

The Hearts Behind the Hands :



CARING FOR OUR **WORKERS** AND **HEALERS** IN THAILAND

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25th June, 2026, Thursday 10.30 AM – 11.30 AM (Malaysia time)

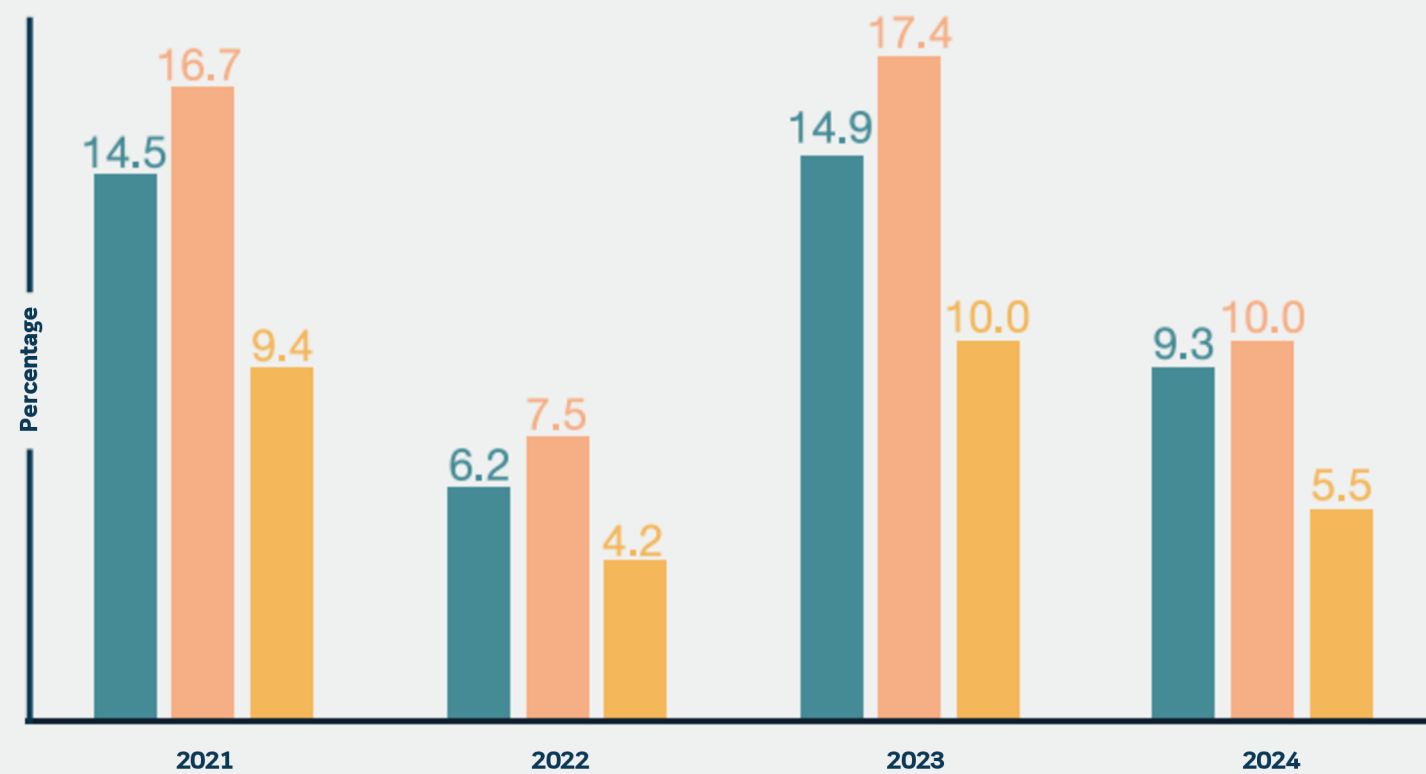


Mental Health Situation among Thai Population



Mental Health Risk of Thais, 2021-2024

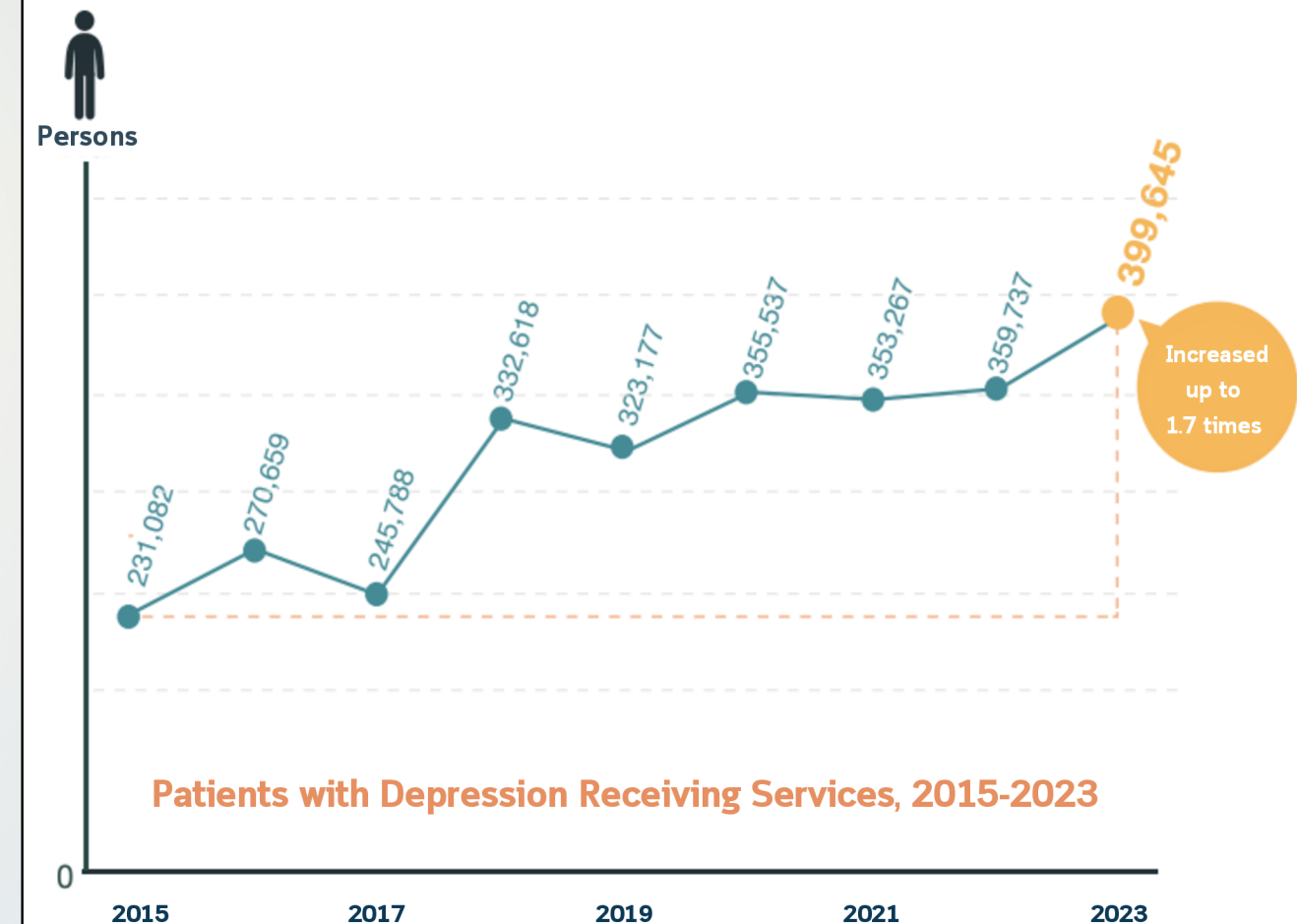
■ High Stress ■ Risk of Depression ■ Risk of Depression



Source: Thai Mental Health Assessment Data 2024, Department of Mental Health.

- **In 2024**, the assessment and screening of mental health risks (Mental Health Check In) found **high stress** at **9.3%**, **risk of depression** at **10%**, and **risk of suicide** at **5.5%**.
- Between **2015-2023**, the number of **patients receiving mental health services increased**.
- In 2023, up to 2.9 million people received services (the most common conditions: anxiety, depression, and schizophrenia).

Patients with Depression Receiving Services, 2015-2023



Source: Key Psychiatric Service Statistics 2023, Department of Mental Health.

Depression cases continuously increased up to 1.7 times.

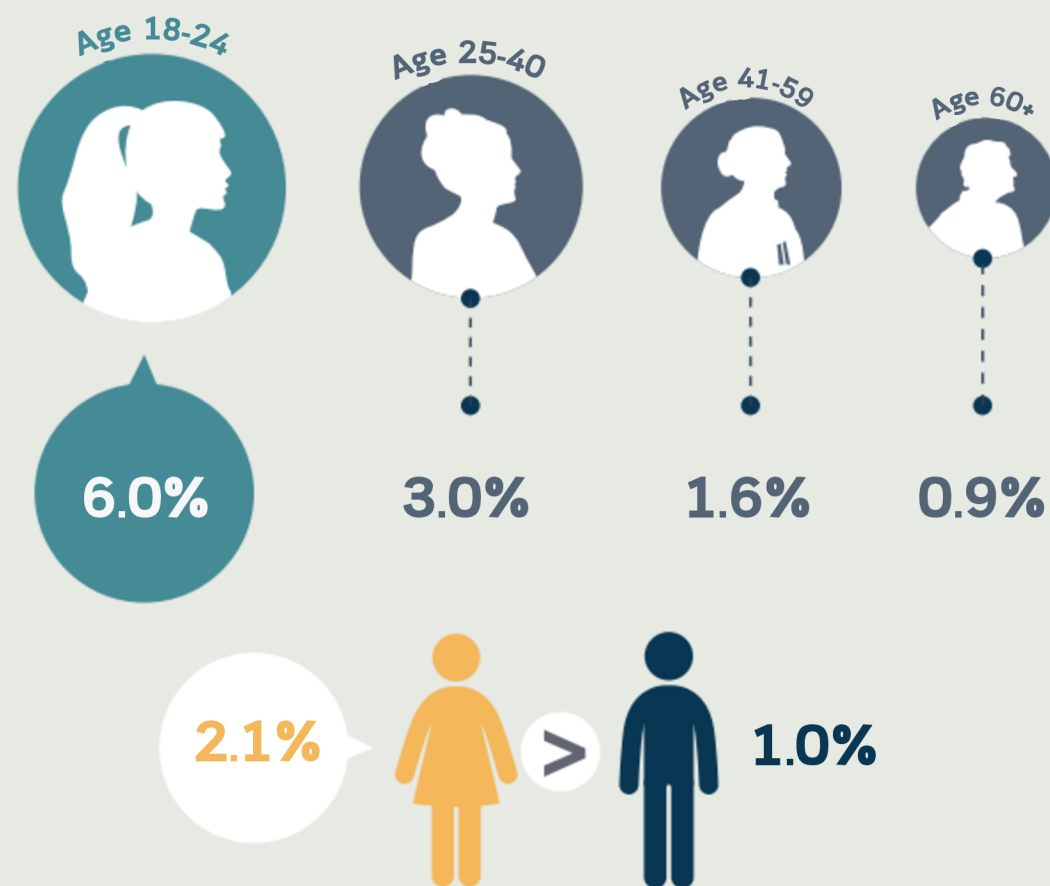
The number rose from 231,082 people (in 2015) to 399,645 people (in 2023).

Mental Health Situation among Thai Population (Cont.)



Prevalence of Depression among Thais

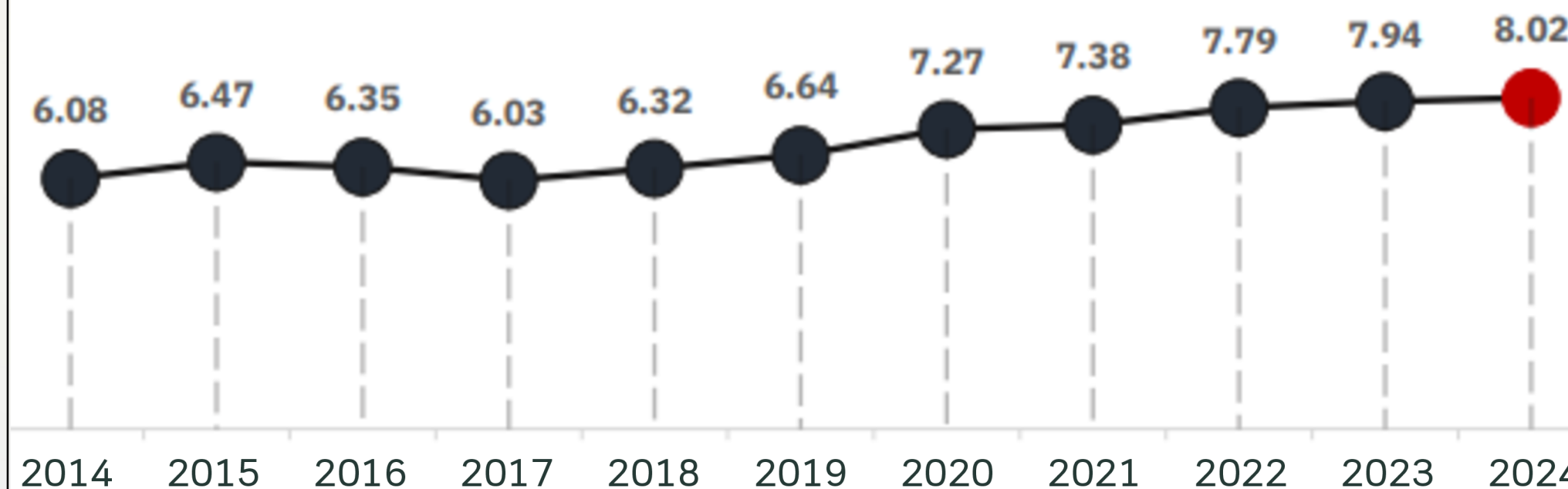
(960,000 people have experienced depression at some point in their lives)



Note: Lifetime prevalence here refers to having the disease at any point in one's life.
Source: Prevalence of mood disorders: National Mental Health Epidemiology Survey of Thailand 2023, Mental Health Knowledge Depository, Department of Mental Health.

Lifetime prevalence of depression: Age group 18-24 years (6%), 25-40 years (3%), 41-59 years (1.6%), 60 years and above (0.9%), and **women are twice as likely to suffer from it as men.**

Successful Suicide Rate, Fiscal Years 2014 - 2024 (per 100,000 population)



Source: Death certificates, Ministry of Interior, compiled by Strategy and Planning Division, Ministry of Public Health (Fiscal Years 2018-2024). Mid-year population 2018-2023, Strategy and Planning Division, Ministry of Public Health.

The successful suicide rate per 100,000 population shows an **upward trend.**

iWorkHealth: More than a questionnaire It's an organizational X-ray



A mental health and psychosocial assessment tool designed to effectively identify risks, screen, and plan preventive measures

1. Assess the Scale of the Problem Identify prevalence and detect high-risk groups requiring attention



Normal Group 75%

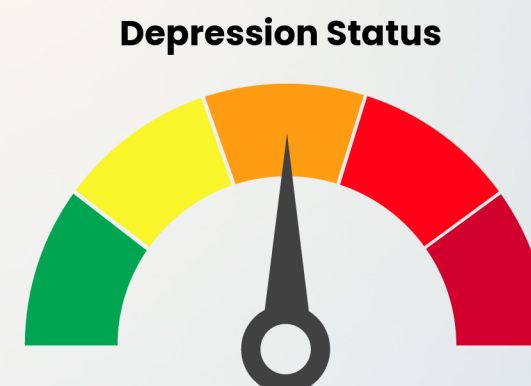
At-Risk Group 25%

2. General Mental Health Assessment Evaluate overall mental well-being and perform initial depression screening

• Depression Screening



85% Excellent



15% Needs Monitoring

3. Psychosocial Factor Analysis Examine workplace environments impacting stress and job satisfaction (Psychosocial Factors)

Protective Factors

- Support 88%
- Work-Life Balance 90%
- Autonomy 78%

Risk Factors

- Heavy Workload 65%
- Workplace Conflict 40%
- Job Insecurity 30%

Overall Environment



Positive 76%

Negative 24%

What is iWorkHealth ?



1

Background **iWorkHealth** is a work-related mental health assessment tool developed by agencies in Singapore.

- Workplace safety and Health (WSH) Institute
- Ministry of Manpower
- Institute of Mental Health
- Changi General Hospital
- Work Safety and Health Council
- Health Promotion Board



Development of the **Thai Version** of the iWorkHealth Assessment Tool for Work-Related Mental Health

(Rachaneekorn & Orrapan, 2025)

Note : Asked for permission

2

Objectives of using **iWorkHealth**

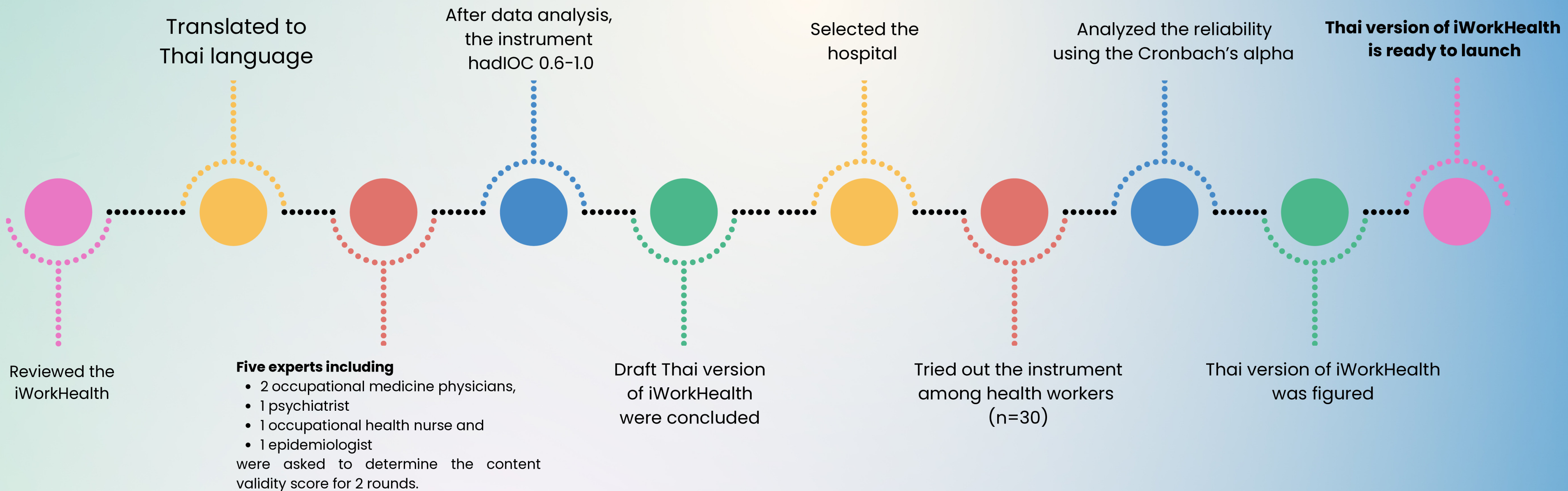
1. To assess work-related mental health problems in the workplace.
2. To help identify the scale of the problem and factors related to the mental health of workers.
3. To assess general mental health conditions and perform preliminary screening for depression.
4. To assess psychosocial factors at work, including:
 - Job Demand
 - Job Control
 - Social Support
 - Organizational Culture
 - Job Recognition
 - Job Satisfaction

5. To assess the mental health impacts from work, including:
 - Work Stress
 - Burnout
 - Assess the organization's management of psychological well-being, safety, and health of workers.

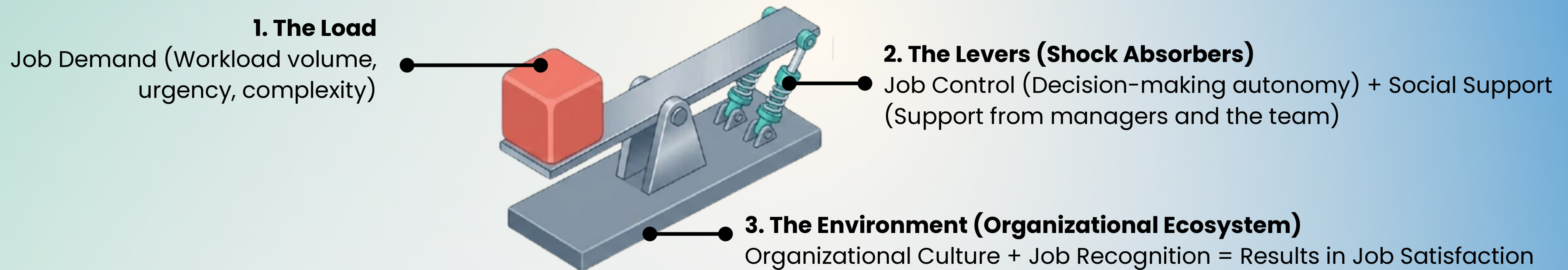
"To lead to the determination of preventive measures and problem solving."

Develop Thai version of iWorkHealth

2018 – 2023



Workplace Environment: The Psychosocial Equation



" High job demands are manageable as long as employees have sufficient task autonomy and adequate support to genuinely mitigate mental health risks "



Job Demand

Workload intensity and urgency

- Do I have too much work to finish within regular working hours?
- Am I constantly working under rushed conditions?



Job Control

Decision-making autonomy

- Can I decide on my own working methods?
- Can I prioritize my own tasks?



Social Support

Workplace support network

- Is my manager ready to help when problems arise?
- Do my colleagues cooperate and offer support at work?



Organizational Culture

Workplace atmosphere and fairness

- Does the organization communicate openly?
- Does the organization treat its employees fairly?



Job Recognition

Being valued and appreciated

- Is my work recognized by my supervisor?
- Do I receive praise when I do a good job?



Job Satisfaction

Overall sense of fulfillment

- Overall, am I satisfied with the work I do?
- Do I want to continue working for this organization?



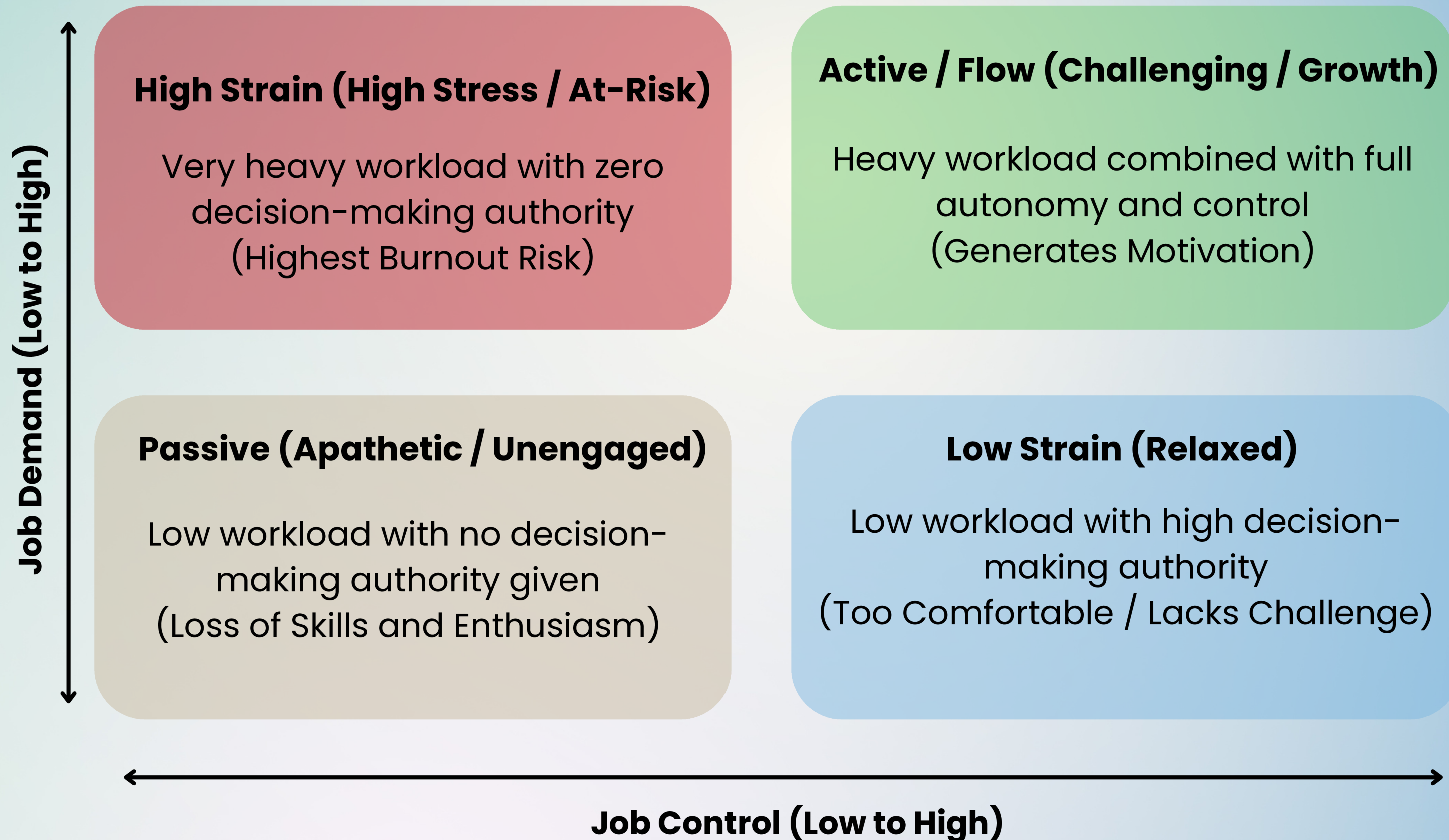
Examples

Component	Definition	Example Scenarios
1. Job Demand	The level of workload, urgency, and pressure.	• Employees have to work overtime almost every day. • Handling multiple tasks simultaneously. • High production targets with strict deadlines.
2. Job Control	The ability to make decisions and manage one's own work.	• Employees can plan their own task workflows. • Choosing the appropriate working methods. • If every step is strictly fixed with no decision-making autonomy, it indicates low Job Control.
3. Social Support	Receiving assistance from managers and colleagues.	• Managers are available for guidance when work problems arise. • Colleagues help solve problems during urgent tasks. • Open discussions and mutual listening to opinions.
4. Organizational Culture	Values, workplace atmosphere, and management practices.	• The organization encourages employees to share their opinions. • Transparent communication of important information. • Fairness in promotions and performance evaluations.
5. Job Recognition	Receiving praise, appreciation, or rewards for achievements.	• Managers give praise when tasks are successfully completed. • "Employee of the Month/Year" awards. • Employees feel their dedication is seen and valued.
6. Job Satisfaction	The overall feeling toward the job.	• Employees feel happy with the work they do. • Satisfaction with income and benefits. • A desire to stay with the organization in the long term.

Decoding Employee Behavior via the Job Demand–Control Model



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DEPARTMENT OF DISEASE CONTROL



Mental Health Assessment of Department of Disease Control Personnel, Year 2026

Total Respondents: 42 Divisions (3,145 people)

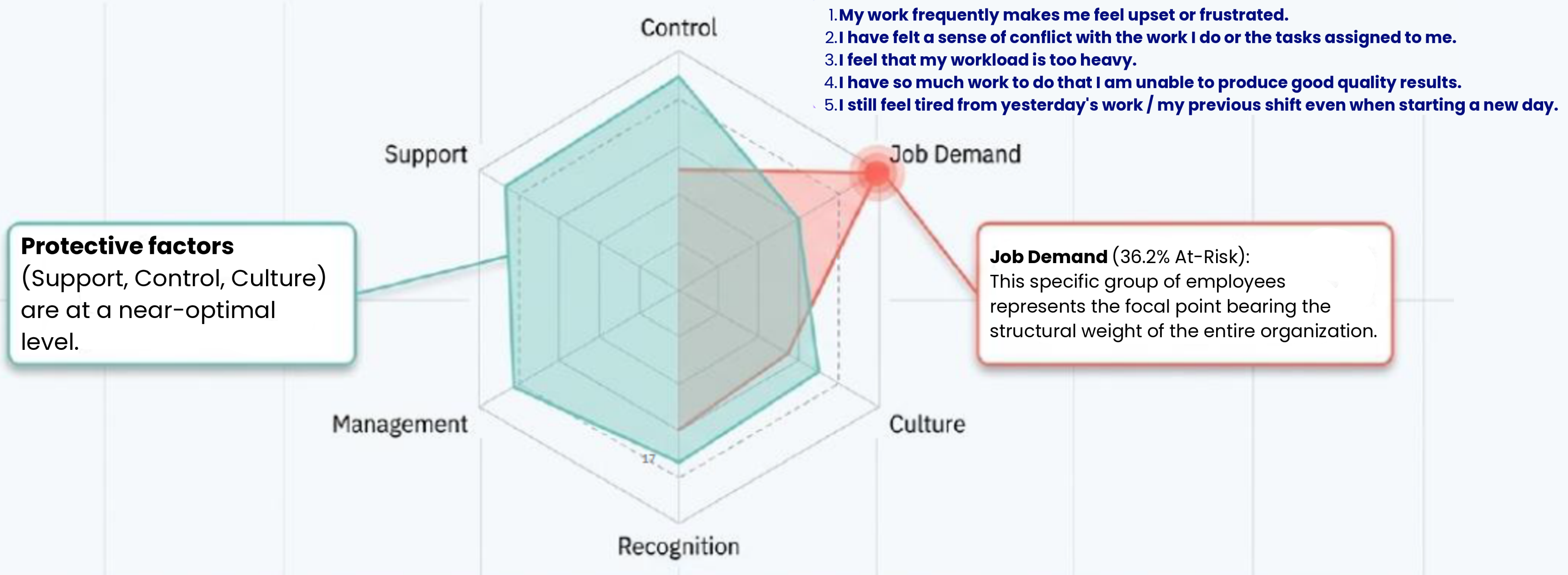
Central

- Bamrasnaradura Institute
- Division of Disease Control in Emergency Situation
- Institute for Urban Disease Control and Prevention
- Institute of Preventive Medicine Education
- Division of Tobacco Products Control Committee
- Office of Alcohol Control Committee
- Bureau of General Communicable Diseases
- Bureau of Vector Borne Diseases
- Bureau of Non-Communicable Diseases
- Bureau of AIDS, TB and STIs
- Bureau of TB
- Office of HIV/AIDS Vaccine Trial
- Division of International Disease Control Ports
- Secretariat Office of the Royal Development Projects Committee
- Division of Occupational and Environmental Diseases
- Division of Injury Prevention
- Occupational and Environmental Health Development Center Samut Prakan Province

Provincial

- Office of Disease Prevention and Control Region 1 – 12

Decoding Employee Behavior via the Job Demand–Control Model



Even when an organization possesses strong psychosocial protective factors, the prolonged accumulation of high workloads and expectations—or inadequate rest—will ultimately lead to emotional exhaustion and burnout.

You cannot cure an overwhelming workload with organizational culture

"You Can't Out-Culture Excessive Workload."

1. Measure (Risk Scanning)

Utilize iWorkHealth to assess psychosocial factors and uncover hidden risks (X-Ray).

2. Balance (Engine Tuning)

If Job Demands cannot be reduced immediately, proportionately increase Job Control and available support resources.

3. Monitor (Crack Detection)

Do not become complacent with high Job Satisfaction scores; continuously monitor the balance between workload and support resources.

"Build a genuinely Healthy Workplace by actively managing risk factors alongside caring for employee well-being."

What is burnout?

The World Health Organization (WHO) classifies Burnout as an **"occupational phenomenon" resulting from chronic workplace stress that has not been successfully managed.**

It is characterized by three main dimensions:

- 1) Feelings of energy depletion or exhaustion**
- 2) Increased mental distance from one's job or feelings of negativism or cynicism related to one's job**
- 3) Reduced professional efficacy.**

Stress VS Burnout

Clinical Feature	Stress	Burnout
Response	Over-reactive	Detached and blunted
Emotional Mechanism	Acute and intense emotional reaction	Accumulated emotional exhaustion and numbness
Primary Impact	Takes a physical toll	Takes an emotional and psychological toll
Target of Symptoms	Loss of energy	Loss of motivation and hope

Reference Module 1: Identifying this difference is the crucial first step toward accurate treatment

Burnout Intervention blueprint

Assessment reveals the "symptoms" but does not provide the "cure"



Burnout Assessment



?

If your assessment data reveals that "Burnout" is the most prevalent mental health issue, the critical question at the executive level is: "What should the organization do next?"

Assessment alone will not reduce Burnout without subsequent systemic Intervention.

Burnout Intervention blueprint (cont.)

Mindset Shift: Stop focusing solely on fixing the "person"

Fix the Person



Approach: Mindfulness / Exercise /
Relaxation techniques

Result: Research shows that teaching individuals relaxation techniques alone has little impact on reducing burnout.

Fix the Work Environment



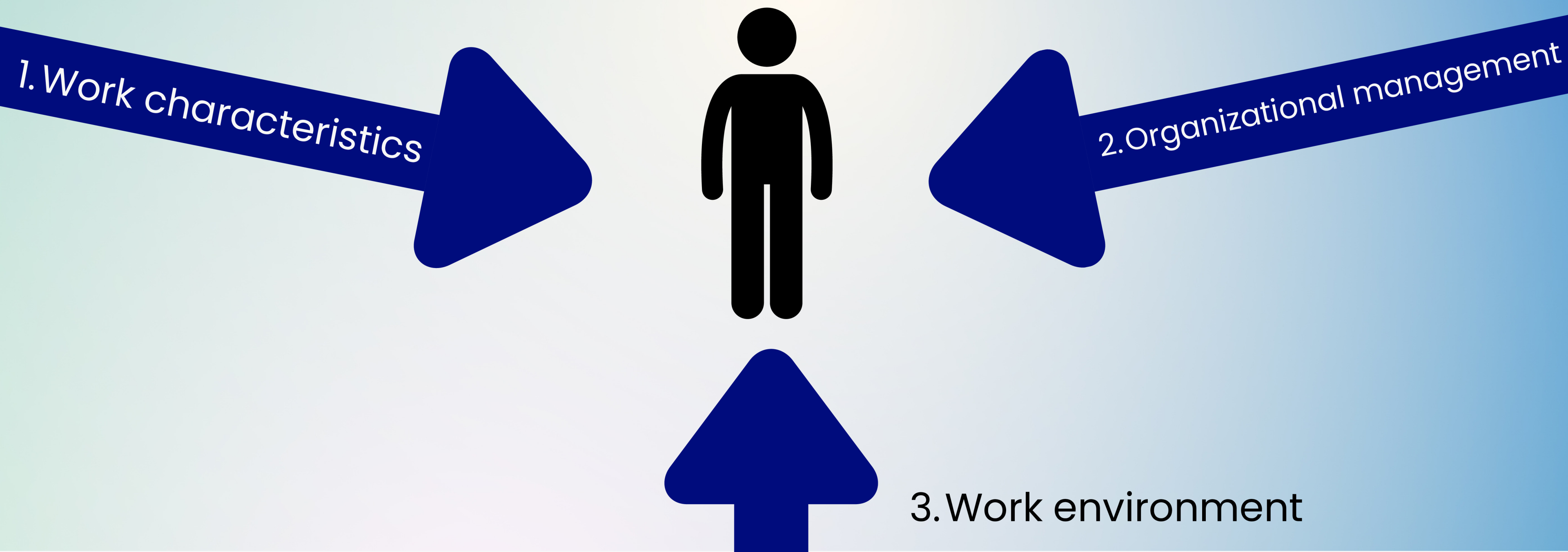
Approach: Workload adjustment / System redesign / Leadership development /
Increasing team support

Result: Reducing workplace stressors yields a significantly greater reduction in burnout.

Burnout Intervention blueprint (cont.)

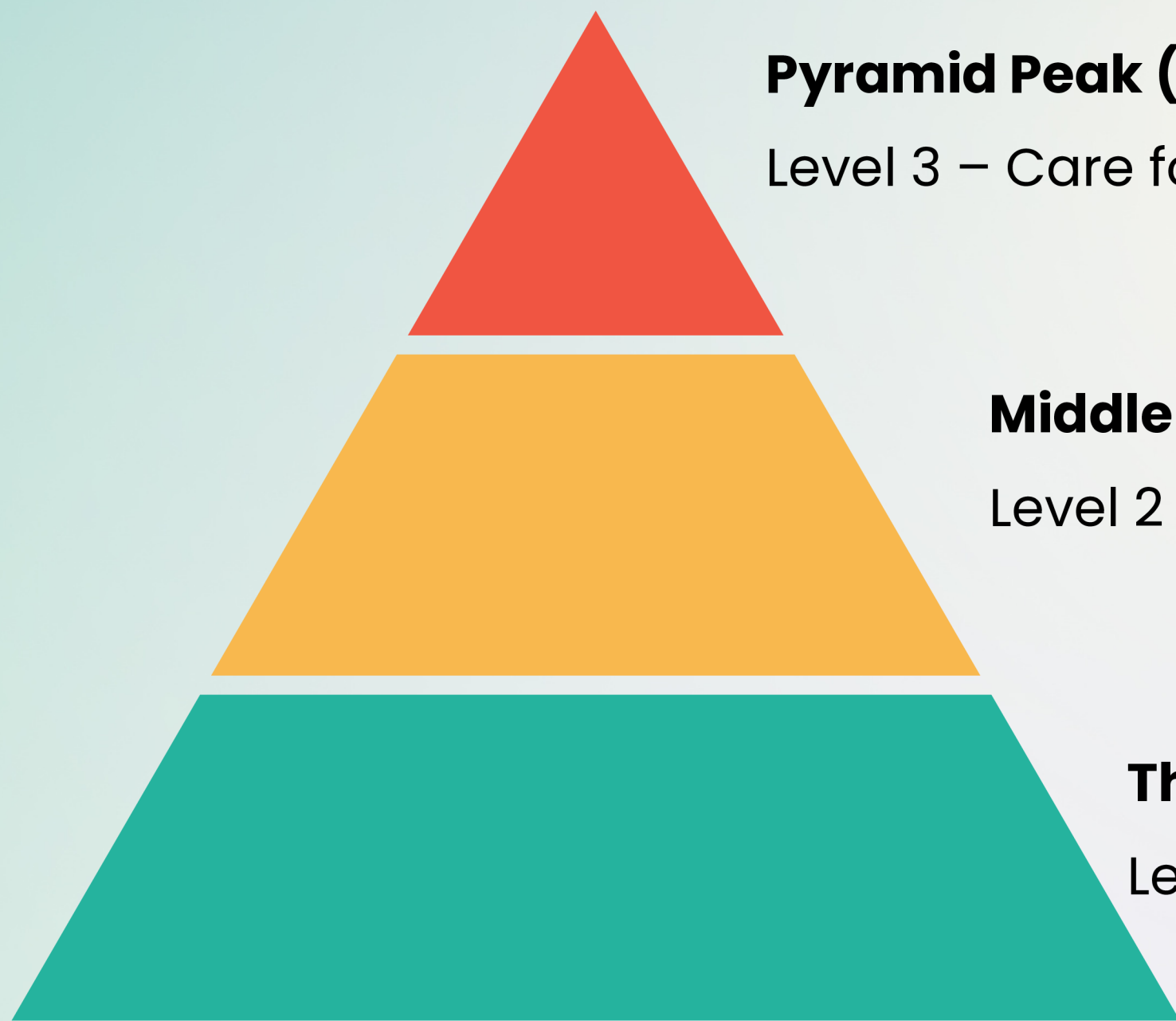
WHO and ILO Principles: The Root Causes of Exhaustion

Burnout is not a personal weakness; rather, it is the result of structural failures across three dimensions:



Burnout Intervention blueprint (cont.)

Three-Tier Burnout Management Structure (Intervention Framework)



Pyramid Peak (Necessary but insufficient):

Level 3 – Care for Individuals (Tertiary Prevention) / Individual Level

Middle Tier (The Coordinating Bridge):

Level 2 – Manager Development (Secondary Prevention) / Team Level

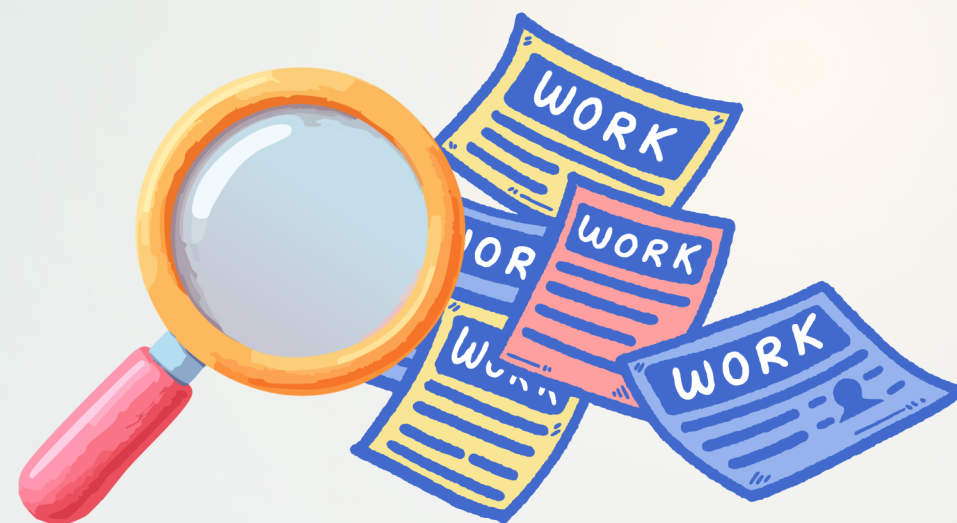
The Base (Broadest and most critical):

Level 1 – System Redesign (Primary Prevention) / Organizational Level

Burnout Intervention blueprint (cont.)

Level 1: System Redesign (Primary Prevention)

The most critical foundation—trimming the organizational excess.



Intervention 1: Workload Review

Strategic Questions:

Which tasks are essential?
Which tasks are
redundant? Which tasks
can be eliminated?

Action Plan:

Conduct a workload
review meeting
every 6 months.

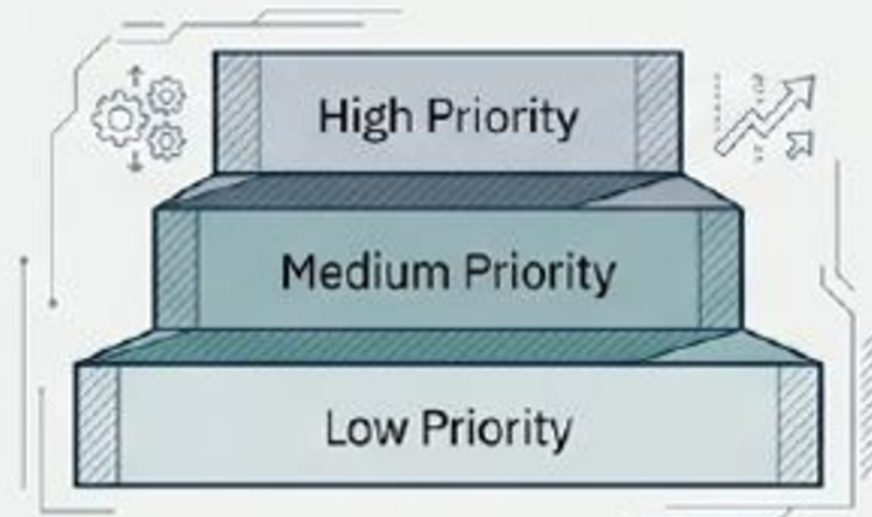
Tools:

Time-spent analysis
(tracking time allocated to
each specific task).

Burnout Intervention blueprint (cont.)

System-Level Quick Wins: Low investment, massive reduction in operational friction

Intervention 2: Priority Alignment



Problem: Every task is treated as "the most urgent."

Solution: Establish clear task prioritization (High / Medium / Low Priority) as a single standardized practice across the entire organization.

Intervention 3: Meeting Detox



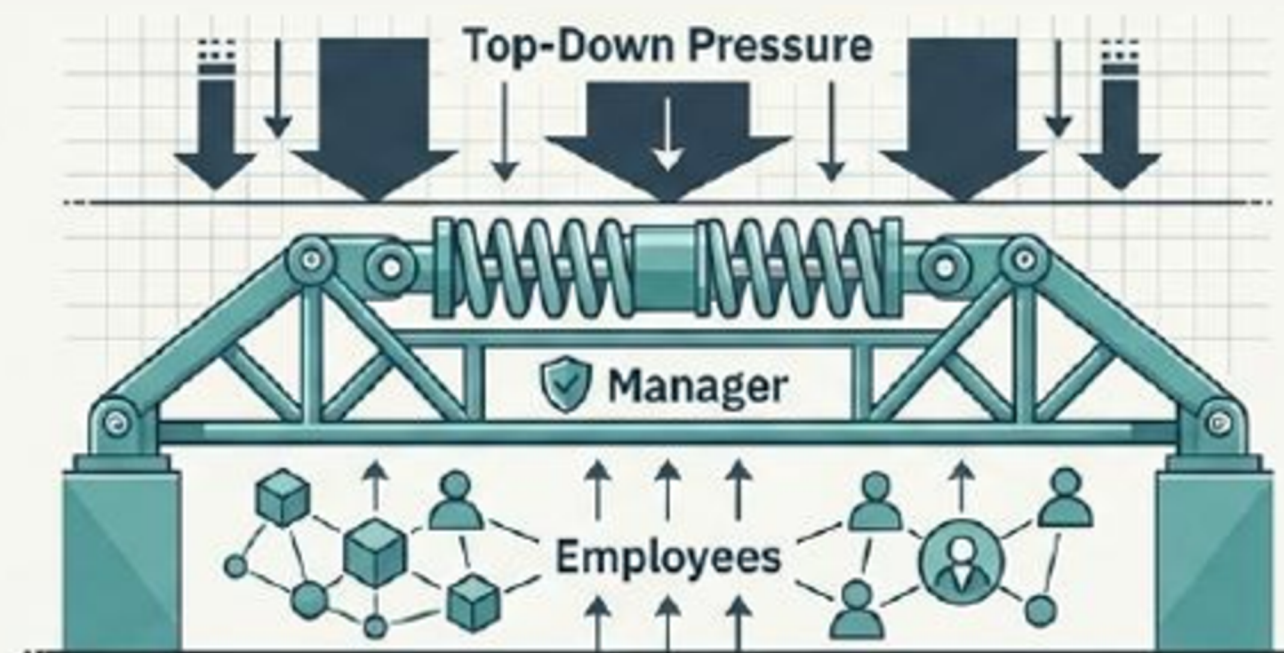
Golden Rules:

1. Keep meetings under 50 minutes.
2. A clear agenda is strictly required every time.
3. Eliminate all non-essential meetings.

Burnout Intervention blueprint (cont.)

Level 2: Manager Development (Secondary Prevention)

Critical Psychosocial Risk Factor: Overly strict, rigid managers who are preoccupied with "self-preservation" act as the primary catalyst for Burnout.



intervention 4

Training Blueprint

Intervention 5



Supportive Leadership Program

- Training in positive communication, delivering constructive feedback, and active listening skills.



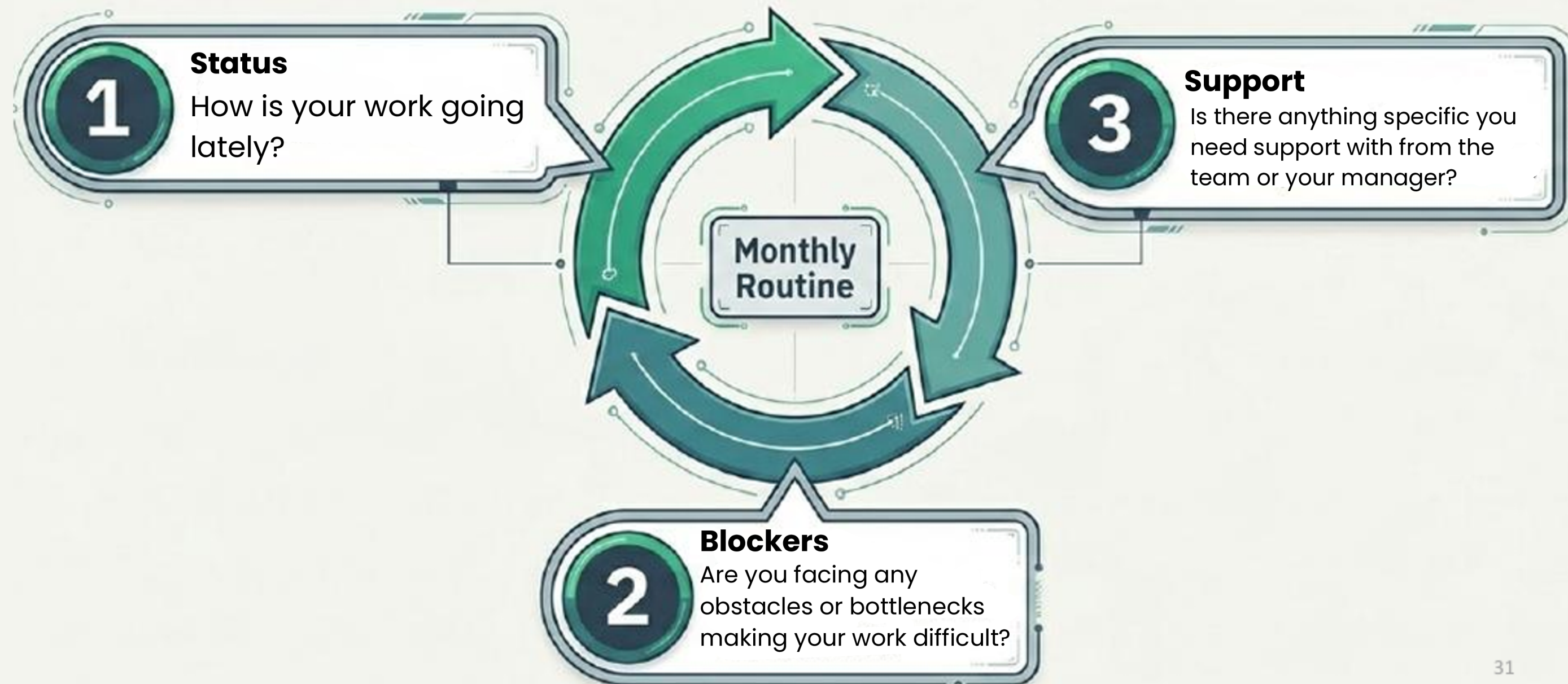
• Mental Health for Managers

- Building an understanding of what Burnout is, warning signs to watch out for, and psychological first aid for team members.

Burnout Intervention blueprint (cont.)

Monthly Ritual: The Monthly Check-in Protocol

Intervention 6: Transforming regular work updates into mental wellness check-ins** (Conducted once a month)



Burnout Intervention blueprint (cont.)

Level 3: Care for Individuals (Tertiary Prevention)

Building an individual-level Safety Net



Intervention 7: Burnout Workshop

- Understanding Burnout, stress management techniques, and energy recovery strategies.



Intervention 8: Peer Support Group

- A monthly safe space, such as a "30-Minute Morning Coffee" session.



Intervention 9: Mindfulness Break

- Taking 2 minutes before starting meetings to breathe deeply and relax to ease tension.

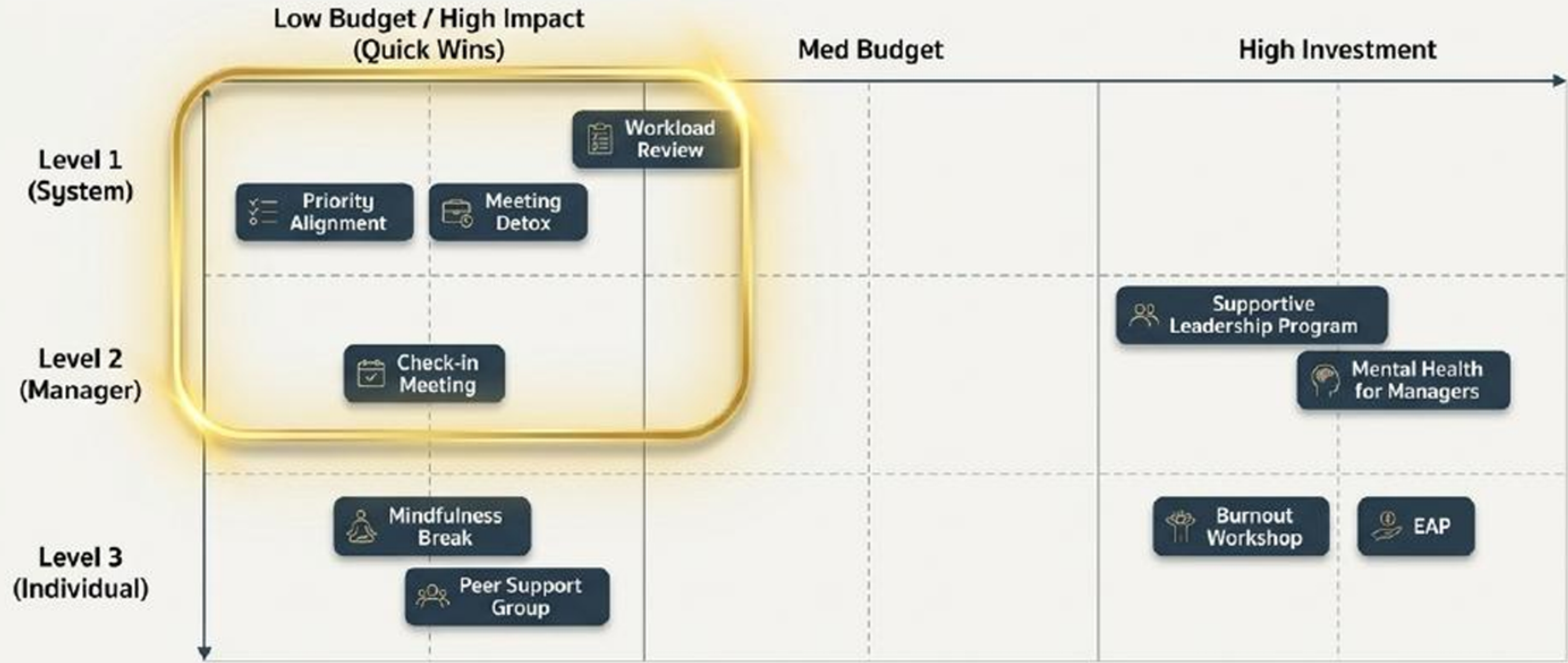


Intervention 10: EAP (Employee Assistance Program)

- An emergency channel for high-risk individuals (providing access to psychologists, hotlines, and specialists).

Burnout Intervention blueprint (cont.)

Action Roadmap: Executive Intervention Matrix



"Special Note for Strategy & Planning Teams: The highlighted zone is 'Practical & Low Budget'—driving systemic change through effective management rather than heavy spending, creating sustainable, organization-wide impact."

Protocol for Individuals At-Risk of Depression

If iWorkHealth results identify individuals at-risk of depression, next steps must follow the "Screen Further Evaluate Care or Refer" protocol, as initial screening only indicates baseline risk.

1. Confirm Results with Further Evaluation: Individuals with "at-risk" screening results should be further evaluated using standardized clinical tools, such as the 9Q Depression Severity Assessment.

Initial Depression Screening (2Q Assessment)

Questions	No	Yes
1. Have you felt down, depressed, or hopeless?		
2. Have you felt little interest or pleasure in doing things?		

Answering "Yes" to either or both questions indicates a clinical risk of depression.

Protocol for Individuals At-Risk of Depression (cont.)

2. Analyze Contributing Factors

Evaluation should be conducted in tandem with other iWorkHealth assessment dimensions, such as:

- **High Workload (Job Demand)**
- **Work-Related Stress**
- **Job Burnout**
- **Workplace Conflicts**
- **Personal or Family Issues**



to distinguish whether depression risks are associated with work-related factors or external personal circumstances.

Protocol for Individuals At-Risk of Depression (cont.)

3. Organizational-Level Care

If at-risk individuals are identified (e.g. 18.3% of the workforce), the organization should:

- Conduct workplace mental health promotion initiatives.
- Provide psychoeducation on stress management.
- Establish professional counseling services.
- Develop a robust Employee Assistance Program (EAP).
- Review and adjust workloads and environmental psychosocial risk factors.



Protocol for Individuals At-Risk of Depression (cont.)

4. Referral for Clinical Care

Individuals with high-risk clinical scores or prominent depressive symptoms must be referred directly to:

- Mental Health Clinics
- Psychiatrists
- Clinical Psychologists
- Relevant Healthcare Institutions / Psychiatric Services



Action Protocol Matrix

Screening Results	Recommended Action
Not At-Risk	Promote general mental health and monitor during routine assessment cycles.
Low to Moderate	Risk Provide guidance, administer the 9Q assessment, and schedule follow-up.
High Risk	Administer 9Q/8Q assessment tools and refer immediately to a specialist.
Active Suicidal Ideation / Self-Harm Risk	Immediate psychiatric referral and emergency evaluation by a specialist.



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DEPARTMENT OF DISEASE CONTROL

THANK YOU

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