



# ประวัติของจิตเวชศาสตร์ในประเทศไทย

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## บทคัดย่อ

ในปีพุทธศักราช 2432 พระบาทสมเด็จพระจุลจอมเกล้าเจ้าอยู่หัว ได้ทรงพระกรุณาโปรดเกล้าโปรดกระหม่อมให้จัดสร้างโรงพยาบาลคนเสียจริตขึ้นเป็นแห่งแรกในประเทศไทย ณ บริเวณปากคลองสาน ฝั่งตะวันตกของแม่น้ำเจ้าพระยา ซึ่งเดิมเป็นตึกของพระภักดีพัทธากร และได้เปิดรับคนไข้โรคจิตครั้งแรก 30 คน เมื่อวันที่ 1 พฤศจิกายน 2432 จึงถือว่าวันดังกล่าวคือวันเริ่มต้น หรืออรุณรุ่งของจิตเวชศาสตร์ในประเทศไทย ปัจจุบันโรงพยาบาลนี้คือ สถาบันจิตเวชศาสตร์สมเด็จเจ้าพระยา

จุดเปลี่ยนที่สำคัญอีกครั้งหนึ่ง คือ เมื่อปี พ.ศ. 2485 เมื่อ ศ.นพ.ฝน แสงสิงแก้ว ได้เป็นผู้อำนวยการโรงพยาบาลสมเด็จเจ้าพระยา ซึ่งท่านได้พัฒนาโรงพยาบาล รวมทั้งการดูแลรักษาผู้ป่วยจิตเวชเป็นอย่างมาก ท่านได้รับการยกย่องว่าเป็นบิดาแห่งจิตเวชศาสตร์ไทย และยังเป็นนายกสมาคมจิตแพทย์แห่งประเทศไทยคนแรกอีกด้วย

หลังจากยุคสมัยของ ศ.นพ.ฝน แสงสิงแก้ว แล้ว จิตเวชศาสตร์ในประเทศไทยก็ได้มีพัฒนาการมาเป็นลำดับ ในรูปแบบเฉกเช่นเดียวกับในประเทศทางแถบซีกโลกตะวันตก โดยเฉพาะเมื่อมีจิตแพทย์ไทยหลายคนกลับจากการฝึกอบรมในต่างประเทศ นับจนถึงปัจจุบันนี้ จิตเวชศาสตร์ในประเทศไทยก็มีอายุเกือบครบ 120 ปี แล้ว และได้พัฒนาไปมากกว่าที่ใครจะคาดคิด ในยุคสมัยเมื่อเกือบ 120 ปีก่อน อย่างไรก็ตามจำนวนจิตแพทย์ไทยเมื่อเทียบกับจำนวนประชากรของประเทศก็ยังน้อยอยู่มาก และยังมีปัญหาทางสุขภาพจิตอีกหลายเรื่องที่ต้องกรการแก้ไขให้ลุล่วงและสมบูรณ์ แม้ว่าจะได้มีการแก้ไขไปบ้างแล้วก็ตาม ด้วยแผนกลยุทธ์ต่างๆ ของหน่วยงานที่เกี่ยวข้องทางด้านจิตเวชศาสตร์ และสุขภาพจิตที่จะดำเนินการต่อไปในภายภาคหน้า จึงเชื่อว่าจิตเวชศาสตร์ในประเทศไทยจะมีอนาคตที่สดใสในทศวรรษหน้าที่จะมาถึงนี้

คำสำคัญ ประวัติ จิตเวชศาสตร์ สุขภาพจิต ประเทศไทย

วารสารสมาคมจิตแพทย์แห่งประเทศไทย 2551; 53(ฉบับผนวก 1): 14S-21S

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# History of Psychiatry in Thailand

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## Abstract

The first of November, 1889 could be called “the dawn of psychiatry” in Thailand, as this was the date when 30 psychotic patients were brought to be taken care of in an old building of a nobleman, Praya Bhakdibhattarakorn, located in the vicinity of Klongsarn, Thonburi. Thereafter, a long history of development has resulted and the original location is now known as Somdet Chaopraya Institute of Psychiatry, the first psychiatric hospital of the country.

An important turning point in the march to a new era can be marked in 1942 when Dr. Phon Sangsingkeo assumed the position of director. The hospital commenced a period of remarkable reformation in many respects, becoming a modern institute of psychiatry. The services were improved and iron bars on cells were eliminated, replaced by moral treatment. Words are inadequate to describe the tremendous contributions the late Professor Dr. Phon Sangsingkeo, the father of Thai psychiatry, made to the development of psychiatry and mental health in Thailand. He was also the founding president of the Psychiatric Association of Thailand.

After Dr. Phon Sangsinkeo’s period, psychiatry in Thailand has been further developed in the same way as in Western countries, especially when many Thai psychiatrists returned from studying abroad. Psychiatry in Thailand has been much developed so far beyond anyone’s dreams of 1889, nearly 120 years ago. However, due to a shortage of psychiatrists, psychiatry in Thailand still has some problems to be solved. With many strategic plans that have been implemented, we hope and expect a brighter future for Thai psychiatry within the next decade.

**Key words:** history, mental health, psychiatry, Thailand

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## Introduction

Psychiatry in Thailand has a long history<sup>1,2</sup>. It has undergone continual improvement and development over the past century to suit the changing social, economic and cultural climate and to keep up with technological advances. Psychiatry or mental health operations in Thailand was previously divided into seven periods up to 2001.<sup>3</sup> In this review, the author has added two more periods after 2001. The developments in these nine periods will be elaborated on with the first seven periods following the currently accepted definitions.

## Nine Periods of Thai Psychiatry

### 1. *The Asylum Period (1889-1924).*

Mental health services were once concealed within general health services, religious ceremonies and other administrative activities. Thailand's first psychiatric hospital was established in 1889 in the reign of King Rama V at Pak Khlongsan on the western bank of the Chao Phraya River and named 'The Asylum'. So the first of November, 1889 could be called "the dawn of psychiatry" in Thailand, as this was the date when 30 psychotic patients were brought to be taken care of in an old building of a nobleman, Praya Bhakdibhattachakorn, located in the vicinity of Klongsarn, Thonburi. Thereafter, a long history of development has resulted and the original location is now known as Somdet Chaopraya Institute of Psychiatry, the first psychiatric hospital of the country. At the time "The Asylum" was under the jurisdiction of the Department of Nursing and the Ministry of Dharmakara (now the Ministry of Education). To begin with, patients were admitted here more for

administrative than treatment reasons. In 1905, the Asylum's administration was transferred to the Sukhaphibal Medical Division, at the Ministry of City Administration. Dr. Hugh Campbell Highet, head of the Sukhaphibal Medical Division, became its director and introduced new and more humane treatment and care protocols.

### 2. *The Psychiatric Hospital Period (1925-*

*1941).* In 1925, the Asylum's administration changed hands again and came under the control of the Disease Detection and Treatment Division of the Ministry of the Interior. That year, a number of medical doctors graduated from medical school in Thailand and the authorities were prompted to issue new regulations barring certain positions of authority to foreigners. Luang Wichian Baedyakhom, then a doctor based at the Central Hospital, was appointed as Thailand's first psychiatric hospital director. He was also the first Thai doctor to study psychiatry on a two-year scholarship in the USA. On his return, he changed the institution's name from 'Asylum' to 'Psychiatric Hospital' to help change public perceptions. He also launched the first technical and staff development programmes in Thailand, laying important groundwork for future psychiatric training. During Dr Luang Wichian Baedyakhom's tenure, a number of psychiatric hospitals were built in the Thai regions to broaden the extent of mental health care in Thailand. On the 50<sup>th</sup> anniversary of mental health provision in Thailand (1939), a Mental Health Division was formally established by Royal Decree as part of the Public Health Department of the Ministry of the Interior. This division was subdivided into three sections-central, psychotherapy

and mental hygiene - and Luang Wichian Baedyakhom was appointed as its first director.

### **3. *The Mental Health Period (1942-1960).***

An important turning point in the march to a new era can be marked in 1942 when Dr. Phon Sangsingkeo assumed the position of director of Somdet Chaopraya Hospital. The hospital commenced a period of remarkable reformation in many respects. The services were improved and iron bars on cells were removed and treatment was improved with a moral treatment approach. Words are inadequate to describe the tremendous contributions the late Professor Dr. Phon Sangsingkeo made to the development of psychiatry and mental health in Thailand. His goal-directed perseverance for over 15 years convinced the medical school to accept psychiatry as a discipline and resulted finally in both the establishment of the first Department of Psychiatry in Thailand, and also in restructuring the medical curriculum from 12 to 204 hours of psychiatry, running throughout the four undergraduate years. In the same year that Dr. Phon Sangsinkeo was the director, The Ministry of Public Health (MoPH) was established and a Royal Decree proclaimed the reorganisation of the Department of Medical Services. The decree also authorised the transfer of all mental health matters from what was the Mental Health Division to the new Psychiatric Hospital Division - the latter supervised five psychiatric hospitals. Treatment was, by this stage, extensively available, but the psychiatric hospitals were beginning to experience problems in accommodating the increasing numbers of psychiatric patients. A Mental Hygiene Clinic was opened at Somdet Chaophraya Hospital to help alleviate the

problem. Later still, this clinic was expanded to the four corners of Bangkok to provide outpatient mental health services and the Child Mental Health Centre on Rama VI Road in Bangkok became the central clinic office. Unfortunately, due to staff shortages, all but the Child Mental Health Centre were shut down in 1970. New therapeutic techniques from the West were also introduced between 1942 and 1960. For example, tranquiliser therapy, psychotherapy and behavioural therapy, all of which were applied through the group work of mental health teams comprising psychiatrists, clinical psychologists, psychiatric nurses and psychiatric social workers. In 1955, a postgraduate training programme in psychiatry was introduced for doctors for the first time at Somdet Chaophraya Hospital. Towards the end of this very active period, the Psychiatric Association of Thailand (PAT) was founded in 1953 and thus became the first private organisation with a role in the country's promotion of psychiatry, study and prevention of psychiatric illness, organisation of an annual academic meeting for psychiatrists, publication of a journal and textbook, and giving public education on the topic of psychiatry and mental health.

### **4. *The Early Community Mental Health Period (1961- 1971).***

In this period, the Government began to implement the first National Economic and Social Development Plan (1961-1966). The agenda included mental health in the form of the Psychiatric Hospital Project, one of 22 health development programmes. This project was geared towards expanding and improving various operations. In 1964, the first community mental health operation began to take concrete shape. Dr Sakondh Sobhano, then

director of Suan Saranomya Hospital, organised a mobile psychiatric unit to serve the people of the southern provinces. The service helped to extend mental health provision and facilitated medical check-ups and treatment closer to the onset of mental disorders. The treatment and rehabilitation of mental patients continued to develop. Novel services, such as the Day-care Hospital at Somdet Chaophraya Hospital, the Milieu Therapy Programme and the building of a rehabilitation village based on the halfway house concept at Srithanya Hospital, were introduced. The aim was to help mental patients cope with everyday life, work, and leisure time within the community but under professional supervision, protection and support, until they were fit to return home. In the second National Economic and Social Development Plan (1967-1971), mental health was represented by a project to improve mental and neuropsychiatric hospitals and a project to set up psychiatric wards in general hospitals. A psychiatric ward was opened at Prajadhipok Hospital in Chanthaburi province and similar units were opened at Saraburi and Yala Hospitals. In 1971, as part of the continuous development of community mental health, the Chainat Community Mental Health Centre was set up to provide access to mental health services at a community level. A central mobile mental health centre was opened on Charoenkrung Road in Bangkok, which served as the administrative and technical support centre for other mobile mental health units in the regions. This operation was run continuously until 1983. Towards the end of this community mental health period, mental health operations became the responsibility of the Mental

Health Division in the Department of Medical Services at the Ministry of Public Health. This division controlled 22 hospitals and centres that received an annual budget of 80m baht with more than 4,000 staff.

**5. The Integration into General Health Service Provision Period (1972-1981).** This period corresponds to the third National Economic and Social Development Plan (1972-1976). Under the third plan, mental health was considered part of General Health Development Policy. There was emphasis on psychiatry and community mental health operations and the major project focused on the development of community mental health provision to achieve the desired quality and ensure coverage of the target population. The fourth National Economic and Social Development Plan (1977-1981) made community mental health service provision one of the 11 key goals of the health care system. This sought to integrate mental health into general health care to the extent that people would seek mental health services from their own local general health facilities (i.e., central or general hospitals rather than psychiatric hospitals). The mental health agencies would provide technical support. This system aimed to speed up services and to be truly holistic in combining the physical and mental aspects of healing.

**6. The Primary Health Care Period (1982-1991).** Under the fifth National Economic and Social Development Plan (1982-1986), mental health operation took the form of the Mental Health Plan. All projects were carried out in support of the development of the fundamental general health care structure and primary health care operations. Mental health and general health care provision were

successfully integrated in Nakhon Ratchasima province and this led to further expansion of the community mental health project, which continued under the sixth National Economic and Social Development Plan (1987-1991). At the end of this period, in 1991, the College of Psychiatrists of Thailand was founded which later was named as the Royal College of Psychiatrists of Thailand (RCPsychT). This organisation is under the Thai Medical Council. Its aim is to assure the standard and quality of postgraduate psychiatric training in various institutions. The organisation proposed the National Board of Examiners in Psychiatry to the Thai Medical Council every two years. After the RCPsychT was established, it also jointly took a major role with PAT to organise the annual academic meeting for psychiatrists.

**7. The Mental Health Promotion and Prevention Period (1992-2001).** The major objective of the Mental Health Plan under the seventh National Economic and Social Development Plan (1992-1996) was to get a better understanding of the psychological profile of the general public and to promote public participation in creating self-reliance among and support for the mentally ill. There was active promotion of mental health, mental health awareness and mental illness prevention through close collaboration with various state agencies. For example, the development of a “life skills programme” was introduced into the education of students at various levels. The overall aim was to foster a healthy mental state and to raise the quality of life of the population as a whole. In terms of service provision, the plan continued to work on the integration of mental health into general health service provision and the community

care of mentally ill patients within their families and communities. An important restructuring move was initiated in 1993. The Mental Health Division was upgraded by Royal Decree to the Institute of Mental Health. It was simultaneously endowed with department-equivalent status under the supervision of the Ministry of Public Health. In 1994, the Department of Mental Health was reorganised by Royal Decree. The new department, still under the Ministry of Public Health, has 12 subdivisions. The Health Development Plan of the eighth National Economic and Social Development Plan (1997-2001) listed the following goals in mental health:

- The reduction of the incidence of mental disorders
- The development of quality service
- The building of self-reliance and participation in health care in individuals
- The building of immunity against mental disorders in individuals
- Education of the public on methods of safe-guarding personal, family and
- Community mental health.

**8. The Bureaucratic Reforms and Disaster Mental Health Period (2002-2006).** Although the political reforms and trends had been launched under the 1997 Constitution, the bureaucratic reform programme itself, as never before seen in the nation’s history, really started at the end of 2001 to the year 2002. The universal coverage or 30 - Baht health care scheme was implemented. New Ministries emerged and the Ministry of Public Health was reformed. The main goal of the health reform is to produce

universal public well - being, sound physical and mental health and quality of life for the Thai people. The Ninth National Economic and Social Development Plan (2002-2006) focused on people as a centre for development. In accordance with the national plan, MoPH started the “Healthy Thailand” Policy. This policy focused on 12 health indicators of which two indicators related to mental health *i.e.* decrease suicidal rate and increase the average I.Q of Thai children.

The bureaucratic reform programme which aimed to change the structure and mechanism of mental health operations was tested when the tsunami struck the southern part of Thailand. The Mental Health Operations Center (MOC) was immediately established at the Department of Mental Health to supervise and cooperate with other concerned organisations at the provincial, ministerial, and national levels. The rapid and effective response of the Thai MoPH has been noted in the MMWR weekly report by the CDC of the US Department of Health and Human Service.<sup>4</sup> Later on, WHO SEARO recognised Thailand as having “a good practice” to deal with acute mental health effects in tsunami survivors.

#### **9. The Sufficiency Economy and Gross National Happiness Period (2007 - Present)**

Since September 2006, the interim government has decided to adapt the “Sufficiency Economy” approach to economic policy to ensure stability and public happiness. Moreover, the government will not only focus on gross domestic product (GDP) but also on gross national happiness (GNH). This leads the Tenth National Economic and Social Development Plan (2007-2011) to focus on happiness of the Thai people.<sup>5</sup>

The “Sufficiency Economy” is his Majesty King Bhumibhol’s philosophy with three basic principles intertwined: moderation, reasonable, and caution or risk management.<sup>6</sup>

A recent national survey by the Assumption University Poll founded that Thai people who lived their life with the sufficiency economy approach were three times happier than those who did not. The Department of Mental Health is now joined with the National Council for Economic and Social Development to develop the national indicators for the happiness and well being of Thai people.

## **Conclusion**

Psychiatry in Thailand has undergone continuous improvements so far beyond anyone’s dreams of 1889, nearly 120 years ago, particularly in more recent years. However, due to a shortage of psychiatrists and other mental health workers, there are some problems to be solved. Efforts have been made to seek support and cooperation from other agencies and to encourage responsibility for mental health care among the general public. With the many strategic plans that have been implemented, we hope and expect a brighter future for Thai psychiatry within the next decade.

## **References**

1. Udomratn P. Psychiatry in Thailand. In : Chiu E, Chiu H, Kua EH, Yu X, eds. Textbook in Psychiatry for Asia. Beijing : Peking University Medical Press, 2006:234-9.
2. Udomratn P. Mental health and psychiatry in Thailand. International Psychiatry 2007; 4:11-4.

3. Siriwanarangsana P, ed. Mental Health in Thailand 2000 - 2001. Bangkok:ETO Press; 2001.
4. CDC. Rapid health response, assessment, and surveillance after a tsunami-Thailand, 2004 - 2005, MMWR 2005; 54:61-4.
5. Udomratn P. Happiness, mental health, life and sufficiency economy. J Psychiatr Assoc Thailand 2006; 51:292-7.
6. Tantivejkul S. Good mental health through the sufficiency economy approach. J Psychiatr Assoc Thailand 2006; 51:282-8.