# "Take Care of Us before We Resign"
# Situations of Mental Health Personnel Working outside the Department of Mental Health
# "โปรดดูแลเราก่อนที่พวกเราจะลาออก"
# สถานการณ์กำลังคนด้านสุขภาพจิตและจิตเวชที่ปฏิบัติงานนอกสังกัดกรมสุขภาพจิต กระทรวงสาธารณสุข

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## Abstract

While mental health problems have increased, the number of mental health care personnel is static or even decreasing. Mental health care is needed in all levels of health care settings, including settings outside the Thai Department of Mental Health. Little is known regarding the distribution, training and needs of these mental health personnel. Therefore, a cross-sectional survey was conducted to investigate this information. Self-administered questionnaires were posted to 1,007 administrators who were populations in all settings under the Ministry of Public Health but outside the jurisdiction of the Thai DMH. 540 administrators (53.62%) responded and they distributed a second questionnaire for the staff in their settings to fill in. There were 1,077 staff completed this second questionnaire and all the data were analysed using descriptive statistics.

Of 540 settings, most were community hospitals in North-East Thailand. The central region had the highest number of psychiatrists, nurse assistants, physical therapists, vocational therapists and nurse aids. The North had the highest number of general doctors, nurse specialists, nurses with a master's degree in psychiatric and mental health nursing, clinical psychologists and social workers.

Of 1,077 staff, most had high job satisfaction and wanted to be trained in psychiatric and mental health care and rehabilitation. The intention to leave within the next 5 years was found in 289 personnel (26.83%) of all samples. Most of them (56.39%) were in the age of 31-45 years, followed by 46-50 years (13.15%) and 26-30 years (12.11%). The estimated loss of staff as evaluated by the administrators of those workplaces compared to the individuals themselves is a serious underestimate. There is a tendency that the middle and north-eastern regions will lose registered nurses. Working outside the jurisdiction of the DMH, individuals identified a variety of support and problems regarding man, money & material, management and morale.

**Keywords:** mental health personnel/ psychiatric/ Thai

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## บทคัดย่อ

ปัญหาสุขภาพจิตมีแนวโน้มที่จะรุนแรงมากขึ้นในขณะที่บุคลากรที่ปฏิบัติงานจริงมีแนวโน้มลดลง การให้การดูแลสุขภาพจิตของประชาชนไม่ได้จำกัดอยู่เฉพาะหน่วยงานสังกัดกรมสุขภาพจิตเท่านั้น แต่กระจายไปอยู่ในสถานบริการสาธารณสุขทุกระดับ ซึ่งข้อมูลการกระจายของบุคลากรตลอดจนความต้องการของบุคลากรผู้ให้บริการด้านสุขภาพจิตกลุ่มนี้ยังไม่ได้มีการสำรวจ ดังนั้นการวิจัยแบบภาคตัดขวาง ครั้งนี้จึงมีวัตถุประสงค์เพื่อศึกษาสถานการณ์กำลังคนที่ปฏิบัติงานด้านสุขภาพจิตและจิตเวช นอกสังกัดกรมสุขภาพจิต รวบรวมข้อมูลโดยใช้แบบสอบถามส่งทางไปรษณีย์ ประชากรคือ สถานบริการทั้งหมด จำนวน 1,007 แห่ง โดยมีผู้ส่งแบบสอบถามกลับคืนจำนวน 540 แห่ง (53.62%) และบุคลากรที่ปฏิบัติงานให้บริการในสถานบริการนั้นๆ จำนวน 1,077 คน วิเคราะห์ข้อมูลด้วยสถิติเชิงพรรณนา

ในด้านสถานบริการ 540 แห่งนั้น ส่วนใหญ่เป็นโรงพยาบาลชุมชนในภาคตะวันออกเฉียงเหนือ ภาคกลางมีจำนวนบุคลากรมากที่สุดในสาขาจิตแพทย์ ผู้ช่วยพยาบาล นักกายภาพบำบัด นักกิจกรรมบำบัด และผู้ช่วยเหลือคนไข้ ภาคเหนือมีบุคลากรสาขาแพทย์ทั่วไป พยาบาลเฉพาะทางพยาบาลที่จบปริญญาโทสาขาการพยาบาลสุขภาพจิตและจิตเวช นักจิตวิทยาคลินิก และนักสังคมสงเคราะห์

ในด้านบุคลากรมีผู้ตอบแบบสอบถาม จำนวน 1,077 คน ส่วนใหญ่มีความพึงพอใจในงานทางด้านสุขภาพจิตและจิตเวชอยู่ในระดับมาก มีความต้องการฝึกอบรมในเรื่อง การดูแลช่วยเหลือและฟื้นฟูด้านสุขภาพจิตและจิตเวช มีผู้ที่มีความต้องการย้ายหรือลาออกภายใน 5 ปีข้างหน้า จำนวน 289 คน (26.83%) ในจำนวนนี้ส่วนใหญ่มีอายุระหว่าง 31-45 ปี (56.39%) 46-50 ปี (13.15%) และ 26-30 ปี (12.11%) โดยภาคกลางและภาคตะวันออกเฉียงเหนือมีแนวโน้มที่จะสูญเสียพยาบาลวิชาชีพมาก จากผลการศึกษาพบว่า การคาดประมาณกำลังคนที่จะสูญเสียของผู้บริหารหน่วยงานนั้นๆ นับว่าเป็นการคาดประมาณที่ต่ำกว่าความเป็นจริง นอกจากนี้กลุ่มตัวอย่างยังรายงานถึงสิ่งสนับสนุนและปัญหาในการทำงานในด้านกำลังคน (man) ทรัพยากร (money & material) การบริหารจัดการ (management) และขวัญกำลังใจ (morale) ด้วย


## Introduction

The Department of Mental Health (DMH) is the government department having direct responsibility for mental health care in Thailand. It is one department under the over-arching control of the Thai Ministry of Public Health which controls all aspects of health care in Thailand. It should be noted that many patients with mental health problems do not seek help from the DMH for a variety of reasons, one of the most common being quite simply that the nearest mental health facility is perhaps a hundred or more kilometers distant.

During the period from 2007-2011, the number of mental health workers controlled by the DMH has steadily decreased with there being 5,308 health personnel working in DMH in 2011 (Department of Mental Health, 2011). One reason for this drain on human resources may be the government's strategic plan to develop Thailand as 'a medical hub of Asia' and a health tourism destination (Chindawattana, 2009). This may attract staff away from DMH employment.

The effect of the manpower shortage is further exacerbated by the National Health Security Act which gives patients greater access to public health services thereby increasing the workload (Thienpichet et al, n.d). Yet another factor is the increased likelihood of health personnel being prosecuted by clients that is patients and their significant others, which may lead them to resign from public health settings (Thienpichet et al, n.d). Lastly, the cancellation of nursing scholarships for seven years from 1999 to 2005 resulted in a reduction of newly qualified nurses entering the health care system (Thienpichet et al, n.d).

The distribution of health personnel is

another issue that affects people's equity in health accessibility (Noree, 2007). As stated above, most mental health care particularly in community is not only provided by psychiatric hospitals within the DMH, but also by local settings, such as community hospitals or health promoting hospitals. The use by Thai people of mental health care services outside the DMH has increased from 144.0 per 100,000 population in 1997 to 293.2 per 100,000 in 2001 (Department of Mental Health, 2001). As a result, health personnel working in non-DMH facilities play a crucial role in caring for the mental health of Thai people. Little is known regarding the distribution, training and needs of these personnel and that is the reason for the present investigation which examines human resource losses and training needs of those providing mental health care. This information can be useful in the development of future strategies for motivating and educating mental health personnel thereby better meeting both their needs and the needs of the patients. Therefore, the researchers aimed to gain information regarding mental health personnel who are not under the direct control of the Thai Department of Mental Health.

## Objectives

1. To study the distribution of mental health personnel working outside the jurisdiction of the Thai DMH.
2. To determine job satisfaction of mental health personnel working outside the jurisdiction of the Thai DMH.
3. To explore the training needs of mental health personnel working outside the jurisdiction of the Thai DMH.
4. To investigate the personnel's intention to transfer or resign from their current job.
5. To identify supporting factors and obstacles in mental health care services outside the jurisdiction of the Thai DMH.

## Definitions of terms in this study

**Mental health personnel** means health care personnel such as psychiatrist, doctor, psychiatric nurse, registered nurse, nurse assistant, physical therapist, psychologist, occupational therapist, social worker and nurse aid.

**Health care setting outside the jurisdiction of the Thai Department of Mental Health** means health care settings that offer mental health care services to local population. This includes regional hospitals, general hospitals, community hospitals, private hospitals, or hospitals under other departments in the ministry of Public Health such as Department of Disease Control or Department of Medical Services.

**Health care services** means services related to mental health care such as mental health promotion, prevention, treatment and rehabilitation. These services may be offered by specialist in mental health or other related professions.

## Methods

A cross-sectional survey was conducted from March to August 2009. Self-administered questionnaires were posted to 1,007 administrators who were populations in all settings under the Ministry of Public Health, but outside the jurisdiction of the Thai DMH. 540 administrators (53.62%) responded and they distributed a second questionnaire for the staff in their settings to fill in. There were 1,077 staff completed this second questionnaire and all the data were analysed using descriptive statistics.

Three questionnaires, namely 'General information of health care setting' and 'Staff's personal information' and 'Job satisfaction" which include open-ended questionnaire asking about their supporting factors and obstacle in working outside the DMH. These questionnaires were developed by the researchers based on the objectives of the study. These instruments were shown to have good content validity (CVI = .81, .92, and .86, respectively) by the appraisal of four experts who are nurse lecturers specializing in human resource development. Job satisfaction has good reliability (r = .87). Data were analysed and demonstrated in percentage, mean, and standard deviation.

## Results

### 1. Health care settings not under the control of the DMH

Of the 1,007 settings approached, 540 responded. The distribution of the responses was: north eastern Thailand (32.41%), north (25.56%), central (24.44%) and south (17.59%).

The majority (92.41%) of settings were under the Permanent Secretary Office of the Ministry of Public Health, 79.07% of which were community hospitals, 10.19% general hospitals, 5.56% private hospitals and hospitals under other ministries, and 5.19% regional hospitals. Most settings provided mental health care in psychiatric sections (48.70%), with 36.85% providing care in community mental health. Only 1.22% of beds were earmarked for psychiatric patients. Within the last five years, there was a loss of personnel of 3.25%; most were in north eastern Thailand (34.21%). The majority of these were nurses (90%); most were in north eastern Thailand (24.81%).

### 2. Health care personnel in 540 settings responded to this survey

Of the 1,077 staff respondents, most were psychiatric nurses (39.65%) followed by registered nurses (35.84%) as shown in Fig 1.

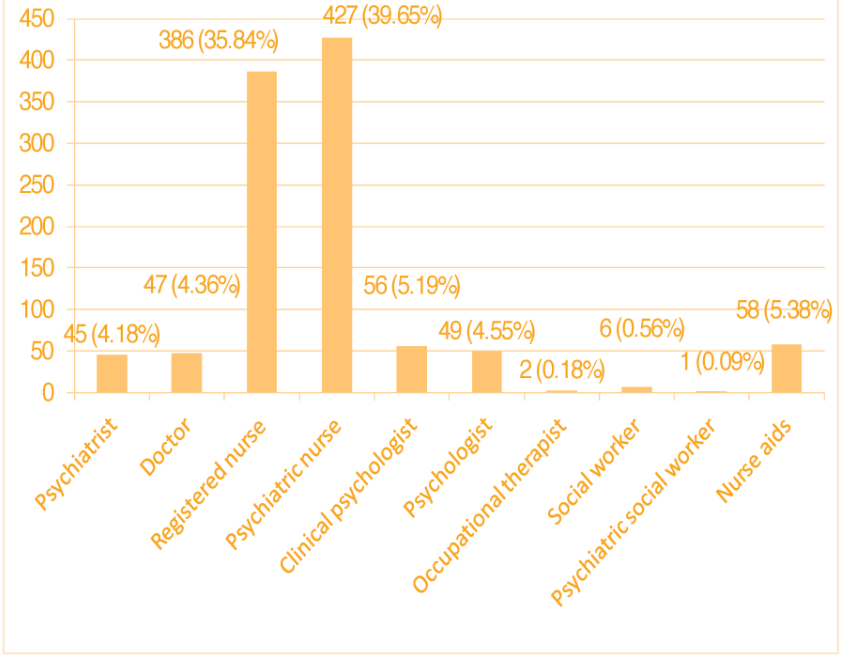


Fig 1 Occupation of respondents

Of which, 93.40% were female and 66.90% had completed a Bachelor's degree. Most had an average income of 24,802.97 Baht/month (approximately $770 at 8 December 2013) and had been working in the mental health field for an average of 6.91 years. Most were working in the North (28.51%), in community hospitals (61.65%), in mental health clinic (46.52%), and in counseling clinic (25.34%). The majority (53.45%) had high satisfaction with their job as can be seen in Fig 2.

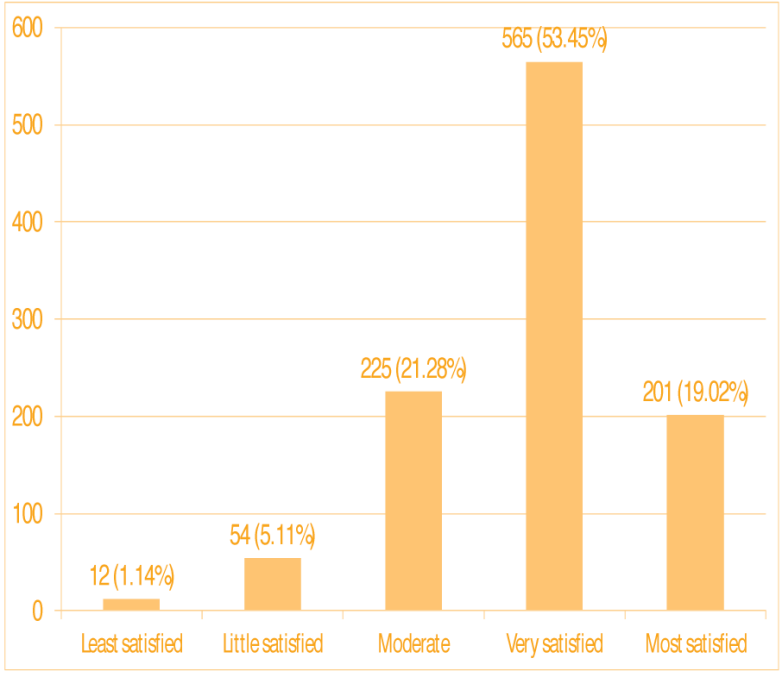


Fig 2 Respondents' satisfaction with their job

They had been trained in psychiatric and mental health, particularly in screening and caring for depression and suicide patients (23.75%). Some needed to be trained in mental health care and rehabilitation (14.45%). 26.83% of the total number of respondents wanted to transfer to another job or intended to resign within the next 5 years; 41.52% of those who wanted changes were aged between 36 and 45 as shown in Fig 3.

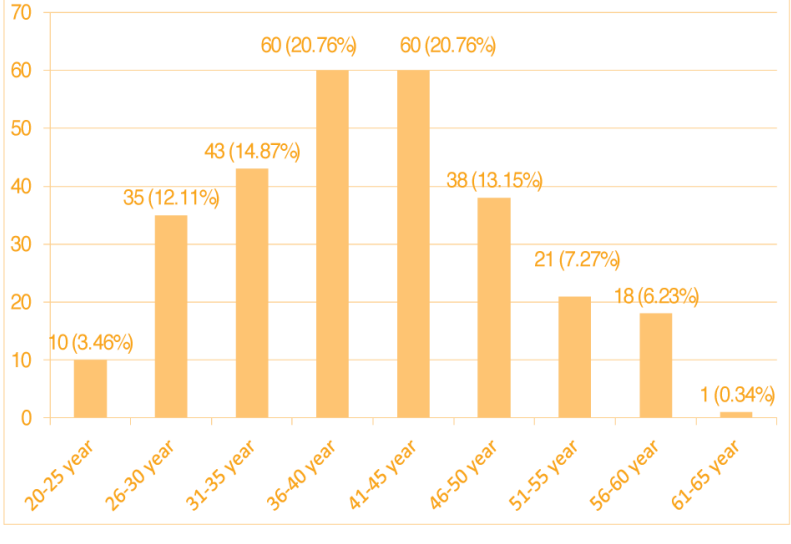


Fig 3 Age of respondents who wanted to change or resign from their job.

The analysis of the questionnaire responses highlight some of the manning issues pertaining to the proportion of mental health personnel not under the DMH.

The response to the open-ended questionnaire gathered from the staff can be divided into 5 themes: 'Man or Personel', 'Money or material', 'Management', and 'Morale'. Some individuals reported working difficulties in terms of 'Man' or 'Personnel'. Those difficulties included lack of specialists in the area, high turnover rate among doctors and health personnel, high workload due to understaffing, no clear career pathway, most health personnel reported lack of knowledge and competency in mental health care, lack of teamwork, unclear roles, having too varied duties, lack of quality control and improvement, and lack of opportunities for training. Most doctors in community hospitals were newly trained with little experience and very few were interested in working in the mental health field.

In terms of 'Money and Material', some issues were identified from the responses to the open-ended questionnaire, such as job difficulties included severely limited space to work, no dedicated clinic for mental health work, inadequate funding and material elements, lack of money to improve the quality of services in the community, the database of mental health patients and services they received being not up-to-date, high cost of antipsychotic drugs not being covered by insurance.

In terms of 'Management', many complaints regarded lack of concrete strategic plans, frequent change of working schedule, unclear or unstable hospital structure of management, the policy of their workplace, which is under the Department of Medical Services, being incompatible with that of the DMH, some duties not being feasible for community delivery. Those who were trained in mental health did not have the chance to work in the mental health field because their hospital needs manpower for physical rather than mental health care services. Mental health job outcomes are not regarded by the directors, i.e. the management, as a crucial indicator of their organization.

Finaly, regarding 'Morale', individual respondents revealed in the open-ended questionnaire that some personnel have a negative attitude towards people with psychiatric illness. In addition they complain about the lack of consultation, encouragement and involvement with and by patients, relatives and the community with regard to the complexity and specificity of treatment. The belief of personnel and community that psychiatric illness is untreatable leads to burn out among health personnel. The career path is unclear or not promoted leading to further demotivation.

## Discussion

This study indicated a shortage and inequitable distribution of mental health personnel similar to that found in several other countries. The percentage of psychologists, doctors, and psychiatrists was less than 5% of all health personnel, whereas the percentage of physiotherapists and social workers was less than 1%. Central Thailand had the highest ratio of mental health personnel to population; whereas Southern Thailand had the lowest ratio. This is similar to the situation of personnel working under the DMH. The results are also consistent with those of Tae-arak et al. (2000) who found that half the doctors in Thailand serve 6 million people in

Bangkok, the capital city, while the other half has to serve 57 million people, most of them in rural areas. In 2005 the ratio of psychiatrists per head of population was 1:140,265. In Bangkok the ratio was 1:23,671 compared to 1:402,560 in the North Eastern region, an imbalance of 17 times. These data demonstrate the shortage of psychiatrists and the inequity of access to healthcare in Thailand.

There were also differences in the proportion of other personnel. The ratio of psychiatric nurses in Bangkok was 1:16,693 per head of population, which is 3 times better than in the North Eastern region 1:49,600). The ratio of clinical psychologists (1:271,383) and social workers (1:291,673) working in the DMH is also very low (Department of Mental Health, 2006) with the more favourable distributions also being in Bagnkok. Therefore, personnel in other parts of the country have a relatively heavier workload. For example, a clinical psychologist is responsible for the care of 545,319 persons and a social worker responsible for the care of 666,504 persons (Department of Mental Health, 2006)

The characteristics of personnel providing mental health services outside the DMH indicated by this study are similar to those in the DMH report (Department of Mental Health, 2010: 19) on the distribution in nursing personnel in Thailand (Thienpichet et al, n.d.). It revealed that the largest number of health personnel were nurses followed by doctors, and psychologists.

The fact that the government formulated a policy to downsize the nursing profession between 1999 and 2005 resulted in a shortage of nursing professionals. The change in nurses' employment terms from 'government officers' to 'public officers' led newly graduated nurses to choose to work for private rather than public healthcare providers. Despite receiving more payment, the public officer position has fewer benefits and is less secure than the previous government officer position (Manpower Planning and Development Division, 2013). This became evident in 2005, when 23.3% of newly graduated nurses surveyed did not intend to work for the government (Manpower Planning and Development Division, 2013). In addition, nurses who were proficient in the English language went to other countries in need of nurses such as Malaysia, The United States, The United Kingdom, Japan, Australia, New Zealand, Brunei and Middle East countries (Charernsiri, 2009).

Training a large number of nurses is ineffective if most of them leave the country due to inadequate conditions (Kunaviktikul, et al, 2007). Therefore a retention strategy is crucial. However, the retention policy in Thailand is not effective. Between 2005 and 2007, 40% of nurses graduating from nursing colleges under the control of the Ministry of Public Health moved to the private sector within the first 2 years of working (Thienpichet et al, n.d.), thus aggravating the shortage in the public sector.

Considering age structure, the average age of the sample was 40.25 years with 78.5% within the range of 31-50 years. Older personnel are usually experienced, skillful and specialized compared to those having graduated within the last 10 years. As an increasing number of experienced personnel retire, public sector outside the control of the DMH will become increasingly short of staff. This problem will be exacerbated by the Thai Government's early retirement policy.

The problem of aging personnel does not only occur in Thailand. In Australia the mean age is

42 years (Australian Labour Force, 2006). In European countries such as Norway, Denmark, Sweden, France, and Iceland the average ages range between 41 and 45 years (WHO Regional Office for Europe, 2010). In Canada, doctors and nurses' average age is 49.6 and 45.1 years, respectively which is higher than in 2003. Nurses' average age in The United States of America was 47 years in 2008, which is higher than in 2004. In 2008, most nurses (45%) were older than 50 years, which is significantly above the number in 2003 at 33% (U.S. Department of Health and Human Services, 2010).

Shortage of personnel in other countries, particularly more developed or wealthier ones, tends to attract health personnel from countries such as Thailand. Thai personnel with good English language skills often go abroad to find more lucrative careers, thus creating a shortage of labour in the home country, Thailand, putting even more workload on those remaining in the system.

Additionally, patient's right is becoming an important issue. The increasing number of prosecutions further demotivates health personnel currently working and discourages new nurses, consequentially affecting the shortage of personnel in the country.

In our study 289 respondents expressed a wish to change employment or to resign. The majority (51.20%) were younger than 40 years old, which may be an alarming sign. According to Yatuam (2004) the intention to resign in personnel younger than 25 years old and older than 30 years old was mainly influenced by unity and bonding to the organization, and the attraction of a new job, whereas in 25-30 years old unity and bonding to the organization with the attraction of current and new job having somewhat less importance. Poor conditions regarding employment status, workload, payment, welfare, stress, environment, career pathway, unjustice, overtime work, relationship with colleagues strongly influences the decision to resign from a job (Prapaipanich et al, 2007). Moreover, heavy workload, young age and inexperience cause burn out among personnel (Maslach & Jackson, 1986). This was evident in our study with some respondents reporting, *'I love to work with the patients but I am exhausted by the workload because we are so short staffed. This makes me feel drained and I want to move to another job'*, or *'I have to take care of several jobs simultaneously, making me stressed, so I want to resign'*.

Although 26.83% of mental health care workers wanted to move or resign, the majority had moderate to high job satisfaction. This paradox may be due to the fact that they like working in mental health care and had a positive attitude towards the value of their job. Most had empathy with those affected by mental illnesses and were happy to help people with mental health problems as it gave the patients pride and encouragement. Some respondents made comments such as 'I like to help those poor mentally ill patients'; *'I am proud to do my job'; 'I am happy to see changes in those who are drug addicted and getting the will to quit and recover until they can live their normal lives with their family'*, and *'I am satisfied to help those who are suffering'*.

There are other factors affecting job satisfaction, such as manager's/leader's appreciation, nice colleagues and a friendly working atmosphere, and material support. Some respondents said,

*'my boss cares for us, my colleagues are nice'*, or *'we have good cooperation both inside and outside my workplace'*, and *'my hospital has enough medicine and material to serve the needs of the patients'*.

In terms of career path, there is no obvious structure. Personnel working in mental health fields cannot proceed to higher positions. Some appealed to the DMH to *'take care of us before we are worn out and resign'*.

In some areas such as the southern part of Thailand, the situation was complicated by additional problems such as occasional terrorism. Health personnel are at higher risk working in the community. Difficulties in communication were also found with local people who use a local language. Some personnel said *'I have difficulty in communicating with my clients because they speak in a local language'*, or *'I cannot follow up the patients at home because their houses are in risky areas'*, and *'Patients usually have a difficult situation at home. Sometimes it is too dangerous for us to go to their houses'*.

## Conclusion

Take-up of mental health services in Thailand is on the increase, reflecting the need for more mental health personnel. The results of this survey highlighted the limited number of specialized professionals in every regions of Thailand. Most had high job satisfaction and wanted to be trained in psychiatric and mental health care and rehabilitation. However, the intention to transfer or resign from their current job within the next 5 years was found in staff aged between 31-50 years. Authorities have to recognize and accept these problems to ensure they develop strategies and offer effective solutions.

## Recommendations

1. The Thai Ministry of Public Health (MoPH) should expand its remit to ensure general hospitals set up a specific or dedicated mental health and psychiatric section.
2. The Thai MoPH should reward professionals working in the mental health field, e.g with extra remuneration, more support in high risk areas, life or accident insurance and government officer or equivalent positions.
3. The Thai MoPH should have a system to monitor and estimate workforce needs and plan personnel strategies in advance.
4. Local initiatives in mental health care should be promoted among local administrators in order for them to respond to local demand.
5. The department of mental health should allocate funding for professionals to continue their post-graduate study and improve their knowledge and skills. Those who have graduated should be promoted to work in a suitable position.

## Limitation

Data were collected by post and there was only a 51.43% response from the various settings. This might be due to the fact that some settings did not have specific section for mental health or their directors did not put mental health as a very high priority. Therefore the results of this study may partly be representative of the whole situation.

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