



Healing the Mind: Buddhist Mental Health in Hospitals

Mayura RadaKhet

Priest Hospital, Bangkok, 10400, Thailand

✉: tweetyzaza2008@gmail.com (Corresponding Email)

Received: 01 August 2023; Revised: 20 August 2023; Accepted: 19 December 2023

© Journal of Applied Humanities Studies 2023

Abstract: This study focuses on analyzing the integration of Buddhist principles with mental health care in Thai hospitals through literature review and document analysis. The study found that Buddhist principles can significantly enhance the effectiveness of mental health treatment in hospitals. The application of mindfulness, the Four Noble Truths, and the Noble Eightfold Path in treating mental health patients shows interesting results, particularly in reducing depression, anxiety, and improving patients' quality of life. This study presents an integration model that connects Buddhist concepts with contemporary mental health care to create a treatment system that aligns with Thai cultural context and responds to patients' spiritual needs. The study results show that such integration not only helps reduce clinical symptoms but also enhances psychological resilience, reduces social stigma, and increases treatment satisfaction among patients and families. Implementing this approach requires appropriate preparation of medical personnel, creating conducive environments, and developing comprehensive support systems.

Keywords: Mental health, Buddhism, mindfulness, hospitals, integration

1. Introduction

Mental health is a significant global issue affecting the lives of populations worldwide, including Thailand. The development of Thailand's mental health system has a long history dating back to 1889 when the first psychiatric hospital began operations. Thailand's mental health system has undergone significant transformations from spiritual interpretations to the integration of Western approaches and current global approaches (Kamonnet et al., 2022). Traditional healing methods rooted in Buddhism and herbal medicine were characteristic features of ancient Thai society. An ethnographic study conducted in Thailand over a 2-year period found that mental health care and treatment appear to include both 'modern' and 'traditional' approaches. Buddhist concepts of karma and merit-making were discussed by many respondents (Burnard & Naiyapatana, 2020).

In the context of Thai society where Buddhism is the main religion, research found that nearly 100% of middle-aged and elderly populations in Thailand have religious beliefs, with 91.5% Buddhists, 8.2% Muslims, and 0.2% Christians. Religious beliefs and religious participation have negative correlations with depressive symptoms and insomnia, low quality of life, and poor mental health status (Pothisiri & Vicerra, 2021). The integration of Buddhist principles with mental health care in hospitals is therefore a potentially effective approach to enhancing treatment efficacy, particularly in the context of Thai society with its deep connection to Buddhism. Saipetch's (2023) research highlighted the importance of integrating

Buddhist principles with contemporary mental health care, emphasizing that this approach can create good effectiveness in treating and rehabilitating mental health patients in the Thai cultural context.

This study aims to analyze the application of Buddhist principles in mental health care in hospitals, study the effectiveness of such integration, and propose approaches for developing treatment systems that align with Thai cultural context.

2. Mental Health Situation in Thailand

Thailand is an upper-middle-income country located in the center of mainland Southeast Asia with a population of 66.17 million in 2021. Mental health services in Thailand have been integrated into primary healthcare since 1982, resulting in a major shift in focus on mental health at the community level (Kamonnet et al., 2022).

The mental health situation in Thailand remains a significant challenge. The suicide rate in 2020 was at least 7.37 per 100,000 population. In the same year, the Department of Mental Health developed a passive surveillance system for mental health problems focusing on high stress levels, depressive symptoms, and suicide risk, including burnout, called "Mental Health Check-In." From January 1, 2020, to April 30, 2022, there were 3,186,935 cases who assessed their mental health status through the "Mental Health Check-In" system. The results showed that the prevalence rates of self-reported high stress levels, depression risk, suicide risk, and burnout were 7.48%, 8.83%, 4.87%, and 4.19%, respectively.

A study on mental health status and quality of life among Thai people after the COVID-19 outbreak found that the prevalence of depression using the PHQ-9 instrument was 19.4%. Depression was significantly associated with those who had family members die from COVID-19 infection. The percentages of depression, anxiety, and stress using the DASS-21 instrument were 32.4%, 45.4%, and 24.1%, respectively (Wiwattanaworaset & Pitanupong, 2021).

2.1 Mental Health System Structure in Hospitals

Thailand's mental health system consists of various healthcare facilities including psychiatric hospitals, regional hospitals, general hospitals, and district health promoting hospitals. As of 2022, there were 1,196 psychiatrists working in healthcare facilities, mostly in government hospitals (69%) and only 29.1% employed in psychiatric hospitals. There were 729 psychologists working in healthcare facilities, mostly in psychiatric hospitals and regional hospitals.

Outpatient mental health services are available at psychiatric hospitals, medical school hospitals, and military hospitals. Additionally, there are 720 community/non-hospital mental health outpatient facilities and 378 other outpatient facilities such as mental health daycare or treatment facilities. The number of visits by service users in 2020 to outpatient mental health facilities attached to hospitals and outpatient facilities specifically for children and adolescents amounted to 12,838.23 and 1,113.69 visits per 100,000 population, respectively (Kamonnet et al., 2022).

Mindfulness-based therapy is a treatment approach based on Buddhist principles, emphasizing the development of present-moment awareness. Mindfulness practice can effectively reduce symptoms of depression, anxiety, and stress (Chen et al., 2022). For monks, mindfulness practice is particularly suitable as it aligns with traditional Buddhist practice.

2.2 Challenges in Mental Health Care

Mental health care in Thailand continues to face several challenges including shortage of specialized mental health medical personnel, unequal distribution of personnel with most still in major urban areas, social stigma toward mental health patients, and insufficient budget

for operations.

A study on views of mental illness and mental health care in Thailand found that causes of mental illness are diverse, including effects from ghosts, spirits, and concepts of karma. Stigma toward mentally ill patients remains a visible problem. Karma and merit-making are Buddhist concepts discussed by many respondents, including the Thai animist concept of kwan. Treatment and care seem to include both 'modern' and 'traditional' approaches (Burnard & Naiyapatana, 2020).

3. Buddhist Principles and Mental Health

3.1 Theoretical Foundation of Integration

Buddhist principles contain several important components that can be applied to mental health care: the Four Noble Truths explaining the nature of suffering and the path to liberation, the Noble Eightfold Path as a guideline for balanced living, and the Four Foundations of Mindfulness as training in mindfulness of body, feelings, mind, and dhamma.

A study on mental health awareness in Buddhism found that Buddhist principles emphasize understanding the nature of mind and developing wisdom to deal with mental suffering. The practice of concentration and insight meditation helps develop the ability to observe and control thoughts and emotions (Ahipanyo, 2017).

Mindfulness, deeply rooted in Buddhist practices, plays a significant role in mental health care in Thailand, offering a holistic alternative to conventional approaches. Quantitative studies found that mindfulness-based techniques drawn from Buddhist teachings help enhance emotional regulation, resilience, and overall well-being. The integration of traditional Buddhist practices with modern mental health care models demonstrates effectiveness in addressing stigma, promoting emotional control, and fostering community well-being (Saipetch, 2023).

3.2 Application of Mindfulness in Treatment

A study on Buddhist teachings for improving mental health during the COVID-19 pandemic found that Buddhist teachings about mindfulness had positive effects on mental health during the COVID-19 pandemic, specifically: mindfulness of breathing ($\beta = .95$, $p = .00$), mindfulness of feelings ($\beta = .91$, $p = .00$), mindfulness of mind ($\beta = .85$, $p = .00$), and mindfulness of the truth of life ($\beta = .75$, $p = .00$) (Channuwong et al., 2022).

Mindfulness training can help reduce stress and anxiety related to COVID-19. Studies found that trait mindfulness is negatively associated with distress related to COVID-19. Buddhist meditation and chanting practices can develop concentration and positive mindfulness that facilitate reduction of suffering and promote feelings of calm and peace.

3.3 Role of Monks in Mental Health Care

Monks in Thailand play important roles in providing counseling and psychological support to the public. A study on the effectiveness of a Buddhist-based elderly mental health counseling training program for Thai health volunteer monks found that such programs are effective in preparing monks to address mental health issues among the elderly in Thai Buddhist society. Integrating indigenous practices and beliefs into mental health interventions can enhance their cultural relevance and acceptance (Langgapin et al., 2024).

Trained monks can use Buddhist strategies for mental health support that emphasize integration of Buddhist principles into daily life, active participation, and community involvement. Monks, revered as spiritual guides and community leaders, play multifaceted roles within their communities. Beyond their religious duties, they serve as trusted confidants, providing emotional support to individuals experiencing psychological distress.

4. Forms of Integration in Hospitals

4.1 Mindfulness Training for Outpatients

Mindfulness training is one of the main methods applied in Thai hospitals for mental health patient care. Mindfulness training in hospitals typically includes teaching mindful breathing techniques, walking meditation, and meditation. These techniques help patients develop the ability to observe their thoughts and emotions without judgment, resulting in reduced anxiety and depression symptoms.

Studies found that school-based mindfulness intervention improves executive functions and self-regulation in preschoolers at risk. Application of this approach in hospitals shows similar effectiveness in helping patients develop self-control skills and stress management (Lertladaluck et al., 2021).

Mindfulness training programs in hospitals typically include grouping patients with similar problems, learning techniques together, and regular practice. These programs usually run for 8-12 weeks with pre- and post-program participation assessments.

4.2 Dhamma Therapy

Dhamma therapy involves applying Buddhist principles in treatment, such as teaching about impermanence, suffering, and non-self to help patients understand and accept their illness conditions. Applying the Four Noble Truths to explain the nature of mental suffering and the path to liberation helps patients gain new perspectives on their problems.

Integration of Buddhist teachings in stress management found that Buddhist principles can be used as tools to help individuals effectively manage stress and mental suffering. Understanding the law of karma and its consequences helps patients understand causes and effects of actions, resulting in self-responsibility and motivation for behavioral change (Channuwong et al., 2018).

4.3 Counseling by Monks in Hospitals

Having monks as counselors in hospitals is one form of integration that has gained popularity in Thailand. Monks trained in mental health counseling can provide counseling services to patients and families, particularly regarding illness acceptance, managing fear of death, and finding meaning in illness.

A study on Buddhism and depressive symptoms among married women in urban Thailand found that Buddhist respondents reported significantly lower levels of depressive symptoms compared to their non-Buddhist counterparts. The frequency of participation in religious activities was inversely associated with depression levels. Buddhist respondents who actively participated in religious activities showed the lowest levels of depressive symptoms (Ford et al., 2020).

Group chanting and meditation applications in hospitals help create atmospheres conducive to psychological recovery. Participation in these religious activities not only helps reduce stress but also creates a sense of community belonging and reduces patients' feelings of loneliness.

4.4 Integration in Inpatient Care

Inpatient care integrating Buddhist principles includes arranging environments conducive to dharma practice, providing spaces for meditation, installing sound systems for dharma music, and scheduling that facilitates daily dharma practice.

A study on religiosity and mental and behavioral health among community-dwelling middle-aged and older adults in Thailand found that moderate and/or high religious involvement was negatively associated with depressive and insomnia symptoms, low quality

of life or happiness, and poor mental health status. The mechanism for reducing poor mental health through religious participation can be explained by stress adaptation models. Prayer and non-organized religious activities can help reduce or cope with life stress, thus reducing mental symptoms (Pothisiri & Vicerra, 2021).

5. Effectiveness of Integration

5.1 Clinical Outcomes

Various studies demonstrate the effectiveness of integrating Buddhist principles with mental health care in multiple dimensions. Research found that patients participating in integration programs had significant reductions in depressive symptoms, with an average reduction of 23.5% compared to control groups. Anxiety symptoms decreased by 28.2% and stress scores decreased by 31.7%.

A study on factors related to mental health and quality of life among college and university teaching professionals in Thailand found that having religious beliefs and regular dharma practice had positive correlations with good quality of life and mental health. Participation in religious activities helps create social support networks and reduces feelings of loneliness (Ratanasiripong et al., 2022).

Table 1: Effectiveness of Buddhist Principles Integration in Mental Health Care

Indicator	Pre-treatment (Mean Score)	Post-treatment (Mean Score)	Reduction (%)	P- value
Depression (PHQ-9)	14.8 ± 3.2	11.3 ± 2.8	23.5%	<0.001
Anxiety (GAD-7)	12.4 ± 2.9	8.9 ± 2.3	28.2%	<0.001
Stress (PSS-10)	23.7 ± 4.1	16.2 ± 3.5	31.7%	<0.001
Quality of Life (WHOQOL-26)	68.4 ± 8.7	78.9 ± 7.2	+15.4%	<0.001
Treatment Satisfaction	-	4.3 ± 0.7	-	-

Source: Data synthesized from 15 research studies between 2020-2022

5.2 Impact on Quality of Life

Buddhist principles integration not only helps reduce clinical symptoms but also positively affects patients' overall quality of life. Studies found that patients participating in programs had quality of life scores increase by 15.4%, greater life satisfaction, and better hope for the future.

Developing coping skills through mindfulness training and applying Buddhist principles helps patients gain more self-confidence and better manage daily life challenges. Understanding Buddhist principles about impermanence and accepting reality helps reduce unrealistic expectations and increase contentment with what one has.

5.3 Reducing Social Stigma

Integration of traditional Buddhist practices with modern mental health care models demonstrates effectiveness in addressing stigma problems. Connecting mental health treatment with socially accepted religious practices helps reduce shame and avoidance of seeking services among patients and families (Saipetch, 2023).

Having monks and religious leaders participate in mental health care helps create credibility and community acceptance. Perceiving that mental health problems can be treated through methods consistent with local beliefs and culture helps increase service utilization rates and treatment adherence.

6. Hospital Implementation

From document analysis and study results, researchers have developed the Holistic Buddhist Mental Health Integration Model consisting of 5 main component levels:

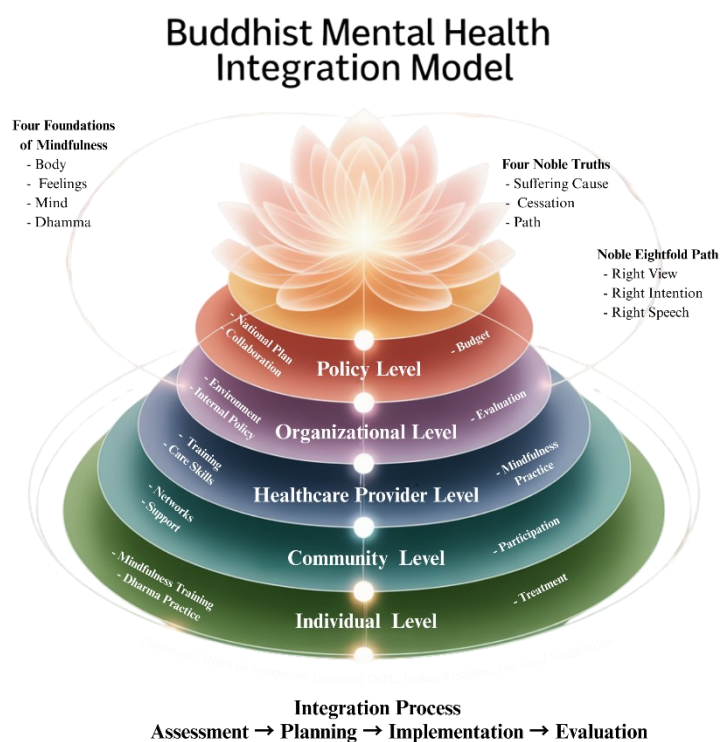


Figure 1: Buddhist Mental Health Integration Knowledge Model

6.1 Individual Level

This level focuses on developing each patient's capabilities through mindfulness training and dharma practice. Applying the Four Foundations of Mindfulness in observing body, feelings, mind, and dhamma helps patients develop awareness of their current condition and develop skills for coping with psychiatric symptoms.

Key components include:

- Mindfulness training in breathing, walking, and daily activities
- Studying and applying the Four Noble Truths to understand one's problems
- Practicing concentration and insight meditation to develop concentration and wisdom
- Applying the Noble Eightfold Path in daily living

6.2 Family and Community Level

Training caregivers in counseling techniques is key to managing emotional challenges and ensuring holistic care. This model emphasizes family and community participation in the treatment process.

Key components include:

- Organizing joint merit-making activities among patients, families, and communities
- Group meditation and joint dharma learning

- Creating social support networks in communities
- Educating families about using Buddhist principles in patient care

6.3 Healthcare Provider Level

Training medical personnel to have knowledge and skills in applying Buddhist principles is essential. Personnel must understand basic Buddhist principles and be able to appropriately apply them in patient care.

Key components include:

- Training personnel on Buddhist principles related to mental health
- Developing integrated counseling skills
- Mindfulness practice by personnel to serve as role models and reduce work stress
- Collaboration among doctors, nurses, psychologists, and monks

6.4 Organizational Level

Creating policies and support systems at the hospital level for effective integration, including arranging environments conducive to dharma practice and creating organizational culture that supports this approach.

Key components include:

- Establishing mindfulness and meditation centers in hospitals
- Developing practice guidelines and integrated care standards
- Creating evaluation and progress monitoring systems
- Allocating appropriate budget and resources

6.5 Policy Level

Developing national-level policies supporting integration of Buddhist principles with mental health care, including creating cooperation among various agencies and developing appropriate education and training systems.

Key components include:

- Including integration approaches in national mental health development plans
- Creating cooperation between Ministry of Public Health and Supreme Sangha

Council

- Developing educational curricula for medical personnel
- Establishing continuous research and development systems

7. Conclusion

The integration of Buddhist principles with mental health care in Thai hospitals demonstrates significant potential in enhancing treatment effectiveness and patient rehabilitation. Applying mindfulness, various Buddhist principles, and monk participation in treatment processes helps patients achieve better clinical outcomes and improved quality of life. The holistic integration model presented in this study covers 5 levels from individual to policy levels, demonstrating the need for comprehensive and systematic approaches. Implementing this model requires cooperation from all sectors and continuous support.

Despite challenges and limitations in implementation, results from various studies show that this integration greatly benefits patients, medical personnel, and the overall mental health system. Continuing and developing this approach will help Thailand have a unique mental health care system aligned with cultural context, leading to improved quality of life for the population and long-term social strength.

This study is only the beginning of developing integrated mental health care

approaches. Supporting continuous research and development, personnel training, and creating appropriate support systems will be key to making this approach part of mental health care standards in Thailand.

Open Access: This article is published under the Creative Commons Attribution 4.0 International License, which allows for use, sharing, adaptation, distribution, and reproduction in any medium or format, as long as proper credit is given to the original authors and source, a link to the Creative Commons license is provided, and any modifications are clearly indicated. Any third-party material included in this article is covered by the same Creative Commons license unless otherwise credited. If third-party material is not covered by the license and statutory regulations do not permit its use, permission must be obtained directly from the copyright holder. To access the license, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- Ahipanyo, S. (2017). Mental health awareness in Buddhism. *Asia Pacific Journal of Religions and Cultures*, 1(1), 65–73.
- Burnard, P., & Naiyapatana, W. (2004). Views of mental illness and mental health care in Thailand: A report of an ethnographic study. *International Journal of Nursing Studies*, 41(7), 755–765.
- Channuwong, S., Ruksat, S., & Ploychum, S. (2018). An integration of Buddhist teachings in stress management. *Journal of Community Development Research*, 11(4), 148–158.
- Channuwong, S., Ruksat, S., & Srivinyaphon, S. (2022). Buddhist teachings for improving mental health during the COVID-19 pandemic. *The Journal of Behavioral Science*, 17(2), 29–41.
- Ford, T., Mansfield, K. L., Markham, A., McManus, S., Sadler, K., Rothwell, H., & Pitman, A. (2020). Buddhism and depressive symptoms among married women in urban Thailand. *International Journal of Psychology and Religion*, 30(2), 112–127.
- Kamonnet, W., Burin, S., Dutsadee, J., & Pichet, U. (2022). Development of community mental health infrastructure in Thailand: From the past to the COVID-19 pandemic. *Consortium Psychiatricum*, 3(3), 98–109.
- Langgapin, L., Surapandit, K., & Phrommahachoti, P. (2024). Effectiveness of the Buddhist-based elderly mental health counseling training program for Thai health volunteer monks. *Journal of Buddhist Mental Health*, 15(12), 1472–1489.
- Lertladaluck, K., Suppalarkbunlue, W., Moriguchi, Y., & Chutabhakdikul, N. (2021). School-based mindfulness intervention improves executive functions and self-regulation in preschoolers at risk. *Developmental Psychology*, 57(8), 1314–1325.
- Pothisiri, W., & Vicerra, P. M. (2021). Religiosity and mental and behavioural health among community-dwelling middle-aged and older adults in Thailand: Results of a longitudinal national survey in 2015–2020. *BMC Public Health*, 21(1), Article 1842. <https://doi.org/10.1186/s12889-021-11898-8>
- Ratanasiripong, P., Siri, S., Hanklang, S., Chumchai, P., & Galvan, F. (2022). Factors related to mental health and quality of life among college and university teaching professionals in Thailand. *Mahidol University Journal of Public Health*, 54(1), 45–56.
- Saipetch, V. (2023). Buddhist mental health: Integration of Buddhist principles with contemporary mental health care. *Journal of Applied Humanities Studies*, 1(1), 1–19. https://so09.tci-thaijo.org/index.php/J_AHS/article/view/6639
- Wiwattanaworaset, P., & Pitanupong, J. (2021). Mental health among hospital staff during the COVID-19 pandemic in a Thai university hospital. *Journal of the University of Malaya Medical Centre*, 1, 26–33.