THE 12th ASIAN CONGRESS
OF HEALTH PROMOTION 2015

“OUR CHILDREN, OUR FUTURE”

12th January 2015

in BANGKOK, THAILAND.
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Opening Speech and Bangkok Declaration

- Dr. Somsak Chunharas
  Deputy Minister of Public Health, Ministry of Public Health, Thailand

DECLARATION

Amakusa Declaration on the Creation of the East Asia Health Promotion Network
10th East Asian Congress of Health Promotion in South Korea

Pyeongtaek Declaration on the Creation of the East Asia Health Promotion Network
10th East Asian Congress of Health Promotion in South Korea

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Dr. Somsak Chunharas
Deputy Minister of Public Health, Ministry of Public Health, Thailand

12th Asian Congress of Health Promotion
12th January, 2015
Bangkok, Thailand

Distinguished Excellencies, Participants, Guests, Ladies and Gentlemen.
Sawadee Krap, Good Morning.

Please allow me in opening this 12th Asian Congress of Health Promotion on behalf of the Government and People of Thailand as well as the Department of Mental Health, Ministry of Public Health Thailand. We feel profoundly proud and honored to be the host to this important Congress. I would now like to take this opportunity to welcome our honored and celebrated speakers, participants and guests to this auspicious event. And I wish you all a very pleasant stay among us and success in your work.

I believe your gathering here today has come at the most opportune time when we have been striving hard for quite a while in promoting health and preventing diseases of our children throughout the region. And I am very much optimistic that this Congress will bring us even closer and enable us to generate more successful child health promotion programs in Asia in near future.

With these few words, may I once again welcome you to Bangkok, Thailand and declare this Congress open.

Thank you.
Once again, it is our immense pleasure and honor to welcome you all to the 12th Asian Congress of Health Promotion (ACHP) in Bangkok, Thailand. This Congress is supported by the Department of Mental Health, Ministry of Public Health Thailand. At this Congress, we intend to expand the “Pyeongtaek Declaration” on health promotion that was adopted at the 10th East Asian Congress of Health Promotion (EACHP) in Pyeongtaek, South Korea, and also change the title of the Congress from the EACHP to the ACHP.

Now going back into the past a bit – it was February 2003 when the EACHP commenced its journey as a small symposium covering healthy urban practices. The beautiful Longhua Town was the host for the 1st EACHP, which was jointly organized by Longhua Town, China and Kumamoto University, Japan. At the 2006 Amakusa Conference in Japan, the “Amakusa Declaration” was adopted with regard to establishing a health promotion network in East Asia. In 2012, the aims of this declaration were further expanded, leading to the adoption of the “Pyeongtaek Declaration”. And then, at the 11th EACHP, which was held in Nanning, China in 2013, the health promotion network was further expanded to cover all of Asia instead of being limited to East Asia only, justifiably prompting the change of Congress Title from the EACHP to the ACHP.

The purpose of this 12th ACHP is to create an interactive platform for sharing scientific advances, new technologies, research findings, innovative strategies, good practices, integrated services and success stories related to child health promotion in communities throughout Asia.

Although substantial progress has been made in reducing child mortality globally (number of under-five deaths worldwide has declined from 12.7 million in 1990 to 6.3 million in 2013), it is still posing a threat to national health development, particularly in Asia and Africa (Global Health Observatory, World Health Organization, 2014). Since children are our future, special emphasis with regard to child health promotion and disorder prevention should therefore be placed on national health policies, strategies, systems and practices that may ultimately lead to successful child health promotion programs in the region.

We firmly believe that in addition to providing a terrific learning and sharing environment, the current and future Congresses will help promote cooperation and collaboration between relevant government and concerned private organizations including experts and citizens, utilize health promotion network, ensure the availability of equal opportunities and advocacy for child health,
and bring together government administrators, executives of specialized institutions, academics, researchers, non-government organization staff, local authority representatives, community leaders, volunteers and general public under one roof – that will eventually enable us to achieve our goals in promoting the healthy development of children in each and every country of Asia in the days ahead.
DECLARATION
Amakusa Declaration on the Creation of the East Asia Health Promotion Network

10th East Asian Congress of Health Promotion in South Korea

4th East Asia Congress of Health Promotion in Kumamoto (2006.10.7)

The present Symposium has been held in order to start a movement which final objective is the creation of a healthy community focused on the improvement of the Quality of Life (QOL) in the community. This movement is based on the Ottawa Charter for Health Promotion (HP) promulgated by the World Health Organization (WHO) in 1986. Cases reports from China (Longhua Town in Shanghai City and Guilin City), Taiwan, Korea, Japan and other Asian countries may help prove the validity and effectiveness of HP principles for the creation of a healthy community. These experiences may bring valuable information and technique for HP activities to other East Asian communities which have just started to create a healthy community. On the other hand, for communities already advanced in this process, such as Longhua Town, Guilin City and Amakusa City (Japan) and some other East Asian countries, there still remains the need to establish a methodology to monitor and assess the progress of the initiated HP activity in order to gather sufficient evidence of its validity for the creation of a healthy community. Moreover, in order to create sustainable healthy communities, it is essential to promote exchange and to join each other’s knowledge and technique. Our current HP activities are not yet sufficiently robust. Thus, we should not be satisfied with our present achievements and we should try to ameliorate our strategy and spread HP activities more widely.

Basing on this viewpoint, we summarize the results of the present Symposium, “4th East Asia Congress of Health Promotion in Kumamoto, 2006” and make the “Amakusa Declaration on East Asian Countries’ Network for Health Promotion practice for the creation of a Healthy Community” as follows;

1. We should achieve the creation of a healthy community by collaborative activities based on the HP strategies applied in Longhua Town, Guilin City and Amakusa City (participation of community members and development of partnership between these communities, the administration and the university).

2. Taiwan, Korea and other East Asian countries should also further progress in the creation of healthy communities based on the HP principles.

3. There still remains the need to establish a methodology to monitor and assess the progress of previously initiated HP activities in order to gather sufficient evidence of their validity for the creation of a healthy community.
4. In order to sustain HP activity in every community, we should exchange our experience and methods with every organization and communicate our findings to other communities which have just started to create a healthy community. We should as well progress in HP practice with these communities.

5. In order to progress and achieve the objectives above mentioned it is essential to build a network of HP practice between East Asian communities and other organizations.

We should start a new action for building a network of HP practice with all of Asian countries.

*East Asia Health Promotion Network*
私たちは、一人ひとりのQOLを向上させることを最終目標とする「健康な地域づくり」を実践するためにここに集まりました。ここでは、中国、台湾、韓国、日本のそれぞれの地域からヘルスプロモーション (World Health Organization, 1986) の理念と技術に基づく「健康な地域づくり」の実践事例が報告されました。それぞれの地域で、地域に根ざした効果的な実践活動が展開され、健康な地域づくりに果たすヘルスプロモーションの有効性が明らかにされつつあります。その成果は、これから健康な地域づくりに取り組む東アジアおよび多くの地域にとって大変有意義なものと思われます。さらに、積極的に他の地域と交流し、お互いの知識と経験を共有することが、これからの「健康な地域づくり」実践活動の展開に有効であることも示唆されました。いつそう、ヘルスプロモーションによる健康な地域づくりを実践している地域、とくに熊本大学と共同でこれを実践している龍華町、桂林市、天草市にとって、このような実践活動のモニタリングと評価の手法を確立し、ヘルスプロモーションの有効性を科学的に検証してゆくことが大きな課題として残されています。一つ一つの実践活動の力はまだ弱いものですが、現在までの成果に甘えることなく、私たちは、健康な地域づくりの実践活動をさらに持続し、その活動の輪を拡げてゆく必要があります。

このような視点から、第4回東アジアヘルスプロモーション会議 in 天草 2006において、私たちは、以下のように、これまでの実践活動の成果を総括し、東アジアを中心にして日々の地域の力を結集するヘルスプロモーション・ネットワークの構築に向けて新しい行動を始めることを宣言いたします。

1. 上海市龍華町、桂林市および天草市を中心とする熊本県下市町村と熊本大学の健康な地域づくりプロジェクトは、行政と住民の参加、協力を得て、大きな成果を収めつつあり、「健康な地域づくり」に果たすヘルスプロモーションの有効性が実証されつつある。
2. さらに、台湾、韓国はじめ東アジアのいくつかの地域においても、ヘルスプロモーションを基盤にした「健康な地域づくり」の実践活動が着実に展開されている。
3. このような実践活動のモニタリングと評価の手法を確立し、ヘルスプロモーションの有効性を科学的に検証してゆくことがこれからの大きな課題として残されている。
4. この実践活動をさらにそれぞれの地域で持続的に展開するためには、われわれは、ここに集まった地域のそれぞれの実践活動における知識と技術を共有するとともに、その知識と技術を必要とする東アジアの様々な地域にそれらの情報を発信し、それらの地域とともに行動してゆくことが必要である。
5. これを実現するためには、われわれとわれわれのまわりの多くの地域と結ぶヘルスプロモーション・ネットワークを形成することが最も重要である。われわれは、そのための新しい行動をここからはじめなければならない。

東アジアヘルスプロモーションネットワーク
On this day in October 2012, we have gathered here at South Korea’s Pyeongtaek University to implement the “Creating Healthy Regions” project. Our goal is to enable every resident to use a variety of human and social resources to improve their own quality of life.

We will hear many reports of research and projects from a wide range of fields and from many countries throughout East Asia, each concerning the ideals and technologies behind health promotion. This is a testament to the continued spread of new healthy regions throughout East Asia, each based on ongoing local research and effective on-the-ground activities. Sharing reports of our successes is important for other East Asian regions that are taking on the challenge of developing healthy regions.

The 1st East Asia Congress of Health Promotion was held in 2003 as an academic congress at which representatives from government, specialized organizations, and related companies could come together and meet with local residents. There have been subsequent meetings every year since in a number of cities throughout East Asia, and this meeting in Pyeongtaek is our 10th. Each meeting has further increased the number of countries and regions from which we have attracted participants.

In 2006, at our 4th meeting in Amakusa, Japan, we adopted the Amakusa Declaration regarding The East Asia Health Promotion Network. In 2007, at our 5th meeting in Guilin, China, Shanghai’s Longhua Volunteers gave a special lecture about the healthy town-building project that they created and were coordinating as a result of the 1st East Asia Congress of Health Promotion. We also saw posters from Guilin volunteers describing how they were working with the Longhua volunteers on their healthy town project. This congress has thus supported and facilitated ways in which government and private groups can work together to support health-related activities.

Nonetheless, the end effect of any single activity is small. There also remains the significant challenge of scientifically verifying the effectiveness of such programs. To develop sustainable health promotion activities in the regions represented here, we first need to share our accumulated knowledge, technology, and experience. Next, we must take that knowledge and technology to new areas in East Asia, and work alongside communities to aid in implementation. Making this a reality will require the efforts of the politicians, technical experts, business persons, and citizens gathered here, with each of us coming together as individuals and as communities to form the health promotion network that we aim for.

Today we take on the 2006 Amakusa Declaration, and proclaim that we will continue working toward the formation of a health promotion network that gathers together the strength of regions throughout East Asia.
私たちは、地域の様々な人的、社会的資源を活用して、住民ひとり一人が自らのQOLを向上させる力をつようになることを最終目標とする「健康な地域づくり」を実践するために、2012年10月、ここ、韓国 平澤大学に集まりました。

ここでは、東アジアの様々な国と地域から、ヘルスプロモーションの理念と技術に基づく健康な地域づくりに関する幅広い研究と実践事例が報告されます。このことは、東アジアの国と地域で、健康な地域づくりについて、それぞれの地域に根ざした持続的な研究と効果的な実践活動が展開されてつつあることを示しています。その成果を共有することは、健康な地域づくりに取り組む東アジアの多くの地域にとって大変有意義です。

東アジアヘルスプロモーション会議は、行政と専門機関と関連企業が地域住民ともに一堂に参集する実学的な学術集会として、2003年、第1回会議が開催され、以来、東アジアの諸都市を会場にして毎年開催され、ここ平澤において第10回を迎えました。参加者は、会議を重ねることで、東アジアの様々な国と地域に広がってきました。

2006年（天草市）の第4回会議において、東アジアヘルスプロモーションネットワークに関する「天草宣言」が採択されました。2007年（桂林市）の第5回会議においては、龍華町ボランティアが、東アジアヘルスプロモーション会議発足の契機となった龍華町の健康なまちづくりプロジェクトを総括し、特別講演として報告しました。さらに、桂林市ボランティアからも、龍華町のボランティア活動と連携した桂林市の健康なまちづくりプロジェクトについてポスター発表がなされました。このように、本会議は、行政と住民が協働して展開する地域ぐるみの健康づくり活動の一つの明確なかたちを提起し、支援してきました。

しかしながら、一つ一つの実践活動の力はまだまだ弱いもののです。また、このような実践活動の有効性を科学的に検証してゆくことも大きな課題として残されています。

ヘルスプロモーション活動を、さらにそれぞれの地域で持続的に展開するためには、ここに集まった地域のそれぞれの実践活動における知識と技術を共有するとともに、その知識と技術を必要とする東アジアの様々な地域に発信し、それらの地域とともに行動してゆくことが必要です。これを実践するためには、ここに参集した行政・専門家・企業・住民のそれぞれが核となって、我々と我々のまわりの多くの地域を結ぶヘルスプロモーションネットワークを形成してゆくことが最も重要です。

ここに、我々は、2006年の天草宣言を継承しつつ、東アジアを中心にした様々な地域の力を結集するヘルスプロモーションネットワークの構築に向けて、新しい行動を始めることを宣言します。

THE 12th ASIAN CONGRESS OF HEALTH PROMOTION 2015 “OUR CHILDREN, OUR FUTURE”
第十届东亚健康促进会议 韩国

今天（2012年10月25日）我们集聚在韩国平泽大学。是为了探讨如何在社区依靠居民的人力以及社会资源，使所有的居民以掌握提高自我生活质量能力为目标，交流共享“营造健康社区”的实践活动经验。

在这里将有来自东亚地区的与会者，介绍报告各自在以健康促进理念和技术为基础，在多领域开展的研究以及实践活动经验。这些报告展示着在东亚地区在营造健康社区实践活动事业中，开展着不同特色、扎根社区、持续发展、有效有意的实践活动和研究。在这里、把各自的成果和经验进行交流共享，对推动东亚地区营造健康社区事业有着极其重要的意义。

东亚健康促进会议是一个以政府、专业机构、相关企业以及社区居民集聚一堂的大会。自2003年第一届会议（上海龙华）以来，十年来连续不断在东亚地区定期召开。今天，在平泽我们迎来了第十届会议的召开，与会者有参加过第一届会议的老朋友，更有初次参加的新朋友。

2006年（天草市）第四届会议上，我们提案并采纳了构建东亚健康促进网络的“天草宣言”。2007年（桂林市）第五届会议上，龙华街道的健康志愿者们在大会上报告了在东亚健康促进会议启发下开展的营造健康社区的行动计划和初步结果；桂林健康志愿者们用生动的图片墙报形式介绍了在桂林市开展的健康志愿者活动以及龙华健康志愿者与桂林健康志愿者们互助互动开展营造健康社区的实践活动。在此我们向各位推介这种政府与居民协力共同开展的营造健康社区的模式，并会竭力支持这样的事业。

但是，如此一个一个实践活动的力量是有限的，同时这样的实践活动的有效性和科学性还有待于进一步地验证，还有很多重要的课题需要我们去研究。

为了使健康促进活动更加广泛地在社区持续开展下去，在把这里汇集的有关营造健康社区的知识、技术、经验进行交流共享的同时，还要向东亚地区传播扩大，要让更多的东亚地区行动起来是重要的任务。为了完成这个任务，我们希望能以今天聚集在这里的政府工作人员、专家、企业、居民为核心，把我们各自以及我们周围的社区连接起来，构成健康促进网络是最重要的工作。

在这里，我们继2006年天草宣言之后，以东亚地区为中，聚结东亚各国以及地区的力量、向着构建东亚健康促进网络发起新的行动宣言。
동아시아 헬스 프로모션 네트워크 구축에 관한 평택 선언
제10회 동아시아 헬스 프로모션 회의 in 한국
2012년 10월 26일

우리는 지역의 다양한 인적, 사회적 자원을 활용하여 주민 한 사람 한 사람이 자신의 QOL을 향상시키는 힘을 가지게 될 것을 최종 목표로 하는 “건강한 지역 만들기”를 실천하기 위해 2012 년 10 월, 여기, 한국 평택 대학교에 모였습니다. 여기서는 동아시아의 여러 나라와 지역에서 헬스 프로모션의 이념과 기술을 바탕으로 건강한 지역 만들기에 관한 폭넓은 연구와 실천 사례가 보고되고 있습니다. 이는 동아시아 국가와 지역에서 건강한 지역 만들기에 대해 각각의 지역에 뿌리를 둔 지속적인 연구와 효과적인 실천 활동이 전개되어가고 있음을 보여줍니다. 그 성과를 공유하는 것은 건강한 지역 만들기에 힘을 쏟는 동아시아의 여러 지역에 있어서 매우 큰 의미가 있습니다.

동아시아 헬스 프로모션 회의는 행정기관 및 전문 기관과 관련 기업이 지역 주민과 함께 한 자리에 모이는 실학적인 학술 모임으로, 2003 년 제 1회 회의가 개최된 이래, 동아시아의 여러 도시에서 매년 열리고 있고, 여기 평택에서 제 10 회를 맞이했습니다. 회의가 거듭될수록 참가자들은 동아시아의 여러 나라와 지역으로 확대되어 왔습니다. 2006 년 (천초 시)의 제 4 회 회의에서 동아시아 헬스 프로모션 네트워크 “천초 선언”이 채택되었습니다. 2007 년 (계림 시)의 제 5 회 회의에서는 용화 마을 자원 봉사팀이 동아시아 헬스 프로모션 회의 발족의 계기가 된 용화 마을의 건강한 마을 만들기 프로젝트를 종합하여 특별 강연으로 보고했습니다. 또한 계림 시 자원봉사에서도, 용화 마을의 자원봉사 활동과 연계한 계림 시의 건강한 마을 만들기 프로젝트에 관해 포스터 발표가 이루어졌습니다. 이처럼 본회의는 행정과 주민이 협력하여 전개하는, 지역이 일체가 된 건강 증진 활동의 하나로 명확한 형태를 제기하고 지원해 왔습니다. 그러나 하나 하나의 활동의 힘은 아직 약합니다. 또한, 이러한 실천 활동의 효과를 과학적으로 검증해가는 것도 큰 과제로 남아 있습니다.

헬스 프로모션 활동을 더욱 각각의 지역에서 지속적으로 전개하기 위해서는 여기에 모인 지역의 각각의 실천 활동 지식 및 기술, 경험을 공유하는것과 더불어, 그 지식과 기술을 필요로 하는 동아시아의 다양한 지역에 발전하여 그 지역과 함께 행동 해가는 것이 필요합니다. 이를 실천하기 위해 여기에 모인 여러분 동아시아의 여러 군데에 모인 한 사람 한 사람이 함께를 위해 협력하여 우리와 우리 주위의 많은 지역을 연결하는 헬스 프로모션 네트워크를 형성해가는 것이 가장 중요합니다.

여기에, 우리는 2006 년의 천초 선언을 계승하면서, 동아시아를 중심으로 한 다양한 지역의 역량을 결집하는 헬스 프로모션 네트워크 구축을 위한 새로운 행동을 시작할 것을 선언합니다.
SPECIAL LECTURE
Benefit of interaction with children in elderly care centers in Japan.

Naonori Sonoda
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QCCG Co.,Ltd

Introduction

There are a lot of elderly care centers in Japan. I am going to introduce the present situation of interaction between children and elderly there. I will also talk about the possibility that this activity leads to influence children’s mental education and improve children’s rearing environment in the future.

The problem of aging and the low birth rates in Japan

It is said that “the cause of the low birth rate” was result from increased late marriage, the sense of childcare burden and the difficulty of managing both works and child rearing.

Furthermore, people’s sense of value to “marriage and child rearing” has been changing.

In 1997 it was proposed as a serious issue and many policies have been implemented to ameliorate the situation. However, we can’t see any large improvement to this issue since then.

On the other hand, the aging in Japan was integrally created by some factors such as the emergence of longevity society and low birth rate, which I mentioned earlier. Longevity society was built as a result of sharing the benefit of national insurance system, progress of medical technology, dramatically improved standard of living and so on.

Longevity itself is good. However, it has brought many problems such as terminal care, dementia and nursing and so on. People began to worry about the difficulty in continuing the social security system and declining our national power as further serious problems.

Nursing home in Japan

The Nursing industry in Japan can be largely divided into 2 categories; Facilities and Day Care Centers.

As Facilities,
1) Nursing hospital ward
2) Care Home for senior citizens, whose final objective is to come back their home after a couple of months,
3) Nursing Home for senior citizens, who is difficult to lead daily life without helpers,
4) Group Home for dementia,

As Day Care Centers,
1) Day Service, a day trip nursing facilities,
2) Home Visit nursing care.
Nowadays, we can see various kinds of nursing homes as well.

**Interaction between senior citizens and children**

We can see many cases that pre-school children, elementary school and junior high school students have been visiting these facilities. In addition to that, although the number is limited, we can also see some cases of joint establishment of both care home and nursery school or after school day care center.

The interaction between senior citizens and children can create various effects.

For example, we could see not only many elderlies laughing as a result of having a good time, but also it has brought some good changes on elderly’s facial expression that usually have no reaction.

Children can also learn wisdom and a game of the old days from senior people.

However, the most important thing is to learn how to tenderly attend senior citizens.

We can expect that this interaction experience will be useful when children become matured and choose their occupations. Although this interaction opportunity is not so many, we can see a deeper exchange in the case of joint establishment.

This joint establishment enables not only senior citizens and children to interact each other in a daily basis, but also we can expect the function of helping child rearing. In particular, by using this method, school children can spend their time after school with senior citizens in care houses. As a result, this will be helpful even for a two-income family as well. This can be a great mutual help for both senior and children with talking each other, doing their homework side by side, helping to serve a meal and eating together and so on.

Of course, it is not so easy for us to implement this because of many problems to overcome—such as administrative and security issues. However, we may be able to receive some financial help and staffing support.

Therefore, we/I think, if this turns out well, that we will be able to create a social structure that makes it possible to stop increasing “low birth rate”.
ORAL PRESENTATION
Relationship with Quality of Life and Living Factors in School Children in a Japanese Mountaneous District

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Introduction
To clarify a state of Quality of Life (QOL) and its relationship with living factors in school children in a Japanese mountainous district we conducted a questionnaire survey. The survey was conducted in a part of a research project to clarify needs for safety and healthy life among residents living in a mountaneous district, Y town, by the Kamimashiki Resional Development Bureau in Kumamoto Prefecture.

Method
All of fifth-grade boys and girls from 7 elementary schools in Y-town were selected as the subjects of the survey. The questionnaire was consisted of self evaluation of QOL in school and family life and factors relating to children”s QOL, daily activities, health literacy and demographic factors. Simple and cross calculation, a correlation coefficient analysis and multiple regression analysis were performed.

Results
The total subjects were 115, 59 girls and 56 boys, to be 100% response rate. As to the QOL 81% of girls and 80% of boys estimated to be satisfyed his or her school life and 90% of girls and 89% of boys to be satisfied his or her family life. As to factors associated with QOL, “having a confident aim to their future life”, “learning any advanced knowledge in every day”, “having feeling free times”, “talking frequently with their parents” were high percentage to be satisfied both in girls and boys, on the contrary, “enjoying her or him existence” and “satisfying her or his appearance” were to be not satisfied. As to lifestyle factors significant correlations were seen between “doing daily exercise” and “having high health consciousness” and “having a confident aim to their future life”. The multiple regression analysis significant correlations were seen between total QOL of school and family life and “learning any advanced knowledge in every day” (β=0.278, p<0.01), “having feeling free times” (β= 0.240, p<0.01) and “talking frequently with their parents “. Also there was significant multiple correlations were seen between the QOL in school life and “learning any advanced knowledge in every day” (β=0.415, p<0.001) and “enjoying her or him existence” (β=0.222, p<0.05), and the QOL in family life and “talking frequently with their parents” (β=0.471, p<0.001). and “enjoying her or his existence” (β=0.154, p<0.05).
Conclusion

High percentage of school children in a mountainous district were seen to be satisfied her or his school and family life with positive accept to each life and sound relation with their parents, neighbors and friends. It is indicated there may be some factors to give better QOL for school children in various circumstances of a mountainous community.
Thailand- Towards Oral Health Promotion Program in Preschool Children

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There have been clear evidences since 1984 that dental caries rate in Thai children is increasing especially in preschool children. ‘Development’ of the country: i.e. globalization, transportation, media program and advertisement, is the root cause. Several programs: local and systemic fluoride, institutional based oral health education, had been implemented since that time. Even though the coverage of these programs was very high, the problems remained increasing. Until recently, the concept of ‘health promotion’ was applied at both macro and micro level.

At village level mother groups were empowered. With their own initiations, they created healthy programs, healthy environment for their children. At country level, public in general and policy makers were advocated with the harmful of unhealthy food by pediatricians, nutritionists, dentists, who worked together as a network. Mass media responded to the issue very well. Laws and regulations were changed to promote healthy environment.

The latest evidence from National Oral Health Survey showed the sign of decreasing of dental caries.
Promotion of mental health in secondary schools in Cambodia, 
A post-conflict country

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Introduction: World Health Organization (WHO) defines child and adolescent mental health (CAMH) as the capacity to achieve and maintain optimal psychological functioning and well-being. Good mental health during childhood is prerequisite for optimal psychological development, social relationships, learning and the ability to care for one’s self and becoming productive members of the society. It is important to build ‘the mental wealth of nations’ to ‘capitalize on citizen’s cognitive resources’ by promoting mental health of children and young people who are the future. Schools are ideal setting to implement comprehensive mental health promotion programs as majority of young people spend one-third of the day in the school campus, where they can be reached. Most of the school-based interventions to promote mental health are from high income countries and there is a need for evidence based interventions in resource-poor settings to improve mental health of children and young people.

Objective: To evaluate the outcome of a school based intervention to promote mental health among young people in Cambodia by promoting life skills.

Method: Six classes were randomly selected from two schools each, one designated as experimental and the other as control school, respectively. In experimental school 168 young people (M = 92, F = 76) received 6 sessions of life skills education and in the control school 131 students (M = 53, F = 78) received three general sessions on health. We looked at the pre-post differences on Life-Skills Development Scale Adolescent Form (LSDS-AF) and Youth Self-Report (YSR) questionnaire to measure the effect size (ES) from the intervention after 6 months. We analyzed the data by stratifying for gender and for those who reported more severe suicidal expressions at baseline (high-risk group).

Results: The girls showed improvement in Human Relationship (ES = 0.57), Health Maintenance (ES = 0.20) and the Total Life Skills Dimensions (ES = 0.24), whereas boys with high-risk behavior improved on Human Relationship (ES = 0.48), Purpose in Life (ES = 0.26) and Total Life Skills Dimensions.
Effect size for YSR-syndrome scores among all individuals showed no improvement for either gender. Among high-risk individuals boys had a small to moderate effect size from intervention on Withdrawn/Depressed (ES = 0.40), Attention problems (ES = 0.46), Rule breaking behavior (ES = 0.36), Aggressive behavior (ES = 0.48) and Externalizing syndrome (ES = 0.64), unlike girls.

**Conclusion:** Promoting life skills in schools may enhance the overall mental health of young people. The difference in outcome between boys and girls and among young people with serious suicidal expression ought to be considered while planning mental health promotional programs in schools.
Integrated Health Care Service for ID Children

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ID children in developing countries need to receive continuous care from the governments. The health service should have combinations of care starting from treatment, rehabilitation and social interaction. To formulate such combined care system, the governments will have to integrate all related services into holistic service platform which allows institutions to coordinate and make collective efforts to implement ID children care programs. Apparently, the national mental health service function will need to work closely with social works and child education service function to enable line agencies to mobilize resources and harmonize functionality of the services.

The common challenge that most of governments have is that mental health, education and social development department are administered separately or they serve under different ministries. Statistics and information of ID children are recorded in different databases and they are poorly shared which can causes weak consolidated plan for children services. Resource allocation and budgeting are departmental because of inflexible line of authority and less scope of pulling funds into one source to increase effectiveness of service delivery. The governments also need to give more concern on service delivery standards to create uniformity of service practices of health personnel and to ease quality control mechanism. If it is done properly, the service standards can help filling gap of services and minimize service discrepancy.

In the recent past, international development organizations and donor agencies have addressed the issue on social inclusiveness to increase accessibility of the disadvantaged groups to the health service and to engage them into mainstream social and economic development. There are number of projects and initiatives being carried out in developing countries and there is an organic that gives opportunity for the countries to share experiences and lessons learned. Regional connectivity and internationalization of know-how provide methods and tools that developing countries can choose to improve the service. The know-how that are available today covers a broad range of operational tools from upstream to downstream of the service chain.

There are key achievement factors to be addressed to enhance ID children service delivery at global and national level as follows:

- Integrated management of services
- Service standardization and compliance
- Cross departmental operations and resources mobilization
- Contextualization of services
- Decentralization of the services
- Networking of key actors and organizations
- Engagement of key stakeholders and communities
Social and public health intervention for improving quality of life of child and adolescent with Intellectual Disability, or Learning Disability or Autistic-Spectrum Disorders: a scoping review

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This study aimed to review the state of the arts of literature concerning social/ public health programmes or service delivery packages aiming at quality of life development for children and/ or adolescents with Intellectual Disability (ID) and/or Learning Disability (ID) as well as those with Autistic-Spectrum Disorders (ASD). The scoping review method was applied. The review found that the majority of selected articles were performed in developed countries. Programmes or service packages presented in most articles are diverse in terms of programme duration, providers and activity characteristics. Most studies emphasized on disabled child individual treatment and relied on health personnel with particular expertise, such as, occupational therapists, and child-and-adolescent psychiatrists, as the main actors. Moreover, most studies were exercised in well-controlled settings, and led to the development of particular skills. Nevertheless, the effects to quality-of-life development as a whole are not apparent. Parent training interventions and community-based rehabilitation programmes seem to have beneficial outcomes on disabled children and also their families. Note that the studies on economic evaluation and on the possibility of the implementation of programmes in actual settings are lacking. The review findings are likely to serve as a basis for future discourse amongst academicians, policy makers and operational-level health personnel for the design of programmes or services, which are appropriate to the Thai public health context, and serve as a foundation for further critical studies, either in term of primary research, economic evaluation study, systematic review, and meta-analysis.
EFFECTS OF SOCIAL STORIES BOOK TOWARDS SOCIAL BEHAVIORS OF CHILDREN WITH AUTISM

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Objective To compare social behaviors of children with autism before and after using Social Stories books.

Materials and methods The 20 samples were selected by purposive sampling from 3-6 years of children with autism who admitted at autistic ward of Rajanukul Institute between August – October, 2012 and got social behaviors scores below than 50 percents from 3 social behaviors : greeting others, take off and put their shoes in shoes cabinet and waiting at least 3 minutes. The research instruments were 3 books of Social Stories and the Social Behavior Assessment Scales. The duration of experiment and collected data spent the time for 5 weeks. Before started to use Social Stories, each child was assessed by researcher in 3 social behavior : greeting assessed from eye contact, do the Wai (Thai greeting culture) and said sa- was- dee to others (Thai language), put shoes in shoes cabinet assessed from took off their shoes and put their shoes in shoes cabinet, waiting assessed from sat and waited with their parents at least 3 minutes. Then each child was taken 3 weeks for using Social Stories, they were spent 15-20 minutes a day from Monday to Friday in order to participate in reading 3 Social Stories books. After that, each child was assessed by researcher in 3 social behavior again. The data were analyzed by frequency, percentage, mean, standard-deviations and compared mean by t-test and p-value < .05.

Results The samples who participated in using Social Stories, 70% were boys and 30% were girls. Range of age at 3-4 years were 50%, 4-5 years were 30%, 5-6 years were 20%. The mean scores of the social behaviors were higher than before.

Conclusion After using Social Stories, the social behaviors of children with autism were significantly higher than before at the .05 level.
Cardiometabolic risk factors during risperidone treatment in children with intellectual disability

Premvadee Densiriaksom, M.D.

Objective The aim of this study was to investigate the cardiometabolic risk factors during risperidone treatment in children with intellectual disability (ID).

Materials and methods This observation analytic study with cross-sectional design was conducted at Rajanukul Institute. All 111 patients, medically healthy 7-17 year old children with ID treated with risperidone were recruited. Age and sex-adjusted weight percentiles/z-scores change and metabolic parameters were collected. Correlation between inappropriate weight gain and laboratory components of cardiometabolic risk factors was analyzed.

Results Among 111 children with intellectual disability, 92 participants were male. Mean age at enrollment was 10.6 years. The average dose of risperidone treatment was 0.04 mg/day for an average duration of 2.9 years. Forty percents of participants showed abnormally high levels of low density lipo-protein cholesterol. Four percents of participants showed abnormally high glucose levels. Twenty-sixth percent of participants showed developmentally-inappropriate weight gain. Compared to participants with normal blood result, those with dyslipidemia were more likely to have inappropriate weight gain. The odds of having inappropriate weight gain in participants who have at least one laboratory metabolic abnormality was 4.7 times for the group of normal blood test and the odds of having inappropriate weight gain in participants who have two or more laboratory metabolic abnormalities was 5.5 times.

Conclusion In children with intellectual disability who treated with risperidone for an average dose of 0.04 mg/day, an average duration of 2.9 years. The prevalence rate of dyslipidemia was 40 percents and the prevalence rate of developmentally-inappropriate weight gain was 26 percents. A number of laboratory components of cardiometabolic risk factors correlate well with inappropriate weight gain.
Activity of the regional creation subcommittee of university consortium Kumamoto
-Health check in elderly grand golfers 2-

Yoshimitsu Ishihara

University Consortium Kumamoto Regional Creation Subcommittee, Kumamoto, Japan
(Kumamoto Health Science University)

University consortium Kumamoto where the institution of higher education of 14 (such as university, junior college, technical college, etc.), Kumamoto Prefecture, Kumamoto city, and the Industry association cooperated.

The organization in this university consortium Kumamoto divided into ① student educational subcommittee, ② industry-academia-government collaboration subcommittee, ③ regional creation subcommittee and ④ improvement teacher’s quality subcommittee (teacher’s license renewal) under the planning & management committee.

The regional creation subcommittee in these is performing three activities that are ① sharing of knowledge with citizen, ② promotion of regional culture and ③ town producing.

“The health check in elderly grand golfers 2” which are reported this time have one activity of promotion of the regional culture in these.

The elderly people who are enjoying grand golf also have problem of health such as hypertension and overweight etc. here and there.

The problem of these elderly people’s health is detected and we are careful.

This program was started from May, 2011 and was carried out 13 times by October, 2014 in the northern part, the center, the southern part, and the eastern part in Kumamoto prefecture.

I reported the present situation of this program in Nanning 2013.

This time, I will report the issue of the future, including the results of ground golfers that have been measured in this program.
Situation of child developmental promotion

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Pompimon Theeranan, Dip.in Nurse & Midwifery

Supornpun Srihirunruessame, B.Sc.

Bussara Kuhapun, M.Ns.

Akkchai Kedsawad, B.Sc.

Objective To track the situation of child development promotion.

Materials and methods Children born in 2012 were selected purposively. Among 1,159 cases being screened by Anamai 55, 663 children were normal and 496 were suspected delay development. Purposive sampling to be interviewed, 1,159 caregivers and 173 health personnel were selected. Analysis was done with descriptive.

Results The children still had age-appropriate development 80.5% and 19.5% were suspected delay development. Among the children with suspected delay development in 2012, we found that 29.6% had much better development and 70.4% of them still had suspected delay development. Factors associated with the developmental progression include gestational age, childbirth situation, problem during neonatal period, and caregivers. Regarding the early intervention services, the ratio of staffs to children is 1:10 in well child clinics of Sub-district health promoting hospitals. Every staff conducted the developmental screening by using Anamai 55, but the percentage of staffs who only advised parents / caregivers, both reassessed the children’s development by using Thai Developmental Skills Inventory (TDSI) and advised parents/ caregivers and the percentage of staffs who referred the children that still had suspected delay development after the follow up assessment to district hospitals 32.9, 75.1, 13.9 and 40.5% respectively.

Conclusion There were 80.5% children who still had age-appropriate development and only 29.6% of suspected delay development had better development in 2013. Factors associated with non progression of developmental include preterm, abnormal delivery, neonatal problem, and non parental caregivers.
Empowering the Tribal Elderly with Idea of Living Labs—participatory biomedical approach with partnership building

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Introduction and Objectives

Living labs are a widely adopted concept for participatory design aimed at “sensing, prototyping, validating and refining complex solutions in multiple and evolving real life contexts.” This project is working to establish a platform for developing smart technology using the Living Labs approach in tribal areas of Taiwan, with the goal of empowering high mountain indigenous peoples and ameliorating their marginal position in society.

Materials and Methods

This action research employs a Living Labs methodology to design services, products or applications for users’ real environments in tribal areas. The project incorporates service learning as part of a formal curriculum designed for students who work with the indigenous community applying the concept of collaborative design to developing a process, product, marketing or business model.

Results

The concept of user innovation provides a feasible approach to building bridges between tribal and professional communities and to promoting community health in tribal areas. We have shown that an indigenous tribe can function as an experimentation environment for shaping technology in real-life contexts.

Discussion and Conclusion

The university-community partnership coordinates the project which is aimed at reducing health gaps in this region. This participatory approach to professional practice will help build a learning environment that makes minorities an inseparable part of designing new business models or business plans, with an eye toward greater justice in the age to come.
Development of Teaching and Learning System by SEAT FRAME WORK for Children with Special Needs In Primary Schools under Office of Basic Education Commission of Thailand

Naptorn Nocksakul, Preecha Vihokto, Suvapitcha Pasitsuvan, Panthanee Viokto, et al.

This research, which was conducted during October 2013 to September 2014, was aimed 1. To study the teaching and learning using the SEAT for children with special needs in schools under office of basic education commission of Thailand 2. To study the implementation of the SEAT in the target schools 3. To create a system for teaching and learning using the SEAT for children with special needs 4. To study the effects of SEAT on children with special needs. The samples of this research were 215 people in total. They were 5 directors of the targeted schools, 24 special education teachers who taught in the schools, 93 children with special needs and their 93 parents. Data collection was done by interviewing using an interview form and 4 questionnaires which had the interviewing reliability 0.96 and content validity 0.60-1.0 respectively. The data was analyzed using frequency, percentage, means and standard deviation.

We found that after implemented 10 steps of SEAT FRAME WORK, all 5 school directors could manage the inclusive education better. They had clear policies in admission children with special needs to their schools. They supported all of their teachers to seek more knowledge about children with special needs, to use screening test, to write Individual Education Plan (IEP), to improve the environment both inside and outside of school, and to supervise their teachers which could encourage their teachers in working for children with special needs.

For special education teachers, it revealed that they had the most practice in step 1 (admission), step 2 (selection), step 3 (preparation before learning), and step 6 (screening). The teachers had the abilities to use the screening test, understood teaching techniques, could write Individual Education Plan (IEP) according to the children’s problems, and felt good that the directors interested and supported their work.

For the children with special needs, the result indicated that their academic achievement was improved. In Thai subject, the grade 1 students, after attending the inclusive education, they could understand the orders better. They could read simples words clearer, and could read the compound words by themselves. Moreover, they could weight hands on writing, and could write A-Z as well as perform the perfect follow writing. For grade 3 students, they could read Thailand textbooks for students grade 1-3 better. They could write in line completely. In Mathematics subject, the grade 1 students, after attending the inclusive education, children with special needs could remember, count, and write the numbers 1-10 as well as be able to plus the single digit correctly. They could know more shapes and colors. For the grade 3 special students, they were
able to write the number 51-100, plus and minus between 99-999, solve mathematic problems, and count the increasing-decreasing numbers.

For the behavioral impairments, the special students grade 1 after attending the inclusive education, they could finish their task faster. They were not very naughty, and their playing was not aggressive. They could follow the teachers’ instruction better, play with friends more, and were not absent-minded. They could do their work in their seats, did not lie, agreed to stand in line, did not make strange noises, and had less irritable mood. In grade 3 special students, they could finish the teachers’ assignment in time, and paid more attention in learning. They even could control their emotion better. They were more regulated, and could manage to keep their stuff. They knew social manners better, such as how to walk, to speak politely, and to apologize.

For parents of children with special need, most of them had better attitude toward teachers and schools. Let their children to be screened by the screening tests. Cooperate with teachers to prepare Individual Education Plan (IEP). They tried to teach their children’s homework regularly. They understood how to raise their children’s according to the kids’ symptoms and treated them like the normal children. They would take the children to various places because they wanted their kids to learn socialization. They also taught their children to do chore. The only one problem for the parents was they did not understand the benefit to let their children to be registered disabled.
The Promotion for Sustainable Independent Living of People with Intellectual Disabilities who has been employed in workplace.

Miss Pratthana Rattanatirawan, 
Social Worker (Professional Level), Rajanukul Institute.

Rajanukul Institute, with the responsibilities of the social work department, has run a project to develop the basic skills for the people with intellectual disabilities who 18-25 years old since 1995. The training is focus on adaptive skills, social and basic skills that needed in the workplace for 1-3 years training phase. Now, we have 35 members who discharge from this program and were employed in workplace. Regularly, social worker plan for job analysis and follows up with their parent, boss and colleagues during first one year.

The Promotion for sustainable independent living of people with intellectual disabilities who has been employed in outside workplace is a continue project from the development of the basic skills to work for people with intellectual disabilities. Normally, social workers have connected between client, family and workplace. For the client, criteria are intellectual disabilities person who were employed in workplace outside at least 1 year and focusing on promote self-reliance, self advocacy, self responsibility to themselves and able to live independently in community.

For the family is focusing on parents’ ability to care people with intellectual disabilities at home. When they have a problems, care giver can be a counselor for consultant and empower to more confidence themselves. Parents have an important role to solving and coping the problem with their child. For the workplace, the promotion will focus on motivate entrepreneur and colleague about acceptance and destigma.

Results from this project will provide the intellectual disability were employed in outside establishments has been continuously promoting independent living after a period of 1 year or more. Beside, intellectual disabilities people remained more stable in employment which is an important approach to independent living at full capacity and sustainable.

- Objectives:
  1. To improve skills that will help them get ready to work, live happily in society
  2. To make preparation for the persons with intellectual disabilities to be able to work for improving their lives to a greater sustainability
  3. To revive their potential and social adaptive skills to be able to work and stay together with normal people

- Criteria:
  1. The persons with intellectual disabilities who are over 18 years old, both male and female.
  2. Passed the preliminary examination and get diagnosis done by doctor of Rajanukul Institute.
• Outcome:

1. Results on people with intellectual disabilities.
   8.1.1 Can bring a social skills and work habits to actually get to work.
   8.1.2 Rely on their own and deinstitutionalization
   8.1.3 Independent Living
2. Results in terms of raising awareness to the family.
   8.2.1 Reduce the burden of care for developmental and intellectual disabilities person in family.
   8.2.2 Increase happiness and mental health in family.
   8.2.3 Family has knowledge to practice social skills continuously.
3. Results in terms of social awareness.
   8.3.1 To have the opportunity of people with intellectual disabilities to do more work.
   8.3.2 To show a potentials and performance of people with intellectual disabilities to employer and colleague.
   8.3.3 Social acceptance and responsible for people with intellectual disabilities.
Speech and Language Therapy unit is one of the service units of the Department of Rehabilitation at Rajanukul Institute. Speech and language pathologists deal with intellectual disabilities children who have speech and language disorder and cooperation with their parents.

The process of speech and language therapy includes assessment, diagnosis, and therapy. Firstly, speech and language abilities assessment, we assess oral motor function, speech mechanism and speech and language development. Then, we diagnose the communication problem by using definition of the American-Speech-Language-Hearing Association (ASHA) that classifies the communication disorder into 3 groups, speech disorders, language disorders and hearing impairment. After identifying the problem, we plan the therapeutic program to develop speech and language skills. There are 5 programs for speech and language therapy at Rajanukul Institute including preparing before speaking, speech and language therapy, articulation training, voice training and aural rehabilitation. In addition, we emphasize on the cooperation of parents in continually training their kids at home by educating parents during therapy session and developing medias such as books, videos, etc. in order to deliver knowledge in terms of practicing. Moreover, we also develop Computer Assisted Instruction (CAI) for practicing receptive vocabularies to support the practicing at home.

In conclusion, speech and language disorders are among the main reasons for referral to pediatricians. Children with Intellectual disabilities always have speech and language disorders. The severity of problems ranges from mild to profound, depending on their intellectual level. However, we try to help Intellectual disabilities children to achieve the aim of the therapy, to communicate properly to realize their full potential.
Enhancing attention and self control of children with autism by using multipurpose PVC pipe

Siripran Sanlung, B.N.S
Rajanukul Institute, Thailand

The objectives of this project were to increase attention and self control of autistic children during various activities and to reduce hyperactive behavior. Problems of children with autism who received services were poor attention, lack of enjoyment while interacting with others and hyperactive behavior. Touch shoulder and walk in a row, help children have more concentrate in current situation. But the consequences of current situation were the children are not allowed to touch back their shoulders, some of children standing behind push the front ones, some cry and do not move, and some are vulnerable to falling down. Planning to solve problem arising from current situation by using multipurpose PVC pipe to create Funny activities. The Funny activities consist of 4 activities such as: 1) walking in a row, 2) Crawl zigzag, 3) step-jump-kick, 4) my zone myself control. The sample consisted of 16 childhood autism and the total duration of Funny activities for 3 weeks. The results of the study were as follows: 1) children with autism cooperate more using multipurpose PVC pipe, 2) children’s self-control and attention increase, 3) enjoy movement and reduce muscle tension, 4) reduce hyperactive behavior, 5) increase parents’ satisfaction following children’s ability to perform in a better way.
The effect of 4-wheel cycle riding to increase walking capability of children with intellectual disability

Gedyupee Wattanatanakorn, B.N.S*

Objective

To study the effect of 4-wheel cycle to increase walking balance of the children with severe intellectual disabilities ages 6 – 15 years old in Rajanukul Institute.

Material and Methods

Ward 3 at Rajanukul Institute which train the developmental and intellectual disabilities ages 6-15 years. And many of them have a problem of movement. The movements are not stability. They can not walk by themselves. Some also need equipment for walking. So this material use the 4 wheel cycle which using wood. Fixing rear wheels by raising 2-wheel cycle using wood. Add lights at front and back wheels and also at front handle for motivation and fun, Placing of pad at back and side for safety, Pad is a piece of cloth with sponge inside and have a safety belt to protect from falling down. Tying feet with paddle by cloth. Training continuously thereafter and reduce helping until children can control balance on the 4-wheel cycle.

Result

After exercise with 4-wheel cycle. Children can ride it safety and increase walking balance.

Conclusion

Should encourage continuous training and regularly. It will help better results on gross motor and good walking

* Rajanukul Institute. Thailand.
POSTER PRESENTATION
Subjective quality of life in persons with schizophrenia in community

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²Department of Public Health, Faculty of Life Sciences, Kumamoto University, Kumamoto, Japan

OBJECTIVE. Schizophrenic patients’ quality of life (QOL) has become increasingly important due to shift of mental health care from hospitals to communities. The purpose of this study was examined relationships between the QOL of persons with schizophrenia and social support, and satisfaction of mental health care.

METHODS. Subjects were 60 schizophrenic persons attending day care or night care at mental care in hospitals in Kumamoto Pref., In Japan, from April 2013 to November 2013. The assessment was carried out using the WHOQOL-26 Scale, social support, subjective satisfaction and included personal characteristics. The items of social supports were consisted of “variety of mental care”, “frequency of use”, “subjective satisfaction”, “number of peer” and “mentor”. Firstly, the Analysis of the WHOQOL-26 Scale was made chi-square test, wilcoxon or Kruskall-Wallis test according to social supports and personal characteristics. Finally, multiple regression analysis made to the WHOQOL-26 as a dependent variable, above 5 items as explanatory variables. (JMP ver.8; SAS Institute for Machintosh).

RESULTS. The results indicated that satisfaction to mental care and number of peer had a significantly positive effect on WHOQOL-26 Scale ($R^2$ =0.19. Adjusted $R^2$ =0.17, p=0.001). Age, sex, marital status, working, accommodation were not relationship with WHOQOL-26 Scale.

CONCLUSION: The results provide that the satisfaction to mental health care and the number of peer may be an effective of improving QOL in schizophrenic persons.
Self-reported health problems among university students in Japan; Results of a survey in Ritsumeikan Asia Pacific University

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²Graduate School of Asia Pacific Studies, Ritsumeikan Asia Pacific University, Beppu city, Japan

Ritsumeikan Asia Pacific University (APU) in Beppu city, Japan, has a large body of students from well over 90 countries, especially from the Asia Pacific region including Japanese, Korean, Chinese, Thai, Vietnamese, and Indonesian students. A course on “health and wellness” was offered at APU as a common subject to undergraduate students. The course was taught in 14 lectures each for 95 minutes which covered the concepts of health & disease, healthy behavior & healthy behavior change, psychosocial health, stress and its management, physical fitness, personal nutrition, weight control, healthy relationships, sexuality & fertility management, preventing infectious and non-infectious diseases, drug, alcohol & tobacco use, and environmental health. An anonymous survey in the form of an open-ended questionnaire was presented to 217 students who completed the course, out of whom 207 students (96%) responded. The students were asked to identify a health problem/risk factor they had, based on what they had learned on personal health, and explain what they had done to deal with the problem/reduce the risk. A hundred and sixty two (78%) students identified one main health problem, 26 (13%) mentioned two problems, 10 (5%) mentioned three problems, 2 mentioned four problems, 2 students mentioned five problems, 2 students mentioned seven problems and 3 students could not identify any health problem. The most reported health problems included those related to nutrition (26%), overweight (17%), lack of exercise (15%), sleep disturbance/disorder (15%), stress (11%), tobacco smoking (8%), and drinking problems (8%). Nutritional problems identified included an unbalanced diet with insufficient use of vegetable and fruits and/or taking too much carbohydrates and fried food, irregular meals such as skipping a meal, missing the breakfast, binge eating and regularly snacking on sweets. Most of the students had already attempted to correct the lifestyle problem or seriously contemplated doing so. It can be concluded that personal health promotion through a formal course on a wide range of health/wellness issues can help students identify unhealthy lifestyle habits and encourage them to plan an appropriate behavior change. However, further studies are needed to show if these healthy changes would be maintained in long-term as many of them require a modification/improvement of environmental factors especially on the university campus.
Borderless Know-how Sharing to Help People with Disability

Mr. Voravate Chonlasin (AIT Institute, Thailand.)

National Foundation for People with Disabilities (JPUF), in close collaboration with the Asian Institute of Technology (AIT) and Rajanukul Institute, jointly trained service managers and physiotherapists working at Service Centers for People with Disabilities (PWD), Ministry of Social Welfare, Government of Bangladesh. The training program is part of capacity enhancement project funded by the World Bank aims to improve service delivery for PWD in Bangladesh.

Rajanukul Institute was selected by JPUF and AIT to serve as a specialized center in Thailand to host series of training programs. Twenty-five government officials and physiotherapists participated in training activities at various treatment units at the institute. Physiotherapists and medical staff of the institute served as trainer and facilitator of the program.

The training program was organized during 30 June – 4 July 2014. The objectives of the program are to enable the staff and physiotherapists of JPUF to:

- Appreciate values of service mind-set that therapists and staff need to have for performing decent services for PWD;
- Have concrete knowledge on key concepts needed for assessment and rehabilitation of child with disabilities;
- Follow guideline in performing physiotherapy and occupational therapy for PWD, especially Autistics, Cerebral Palsy and Mobility Impaired child; and
- Identify gaps of rehabilitation practices and develop plan for improvement services to PWD.
Srisaked Network for child development integration
Nanoi District, Nan Province
Narong Thatawong, Paichittree Ma-ai, Naparat Machim, Natcha Nota
Srisaked Health Promotion Hospital

Background/ Rationale
Children have been considered as the important human resource directing the nation’s future. A good adult must be the product of a healthy child with physical, mental, emotional, social, and intellectual development. In the past few years, child development promotion work has been working separately and independently resulting in poor collaboration and networking system. Accordingly, initiating the child development network has been considered as the vital stage to connect all stakeholders in order that child development system could be strengthen and standard child development service could be provided.

Implementation/ procedure
1. Conducted the child survey in the target area.
2. Established the child development network in Srisaked sub-district.
3. The network created the guideline of 0-5 years old child development promotion focusing on data management and transmission.
4. Srisaked child development center with the assistance of local authority has been improved to be the community child development learning center funded by Health Promotion Foundation.
5. Health personnel in Srisaked child development center and primary health center in the network have been educated the child development database by Rajanukul Institution, Department of Mental Health.
6. Srisaked network initiated the child development pilot project in each area. The key activity was to raise the primary child development awareness and knowledge corner in Srisaked health promotion hospital and Nanoi hospital.

Result
1. Srisaked primary child development network and the initiation of child development guideline have been successfully established resulting in the linkage of child development database in the primary setting.
2. There were child development knowledge corner located in Srisaked health promoting hospital and Nanoi hospital.
Success factors

This project has been initiated through the process of child development knowledge and understanding among stakeholders in the setting. Once people recognized the importance of child development promotion, they became willingly enthusiastic to take care of their own children in the community.

Keyword: Child Development Guideline in Srisaked sub-district
Background and Rationale

The number of 0-6 years old children who came to have vaccination cannot access to developmental screening process because of several constraints; time, place, and person. Especially, health personnel had insufficient development assessment knowledge and skill as well as the ineffective referral system. This resulted in loss of service accessibility opportunity for those who needed.

Implementation/ procedure

1. Held the formal meeting among stakeholders; parents, pediatrician, well child clinic staff, and health personnel both from general hospital and health promotion hospital.
2. Reviewed the child development system in the clinic (Wednesday OPD).
3. Created the Well Child Clinic (WCC) guideline book.
4. Provided the Development assessment tool (Version 2012) and TDSI (70 items) workshop for health personnel.
5. Provided knowledge-sharing opportunity in every 3 month and post-training program in every 6 month.

Result

Table 1: New child patients and discharge rate in 2012-2014

<table>
<thead>
<tr>
<th>Products</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children in the clinic</td>
<td>37</td>
<td>54</td>
<td>82</td>
</tr>
<tr>
<td>New patients</td>
<td>37</td>
<td>38</td>
<td>61</td>
</tr>
<tr>
<td>Referral cases</td>
<td>4/0</td>
<td>3 / 2</td>
<td>4 / 7</td>
</tr>
<tr>
<td>2. Discharged from the clinic</td>
<td>18</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Enter to the kindergarten</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Loss F/U</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Home care</td>
<td>10</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Refer to Udonthani Hosp./ Srinakarindra Hosp.</td>
<td>0</td>
<td>7</td>
<td>2/3</td>
</tr>
</tbody>
</table>
Top 5 diseases in the clinic 2012-2014

Success Factors

1. The well child clinic policy has been very clearly stated, this project, therefore, could be operated easily.
2. Health personnel in well child clinic were ready to learn new things and had strong determination.
3. WCC guideline was able to establish the collaboration between health care organization and the community, children as a result, could access to the service increasingly.
4. Child caretakers and local authority have been connected, screening and promoting child development throughout the community became achievable.

Future Plan

1. To have the post-training program for WCC; child development and early stimulation service in every health promoting hospital throughout the whole country.
2. To develop the participation of local authority.
**Miracle of Art to Meditation**

**Child Development Center of Ban Nampueng**

**Background and Rationale**

Due a massive change of the society and culture nowadays, the disastrous impacts on children’s ways of living are inevitable. A large number of children are dealing with adjustment issues. With those who cannot adapt to any changes may display their frustration through negative behavior. Some students show aggression, fighting, and bullying, etc. These unacceptable behaviors appear to be increasingly obvious. Most parents has their own way to deal with these kinds of conduct behaviors, some may punish or prohibit, however, if it does not work, they may let the children penetrate those unwanted behaviors anyway. To relieve the frustration of children, parent many have to think about the way to release children’s tension in the positive ways for example, playing sports, going exercise, and doing activities or arts.

There are 47 children in child development center of Ban Nampueng. Some of them have severe aggressive behavior, hyperactivity, and shyness. The child development center has operated 6 major activities; free activity, creative activity, movement activity, building new experience, outdoor activity, and edutainment activity. The core concept of these activities is to promote physical, emotional, social, intellectual ability as well as to treat some difficulties. Moreover, meditation has been reported while participating these activities, likewise, children learned to have better concentration in school.

**Implementation/ procedure**

Scheduled to have art activity everyday. The teacher should try to create variety of arts in various patterns, group or individual activities within a week. Here were some examples:

1. Drawing
2. Painting
3. Scrubbing
4. Screening
5. Collage
6. Artifacts from waste materials

Every activity followed this lesson plan structure:

1. **Introduction to the lesson**
   1.1 The lesson should start with entertainment activities such as, games, songs, story telling, etc., to build up the enjoyable atmosphere.
   1.2 The teacher use equipment/ tool/ media to attract children’s attention.
2. Art activity
   2.1 The activity has been operated on the participatory basis. The teacher tries to encourage children to discuss, motivates them to express their feeling through an artwork.
   2.2 Teacher supports and let the activity flow.
   2.3 Students use this opportunity to create their own piece of work.

3. Ending Phase
   3.1 Students and teacher brainstorm and discuss the lesson learnt from the activity.
   3.2 Each group present their work to classmates.

Result
   Physical: the children have developed eye-hand coordination, fine and gross motor.
   Emotional: the children could sense sort of positive emotions both from themselves and from the others. In addition, they seemed to have better concentration and readiness to learn new things.

Success factor
   The administrator has put child development as the priority to promote child health, and saw the opportunity that art could connect children with their parents and outside world.
The project for promoting child Intellectual Development in “CHAN”
by employing family positive relationships

Author: Mrs. SOMJIT YAJAI

Organization: Chanthaburi Provincial Public Health Office

Background and Rationale: This project was inspired from the long-lasting experience of Mrs. Somjit Yajai, who are the manager of the department of health promotion in the area of maternal and child work. According to her awareness of IQ and EQ or relevant issues in early childhood, this project was established in order to achieve the important aim, which focuses on the development and quality of children in “CHAN”. Various strategies were used to promote families’ positive interactions, such as motivating mothers to raise their children with breastfeeding as the appropriate way to encourage parents for taking participation in growing their children, as well as bringing up children in early childhood should compound cooperation from families, community, local region, primary public health and business establishments. All companionship to the target of children in early childhood are expected to improve their proper developments and to achieve the goal of “Being smart, well and happy”.

The working procedure and problem-solving
The working process is the integration of all collaborators in the provincial levels, department of disease control and department of dental public health. The progression of the project in the community level was supported, evaluated. In addition, the stage to exchange staffs’ opinion and experience was held in order to encourage the best practice from some communities, analyze project’s obstacle and plan the further improvement.

The provincial level
1. Publishing media for public relations, guideline of process and relevant documentation
2. Holding the conference for promoting model in sub-district as “Sub-district for promoting breastfeeding to encourage family positive relationship” to 142 participants.
3. Holding the stage to exchange staffs’ opinion and experience as “Sub-district for promoting breastfeeding to encourage family positive relationship” to 285 participants.
4. Holding the conference for creating adolescent sanitation and reproduction in the level of district to 100 participants
5. Holding the stage to exchange staffs’ opinion and experience as “The festival for promoting breastfeeding in public awareness” to 285 participants.
6. Holding the stage to exchange staffs’ opinion and experience as “The festival for promoting adolescent sanitation and reproduction” to 300 participants.
7. Controlling and following the working process in the level of primary community
The level of primary community (SSO./ARD. and THPH.)

1. Holding the workshop to 2,400 participants from head of communities, health volunteers and members of the club of SAIYAIRAK
2. Holding the workshop to 2,000 parents of children in the age of early childhood
3. Holding the workshop to 1,000 parents of children in the age of adolescence
4. Holding the workshop and improving quality of friendly service to 1,000 parents of children in the age of adolescence
5. Holding the workshop in the topic of encouragement of breastfeeding in the areas of hospitals and communities to 600 participants
6. Holding the workshop to teach maternal volunteers in the areas of hospitals and communities to 400 participants
7. Holding the workshop for creating family model in the topic of “Breastfeeding and promoting IQ EQ for early childhood” to 500 participants by using the procedure of eating, embracing, playing and telling
8. Holding the conference for following and evaluating the working progression of Tambon (sub-district) Health Promoting Hospital (THPH.) and the quality of young children centers to 500 participants

Products and best practice

1. The rate of pure breastfeeding at least 6 months account for 64.43 percentages.
2. There are 16 sub-district achieve the standard of breastfeeding for promoting family positive relationship in the level of sub-district.
3. There is 80 percentages of the appropriate understanding of target participants regarding breastfeeding and bringing up children in the age of early childhood.
4. There are 16 breastfeeding centers in district to be set as the counseling center regarding breastfeeding.

Successful Factors

1. The sufficient support and encouragement from the provincial health doctor
2. The sufficient support regarding budget and resources from the provincial governor
3. The proficient cooperation between the local administration and partnership in the level of province, district and sub-district
4. Having the proficient committee in the area of sanitation and children
5. The sustainable system of improvement and evaluation was held to follow up the maternal and child project, which was held under the committee of MCH Board in Chanthaburi.
6. There are proficient cooperation between several partnerships, which take part in the quality improvement for maternal and child projects.
The further plan for developing procedure and implementation

Due to the important framework of developing project for early childhood (0-5 years) and women, working plan and strategy for 2014 will be used as sustainability in order to drive project of health promotion in the area of mothers and children in “CHAN”. Policy should be driven as top-down hierarchical structure and managed by using the proper and intensive measure to this manipulation. All staffs or stakeholders should be visited and supervised both for supporting their spirit and improving their additional knowledge and skills. Furthermore, Strategic Route Map (SRM) could be undertaken in problem-solving process in regard to connection, plan integration, role identification and participation from partnerships, collaborators.
Free of Diseases by Hand-washing: Songkhla Bonvior Kao Early Childhood Development Center

Author: Sotthiyapai, K. and Colleagues
Songkhla Bonvior Kao Early Childhood Development Center

Facilitators: Cherngchalard, N., Chunaun, S., Wattanasit, P., Jittanoon, P., Nukaew, O., Buapetch, A.,
Faculty of Nursing, Prince of Songkla University, Hat Yai, Songkhla, Thailand

Objects: To improve ability of children of Songkhla Bonvior Kao Early Childhood Development Center (ECDC) in washing their hands appropriately; and to promote children’s health behaviors in disease prevention to reduce communicable diseases.

Method: This project consisted of five activities to promote hand-washing including: 1) movement and rhythm activities “Lang Meu Boi Boi” (hand-washing Song) every morning, 2) story telling through hand puppet that has the contents related to several different hygiene care patterns and refresh the seven steps of hand-washing in classroom by using simple technique and singing “Seven Steps Hand-washing” song, 3) seeking clean hands role model to help teacher at ECDC, 4) providing “Safe Hand” activity to encourage children to wash their hands applying seven steps hand-washing for five times a day (before-after meals, after playing, before and after using restroom), and 5) displaying seven steps hand-washing poster.

Results: In the first evaluation (November-December, 2014): the findings were reported in two parts including observation of children’s hand-washing behaviors and parents’ satisfaction. Forty percent of children completed the seven steps of hand-washing with incorrect procedures, whereas 35 percent could not complete the whole steps (missing at least 2 steps), 25 percent could complete every step. The majority of parents reported a high level of satisfaction. In addition, they would like to have a pamphlet to continuously follow up their children behaviors at home.

Conclusion: Hand-washing practising is important to prevent diseases for children in ECDC. Particularly, teachers, personnel, and children should perform hand-washing correctly and continuously. Teachers should integrate hand-washing in providing learning experience through being a good role model. For the next phase of the project, small group practice, parent’s participation and continuous follow up of children behavior at home should be taken into consideration.

Keywords: hand-washing; early childhood
Promoting Morals Through Buddhist Way Project

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Facilitators: Buapetch, A., Chunuan, S., Wattanasit, P., Jittanoon, P., Nukaew, O., Cherngchalard, N., **

* Thachang Early Childhood Development Center (ECDC), Surathani Province
**Faculty of Nursing, Prince of Songkla University, Hat Yai, Songkhla, Thailand

1. Introduction

Moral nurturing in early childhood is a key factor to foster children in an ECDC to be smart and good children, and to live in society with happiness.

This project has been conducted to promote young children to be good, smart and happy persons.

2. Strategies

The concept of Buddhist ways was adopted to promote morals and ethics of early childhood at Thachang ECDC. Several activities/strategies were operated including: 1) promoting children to participate in religious activities with the community and their parents on Buddhist holy day e.g. going to the temple, preparing food for monks and wearing white suit; 2) teaching Buddhist doctrine to children by monks and elders; and 3) being a good Buddhist role model teacher for children.

3. Key-Success Factors

1) The greatest support from local administrative organization
2) The participation of teachers, parents, and grandparents
3) The available resources in the community (Chantharam and Santithammaram temples)

4. Results

After joining the project, the majority of children had proper behaviors. They were more focusing on learning activities, were patient to wait, were able to play with other children, performed self daily activities, shared with and helped others, had self-discipline, were assertive, and behaved according to Buddhist principles. In addition, satisfaction of parents toward this project was at a high level.

5. Lesson Learned

1) Parent and community participation is a key success factor to promote morality in early childhood.
2) Moral cultivation should be started early in life through classroom learning activities and daily discipline.
6. **Recommendation**

Promoting Morals through the Buddhist way could foster the growth and development of early childhood as well as teaching them to be a good Buddhist. Moral cultivation for early childhood should be continuously operated with community and parent participation.

7. **References**:


8. **Acknowledgement**:

This project was supported by Thachang Local Administrative Organization. Special thanks to Faculty of Nursing, Prince of Songkla University, and the Thai Health Promotion Foundation.
Promoting Self-Discipline and Consideration of Thai Culture

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Objectives: 1) To promote discipline and incorporate southern cultural tradition for early childhood and 2) To train self-discipline of children regarding conservative Thai culture.

Methods: Teachers, parenting association, and community scholars promoted self-discipline activities, consisting of: 1) providing learning experiences based on a curriculum for early childhood education, such as disciplinary early childhood unit, happiness home unit, and our early childhood development center unit; 2) performing a variety of projects, e.g., a conservative Thai manner project, and a moral and ethics project; 3) encouraging children to participate in traditional rituals, e.g., Buddhist practices and rituals; and 4) training children using teachers as role models of self-regulation and ethics.

Results: Children were trained in self-regulation from learning experiences in their classroom, such as characteristics of punctuality, line up, and playing with toys. In addition, self-discipline of children related to the conservative projects referred to showing respectfulness to parents and teachers every morning, wearing traditional Thai-style dresses once a week showing. Consideration, participating in Buddhist practices and rituals, e.g., annual festival of merit-making at the end of the tenth lunar month for receiving and sending grandmothers, and presenting gratitude for their families and ancestors. According to the role model of their teachers, children exhibited giving thanks, embracing forgiveness, performing give-and-take. Conclusion: The results could be applied to promote self-discipline for early childhood. However, selected self-discipline of children should take into consideration the culture and community context.
Family and Community Participation in Oral and dental health promotion of Children


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Objectives: To raise parents and community’s awareness and empower them with education and skills in oral hygiene in pre-school children; and to strengthen the network in promoting oral hygiene in pre-school children

Method: This project consisted of three steps to promote oral hygiene including: 1) Situational analysis regarding dental caries incidence and oral hygiene behavior 2) Presenting the current oral hygiene issues to involve parties (teachers, parents, dentists, community representative, Village Health Volunteer (VHV), administration of Cherngtalay Subdistrict Municipality, 3) Designing innovation to promote oral hygiene with parents and community’s participation and launching the project as planned: (1) Have the children brush their teeth every morning and after lunch at the Child Development Center, (2) Promote free snacks and soft drinks in the Child Development Center, (3) Educate children, teachers, and VHV about dental caries and oral hygiene by dentists, (4) Get parents, teachers, and VHV’s to practice brushing teeth and dental flossing skills by dentists, (5) Encourage the parents to take the children to the dentist for proper and continuous care for dental caries, and (6) Teachers and VHV hand on what they learned to those parents who cannot participate in the activities.

Outcomes: Parents have knowledge and awareness in promoting oral hygiene in pre-school children. Pre-school children have good oral hygiene behavior (brushing teeth regularly and correctly). Network in promoting oral hygiene in pre-school children is successfully formed.

Conclusions: To successfully promote oral hygiene in pre-school children, with support and effort from parents who become aware of the importance of children’s oral hygiene, and that it is needed to take care of brushing teeth and to provide healthy low sugar diets for the children.

Keywords: pre-school children, oral hygiene, dental caries
The capacity of a community treasures for early childhood development

COACT

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The development of early childhoods, from birth to five years old, is the most important period in their lives. Thus, related organizations should be promoted and cares to fulfil in the dimension of physical, social and intellectual. The emphasis should be placed on the promotion of child development and learning ability, nutrition, oral hygiene, surveillance and disease prevention, and prevention of accident. To achieve the outcomes, it requires process with the participation of multidisciplinary team. It also needs the support system from various agencies including family, private agencies, local government organization, and primary healthcare service educational institutions. These settings would enhance the development of early childhood care system using capacity of community treasures to be concretely and perfectly exist. Thus, the project aims to develop the capacity of community treasures in the care and development of early childhood. The focus is on the capacity development of staff of child development centers in caring early childhood from 2-5 years old. Then, early childhood have proper growth and development leading to their worthy intellectual as the following diagram:
Successful factors

- Competence academic team and skills of working in community.
- The networks which jointly work between family, private agencies, local government organization and primary health care service.
- Effective instruments such as Benchmarks, capital capacity promoting, child development package.
- Continuity of follow-up process, and learning and sharing information.
- Media communication that is easy to access via various channels of media (line, Facebook, websites, etc.).

The enrolled child development centers are upgrade to be 12 prototype centers, and 6 learning centers by means of 5 systems (administrative management, environment management, curriculum, health care, and participation of parents and community). Fifteen centers show their progress in administrative management, proper environment management in terms of safety. For the curriculum, the centers have plan to promote early childhood through the six principles activities. They also design health care system and public referral care system for early childhood within 15 sites. Last, they earn participation from parents and community.
Background and Rationale

Wiangchai district is in the suburban zone where people become urbanization, the combination of modern and primitive ways of living. Most parents need to work in faraway district/province; their children are therefore left behind with their grandparents. Teen pregnancy rate was 17.13%. In 2012, 0-5 years old children with good child development (5 elements) were 87.35%. However, delayed development children with language difficulty still have been found. Moreover, 16.6% of 1-year children in local pre-school child center demonstrated that the hematocrit (HCT) was less than 33% (2013). It has been also reported high cholinesterase enzymes in children, which might relate to food and environment contamination.

Implementation/ procedure

Children’s quality of life have been being developed by the area health board of Wiangchai district since 2004 in several critical issues; nutrition in children and decayed tooth incorporating with local general practitioners, and thalassemia investigation. In addition, local areal health board workers reviewed the current situation resulting in the action plan on “how to bring up a happy child”. Children’s quality of life from pregnancy to birth has been prioritized through the knowledge sharing method among stakeholders including parents of small for gestational age (SGA) baby as well as in pregnant couples. Furthermore, many projects regarding child development promotion have been initiated. For example, ‘Bookstart’ project for every 2-month old child linking to the Thai Population Development project of Faculty of Medicine Ramathibodi Hospital, this project was moreover supported by Reach Out and Reach project (ROR) for distributing books to local child centers where the activity “Happy kids, happy parents” was held in every 1st and 4th Thursday of the month. For every 1-year child, hematocrit (HCT) result, importance of iron, and IQ&EQ must be informed to the parents and local authorities. The campaign “Eat-Hug-Play-Talk” aiming to promote child’s intelligence has been continuously operated. Besides, knowledge of quality child nutrition; decrease having junk food but taking more fruit and vegetable through home gardening can promote child’s self-esteem and pride.

Results

In 2013, it has been reported that 0-5 years old children with good child development (5 elements) were 98.38%. In the ‘Bookstart’ project, the evaluation demonstrated that 96% of parents spent time with their children via reading activity at least once a day, 52.9% read before bed time, 60% tried to read additional books. Six months later, it has been found that 90.7% have continue reading books to their children, while the common burden was ‘no time to read’ with 57.5%, the most favorite book is ‘Stomach ached Kook-kai’ with 51.1%. Presumably, children would have been developed
in language. The reflection from child caretakers in Muangchum child center and teachers revealed the fact that this group of children has better learning skill and development. This seemed due to reading activity, which has been implemented during the period of pregnancy and also the campaign mentioned above. In terms of participant’s satisfaction, 90% rated “very satisfied”. In 2012, 218 children were selected from three sample child centers (Muangchum, Jongjaroen, Wiangchai), average age was 2.9 years old, IQ was 107.

**Success Factors**

In the administrative level, organization’s leaders considered the child development as the critical issue to decrease problems in adolescence. In the organizational level, there was a close relationship among health professionals, good networking, and sincere communication, continuous knowledge sharing among stakeholders. In the regional level, there were several meetings with hospital child and mom committee in every three month. The heart of this community collaboration is a good relationship and good intention on the basis of client center.

**Future Plan/ Development**

Wiangchai district has distributed the guidebook of ‘Child Development’ produced by the integration amongst ministry of public health, ministry of interior, and ministry of education. It was intended to expand the communication between parents and health professionals. This guidebook will be utilized until primary school. It is crucial that the good quality of children’s life must come from the participation of all stakeholders that will determine good future.
Background and Rationale

In the past, several delay development and physical disability children have been found in out patient unit and child patient unit. Most parents have no idea about how to take care of these children, thus, they deprived the appropriate treatment. Wisedchaichan hospital realized the importance of this problem and saw the opportunity of improving children’s lives. It was also believed that these children with special needed could study in the same class with other normal classmates. Child development clinic was started aiming at implementing early intervention, educating parents, building network, collaborating between school and hospital. Furthermore, it has been proven that delayed development children with early intervention would strengthen family and children themselves as the holistic care.

Implementation/ procedure

1. Establish local child development center where children with delayed development suspect in the village could access. National Health Security Office (NHSO) of Saraburi province can fund the collaboration in district and provincial level.

2. Collaborate with multidisciplinary team in order to:
   - Assess and screen child development (Child Development Tool version 2012) in good child clinic and Health Promoting Hospital where parents have children vaccinated regularly.
   - Refer the delayed development cases to have further investigation.
   - Consider further referral requirement when continuous treatment is needed for example; early stimulation nurses, physical therapists, occupational therapists, speech therapists, psychiatric nurses, nutritionists, dentists, or pharmacists.
   - Introduce to special educators for appropriate individual education.

3. Work with health personnel in every section; hospital, local health center, health volunteer center, school, special education center, leisure education center, social development center, and local authority organization in order to follow up, home visit, create health promotion and rehabilitation activity, as well as, empower parents and caretaker.

4. Held the seminar once or twice a year regarding child development and exceptional child counseling as well as psychoeducate parents and multidisciplinary team (health volunteer, child caretaker, special educator, etc.) to perform child development promotion, music and art therapy, and sightseeing, in cooperating with other local organizations.
Results

Child development clinic was established with variety of multidisciplinary team including pediatrician, dentist, physical therapist, psychiatric nurse (counseling and early stimulation), nutritionist, special educator. This attempt resulted in children with delayed development were successfully treated by their own parents.

Success Factors

- The support of administrators, multidisciplinary team, parents, and families
- Teamwork within the hospital sub-units; well child clinic, as well as, special education center, leisure education center, local authority organization, and local exceptional child association
- Information Technology Project for delayed development child under the patronage of Her Royal Highness Princess Maha Chakri Sirindhorn

Future Plan/ Development

1. To screen and assess children with high risk of delayed development in the early stage.
2. To have delayed development children referred to special hospital as well as to emphasize on early intervention.
3. To set up the special education system throughout the area.
4. To provide learning opportunity (learning equipment, programs, lesson plans) for delayed development children.

To explore children with any sort of difficulties; homeless child, alien child, abused child, etc., via OSCC system, then have them referred to special education system, leisure education system, or basic education.
Fine More

*Health Service Network of Amphoe Banlad, Banlad district, Petchburi province, Thailand.*

**Background and Rationale**

Since 2013, health service network of Amphoe Banland has been operating child development work in Banlad district; all children have been investigated as well as vaccinated. It has been indicated that the good development child was 96.16%, while delayed development child was 3.84%. The observation was that children with good development were great far from those with delayed development. Because numerous children came to get vaccinated on the same day they got developmental investigation, it was possible that they had little time to get appropriately assessed. The delayed development children as a result were not carefully examined and under-detected.

**Implementation/ procedure**

Health service network had considered several aspects to move child development work forward, for example; human resource, social context, and procedure. During Oct 2013 to June 2014, more delayed development children have been reached. The Health promoting hospital could take care of mild delayed development children in the primary setting together with getting through vaccination process. Mild delayed development child could have early intervention in the primary health care for 1 month; they then had been referred to Banlad hospital if there was further assistance needed. DSI guidebook was considered as the practical guide for Banlad health service network team.

**Success Factors**

1. All health personnel who were responsible for child development (screening and early stimulation techniques) had taken child development intensive course.
2. The children were easier to access since the target age of development assessment had been modified to 4 periods; 9 months, 1.5 years, 2.5 years, and 3.5 years.
3. Time when children can have child development services has been separated from the vaccination date. Moreover, parents who cannot come on that day can book the home visit appointment. As the result, parents can learn to use local equipment suggested by home visit team to apply in early stimulation at home.
4. The place where children can have child development services had been provided separately from vaccination area. So, the children can have better services.
5. The ‘child manager’ had been appointed to regulate and evaluate child development work as well as deliver any recommendations and skills to health personnel, parents, and child caretakers incorporating with home visit team of Banlad hospital.
6. Applying area base strategy, where health personnel can share responsibility for taking care children in the same area. Therefore, huge children in the large kindergarten can be explored and treated. Also, teachers and caretakers can be educated any knowledge concerning child development promotion.

Future Plan/Development

1. To continuously recover the potentiality of health personnel as well as expand knowledge and skill concerning child development of parents and child caretakers in order that child watch system will be more effective.

2. To provide the workshop for child caretakers in well child clinic, teachers, and health personnel to build the community network and strengthen child watch scheme.
Quality of Life Development for Inappropriate Development Children

Suvannabhumi Hospital, Suvannabhumi District, Roi-et Province, Thailand.

Background and Rationale

It had been commonly found that children with Cerebral Palsy (CP) has high relapse rate in Suvannabhumi district. In addition, any other exceptional children including, Down syndrome, mental retardation, and delayed development were neglected by the community. It was crucial that this group of children essentially deprived appropriate early intervention, some family cannot access to the service because they lived in the remote area. Accordingly, Suvannabhumi hospital has developed the network of delayed development children. In the beginning, this network started with taking care of cerebral palsy, mental retardation, and Down syndrome, then, expanded to any other delayed development children, especially to those with poor nurturing. The network includes parents, village health volunteers, and children caretakers.

Suvannabhumi hospital incorporating with city municipal and local authority therefore established the project of better quality of life for delayed development children in order that they could access to the local services.

Implementation/ procedure

1. Explored delayed development children in the community and let them know about early stimulation provided in the local clinic.
2. Held the multidisciplinary meeting (general practitioner, dentist, registered nurse, clinical psychologist, physical therapist, and Thai traditional doctor) regarding the early stimulation clinic establishment.
3. Established the early stimulation clinic under the financial support of Suvannabhumi hospital.
4. Set up the field visit at Institute of Child Development Northeast, Khonkaen province.
5. Distributed knowledge concerning delayed development child tool (version 2012) and referral system for children caretakers in the well child clinic (pilot project in 8 local areas).
6. Provided knowledge regarding delayed development child screening, assessment, referral system, and promotion for village health volunteers.
7. Build the collaboration among community leaders, as well as, create sense of belonging in delayed development child work for the people in the village.
8. Supported and provided delayed development child equipment or innovation such as, stand bar, paper Marché chair, and wooden chair.
9. Provided active services for villagers; home visit for those who need further assistance.

Results
1. The delayed development child clinic was awarded from the mental health network in the provincial level.
2. Delayed development and other exceptional children in the community had been explored.
3. The early stimulation clinic has been established in Suvannabhumi hospital, as well as multidisciplinary team has been set up in order to take care all delayed development children in the community.
4. There were opportunities that delayed development child caretakers could share experiences and learn from each other.
5. The expenditure of delayed development child remedy was decreased due to the fact that those children do not have to travel to the central hospital in Roi-et or Khonkaen province.
6. Suvannabhumi hospital was funded by National Health Security Office (NHSO), for operating delayed development child network.

Success Factors
1. Child Development Promotion has been recognized as the national policy.
2. The organization administrators considered child and adolescent mental health and psychiatry as the important scheme.
3. A strong multidisciplinary team
4. There were many sources of funding; Suvannabhumi hospital, local authority, and the National Health Security Office (NHSO).

Future Plan/ Development
1. To built the collaboration from the local authority in order that children with inappropriate development would be referred to experts without spending huge amount of money.
2. Health personnel will be educated in early stimulation clinic for example; child and adolescent psychiatric nurse and occupational therapist, etc.
3. Health personnel who are responsible for child development will work actively regarding, home visit and early stimulation for those who cannot travel to the clinic.
The Development of Delayed development Child Promotion System for better service accessibility in Ar-kat Amnuay District, Sakonnakorn Provice, Thailand.

Ar-kat Amnuay Hospital, Arkat Amnuay District, Sakonnakorn Province, Thailand.

Background and Rationale
According to the child development database collected by Department of Health, Thailand (2010), appropriate development children were 70.3% while only 20% of those got developmentally assessed in Well Child Clinic. Besides, children with cerebral palsy accessing to the child health service were only 5.23%. Ar-kat Amnuay hospital, Sakonnakorn province, demonstrated that in 2013, appropriate development children were 90% while those 10% of inappropriate development children could not access to services provided due to insufficient referral system. Accordingly, Ar-kat Amnuay hospital established The Development of Delayed development Child Promotion System for better service accessibility Project.

Implementation/ procedure
1. Planned to send a nurse who was responsible for child development work to study in post-graduation level focusing on child and adolescent psychiatry, a 4-month course.
2. Operated the early stimulation clinic on Tuesdays, since September 20th, 2013.
3. Held the child development committee in order to designate roles and responsibility.
4. Created a flowchart of child development (0-5 years) connecting between primary and secondary care level for children with cerebral palsy and delayed development.
5. Allowed local health personnel to study in early stimulation course (TDSI 70), also, TDSI 70 and Child Development Assessment Tool (Version 2012) were provided.
6. In every health promoting hospital, there was a stimulation clinic operating separately from vaccination unit. When delayed development children had been found, they were referred to DSI 300 assessment; also early stimulation program could be achieved at home.
7. Delayed development children database was created in each primary setting.
8. Complicated cases were systematically referred to secondary and tertiary health care services.
9. Children with sophisticated and severe delayed development were treated and continuously followed at home.
10. Collaborated, advocated building mental health network among health personnel in every setting; well child clinic, school, and community.
Results

4,548 children, age of 0-5 years old in Ar-kat Amnuay district, had been investigated via child development assessment 2012 (total 4,614) which was 98.57%. There found 71 inappropriate development children (92.96%) that need to get through early stimulation protocol (TDSI 70) for 1 month. Then 100% of those children with no progress after a month of early stimulation must be referred to early stimulation clinic in Ar-kat Amnuay hospital for further treatment with DSI 300. 25% of complicated cases had been referred to secondary health care system. In early stimulation clinic (Oct, 2013 - June, 2014), 73 children were assessed considered as 85.89% of the total clients. From those numbers of children, 100% had been treated appropriately.

Success Factors

1. Administrators supported in several aspects; knowledge installation, budget, and human resource.
2. The practical early stimulation clinic in the collaboration among sufficient multidisciplinary team.
3. Getting supported from the health network; Ar-kat Amnuay municipal, Sirindhon National Medical Rehabilitation Centre (SNMRC), and Special Education Center of Sakonnakorn province.
4. There were variety of innovations for exceptional children; also there was a library for early stimulation and child development equipment.
5. Opened to any other organizations to have a study visit, demonstrating good practices in child development promotion.

Future Plan/ Development

There will be the effective child health system, which can follow every child since the period of pregnancy, pre-natal, post-natal, WCC, and DCC. Children with risk of Birth Asphixia, LBW, Anemia, Iodine deficiency disorder, will be early detected and prevented. Besides, child development age 0-5 years should be collected and stored in the database of Ar-kat Amnuay district, Sakonnakorn province.
Art for Primary Child Learning Development
Krasome Health Promotion Hospital and Child Development Center, Pang-Nga Province

Background and Rationale

Krasome child development center has operated building experience activities through arts/painting for children in Takuatung district. From these activities, it has been reported that most children had some problems with verbal communication (story telling). Children found hard to deliver what was in their mind to their parents. It is crucial that the initiation of developing language in children should be prioritized. Child caretakers thus created the ‘First booklet’ project to improve the verbal communication ability.

Implementation/ procedure

1. Child caretakers studied what was the problem in child development center.
2. Child’s behavior has been observed and recorded.
3. Group activities have been performed in child development center.

Results

Children in Krasome child development center has been improved in several areas; arts & paintings, words and vocabularies, language and communication. They moreover have learned ethics and problem solving skills through the storybook apart from the fact that they were able to release tension.

Krasome child development center has initiated the ‘First booklet’ project, thereby, children has been promoted their intellectual ability as well as creativity. Besides, they were able to develop their emotional and social ability through communication process.

Success Factors

Child caretakers have strong determination to follow the lesson plan on the basis of ‘child center’. Children, therefore, have successfully learned from the activities provided. The children also improved their sense of discipline, honesty, saving, creativity, and interpersonal relationship.

Future Plan/ Development

1. To build the sustainability of child caretakers and parents collaboration in child development work.
2. To encourage children to have better communication skill through the storybook.
3. To recruit the children joining the story telling competition.
4. To recruit the children joining arts and painting competition.
Background and Rationale

From the child health operation for grade 1 to 6 in Kangkrachan health network in 2012, there found 3 suspected attention deficit children, 4 intellectual difficulty children, and 1 learning disability child. However this number might be under reported because the health personnel who assessed child development have too much work. Besides, in 2012, children with behavioral problem in teen pregnancy clinic were 3%, teen pregnancy were 24%, self harm case were 5%, sexual and violent abuse were 25%. Some of these children also had learning and emotional control difficulty. This came the initiation of operating teen service and increasing the rate of service accessibility.

Results

In 2012, the hospital services were improved, a psychiatrist has been invited to work every 2 months. The acupuncture service for attention deficit and intellectual difficulty has been operated. Also, more health personnel were added such as a clinical psychologist, a child and adolescent psychiatric nurse. More child development services were provided. In 2013, children in school were assessed and found that there were 34 intellectual difficulty children, 8 learning disability children, 16 attention deficit children. In 2014, there found 36 intellectual difficulty children, 26 learning disability children, 12 attention deficit children, displaying in the chart below.

<table>
<thead>
<tr>
<th>Products</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Children in the clinic</strong></td>
<td>37</td>
<td>54</td>
<td>82</td>
</tr>
<tr>
<td>New patients</td>
<td>37</td>
<td>38</td>
<td>61</td>
</tr>
<tr>
<td>Referral cases</td>
<td>4/0</td>
<td>3 / 2</td>
<td>4/7</td>
</tr>
<tr>
<td><strong>2. Discharged from the clinic</strong></td>
<td>18</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>- Enter to the kindergarten</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>- Loss F/U</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>- Home care</td>
<td>10</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>- Refer to Udonthani Hosp./Srinakarintra Hosp.</td>
<td>0</td>
<td>7</td>
<td>2/3</td>
</tr>
</tbody>
</table>
Apart from that, there were the psychoeducation provided for parents individually in order that children can be promoted and developed at home. Documentation proposing child health services in each area health board were created. School teachers moreover were able to took part in the child health promotion system course focusing on special education, behavior modification, attention improvement, and conduct behavior management.

Family camp for attention deficit children has been established because of the need from 3 schools in the area. In addition the collaboration has been expanded to Wat Kangkrachan (a buddhist temple), and local teen ambassadors in order to distribute behavior modification and creativity initiation knowledge for family. Stress and depression of the parents, as a result, was decreasing while good behavior of the children was increasing. This may be because parents can access to appropriate advices, access to services provided, resulting in children with better school achievement, longer attention span, but less aggressive behavior.

Success Factors

1. There were child and adolescent psychiatric nurses specializing in school children mental health screening.
2. There was multidisciplinary team who was able to investigate and examine child’s problem for example, child psychiatrist, child clinical psychologist.
3. There was a strong child development network including school, health promotion hospital, health volunteer, independent education, local authority, religious organization, teen ambassador, housewife association, halfway house, ministry of social security, police, and community leader, for the referral purpose.
4. The connection of child development database combining physical and mental health in area health board for holistic care approach.
5. Being funded by the office of Provincial Public Health Service for operating mental health work in DHS.
6. The advocating from administrators child mental health operation in very level.
7. There are child & family activities operating in the community for example Petch river sailing, national park camping.

Future Plan/ Development

1. To have children further physically investigated; Thyroid and Thalassemia for instance, however, vitamins and other supplementary should be additionally prescribed.
2. To provide acupuncture service as the alternative medicine.
3. To provide hippotherapy to increase attention and modify children’s behavior.
4. To operate the annual family camp in the community.
Screening for Learning Difficulty in Primary Children

Somdet Prayuppraraj Dansai Hospital, Dansai District, Loei Province

Background and Rationale

In 2010-2011, there was the massive screening operation for learning difficulty children in Dansai district. Various symptoms have been found, Learning Disability (LD), Attention Deficit Hyperactivity Disorder (ADHD), and Intellectual Disability (ID). Health personnel transferred this essential information to the office of local education administration; thus, this group of children will be supported in terms of learning equipment, and needed human resource. In the past few years, children in Dansai district and nearby areas (Phurue and Nahaew district) came to the outpatient unit (OPD) in the community hospital. However, some burdens have been shown, a long waiting list, an unsystematic procedure, and lacking of following up procedure. Accordingly, the multidisciplinary team (1 pediatrician, 2 child & adolescent psychiatric nurses, 1 child development & assessment nurse, and 1 occupational therapist) have operated the learning difficulty assessment service for school children in Dansai district and nearby areas on 1st, 2nd, 3rd Monday of the month. Moreover, this service has been linked to a primary school as the pilot project.

Implementation/ procedure

1. Discussed the national policy of child health promotion with school administrators, teachers, special educators, and child caretakers focusing on IQ & EQ promotion.
2. Provided the workshop on child behavioral observation, 6-11 years old child EQ assessment, SDQ for special educators, teachers, and parents.
3. 2-15 years old children with any kinds of difficulty suspicion/ high risk have been assessed by a clinical psychologist or a child and adolescent psychiatric nurse.
4. Those children with any kinds of difficulty have been treated under the Individualized Education Program: IEP and Individual Implementation Plan: IIP.
5. Children have been followed up as well as the project has been improved.
## Results

<table>
<thead>
<tr>
<th>Operation</th>
<th>Result 2013</th>
<th>Result 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>KUS-SI or The 9 elements of difficulty assessment was applied to in service areas (16 schools, 158 students).</td>
<td>• KUS-SI and The 9 elements of difficulty assessment (grade 1 student in the pilot school)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• EQ assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• IQ assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>have been used to assess children with any kinds of difficulty suspicion.</td>
</tr>
<tr>
<td>Service accessibility</td>
<td>School sent a list of student who was suspected to be LD via written or verbal communication</td>
<td>It has been considered to send the list online (Facebook).</td>
</tr>
<tr>
<td>• Regular appointment on every 1st, 2nd, 3rd, Monday of the month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td>• Learning difficulty students were 4.32%.</td>
<td>1. The summary of student’s problem who for further individual education program.</td>
</tr>
<tr>
<td>1. Intellectual Assessment</td>
<td>• Students with learning difficulty assessed in the hospital were 45% (70 from 156).</td>
<td>2. Group psychotherapy for students with 9 ADHD (2 groups, on 1st and 4th Monday)</td>
</tr>
<tr>
<td>(Mini Thai IQ Test)</td>
<td>• In total 70 children, 47 were those with LD, 9 were ADHD/ conduct behavior, and 4 were mental retardation.</td>
<td>3. Learning/ Attention/ Behavior difficulty children workshop for parents</td>
</tr>
<tr>
<td>2. Wide Range Achievement</td>
<td>• 100% of those children were identified to school for further special education program provision.</td>
<td>4. The budget to produce storybooks in pilot school funded by parents</td>
</tr>
<tr>
<td>Test (WRAT-R)</td>
<td>• Exceptional children workshop for parents in a pilot school.</td>
<td>5. 1-5 Piano session in school</td>
</tr>
<tr>
<td>(only in case IQ &lt; 90)</td>
<td>• 1 to 5 piano therapy in school</td>
<td>6. Home visit program</td>
</tr>
<tr>
<td>3. SNAP/ PDDSQ (only children with behavior disorder, attention, and autistic suspicion)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The summary from all the psychological assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Refer to a pediatrician for further physical investigation.</td>
<td></td>
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</tr>
</tbody>
</table>

## Success Factors

1. The organizational administrators prioritized child development work.
2. The good collaboration and strong determination of multidisciplinary team.
3. There was a clear vision and mission of child development.
4. There were several sources of funding.
Future Plan/ Development

1. To build the collaboration among hospital and school in child development promotion.
2. To have the home visit program incorporating with teachers.
3. To have IQ&EQ child watch project in kindergarten and child development center.
MAGNITUDE AND RELATED FACTORS OF GAME ADDICTION ADOLESCENCE

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Officer Mental Health Center 5
Department of Mental Health, Thailand.

Objectives: 1) To describe characteristics of the child 2) To evaluate the severity of game addiction in secondary school students 3) To measure the level of the children’s game addiction protection 4) To identify relationship between the severity of game addiction and the level of game addiction’s protection 5) To identify factors related with game addiction

Materials and methods. Cross-sectional study was done with 330 students in Mata Yom 1-6 (or grade 7-12) from March to April 2013 of secondary to high school students. The Game Addiction Screening Test (GAST) and Game Addiction Protection Scale (GAPS) were used to measure severity of game addiction and its protection level. Descriptive statistics was done with demographic data. T-test and one-way ANOVA were done to identify the relationship between GAST and GAPS score. The results showed that 96.7% had played game 86.9% played game in non-addiction level and 84.5% had low level of game addiction’s protection for Severity of game addiction was moderately negative correlate with the level of game addiction’s protection (r = -0.433 ). Gender, experienced game playing, playing game in friend’s house or game cafe’ and playing game more than 3 hours a day were found significantly correlated with game addiction and game addiction protection.

Conclusions and suggestions. Risk of game addition influenced by low level of game addiction protection. Should be monitored by a vocal student. Intervention that increase adolescents’ immunity to game addiction are needed, especially for those experienced game playing and playing game in game cafe’.

Keywords children’s game addiction and children’s game addiction protection
The family’s relationship and life happiness of delinquent juveniles

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This participatory action research study aimed to assess the function of family and develop the model of family relationship and life happiness of delinquent juveniles. The methodology was divided into 5 stages; 1) situational analysis, exploring the family function and study need assessment of family relationship and life happiness of delinquent juvenile, 2) review the development of family relationship and life happiness model 3) try out the family relationship and life happiness model 4) implement the process and activities of the model and (5) evaluate the model.

Purposive sampling method was used to recruit 30 delinquent juveniles and 20 parents of the delinquent juveniles. The instruments comprise of three assessments for family function, happiness, and family relationship which had good Cronbach’s coefficient reliability (r = 0.92, 0.90, and 0.96 respectively). Wilcoxon W test was used to test the hypothesis.

The findings revealed that 40% of all parents were satisfied with their family function at moderate level. Moreover, the happiness and family relationship among all participants both in juveniles and their parents increasingly reported with the statistical significance level at 0.01.

Keywords: family’s relationship, happiness, Delinquent Juveniles

Ms. Sujitra Sukasame

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Purpose

To study the effect of using Communication Pocketbook with the communicative abilities of children with intellectual disabilities in the special education division, Rajanukul Institution.

Method and Materials

The sample of this study was 8 children with intellectual disability in the division of special education, Rajanukul Institution. They are selected by simple sampling method with the average age was 13-18 years. Materials used in the study were the communication pocketbook, communication ability assessment tool, and picture communication lesson plan. The result was evaluated by pre and post-test. The experimental period was 7 days. The Wilcoxon test was applied to test the hypothesis.

Result

The study showed that children with intellectual disability have better communication ability after using the Visual Communication Pocketbook with the statistical significance.

Summary

After applying the visual communication pocketbook, children with intellectual disability displayed better communicative skill. This may be because these children are able to understand better in picture from the pocketbook. The visual communication pocketbook has several benefits such as, portable size and well designed with 7 categories (place, food, action, object, feeling, service place, and symbol.) Moreover, the pocketbook is beneficial in terms of, helping parents understand the children very easily, also the parents can expand the daily life vocabularies by adding more picture to each category.

Keywords: portable, visual communication pocketbook
Mosaic For Fun (MFF)
Life Learning skill development program for autistic children
Division of Special Education, Rajanukul Institution, Department of Mental Health, Thailand.

Purpose
To promote child’s development regarding, movement, perception, observation ability, response, and order compliance.

Method and Material
Because autistic children have been struggling with learning disability as well as learning tools and material which is available now are quite difficult, the researcher has reviewed related literature to improve autistic child development tool and equipment. In order to promote the ability of movement, perception, observation, response, and compliance, the picture of animal have been decreased but replaced by empty block. In addition, these pictures can be rearranged, added, and altered. Therefore, autistic children can learn more through playing with animal pictures.

Result
After applying ‘Mosaic For Fun’ to autistic children, they appeared to be less confused. They are able to recognize the picture easily, in another word, the old version had too many pictures.

Summary
Mosaic For Fun can help autistic children develop the ability of movement, perception, observation, response, and compliance. This intervention leads to the increase learning ability; also, it is easy to perform at home.

Keywords: mosaic, fun
The result of Ribbon in increasing accuracy of throwing Bocce among delayed development and intellectual difficulty children

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Rajanukul Institution

Background and Rationale

It has been found that children with delayed development and intellectual difficulty are not able to play Ribbon Bocce. Researchers tried to create the innovation helping them increase their ability to throw Bocce more accurately.

Purpose

To study the result Ribbon in increasing accuracy of throwing Bocce among delayed development children and intellectual difficulty children.

Method and Material

This study is an experimental research with 8 delayed development and intellectual disability children who came to the division of special education, Rajanukul institution. Materials are Ribbon Bocce assessment and 15 lesson plans.

Applications

1. The Ribbon Bocce lesson plan for children with delayed development and intellectual difficulty has been invented.
2. Children with delayed development and intellectual difficulty have better throwing Bocce skill by using Ribbon.
3. Health personnel and parents have the guideline to practice their children with delayed development and intellectual difficulty.

Summary

Children with delayed development and intellectual difficulty have better throwing Bocce skill in the accurate distance and direction at the statistical significance level of .05.
Autism spectrum screening questionnaire for children under 2 years old

Cholathip Krivichian, M.D.

Abstract

Objectives To develop the autism spectrum screening questionnaire for child under 2 years old.

Materials & methods The screening questionnaire was developed by consisting of several questions that were reflected symptoms of autism spectrum disorder found in children under 2 years old. Parents were asked to provide feedback whether their children had shown kinds of symptoms or not. Then, the questionnaire was sent to the experts for further verification and confirmation on its validity of criterion and content. Forty-three items of questions were concluded and trialed with parents of patients and parents of normal children under 2 years old. In order to ensure the reliability, data from parents of children under 2 years old who used hospitalize service of Yuwaprasart Waithayopathum Hospital and well child clinics were collected with 30 samples per target group. The result was brought to analyze for further removing a number of questions from 43 items to 15 items. Then, data collection was carried out with 152 parents of sampling children under 2 years old of Yuwaprasart Waithayopathum Hospital and 83 samples of well child clinics and nursery center. All samples were diagnosed by child and adolescent psychiatrists in order to identify sensitivity, specificity and cutoff point.

Results The autism spectrum screening questionnaire for child under 2 years old with 15 questions, reliability of 0.94, cutoff point of 6, sensitivity of 0.72, specificity of 0.75.

Conclusion The autism spectrum screening questionnaire for children under 2 years old had good sensitivity and specificity. Number of examine questions were optimal and aligned to diagnosed criterions, that being use by psychiatrists in general. The questionnaire was applicable to increase the effectiveness of screening process for potential patients.

Key words: autism spectrum disorder, child, screening questionnaire

Yuwaprasart Waithayopathum Child Psychiatric Hospital
Objective: To develop and look for the appropriateness of the Pervasive Developmental Disorders Screening Questionnaire - Revised (PDDSQ-R) 1-4 year old tool for screening autism spectrum disorder (ASD) at the Child Psychiatric Clinic / Developmental Clinic.

Material and method: Part I, to study the effectiveness of the PDDSQ-R tool administered by parents of 383 new patients, age 1-4 year old at the Child Psychiatric Clinic, Yuwaprasart Waitayopathum Hospital. Validity and the cut-off point that differentiate between children with ASD and children with other psychiatric / developmental disorders were tested by using the Receiver Operating Characteristic (ROC) curve. Part II, to study how do parents of 32 new patients, age 1-4 old administer the PDDSQ-R tool at the Child Psychiatric Clinic / Developmental Clinic Network.

Result: The PDDSQ-R 1-4 year old tool can screen children with ASD at the cut-off point above 8 score, area under the curve = 0.794, with sensitivity at 71 % , specificity at 68.6%. Most of the powerful differentiator items that differentiate between children with ASD and children with other psychiatric / developmental disorders are the items of social - skills disorder. At the Child Psychiatric Clinic / Developmental Clinic Network , 93.8 % of parents administered the PDDSQ-R 1-4 year tool by themselves. They spent 10.5±4.3 minutes for each screening.

Conclusion: The PDDSQ-R 1-4 year old tool has good validity, and convenient (or handy, user-friendly) for screening those autistic children who are on waiting list at the Child Psychiatric Clinic / Developmental Clinic in order to have them received early treatment planning and intervention before other patients.

Key words: Autism spectrum disorder, PDDSQ-R 1-4

Yuwaprasart Waithayopathum Hospital, the Department of Mental Health

Yuwaprasart Waithayopathum Hospital, the Department of Mental Health
Framework of the “One Hospital One School” (OHOS) system

Child and Adolescent Mental Health Rajanagarindra Institute

To strengthen school mental health system, school setting and health setting need to work side by side as bilateral agreement of school mental health team. Firstly, health care setting should start to work with school by using proactive approach, while school works continuously following the standard school mental health system. The system consist of 5 steps: (1) individual evaluation, (2) screening, (3) health promotion, (4) prevention and treatment, (5) referring inside and outside school. Health care setting can support knowledge and effective tools. Also, both school and health teams have to work together on each step of school mental health planning process including strategic plan, action plan, case conference, and health promotion activities. Moreover, health setting is placed to be a consultant of the school for building connection and network with student’s family, community, and related resources. Finally, for complicated case who need specialized treatment, health care setting is the main part on providing suitable and friendly care for the student.

Core components of network building between school and health setting are specific target for bilateral agreement and authentic cooperation regarding strategic plan, action plan, related activities, coordination, supervision, and monitoring the outcome. Both also need to encourage and strengthen the working teams in order to achieve goals. Furthermore, information system has to be developed constantly, while information center of school mental health should be built in level of educational service area in order to connect and share information between school and health systems.
The prevalence and associated factors of PTSD symptoms among Middle school and high school students in one of district at Khon Kaen province

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Rapeepan Chathongyot, Child and adolescent psychiatric nursing and Apiradee Phulaydok, Psychiatric nursing Northeast Institute of Child Development.
Department of Mental Health Ministry of Public Health Thailand

Abstract

According to any incidents that impact on Psychological trauma may cause of psychiatric disease. Especially, Post Traumatic Stress Disorder-PTSD. It affects on thinking process system and emotion. Most studies in Thailand limited children in 3 southern provinces and those affected by tsunami disaster area that found prevalence of PTSD symptoms 21.9 percent on age of 11-18 year olds.

The descriptive cross-sectional study design. The samples chosen from 7 schools in middle and high school in Nampong district, Khonkaen province, Thailand. The aim of this study was to find the prevalence and associated factors of PTSD symptoms among Thai adolescence. This information would benefit for given treatment and intervention in the future.

The actual participants were 960 samples in the date of survey, estimated 22 percent of samples whom responded. The prevalence of Post Traumatic Stress Disorder-PTSD in this study showed 8.13 percent and found the factors significant differences in high risk of PTSD with the patient who met traumatic events that had a history of inappropriate behavior, experienced trauma greater than 1 time and had GPA over or equal 3.04/4. However, another factors may involve with PTSD symptoms in samples not found in this study as the children in other studies such as gender, age, family condition and lack of appropriate psychiatric treatment. In addition, have to definite diagnosis by psychiatrists after all.
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