3 February 2012

Management of the Problem of Suicide (Happiness in the mind leads to no suicide)

The 4th National Health Assembly

Having considered the report on Management of the Problem of Suicide (Happiness in the mind leads to no suicide)¹,

Worried about the situation on suicides which occurs on an average of 10 cases a day, leading to severe impacts on the economy, society, family, and community,

Concerned that changes in the way of life, life uncertainties, and increasing incidence of natural disasters will affect all groups of the population, especially those with high risk factors for suicide,

Realizing that suicide is un desirable end result of multiple factors, yet a preventable occurrence, especially that in Thailand there are examples of success in forging correct understanding and cooperation among all social sectors, especially in building mechanisms within the community itself and service systems, and that these successes will serve as guidelines for prevention and solution of problems in other areas,

Seeing that in managing suicide problems emphasis should be put on prevention, i.e. building happiness and mental fortitude of the population in general and at risk groups, risk factor management, increased access to services for mental patients, and assistance for people who attempt suicide and those who are affected,

The NHA has, therefore, passed the following resolutions:

1. Requesting the National Mental Health Board in cooperation with the Ministry of Public Health, National Health Security Office, Social Security Office, Thai Health Promotion Foundation, local government organizations, civil society organizations, and relevant agencies to consider the issue and set policies, measures, and mechanisms in various areas as follows:

1.1 Act to protect the rights of mental patients to ensure their access to health services in a comprehensive and equitable manner.

1.2 Lessen obstacles to access to health services, especially social obstacles that arise from prejudices against mental illnesses by promoting correct understanding about the issue.

1.3 Develop efficient counseling and referral systems in the community for those with life and health problems, as well as monitoring and surveillance, to prevent suicide risks through an integrative effort on the part of the family, education institutes, religious institutions and organizations, communities, agencies, public and private organizations.

1.4. Advocate adopting the suicide rate as a national indicator of social development.

1.5 Provide assistance and mental rehabilitation for members of the family, community and society in which there are suicide cases so as to prevent any problem that may follow.

1.6 Develop and promote knowledge management systems and mechanisms to support efficient suicide management.

2. Requesting the Department of Mental Health, Ministry of Public Health, and Ministry of Information Technology and Communications in cooperation with the Office of the National

¹ Document Health Assembly 4/Main 6

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Health Commission to coordinate and ask for cooperation from mass media organizations and relevant agencies as follows:

2.1 Develop standards to control news presentation on suicides through media selfregulation based on professional ethical standards, encouraging news presentation geared toward spiritual happiness, as well as supporting knowledge on mental health, creative communication, fostering love and bonding within the family, and providing information on where to get access to counseling services after the news presentation.

2.2 Refrain from presenting pictures or contents that communicate violence and ways to commit suicide in the television media, especially in plays, movies, online media, and publications.

2.3 Promote the process of showing appreciation and honouring the good work of mass media in promoting spiritual happiness, solving mental health problems, and preventing as well as solving suicide problems.

3. Requesting the Department of Mental Health, Ministry of Public Health, Department of Local Administration, Ministry of Interior, Ministry of Culture, Ministry of Agriculture and Cooperatives, Ministry of Education, Ministry of Social Development and Human Security, and Office of the National Health Commission to support Provincial Health Offices, Provincial Social Development and Human Security Offices, and education institutes, local government organizations, religious institutions, and provincial health networks to work together and be responsible for developing a system of mutual help in the family and community as part of the measures to prevent suicide and promote the health of the people in a participatory manner as follows:

3.1 Create mechanisms to build up spiritual happiness and mutual help within the family and community, build up quality social service systems, and develop mental preparedness to handle disasters and life crises, covering dissemination of religious teachings and cultural traditions, developing life skills for children, youth, and the general public, disseminating useful information conducive to mental health care and the building of happiness, as well as setting up social measures that lesson risk factors and enhance those factors preventing suicide.

3.2 Put in place a database system covering at risk population, as well as developing systems for recording information on preventive and risk factors among mental health patients designed to help search, plan, monitor and assist people who are affected, especially children, youth, family, people with disabilities, and the elderly both in normal situations and in situations facing natural disasters, who need to be reached and assisted in a prompt and timely manner.

3.3 Support the creation of non-profit organizations/networks of survivors and those with suicide-related experiences to take action to help those at risk of committing suicide and those who are affected, e.g. peer counseling groups.

4. Requesting the Secretary of the National Health Commission to report progress to the 6th National Health Assembly.