening Tool

Slide 3

Prevalence — *Bangkok*

เครียดสูง	เสี่ยงซึมเศร้า	เสี่ยงฆ่าตัวตาย	มีภาวะหมดไฟ
26.37%	31.84%	17.91%	8.82
50	64	36	3

Stress — Depress — Risk of Suicide — Burnout

May 2021

Slide 4

"Resilience" was derived from a Latin word "resillio" meaning "bounce back" (Manyena, 2006 quoted in Mohupt, 2008: 63)

Resilience Classified by type of risk factors

(1) Individual problems such as underweight and disability

(2) children's chronic stressful conditions such as drug abuse and parents' alcohol abuse; and

(3) severe suffering conditions such as public disasters and death of a loved one (Newman & Blackburn, 2002: 2-3). Moreover, the classification can be made for the individual, family and community levels (Flieming & Ledogar, 2008: 7; Lankao & Tribbia, 2009: 2).
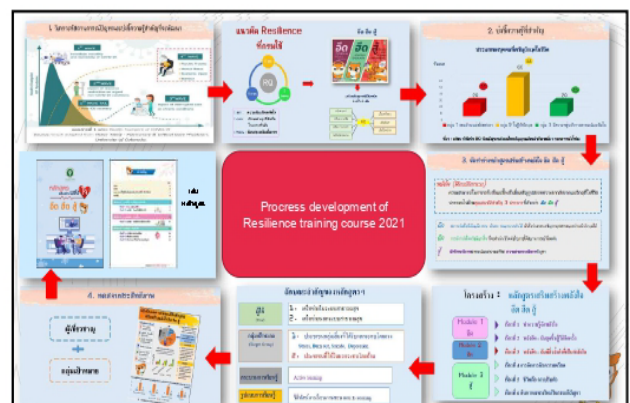
Positive emotion theory. Frederickson (2005 quoted in Hutchinson & Pretelt, 2009: 21-22) introduces the concept for broadening and building the theory of positive emotion that having a positive emotion creates the quality and is important for creating resilience as it will stimulate the person's physiological level that causes a reaction in response to the stress as well as the creation of a new mental reaction that limits the possible expression

Slide 5

Protective factors or assets. There are two kinds of protective factors, namely "**internal protective factors or internal assets**" which are personal potential or capacity and "external protective factors or external assets" which exist in the environment outside the individual's body and help enhance the person's potential or capacity. Protective factors help minimize the impact of risk factors, hinder the path of the cause and impact, or obstruct the negative impact of the risk factors, resulting in a good adaptation (Constantine & Benard, 2001: 32).

The concept of Grotberg.

Individual's capacity characteristics are divided to three components (Maclean, 2004; Flach, 1988 quoted in Penprapa Prinyapol, 2003), i.e.:

"**I have**" meaning self-esteem with thinking and behavioral independence as a giver and a receiver, trustworthiness and love, and good relationships with other people.

"**I am**" meaning strong internal factors and personality including feelings, attitudes and personal beliefs.

"**I can**" meaning social factors and inter-personal interactions

Slide 6

External protective factors or external assets

include those at the family, school, community, and peer levels (Suriyadev Tripati,n.d.; Constantine & Benard, 2001: 20-22)

(1) Family protective factors include the warm and secure family relationships such as parents' support, child-parentrelationship.

(3) School protective factors are the supportive factors from schools that promote positive development for children

(2) Peer protective factors. Peers provide the support that children do not obtain from their parents or others.

(4) Community protective factors include social support, creative areas, neighbor relationship in the community,

The concept of Mental Health Rehabilitation to Combat the 4th Wave of COVID-19: MRH program

Mental Health Rehabilitation to Combat the 4th Wave of COVID-19: MHR Program, as mentioned at the beginning, originated following the recommendations of the United Nations on the necessity of Member States to establish appropriate guidelines, both medical and social, to promote, prevent and care for mental health from individual, family and community levels according to the policy of the United Nations (UN).

The Combat 4th Wave of COVID-19 Plan: C4

Vision:
"People, families, and communities are mentally strong. Safe from mental health effects in the situation of the coronavirus disease 2019 (COVID-19) outbreak."

Objective:
1. Reduce the impact on people's mental health from the situation of the COVID-19
2. Increase mental potential at individual, family, and community levels to have mental immunity.

Indicators and target values of the plan:
1. The suicide rate does not exceed 8.0 per 100,000 population.
2. 80% of people in the four risk groups (StB SuD: Stress, Burnout, Suicide, Depression) had access to mental health services.
3. 80% of people who are mentally strong in the situation of the coronavirus disease 2019 (COVID-19) outbreak.

The level of resilience operations

Mental health strengthens motivated through three mental health willpower, i.e., "strength", "strong", and "struggle" (in Thai words, "Xụd", "ḥụd", "sū̂").

➤ **Strength** ; Mental Strength

➤ **Strong** ; Strong Relationship

➤ **Struggle** ; Struggle to Thrive

The principle of "strong, strength, struggle."

1 Strong: I am Strong: I am; know how you are. What crises have you been through?
2 Strength: I have Supported: I have; know what you have potential can find resources to further develop self-care skills?
3 Struggle: I can do better: I can; make good things happen, and I am ready to enter a new way of life (New Normal).
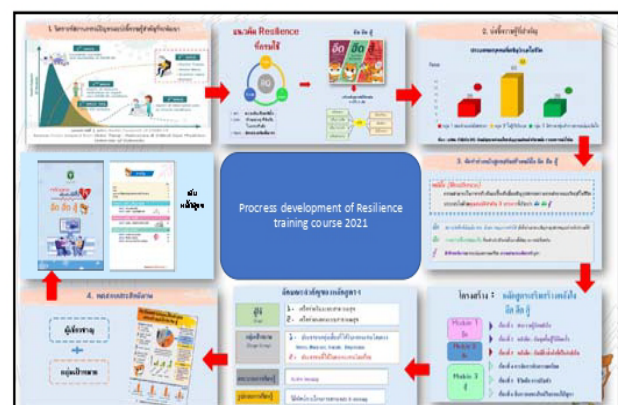
Procress development of Resilience training course 2021

Resilience Curriculum for MH Practitioner

Product: Resilience knowledge set

1. Knowledge Resilience sets
2. Resilience courses
4. Resilience Music Video
3. VDO for course training
5. Resilience DVD

Publication channel
document/books
1. YouTube/Facebook Bureau of Mental Health Academic Affairs
2. DVD

The example of Resilience training course

The result of Resilience training course 2021
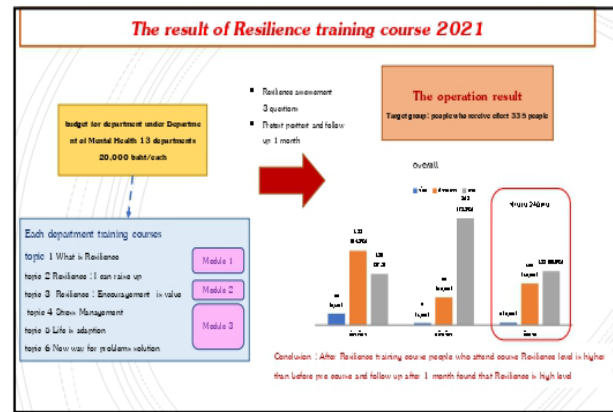
Conclusion

Resilience Programme

1 Promote Resilience Literacy
2 Training and Coaching for target population
3 Provide Community Resilience Process

Resilience Programme;
Manual and Curriculum

Dr. Terdsak Detkong,
Director of Bureau of Mental Health Academic Affairs, Thailand

The Power of Strength, Strong and Struggle

Strength	:	Mental Strength
Strong	:	Strong Relationship
Struggle	:	Struggle to Thrive

Resilience is willpower in another word. The is the power to overcome the crisis that is in us. It is one that will help prevent us from losing our mental health when the day our lives have to go into a crisis which we cannot control, consisting of -Stress, Strong & Struggle-

Strength Power is a state of mind that is strong, calm, stable, and resistant to pressure, control yourself and be confident that you will be able to overcome obstacles and crises.

Strong Power is having the willpower or the will to carry on with your life, under stressful situations. This is an important source of encouragement by getting supported from people around you.

Struggle Power is the power that fights over obstacles, problems that arise from critical situations, especially the ability to resolve problems and have skills in dealing with stress and emotions.

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"I can" meaning social factors and inter-personal interactions

Product: Resilience knowledge set

The example of Resilience training course

Resilience

When people confront with serious problems and crisis.

1 Some people discourage (be a victim)

2 some people struggle so they can overcome problems (struggler) and

3 some people change their attitude, add their skills and grow (grown up)

What are make different results although, people confront with similar difficulties?

Module 1 Strength power

there is content that makes the people know the power of the mind. This power is one aid that will help prevent people from losing their mental health when a life crisis occurs. Mental power can protect oneself and family from mental health problems such as stress, depression, anxiety, or mental illness—alternatively, loss of mental health after facing an incident that affects. The course will teach the power of endurance to change thoughts and beliefs by not surrendering and allowing a person to dwell on life, feelings, or thoughts for too long.

Characteristics of a person who has strength are

(1)Understanding that difficult situations will pass one day like many situations in life.

(2) Confidence that one is strong enough to get up and continue living.

(3)See the other side of life that has changed that there will always be new good things happening.

(4) Still willing to do good things for others and being content to be considerate of fellow human beings

(5)not following one's own will. Security and well-being of both oneself and others. Then the strength-enhancing participants will be given a reason to answer and were passed on a method to increase the strength to endure more.

Strong Power Assessment

At this moment, how much of your strong power level, the lowest power is 1 and the highest power is 10. Please answer truthfully as much as possible for the benefit of developing yourself competency.

1	2	3	4	5	6	7	8	9	10
Lowest									Highest

How to make more strong power?

Why you think you are at this level?

Module 2 Strong Power

Encouragement is essential

Being encouraged to face the challenges and obstacles in life gives a person the strength to continue living in stressful situations. This encouragement can be obtained from family and society. Those empowered must apply their strength and help those around them overcome obstacles to the desired goal. "Strong has the willpower or will to carry on with life under stressful situations. This encouragement has an important source. support from those around the person."

The power of the strong has one crucial principle:

- Asking for help or requesting support in many ways, such as asking for sympathy
- Asking for encouragement
- Having a conversation to exchange information or a possible solution

---

Important things to consider

(1) knowing when to seek mental and emotional help. Moreover, support in various fields from whom

(2) Know how to communicate with people who need help "must speak up, be open-minded, and be open to advise. Furthermore, receive encouragement from those around a person.

"If you discourage, don't forget to think about people around you"

Module 3 Struggle Power
I can do it

A.Stress management: This course aims to raise awareness of stress. And stress management. Practice stress reduction skills. Moreover, practice anti-stress skills by enhancing skills in meditation practice, mindfulness practice in various activities, and not being overwhelmed by stress. There are three ways to manage stress properly: First, self-awareness by observing and accepting the stress that occurs that is normal to happen, and most people can adapt. Second, know how to reduce stress as appropriate for the person and prevent the emergence of new stressors from increasing.

B.The ability to adapt. The objective is to enable learners to understand their current situation and allow learners to analyze problem-solving approaches systematically. Therefore, they can apply to themselves in crises that may affect income by appropriately reducing expenses using fighting power. It is the ability to fight and overcome problems and various obstacles in solving and managing stressful emotions. They will be more confident enough to overcome obstacles. They will gain a positive mindset and flexible way of thinking. The initial proposal for the first consideration for the economic crisis caused by Covid-19 is to reduce unnecessary expenses due to reduced income and do household accounting. There are activities to encourage those who have been trained will be able to rethink, rebuild, and solve problems.

How to make People more accept and apply?

Attitude and Motivation are most important

1 There are some gap/problems
2 It is possible to make change
3 There are some example
3 Sense of urgency
4 Learn to do some job
5 Get positive outcome

Adapt from The HBM (Hochbaum, Rosenstock, & Kegels, 1952)

Structure : Resilience training course

Module 1
- topic 1 What is Resilience?
- topic 2 Resilience : I can raise up

Module 2
- topic 3 Resilience : Encouragement is value

Module 3
- topic 4 Stress Management
- topic 5 Life is adaption
- topic 6 New way for problems solution

Course characteristic

User	1. Public health network
	2. Nonformal public health network
(Target Group)	1. People who receive effects directly **S**tress, **B**urn out, **S**uicide, **D**epression
	2. People who receive effects indirectly
Learning process	Active learning
Learning methods	VDO learning และ E-learning

When we look people in society, We will find people who confront crisis

Some people discourage
some people struggle so they can overcome problems
What factors support people that they can overcome problems.
May be there are many related factors,
we call important factors "Resilience"

A real world example

elderly people sells fried chicken after she
was laid off because of Covid-19
https://www.youtube.com/watch?v=4DATZwb4klA

The Woman loss her job and also has a son
Who suffer from disease.
She has turn burden into motivation and asset.

Figure 2 Average (± SEM) percent recall of slides defined as arousing and as neutral by the CPS and control groups. * = P < .02 from corresponding control value.

Learning and Memory ; 2003

Enhanced Human Memory Consolidation
With Post-Learning Stress: Interaction With the
Degree of Arousal at Encoding

Larry Cahill, Lukasz Gorski, and Kathryn Le

Research Article
Mind-Set Matters
Exercise and the Placebo Effect

Alia J. Crum and Ellen J. Langer

Harvard University

ABSTRACT—In a study testing whether the relationship between exercise and health is moderated by one's mind-set, 84 female room attendants working in seven different hotels were measured on physiological health variables affected by exercise. Those in the informed condition were told that the work they do (cleaning hotel rooms) is good exercise and satisfies the Surgeon General's recommendations for an active lifestyle. Examples of how their work was exercise were provided. Subjects in the control group were not given this information. Although actual behavior did not change, 4 weeks after the intervention, the informed group perceived themselves to be getting significantly more exercise than before. As a result, compared with the control group, they showed a decrease in weight, blood pressure, body fat, waist-to-hip ratio, and body mass index. These results support the hypothesis that exercise affects health in part or in whole via the placebo effect.

A group of 84 hotel housekeepers working in 7 different hotels across the US were given a variety of tests including their weight, blood pressure, body fat and job satisfaction. These women are on their feet all day long, they use a variety of muscles and they are burning lots of calories every day just doing their job.

TABLE 1
Self-Reported Exercise and Significant Dependent Variables by Time and Condition

---

- The example in society-

The famous singer "Golf" sells Thai style grilled Pork after he was laid off because of Covid-19

https://www.youtube.com/watch?v=hoeHOOfKR8I

Making People more Readiness to change

1 Awareness of situation
2 Motivate people to have a picture that [you]would like to be
3 Seeing good example
4 Know the way
5 Try some steps

Attitude and Motivation are most important

Problems, obstacles and life crisis, If we recognize, we confronted a lot of life crises that were study, work, relationship. We and other could deal with these problems and we grow up and had more opportunities. We had stress and felt painful in the early stage until, we had Resilience, assistance from family, friends.
Some people learn new skills and change lifestyle in a better way.

Important aspects

1

First aspect, Everyone can confront with problems and obstacles.

2

Second aspect, If we can change aspects learn something new and adapt . It might be important opportunities

3

Last aspect We need positive thinking and aspects, there are useful resources, good relationship around us and decide to do something that might be opportunities

Slide 1

Please recognize the most difficult situation that you could overcome and answer 3 questions

1. The important qualification that you could overcome the problems were
....
....

3. The abilities that you used to overcome the problems were..........................
....

2. The important person that assist you overcome problems were
....
....

Slide 2

Resilience is simple word that can describe emotion characteristic and three aspects of mental health that are important mental health power to over come the problems.

1. Resilience

Mental Health condition is calm, powerful and stable mental health which can overcome problems, struggle and crisis

2. Encourage

Encourage or have resilience to live under pressure situation which come from people who stay around you

3. Confront

Overcome problems, obstacles and crisis especially, problems solving skills, emotion and stress management

Slide 3

The characteristics of Resilience

1. Understand that you can pass the difficult situations same as situations we confronted before
2. Believe in ourselves, can raise up and move forward
3. See other aspect of life, there are good thing in our life
4. Appreciate, have empathy to other people
5. Realize ourselves and other welfare

To encourage Resilience, we have to say good speech, slogans, music or role model.
For example, The day changed, you still have hope, power to move forward, we never give up!

Slide 4

Strength Power

We are strong , We can rise up and fight again

Those who have "Strength Power" will have the following characteristics:
1. Understanding of the situation and will go through this tough time.
2. Believe that you are strong enough ready to deal with difficult situations
3. See the other side that can always change for the good.
4. Appreciate on doing good things. Helping and caring for others.
5. Not doing as you please but ready to maintain safety for society

Simple ways to build Strength Power for yourselves.
1. Identify stress signals, identify the causes, and find ways to reduce stress immediately.
2. Create peace of mind in various ways and stay calm.
3. Keep encouraging and fulfilling self-worth and think that the crisis shall pass someday.
4. Look for positive aspects or positives of living during the COVID-19 pandemic.
5. Study the lives of other people who are able to adjust accordingly.

Slide 5

"Resilience" Encourage and support from people who live around.

https://www.youtube.com/watch?v=IskGrTW1BxE

Slide 6

Different aspect
Do you see triangle or square?
People who have high stress will overlook the lager of life.

global-local visual processing

Gasper & Clore 2002

Brain abilities:
connect and find the answers

Samsung/door/electricity/...............
woman /respect/house ....
respect/house/woman.................

Relatives and closed friend are necessary for supported relationship
They can support and coach us

Connectedness from individual to our brain!

Strong Power

Valuable things to Support , Supportive relationship

Strong Power: It is a power that can be encouraged when facing with pressure and in difficult situation, the power to rise again by looking at life with hope. If you cannot go through this alone, find someone you trust to motivate and support you. This is a very valuable encouragement during hard time.

Seeking help from those around you: It is a request for support in different ways such as asking for sympathy, understanding from people who may not be family members or relatives. The main principles are how you plan for the have conversation, must open to receive advice and encouragement from those around you.

Problem Solving

*Reskills & Upskills
*Solution focus & New way of thinking

Struggle Power

Stress Management , Problem solving

The right way to manage stress

Stress prevention does not accumulate additional stress by practicing mindfulness to have a state of mind

Self-awareness by observing and acknowledging the stress that arises. It's a natural thing to happen and most people will adjust.

Have an appropriate way to reduce stress by yourself by practicing meditation in psychology. Easy to practice and anyone can practice.

"Confront" stress management, change attitudes, change their lifestyle, reduce expenses and earn more income

Exchef after he was laid off because of Covid-19, he sells street food.

Using other abilities or learn new skills or new job
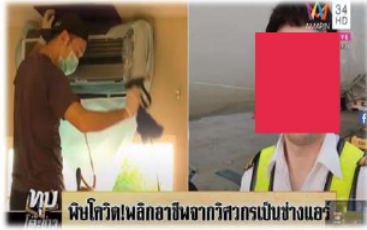
We can Do it better

Adaptation is one of the struggle powers that are very important to our survival during difficult situations such as the COVID-19 epidemic. both in the case of living behavior and in the case of daily spending

Rethinking is a lifestyle that has adapted to the epidemic situation of COVID-19. to address important issues for our mental health especially the problem of insufficient funds for daily expenses will be a major problem for mental health which must be re-thought "Review of income and expenses" to be balanced

Find new ways to solve problems

People with fighting power will always find new ways. In order to get new ways of working, increasing income, without sticking to the same things that have been done, which can be done both by relying on the ability in the same career. Other abilities that arise from learning newer things

---

Increase in income, it's an important way to find a new way. To solve the problem of balance of income and expenses that greatly affects our mental health in the situation of the COVID-19 epidemic. Which is considered "Solutions" for good living and it will add even more value.

When working with "Reducing Expenses"

Synergistic outcome

Summary

1 Make people some awareness and motivation to learn
2 increase possibility and give some example
3 give information/skills as menus
4 opportunity to try out and get benefit

Individual ⟷ Community

Listen to Unions' Voice

Listen to Voices of Salaried Employees

Listen to Top Management's Voice

Before for making any changes, we learn the pain points from key stake holder and what they said....

PAIN POINT

From Employees
Increase Well Being, Reduce Stress Team
(Health Committee)

Concerned
- Health
- Job insecurity
- Drugs
- Debts

EXPERIENCE

Labor Unions

Concerned
- Job insecurity
- Life after retirement

disruption

Business

Concerned
- Employee Safety
- Product Quality
- Employee Capability and Efficiency
- Work Attendance
- Sustainability

Core Teams

Health Promotion Committee   Labor Steering Committee   Executive Committee

Environment

Input

Conversion Process

Output

Salaried Employees

Labour Unions

Top Managements

Pain Point

Support

Core Team
- Labor Relations Team
- Health Committee
- ECM

Decision

Action

Well Being Holistic Program

5 yr Labor Master Plan

Hourly and Salaried Bonus Metric Scheme

Slide 1

Mental Health and Life Planning

Auto Alliance

EAP Room (Employee Assistant Program)

Counselling with Professional

Mental Health Training

Provide Facility and promote for Mindfulness Club, Religion Clubs(12.00 -12.50 p.m).)

Happy Soul

Muslim Pray Room

CHRISTIAN CLUB

Slide 2

WELLNESS

Mental Health and Life Planning

Employee experience ,Learn, Live, Survive and Earn from Nature
โคกหนองนา โมเดลการเรียนรู้ จากธรรมชาติและการอยู่รอด ด้วยภูมิปัญญาของตนเอง

Working with labor unions and survey most interesting jobs for next careers

ตัวแทนสหภาพฯ และตัวแทนพนักงาน (เป็นกรรมบอกเรียง)
Survey Top 10 Alternative Career"

Slide 3

Employee Care Program-Personal Finance Planning

- การให้ความรู้ทางการเงิน (Financial Literacy)
- การตั้งเป้าหมายการเงินและเทคนิคการออมเงิน (Financial Goal and Saving Technique)
- การบริหารหนี้ส่วนบุคคล (How to manage your debt)
- ตัวอย่างการออมอย่างชาญฉลาด (Example of smart saving)
- ฝึกการทำบัญชีครัวเรือน (Household accounting exercise)

- เมื่อพนักงานได้เข้ารับการอบรมหลักสูตรนี้แล้วจะสามารถ
  - รู้และเข้าใจเกี่ยวกับการบริหารและจัดการด้านการเงินของตนเองได้อย่างมีประสิทธิภาพ วางแผนการออมเงินเพื่อใช้ในวัยเกษียณอย่าง เป็นสามารถเข้าร่วมและใช้บริการโครงการสินเชื่อเพื่อประชาชน ของธนาคารออมสินได้

Slide 4

WELLNESS

Mental Health and Life Planning

Top Ten Alternative Careers

Course : Installation and Maintenance Solar System

Course : Daily Make up

Course : Coffee shop entrepreneur

Slide 5

Connect to the Communities and Share the practices- AAT is recognized by Public Health Sectors for Best Practices

Slide 6

COVID-19
CORONAVIRUS DISEASE 2019
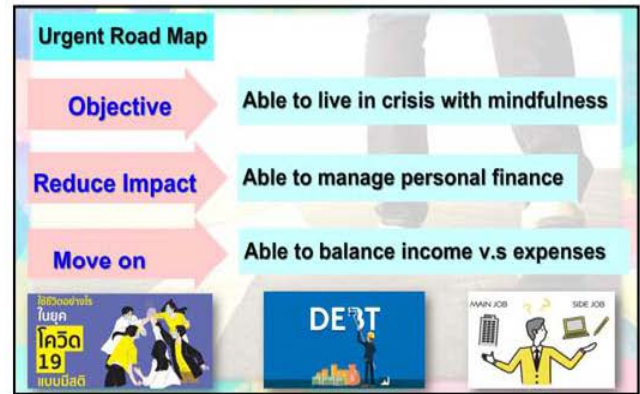
Slide 7

รมรี้ 3อ.+Covid

Slide 8

3อ. + COVID

- **อ.อาหาร** Nutrition
  รับประทานอาหารครบ 5 หมู่ หลักเลี่ยงการรับประทานอาหาร
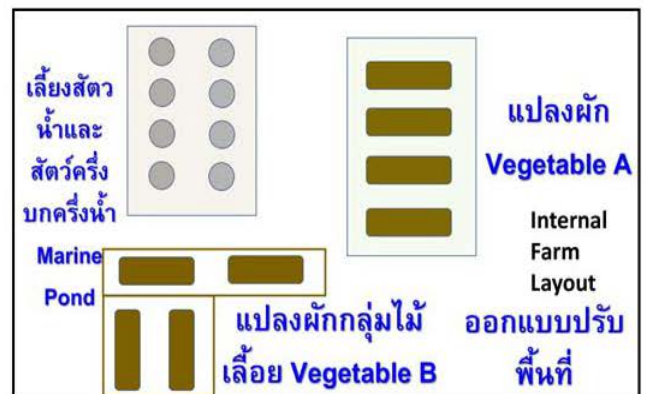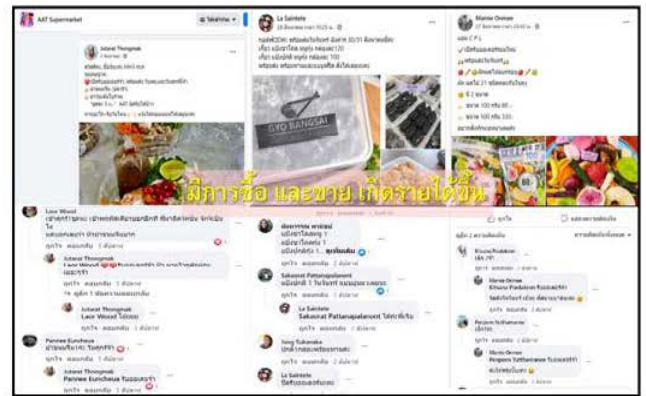 ที่มีไขมาน มัน เค็ม มากเกินไป
- **อ.ออกกำลังกาย** Exercise

มีการซื้อ และขาย เกิดรายได้ขึ้น

Urgent Road Map	Reduce Impact	Move on
1st Activity Design activity to reduce stress during COVID-19 with MH Department	**4th Activity** Learn how to do the household Accounting and be able to self assess their financial and resolve their debts and plan their personal finance.	**5th Activity** Organize two work shops to increase the income 1. Increase the income by home garden 2. How to sell goods in online market
2nd Activity Training "Stress Management" to employees to be resilient during the Crisis		**6th Activity** Demonstration Farm and learning by doing in AAT
3rd Activity Upskill Employees from 2nd Group to be able to give advice and do mental health first aid for their teams.	Learning Hub	**7th Activity** Opened AAT online market

8th Follow up each financial plan monthly

เลี้ยงสัตว์น้ำและสัตว์ครึ่งบกครึ่งน้ำ

Marine Pond

แปลงผัก **Vegetable A**

Internal Farm Layout

แปลงผักกลุ่มไม้เลื้อย **Vegetable B**

ออกแบบปรับพื้นที่

Planting
ต้นอ่อนทานตะวัน

สรุปข้อมูลค่าใช้จ่าย แปลงหมู่สร้างแหล่งอาหารในครัวเรือน ผ่านพื้นที่ของบริษัทฯ

เงินสนับสนุนโครงการ	12,916 บาท
ยอดขายครั้งที่ 1	620 บาท
ยอดขายครั้งที่ 2	620 บาท
ยอดขาย 24 ก.พ.65	900 บาท
ยอดขาย 2 มี.ค.65	420 บาท
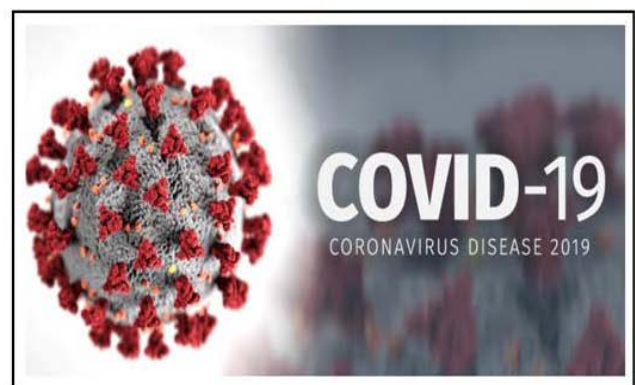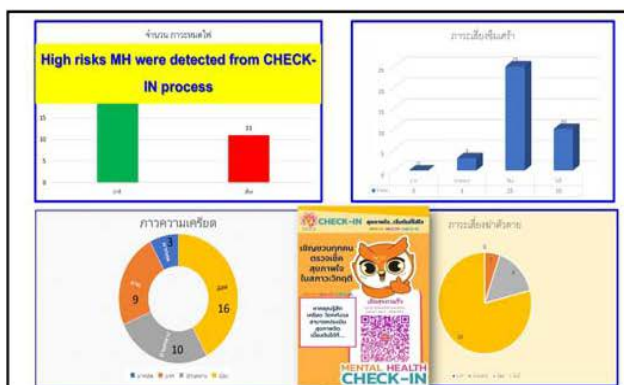
Moving Forward 2022++ "Partnership with expert and Synergy"

- Link with TPQI to certify experience, knowledge with Career Planning , Education and financial Fund

Moving Forward 2022++ "Partnership with expert and Synergy"

- Support Mental Health Department and Skill Development Department to certify ' Employee Health Promotion-Holistic Advisor' for all industry

2021 Health Promotion Strategy

3C : Change Attitude, Change Behavior, Chang Life
ปรับเปลี่ยน ทัศนคติ พฤติกรรม และ คุณภาพชีวิต

WELLNESS

Lesson & learnt from AAT Health Promotion Committee

1. Collect data and study what is fact and cause of employees'pain point
2. Anticipate the future and prepare to contain the possible threats
3. Include everyone to see big picture and work together to move forward (Company, Employees, Labor Unions)
4. Look at thing that we can do,Informal start up, emphasize the employees' participation, especially from the "Real" , "Authentic" ones, consistent connect & perform, then, it becomes the group culture- "AAT Hero/AAT Role Model".Then, expand to other groups
5. Spend minimum budget and focus on the available resources, tools and process and let working groups run and align activities interdependently, naturally(Employees' Club, Labour Unions, Employee Health Promotion Committee, Safety Committee) and run by Volunteer.

Lesson & learnt from AAT Health Promotion Committee

7. Empowerment is the key to expand this program in industrial area.
8. Empowerment means sustainable grow of MHP

   8.1 Local Government such as Provincial Public Health, Provincial Labor Office and Industrial Estate should be the co-host for deployment the program.

   8.2 Safety, Labor Standard, Process should include Employee Well Being Program into their process and Employer should comply.

Final thought

Not all of us can do great things. But we can do small things with great love.
MOTHER TERESA

Credit :https://www.pinterest.com.au/pin/345792077637895753/