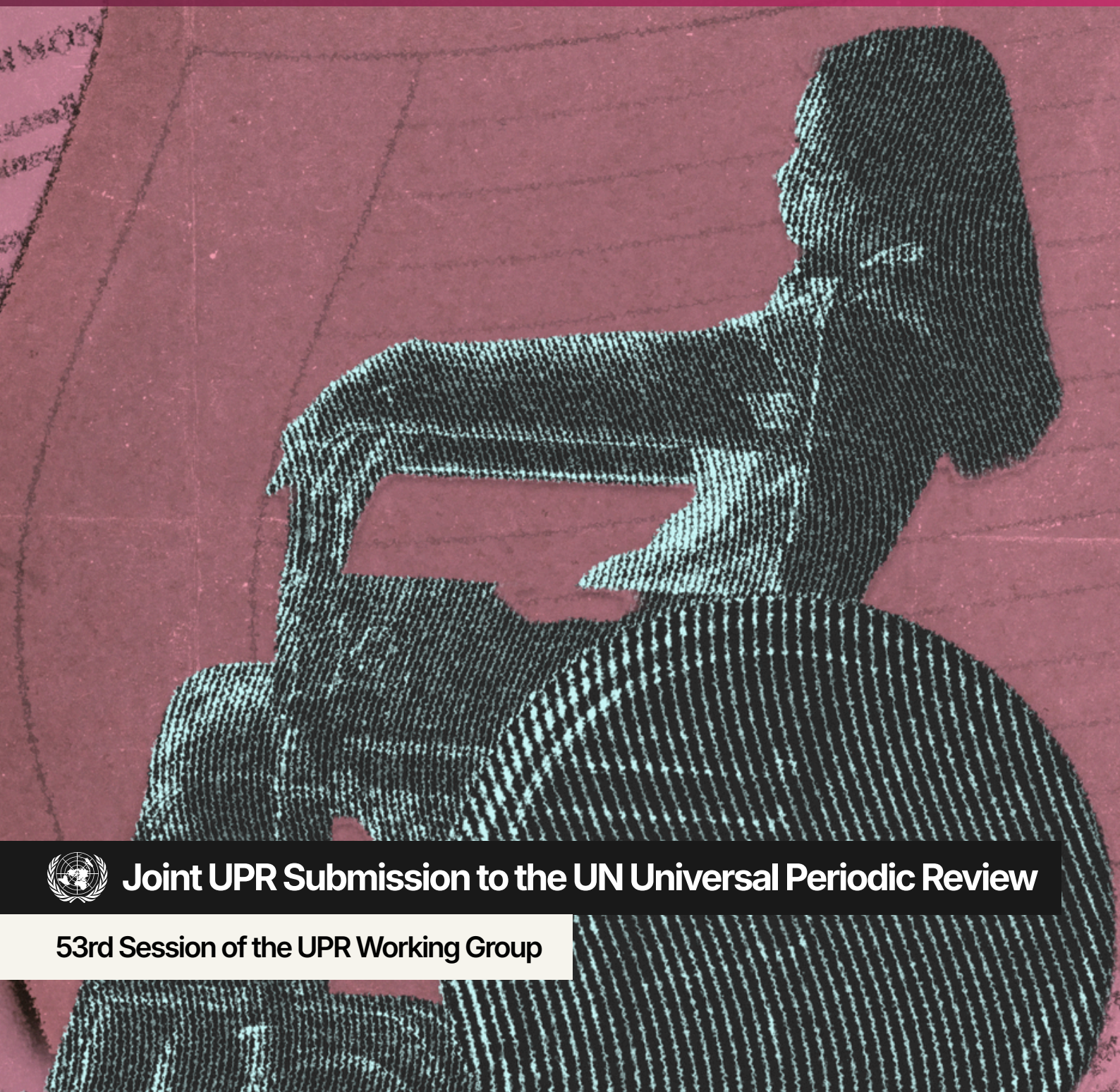
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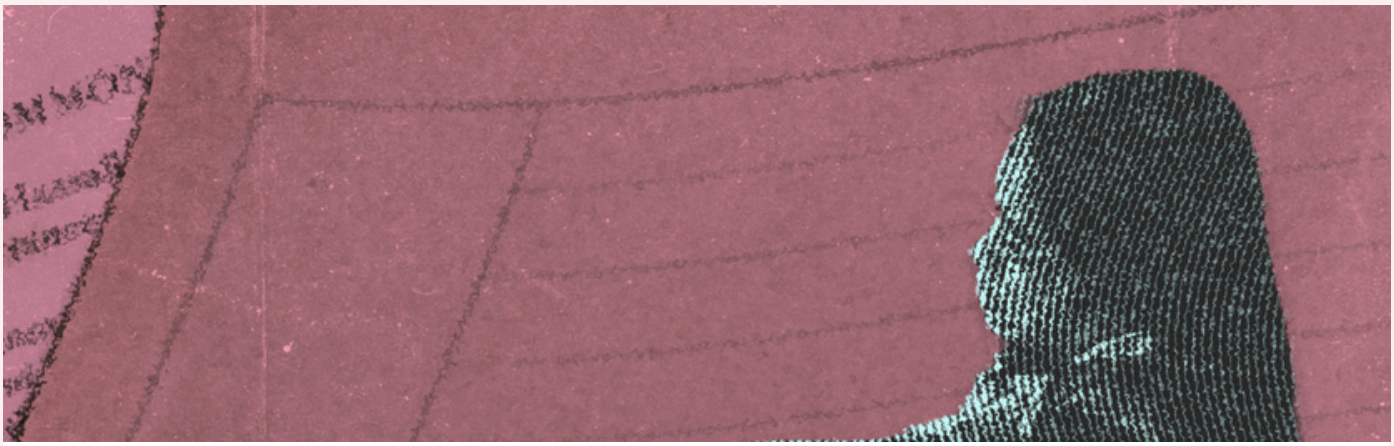
THAILAND UPR IV 2026

Mental Health, Psychosocial Disabilities, and Non-Discrimination in Thailand



Joint UPR Submission to the UN Universal Periodic Review

53rd Session of the UPR Working Group



Joint UPR Submission: Mental Health, Psychosocial Disabilities, and Non-Discrimination in Thailand
April 2026

Submission by

Thai Familylink Association, People's Movement to End Discrimination (MovED) and the Thai CSOs Coalition for the UPR and UN Mechanisms

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CITATION

Thai Familylink Association, MovED, and the Thai CSOs Coalition for the UPR and UN Mechanisms, (April 2024), *Joint UPR Submission: Mental Health, Psychosocial Disabilities, and Non-Discrimination in Thailand*, for the UN Universal Periodic Review of Thailand (4rd UPR Cycle), 53th Session of the UPR Working Group

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1. Introduction

1.1 In this submission, ***Thai Familylink Association*** *and* ***MovED*** presents findings on the human rights situation concerning mental health and psychosocial disabilities in Thailand under the framework of the **Universal Periodic Review (UPR)**. This report aims to monitor the implementation of recommendations from the 3rd UPR cycle and reflect the widening gap between Thailand's international human rights obligations and the current reality of its mental health care system. The findings are based on evidentiary documentation and data highlighting how systemic limitations in accessibility, quality, and coverage continue to marginalize individuals with psychosocial disabilities.

1.2 Thailand is a signatory to several core international human rights instruments that mandate the protection of persons with psychosocial disabilities. These include the **International Covenant on Civil and Political Rights (ICCPR)**,[1] the **International Covenant on Economic, Social and Cultural Rights (ICESCR)**,[2] and most critically, the **Convention on the Rights of Persons with Disabilities (CRPD)**, which Thailand ratified in 2008.[3] Under Article 12 of the CRPD, the State is obligated to recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.

1.3 Domestically, the primary legislative pillars are the **Mental Health Act, B.E. 2551 (2008)** and the **Empowerment of Persons with Disabilities Act, B.E. 2550 (2007)**. While Section 4 of the Empowerment Act adopts a broad definition of disability, the Mental Health Act continues to focus heavily on compulsory care and public safety, often at the expense of individual autonomy.[14] Furthermore, Section 30 of the **Constitution of the Kingdom of Thailand** explicitly prohibits unjust discrimination against persons based on "physical or health conditions," yet secondary regulations in labor and education frequently circumvent this constitutional protection through "medical fitness" requirements.

2. National Context and Situation

2.1 **Comparative Growth of Inmate Population (2025):** The landscape of mental health in Thailand has reached a critical juncture, characterized by a staggering increase in prevalence and a service infrastructure struggling to keep pace. Current data indicates that **at least one in six people** in Thailand will encounter mental health challenges at some point in their lives.[4] This equates to more than **13.4 million individuals** who have experienced mental health issues, a figure that underscores a burgeoning national crisis. This trend is most alarmingly reflected in the national suicide rate, which has shown a persistent upward trajectory, particularly among **youth and school-aged populations**.[5] Despite the escalating severity of these psychological needs, the Thai mental health service system remains hampered by structural limitations. Disparities in **accessibility** remain high in rural provinces, while the **quality and coverage** of care are often undermined by a shortage of specialized psychiatric

personnel and a centralized budget that favors urban tertiary hospitals over community-based psychosocial support.[6]

3. Implementation of Previous UPR Recommendations

(Referencing Recommendations: No. 73, 74, 75, 76, 77)

3.1 Despite Thailand's commitment to the **Convention on the Rights of Persons with Disabilities (CRPD)**, the legal framework remains largely tethered to a medical model of disability. Institutional stigma persists within the **Civil Service Commission's** health regulations, which frequently categorize psychosocial disabilities as "unsuitable traits" for public employment. This structural discrimination extends to the private sector, where the "quota system" (100:1) mandated by the **Empowerment of Persons with Disabilities Act (2007)** is often bypassed by companies opting to pay fines into the Rehabilitation Fund rather than fostering inclusive workplaces. In the education sector, students with psychosocial disabilities face significant hurdles due to a lack of "reasonable accommodation," leading to higher dropout rates compared to their neurotypical peers.[7]

4. Right to Health and Mental Health Services

(Referencing Recommendations: No. 89, 90, 91, 92, 93)

4.1 Thailand's Universal Health Coverage (UHC) scheme is globally lauded, yet mental health coverage remains a "secondary tier" priority. Currently, primary care units (PCUs) at the sub-district level lack the specialized training required for mental health triage, forcing patients to travel to provincial or regional psychiatric hospitals. This centralization creates a "bottleneck" where the patient-to-psychiatrist ratio remains approximately **1:100,000** in rural areas. Furthermore, the **National List of Essential Medicines (NLEM)** has not kept pace with modern pharmaceutical advancements, often limiting patients to older-generation antipsychotics with severe side effects, which in turn reduces treatment adherence and dignity of care.[8]

5. Suicide Prevention and Adolescent Mental Health

(Referencing Recommendations: No. 94, 95)

5.1 The transition to a digital-first society has introduced new stressors for Thai youth, including cyberbullying and academic hyper-competition. While the Department of Mental Health (DMH) has launched various mobile applications, these tools are often reactive. There is a critical shortage of **School Psychologists** within the Ministry of Education's framework; many schools rely on untrained teachers to manage complex psychological crises. The lack of integrated "crisis stabilization units" means that adolescents in acute distress are often admitted to adult psychiatric wards or general ERs, which are not equipped to provide age-appropriate, trauma-informed care.[9]

6. Social Protection and Vulnerable Groups

(Referencing Recommendations: No. 101, 102, 103)

6.1 Social protection for those with psychosocial disabilities often ends at clinical stabilization. There is a profound "revolving door" effect where patients are discharged without a community-based safety net. The **Empowerment of Persons with Disabilities Act** provides a monthly allowance that is insufficient to cover the high cost of living and specialized care. Moreover, Thailand lacks a legal framework for **"Supported Decision-Making,"** still leaning heavily toward "Guardianship" models that strip individuals of their legal capacity and autonomy, directly contradicting Article 12 of the CRPD.[10]

7. Key Gaps

7.1 **Institutional Bias:** Prevailing laws still treat mental health as a matter of "public safety" rather than "individual rights."

7.2 **The Rural-Urban Divide:** 80% of psychiatric resources are concentrated in 20% of the country (primarily Bangkok and Chiang Mai).

7.3 **Lack of Holistic Care:** Minimal funding is allocated to non-pharmacological interventions like Cognitive Behavioral Therapy (CBT).

7.4 **Data Fragmentation:** A lack of unified data sharing between the Ministry of Public Health and the Ministry of Social Development inhibits the tracking of long-term patient outcomes.

8. Recommendations

In order to align with the received UPR recommendations and ensure Thailand's compliance with the **CRPD** and the **ICESCR**, the Royal Thai Government should:

8.1 Legislative Reform and Legal Capacity (Recs. 73–77):

- Amend the **Mental Health Act B.E. 2551 (2008)** to strictly limit involuntary admission and treatment, ensuring it is a last-resort measure subject to independent judicial review.
- Transition from "Substitute Decision-Making" (guardianship) to **"Supported Decision-Making"** models to respect the legal capacity of persons with psychosocial disabilities under Article 12 of the CRPD.
- Revise the **Civil Service Commission Regulations** to remove mental health history as a disqualifying criterion for public office.

8.2 Decentralization of Quality Care (Recs. 89–93):

- Integrate mental health into the **Primary Care Board** framework, ensuring that every sub-district health promoting hospital (Tambon Health Center) has staff trained in the **WHO mhGAP** protocol.
- Update the **National List of Essential Medicines (NLEM)** to include second and third-generation atypical antipsychotics and mood stabilizers at the primary care level to minimize debilitating side effects.
- Establish a "Mental Health Service Minimum Standard" that guarantees access to non-pharmacological therapies (CBT, DBT, and peer counseling) under the Universal Coverage Scheme.

8.3 Youth-Specific Proactive Systems (Recs. 94–95):

- Mandate a **Mental Health First Aid** curriculum for all educators and staff within the Ministry of Education to recognize early warning signs of distress.
- Create a "National Youth Mental Health Dashboard" to track real-time trends in self-harm and bullying, allowing for rapid-response mobile clinics in high-risk zones.

8.4 Socio-Economic Reintegration (Recs. 101–103):

- Provide tax incentives for private sector entities that implement **"Reasonable Accommodation"** for employees with psychosocial disabilities.
- Develop **Community-Based Housing** and "Halfway Houses" to prevent the institutionalization of patients who no longer require acute clinical care but lack family support.

8.5 Budgetary and Structural Governance:

- Increase the mental health portion of the national health budget from its current stagnant level (approx. 2-3%) to at least **5%** in line with global middle-income country benchmarks.
- Establish an independent **National Mental Health Ombudsman** to monitor human rights violations in psychiatric hospitals and detention centers.

Endnotes

1. **UN General Assembly.** *International Covenant on Civil and Political Rights.* (Ratified by Thailand 29 Oct 1996). Available at: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights
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9. **Department of Mental Health (DMH), Thailand.** *Annual Statistics on Youth Suicide and Mental Health Crisis Interventions (2025).* Available at: https://dmh.go.th/report/
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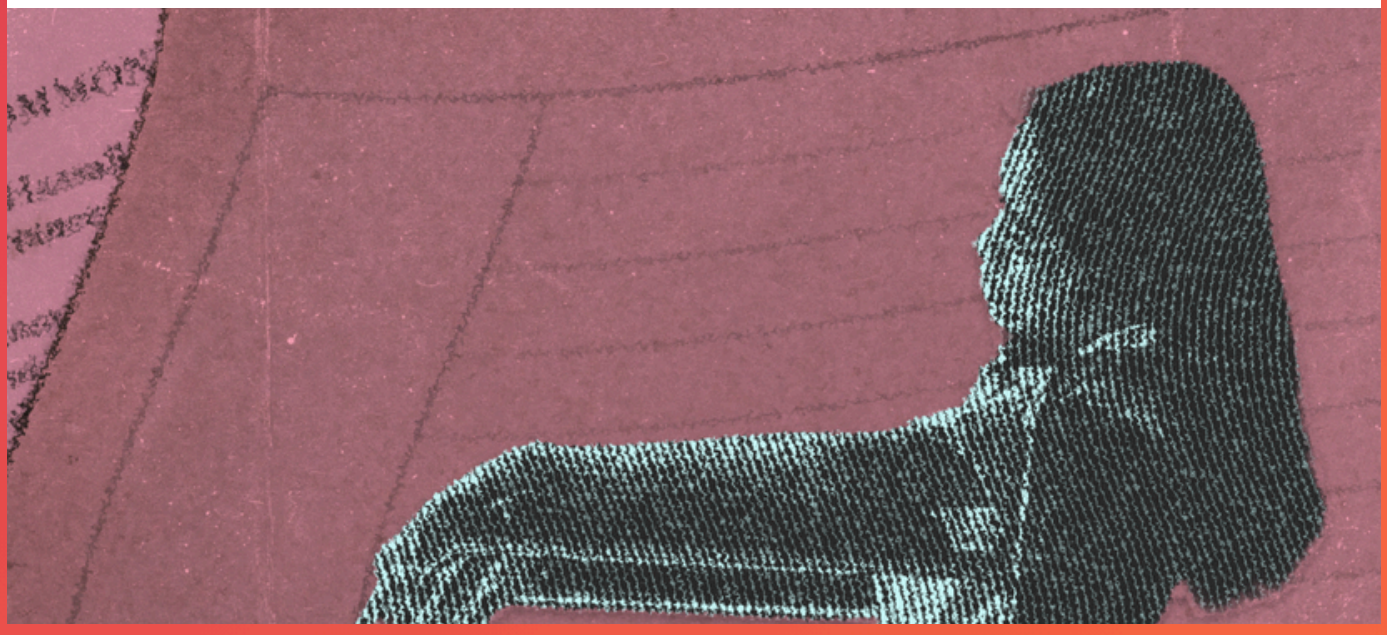
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Thai Familylink Association is an organization with expertise in providing knowledge on mental health conditions and empowering persons living with psychosocial disabilities. It also serves as a source of support, care, and hope, grounded in a genuine understanding of individuals with mental health conditions and their caregivers, and guided by core principles of compassion and inclusion.

People's Movement to Eliminate Discrimination (MovED) in Thailand working with vulnerable and marginalized groups to advance the elimination of discrimination through evidence-based advocacy, policy engagement, and community participation. Established in 2023, the network brings together 103 organizations representing diverse populations, including women, children and youth, persons with disabilities, people living with HIV, LGBTQ+ persons, migrant workers, informal workers, Indigenous peoples, and others affected by discrimination. MovED works to address structural inequalities by advocating for a comprehensive anti-discrimination law, while also promoting public awareness, monitoring discrimination, and strengthening community voices to ensure that responses are grounded in human rights principles and empirical evidence.

The **Thai CSOs Coalition for the UPR and UN Mechanisms (Universal Periodic Review)**, established during Thailand's Second UPR cycle, is a people-led, intersectional feminist movement bringing together local communities and national civil society organisations across all human rights sectors. As one of the largest intersectional grassroots-led movements in Thailand, it engages with the UPR and UN treaty bodies, connecting struggles from Indigenous Peoples' rights, land and environmental justice, and labour rights to digital rights, freedom of expression, transnational repression, and the protection of human rights defenders, migrants, political refugees, youth, LGBTIQ+ individuals, and communities facing systemic marginalization. It fosters solidarity among communities facing shared challenges and strengthens collective action to demand accountability from the state and companies for their international human rights obligations.



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