International Conference on Mental Health Support in Conflicted Areas

Building Resilience of Conflict Affected Vulnerable Groups through Mental Health and Psychosocial Support

February 9th-10th, 2026

Laguna King Grand Ballroom
Laguna Grand Hotel & Spa Songkhla, Thailand
Muang District, Songkhla, Thailand

Conference title

International Conference on Mental Health Support in Conflicted Areas

Theme & Focus

Building Resilience of Conflict Affected Vulnerable Groups through Mental Health and Psychosocial Support

"Integrating socio-psychological and livelihood dimensions is a vital strategy for restoring human dignity, strengthening confidence, and rebuilding trust—enabling communities to transform vulnerability into resilience and recovery. This transition lays a critical foundation for sustainable peace in fragile areas."

Contents

Rationale for the Conference

Globally, more than 1.8 billion people live in fragile settings marked by prolonged insecurity, which affects daily life and limits access to basic services (World Bank, 2023). Evidence shows that around one in five people in these settings experiences mental health conditions such as depression, anxiety, or post-traumatic stress disorder (PTSD) (World Health Organization, 2025). The psychological impacts of fragility extend far beyond the individual, undermining educational attainment, reducing labor force participation, and limiting economic productivity. These effects create a cycle of vulnerability that hinders recovery and sustainable development.

Addressing mental health and psychosocial support (MHPSS) in fragile settings requires an integrated and multisectoral approach. This involves not only strengthening clinical services, but also addressing the social determinants of health that contribute to psychological distress.

In Thailand's southern border provinces, fragility has resulted in severe psychosocial consequences, economic hardship, and intergenerational effects on affected populations and communities as a whole.

Since 2020, the ThaiHealth Academy under the Thai Health Promotion Foundation (ThaiHealth), the World Bank, and civil society partners have focused on strengthening psychosocial service systems, building the capacity of service providers, and piloting interventions that link mental health recovery with livelihood and income generation. These efforts have laid an important foundation for building trust, developing referral systems, and strengthening local leadership to help reduce mental health stigma. However, access to services remains uneven, and there is still a need to develop evidence-based and scalable models for long-term implementation.

Against this backdrop, the International Conference on Mental Health Support in Fragile Settings was convened under the theme "Building Resilience of Vulnerable Groups through Mental Health and Psychosocial Support." The conference was organized as a platform to present experiences from Thailand's southern border provinces as a regional case study, linking local lessons with global knowledge. It aimed to stimulate new directions for community-centered and evidence-informed action that integrates mental health and livelihood strategies in order to strengthen resilience in fragile and conflict-affected settings.

Conference objectives

1. To strengthen participants' understanding of key components and good practices in delivering psychosocial services in fragile and conflict-affected settings
2. To provide a platform for exchanging experiences, lessons learned, and practical approaches among experts, practitioners, and organizations at both national and international levels
3. To build and expand partner networks to promote collaboration and develop referral pathways for future socio-psychological support initiatives

Program Schedule

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Laguna Grand Hotel and Spa, Songkhla, Thailand

Day 1: Monday, February 9th, 2026

Time	Program details
08.30-09.00	**Registration**
09.00-09.20	**Conference Overview and Opening Remarks** by **Prof. Dr. Nantawat Sitdhiraksa** Professor in Psychiatry, Mahidol University
09.20-09.30	**World Bank Opening Remarks** by **Pamornrat Tansanguanwong** Senior Social Development Specialist, the World Bank Group
09.30-09.40	**Setting the Direction for Regional Collaboration "Strengthening Cross-Sectoral Collaboration at National and International Levels in Mental Health"** Explores strategic directions for strengthening regional collaboration in mental health and psychosocial support (MHPSS), with a focus oncross-sectoral cooperation at national and international levels by **Dr. Prakasit Kayasith** Deputy Chief Executive Officer, Acting Managing Director of ThaiHealth Academy, Thai Health Promotion Foundation and the Project Director
09.45-10.30	**Setting the Tone for Regional Collaboration "Regional Imperatives: Mental Health, Psychosocial Support, and Livelihoods in Conflict-Affected Areas"** Presents regional practices and a major shift toward building MHPSS systems to transform global mental health services through rights-based, person-centered, and community-driven perspectives. It emphasizes multi-sectoral integration that is culturally responsive in conflict-affected communities, with a focus on capacity strengthening, participation, reducing social and structural inequities, mental health care, and livelihood recovery for affected populations. by **Dr. Andrea Bruni** The Mental Health Regional Advisor, WHO South-East Asia Regional Office

Time	Program details
10.30-10.45	**Refreshments**
10.45-12.30	**Panel Discussion: "From Blueprint to Real-World Impact: Lessons from Asia on Planning, Implementing, and Scaling Psychosocial Interventions in Conflict-Affected Area Contexts"** Sharing lessons learned from practical experience in advancing psychosocial services across Asia, grounded in contextual understanding and evidence-based approaches, covering planning, implementation, monitoring, and evaluation to enable effective services and potential scale-up **Panelist**  **Dr.Katy Robjant** Consultant Clinical Psychologist and Vice president of vivo international  **Datuk Dr.Anis Yusal Yusoff,** Principal Fellow Institute of Ethnic Studies, National University of Malaysia Bangi, Selangor, Malaysia  **Prof. Dr.Nantawat Sitdhiraksa** Professor in Psychiatry, Mahidol University  Moderated by **Bon Prisa Jakobsen**
	International Conference Group Photo
12.30-14.00	**Lunch Break and Poster Presentations on Community Project Best Practices**
14.00-16.00	**Presentations: "From Knowledge to Practice: Best Practices from Thailand's Deep South"** Knowledge sharing and discussion based on case studies from "Thailand's southern border provinces: community-centered psychosocial services and confidence building in an Asian context" **Speakers**  14.00-14.30 hrs. **Dr. Kiflan Dolah** Psychiatrist, Naradhiwasrajanagarindra Hospital  14.40-15.10 hrs. **Nan Ei** Research Manager, Community Partners International (CPI)  15.20-15.50 hrs. **Farida Tiboron Mangcaan** Head of Office, Iligan Sub-Office, Community and Family Services International (CFSI)
16.00-16.30	**Refreshments**

Time	Program details
16.30-18.00	**Group Activity: World Café** A World Café format enabling all participants to exchange views through rotating group discussions on project-specific themes (e.g., stigma reduction, referral pathways for target groups, integration with livelihood support, children and youth, and women in conflict settings). This supports cross-regional learning, co-creation of systematic solutions, and synthesis of ideas across groups. Topics follow: **1) Livelihood** by Dr.Sutthana Vichitrananda, The World Bank Group **2) Resilience** by Pattaraporn Kong-in, M.D., Prince of Songkla University **3) Referral System** by • Dr.Bussabong Witsetpholchai, Senior Project Manager, Research Specialist & Evaluator • Assistant Professor Dr.U-Maporn Kardkarnklai, Project Academic Researcher, ThaiHealth Academy **4) Elderly Mental Health:** A Cross-Cultural Perspective by • Baiyah Sami, Community Labor Graduate, Na Ket Sub-district, Pattani Province • Nawaree Chanphum, Tonkla Phan Mai Deep South Network, Yala Province **5) Youth & Education** by • Tiyanee Yeewangkong ,Teacher, Benjamratchutit School, Pattani Province • Suwarin Toburee, Teacher, Ban Tha Sap School, Yala Province • Aesah Bahek, Teacher, Tadeeka Jah Yomuranee School, Narathiwat Province **6) Gender & Empowerment** by • Suhaila Wuthangkul, Muslima Women's Association, Narathiwat Province • Sainab Hohya, Nusantara Foundation, Narathiwat Province **7) Adolescent Mental Health** by • Wannawawee Waeyoh, Fah Sai Association • Adam Jemah, Tonkla Phan Mai Deep South Network, Yala Province **8) Community Mental Health** by • Muhammad Cheddoloh, Thammasat University Research & Consultancy Institute • Nureeda Suvanavong, APASS Organization, Narathiwat Province • Phatimoh Duangchinda, Southern Border Wisdom Bridge Association
19.00-20.30	**Welcome Reception** All participants are warmly invited to join the Welcome Reception. This informal gathering offers an opportunity to connect with colleagues and engage in networking in a relaxed setting. **Venue:** 1st Floor, Laguna Queen Grand Ballroom at Laguna Grand Hotel & Spa Songkhla, Thailand **Dress code:** Casual
19.00-19.05	**Welcome remarks:** by Pamornrat Tansanguanwong, Senior Social Development Specialist, the World Bank Group
19.05-19.10	by Dr. Prakasit Kayasith, Deputy Chief Executive Officer, Acting Managing Director of ThaiHealth Academy, Thai Health Promotion Foundation and the Project Director

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Day 2: Tuesday, 10th February, 2026

Time	Program details
09.00-12.00	**Group Dialogue Summary Presentation - Learning from real practice:** Key lessons synthesized: representatives from each breakout group present key points from the World Café discussions to the plenary by Group representatives
	Project Results "From Dialogue to Policy Pathways" The policy-makers/senior leaders share perspectives and synthesize inputs into feasible, actionable recommendations, and outline multi-stakeholder collaboration for sustainable future work. Speakers • Nit Thongphetsri, Director, Mental Health Center 12 • Yusin Chitphakorn, Deputy Mayor, Yala City Municipality • Kanokrat Kueakit, Secretary-General, Southern Border Provinces Administrative Centre (SBPAC) • Dr. Narissara Ngamkhachornwiwat, Director, Thanyarak Pattani Hospital [Open the floor for Q&A)
12.00-12.10	**Closing Ceremony** by Pamornrat Tansanguanwong, Senior Social Development Specialist, the World Bank Group
12.10-13.30	Lunch Break and Networking

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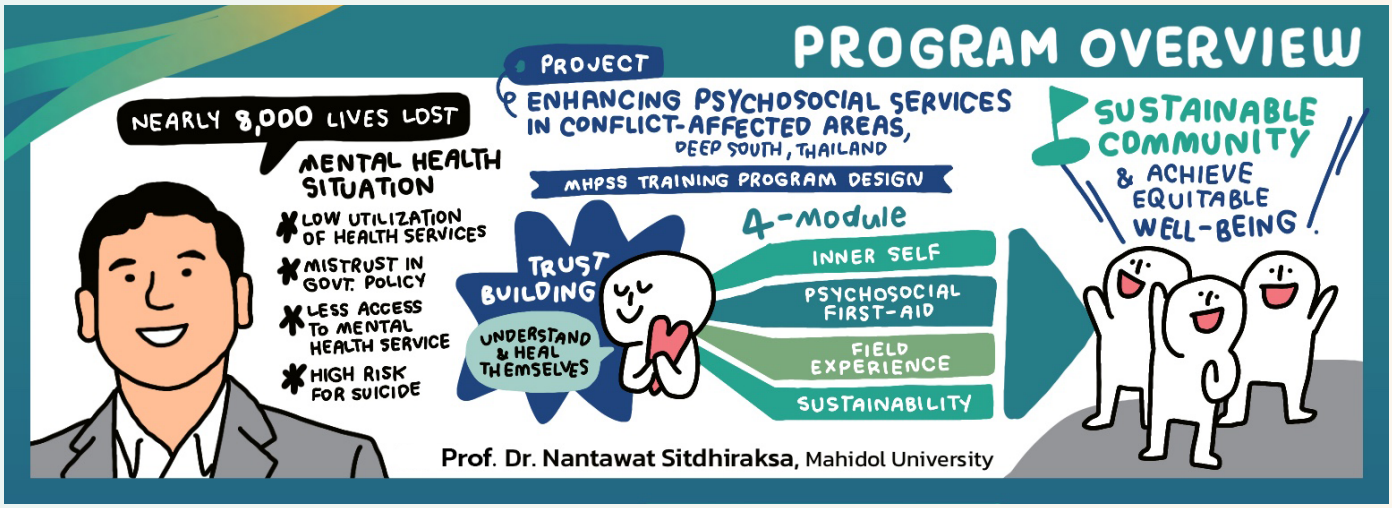
Conference Proceeding

Welcome Remarks and Project Introduction

Prof. Dr.Nantawat Sitdhiraksa welcomed participants from Thailand and abroad, representing a wide range of professional backgrounds. He stated that the conference was intended not only as an academic forum, but also as a shared learning space for the exchange of practical experiences, knowledge, and lessons from settings affected by fragility. He emphasized that successful mental health and psychosocial support (MHPSS) requires multisectoral collaboration among all relevant stakeholders.

Prof. Dr. Nantawat Sitdhiraksa
Professor of Psychiatry, Mahidol University



He further noted the complexity and challenges of mental health issues in fragile settings, where violence, loss, insecurity, and persistent fear have created layered and long-term impacts on individuals, families, and communities. He underscored the need for a holistic approach that integrates mental health care with the social, cultural, and lived context of the affected communities. He observed that focusing only on symptom-based treatment may overlook the realities and actual needs of affected populations.

He then introduced the project's training curriculum, which was developed as four modules to strengthen the capacity of practitioners in Thailand's southern border provinces. These modules included self-awareness and inner resilience among helpers, Psychological First Aid (PFA), experiential learning from real community contexts, and sustainability through networking and continued community-led action. He explained that the project aimed not only to transfer knowledge, but also to build systems of care that can be sustained in communities affected by fragility.

In his concluding remarks, he highlighted the importance of linking research, field-based experience, and policy direction. He expressed his hope that the conference would generate new knowledge, strengthen partner networks, and support the practical application of lessons learned to advance mental health and psychosocial work in fragile settings in concrete ways.

Opening Remarks
by the World Bank

Ms. Pamornrat Tansanguanwong
Senior Social Development Specialist, World Bank

Ms. Pamornrat Tansanguanwong emphasized that mental health and psychosocial support should not be viewed solely within a medical or therapeutic framework, but as a broader development issue closely linked to social stability, peaceful coexistence, and the long-term restoration of community capacity. In settings affected by fragility, she noted, sustainable social and economic recovery cannot be achieved without giving due attention to people's mental health and psychosocial well-being.

She further highlighted the scale of fragility at the global level, noting that more than 122 million people worldwide have been forcibly displaced as a result of conflict, violence, and human rights violations. Displacement, she explained, involves not only the physical loss of shelter, but also the disruption of community ties, interpersonal relationships, and a sense of safety, all of which can result in prolonged psychological consequences. Referring to fragile settings such as Gaza and Armenia, she underscored the effects of violence and displacement on affected populations, particularly children and young people, whose development, well-being, and long-term life opportunities may be seriously

She also referred to international evidence indicating that nearly one in five people in fragile settings experiences some form of mental health problem, such as chronic stress, depression, or trauma-related psychological conditions. She stressed that these psychological burdens are often overlooked and receive less attention than physical reconstruction or infrastructure recovery.

Turning to Thailand's southern border provinces, she noted that prolonged fragility and insecurity have become part of everyday life in many communities, creating cumulative distress that affects individuals, families, and society as a whole. She emphasized that psychological trauma left unaddressed can undermine quality of life, learning, employment, social participation, economic recovery, and long-term peacebuilding, while also risking transmission of these effects to future generations.

In concluding, Ms. Pamornrat Tansanguanwong stated that the World Bank's support through the project "Enhancing Psychosocial Services for Traumatized Persons in Conflict-Affected Areas in Thailand's Deep South," implemented in collaboration with the Department of Mental Health, the Thai Health Promotion Foundation (ThaiHealth), and ThaiHealth Academy (THA) under the State and Peacebuilding Trust Fund (SPF), reflects the importance of this agenda. She noted that the conference served as an important platform for exchanging knowledge, information, evidence-based lessons, and practical approaches to further strengthen mental health and psychosocial work in fragile settings.

Setting the Direction for Regional Collaboration
"Strengthening Cross-Sectoral Collaboration at National and International Levels in Mental Health"

Dr.Prakasit Kayasith presented the strategic direction of the Thai Health Promotion Foundation (ThaiHealth) in advancing mental health through cross-sectoral collaboration at both national and international levels. He began by outlining ThaiHealth's holistic concept of health, which encompasses four interrelated dimensions: physical health, mental health, social health, and wisdom (spiritual) health. He emphasized that the wisdom dimension should not be interpreted solely in religious terms, but also as including self-awareness, self-regulation, and sound judgment. Together, these four dimensions were described as a fundamental basis for individual well-being and peaceful coexistence in society.

He then referred to ThaiHealth's long-term 10-year "7+1" strategic goals, which were designed to address major health risks. The seven principal priorities comprise tobacco control, alcohol consumption, diet, physical activity, accidents, mental health, and environmental health. The "+1" component refers to preparedness for future health threats and emerging risk factors, drawing on lessons learned from the COVID-19 pandemic. He noted that mental health had not previously been identified as a principal issue in the former 10-year strategic framework, but has now been elevated in importance, reflecting social change and growing recognition that mental health is central to overall well-being

Dr. Prakasit Kayasith
Deputy Chief Executive Officer, Acting Managing Director of ThaiHealth Academy, Thai Health Promotion Foundation, and Project Director

He further highlighted two major outcomes that ThaiHealth seeks to promote: healthy lifestyles and health-related behaviours, and enabling environments for health. While individual decision-making remains important, he noted that such decisions are often shaped by social and structural environments. ThaiHealth's role, therefore, is not only to promote knowledge, awareness, and motivation, but also to develop systems and social mechanisms that make healthy living practical, accessible, and sustainable in everyday life. In this way, ThaiHealth aims to improve the quality of life of people of all age groups. He also emphasized that ThaiHealth's target population includes all people living in Thailand, regardless of nationality or legal status. This reflects an understanding of health equity in which everyone should have the opportunity to live in conditions conducive to health and well-being.

At the same time, he underscored ThaiHealth's ecosystem-based approach to sustainable change. Health problems, he explained, must be understood in relation to underlying health determinants, including behaviours, environments, and inequality. These factors cannot be addressed in isolation. Effective action therefore requires systematic coordination in knowledge generation, communication, capacity building, behavioural change, environmental improvement, policy development, and collaboration with social systems such as schools, health services, and civil society.

In concluding, Dr. Prakasit Kayasith emphasized that multisectoral collaboration is an indispensable factor in achieving sustainable structural change. He noted that the conference itself forms part of a broader ecosystem linking academia, policy, and practice in support of mental health promotion on a wider scale.

Setting the Tone for Regional Collaborations

"Regional Imperatives: Mental Health, Psychosocial Support, and Livelihoods in Conflict-Affected Areas"

Dr. Andrea Bruni
Mental Health Advisor, WHO South-East Asia Regional Office (WHO SEARO)

Dr.Andrea Bruni emphasized the need to rethink approaches to mental health and psychosocial support (MHPSS) in fragile settings and humanitarian situations. He stated that MHPSS should not be treated as a secondary issue in emergencies, but rather as an urgent and inseparable component of recovery and resilience-building. Drawing on data from the South-East Asia region, he noted that mental health conditions, self-harm, and substance use account for a substantial share of the public health burden. This, he argued, shows that mental health can no longer be separated from the broader public health system or from efforts to support recovery and resilience after situations of fragility.

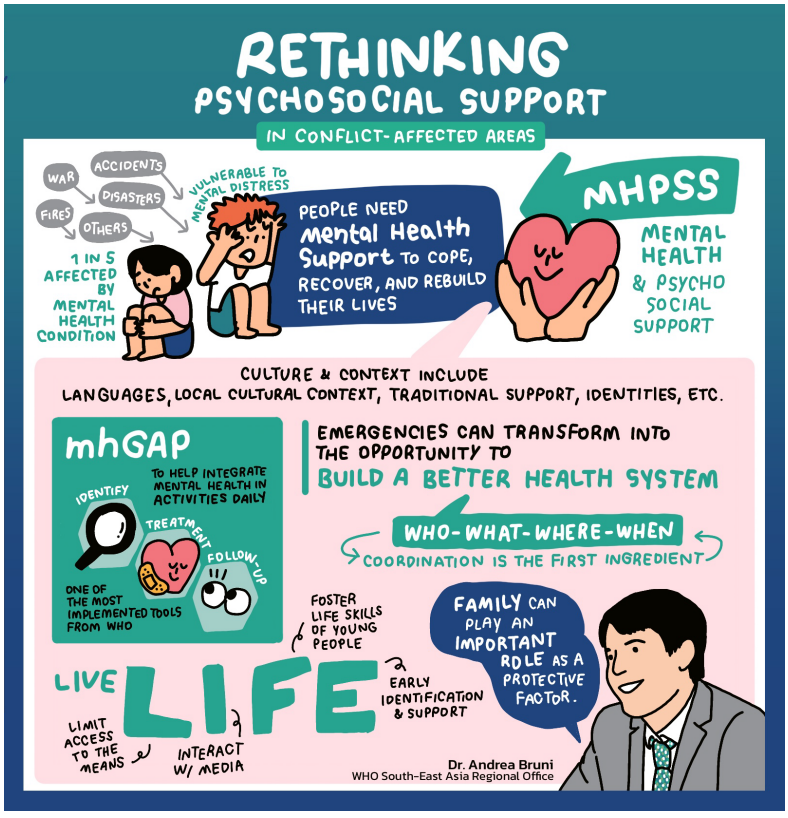
He further highlighted the importance of WHO data tools in making mental health needs more visible for policy and planning. He referred to resources such as the WHO Mental Health Atlas and online dashboards, which provide national- and subnational-level information on service systems, workforce capacity, and resource allocation. Using Thailand as an example, he noted the limited ratio of specialised personnel to population, and the resulting reliance on psychiatric nurses and primary care personnel. He emphasized that these tools are not intended solely for reporting, but are critically important for identifying gaps in health systems and supporting evidence-based decision-making.

He also underscored that mental health in emergencies is about more than survival alone. Although humanitarian assistance often gives priority to food, water, and shelter, psychological well-being is equally important for the recovery of individuals, families, and communities. He noted that while many people are able to recover when basic needs are met and social support is available, some experience severe or prolonged distress that requires additional care. In this context, he described Psychological First Aid (PFA) as a key foundational approach that helps people regain stability without unnecessarily medicalising distress or referring every affected person to clinical treatment.

Referring to the MHPSS Intervention Pyramid, Dr.Andrea Bruni emphasized that not everyone requires specialised services, and that support should begin at the base of the pyramid, including social support, community care, and basic services. He observed that many mental health systems still place excessive emphasis on individual treatment, even though no country can adequately respond to mental health needs through counselling or psychotherapy alone. He therefore highlighted the Minimum Service Package (MSP) for MHPSS, a WHO-supported framework for defining a core package of essential services across contexts. He explained that the MSP includes activity descriptions, implementation checklists, and reference resources, thereby creating a shared operational language for multisectoral coordination while remaining flexible enough to reflect language, culture, and local context.

Another important tool he discussed was WHO's mhGAP (Mental Health Gap Action Programme), which provides guidance for integrating mental health into service systems in order to reduce the mental health gap. Through mhGAP, non-specialist providers can undertake screening, assessment, psychological and psychosocial care, and long-term follow-up, making it highly relevant in humanitarian and emergency settings. At the same time, he stressed that no tool can be effective unless it is adapted to local realities. This requires understanding how communities define distress, the role of religion and traditional healing, and the social and political dynamics that shape people's experiences. Medical language and international standard categories, he noted, do not always align with community understandings, and interventions that ignore context may fail to respond to people's actual needs.

In concluding, Dr. Andrea Bruni noted that emergencies bring not only risks, but also opportunities for systemic change. He cited Sri Lanka as an example where crisis created space for long-term reform of the mental health system. At the same time, he warned that people with pre-existing psychological vulnerabilities are often overlooked during emergencies, particularly in relation to access to food, communication, and information. He emphasized that rethinking psychosocial support does not mean abandoning existing tools, but rather using them critically and in ways that are appropriate to the context, linking data, evidence, and local.



Panel Discussion

From Blueprint to Real-World Impact: Lessons from Asia on Planning, Implementing, and Scaling Psychosocial Interventions in Conflict-Affected Area Contexts

Panelists:

- **Dr.Katy Robjant,** Consultant Clinical Psychologist and Vice President of Vivo international
- **Datuk Dr.Anis Yusal Yusoff,** Principal Fellow, Institute of Ethnic Studies, National University of Malaysia, Bangi, Selangor, Malaysia
- **Prof. Dr.Nantawat Sitdhiraksa,** Professor of Psychiatry, Mahidol University

Moderator: **Bon Prisa Jakobsen**

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This panel discussion explored how psychosocial work in fragile settings differs from that in more stable contexts, as well as the lessons that can be drawn for planning, implementation, and scale-up in Asia. The panelists emphasized that psychosocial support in fragile settings must cover both affected populations and those who have moved through experiences of fragility, many of whom face stigma, exclusion, and barriers to accessing support. This work, therefore, must extend beyond individual psychological care to include social relationships, community dynamics, and the conditions necessary for social reintegration and long-term recovery.

The discussion highlighted the complexity of providing support in situations where violence remains ongoing and communities have been fractured or displaced. Prof. Dr.Nantawat Sitdhiraksa observed that health systems designed for normal conditions are often not well aligned with fragile settings, where access is disrupted and trust has been damaged. He stressed that unless both sides of a divided community can be supported in returning to social life, cycles of violence may continue. Dr.Anis Yusal Yusoff further emphasized that ethnic tensions, power relations, and structural inequality are deeply connected to psychosocial well-being. Mental health responses, he argued, must therefore begin with a genuine understanding of people, place, and context, rather than relying on one-size-fits-all approaches.

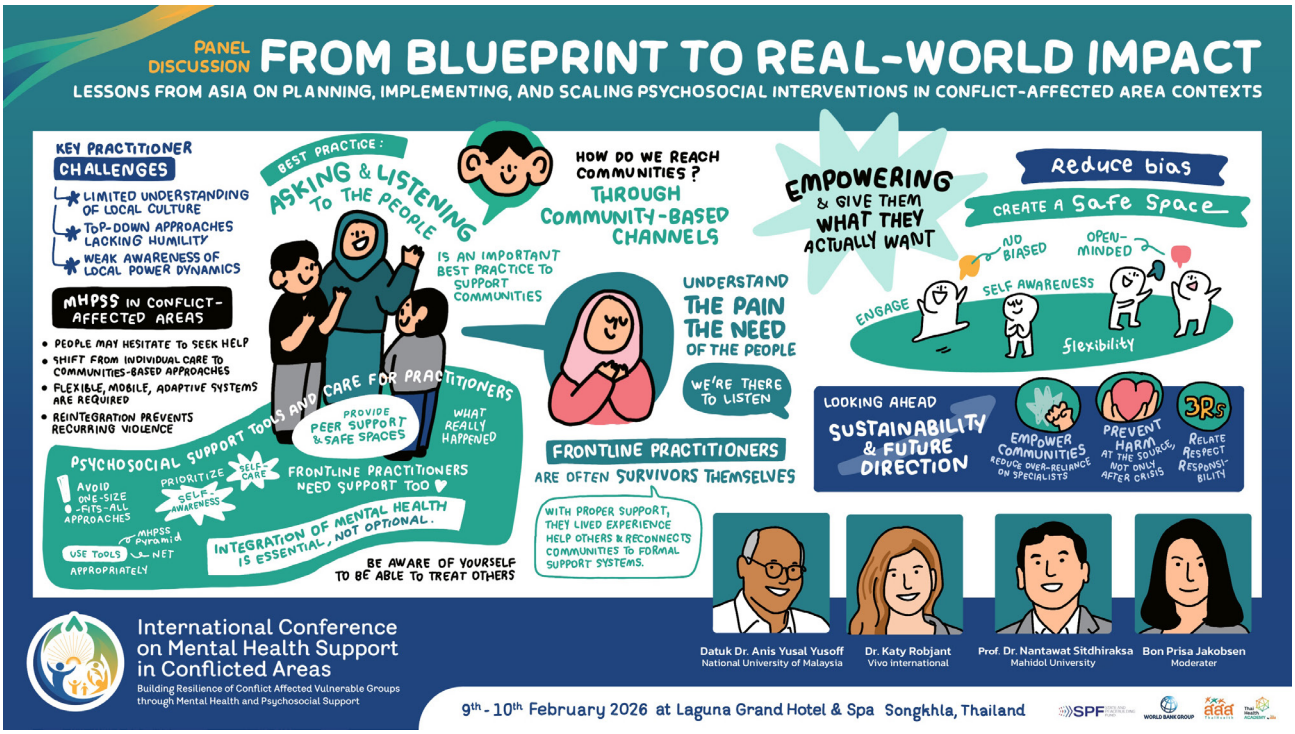
The panel also addressed leadership, selection, and care for those engaged in psychosocial work. Dr.Anis Yusal Yusoff described the importance of background review and screening of individuals before they enter training or assume leadership roles, in order to better understand behavioural tendencies and reduce the risk of harm. He referred to an Integrity Model consisting of two dimensions: ethics and communication or motivational skills. While some capacities can be strengthened through training, the absence of ethical grounding, he noted, is a more serious concern. At the same time, Dr.Katy Robjant emphasized that community members who volunteer to help others are often themselves affected by situations of fragility. Rather than excluding them, she argued, they should receive psychosocial care alongside their helping roles, since with appropriate support they may become important bridges in rebuilding trust within communities.

The panel further reflected on the challenges faced by practitioners working in fragile settings. Prof. Dr.Nantawat Sitdhiraksa cautioned against centrally designed approaches that lack cultural understanding or overlook local power structures and social realities. He emphasized that communities are not empty spaces awaiting intervention, but places with existing strengths, limitations, and prior wounds that must first be understood. Dr.Katy Robjant illustrated this point with an example from the Democratic Republic of the Congo, where some affected individuals did not feel safe approaching NGOs directly, but preferred to seek help through more familiar community-based mechanisms. Psychosocial programmes, she noted, therefore need to remain flexible and adaptive to changing conditions.

In discussing policy implications, the panel underscored the importance of listening, participation, and long-term engagement. Dr.Anis Yusal Yusoff argued that effective policy should begin by listening to local communities, rather than imposing ready-made solutions from outside. He highlighted mechanisms such as community forums, through which communities can identify their own concerns and co-design responses, thereby strengthening ownership and legitimacy. He also emphasized that psychosocial challenges require a long-term perspective, and that technology, including artificial intelligence, cannot replace human judgement or contextual understanding.

Dr.Katy Robjant also discussed the use of tools and approaches such as trauma-focused approaches and the MHPSS pyramid. She stressed that it should not be assumed that everyone in fragile settings is experiencing trauma, and that such tools must be applied carefully and in ways that are appropriate to the context. She also emphasized the importance of self-care and support systems for practitioners, including therapy, peer support, supervision, and work–life balance, in order to prevent burnout.

In conclusion, the panelists reflected on the future of psychosocial work in fragile settings. Dr.Katy Robjant noted that the field is growing stronger through better tools, stronger evidence, and greater recognition of the role of survivors and community members. Prof. Dr.Nantawat Sitdhiraksa emphasized the importance of addressing problems at an early stage in order to prevent repeated harm, rather than focusing only on crisis management. Dr.Anis Yusal Yusoff proposed the 3R principles—Relate, Respect, and Responsible—as a foundation for peaceful coexistence and culturally sensitive engagement. Overall, the discussion underscored that effective psychosocial work in fragile settings requires contextual understanding, sustained participation, ethical leadership, and long-term commitment to genuine social healing.



1.Case Study from Narathiwat, Thailand

Dr. Kiflan Dolah
Psychiatrist, Naradhiwasrajanagarindra Hospital, Thailand

Dr. Kiflan Dolah shared lessons from his experience working as a psychiatrist in Thailand's southern border provinces, stating that patients are among the most important "teachers" in settings affected by fragility. He emphasized that psychosocial support in this context must be grounded in understanding, access, and adaptation, and should be carried out with communities rather than imposed from outside.

He highlighted three important dimensions for understanding mental health in the area: people's underlying emotions, local beliefs, and religious beliefs. One of the clearest emotional patterns observed in the area, he noted, is mutual suspicion, rooted in a long history of fragility and social mistrust. This condition affects both mental well-being and social relationships, and may contribute to trauma-related mental health conditions such as post-traumatic stress disorder (PTSD) among civilians, state officials, and people affected by fragility who are in the process of moving beyond it. He also discussed the role of local beliefs, such as sorcery, spirit possession, or hereditary conditions, which often shape how families interpret mental illness. At the same time, religious beliefs may serve as an important source of support, but in some cases may also become a source of stigma if illness is understood as resulting from insufficient faith or neglect of religious practice.

He emphasized that effective healing requires genuine care and concern, careful listening, culturally sensitive communication, and attention to the patient's deeper suffering rather than only medical diagnosis. Rather than confronting or rejecting local beliefs directly, practitioners should begin with respectful understanding, reach patients through the suffering they are currently experiencing, and gradually build trust toward appropriate care.

In his concluding remarks, Dr. Kiflan Dolah suggested that effective psychosocial practice in Thailand's southern border provinces depends on trust, cultural understanding, and the ability to work closely with the lived realities of patients and communities.

2.Case Study from South-Eastern Myanmar

Nan Ei shared lessons from the work of Community Partners International (CPI) in settings affected by fragility in south-eastern Myanmar, where protracted violence, displacement, and disrupted health systems have become major barriers to both physical and mental health care. She explained that CPI has focused on building a resilient, community-based health system that can continue to function even under conditions of high insecurity.

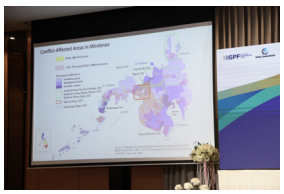
Nan Ei
Research Manager, Community Partners International (CPI), Myanmar

The service model places Village Health Workers (VHWs) at the centre of care, with responsibilities for screening, follow-up, home visits, and referral support at community level. These frontline workers are linked with village tract health centres and referral services, creating a tiered system of care that helps maintain continuity of treatment amid insecurity and population movement. A major focus of the presentation was the VHW Care Model for non-communicable diseases (NCDs), particularly cardiovascular disease. This model covers community screening, confirmation of diagnosis, monthly home follow-up, medication support, health education, and the use of mobile communication technology for data recording and coordination with health personnel. She reported that this approach effectively improved medication adherence and cardiovascular risk control, while remaining low-cost and operational even during armed attacks or sudden displacement.

She also highlighted the mental health burden associated with fragility, including stress, anxiety, insomnia, and suicidal thoughts. To address these challenges, CPI integrated the Common Elements Treatment Approach (CETA) into its chronic care model, enabling community- and primary-level providers to identify psychological distress, reduce stigma, and appropriately refer high-risk patients.

In her concluding remarks, Nan Ei emphasized that integrated, community-based care is feasible in fragile settings, and that mental health must be embedded within the broader health response rather than separated from it or treated merely as a secondary concern.

3.Case Study from Mindanao, Philippines


Farida Tiboron Mangcaan
Head of Office, Iligan Sub-Office, Community and Family Services International (CFSI), Philippines

Farida Tiboron Mangcaan shared lessons from the work of Community and Family Services International (CFSI) in Mindanao, a region affected by prolonged fragility, displacement, and social fragmentation, all of which have led to complex mental health and psychosocial needs. She explained that CFSI grounds its work in the principles of human dignity and trauma-informed care, recognizing that fragility affects not only safety and livelihoods, but also identity, relationships, and hope for the future.

She described Mindanao as a region shaped by ethnic, religious, and cultural diversity, alongside a long history of armed conflict over several decades. She identified the 2017 Marawi Siege as a major turning point that caused large-scale displacement and disrupted community life over the long term. This was especially significant among the predominantly Muslim Maranao population, for whom dignity, honour, and spiritual identity hold deep importance. In this context, conflict undermined both the material foundations of life and the social fabric of the community. She also highlighted multiple overlapping vulnerabilities, including poverty, food insecurity, family separation, protection risks affecting women and children, chronic psychological distress, stigma, and limited access to specialized mental health services.

In response to these challenges, CFSI developed MHPSS approaches that are grounded in community realities and cultural context. These included adapting assistance to local conditions, building partnerships with Muslim scholars and religious leaders, using local languages in communication, strengthening peer and community support systems, and integrating MHPSS with child protection and gender-based violence services. She also emphasized the importance of meaningful participation by women, children, and young people, as well as the vital role of local volunteers and social workers in sustaining continuity of support.

In her concluding remarks, Farida Tiboron Mangcaan emphasized that recovery in fragile settings must begin with listening, respect for dignity, and shared ownership by the community. She noted that mental health and psychosocial support is a fundamental foundation for long-term healing and resilience.

PRESENTATIONS **FROM KNOWLEDGE TO PRACTICE**

BEST PRACTICES FROM THAILAND'S DEEP SOUTH

International Conference on Mental Health Support in Conflicted Areas
Building Resilience of Conflict Affected Vulnerable Groups through Mental Health and Psychosocial Support

Commentators/Experts

Nith Thongphetsri
Director Mental Health Center 12

Yusin Chitphakorn
Deputy Mayor, Yala City Municipality

Kanokrat Kueakit
Secretary-General, Southern Border Province Administrative Centre (SBPAC)

Dr. Narissara Ngamkhachornwiwat
Thanyarak Pattani Hospital

Group 1

Livelihood – Promoting Sustainable Work and Income Recovery

Facilitated by

Dr.Suttana Vijitranon
World Bank Group

Group 1 on Livelihood – Promoting Sustainable Work and Income Recovery proposed that the group discussion reflected several main problems. First, unemployment or lack of income directly affects mental health, such as stress, insomnia, emotional instability, and intense emotions. Second, people without work feel that their self-worth has declined; they experience **low self-esteem**, lack confidence, are reluctant to face others, and fear being bullied or judged by society. Third, economic problems affect families and society, resulting in family tension, domestic violence, social withdrawal, and increased risk of crime. Fourth, many mental health programmes are still not linked to economic support, while livelihood and income-generation programmes often neglect psychosocial well-being in a systematic manner.

Proposed solutions and actions

- Mental health care and livelihood are inseparable. Having an income helps reduce stress, while psychological strength is an important foundation for sustainable work and livelihood.
- Future development should take the form of integrated programmes that combine mental health recovery with vocational skill development, rather than implementing them in parallel or as separate interventions. The programme model should be developed in phases, as follows:
  - **Phase 1:** Preparation and trust-building, including identifying real needs, analysing life resources and circumstances, and working through people or mechanisms trusted by the target group, especially family members.
  - **Phase 2:** Strengthening psychological resilience through activities that restore morale, build self-esteem, provide safe spaces for exchange and discussion, and ensure close follow-up of the target group.
  - **Phase 3:** Upgrading skills towards real occupations, including vocational training based on individual aptitudes, as well as strengthening skills in marketing, value addition, and planning for future livelihoods.
- Emphasis should be placed on multisectoral collaboration among relevant agencies, such as the Ministry of Social Development and Human Security, Provincial Social Development and Human Security Offices, the Southern Border Provinces Administrative Centre (SBPAC), mental health agencies, community colleges, and mentoring organizations. This collaboration is important for making livelihood recovery sustainable, restoring human dignity, strengthening mental well-being, and serving as a foundation for long-term resilience.

Summary of recommendations from the discussants and participants

- Supporting people affected by fragility through product development and market expansion in surrounding areas, led by SBPAC in collaboration with OTOP under the brand “Panjai,” has shown that products from some areas can sell better outside the locality or even abroad. However, challenges remain regarding production standards and quality control.
- Helping to reduce stress and restore a sense of self-worth may sometimes require only small amounts of support, such as modest start-up capital for self-employment, for example to buy a food cart or equipment.
- Forming livelihood groups in the community can be beneficial, but it also carries risks. If benefit-sharing is unclear, it may create conflict and deepen psychological wounds.
- Producing goods that require high standards may create pressure for community producers. If products are rejected or prices are reduced, income may fall considerably and this can have a serious effect on mental well-being.
- There should be reliable markets within the community or stable buyer networks, and project indicators should be designed to assess economic and mental health outcomes alongside each other.

Group 2

Resilience – Strengthening Adaptive Capacity and Recovery

Facilitated by:

Dr.Pattaraphon Kongin
Faculty of Medicine, Prince of Songkla University

Group 2 on Resilience – Strengthening Adaptive Capacity and Recovery proposed that the group discussion reflected several main problems. First, budget limitations for resilience work remain insufficient, and support for this area has lacked continuity. Second, there is a lack of safe spaces in communities for women to use as places to exchange experiences and receive support, while men have more religious or social spaces available to them. Third, young people have high psychological vulnerability, and many parents still lack the necessary skills to care for their children. Fourth, an important challenge is preparing young people to cope with problems when they go out to face the world beyond their communities.

Proposed solutions and actions

- The definition of resilience should not be understood only in terms of hardship, but should refer to the capacity to recover, adapt, and move forward after facing crisis.
- Strengthening resilience skills is an important mechanism that helps individuals manage stress, recognize their self-worth, and develop emotional awareness.
- Safe spaces should be created in communities and made inclusive of all groups, especially women.
- Creative activities and relationship-building activities that engage people across different age groups should be organized, such as sports activities that promote relationships.
- Resilience-building should be integrated into religious activities and school-based learning, with emphasis on the role of the family, while also strengthening the skills of parents and caregivers alongside the systematic care of children and youth.
- Examples from the practical experience of field workers showed that learning about resilience helps practitioners maintain emotional strength, view problems with a more positive attitude, and sustain hope in helping others. One example was the **“foster family mechanism”** in the community, which demonstrates that strong leadership and social support can help vulnerable groups recover in concrete ways.

Summary of recommendations from the discussants and participants

- Psychological resilience differs from person to person. Time and patience are needed, and the strengths of each person or family should be identified and supported.
- The concept of **resilience** is similar to the concept of **recovery** in substance use treatment, which depends on a supportive environment, family, and community.
- Caregivers of bedridden patients are another group that should receive support in resilience skills.
- Resilience does not depend on individual capacity alone, but is shaped by family, community, and a supportive environment.

Group 3

Referral System – Referral Pathways and Linkages between Medical and Social Services

Facilitated by

- Dr.Busabong Wisetpolchai
- Asst. Prof. Dr.Umaporn Kadkanklai

Group 3 on Referral System – Referral Pathways and Linkages between Medical and Social Services proposed that the group discussion reflected several main problems. First, the current psychosocial referral system operates largely within the public health sector alone and therefore cannot respond comprehensively. A referral system requires collaboration across multiple sectors and should be multisectoral in nature, involving public health, education, social welfare, community networks, and other support mechanisms. Second, limited understanding of the social determinants that affect mental health prevents the design of assistance that truly responds to people's actual needs. Third, understandings of psychosocial issues at the local level may differ from perspectives at the central level. A referral system that is designed without listening to people in the area may not be appropriate to the real context on the ground. Fourth, trust and safe spaces are essential foundations of effective referral pathways.

Proposed solutions and actions

- The flooding disaster in Narathiwat province was used as an example of multisectoral collaboration in practice.
- Psychosocial care in disasters should cover not only people, but also pets, property, and livelihoods. In such situations, establishing a safe space is the first priority that must be urgently addressed.
- Existing social capital in the area should be used before relying on external assistance, for example the role of youth as the front line of support.
- A referral manual and guideline have already been developed and should be used as a framework for more effective joint action.

Summary of recommendations from the discussants and participants

- The role of youth volunteers should be strengthened, together with the development of clear support structures.
- Public service systems should be easy to use and should not create barriers to access to public services.
- Basic psychosocial knowledge and skills should be strengthened among teachers, village health volunteers, parents, and educational personnel in order to support appropriate screening and referral.
- The role of the family should be supported, including family education and family therapy, in order to help address psychological, emotional, behavioural, and relational problems within the family.
- Technology should be applied appropriately to support coordination and seamless referral, while ensuring continuity of care alongside the confidentiality of service users.

Group 4

Elderly Mental Health in Fragile Settings through Cross-Cultural Approaches

Facilitated by

- Ms. Baiya Sani
- Ms. Nawari Janphum

International Conference on Mental Health Support in Conflicted Areas

Building Resilience of Conflict Affected Vulnerable Groups through Mental Health and Psychosocial Support

Group 4 on Elderly Mental Health in Fragile Settings through Cross-Cultural Approaches proposed that the group discussion reflected the mental health needs of older persons in fragile settings and the importance of cultural sensitivity. First, older persons are not a homogeneous group, but include socially active older persons, homebound older persons, and bedridden older persons, each of whom has different needs and requires different levels of support. Second, many older persons face loneliness, lack opportunities for social participation, and lack spaces in which to express their own potential. Third, caregivers of bedridden older persons often carry a heavy burden of care and experience high levels of stress, yet the psychological needs of these caregivers are not systematically addressed.

Proposed solutions and actions

- Based on project experience, importance should be given to listening, respecting religious and cultural diversity, and enabling meaningful participation by older persons.
- Activities used included religious practices, group interaction, handicrafts, cooking, exercise, yoga, and board games.
- The results showed improved well-being among older persons, greater openness, and stronger social connection, while some were also able to generate income from handicraft activities.
- Community-based ideas also emerged, such as “Listening Friends” and “Peer Visiting” among older persons themselves.

Summary of recommendations from the discussants and participants

- The project should be expanded to other communities, and the role of older persons should be strengthened as leaders and co-designers of activities.
- Mental health care should be linked with physical health care in a holistic manner.
- Caregivers should be supported alongside older persons, and a Thai-language practical guide for caregivers should be developed.
- Religious leaders and family members should be invited to participate in promoting elderly care, including preparedness for disasters.
- The use of the Elderly Fund to support livelihoods should also be promoted.

Group 5

Youth Development and the Education System (Youth & Education)

Facilitated by

- **Ms. Tinyanee Yeevangkong**
  Teacher, Benjamarachutit School, Pattani Province
- **Ms. Suwarin Toburi**
  Teacher, Ban Thasap School, Yala Province
- **Ms. Aaesa Bahe**
  Teacher, Tadikah Jahyor Murnee School, Narathiwat Province

Group 5 on **Youth Development and the Education System (Youth & Education)** proposed that the group discussion reflected several main problems. First, a case example from Benjamarachutit School showed that some parents do not accept that children may have mental health problems, such as depression, making care and referral difficult. As a result, much of the burden of student mental health care falls on teachers. Teachers must take on roles beyond teaching, especially listening to and caring for the emotional condition of students. In addition, some students do not want to come to school, do not want to meet friends, show withdrawn behaviour, remain quiet, appear depressed, and lack motivation to study. Second, in the case of Ban Thasap School, an opportunity expansion school outside the city in Yala Province, problems were found among children from families in which parents had separated or children were not living directly with their parents, with the burden of care falling on older persons. Some children wanted to express their identity and gain social acceptance, and therefore showed themselves in inappropriate ways, such as substance use or aggressive behaviour. A number of children turned to peers more than family members because they lacked safe spaces to communicate with adults. Third, in the case of Tadikah Jahyor Murnee School in Narathiwat Province, it was found that students did not want to come to school and lacked attachment to the school. Teachers faced challenges in distinguishing children's mental health problems, such as depression, stress, or learning disabilities (LD), and lacked clear tools or support systems.

Proposed solutions and actions

- **Ms. Tinyanee Yeevangkong** stated that Benjamarachutit School in Pattani Province had implemented the following:
  - The project **"We Are Friends, I Understand You"** was carried out by using active listening activities to create a space where students could talk with one another, starting from sharing happy stories before linking to stories that caused sadness or worry.
  - The result of this activity was that students had more friends, felt more like part of the school, and some students reflected that there was no day when they did not want to come to school.
- **Ms. Suwarin Toburi** stated that Ban Thasap School in Yala Province had implemented the following:
  - Training and psychosocial camps were organized for 68 students in Grade 7–9, covering children with aggressive behaviour, children from broken families, and children with potential to become peer leaders.
  - The facilitators or mentors working with the children were people who had gone through similar life experiences, allowing children to feel connected and develop trust. Activities also aimed to build an appropriate sense of identity in school, so that children could feel proud of themselves, feel safe, and communicate their feelings without being judged.
  - A group of students was taken to visit the Child and Youth Development Center in Yala Province, so that they could see the consequences of inappropriate behaviour and learn from the lives of those whose freedom had been restricted.
  - After the training, follow-up was conducted by assigning class teachers, who were close to the children, to make more frequent home visits, create opportunities for conversation, and continuously monitor behaviour.
  - A **"White Classroom"** was established as a safe space in the school, where children could open up and talk with teachers more easily.
  - The results showed that children were better able to manage their emotions. Parents reflected that children had become calmer, aggressive behaviour had decreased, and they had turned more toward positive activities.
  - The school used an approach based on prevention and understanding, rather than judgement or punitive discipline.
  - A memorandum of understanding (MOU) was made with vocational institutions, such as multi-skill training centres, to provide training in skills that interested students, such as hair cutting, baking, make-up, and fabric pleating.

- **Ms. Aaesa Bahe** stated that Tadikah Jahyor Murnee School in Narathiwat Province had implemented the following:
  - Art activities such as drawing and colouring were used to motivate students to want to come to school more.

Summary of recommendations from the discussants and participants

- Sustainable responses to child and youth mental health problems must give importance to family, community, and the environment surrounding children and young people, as these are often overlooked factors.
- More activities should be created to promote the interests and potential of children and young people, so that they can have identity and a sense of value within the school community.
- Activities should be organized for parents so that they gain knowledge, understanding, and correct attitudes regarding child and adolescent mental health, including the role of the family in supporting children and young people.
- Teachers should be equipped with skills and tools to observe, assess, and care for students' mental and emotional conditions, including attention to teachers' own well-being.
- Approaches to children and young people should be non-stigmatizing and should not worsen existing problems.
- Opportunities should be created for children and young people to receive higher levels of education according to their individual capacities, while building understanding among parents at the same time.
- Importance should be given to the home visit programme of the Ministry of Education in order to understand the life context of children more comprehensively.
- In addition to caring for children and young people who are bullied, there should also be activities that work with children and young people who bully others.
- Systematic attention should be given to the well-being of children and young people at the lower secondary school level.
- In conclusion, the **school** is a highly important strategic space for early access to support for children and young people, for fostering a sense of belonging, and for strengthening resilience among them.




Group 6

Gender Roles and Empowerment (Gender & Empowerment)

Facilitated by

- **Ms. Suhaila Wuthangkun**
  Muslimah Club, Narathiwat Province
- **Ms. Zainab Haoya**
  Nusantara Foundation, Narathiwat Province

Group 6 on **Gender Roles and Empowerment (Gender & Empowerment)** proposed that the group discussion reflected several main problems. First, many women in the area, especially single mothers, women who are heads of household, and caregivers of persons with severe mental illness, have hardly received systematic mental health care, despite carrying heavy economic and emotional burdens. Second, while other vulnerable groups such as children and persons with disabilities tend to receive support from agencies, women are often overlooked, even though they are the economic mainstay of the family. Third, many single mothers still bear the burden of financing their children's education, household expenses, poverty, limitations in working outside the home, and the lack of dependable support systems. Fourth, there is a lack of support systems and no safe space for expressing feelings, talking, seeking advice, or receiving encouragement. Fifth, accumulated stress and anxiety without channels for coping affect mental health in the long term. Sixth, the situations of single mothers and caregivers of persons with psychosocial disabilities are similar in that they must bear all expenses, are unable to work outside the home, and face both economic and emotional pressure. Seventh, some women may have husbands, but their husbands are unemployed or unable to provide support, resulting in women having to carry the burden of both caring for family members and being the sole income earner. Eighth, overlapping problems exist, such as children not attending school or children experiencing depression, while there is no space in the community for women to talk with anyone.

Proposed solutions and actions

The approach to implementation should be based on trust-building, careful listening, and empowerment. The proposed approaches and actions included:

- **Creating safe spaces:** Providing spaces where women can express their suffering and share their concerns without being judged by society.
- **Proactive home visits:** To gradually build understanding and relationships in a private context.
- Supporting livelihood opportunities: Focusing on generating income within the community in order to reduce economic pressure, which is a major cause of mental health problems.
- **Integrating collaboration:** For example, coordinating with local administrative organizations, local public health agencies, and village heads in order to build a stronger support system.
- **Using tools:** Such as stress assessment forms and mental health screening tools that are adapted to the local language and cultural context, together with empathetic listening and a rapid referral system.

Summary of recommendations from the discussants and participants

- The Department of Mental Health's **ST-5 stress assessment** should be adapted in language and applied in ways that are appropriate to the local context.
- The **2Q depression screening tool** should be used to identify the risk of depression and suicide risk.
- In the three southern border provinces, the principle of the **3 S's** should be applied: **search and observe, listen with care, and refer when the situation can no longer be managed.**
- District hospitals have psychiatrists and psychologists available, but people in the area still do not dare to use the services because they believe that they are "not yet ill."
- **Biofeedback** is a mental health screening tool that service users like very much, especially those who do not want to answer questions or talk, but there are still not enough devices available.
- The Department of Mental Health hotline **1323** is still underused because publicity has not reached widely enough and trust remains limited.

Group 7

Adolescent Mental Health

Facilitated by

- **Ms. Wannawawee Waeyo**
  Fahsai Association, Yala Province
- **Mr. Adam Jehmahma**
  New Seedlings of the Southern Border Group, Yala Province

Group 7 on **Adolescent Mental Health** proposed that the group discussion reflected a mental health situation among adolescents that is becoming more severe and complex, especially in relation to family stress, social pressure, and the lack of safe spaces for emotional expression. The main problems identified were as follows. First, many adolescents have become quiet, withdrawn, less likely to talk with friends, and increasingly isolated. Second, some adolescents experience high levels of stress and are at increased risk of suicidal thoughts. Third, most adolescents must face emotional suffering alone, without trusted spaces in which to talk, express their feelings, receive comfort, or seek help. Fourth, many adolescents keep their stress to themselves and have no emotional refuge. Fifth, family fragility is the main cause of emotional suffering, followed by academic pressure. These factors together place heavy pressure on adolescents and leave them without appropriate ways of managing their emotions in society.

Proposed solutions and actions

Work has been carried out through projects of the Fahsai Association using approaches that are easy for adolescents to access and do not create pressure. The approaches and actions included:

- The use of the **3L principle: Listen, Look, and Link**, consisting of:
  - **Listen:** attentive listening
  - **Look:** observing facial expressions, emotions, and behavior
  - **Link:** connecting adolescents with help or sources of support
- The use of assessment tools, including the **9Q depression assessment** and the **8Q suicide assessment**, for mental health screening.
- Creative activities that help adolescents feel relaxed enough to express themselves, such as storytelling activities in which young people choose pictures from their mobile phones and use them to tell their own stories and reflect feelings through images, or art therapy activities such as drawing patterns on bags or cloth bags in order to release stress and reflect on their own emotional state.
- Teaching other skills, such as becoming aware of one's own stress, communicating more openly, observing friends who may be under stress, and learning how to encourage peers.
- The results showed that adolescents became more willing to speak, more willing to share, and able to assess their own emotions to some extent.

Summary of recommendations from the discussants and participants

- Activities should be expanded continuously to cover target groups more broadly, such as summer youth camps, the development of **peer-support systems,** and **youth counsellors** in schools, which can serve as safe spaces and as important mechanisms for supporting students in schools.
- Mental health manuals and basic mental health media should be developed specifically for youth in formats that are easy to understand and can be used in daily life, such as animation or small handbook booklets.
- Daily mood-recording tools for adolescents should be developed, and **"feeling expression boxes"** should be established for adolescents who are not ready to speak with others directly.
- Family participation should be strengthened in solving adolescents' problems.
- Participation of local leaders and religious leaders in this work should also be strengthened.
- Adolescents should be given opportunities to become **co-designers** of activities under appropriate guidance from professionals, and mental health support systems for adolescents should be safe, easily accessible, participatory, and, most importantly, closely connected to the real-life situations that adolescents face every day.

Group 8

Community Mental Health

Facilitated by

- **Mr. Muhammad Jedoloh**
  Monitoring and Evaluation Unit, Southern Local Economy Project, Thammasat University Research and Consultancy Institute
- **Ms. Nureeda Suwannawong**
  Field Officer, APASS, Narathiwat Province
- **Ms. Fatimah Duangjinda**
  Coordinator, Southern Border Wisdom Bridge Association

Group 8 on **Community Mental Health** proposed that the group discussion reflected an overall picture of mental health problems at the community level, especially in the context of the three southern border provinces, which are characterized by fragility, suspicion, and high levels of mistrust. The main problems identified were as follows. First, many people in the community tend to be withdrawn, quiet, and not dare to speak about their own mental health problems. Second, there is a lack of safe spaces for talking, expressing feelings, receiving support, or asking for help without being stigmatized. Third, specific vulnerable groups in the three southern border provinces, such as housewives, single mothers, youth, people with mental illness, people affected by fragility, people who use drugs, and former prisoners, have high levels of suspicion and feel unsafe toward the state system. Fourth, in some cases, severe psychological problems develop to the point of self-harm. Fifth, community mental health work still has gaps in understanding the mental health service system, including how to access it, when to access it, and who is responsible. Sixth, general vulnerable groups often access services too late, that is, they seek medical care only when symptoms have already become severe. Seventh, specific vulnerable groups, such as people who use drugs and people who are highly withdrawn, face even greater difficulty in accessing services because of limitations related to trust, bureaucracy, and social stigma.

Proposed solutions and actions

The group reflected on work processes that emphasized a **community-based approach** and work with vulnerable groups while taking into account the specific context of the three southern border provinces. The approaches and actions already implemented included:

- Designing work processes with attention to the diversity of vulnerable groups in the community, such as housewives, single mothers, youth, people with mental illness, and people affected by fragility.
- Using **trusted intermediaries** or **case workers** to connect target groups with projects or services. This approach helps reduce suspicion, build cooperation, and increase trust.
- Training through the **four-module curriculum**, which showed clear development among participants, including:
  - increased self-confidence
  - improved self-acceptance
  - better emotional and stress management
  - greater empowerment
- After the training, some participants were able to apply these skills in caring for friends, family members, and people in the community, especially listening skills and basic healing skills.
- Stress management was also carried out by integrating religious principles into mental health care and stress management so that the approach would be truly consistent with the community context.
- It was proposed that the referral system should reach communities more effectively, and that community volunteers should be available to provide care, basic healing, and preliminary assessment of mental health problems.
- For specific vulnerable groups, emphasis was placed on providing knowledge and skills for self-care, as well as care for other vulnerable people in the community.
- The need for systematic knowledge management on mental health services, access to information, and referral was emphasized.




Summary of recommendations from the discussants and participants

- Community service centres or **drop-in centres**, where services can be accessed without appointment, were mentioned as good examples from other countries. These are usually operated by NGOs, which often have more flexible budgets and working structures. It was noted that target groups tend to trust NGOs more than state agencies. In the case of drug-related services, for example, service use through NGOs is clearly higher than through the public sector. This concept should be adapted for mental health issues.
- Mental health care should seriously adopt a **community-based approach**, because mental health care is highly complex and cannot rely only on the state or on specialists alone.
- Work in the area requires collaboration across multiple sectors, such as communities, schools, community leaders, hospitals, police, and relevant government agencies.
- The proposal for a **"mental health clinic in the community"**, which would provide counselling, preliminary assessment, and linkage to referral systems, was considered a good approach and should continue to be supported in communities.
- The care of people with mental health conditions in the community must give importance to medication access and treatment follow-up systems in order to prevent risks that may arise in the community.
- The project's target groups overlap with those of the Ministry of Social Development and Human Security. Roles should therefore be clearly divided: in cases that communities or organizations can manage by themselves, they should do so; but in cases beyond their capacity, there must be a clear referral system.
- In some situations, such as flooding disasters, requests for stress-relief medication may not need to be formally recorded in all cases, especially if the condition is temporary and the service user does not feel comfortable.
- A case example discussed was that of former prisoners, especially those involved in security-related cases, who face lack of social acceptance, rejection from employment, and in some cases continued monitoring by state officials even after their cases have ended. This group therefore experiences high levels of unemployment and mental health problems, and communities should play a role in giving opportunities and supporting livelihood creation.

Prof. Dr. Nantawat Sitdhiraksa
Professor of Psychiatry, Mahidol University

Prof. Dr. Nantawat Sitdhiraksa stated in his closing remarks that the work on mental health and psychosocial support throughout the project period had been a gradual process of filling existing gaps in the system, step by step. He emphasized that the project had not focused only on the treatment of mental illness, but had also aimed to promote mental well-being, strengthen resilience, and support individuals in returning to meaningful roles in society with dignity.

He further noted that psychosocial issues cannot be understood only in the dimension of mental health, but are also closely linked to broader social and economic dimensions. For this reason, the project had been designed to respond to these interrelated problems in a more holistic manner. He also highlighted the role of the **Small Grants** under the project, which enabled participants to extend, scale up, and adapt activities within their own communities, reaching more than 3,000 people.

Referring to the presentations from each group, Prof. Dr. Nantawat noted that the ways in which participants applied the knowledge and learning from the four modules in real situations had gone beyond expectations, clearly demonstrating the potential of both communities and frontline workers. He expressed confidence that these efforts could continue to grow and generate well-being in diverse local contexts, even in areas facing disasters, violence, or other forms of uncertainty. He emphasized that when society is able to respond with care, mutual support, and shared responsibility, shared well-being and livable communities can emerge.

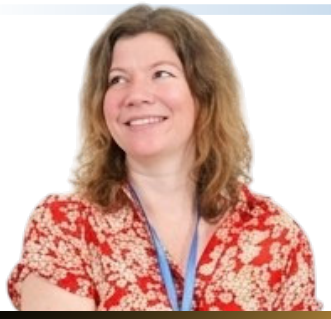
Finally, he thanked the speakers, working committees, organizing team, and all partner networks for their contributions to the success of the conference. He also expressed his appreciation for the opportunity to learn and work together with participants throughout the past year. It was encouraging to see in concrete terms that the **“seeds”** of this work had already begun to grow, blossom, and bear visible fruit in society.

Prof. Nantawat Sitdhiraksa, MD, PhD
Professor of Psychiatry at the Faculty of Medicine Siriraj Hospital, Mahidol University

Prof. Nantawat Sitdhiraksa, MD, PhD is Professor of Psychiatry at the Faculty of Medicine Siriraj Hospital, Mahidol University, and Director of the ThaiHealth Academy, Thai Health Promotion Foundation. He trained in psychiatry and substance dependence at Washington University School of Medicine, USA. His work spans psychiatry, mental health promotion, behavior change, and transformative learning. Prof. Sitdhiraksa has extensive experience in academic leadership, medical education, and public engagement, with research interests including trauma, depression, substance use, and community mental health.

Datuk Dr. Anis Yusal Yusoff
Principal Research Fellow at the Institute of Ethnic Studies (KITA), Universiti Kebangsaan Malaysia

Datuk Dr. Anis Yusal Yusoff is Principal Research Fellow at the Institute of Ethnic Studies (KITA), Universiti Kebangsaan Malaysia. He has held senior leadership roles in the Prime Minister's Department, including Deputy Director General of GIACC, Director General of the National Integrity and Good Governance Department, and President and CEO of the Malaysian Institute of Integrity. With over a decade of experience at UNDP, he has led work on governance and human development across the region. He is widely recognized for his expertise in integrity, anti-corruption, governance, and sociopolitical affairs in Malaysia.



Dr. Katy Robjant
Consultant Clinical Psychologist and Vice president of vivo international

Dr. Katy Robjant is a consultant clinical psychologist specializing in PTSD and trauma-related disorders among asylum seekers, refugees, and survivors of trafficking. She is the Narrative Exposure Therapy Lead at TTI and Director of National Clinic Services at Freedom from Torture. Her international experience includes leading mental health programs for victims of violence and former child soldiers in the Democratic Republic of the Congo, as well as work in Sri Lanka, Uganda, Ukraine, and Rwanda. She has also provided expert evidence to courts and Parliament and contributes to national policy through the British Psychological Society's work on asylum seekers and refugees.

Nan Ei
Research Manager, Community Partners International (CPI)

Nan Ei Mon Myint is Research Manager at the Research and Policy Unit, Community Partners International (CPI), Myanmar. A medical doctor with a Master of Public Health, she has more than 10 years of experience in public health research and program implementation. Her work focuses on non-communicable diseases, cardiovascular diseases, and mental health in Myanmar. She specializes in research design, implementation, data analysis, and translating evidence into practical and policy-relevant action. She is committed to producing high-quality, locally responsive research that improves health outcomes for vulnerable populations.

Farida Tiboron Mangcaan
Head of Office, Iligan Sub-Office, Community and Family Services International (CFSI)

Farida Tiboron Mangcaan is an Atlantic Fellow for Health Equity in Southeast Asia, part of a regional network dedicated to advancing social justice and health equity. She is a social worker engaged in humanitarian action, with experience spanning peacebuilding and development, mental health and psychosocial support, protection and child protection, nutrition and food security, and disaster risk reduction. Her work reflects a strong commitment to supporting vulnerable communities and promoting equitable, community-centered responses in complex and crisis-affected settings.

Posters and mental health innovation
from various projects presented in the conference:

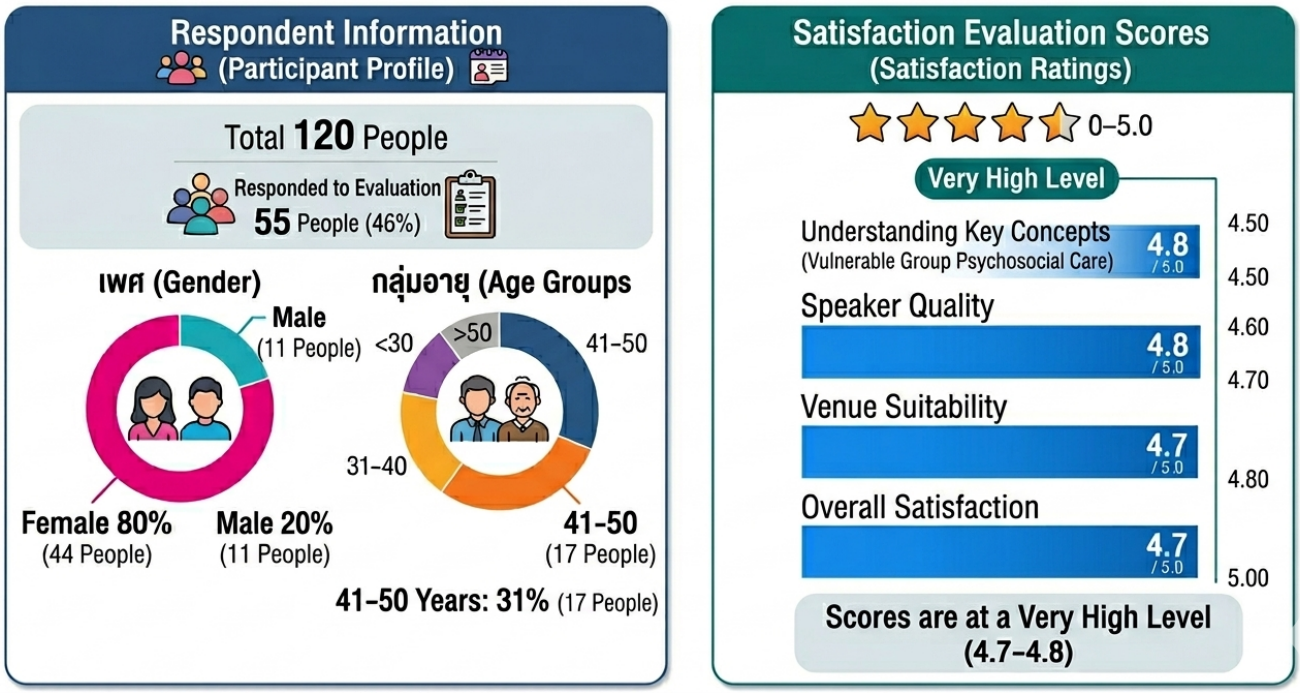
1) Emotional Resilience Skills Development Project for Self-Protection Against Depression
2) Training Program: “Turning Life Around and Bringing Back Bright Days”
3) Capacity-Building Project for Community Mental Health Care in Ban Dado Community
4) Happy Minds, Strong Community Bonds Project
5) Ranohilae Community Care Project: Creating a Safe Space through the Wheel of Life
6) Mental Well-Being Promotion and Psychosocial Healing Project
7) Bright Young Minds: Building Strong Mental Health through Self-Esteem
8) Happy Hands
9) Promoting Well-Being and Social Coexistence Based on Islamic Principles for School-Age Children
10) Healthy Minds with the Imam: Collaborative Learning for Tadika Children
11) Tadika of Happiness: Learning Toward Becoming an Imam
12) Caring for and Understanding Children with Aggressive Behavior
13) Learning with Smiles, Relieving Stress with Heart
14) Heart Embracing Heart (Warmth and Emotional Support)
15) Happy Minds: Caring for Students’ Mental Health
16) Sharing Smiles, Restoring Encouragement Project
17) Physical and Mental Health Promotion Project for School-Age Children in Tadika Schools
18) Shaping the Future through Heartfelt Storytelling and Strengthening Parent Bonds
19) “If Not Today, Then When? If Not Us, Then Who? Because Children Are the Future of the Nation”
20) Workshop Project to Provide Knowledge for the Underprivileged, Caregivers of Mental Health Patients, and At-Risk Groups
21) Counseling and Development Project for the Healing of Persons with Mental Health Impairment, Caregivers, and At-Risk Groups for Social Adaptation
22) Capacity Development for Community Mental Health Rehabilitation Workers
23) Baslob for Health: Move Your Body, Brighten Your Life
24) Companion Hearts: Caring for Mental Health
25) Mental Health Promotion for Older Adults
26) Educational Activities on Mental Health Care for Vulnerable Groups
27) Single Mothers
28) Encouragement for Single Mothers and Caregivers
29) Building Morale and Emotional Support for Vulnerable Groups
30) Caring for the Mental Health of Stressed Caregivers in the Community
31) Love, Concern, and Care for Caregivers (Vulnerable Groups)
32) Encouragement Project for Caregivers of Vulnerable Groups
33) Counseling Project for Healing Patients and Their Families for Social Adaptation
34) Good Mental Health, Happy Life
35) Restoring Emotional Strength and Renewing the Spirit to Overcome Stress
36) Women’s Relationship-Building Group Across All Ages
37) Basic Mental Health Care for Caregivers of Bedridden Patients and Dependent Older Adults
38) Empowerment and Life Skills Development for Children and Youth, with the Strengthening of Family Networks in Tha Kham Subdistrict
39) Stress Relief and Mental Health Promotion for Older Adults and Their Caregivers
40) The Role of Religion and Community in Healing the Minds of Women and Orphaned Children

41) Good Mental Health, Happy Living
42) Empowering Village Health Volunteers: Healthy Body, Peaceful Mind
43) Friend & Wellbeing: Caring for Mental Health through the 3L Approach
44) Moving Through Loss Toward Renewed Inner Strength
45) Healing with Love, Strengthening Family Power
46) From Wounds to Inner Strength: Bringing Hope and Building Psychosocial Well-Being in Thailand's Deep South
47) Core Leaders: The Power of Psychosocial Change Agents for Well-Being
48) School Life without Stress: Learning to Understand and Manage Stress
49) Youth Mental Well-Being Care Project for Ban Khuan Nanga Community
50) Capacity-Building Project for Mental Health Care in Koh Sathon Subdistrict
51) Mental Well-Being Promotion and Psychosocial Healing Project
52) Mental Health Promotion, Self-Care, and Counseling for Secondary School Students
53) Bringing Smiles Back to the Heart
54) Bringing Smiles to Senior Years: Restoring and Empowering Older Adults
55) Autistic Family Leaders for Strengthening Psychosocial Capacity and Counseling (Caring through 3L)
56) Warmth of Love
57) Encouragement Project for Caregivers of Vulnerable Groups
58) Mental Health Promotion for Older Adults
59) Embracing the Heart
60) Extending a Hand of Understanding: Leaving No One Behind
61) Always Caring, Never Far Away: Promoting Quality of Life for Older Adults and Their Caregivers
62) Healing the Minds of Patients with Depression
63) Healing the Minds of Patients with Depression in the Community
64) Understanding Violence and Life Challenges
65) Relaxation and Stress Management Project in the Context of the Current Situation in the Three Southern Border Provinces
66) Safe Space for the Mental Well-Being of Vulnerable Groups
67) Good Mental Health, Happy Life (Focusing on Strengthening Mental Health for a Happy Life)
68) Healing the Minds of Patients with Depression in the Community
69) Stress Relief and Mental Health Promotion for Senior Students of Taksin Anaket School
70) Companion Hearts, Close at Hand
71) Restoring Emotional Well-Being and Enhancing Positive Energy and Happiness for Teachers and Parents in Caring for Students and Children
72) Cultivating the Seeds of Happiness Activity
73) Workshop on Resilience Building and Positive Behavior Adjustment for Students at Risk of Drug Use and Students with Aggressive Behavior
74) Youth Strong: Inner Strength Beyond Drugs
75) Friends… I Understand You
76) Creating a Safe Mental Health Space for Students
77) Bully-Free School: "Jai Fah, Jai Peuan"
78) Family Relations: "Strengthening Bonds toward a Strong Family"
79) Creating a Safe Mental Health Space for Students

Conference outcomes

Of the 120 participants, 55 completed the evaluation form at the end of the conference. Most respondents were female (44, 80%), and the largest age group was 41–50 years (17, 31%). Participants rated their expectations of the conference very highly, with mean scores ranging from 4.7 to 4.8 out of 5 for understanding key concepts related to psychosocial care among vulnerable populations, speaker performance, and the suitability of the venue, as presented in the bar chart. Overall satisfaction with the conference was also very high (4.7).

Reflections drawn from the open-ended question, “What were your impressions of this conference, and what recommendations do you have for the future?” revealed three main themes. Participants expressed positive impressions of the event and its organizers, as well as a strong desire for the conference to continue in the future. They also reported personal benefits from attending, including increased knowledge, expanded professional networks, and the ability to apply what they had learned to their future work. The thematic analysis results are presented in the accompanying diagram.



Bar chart: Participant’s expectation

Diagram: This diagram was developed and refined using ChatGPT and Gemini, based on a thematic analysis of responses to the survey question, "What were your impressions of this conference, and what recommendations do you have for future events?"

Partners & Sponsors

Conference supports

- **Funding:**
  World Bank Group
- **Conference Organizers:**
  ThaiHealth Academy, World Health Organization, VIVO International

International Conference on Mental Health Support in Conflicted Areas

Building Resilience of Conflict Affected Vulnerable Groups through Mental Health and Psychosocial Support

International Conference on Mental Health Support in Conflicted Areas

Building Resilience of Conflict Affected Vulnerable Groups through Mental Health and Psychosocial Support

*"This conference brought together voices **from communities, practice, policy, and international** experience to affirm a simple but powerful truth: healing in conflict-affected settings begins with dignity, trust, and human connection. More than a forum for dialogue, it became a shared space of learning, hope, and solidarity—strengthening knowledge, partnerships, and community leadership for mental health and psychosocial support in Thailand's Deep South and beyond."*

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