

**J-97-00251**

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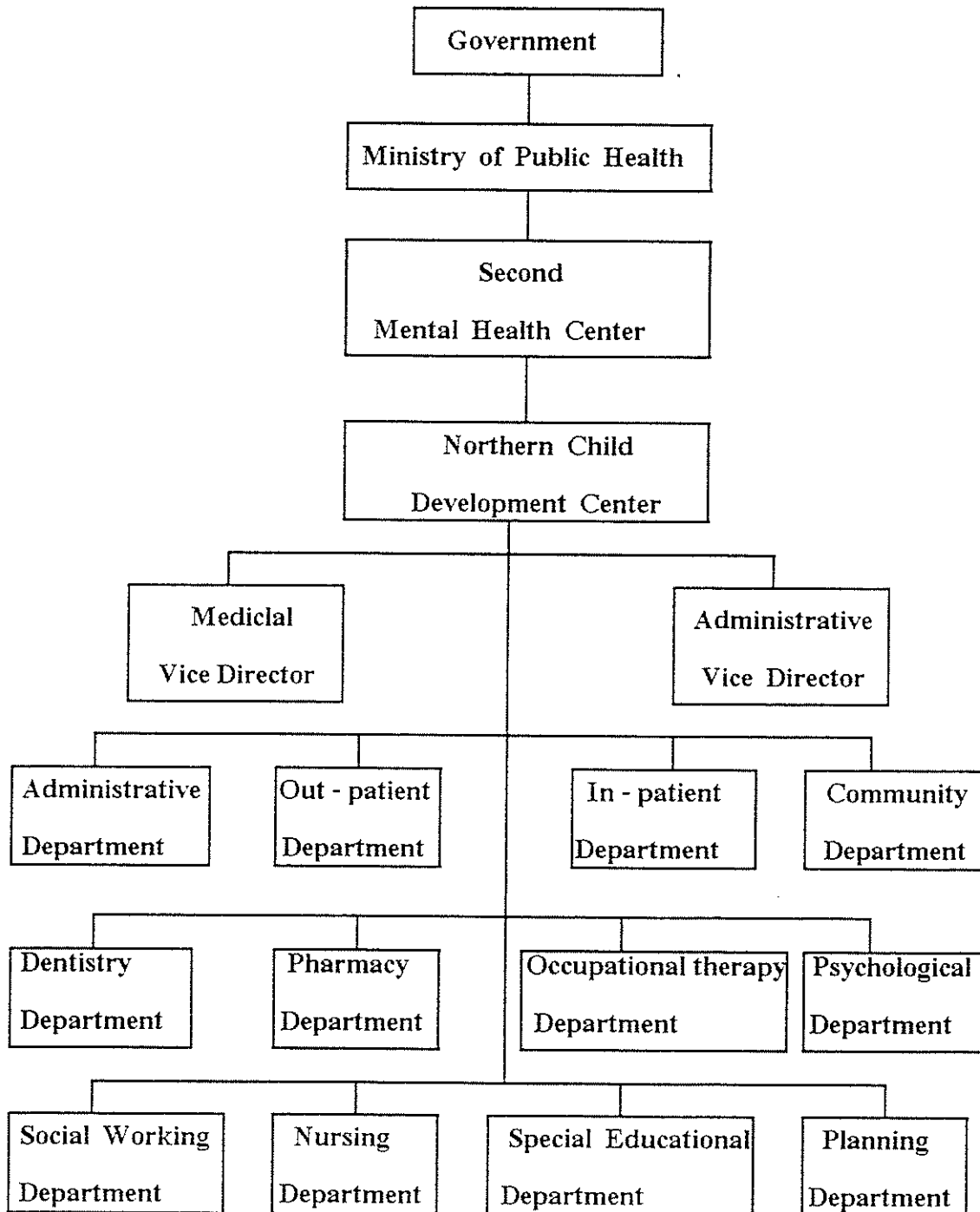
ANNEX 2

Country Report

1. Name of Training THE GROUP TRAINING COURSE IN MENTAL  
RETARDATION IN FY 1997
2. Name of Participant: Dr. Akorn Sanchai
3. Name of Country: THAILAND
4. Name of Your Organization NORTHERN CHILD DEVELOPMENT  
CENTER CHIANGMAI THAILAND

### 5. Organization chart

Participants are requested to outline their function and their own job



My function and Job

1. acting as medical vice Director
2. Acting as deputy Director when the Director is apart
3. Being a physician Such as
  - 3.1 Treat in and out Patient about mentally handicapped child
  - 3.2 Detect and test mentally handicapped children
 

Namely Down's Syndrome , Cong enital Hypothyroidism ,  
Infantile Psychosis , Autistic Children , Delayed development Children and  
Children With Speech hearing and Learning Problem and etc.

    - Down's Syndrome
    - Do Chromosome Study and Early intrevention
    - Congenital hypothyroidism
    - Do TSH , T3 , T4 Study and Give Thyroid Fxtract Earlier as we can
    - Infantile Psychosis
    - Early Detection and Treatment
    - Autistic Children
    - Early Detection and Early Intervention For Autistic  
Childen With hearing Problem
    - To be Tested For hearing Ability By Auditory Brainstem Response  
(ABR) device and Receive Speech Therapy
  - 3.3 Study and Research to Prevent mental retardation. There are  
many Projects That We do in Early Detection of Mental Retardation  
Such As  
Counsel Among Spouse , Parents That Have Children With  
Chromosomal Disease and Pre Marital Couple

Lampoon Province Project - Our Staff Went To Screen I.Q.  
[Intelligence Quotient] in Primary School of Lampoon Province to  
Detect Children With Delayed Development

Home Health Care Project - to Visit Mentally Retarded Child Near  
Our Center For Promoting Both Physical and Mental Development.

3.4 Promote Child Development

3.5 Teaching and Demonstration About Child Development and  
Related Diseases To Medical Students nurses and Other Public  
Health Personnel

3.6 Perform and Response For Mentally Handicapped Children in  
Community of 17 Provinces in Northern Part of Thailand

6. The current situation and trends in rehabilitation services

Participants are requested to outline the status of educational ,  
welfare / social and Medical systems and services , financial aids and  
voluntary activity for people with mental retardation in their own  
country

### 6.1 Medical system

There are two mental retarded hospitals in Thailand. The first one is Rachanukul hospital which is situated in Bangkok. The first is responsible for mentally handicapped works except 17 provinces that responsible by the Northern Child Development Centre. Both hospitals provide medical services for the children with the age of newly born to about six years old.

### 6.2 Educational system

There are five special schools for teaching mental retarded children, the first in Bangkok and the others four are in 4 parts of Thailand. Each school provides self-caring and self-helping for the age of 7 to 15 years.

The budget is received from Thai government distributed by ministry of education to each special school (north, northeast, east, south).

### 6.3 Welfare and social services

After the children are over 15 years old, they turn to be adult and the government unit that responds for them is department of public welfare which provides mostly for vocational training and occupational education such as simple profession that they can earn their livings and enjoy stable working life.

#### 6.4 Financial aids

For people with mental retardation are received from

6.4.1 National year budget , it is the main source the sum of money depends on performance of each center

6.4.2 subsidized by people that want to help mental retarded children

6.4.3 Contributed by other charity foundation such as international rotary organization , NGO etc

#### 6.5 Voluntary activities

Quite the same as 6.4.2 And 6.4.3

7. Participants and requested to state their own philosophy on rehabilitation services for people with mental retardation and problems to solve when making the philosophy an actuality

Our philosophy consists of :

#### 7.1 Out patient

We do carefully for general examination to detect the etiology of mental retardation and to use proper drug for each disease

#### Problem

- Some drugs are too expensive for poor people can afford so we give them free of charge tha result is shortening of our budget

- Some patients do not take their medicine continuously so the effective of such a drug is lowered, in some cases of epilepsy we can not control convulsion or in some cases of autism we can not control abnormal behavior

- The question of distance from our center to their home, its effect is losing follow - up of patients

### 7.2 In patient

We admit pediatric patient with mother or female babysitter too. The purpose is give training program to mother for teaching her kid at home

#### Problem

The effective outcome depends on educational level, habit and interesting of mother and another problem is the distance from their home, if it is so far they could not come oftenly so yielding not so good outcome.

### 7.3 Special clinic and investigation

Especially for chromosomal analytic device and auditory brain stem response device

#### Problem

We have not enough, experienced personnel for each device because they never used them before

#### 7.4 Working in community

We have problem of visiting patients in community because we have small amount of experienced personnel and in the further provinces we can not serve efficiently because of low budget

#### Conclusion

In my point of view ,even if we want to do the best for everything that we should do but we are under official rules so we would obey our governmental policy

Nowadays governmental policy tends to support the important diseases that can be cured easily such as respiratory tract infection , diarrhea etc.

So the budget for mental retardation is reduced and its effect is lacking of personnel ,money and materials for more efficient outcome

8. Participants are requested to describe community - based rehabilitation programmes for people with mental retardation in their countries , if any.

Community base rehabilitation programmes consist of

#### 8.1 Medical program

There are Community public health volunteers to search for 3 main mental diseases namely psycho sis , convulsive disorders and mental retardation .If any volunteer found the new patient as describe ,they



will get 30 bahts per case and refer to local health center , district hospital and to child developmental center , mental hospital if any region lacks of

child development center or mental hospital they will refer the patient to larger general hospital such as provincial hospital or regional hospital

#### Home health care program

We send a team of our personnel which composed of doctor , nurse , psychologist , social worker and occupational therapist to take care of patient at home especially in follow - up patient' s rehabilitation

Screening program for mental retardation especially in health center and general hospital , we used modified DDST to screen child development from 0 to 5 years and intelligence quotient test (I.Q. test) to screen from the age of 2 to 15 years

If we found mental retarded patients we send them to our centre or regional hospital to promote physical and mental development.

## 8.2 EDUCATIONAL PROGRAM

THE MENTAL RETARDED CHILDREN WITH THE AGE OF 7 TO 15 YEARS SHOULD STUDY IN SPECIAL EDUCATIONAL SCHOOL THAT I MENTIONED BEFORE BUT IT IS THE QUESTION THAT THE LARGE NUMBER OF THEM, SO THE RESULT IS A SMALL AMOUNT OF CHILDREN (AVERAGE 400 CHILDREN) CAN GO TO NORTHERN SPECIAL SCHOOL, WHILE THE LARGE AMOUNT IS IN COMMUNITY. THE NEW POLICY FOR MENTAL RETARDED CHILDREN IS TO PUSH THEM STUDY IN NORMAL SCHOOL WITH NORMAL CHILDREN IN ORDER THAT THE MENTAL RETARDED CAN STUDY SOCIAL ADJUSTMENT AND WAY OF LIFE FROM NORMAL CHILDREN AND THE EXAMINATION SCALE WOULD DIFFER FROM NORMAL CHILDREN, THIS SCHOOL IS RUN BY MINISTRY OF EDUCATION.

## 8.3 SOCIAL WELFARE PROGRAM

### 8.3.1 HANDICAPPED CARD

THIS CARD COVERS THE RIGHT OF BOTH PHYSICAL AND MENTAL HANDICAPPED CARD. THE RIGHT INCLUDES TO FREE OF CHARGE FROM MEDICAL TREATMENT AND DEVICE SUCH AS CRUTCH AND CANE BUT DON'T PAY ANY MOMEY TO THE MENTALLY RETARDED AS SALARY OR WAGES.

### 8.3.2 VOCATIONAL TRAINING CENTER

IT IS AN INSTITUTE FOR TRINING THE MENTALLY RETARDED TO HELP THEMSELVES , SOMETIMES THEY CAN EARN THEIR LIVINGS BY SIMPLE OCCUPATION THAT HAD BEEN TAUGHT. THE AGE OF THEM MUST BE OVER 15 YEARS OLD. THIS CENTER IS RUN BY SOCIAL WELFARE PERARTMENT, MINISTRY OF INTERNAL AFFAIRS.

8.3.3 HALF WAY HOUSE

RUNNING BY MINISTRY OF INTERNAL AFFAIRS, IT IS LIKE VOCATIONAL TRAINING CENTRE BUT LESS EDUCATION AND LESS TRAINING. IT IS THE PLACE THAT THE MENTALLY RETARDED LIVE FOR A SHORT PERIOD OF TIME BEFORE GOING TO THEIR COMMUNITY.

8.4 VOLUNTARY ORGANIZATION AND ACTION

PRESENTATION IN THE FORMS OF :

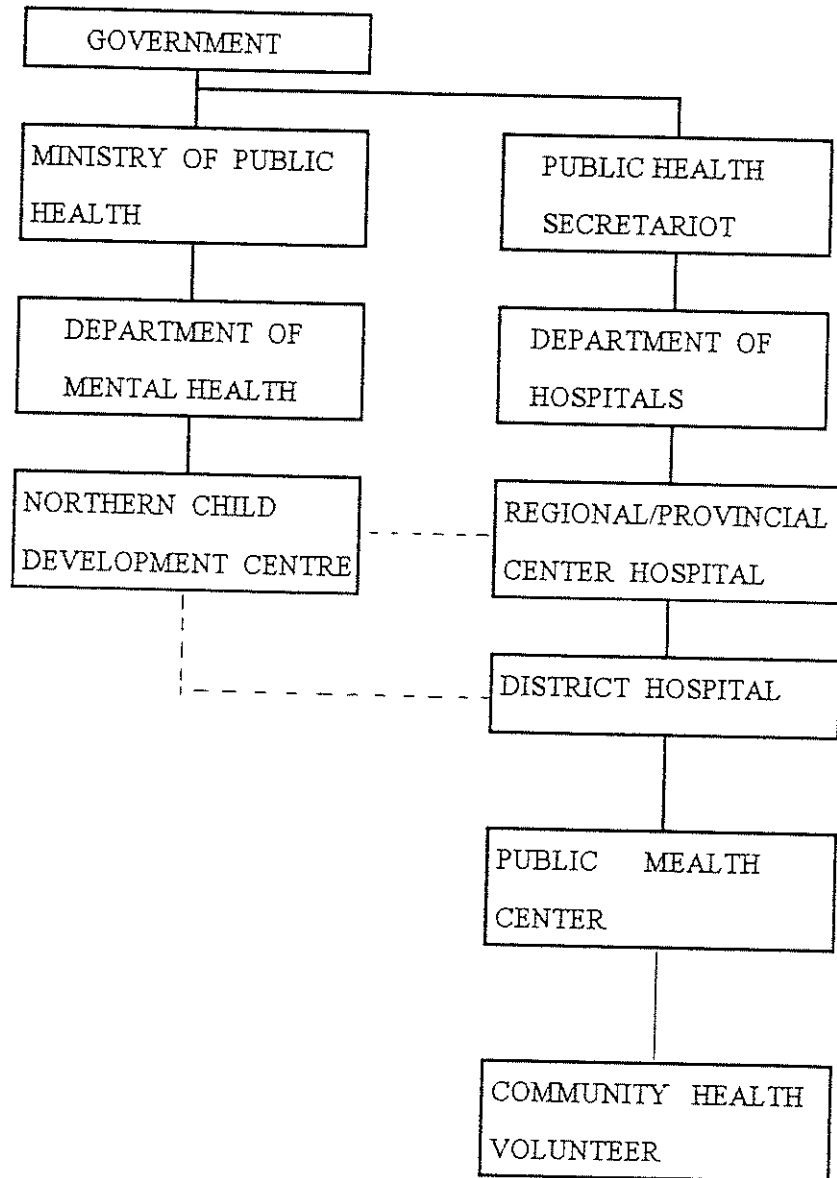
8.4.1 HALF WAY HOUSE ESPECIALLY FOR CHILDREN, RUN BY CHARITY FOUNDATION.

8.4.2 TEMPORARY CONTRIBUTED ACTION SUCH AS DONATION OF MONEY OR NECESSARY THINGS TO THEM.

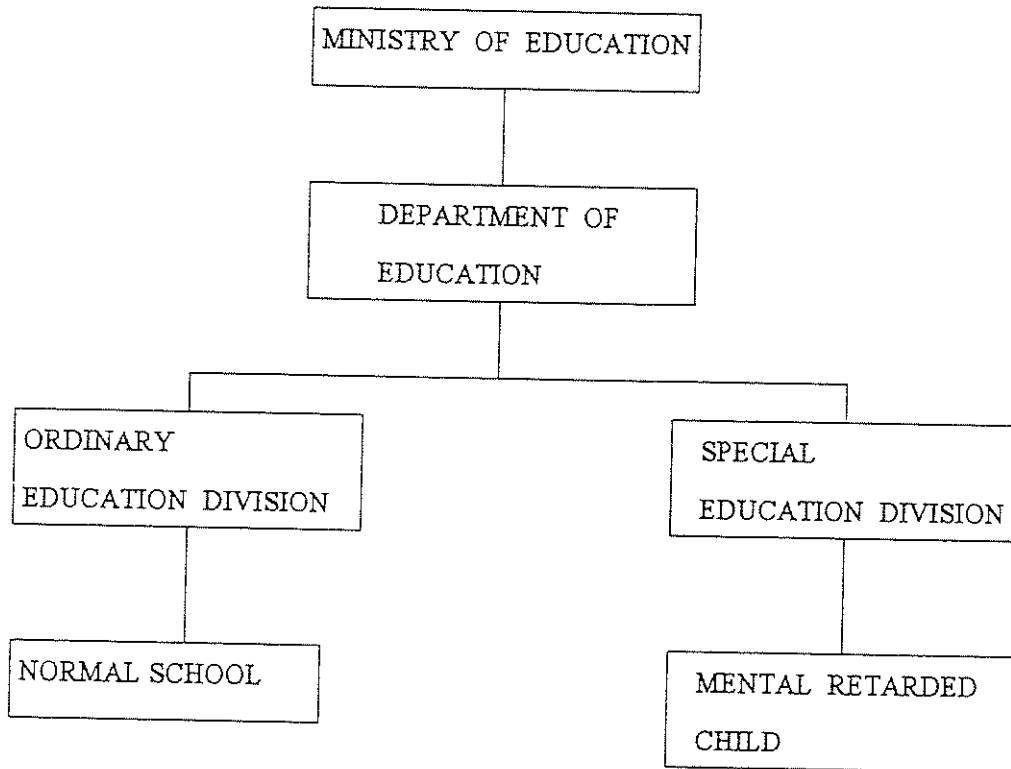
9. SERVICE DELIVERY SYSTEM AND RELEVANT LAWS AND REGULATIONS

PARTICIPANTS ARE REQUESTED TO DRAW AN ORGANIZATION CHART OR FLOW CHART (STARTING FROM SECTIONS AT THE LOWEST LEVEL) FOR EVERY AGENCY IN THEIR COUNTRY WHICH IS RESPONSIBLE FOR SERVICE DELIVERY SYSTEMS.

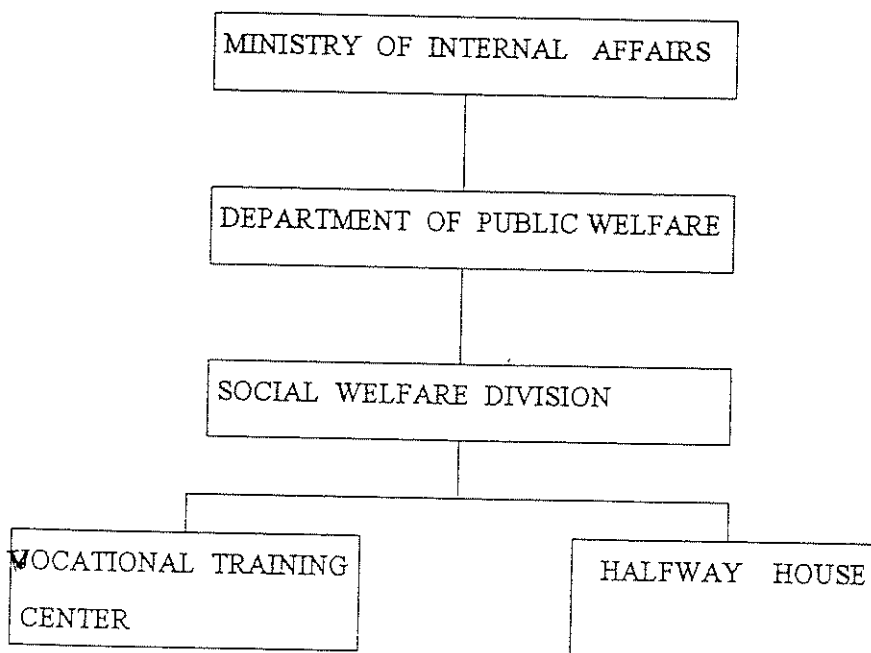
9.1 MEDICAL SYSTEM



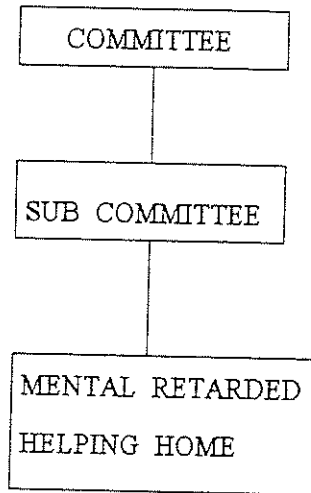
9.2 EDUCATIONAL SYSTEM



9.3 SOCIAL WELFARE SYSTEM



9.4 NON GOVERNMENT CONTRIBUTIONAL ORGANIZATION



9.5 RELEVANT LAWS AND REGULATION

9.5.1 LAW OF MENTALLY HANDICAPPED RIGHT AND PROPERTY IF THE PEOPLE ARE COMMITTED TO BE MENTAL RETARDED . THEY WILL BE PROTECTED. BY LAW.

9.5.3 LAW OF MENTALLY HANDICAPPED WRONG-DOING IF THE PEOPLE ARE PROVED TO BE MENTAL RETARDED, THEY WOULD NOT BE SENTENCED TO BE GUILT FROM WRONG-DOING

9.5.4 LAW OF MENTALLY HANDICAPPED SOCIAL WELFARE

- TO BE FREE OF MEAICAL FEE AND REHABILITATION INCLUDE MEDICAL INSTRUMENT THAT INVOLVED.

- TO PAY TAXES LESS THAN NORMAL PERSON

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