โครงการ

ม้านั่งมีหู

พื้นที่แบ่งปันใจ

Current Mental Health Crisis

Current Global Situation

1 in 4 individuals lives with a mental health disorder (1)

Globally, close to one billion people live with a mental disorder

More than 3 million people in Thailand suffer from mental illness and are stigmatized (2)

Anxiety and depression, two of the most prevalent mental disorders, annually cost the global economy $1 trillion in lost productivity (3)

Estimated lost to global economy due to mental health by 2030 is $16.3 trillion (4)

Estimated cost to economy of suicide per person $1.32 million (5)

More than 97% of this cost is lost to productivity and remaining 3% are costs associated with medical treatment

Global median expenditure for mental health was only $2.5 per capita, compared to $141 per capita for general domestic health (6)

Mental health receives only 2% of national health expenditures.

Sources - 1: World Health Organization 2: World Economic Forum 3: World Health Organization 4: The Global Economic Burden of Non-communicable Diseases 5: Suicide Prevention Resource Center 6: WHO - Mental Health Atlas

Current Situation in Thailand

1 person dies of suicide every 2 hours (1)

1 suicide attempt happen every 9 min 55 sec

5,086 people in 2020 died of suicide in Thailand

More than 3 million people in Thailand suffer from mental illness and are stigmatized (2)

Limited accessibility to mental health care (3)

1.2 psychiatrist per 100,000 people

1 child and adolescent psychiatrist per 75,000 children and adolescents

1.57 licensed psychologist per 100,000 people

High cost of medical care

1,500 THB - 2,200 THB per session at private hospital

Sources - 1: Department of Mental Health 2: World Economic Forum 3: UNICEF

Current Situation in Thailand

Burnout rate for mental health care providers

increased by

5 times

between 2019 - 2022

*Data collected between 1 April 2022 - 31 March 2023

Sources - Futures of Mental Health in Thailand 2033 by Department of Mental Health Thailand, NIA, ETDA, and Future Tales Lab

Project Inspiration

Our Inspiration

FRIENDSHIP BENCH

SIDEWALK TALK

The Friendship Bench clinical team trains community health workers (also known as lay health workers) to provide basic Cognitive Behavioural Therapy with an emphasis on Problem Solving Therapy, activity scheduling and peer led group support. This task shifting approach means we can deliver an effective, affordable and sustainable solution to bridge the mental health treatment gap at a primary care level.

- Training and supporting community members as lay health workers
- Creating safe spaces in form of community-based benches
- Delivering problem solving therapy + group support

Our impact to date

FRIENDSHIP BENCH

REACH

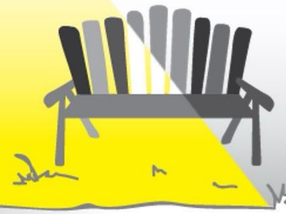
Over

2,000

community health workers

('grandmothers')

trained



More than

351,017

clients served

Active in

6

countries

IMPACT

RCT demonstrated a **60% improvement** in quality of life

80% reduction in depression and suicidal ideation

JAMA | Original Investigation

Effect of a Primary Care–Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe
A Randomized Clinical Trial

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IMPORTANCE Depression and anxiety are common mental disorders globally but are rarely recognized or treated in low-income settings. Task-shifting of mental health care to lay health workers (LHWs) might decrease the treatment gap.

OBJECTIVE To evaluate the effectiveness of a culturally adapted psychological intervention for common mental disorders delivered by LHWs in primary care.

DESIGN, SETTING, AND PARTICIPANTS Cluster randomized clinical trial with 6 months' follow-up conducted from September 1, 2014, to May 25, 2015, in Harare, Zimbabwe. Twenty-four clinics were randomized 1:1 to the intervention or enhanced usual care (control). Participants were clinic attenders 18 years or older who screened positive for common mental disorders on the locally validated Shona Symptom Questionnaire (SSQ-14).

INTERVENTIONS The Friendship Bench intervention comprised 6 sessions of individual problem-solving therapy delivered by trained, supervised LHWs plus an optional 6-session peer support program. The control group received standard care plus information, education, and support on common mental disorders.

MAIN OUTCOMES AND MEASURES Primary outcome was common mental disorder measured at 6 months as a continuous variable via the SSQ-14 score, with a range of 0 (best) to 14 and a cutpoint of 9. The secondary outcome was depression symptoms measured as a binary variable via the 9-item Patient Health Questionnaire, with a range of 0 (best) to 27 and a cutpoint of 11. Outcomes were analyzed by modified intention-to-treat.

RESULTS Among 573 randomized patients (286 in the intervention group and 287 in the control group), 495 (86.4%) were women, median age was 33 years (interquartile range, 27-41 years), 238 (41.7%) were human immunodeficiency virus positive, and 521 (90.9%) completed follow-up at 6 months. Intervention group participants had fewer symptoms than control group participants on the SSQ-14 (3.81; 95% CI, 3.28 to 4.34 vs 8.90; 95% CI, 8.33 to 9.47; adjusted mean difference, −4.86; 95% CI, −5.63 to −4.10; $P < .001$; adjusted risk ratio [ARR], 0.21; 95% CI, 0.15 to 0.29; $P < .001$). Intervention group participants also had lower risk of symptoms of depression (13.7% vs 49.9%; ARR, 0.28; 95% CI, 0.22 to 0.34; $P < .001$).

CONCLUSIONS AND RELEVANCE Among individuals screening positive for common mental disorders in Zimbabwe, LHW-administered, primary care–based problem-solving therapy with education and support compared with standard care plus education and support resulted in improved symptoms at 6 months. Scaled-up primary care integration of this intervention should be evaluated.

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Editorial page 2601

Related article page 2609

Supplemental content

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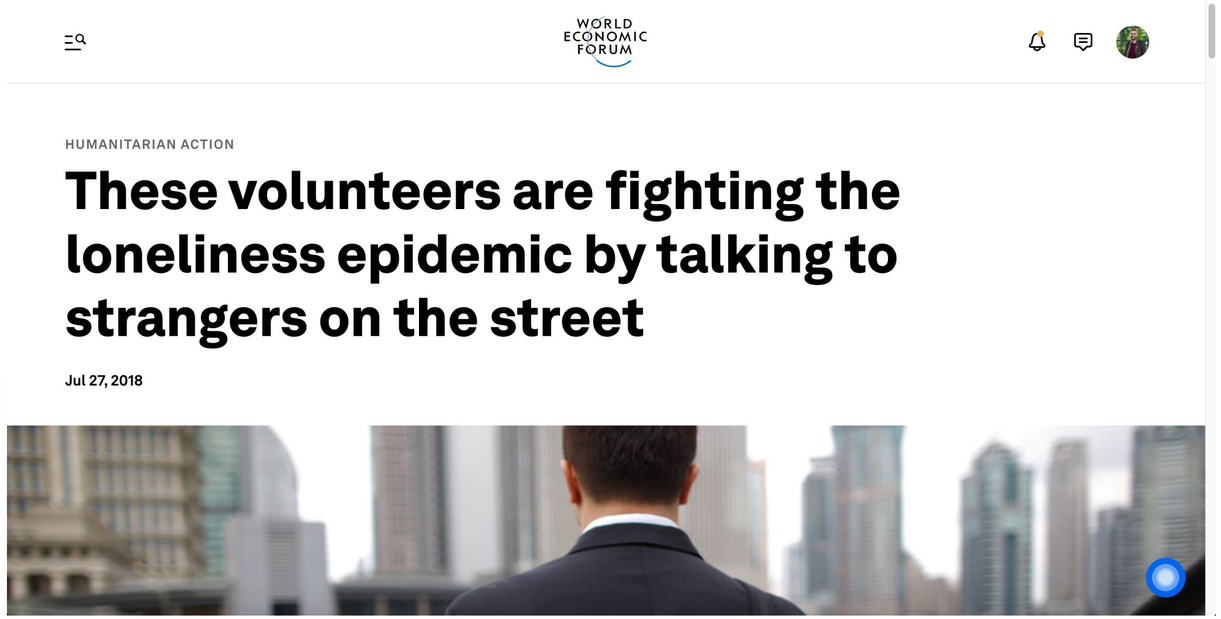
JAMA. 2016;316(24):2618-2626. doi:10.1001/jama.2016.19102
Corrected on February 22, 2017.

SIDEWALK TALK

While there are plenty of apps to help city dwellers make connections, one organization is trying a more low-tech approach to tackling loneliness: “street listening”.

Trained volunteers from Sidewalk Talk put up signs on the street that say “Free Listening” and offer passersby the chance to share their troubles while they listen empathetically.




WORLD ECONOMIC FORUM
SIDEWALK TALK
YOU TALK. WE LISTEN.
FREE LISTENING HERE
These volunteers fight loneliness by talking to strangers in the street


Promote Mental Wellbeing
01
Foster Community Support
02
Encourage Empathy
03
Empower Individual
04
Accessibility to Safe Space
05
Our Mission

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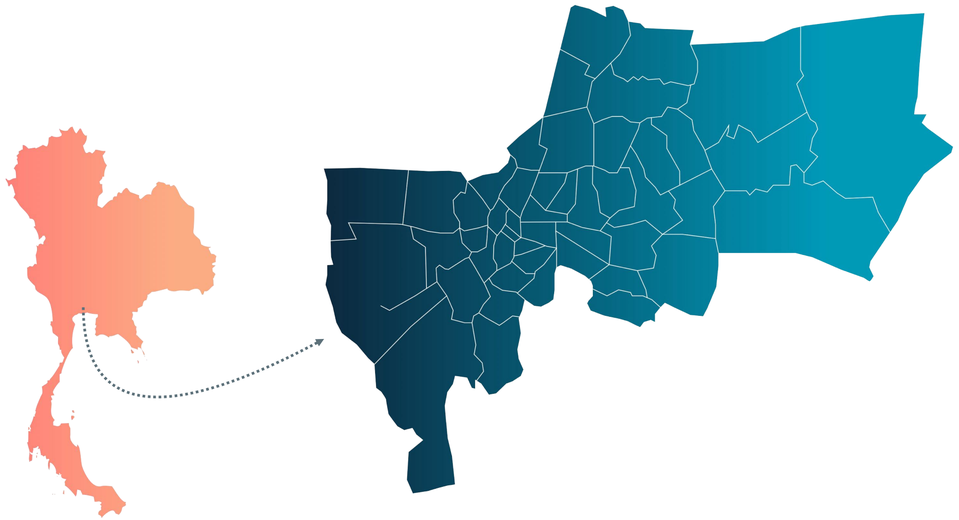
Proposed Vision



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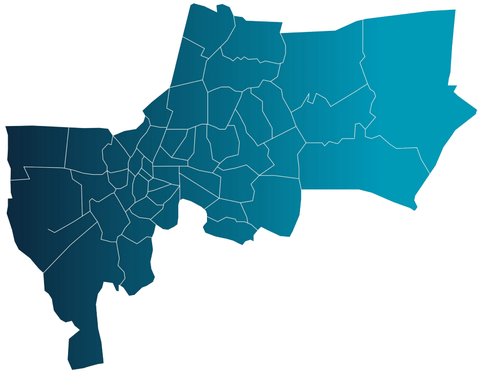
Stakeholder Analysis

Government Bodies	Private Sector	NGOs	University	Community Leaders and local volunteers	Media
Policy Support	Funding	Expertise in Mental Health	Research Support	Trust and Engagement	Awareness
Funding	Resources	Community Outreach	Volunteer Support	Local Insights	Public Engagement
Resources	Networking	Resources	Academic Expertise	Ground Support	Monitor Public Response
	CSR	Training Material		Key Influencers	
				Key Opinion Leaders	

Stakeholder Analysis

Government Bodies	Private Sector	NGOs / SE	University	Community Leaders and local volunteers	Media
				Health Volunteers (อสส)	
				Koen	
				Amanda	
				BNK48	

Proposed Initial Location



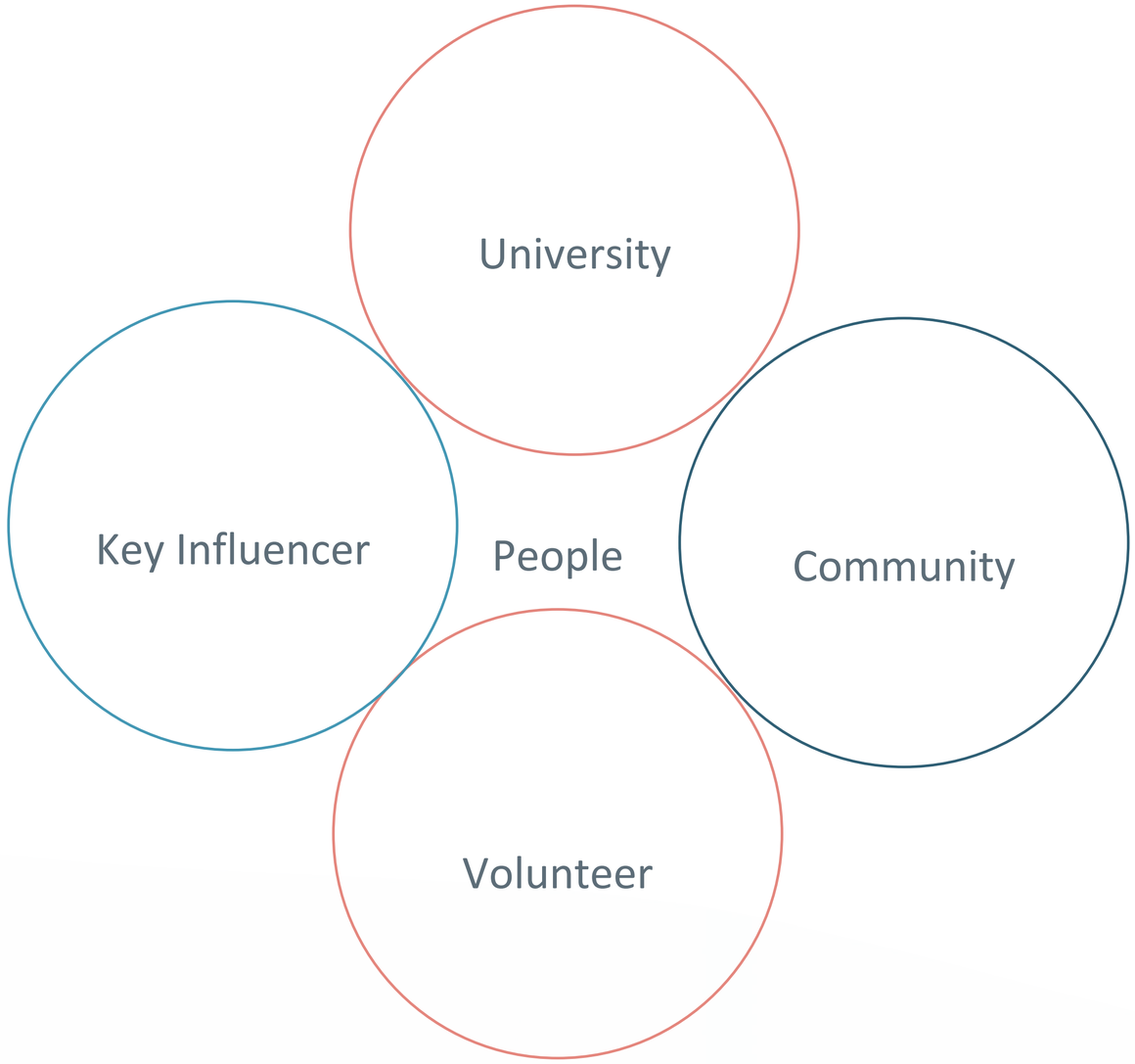
Lumpini Park

Benjakiti Park

Chula Centenary Park

Using initial proposed location to create public awareness and hype, as well as high traffic areas to attract private sector to fund the project

During this period, low income communities will be assessed and selected to run the project with health volunteers



Communities in each district will be paired with University to provide training and additional support.

Working with BMA and/or on the ground volunteers to foster positive relationship with communities

Working with BMA to secure location for bench set-up

Private sector can adopt each bench and support in the development and up-keeping of each bench deployed.

Brands can be placed by the bench thanking their support.

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