The Results of Social Worker Network Practice: Promoting Mental Health Literacy in Thailand

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ABSTRACT:
The aims of this study are to determine the role of social worker networks in communities as a mental health service system, as well as to identify factors associated with respecting and nonstigmatizing individuals with mental illness. A mixed-methods approach was conducted from November 2021 to April 2022. Three-stage sampling was used for a quantitative study. 100 samples were employed using questionnaires. In a qualitative study, data was collected through in-depth interviews with 50 target groups using purposive random sampling. Confirmatory Factor Analysis, Multiple Regression, and Path Analysis were performed by LISREL. The results found that knowledge and awareness of mental health disorders affected respecting and nonstigmatizing. Both knowledge and awareness variables together predicted respecting individuals with mental illness at 55.1%. However, the knowledge variable was able to predict more than the awareness variable (beta = 0.76 and 0.14, respectively). There were 4 knowledge variables, including information, relationship, mental health disorder type, and mental health disorder feature, that affected respecting variables in 4 variables, namely, equality of human value, respect, communication, and kindness. As a result, promoting mental health literacy among social worker networks in communities is a significant task.

1. Introduction

Employee Thailand, according to the Sustainable Development Goals (SDGs), is one of the countries that also takes action to pursue people's well-being by consistently considering the plans of the United Nations Development Programme (UNDP) as well as the World Health Organization (WHO). Mental health was incorporated in to the well-being objectives because it can encourage individuals to manage the pressures of existence, achieve their full potential, concentrate and perform efficiently, and make positive contributions to society [1]. To drive mental health tasks in the community, there are two main organizations that perform them, namely, the Department of Mental Health (DMH) and the Department of Social Development and Welfare (DSDW). However, according to the organizational structure hierarchy, the tasks performed by bureaucratic officials within the community were divided into two sectors: public health officers and social workers, who work in separate offices. Despite the fact that coordination between organizations is important, the DMH is known as a major organization with responsibility for the mental health of the population.

The main issue encountered in community mental health practice is the insufficiency of personnel, while the ability to coordinate tasks across multiple organizations remains an unresolved challenge. This is the reason why community worker networks are significant. It was an effort to solve this problem, so the National Mental Health Commission (NMHC) established the National Mental Health Development Plan No. 1 (2018 - 2037) to use as a connecting instrument among many organizations in Thailand, such as the Ministry of the Interior, the Ministry of Public Health, the Ministry of Social Development and Human Security, etc. There are four strategies in this plan, i.e., promote and prevent mental health problems throughout the lifespan; develop mental health and psychiatric service systems; drive and push for legal, social, and welfare measures; and develop academics, operating mechanisms, and mental health operations [2]. One of the crucial indicators of this plan involves the reduction of societal disrespect and stigma towards individuals with mental illnesses.

This study's research questions are as follows: how do the social worker networks perform in mental health in their communities, and what factors are involved in respecting and nonstigmatizing people with mental problems? The findings of this study will help to shape the future of mental health work by identifying ways to foster cooperation and reduce stigma toward people with mental health disorders.

2. Research Objectives

To determine the role of social worker networks in communities as a mental health service system

To identify factors associated with respecting and not stigmatizing individuals with mental health disorders

3. Implication: Social Work in Mental Health

The meaning of "social worker" can be defined in various ways depending on perspective, either conceptualization or profession. According to an argument, social work is fundamentally distinct from other disciplines and has been influenced by sociological theories of social control, deviance, and labeling. Nevertheless, in some way, social workers are like the other disciplines and can share tasks in the multidisciplinary workforce. Similarly, the definition of a mental health domain includes not only technical treatment for a person with a mental illness but also work in a social context and the social consequences of mental illness [3].

In the profession perspective, social work is a practice-based profession that works with families and institutions in areas such as civil rights, unemployment insurance, disability pay, workers' compensation, mental health stigma reduction, and child abuse and neglect prevention [4]. It can be implied from this example that a psychologist is one of the professions in social work. According to the National Practice Standards for the Mental Health Workforce 2023 (Victorian Government Department of Health), there have been significant changes in mental health over the last ten years, and a greater emphasis on the role of the primary care sector in mental health through applied in applied in the following professions: nursing, occupational therapy, psychiatry, psychology, and social work. [5]. In other words, social work is considered a subset of mental health work.

In the context of Thailand, social workers occupied significant roles within the Ministry of Social Development and Human Security, whereas mental health personnel were assigned to the Ministry of Public Health. As a result, the focus of mental health tasks in both ministries is on separate target groups, and the work is not comprehensive at the community level. There are problems with limited information access and integration. Despite the fact that social work and mental health work overlap, there is a shortage of mental health social workers and mental health personnel in the community.

Therefore, the concept of mental health social work is characterized by its multidisciplinary nature. It encompassed not only social workers and health officials but also various personnel within the community. This paper utilizes the concept of work details, rather than occupation, within the ministries.

4. Methodology

This study employed a mixed methodology. In-depth interviews were conducted with 50 people as part of a qualitative study to describe the role of social worker networks in mental health. Questionnaires were used to collect quantitative data from 200 samples. The relative statistics, including correlation, Multiple Regression Analysis (MRA), Confirmatory Factor Analysis (CFA), and path analysis, were analyzed by LISREL.

Target groups and samples

The target groups in qualitative research were selected by purposive sampling. The characteristics were considered by the aim of this study to cover stakeholder mental health workers in the community and personnel at the policy level. Snowball random sampling was used in this research to identify the key informants.

In the quantitative section, simple random sampling was selected fortuitously. The targets were divided into four groups (50 samples each) and collected from four different regions of Thailand: the north, south, middle, and north-eastern.

Validity and confirmatory analysis

Questionnaire validation was accomplished by indexing item objective congruence (IOC) through the assessments of three professionals in the DMH. Only variables with a factor loading equal to 0.3 or more

were considered in the confirmatory factor analysis. The relationship between the independent variables has an r value of not more than .75 was employed to multiple regression analysis with Enter and stepwise methods.

Ethic

Ethic of human research was concern by respect the right of protection for the personnel information of samples. Certificate was considerate by DMH, Thailand.

5. Mental Health Service System

Participations of Social worker network in mental health tasks

The Department of Mental Health is primarily responsible for developing policies and supporting operations in mental health, including the body of knowledge and technology. Thailand is divided into 13 distinct area zones for the purpose of implementation. The department of mental health, on the other hand, lacks personnel at the district level. As a result, the key people to practice mental health work in communities are social workers, health officials, nurses, and volunteers. The roles of any workers are as follows:

1) Provincial Public Health Offices have roles in supporting and monitoring the operations of their area, collecting delivery information in the mental health database, and performing a performance report presented at the provincial/health district level for decision-making in implementing provincial/health district guidelines.

2) Provincial Hospitals have roles in treating and counseling mental health counseling.

3) District hospitals play roles in monitoring mental health illness from mental health hospitals, assessing risk groups with mental health disorders, and supporting community mental health knowledge and innovation.

4) Sub-district health promotion hospitals are responsible for following up on mental health illnesses from higher levels of care, assessing risk groups, coordinating with volunteers, and providing initial consultation.

5) Village health volunteers are responsible for assessing mental health illnesses by visiting the patient at their house for an initial mental health screening assessment and giving advice on self-monitoring and prevention of mental health problems.

6) Local government organizations have roles in supporting a network at the local level, such as welfare matters related to the target group of public health work, such as funds related to children, the disabled, and the elderly. Moreover, this organization also provides money to support village volunteers, and supporting the budget and workforce depends on the cooperation in each locality.

In the mental health service system, social worker networks refer to anyone who assists people in overcoming some of life's most difficult challenges, such as poverty, discrimination, abuse, addiction, physical illness, divorce, loss, unemployment, educational problems, disability, and mental illness [6]. As a result, any of the personnel and organizations mentioned above are social worker networks in this context.

Mental health literacy programs

The concept of mental health literacy is derived from the concept of health literacy, which aims to improve people's knowledge and attitudes about their mental health, illnesses, and treatments. MHL is a necessary skill for promoting mental health in people of all ages. Which could help them with their minds. People with an appropriate MHL may be able to recognize the onset of a mental disorder, care for their mental health, and seek appropriate professional help. MHL could be evaluated using a variety of methods, including an interview and a questionnaire. MHL was something that could be honed [7].

Mental health literacy is an important project, according to the DMH's strategic plan for mental health promotion. This strategy includes numerous programs. In 2021, two projects have expressed interest in evaluating the strategic plan.

The assumption of strategic working by promoting mental health literacy is that people who have knowledge of mental health features will respect and not stigmatize individuals with mental health disorders.

The activities of mental health literacy program

There were various projects in the mental health literacy program. The two projects that interested the committee of strategic evaluation were: 1) the project to enhance knowledge and develop desirable mental health behaviors for the general population; and 2) the project to promote mental health for the elderly to be a person who is valued and happy.

Activities for the first project included [8]:

1) Developing the mental health literacy knowledge database

2) Strengthening understanding and respect for psychiatric patients in the group of patient relatives

3) Promoting the channel of access to the mental health knowledge database in the community to enhance people's mental health behaviors themselves

Activities for the second project included:

4) Integrating works with the community health system to provide knowledge of mental and physical health that is suitable for the elderly.

5) Setting the assessment system of elderly mental health in community

6) developing innovation and standards for work to promote about how to be satisfied in life

7) Training volunteers in the community to form a network of mental health workers in the community.

6.   The result of implementation

The survey's results from 100 samples participating in strategic projects revealed that most people (97%) receiving services and participating in strategic projects are aware of and understand mental health.

Age factor associated to respecting and not stigmatizing people with mental health illnesses.

According to Pearson correlation analysis and linear equation analysis, the results found that age has a positive relationship toward respecting and nonstigmatizing people with mental illnesses. Figure 1 illustrates that people of older ages are more respectful and nonstigmatizing than those of younger ages.
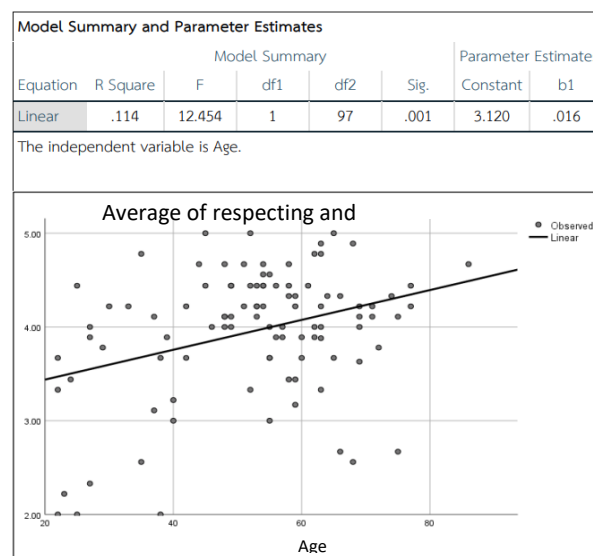

Model Summary and Parameter Estimates							
	Model Summary					Parameter Estimates	
Equation	R Square	F	df1	df2	Sig.	Constant	b1
Linear	.114	12.454	1	97	.001	3.120	.016

The independent variable is Age.

Figure 1: Pearson correlation analysis and linear equation analysis between age factor and respecting and nonstigmatizing factors

Experient factor associated to respecting and not stigmatizing people with mental health illnesses

The results (Table 1) from analyses of the mean's difference are as follows:

Table 1: Analysis of the mean's differences between factor relevant with respecting and nonstigmatizing factor and awareness and understanding factor

Factors		N	Respecting & Nonstigmatizing			Awareness and understanding		
			Mean	S.D.	Sig. (F)	Mean	S.D.	Sig. (F)
Prior participants in mental health literacy programs	No	18	3.51	.764	.002*	3.62	1.00	.026*
	Yes	81	4.07	.621	(1.84)	4.21	.498	(8.82)
Having relatives with mental health illnesses	Yes	29	4.08	.609	.233	4.44	.428	.001*
	No	71	3.90	.708	(1.10)	3.96	.681	(3.18)
Having a neighbor with mental health illness	Yes	32	4.18	.563	0.20*	4.41	.371	.000*
	No	67	3.84	.716	(3.85)	3.95	.710	(7.79)
Prior experience caring for mental health patients	Yes	28	4.14	.536	0.53	4.36	.423	.002*
	No	71	3.88	.727	(5.78)	4.00	.703	(5.29)

1) Prior participants in mental health literacy programs have higher scores for respecting and nonstigmatizing for people with mental health illnesses, as well as greater awareness and understanding of mental health illnesses than no prior participants (statistically significant, $p \leq .05$).

2) Samples who have relatives with mental health illnesses have higher understanding and awareness scores than samples who do not have relatives with mental health illnesses (statistically significant, p≤.05).

3) Samples who have a neighbor with mental health illness had higher scores of respecting and nonstigmatizing for people with mental health problems, as well as higher awareness and understanding scores of mental health illness than samples who do not have a neighbor with mental health illness (statistically significant, p≤.05)

4) Samples that had prior experience caring for mental health patients scored higher on awareness and understanding of mental health illnesses than samples that had no prior experience caring for mental health patients (statistically significant, p≤.05).

Awareness and understanding factor associated with respecting and nonstigmatizing people with mental illness

The results of the Pearson correlation analysis found that awareness and understanding of mental health illnesses have a positive relationship with respecting and nonstigmatizing people with mental illness. Moreover, the result from the multiple regression analysis found that both awareness and understanding factors together predict the respecting factor 55.1%. However, the variable of understanding (beta = 0.76) can be more accurately predicted than the variable of awareness (beta = 0.14), as seen in Table 2.

Table 2: Multiple regression analysis of awareness and understanding variables toward respecting and non-stigmatizing variables

Variables	Respecting			Nonstigmatizing		
	% of prediction	Beta	Sig.	% of prediction	Bata	Sig.
Understanding	53.71	.757	.000	-	-	.185
Awareness	55.15	.137	.045	35.51	.466	.000

Model of understanding affected to respecting for people with mental illnesses

The path analysis results of factors affecting respect and nonstigmatizing are shown in figure 2. There are four variables (including C2, C3, C4, and C5) that directly affect the variable of respect for people with mental health illnesses (including B1, B2, B5, and B9). The implications of variables are as follows:
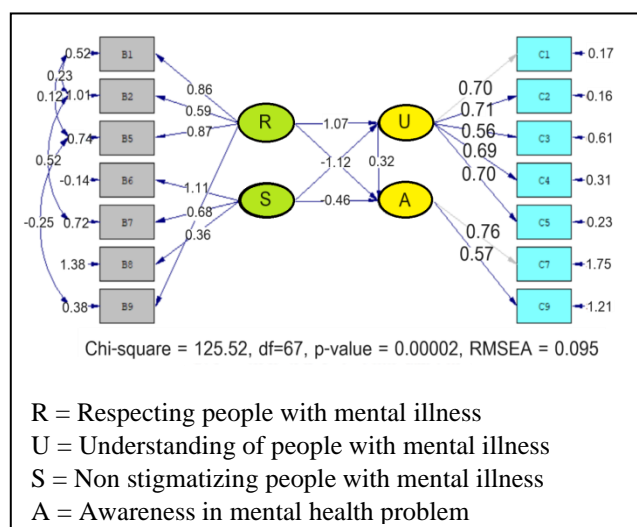

Chi-square = 125.52, df=67, p-value = 0.00002, RMSEA = 0.095

R = Respecting people with mental illness
U = Understanding of people with mental illness
S = Non stigmatizing people with mental illness
A = Awareness in mental health problem

Figure 2: Path analysis of factor affecting the respecting and nonstigmatizing for people with mental health illness.

Variables of Understanding about mental health illness

C2   Understanding that information about mental health is important

C3   Understanding that a good relationship in the family can prevent and heal mental health

C4   Understanding that not all mental health patients are dangerous

C5   Understanding that mental health disorders can treat

Variables of Respecting people with mental illness

B1   Respecting the human worth and dignity toward people with mental illness

B2   Receiving for honor from health services

B5   Respecting of people with mental health problems to discuss about issues in life

B9   People with mental health problems receiving good service from social workers in community

7. Discussion

The results of this study align with prior research, indicating that individuals who possess greater mental health knowledge regarding mental illness, have higher levels of education, are older in age, and have family members who are impacted by mental illness tend to exhibit fewer stigmas towards mental illness. Furthermore, this group demonstrates a belief in the potential for empowerment in relation to mental illness. There was a negative correlation observed between mental health knowledge ($r = -0.151$) and empowerment score ($r = -0.151$) [9].

Moreover, it was found that the operation of promoting mental health literacy in Thailand, similar to the training program in Queensland, aims to improve individuals' understanding and knowledge regarding mental health, thereby enhancing their mental health literacy. The implementation of mental health literacy training has emerged as a prominent approach to bolstering individuals' understanding and knowledge regarding mental health. The primary focus of this training program revolves around enhancing understanding of prevalent mental health disorders and implementing efficacious strategies for crisis intervention. Considerable investment has been made in enhancing the capacity for mental health literacy training in the state of Queensland, with a particular focus on the implementation of Mental Health First Aid training. It is imperative to ascertain that these investments are effectively addressing the requirements of the community and that the provision of training is of exceptional caliber and accessible throughout the entire state [10].

8. Suggestions

1) Expand the target groups for the implementation of mental health literacy programs and collect more samples to test the model and identify which programs have the greatest impact on respecting and nonstigmatizing people with mental health illnesses.

2) The model in this paper has limitations in the field of management organization; the next study should use psychological theories as well.

3) In the next period, we need to collect data from participants in the project both before and after they attended the program.

9. Conclusion

A mental health literacy program is established with the assumption of increasing the population's understanding and awareness of mental health. The community's social or health networks will carry out this task in order to encourage good mental health practices among the populace. It is the most valuable because the perception of improved mental health would serve as a foundation for Thai people to develop their own mental health, which will be correctly passed on to others. The outcome is that people in communities will adopt a desired behavior that benefits both themselves and others, resulting in the success of promoting mental health on a large scale. To prevent mental health problems, the Department of Mental Health must address mental health literacy among the general public. It is because work on mental health promotion and prevention has grown in importance, particularly in the aftermath of the COVID-19 virus outbreak, and was required to more support mental health workers in the community.

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