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MENTAL HEALTH SUPPORT SYSTEM FOR EXPATRIATES IN THAILAND

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Abstract

This paper discusses the mental health system that has been established for expatriates in Thailand. A number of studies have investigated the special difficulties caused by language, culture, and social systems, when undertaking psychiatric treatment with people of a different cultural background from the healer. Sometimes physicians who are undergoing training abroad can legally treat compatriotic patients. However, it is difficult for expatriates in countries with advanced mental healthcare systems to get treatment in Southeast Asian countries, where few doctors from industrialized countries have studied and where understanding of mental healthcare is limited. Thailand was chosen for this study because the high number of expatriate lives there although it has a mental healthcare system created exclusively for expatriates. It is important to maximize mental support resources in multicultural psychiatric treatment. Therefore, an attempt was made to illustrate the transcultural mental health support system in Thailand, which has included not only mental health professionals but also surroundings in the community.

Key word: Mental health, System, Expatriate, Thailand

Preface

The importance of cross-cultural counseling has long been recognized. Cross-cultural mental healthcare has become a controversial issue, especially in advanced industrial countries receiving immigrants and those from which many travel abroad, such as North America and Europe. The United States is sometimes called "Melting Pot of Cultures" because various races have been accepted there as a matter of policy. Research on the relationship between medical treatment and culture has been undertaken from an early stage, in conjunction with the increased popularity of individualized psychiatric treatment and counseling services. The American Psychological Association Diagnostic Manual, DSM-IV, has been translated and a large number of editions have been published in many languages. It is also used locally in a number of countries. DSM-IV emphasizes the importance of making a psychiatric diagnosis and conducting treatment while taking cultural factors into consideration (Eguchi, 2004). In the US, cultural controversy began due to the aggressive acceptance of immigrants rendering

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it a multi-cultural nation. As a result, research was undertaken into all aspects of problems that may result from clients and healers having different cultural backgrounds. These include the issues of language, psychological differences due to differences in cultures, healer prejudice and the excessive diagnosis of minority clients. Contemporary, psychologists and mental health care workers have come to realize that cultural dimensions cannot be ignored in the practice of psychological treatment.

Problems may worsen when assistance resources cannot be found in cross-cultural situations. It may prevent the early discovery of problems, and sometimes result in domestic problems, alcohol or drug dependencies, and even admittance in mental hospitals. It may result in deportation to the country of origin, suicide and crime. Mental problems are as serious as physical illnesses since previously latent problems may manifest themselves as mental illnesses, due to environmental changes, for example those experienced when moving to a new culture. At the same time, certain problems may be avoided because the patients are in a different culture. Although the symptoms and seriousness of the illness may differ based on factors such as patient characteristics, the history of the illness and the motivation to live in the host culture, the availability of assistance resources more than anything else, greatly influences the adaptation to the new culture and avoiding the need for treatment of serious psychological difficulties. Yamamoto and others (1995) have suggested that commitment to the community of one's native culture is a representative assistance resource. This is because stability can be maintained through homogeneity with the pre-transition community. They have also pointed out the importance of local networks including specialist medical, legal and counseling assistance. In this paper, a mental care system model is developed through analysis of the status of psychological assistance provided in a different culture.

In recent years attention has been focused on "inequality" and "the North-South problem" in the domains of medical and health care. Reports by the Institute of Medicine (2002) and U.S. Department of Health and Human Services (2001) have agreed on the importance of adequately dealing with cultural counts and matters in medical treatment. In conjunction with these reports, the importance of cultural perspectives and intercultural skills is being emphasized in the curriculums of medical schools, even in countries that have traditionally been indifferent to the relationship between culture and medical treatment (Eguchi, 2004).

The concept of mental health originated in the West and has gradually penetrated to Asian countries. In these countries, especially Southeast Asia, expatriates from industrialized countries, tourists, company employees, as well as overseas Chinese merchants and other immigrants have been welcome. Moreover, certain countries are trying to attract foreign retirees. In this context, psychiatric service to expatriates from the "North" must have been presented as similar to what they could expect in their home countries. This promise, along with the offer of high quality medical treatment has been effective in attracting retirees from the North because it offers them a secure environment. Unfortunately, however, counseling centers for expatriates are limited despite the fact that mental problems increase when people live in a different culture.

Here, a model of a mental healthcare system is developed by analyzing the case of Thailand. There are many long-term residents in this country and it is considered the gateway to Southeast Asia. This model may represent a partial solution to "the North-South problem" in the mental health field by presenting the mental care system in different cultural back-

ground. Therefore it must be refered to past research in other countries that have overcome similar problems.

Affaires around Cross-Cultural Mental Health Care

Three factors: "Local psychiatric treatment resources," "Stability of the residential expatriate community" and "Cultural differences" have significance for the mental health of overseas residents (Suzuki, 2004). Here, the mental health care facilities for expatriates in Thailand are discussed by applying the above topics to Thai society from the perspective of "the Characteristics of the expatriate in Thailand" and "Mental health resources for foreigners."

The World Health Organization (WHO) in 1998 pointed out that in developing countries, where psychiatric resources are scarce, only a limited number of patients can receive the benefits of scientific psychiatric treatment, because of prejudice against mental disorders and problems with limited medical budget. The presence of deficient psychiatric facilities, in terms of hardware and software alike, also includes Thailand (Shinfuku, 2003). The WHO (2001) material ATLAS indicates that the mental health care budget in Thailand is 2.5% of the total Thai health care budget. This should be compared with other South East Asian countries such as, Singapore (7%), Malaysia (1.5%), and Indonesia (1%). Moreover, the number of psychiatric beds in Thailand is 1.4 per 10,000 people, while the number of psychiatrists is 0.48 per 100,000 Thai nationals or one for every 210,000 people, according to calculations by Pairat (1998). Thailand occupies the third best rank in Asian countries for the ratio of psychiatrists to the total number of physicians, with 2.1%; behind Japan (4.5%) and South Korea (3.6%).

Psychiatry in Thailand has a long history. The first mental hospital was established in the outskirts of Bangkok in 1889. Although the Ministry of Public Health controls major psychiatric services, some private hospitals and clinics also provide psychiatric treatment. However, traditional healers remain the primary form of initial contact for patients with mental illness in Southeast Asia (Yamamoto, 2003). This is still the case in Thailand as well, where priests in Buddhist temples also are often consulted about mental health problems. At the Asia-Pacific conference of the World Psychiatric Association (WPA), it was reported by participants from South Korea, Taiwan and Thailand that the importance of traditional healers in the field of psychiatry has been decreasing, alongside the increasing familiarity of the population with western psychiatry (Shinfuku, 1998). In addition, the Thai press reported in December 2003 that; "the Permanent Secretary for Public Health said various activities would be organized by the Mental Health Department throughout next year… (body omitted) … Special programs would be launched to reduce the suicide rate and to ease stress." Clearly, the importance of mental health has been recognized and preventative measures have been organized.

The Mental Health Department of Thailand has taken the lead in improving the nation's mental health situation. Although efforts have been made to develop the mental health care system, the large disparity in the number of psychiatrists resident in the capital Bangkok and the countryside has remained a controversial issue. More than half the psychiatrists working in Thailand live in the capital city, Bangkok. Shinfuku (1998) has drawn attention to the uneven distribution of psychiatric facilities favoring Bangkok. However, this situation also favors foreigners living there, because 55,963 of the expatriates in Thailand, namely 58.3%,

reside in the Metropolitan area.

When considering the characteristics of foreign residents in Thailand,[1] it is obvious that the overwhelming majority are Chinese, at 208,704, representing 80.52% of the total foreign residents in 2002. They are followed by Indians (6,384/2.46%), British (5,577/2.15%), Vietnamese (2,841/1.09%), Japanese (2,703/1.00%) and Americans (2,394/0.92%). All populations from other countries ranked below those mentioned number less than 2,000. When comparing these six countries in terms of cultural differences as a factor related to mental health, the U.S. and U.K. are located far from Thai culture in Hofstede's distance of culture and value orientation (1980). In spite of the effects of generation, the overseas living experiences and residence period, it is presumably useful to investigate the preventative mental health care measures for these two nationalities in Thailand. Occasionally large cultural differences cause serious mental consequences, since they have been implicated in suicide attempts by American solders in Iraq, for example.

As stated above, personal and social supports are important factors in psychiatric treatment. The history, composition, scale and bonds of local society in terms of their own communication differ from nation to nation. Although the present condition is complex in Thailand, the Chinese and Indian communities are the most stable based on numbers and history. These communities are deeply rooted in the country, with independent schools and hospitals. The Vietnamese people have also immigrated, lived for several generations and built a stable community base in Thailand. Conversely, there are very few Japanese permanent residents. Statistics by the Japanese Ministry of Foreign Affairs in 2003 indicate the number of Japanese residents in Thailand to be 595 people (2.06%). Compared to the number of Japanese expatriates in Philippine, including a high rate of permanent immigrants (15.67% / 1669 people), the frequent exchanges of expatriates make their community in Thailand unstable. In addition to the above considerations, the present status of psychiatric support resources available to foreign residents in Thailand is discussed by focusing on American, British and Japanese expatriates, who have considerable cultural distances from Thai culture and low stability within their community.

These embassies in Thailand provide public health information and recommend some hospitals[2] in the Bangkok Metropolitan area containing some doctors with spoken English ability and familiarity with Western medical care. In general, it is safer and more convenient for foreigners to visit private hospitals rather than public ones based on factors such as language, insurance, medical facilities and staff. Embassies inform that standards of treatment for the physical illnesses of foreign residents are virtually adequate, even though the medical facilities of some hospitals do not attain the level of industrialized countries. Hospitals recommended by American, British and Japanese embassies have overseas branches and operate according to international rules. However, it is difficult to say whether they can fully respond to the needs of psychiatric patients. There are no psychiatrists with a good command of Japanese, even though most of them can speak English. Compounding the situation is the fact that even some psychiatrists who handle English appear not to have received medical

[1] There are large difference between data supplied by the Thai government and the statistics supplied by the Japanese Ministry of Foreign Affairs. For example, the Japanese Ministry data shows that the number of Japanese residents in Thailand was 25,329 in 2002. However, here, I have used the Thai data in order to understand the total picture of expatriats in Thailand.

[2] These are hospitals recommended by websites of each embassies in Thailand.

training in a developed country. To solve this problem, each hospital provides interpreters for the main foreign languages, such as English, Japanese, and Korean. Interpreters are involved in the reception and diagnosis stages, as well as in explaining the prescriptions. Interpreter services are available on a 24-hour daily basis, but proceeding with diagnoses using a third party such as an interpreter remains problematic. The British Embassy has led the way for other embassies by arranging to contact psychiatric institutes with fluent psychiatrists. However, the system is not sufficient to cover the whole community, or to provide a wide range of assistance resources.

In psychiatric hospitals in developed countries, teamwork between psychiatrists, counselors and social workers is common. The system of mental health care for expatriates in Thailand is restricted in this respect because it includes virtually no paramedical staff with a fluent major foreign language. As is widely known, language has an important significance in terms of mental health. Many foreigners tend to go to the small clinic or institute run by their native mental specialist because they expect to be diagnosed and treated in their mother tongue. Information concerning counseling services for English speakers can be found in newspapers and magazines all too readily, especially since doctors and alternative medical facilities involving different cultural backgrounds are considered less stable. As for quality of service, the available psychiatric treatments in Thailand are diverse. They range from extremely professional options, administered by psychiatrists with overseas medical licenses and qualified paramedical staff, to uncertified volunteers. It is also harder for Japanese expatriates to obtain mental care since there is no hospital, or even a community-based clinic, offering treatment by Japanese-speaking specialists. Moreover, compounding the problem, there are not even any qualified school counselors available in the Japanese school in Bangkok.[3] Telephone counseling services such as the "Bangkok Life Line" were launched by trained volunteers in Bangkok a few years ago, but the system of mental health care remains poorly organized due to a lack of systematized support involving various functions in individual communities.

Obstacles to Transcultural Mental Health Care in Thailand

The main task of psychiatrists is to provide medication and psychotherapy. This chapter deals with the potential obstacles to transcultural mental health care in Thailand. It would be provided specific details of difficulties in intercultural psychiatric treatment in Thailand based on the following three points; language limitations, cultural problems and the social system.

Language Limitations

Language is not a means of finding the patient, but it is the one most heavily relied upon. Numerous commentaries in studies within this field raised the issues of language in the intercultural mental care process. Difficulties persist in transcultural psychiatric treatment

[3] An educational counselor has been employed as of April 2004. However, the counselor has just the teaching license and no clinical counseling license because the working visa is not granted except to those who have the teaching license.

through a third party, such as an interpreter. Bolton (2002) summarized the problems as follows. "There are numerous commentaries concerning the difficulties of administering therapy through third parties or interpreters. In particular, several articles have discussed the complicated role of medical interpreters (Kaufert and Koologe, 1984; Swartz, 1998). Dodd (1983) found no difference in the rate of psychiatric diagnosis made by Arabic-speaking physicians and non-Arabic physicians using interpreters. However, Marcos (1979) presents evidence of clinically relevant communication distortions associated with the interpreter's linguistic competence, clinical knowledge and attitudes." The necessity of clinical training for interpreters has also been surfaced. Recently, workshops and seminars have been provided for medical interpreters to challenge the clinical compromise in the mental health field. The linguistic issue in mental illness is doubtless more acute than the physical one and with this in mind, it is more reasonable that mental care professionals, licensed in their home country and available to perform in the patient's mother tongue, cooperate with Thai doctors for licensed medication. Largely, language is a crucial factor determining whether the psychiatrist or therapist can establish and maintain a rapport with the client from a different background. Even though many English-speaking psychiatrists are available, misdiagnoses and inappropriate treatment could still occur. Levine and Matsuda (2003) presented the regrettable case of misdiagnosis and unintended treatment for a client that was attributable to a misunderstanding of the cultural background. The presumption of a common language and culture between the therapist and patient is indispensable for the process of mental health diagnosis and treatment, which differs from the treatment of physical diseases. Quite often, linguistic fluency is totally absent in states of acute derangement or depression in the different culture, even if they possess fluency in their language in the host country. Moreover, despite the immense difficulty for foreign clients to gain access to Thai diagnostic culture, expatriates are nevertheless often imposed with nursing staff lacking any familiarity with a foreign language and the medical culture of the client's country. This is likely to aggravate any illness.

Culture-Related Problems

Cultural diversity sometimes causes mental illnesses. Various mental and attitudinal transformations, like that based on the well-known U-curve of adaptation by Lysgaard (1955) are triggered by a move into a new culture. Foreigners from more distant culture are at a higher risk of culture shock. Inherent domestic discords or mental problems often become tangible due to lost and altered support resources, previously available. The culture influenced by Confucianism and Buddhism in Thailand is very different from western culture, where psychotherapy and counseling are taken for granted. Under these circumstances, it is worth considering how Thai people unfamiliar with daily psychotherapy sessions can relate to expatriates taking such sessions frequently and how Thai mental care workers can understand foreigner's complaints regarding mental health issues and treat them in a familiar way. Such uneasiness toward foreigners occasionally causes the client to delay visiting the hospital and sees any condition worsen. In addition to the aforementioned differences, such as different social ideas and value systems, there are other difficulties relating to aspects of medical culture. For instance, Byron (1993) has suggested that race and culture could be the source of significant differences in patterns and the rate of hospitalization. Considering cultural differences, the care should be taken not to cause patients any further cultural stress during their

treatment process.

Social System

There are more comprehensive problems relating to the social system ranging from the Law and insurance through to community formation. Tseng (1999) in "Culture and Psychotherapy: Review and Practical Guideline" commented as follows; "It is also obvious that the practice of psychotherapy is profoundly influenced by socio-cultural factors and political ideology. In particular, medical economic systems have a direct impact on the movement and practice of psychotherapy. This is illustrated by medical insurance systems that impose their effects on the practice of psychotherapy in many societies." Insurance is critical for hospitalization in Thailand. To give an example, a large private hospital sends patients without major health insurance to other hospitals. Besides, there are also problems associated with the major overseas accident insurance policies normally taken out by foreigners, since hardly any cover mental disorders. It would have its roots in the low recognition rate regarding the significance of mental problem abroad.

There are many foreign doctors studying in medically advanced countries. Fortunately, expatriates in these countries can obtain treatment from their native doctors, even though some of them may have different medical specialties and correspondingly restricted areas of practice. However, this is not applicable to Thailand, where virtually no foreign doctors study. Furthermore, the few foreign doctors in Thailand are only permitted to act as advisors due to legal reasons such as medical license and labor laws. Foreign doctors in some Southeast Asian countries are permitted to practice to patients from the same country. It is necessary for legal means to allow foreign doctors or specialists to administer to patients from the same country, using of this resource seems eminently reasonable.

In other legal matters, for example, a school counselor, even if a clinical counseling license holder, is not allowed to work in the school for foreigners in Bangkok because only a teaching license holder can obtain a visa and work permit from the school. That kind of school is regarded as a Thai private school, and as such should follow the Thai law with its cultural differences. However, a teaching license is not a requirement for a school counselor in other countries of expatriates there. It is almost impossible to find a candidate possessing both a teacher's license and a license in clinical psychology, who also wishes to work in Thailand. Legal permission for the school counselor must be accepted by not only the school but also have strong support in the wider community.

Considering other areas, information concerning mental health and various cultures remains insufficient. Establishing a cooperative relationship between embassies, community-based organizations, and the mass media is considered a potential means of establishing developmental and preventative mental health measures through distribution of information.

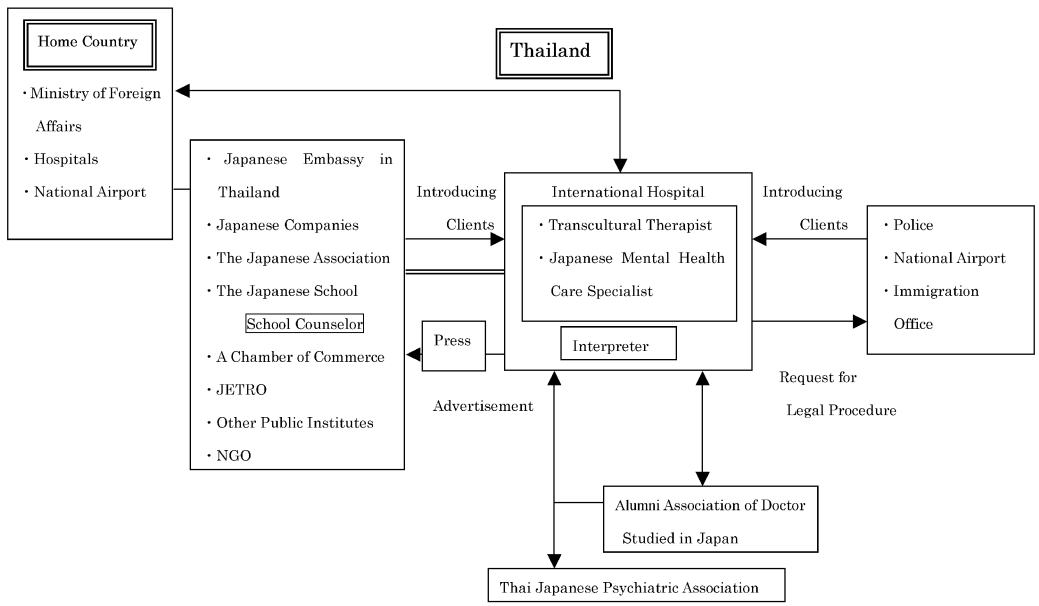
Model for Transcultural Mental Health Support System in Thailand

The expatriate community in Thailand could be transient rather than permanent, with an ever-changing makeup, despite efforts made to mature the community. This makes it difficult to provide therapeutic and developmental solutions through the active assistance of peers in

the foreign community in Thailand. Therefore, the establishment of a systematic support and manual hardware is encouraged. Community members, representing potential participants in the support system, such as embassy staff, local school teachers, employees sent from companies, and even a few doctors, are replaced every few years. Therefore, it is important to have systems in place and hardware such as manuals to meet the demands presented by individual cases. Such systems would also increase the effectiveness of psychiatrists. The establishment of appropriate networks is an important aspect of the work carried out by cross-cultural mental health specialists. These networks should handle economic problems such as medical and deportation expenses, as well as those concerning residential status, such as illegal overstays and those with improper status.

An attempt was made to illustrate the transcultural mental health support system in Thailand based on the experience of the resident Japanese community, while simultaneously recognizing that the situation may be different for communities from other countries. The mental health support system for Japanese expatriates in Paris could be adapted to those residing in Thailand because of the similarity in conditions of low stability and non-English speaking countries. However, France has an advanced medical system and accepts many medical students from other countries. Besides, the medical systems of these two countries are different. A model for Thailand was thus incorporated the preventative mental health model in Sudan by Katsuta (1997), the latter country featuring under-development in terms of its medical system.

(Chart-1) PREVENTATIVE MENTAL HEALTH SUPPORT SYSTEM FOR JAPANESE EXPATRIATES IN THAILAND



It is assumed that the foundations of the model are to be in a hospital for several important reasons. Firstly, people consider hospitals to be reliable organizations and confidentiality must be protected within a hospital for ethical reasons. Conversely, rumors spread easily through the small foreign community. This may lead them to hesitate before receiving counseling within the community and highlights the need for a unit operating independently from other paramedical staff in hospitals. Noda (1997) has presented evidence that the utilization of mental health services increase in tandem with the level of confidentiality maintained. It is also important to identify and categorize psychiatrists able to consult and cooperate with each other.

Besides, it is easy to understand service systems such as applications for reservations and insurance in a hospital, while it is also a venue able to administer immediate medication, taking into account the advantages if offering psychotherapy and medical treatment in the same place. In addition, a hospital can respond to emergencies on a 24-hour basis while traditional hospital services are sometimes more culturally familiar than the services provided in private mental clinics for expatriates from countries with developing psychiatric service, such as Japan.

Ota (1994), founder of the system at the Ste-Anne hospital in Paris, has cited the chronic insufficiency of management funds as a major problem in multicultural mental healthcare systems. A guarantee of stable employment could lead to a reduction in management expenses and the currently high turnover of psychiatrists. The selection of a base hospital is also a controversial matter. It is recommended that hospitals where interpreters are available 24 hours a day, with overseas-trained and educated doctors and other medical staff, familiar with the care of foreigners, should be selected. The way in which the hospital engages in active cooperation with neighboring countries to create the framework of a future system should also be considered; one in which information and experience could be shared between the hospitals of the Southeast Asian region.

Contact with medically advanced countries should also be developed in the future. Such a system would enable ready communication with overseas hospitals and communities and facilitate risk management through the provision of mental health care specialists in emergencies. In the Japanese case, they could send specialists to cope with mental disorders triggered by crises caused by terrorism, civil wars and disaster. However it is preferable to use the local system and knowledge that facilitates a quick and functional response.

Contact with the police, the immigration office and air services are required for critical clients who might require legal help to return to their home countries or assistance in dealing with crime. In addition, volunteer groups also should be included because they can often operate more rapidly and effectively than public institutes and government. Overseas-trained doctors are a valuable resource in Thailand. They could be located at hospital bases or they could be contacted through the alumni associations of countries where they studied. Doctors who are familiar with a client's culture and language are a vital resource for foreign communities, even if they are not specialists in the client's particular illness, since mental problems are often manifested as physical illnesses.

The transfer of information should be integrated into this system. There is a wealth of information concerning those sent to work in Thailand accumulated during their training in large corporations. Such information may include warnings and preventative measures against physical illnesses. The efficient public relation activation requires utilization of the mass media and embassies. Psychiatrists and other specialists should aggressively approach communities to

promote the awareness of mental health, while providing information concerning preventative measures they offer. Moreover, existing counseling services for HIV and AIDS could also be extended to include mental health counseling.

It might be difficult for uncertain long-stay foreign residents to make contacts with public functionaries without a special reason. Future efforts should address means of supporting those residents and integrating the necessary mechanisms into the system.

Furthermore, the system should take responsibility of stimulating public opinion concerning mental health as an advocate. Discussions between Thailand and other countries must be conducted to recognize mutual medical qualifications. Academic organizations should be utilized to correct the one-way flow of information. In this way, an interdisciplinary academic association, similar to the one between France and Japan, could be established to develop this transcultural mental health care system.

Conclusion

In Thailand, mental health treatment is sometimes practiced by volunteers, which suggest that there is a demand for such services. According to Noda (1997), it is the case that there is a demand if there is a service, and it is not the case that there is no service because there is no demand. To introduce reliable mental health services in Thailand, considerable reforms would be required in future. According to the model, surrounding communities as well as mental health workers should be involved and integrated. Qualifications for medication and fund management are problems not limited to the Thai system, but also those in medically advanced countries. However, a flexible approach from the Thai government could be expected to promote such policies, since it accepts many foreigners. Among all the medically developing countries, Thailand has the true potential to become a nation with an exemplary transcultural mental support system.

It is obvious that the establishment of such a system would require financial and human assistance from the home countries of the majority of expatriates in Thailand. Aid must come from these countries. Even more challenging is the transient nature of the expatriate community, with the attitude "we can go home if it gets really bad" rendering the situation especially problematic. More active and preventative measures for the mental care system are suggested targets for future research

A mental health system would result in peace of mind among expatriate communities in the country and lead to the perception of Thailand as an easy place to live.

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