



THE RIGHTS OF PERSONS WITH DISABILITIES IN THAILAND

Including Persons with Psychosocial Disabilities

Brief Assessment of the Implementation of the 3rd Cycle UPR Recommendations

Thailand ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2008. During its 3rd UPR cycle in November 2021, Thailand supported **23 recommendations that expressly focused on persons with disabilities**. These include calls to prohibit disability discrimination without exceptions (51.169); improve access to mental-health support (51.119), education (51.172 and 51.178) and employment (51.171); protect children with disabilities from violence and institutionalisation (51.179); and strengthen access to justice for women with disabilities (52.72). Despite these commitments, persons with disabilities continue to face the barriers documented in this factsheet. Five years on, the domestic legal architecture remains anchored in a medical, welfare-based model of disability. The Persons with Disabilities Empowerment Act B.E. 2550 (2007) and its 2013 amendment, the Education Act for Persons with Disabilities B.E. 2551 (2008) and the Mental Health Act B.E. 2551 (2008) coexist with a Constitution (Section 27) and a Gender Equality Act B.E. 2558 (2015) that permit exceptions on grounds of religion, national security, or public safety and undermine effective protection. There is still no comprehensive anti-discrimination law. On **22 September 2026**, the Cabinet approved in principle a **draft amendment to the Persons with Disabilities Empowerment Act B.E. 2550 (2007)**. The draft would recognise direct and indirect disability discrimination and establish a committee empowered to consider complaints, order interim protection and provide remedies. It remains subject to legal review and parliamentary consideration, so these protections are not yet in force.

The scale of the challenge is growing. Current Department of Mental Health data indicates that at least one in six people in Thailand will encounter mental health challenges at some point in their lives, equating to more than 13.4 million individuals; the national suicide rate has shown a persistent upward trajectory, particularly among youth and school-aged populations. The patient-to-psychiatrist ratio remains approximately 1:100,000 in rural areas, and approximately 80% of psychiatric resources are concentrated in 20% of the country, primarily Bangkok and Chiang Mai. WHO's Mental Health Atlas 2024 reports that mental health accounted for 1.8% of Thailand's total government health expenditure. Access to community-based mental-health support remains a concern, particularly outside major urban centres. In parallel, persons with physical, sensory, intellectual and psychosocial disabilities continue to face exclusion from employment, education, healthcare, the justice system and the built environment; women and girls with disabilities face compounded sexual violence and are structurally erased from national women's and disability policy frameworks; and Thailand still lacks a Supported Decision-Making framework, retaining guardianship models that contradict Article 12 of the CRPD. This factsheet identifies five priority challenges and provides recommendations to the Thai Government and UPR Member States.



REALITIES ON THE GROUND

Challenges

Case, Facts, and Comments



Challenge 1: Legal Framework Anchored in the Medical Model, Absence of a Comprehensive Anti-Discrimination Law, and Failure to Recognise Legal Capacity

Thailand's constitutional and statutory framework on disability remains grounded in a charitable, medical model that treats disability as an object of welfare and public safety rather than a matter of individual rights and autonomy.

Constitutional protection is undermined by "medical fitness" exceptions in secondary regulations

Section 27 of the Constitution B.E. 2560 (2017) prohibits unjust discrimination, and Sections 15, 16 and 17 of the Persons with Disabilities Empowerment Act prohibit discrimination on grounds of disability.



REALITIES ON THE GROUND

Challenges

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Section 27 of the Constitution guarantees equality but permits exceptions for state officials.

The Persons with Disabilities Empowerment Act B.E. 2550 (2007) prohibits discrimination but is undermined by secondary regulations that impose "medical fitness" requirements.

The Mental Health Act B.E. 2551 (2008) focuses on compulsory care rather than autonomy. Six years after the 3rd UPR cycle, none of the 2016 CRPD Concluding Observations on legal capacity has been fully implemented.



Disability rights advocates call on Parliament to end discrimination in public services.

Disability rights networks submitted a petition at Thailand's Parliament calling on the House Speaker to help address discriminatory barriers faced by persons with disabilities, including unequal access to air travel and other public services. The action followed repeated cases in which passengers with disabilities were denied boarding or required additional assistance because they could not walk independently.

SOURCE: The Active / Thai PBS (28 February 2024)

However, secondary regulations in labour, education and public office frequently circumvent constitutional protection through "medical fitness" requirements. The Regulation of the Police Commission on Qualifications and Prohibited Characteristics for Appointment as a Police Officer 2023 explicitly excludes persons living with HIV and, in practice, persons with psychosocial disabilities.

The Mental Health Act B.E. 2551 (2008) prioritises public safety over autonomy and Article 12 CRPD

The Mental Health Act continues to focus heavily on compulsory admission and treatment. It does not incorporate Supported Decision-Making, and Thailand's legal system continues to lean heavily on Guardianship models that strip persons with psychosocial and intellectual disabilities of their legal capacity, in direct contradiction of Article 12 of the CRPD. The Civil Service Commission's health regulations frequently categorise psychosocial disabilities as "unsuitable traits" for public employment.

No comprehensive anti-discrimination law; Gender Equality Act 2015 permits exceptions

Thailand has not enacted comprehensive anti-discrimination legislation covering all grounds and settings. The Gender Equality Act B.E. 2558 (2015), Section 17(2), permits exceptions on grounds of religion, national security or public safety, which have been used to deny protection to women and LGBTIQ+ persons with disabilities. The Persons with Disabilities Empowerment Act 2007 does not itself explicitly mention women with disabilities, and the Gender Equality Act does not explicitly mention women with disabilities.

A proposed disability-discrimination reform awaits enactment.

On 22 September 2026, the Cabinet approved in principle a draft amendment to the Persons with Disabilities Empowerment Act B.E. 2550 (2007). The draft would define direct and indirect disability discrimination and establish a Committee on the Elimination of Unfair Discrimination against Persons with Disabilities, empowered to decide complaints, order interim protection and provide remedies. It would also expand the statutory definition of disability to include autistic persons. The draft must still undergo legal review and parliamentary consideration; these proposed protections are not yet in force.



Challenge 2: Persistent Discrimination in Employment and Education, Including for Persons with Psychosocial Disabilities

The employment quota system under the Persons with Disabilities Empowerment Act (one PWD for every 100 employees) is routinely bypassed by employers who prefer to pay a levy into the Fund for Empowerment of Persons with Disabilities.

Educational rights remain unfulfilled for large numbers of children with disabilities. Persons with psychosocial disabilities face additional exclusion through medical-fitness requirements and stigma-driven attrition. Persons living with HIV, whose exclusion is legally coded, illustrate how "physical or health condition" discrimination compounds disability discrimination.

Employers pay a fine rather than hire; students with disabilities used to game the quota

Most persons with disabilities are denied employment in the open labour market and are concentrated in stereotypical, unskilled and low-paying jobs. Companies routinely opt to pay a levy to the Fund for Empowerment of Persons with Disabilities rather than employ persons with disabilities. ABC Donuts Thailand hired students with disabilities on a part-time basis at 600 baht per month while listing them as full-time workers at 9,000 baht per month to avoid paying into the Fund and benefit from full tax deductions; the company was fined but the underpaid salary was not compensated.



REALITIES ON THE GROUND

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14%

of children aged 5-17
with a functional
difficulty **were not
enrolled in school**

National Disability Survey, 2022



19.25%

of registered persons
with disabilities **had
not received education**

*Department of Empowerment of
Persons with Disabilities, 30 April 2025*



Psychosocial disability treated as "unsuitable trait" for public employment

Persons with psychosocial disabilities are excluded from public office through Civil Service Commission regulations that categorise psychosocial disability as an "unsuitable trait". A documented case from the People's Movement to Eliminate Discrimination (MovED) network describes a person with bipolar disorder denied employment on the ground that individuals classified under "Category 4" (psychosocial disability) were not accepted, and subsequently dismissed after the employer became aware of the diagnosis.

Persons living with HIV face legally coded employment and education exclusion

A woman living with HIV who passed the recruitment examination and interview and was instructed to report for work as a daily employee was later informed that she had failed the medical examination due to her HIV status. An LGBTQ+ individual living with HIV was suspended and effectively dismissed from employment at a company where they had worked for seven years after their HIV status was discovered. A girl without civil registration status and living with HIV was denied admission or asked to withdraw from four schools after her health status was disclosed.

The right to inclusive education remains unfulfilled.

According to the 2022 National Disability Survey, 14% of children aged 5-17 with a functional difficulty were not enrolled in school. Barriers to reasonable accommodation and accessible support continue to limit their participation in education.

Separately, Department of Empowerment of Persons with Disabilities data, as of 30 April 2025, recorded 431,727 registered persons with disabilities of all ages (19.25%) who had not received education.



Challenge 3: Barriers to Healthcare and Mental Health Services, Rural-Urban Divide, and Restrictive Essential Medicines List

Thailand's Universal Health Coverage scheme is a major achievement, but mental health remains a "secondary tier" priority, with structurally under-resourced community services, a rural-urban divide, an outdated National List of Essential Medicines (NLEM) and continuing involuntary interventions.

Persons with sensory disabilities face compounded barriers due to a shortage of sign language interpreters, and persons with disabilities continue to be subjected to involuntary medical treatment including forced sterilisation and forced abortion. For SRHR-specific barriers in accessing safe abortion, see the companion Thailand UPR IV Factsheet: Safe and Legal Abortion.

Mental-health needs and limited public investment.

A 2023 national survey, publicised by Thailand's Department of Mental Health in 2025, estimated that 13.4 million people had experienced a psychiatric condition or mental-health problem. WHO's *Mental Health Atlas 2024* reports that mental health accounted for 1.8% of government health expenditure. These figures underscore the need to expand accessible, rights-based mental-health support, including outside major urban centres.

Rural-urban divide: 1:100,000 patient-to-psychiatrist ratio; 80 percent of resources in 20% of country

Primary Care Units (PCUs) at the sub-district level lack the specialised training required for mental health triage, forcing patients to travel to provincial or regional psychiatric hospitals. The patient-to-psychiatrist ratio remains approximately 1:100,000 in rural areas. Approximately 80 percent of psychiatric resources are concentrated in 20% of the country, primarily Bangkok and Chiang Mai. There is a critical shortage of School Psychologists within the Ministry of Education framework, and adolescents in acute distress are frequently admitted to adult psychiatric wards or general emergency rooms.

**ONLY
1.8%**

of Thailand's total government
health expenditure
was allocated to mental health.

WHO Mental Health Atlas 2024





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Young people in Thailand support one another amid growing mental-health challenges which heightened during the COVID-19 pandemic.

Adolescents in Thailand continue to face significant mental-health pressures, while access to timely, age-appropriate services and specialist support remains uneven.

SOURCE: Metee Thuentap / UNICEF Thailand (2022).

Access to medicines and community-based mental-health care remains limited. Thai Familylink Association and MovED report that people outside major urban centres may need to travel to provincial or regional hospitals because local primary-care units lack specialised support. They also report that medication side effects can affect treatment adherence and dignity, while psychological therapies and peer counselling receive insufficient support. Although Thailand's 2026 National List of Essential Medicines includes antipsychotics and mood stabilisers, inclusion on the list does not establish whether people can obtain appropriate treatment locally.

Adolescents lack age-appropriate crisis care. Thai Familylink Association and MovED report that schools often rely on teachers without specialist mental-health training to respond to students in distress. They further report that adolescents experiencing acute crises may be admitted to adult psychiatric wards or general emergency departments where age-appropriate, trauma-informed care is unavailable.

Persons with disabilities continue to be subject to involuntary medical treatment

Persons with disabilities, in particular women and girls with intellectual and psychosocial disabilities, continue to be subjected to involuntary medical treatment, including forced sterilisation and forced abortion, contravening the 2016 CRPD Concluding Observations and the 2025 CEDAW Concluding Observations to Thailand. The limited availability of professional sign language interpreters at healthcare facilities poses continuing difficulties for sign language users to have their healthcare needs met.



Challenge 4: Women and Girls with Disabilities Face Multiple and Intersectional Discrimination and Sexual Violence

Women and girls with disabilities, including women with intellectual and psychosocial disabilities, are structurally erased from Thailand's national women's and disability policy frameworks and face compounded sexual violence with limited access to justice.

The Persons with Disabilities Empowerment Act B.E. 2550 (2007) and the Gender Equality Act B.E. 2558 (2015) do not explicitly mention women with disabilities. Women and girls with disabilities remain absent from the National Council of Women. For detail on the wider intersectional feminism framework and on sexual and reproductive health, see the companion Joint UPR Submissions and factsheets on Intersectional Feminism, Safe and Legal Abortion, and Non-Discrimination.

Women and girls with intellectual disabilities are particularly vulnerable to sexual violence

Women with intellectual disabilities are particularly vulnerable to rape by men in their community or family. Sexual abuse is pervasive but many offenders go unpunished, and no official records of sexual abuse and rape offences against women with disabilities are systematically maintained, because community leaders and victims' families are often reluctant to report incidents. In 2020, a woman with intellectual disabilities was raped and murdered in Chonburi Province; the case remained a rare high-profile example rather than trigger for systemic reform.

Barriers to justice for women with disabilities who report sexual violence

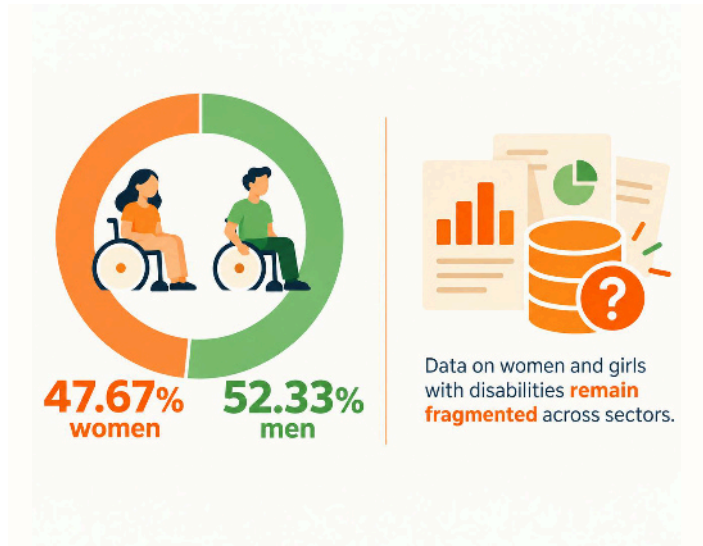
Victims' access to protection is exacerbated by physical inaccessibility, lack of culturally relevant and accessible support, and discrimination against women with disabilities within the justice system. The case of "Ying" (alias) illustrates the impact of an inaccessible legal system: she was not provided with a sign language interpreter, she could not interact directly with the court during hearings on her own case, and she was required to listen to rape scenarios repeatedly during trial.



REALITIES ON THE GROUND

Challenges

Case, Facts, and Comments



Structural erasure from national women's and disability policy frameworks

Neither the Persons with Disabilities Empowerment Act B.E. 2550 (2007) nor the Gender Equality Act B.E. 2558 (2015) explicitly mentions women with disabilities. Women and girls with disabilities are absent from the National Council of Women. As of the 2018 Annual Report, women accounted for 47.67% and men for 52.33% of the registered PWD population, but data on women and girls with disabilities participating in mainstream sexual and reproductive health services remain unpublished and disaggregated data across all sectors remain fragmented.

The 2025 CEDAW Concluding Observations flag women with disabilities as intersectionally discriminated

The 2025 CEDAW Concluding Observations on Thailand's 8th periodic report (CEDAW/C/THA/CO/8, adopted 10 July 2025) recognise women with disabilities alongside rural, Indigenous and ethnic-minority women as facing intersecting discrimination in access to justice, healthcare, employment and protection from violence. The Committee's recommendations on gender-based violence, mediation, and healthcare are directly applicable.

Challenge 5: Inaccessibility of the Justice System, Public Environment and Digital Services; Institutionalisation and Absence of Community-Based Support

Persons with disabilities continue to face structural inaccessibility of the justice system, the built environment, public transport, financial and digital services, and public information.

The "revolving door" effect discharges psychiatric patients without a community-based safety net. Thailand still lacks a legal framework for Supported Decision-Making, community-based housing and halfway houses, in direct contradiction of Article 12 and Article 19 of the CRPD.



Disability rights advocates demand equal access to public transport

On 28 February 2024, disability rights advocates gathered at Thailand's Ministry of Transport to call for an end to discriminatory treatment of passengers with disabilities and demand equal access to public transport and air travel.

SOURCE: The Active / Thai PBS (28 February 2024)

90% of persons with disabilities do not file discrimination claims

When cases of discrimination occur, persons with disabilities have limited access to legal recourse. Not believing in its effectiveness, 90% of them do not file claims before government agencies. The whole procedure is costly and time-consuming, sign language interpreters are in short supply at courts and public offices particularly in remote areas, and procedural accommodations are inconsistently applied.

Digital and financial services are inaccessible, including through mandatory facial recognition

A bank in Lopburi Province could not facilitate financial transactions for a blind person because the facial recognition system required for transfers via the banking application could not be used by the individual. Digital-by-default public services and payments assume sensory, cognitive and motor capacity that many persons with disabilities do not have, and no comprehensive accessibility law regulates private-sector digital services.

Built environment and public transport remain inaccessible

The majority of public transport is not equipped with accessible features. In Bangkok, only some BTS Skytrain stations have functioning lifts, and elevators to ground level are frequently available only on one side of the street. Sidewalks remain narrow, uneven and often crossed by stair-only overpasses. The 2016 CRPD Concluding Observations recommended a comprehensive cross-ministerial accessibility plan under CRPD General Comment No. 2 (2014); this has not been adopted.

Institutionalisation and the "revolving door" persist; no Supported Decision-Making framework

Social protection for persons with psychosocial disabilities often ends at clinical stabilisation. A profound "revolving door" effect discharges patients without a community-based safety net.



REALITIES ON THE GROUND

Challenges

Case, Facts, and Comments

Thailand has no legal framework for Supported Decision-Making, still leaning heavily toward Guardianship models that strip individuals of their legal capacity and autonomy in direct contradiction of Article 12 of the CRPD. Community-based housing and halfway houses are largely absent, resulting in avoidable long-term institutionalisation.

Homeless persons with psychosocial disabilities face barriers to treatment. Homeless persons with psychosocial disabilities face barriers in accessing treatment services, as referrals often require certification by a psychiatrist and hospital-based procedures. No specific national programme covers the intersection of homelessness, psychosocial disability and access to community mental health care.



RECOMMENDATIONS



1. On Challenge 1: The Thai government still lacks a comprehensive, enforceable and adequately funded rights framework for older persons

1.1

Enact a comprehensive anti-discrimination law that covers all grounds and all settings, without the exceptions currently permitted under Section 17(2) of the Gender Equality Act B.E. 2558 (2015), and remove "medical fitness" exceptions in secondary labour, education and public-office regulations, in line with the 3rd cycle recommendations 35 to 37, 149, 156 and 160, and the 2016 CRPD Concluding Observations to Thailand.

1.2

Amend the Mental Health Act B.E. 2551 (2008) to prevent disability-based involuntary admission and treatment, guarantee access to independent review and legal assistance, and require respect for each person's free and informed consent. Prohibit forced sterilisation, forced abortion and other non-consensual medical interventions against persons with disabilities across healthcare law and practice.

1.3

Transition from Substitute Decision-Making (guardianship) to a legally recognised Supported Decision-Making framework consistent with Article 12 of the CRPD and CRPD General Comment No. 1, and revise Civil Service Commission regulations to remove mental health history and psychosocial disability as disqualifying criteria for public office.

1.4

Finalise and enact the draft amendment to the Persons with Disabilities Empowerment Act B.E. 2550 (2007), approved in principle on 22 September 2026, ensuring that its proposed discrimination committee can independently consider complaints, order interim protection and provide effective remedies for direct, indirect and intersectional disability discrimination.



2. On Challenge 2: Discrimination in Employment and Education

2.1

Enforce the 100:1 employment quota under the Persons with Disabilities Empowerment Act B.E. 2550 (2007) and reform the levy option so that it does not create a financial incentive to avoid hiring persons with disabilities, in line with Article 27 of the CRPD and Sustainable Development Goal 8, target 8.5.



RECOMMENDATIONS

2.2

Provide tax incentives and enforceable reasonable-accommodation obligations for both public and private sector employers to include employees with psychosocial, intellectual, sensory and physical disabilities, and prohibit the use of "medical fitness" screening to exclude persons with psychosocial disabilities and persons living with HIV.

2.3

Guarantee the right to inclusive quality education for all children with disabilities in mainstream schools in their own communities, as a legally enforceable right rather than a discretionary local policy, with mandatory reasonable accommodation, trained specialist staff, and disaggregated public reporting, in line with the 2016 CRPD Concluding Observations to Thailand.

2.4

Provide effective remedy, including back-pay and compensation, to persons with disabilities in documented cases of employment exploitation such as the ABC Donuts Thailand case, and to persons living with HIV denied employment or education on health-status grounds.



3. On Challenge 3: Healthcare and Mental Health Services

3.1

Increase mental-health expenditure from the 1.8% of total government health expenditure reported by WHO to a target of at least 5%, with dedicated funding for community-based services and training for subdistrict primary-care staff in the WHO Mental Health Gap Action Programme (mhGAP).

3.2

Ensure that people with psychosocial disabilities can obtain clinically appropriate mental-health medicines in their communities through primary-care and referral services; review prescribing restrictions in consultation with them; and fund accessible psychological therapies, including cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT) and peer counselling under the Universal Coverage Scheme.

3.3

Provide mandatory training to all health professionals on the rights of persons with disabilities, including the right to free and informed consent, the prohibition of forced sterilisation, forced abortion and other non-consensual interventions, and the provision of professional sign language interpretation, in line with the 2016 CRPD Concluding Observations.

3.4

Mandate a Mental Health First Aid curriculum for all educators and staff within the Ministry of Education to recognise early warning signs of distress, and establish crisis stabilisation units for adolescents so that young people in acute distress are not admitted to adult psychiatric wards or general emergency rooms.



4. On Challenge 4: Women and Girls with Disabilities

4.1

Amend the Persons with Disabilities Empowerment Act B.E. 2550 (2007) and the Gender Equality Act B.E. 2558 (2015) to explicitly recognise the rights of women and girls with disabilities, adopt a national strategy for their full protection against discrimination, and guarantee their representation in the National Council of Women, in line with the 2016 CRPD Concluding Observations and the 2025 CEDAW Concluding Observations to Thailand.



RECOMMENDATIONS

4.2

Strengthen prevention, investigation and prosecution of sexual and gender-based violence against women and girls with disabilities, prohibit mediation and reconciliation in cases of gender-based violence, and establish confidential, accessible and gender-sensitive reporting and support services with sign language interpretation, cognitive accessibility and disability-inclusive design.

4.3

Systematically collect and publish disaggregated data on sexual and gender-based violence against women and girls with disabilities, on their participation in sexual and reproductive health services, and on their access to education, employment and justice, in collaboration with women's and disability rights organisations.



5. On Challenge 5: Accessibility of Justice, Public Environment and Digital Services; Deinstitutionalisation

5.1

Implement physical, informational and communicational accessibility across the justice system, including through the provision of professional sign language interpreters in courts and police stations, procedural accommodations, and mandatory training of court personnel, judges, police officers and prison staff on the rights of persons with disabilities, in line with the 2016 CRPD Concluding Observations.

5.2

Adopt and implement a comprehensive cross-ministerial accessibility plan for the built environment, public transport, information and communications, in line with CRPD General Comment No. 2 (2014), with binding timelines and public reporting on Bangkok BTS Skytrain and mass transit accessibility.

5.3

Require public and private providers of essential digital and financial services to make their services accessible and to offer effective alternatives when biometric verification cannot be used by a person with a disability, including accessible in-person, telephone or assisted verification.

5.4

Develop Community-Based Housing, Halfway Houses and community mental health services to prevent avoidable long-term institutionalisation, extend social protection to homeless persons with psychosocial disabilities, and establish an independent National Mental Health Ombudsman to monitor human rights violations in psychiatric hospitals and detention centres.

5.5

Ensure the meaningful participation of persons with disabilities and their representative organisations (DPOs), including women with disabilities, persons with psychosocial disabilities and persons with intellectual disabilities, in the design, implementation and monitoring of all policies and services affecting them, consistent with Article 4(3) of the CRPD.



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**Joint UPR submission on the
Rights of Persons with
Disabilities in Thailand**