

**Report to the American Women Hospital Service (AWHS) Committee on *Youth Mental Health in Northern Thailand Hill Tribe Communities***

By Mollie Marr

I worked at Mae Fah Luang University in Chiang Rai, Thailand at The Center of Excellence for the Hill Tribe Health Research. The Center of Excellence for the Hill Tribe Health Research received funding to implement a program to support youth mental health in the hill tribes of northern Thailand. The program is designed to support hill tribe youth leaders in delivering mental health support to their peers. Youth leaders will be trained on youth mental health problems, interventions, and processes for referral. They will be supervised by psychiatrists, community health workers, and psychiatric nurses.

There are six main hill tribes in the areas surrounding Chiang Rai. Each tribe has a distinct culture, language, and history. Approximately 30% of all members of the hill tribes are stateless, which means they are unable to access the same opportunities for universal healthcare and education available to Thai citizens. Previous studies demonstrated that depression is common in hill tribe communities, especially among women.

I worked as a consult on the youth mental health project during my rotation. The study investigator identified three objectives for my rotation:

***Objective 1. Development of qualitative instrument for Hill Tribe youth to better understand mental health***

To approach development of a qualitative instrument, I read articles and books about the hill tribe communities in Thailand, medical and cultural anthropology, cultural psychiatry, and qualitative methods. I designed the instrument to probe how mental health is conceptualized and understood within each tribe, recognizing that there may be differences between tribes. Questions examined experiences of negative life events, approaches to coping, and individual and community strengths. The results of the qualitative instrument will be used to contextualize the mental health assessments using local idioms of distress and to inform the development of the training and interventions to reflect explanatory models of mental health and accepted approaches to coping. The questionnaire was piloted in two villages while I was visiting and performed well with both young men and women.

***Objective 2. Identify potential mental health assessments***

To accomplish this task, I looked for mental health assessments for common youth mental health disorders that had been used in Thailand or worldwide. The funding agency identified several potential assessments and most of them were available in Thai, so I searched for studies that described approaches to cultural adaptation in Southeast Asia. I was able to find examples of cultural adaptation for the PHQ-9, but not the GAD-7, even though both were available in Thai. The Children and Youth Resilience Measure described a process for contextualization in the manual. It was developed using an international cohort with representative from low, middle, and high-income countries, and has been validated worldwide. I ultimately recommended the Harvard Trauma Questionnaire to assess adversity and trauma because it was the only trauma that had been adapted for a Southeast Asian population. There are several studies to

suggest that the symptomatology of post-traumatic stress disorder is different in Southeast Asian countries, so I wanted to be thoughtful in the selection of a trauma measure. As part of the selection of assessments, I gave a lecture on *Youth Mental Health: Conceptualizing and Assessing Common Disorders* to the Center faculty and team to introduce them to key concepts.

***Objective 3. Identify potential topics and resources for the training program***

I identified resources for people in non-specialized health settings from the World Health Organization that could be used to guide the development of the training and interventions. I collated resources describing the Common Elements Treatment Approach in mental health. I created a folder of resources describing brief interventions for common mental health disorders. I drafted a potential outline of training topics including: adolescent development and neurodevelopment, mental health problems and strengths, counseling skills and brief interventions, and navigating referral systems. I created a drive of relevant articles and resources for each phase of the project.

Finally, I drafted an evaluation plan for each phase of the project with example articles to guide program implementation. I was invited to continue consulting on the project.

**Financial Report**

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