

## Community Attitudes Towards Chronic Schizophrenic Patients in Thailand

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**OBJECTIVE:** To describe and analyze the interaction of the hospital, the rural community, and the mental patient in Thailand with the goal of understanding how social institutions influence the rehabilitation of the chronically disabled patient; and within this overall objective, to study that portion of interactions occurring within and under the control of Srithunya Hospital, Nonthaburi, Thailand.

**DESCRIPTION:** Srithunya Hospital is a large (approximately 2,000 bed) psychiatric hospital located in Nonthaburi, about six miles north of Bangkok. It is the largest of five public psychiatric hospitals in Thailand, and treats a disproportionate number of patients diagnosed as "schizophrenic" (an estimated 40% of all admitted schizophrenic patients in Thailand are admitted to Srithunya).

Methods applied to understanding the organization of this hospital include: collection of documents, interview of staff members, observation of procedures and conferences, and administration of appropriate questionnaires. Special attention is given to: admission procedures, ward assignment, method of diagnosis, treatment, record-keeping, changes in ward assignment, staff's concepts of mental illness, discharge decisions, and community relations.

The theoretical model used is based on the work of A.K. Rice. An institution is seen as acting upon raw materials in such a way as to produce a product. There are inputs (in this case we are mainly concerned with admitted patients), primary and subsidiary operations to be performed, and outputs (including discharged patients). There are also various constraints upon the successful performance of organizational tasks.

Srithunya Hospital has four major treatment divisions: male inpatient section, female inpatient section, a rehabilitation section (for males only) and the outpatient department. Although these sections are all responsible to the director, the section chiefs have considerable autonomy. All four treatment sections share two primary tasks: (1) to admit appropriate patients from the community, treat them, and discharge them back to the community; (2) to care for those patients who cannot be returned to the community.

The hospital also has an industrial section (which has as its primary task the production of low-cost hospital beds to be sold to other institutions), maintenance and support sections, and a director. Although the job of the director has many important internal functions, the main tasks of the office involve the relationship of the hospital with other organizations (including the immediate community and the Thai medical and financial establishments).

The workload of Srithunya has increased markedly during the past ten years. Admissions between 2502 and 2512 B.E. (1959-1969 A.D.) increased by over 200%, and outpatient visits and re-admissions increased about 500% each during the same period. During this time the physician staff only doubled. The small ratio of professional staff size to patient load constitutes a serious constraint upon the successful performance of the hospital's primary tasks. Other constraints include: attendant staff of limited training, inadequate funds and equipment, and the necessity of conforming to the requirements of the nation's culture (religion, language, belief, customs).

Srithunya was found to be a successful organization in that it performs its primary tasks both successfully and efficiently. Considering the severely impaired status of the patients admitted it has a remarkably low retention rate (less than 10% of patients remain in the hospital over one year).

PROGRESS: During the period of this report attention was given to the short-term prognosis of chronic schizophrenic patients. Twenty male and eighteen female chronic schizophrenic patients who were admitted to Srithunya Hospital during a four-week period were followed using standard techniques of mental status examination and psychological testing. Special attention was given to the influence of social and treatment factors on the length of hospitalization. This work augments data on the organizational analysis of Srithunya Hospital obtained previously (see earlier Annual Reports).

Information was also collected pertaining to modality of treatment given, accuracy of predictions of the patients' stay in the hospital made by the patients' relatives and hospital staff, and condition of the patient prior to admission (obtained by history given by the responsible relative).

On 3 September 1970, data collection on all patients was completed. On 24 September, preliminary plans for analysis were made. On 25 September, Major Jonathan J. Russ, principal investigator, returned to WRAIR where further analysis and write-up for publication will be accomplished in collaboration with LTC Harry C. Holloway during this fiscal year.

SUMMARY: Tentative and partial results of an organizational study of Srithunya Hospital are reported. Special emphasis was given to describing admission, treatment, and discharge of schizophrenic patients.