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Enhancement of Justice System Interventions for High-Risk Violent Psychiatric Patients

Aranee Vivatthanaporn, and Navapat Narongsak*

Faculty of Criminology and Justice Administration, Rangsit University, Pathum Thani 12000, Thailand

*Corresponding author, E-mail: navapat.s@rsu.ac.th

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Abstract

This research aims to investigate problems in the Thai justice system's operations concerning psychiatric patients at high risk of committing violence and develop appropriate and effective operational strategies. The study employed document analysis and in-depth interviews with eighteen key informants. Additionally, a focus group discussion was held with six participants from professional groups.

The research identified several issues within the Thai justice system, categorized into four key areas: 1) Manpower including a shortage of correctional and police officers, a lack of medical professionals with relevant expertise, overburdened staff, inadequate understanding among relatives and the public, and insufficient knowledgeable justice personnel; 2) Insufficient budget (Money); 3) Materials: insufficient inpatient bed capacity due to the limited number of psychiatric hospitals in Thailand, along with a shortage of vehicles, ambulances, and essential operational equipment; and 4) Management: prolonged justice system procedures and treatment duration, limited inter-agency collaboration, inefficiencies in referral and follow-up systems, absence of a dedicated responsible agency, legal constraints hindering law enforcement operations, and lack of data integration and a unified patient information platform.

To enhance the effectiveness of the Thai justice system operations, the research recommended: 1) expanding medical and justice system personnel, including psychiatrists, psychiatric nurses, forensic psychiatric nurses, psychologists, social workers, and related professionals; 2) promoting accurate knowledge of psychiatric patient care among society, communities, and families; 3) promoting accurate knowledge of psychiatric patient care among related personnel; 4) promoting inter-agency collaboration or a collaborative network involving external government and private agencies; 5) establishing an organization specifically responsible for psychiatric patient care to enhance the effectiveness of treatment and the judicial process; 6) streamlining procedures for handling psychiatric patients; 7) improving the sufficiency of bed capacity for psychiatric patients; and 8) increasing budget allocation for relevant agencies.

Keywords: *psychiatric patients; psychiatric; violence; justice system*

1. Introduction

Over the past years, there has been a marked increase in the number of individuals experiencing mental health problems, particularly those exhibiting violent behaviors toward themselves or others. Self-directed violence encompasses acts such as self-harm and suicide, whereas violence toward others involves causing injury or death to other people. Such incidents occur both within family settings and in the broader community. These trends underscore that mental health problems are critical concerns with significant impacts on individuals' quality of life and on public safety.

In fiscal year 2023, 22,712 psychiatric patients were identified as having a high risk of violence (classified as Serious Mental Illness with High Risk to Violence, SMI-V). This figure represents a substantial increase from 7,500 cases in fiscal year 2022. These high-risk cases can be categorized as follows:

1. Self-harm with violent methods (60.65%) – 4,549 patients had a history of self-harm using violent methods intended to cause death.

2. Violence against others (24.17%) – 1,813 patients had a history of using violence against other people or causing alarm in the community.

3. Homicidal delusions (9.91%) – 743 patients experienced delusions involving intentions to fatally harm specific individuals.

4. Serious criminal offenses (5.27%) – 395 patients had a history of committing serious criminal offenses, including murder, attempted murder, rape, or arson.

Despite the rising number of high-risk psychiatric patients each year, significant challenges remain in the administration of justice processes for these individuals. Agencies such as the Ministry of Public Health, the judiciary, and law enforcement continue to face persistent problems that require further improvement and development in order to handle such cases more effectively.

The literature review encompasses the concepts and theories relevant to the research titled ‘Domestic Violence: Its Impact on Thai Youth in the Digital Age,’ as follows:

1.1 Schizophrenia

Schizophrenia is a psychiatric disorder characterized by disruptions in brain function, affecting cognitive processes, emotional regulation, and behavior. The severity of symptoms can vary significantly among individuals, and the disorder often presents as a chronic condition with periodic relapses and remissions (Suwanmaitree et al., 2017).

1.2 Administrative Concepts

Effective administration within mental health and justice systems requires the application of foundational management principles, often referred to as the 4Ms:

1. Man – Human resources are critical to achieving operational goals. Efficient allocation and development of personnel are essential to ensure service quality and sustainability.
2. Money – Financial planning and budgeting must support core programs and interventions, with an emphasis on cost-effectiveness and impact.
3. Materials – Adequate tools, equipment, and infrastructure are necessary for service delivery.
4. Management – Strategic coordination, leadership, and oversight are vital to the optimal use of organizational resources.

1.3 Concept of Social Network Collaboration

In the context of mental health and criminal justice, a social network refers to a structured relationship among diverse organizations or institutions. These networks are built upon collaboration through information exchange, shared decision-making, and joint action. Such networks enhance collective capacity to address complex challenges, solve problems, and deliver integrated services. Successful network collaboration is driven by mutual trust, aligned goals, and a shared commitment to achieving defined outcomes.

1.4 The Mental Health Act B.E. 2551 and Its Amendment (No. 2) B.E. 2562

The Mental Health Act B.E. 2551, as amended in B.E. 2562 (2019), is designed to protect the rights and dignity of individuals with mental health conditions and to ensure access to appropriate psychiatric treatment. The law categorizes patients into two groups: General psychiatric patients, who may receive voluntary or involuntary care based on medical evaluation; and Forensic psychiatric patients, who are involved in legal proceedings and require treatment under judicial supervision.

1.4.1. Forensic psychiatric patients

This category includes individuals with psychiatric disorders who are under criminal investigation, prosecution, or have received criminal convictions. The amended Act supplements the Criminal Procedure Code by providing enhanced protocols for appropriate and humane treatment.

The law allows administrative and law enforcement authorities to intervene when individuals demonstrate behavior indicating potential danger to themselves or others. These individuals may be admitted to psychiatric care facilities preemptively, without the need for a criminal offense to occur.

1.5 Medical Model

The Medical Model serves as a foundational framework for understanding and responding to individuals with psychiatric disorders, particularly those at high risk of engaging in violent behavior. In the context of the criminal justice system, a significant challenge in managing this population arises from the comorbidity between

mental illness and substance abuse—an interaction that has contributed to a steady increase in the number of individuals receiving forensic psychiatric care.

This model conceptualizes mental illness as a biological or psychological dysfunction that requires diagnosis and ongoing treatment by qualified medical professionals. It emphasizes that violent behavior exhibited by psychiatric patients is often a manifestation of their underlying illness rather than the result of intentional misconduct. As such, the medical perspective advocates for continuous therapeutic intervention rather than relying solely on punitive legal or social control measures.

However, the application of the Medical Model within the justice system faces several limitations—particularly the lack of alignment between legal and medical definitions of mental illness. Terms such as “dangerousness” or “insanity” are often vaguely defined or entirely omitted from legal statutes, necessitating case-by-case interpretation. This incongruity can result in conflicting understandings between legal professionals and medical practitioners, potentially complicating adjudication processes and the formulation of appropriate treatment plans.

The United Kingdom offers a notable example of the Medical Model’s influence. In this context, mental illness is recognized as a clinical condition that can be diagnosed and treated. Accordingly, state responses to offenders with psychiatric conditions are increasingly grounded in rehabilitation rather than punishment, promoting a balance between protecting individual rights and maintaining public safety.

1.6 Justice Model

Currently, Thailand has not yet established a specialized Mental Health Court. Cases involving high-risk psychiatric patients who commit criminal offenses are adjudicated within the general court system. Although Thailand has implemented various measures to protect the rights of individuals with mental disorders—including the provision of mental health services and efforts to promote equitable access to care—significant challenges remain, particularly in terms of inter-agency coordination and the operational effectiveness of procedures within the justice system.

By contrast, the United States has established Mental Health Courts (MHCs), originally developed as an extension of Drug Treatment Courts. These specialized courts aim to divert mentally ill offenders from conventional criminal prosecution into individualized treatment and rehabilitation programs. The typical duration of participation in such programs ranges from 18 to 24 months.

However, Mental Health Courts play a pivotal role in evaluating the mental condition of defendants through interdisciplinary teams comprising psychiatrists, psychologists, social workers, probation officers, and judges. The judicial process within MHCs prioritizes rehabilitation over punishment by implementing individualized treatment plans tailored to the specific clinical and psychosocial needs of each participant. Participation in these programs is voluntary and contingent upon the defendant’s willingness to comply. Upon successful completion of the program and demonstrable clinical improvement, the individual may be exempted from further legal penalties.

2. Objectives

2.1 To investigate current challenges in administering justice processes involving psychiatric patients at high risk of violence

2.2 To develop more effective approaches to the administration of justice for psychiatric patients identified as high risk of violence

3. Materials and Methods

This study is qualitative research, utilizing a variety of data collection methods, including document research and fieldwork research through in-depth interviews with eighteen key informants, including police officials experienced in intervening in violent incidents or pressing charges against psychiatric patients committing violent incidents, judges, psychiatrists, psychologists, nurses, and social workers. To collect more data, a focus group discussion was conducted with six participants who were experienced police officials, psychiatrists, psychologists, and nurses.

4. Results

4.1 Problems in the Justice Process

The problems in the justice process concerning high-risk psychiatric patients can be categorized into four main issues:

4.1.1 Manpower

4.1.1.1 Insufficient personnel

The number of psychiatric professionals does not align with the growing number of psychiatric patients, resulting in an excessive workload for the limited staff. Moreover, there is a significant shortage of forensic psychiatric experts.

4.1.1.2 Shortage of correctional and police officers

Not only are medical personnel insufficient, but the number of police officers and correctional staff is also inadequate, impeding the enforcement of regulations.

4.1.1.3 Specialist shortages

There is a shortage of psychiatrists, psychiatric nurses, clinical psychologists, and social workers, as indicated by interview responses:

“There is a critical shortage of psychologists.” (Clinical Psychologist No. 1, September 9, 2024, In-depth Interview)

“We lack trained staff. Experienced psychiatric nurses are extremely valuable, but not many want to take on this demanding work.” (Psychologist No. 3, September 26, 2024, In-depth Interview)

4.1.1.4 Excessive workloads

Personnel had excessive workloads as expressed by a clinical psychologist:

“Staff shortage, long queues, overwhelming workload. It would be beneficial to have more psychologists.” (Clinical Psychologist No. 2, September 11, 2024, In-depth Interview)

4.1.1.5 Training limitations

Heavy workloads prevent staff from attending training programs to enhance their specialized knowledge.

“Therapeutic approaches evolve constantly. It is difficult to find time to attend training, as we are always attending to patients.” (Clinical Psychologist No. 1, September 9, 2024, In-depth Interview)

4.1.1.6 Lack of awareness among relatives and society

Limited understanding of psychiatric conditions among families and the public often leads to misjudgments and safety risks.

“Families often don’t recognize the importance of psychiatric treatment.”

4.1.2 Insufficient budget

Insufficient funding is a critical issue, especially regarding training expenses and long-term psychiatric treatment—often exceeding one month—for patients involved in legal cases.

“If the training is costly, we usually can’t attend. For example, some high-quality external programs require self-funding, and even then, participation depends on leave approval. Institutions like Galya Rajanagarindra Institute do offer training, but participation is limited.” (Psychiatric Nurse No. 1, September 11, 2024)

4.1.3 Materials

4.1.3.1 Inadequate inpatient bed capacity

Many hospitals cannot meet the demand for psychiatric inpatient care.

“Our hospital only has 500 beds, but right now we have over 700 patients. We’ve had to place extra beds in corridors, and in some cases, discharge patients early for outpatient monitoring due to space constraints.” (Clinical Psychologist No. 1, September 9, 2024, In-depth Interview)

4.1.3.2 Limited number of psychiatric hospitals

In Thailand, only 13 psychiatric hospitals are available, with only three facilities—Srithanya Hospital, Somdet Chaopraya Institute of Psychiatry, and Galya Rajanagarindra Institute—serving the Bangkok area. This limited availability is insufficient to meet increasing patient needs.

4.1.3.3 Limited ambulance and equipment availability

At present, the ambulances designated for psychiatric patients are not specialized, as they are shared with general medical services, leading to operational inefficiencies and safety risks.

4.1.4 Management

4.1.4.1 Prolonged procedures in the justice system

The processing of high-risk psychiatric patients, especially those involved in violent or criminal offenses, demands considerable time and interagency coordination. Legal procedures—particularly those requiring court-ordered mental health evaluations—often result in prolonged hospitalization, with durations ranging from 45 days to over a year. These delays hinder both timely treatment and the resolution of legal proceedings.

4.1.4.2 Lengthy treatment duration

Legal-case psychiatric patients require treatment durations two to three times longer than non-forensic psychiatric patients.

4.1.4.3 Limited inter-agency collaboration

The referral and follow-up system for psychiatric patients remains fragmented. Patients without familial support encounter significant challenges in securing post-treatment placement, as most shelters lack the necessary mental health expertise and are often unwilling to accept them. Moreover, inadequate coordination in follow-up care frequently leads to loss of contact, treatment discontinuation, and a heightened risk of relapse.

4.1.4.4 Absence of a designated coordinating agency

“There’s no central coordinating agency. Reporting to the Ministry of Social Development and Human Security (MSDHS) is often futile—they don’t follow up. Even the police might not respond promptly to incidents.” (Psychologist No. 3, September 26, 2024, In-depth Interview)

4.2 Challenges Identified by Police Officers

4.2.1 Manpower

4.2.1.1 Insufficient personnel

Police officers frequently experience human resource constraints that limit their capacity to manage psychiatric cases effectively.

“We try everything to help families or psychiatric patients. In some cases, I just ride a motorcycle with the patient to the psychiatric hospital. It’s risky, but it’s the only solution at the time.” (Police Officer No. 1, October 3, 2024)

4.2.1.2 Excessive workloads

Apart from their core duties in crime prevention and public safety, officers must manage psychiatric cases, including transportation to psychiatric facilities and providing 24-hour monitoring during treatment.

“We already have too many responsibilities. We can’t detain anyone beyond 48 hours, so we just process them and let the courts handle the rest.” (Police Officer No. 2, October 21, 2024)

4.2.2 Insufficient budget

Due to limited funding, psychiatric patients who commit offenses are often treated as regular suspects and prosecuted without prior mental health evaluation.

“Everything costs money. Just driving within the district requires fuel—100 to 200 baht. That’s why we usually proceed with prosecution instead of taking them to a psychiatric hospital.” (Police Officer No. 2, October 21, 2024)

4.2.3 Materials

4.2.3.1 Shortage of vehicles and equipment

Police officers, similar to their medical counterparts, encounter shortages in both operational vehicles and specialized equipment essential for the secure and efficient handling of psychiatric cases.

4.2.4 Management

4.2.4.1 Legal constraints

Thai law provides insufficient support for police operations involving psychiatric offenders. Many officers lack adequate knowledge of mental health legislation and encounter safety risks when transporting patients without appropriate restraints. As a result, prosecution is often pursued as the default course of action, given the legal requirement to detain suspects within 48 hours—leaving little opportunity for proper psychiatric evaluation.

4.2.4.2 Lack of a dedicated agency

During psychiatric crises, there is no designated authority to take over responsibilities.

“There’s no lead agency; it has its limitations. When incidents occur outside working hours, no one takes responsibility.” (Police Officer No. 2, October 21, 2024)

4.2.4.3 Absence of integrated data systems

The absence of an integrated psychiatric patient information system, combined with inter-agency reluctance to share data, contributes to disjointed and ineffective case management.

4.2.4.4 Complicated admission procedures

The transfer of psychiatric patients to specialized hospitals is frequently delayed or complicated by coexisting physical health conditions. In such instances, police officers must first transport the patient to a general hospital for medical treatment before proceeding to a psychiatric facility. Additionally, the limited admission hours of psychiatric hospitals—typically restricted to daytime—further exacerbate delays in patient care.

4.3 Challenges Identified by Judges

4.3.1 Manpower

4.3.1.1 Limited understanding of mental illness

Across all three groups—medical staff, police, and court personnel—there is a common lack of understanding regarding the legal management of psychiatric patients. For example, many police officers proceed with prosecution without mental health assessment, and court personnel often treat mentally ill offenders as typical defendants.

“Can we even tell if the offender is mentally competent to stand trial? If not, they’re just prosecuted like everyone else. It’s better for the wealthy who already have a psychiatric history on record. But for the poor, it’s very difficult.” (Judge No. 1, October 8, 2024)

4.3.2 Management

4.3.2.1 Ambiguity in legal criteria for mental incompetence

Courts rely on psychiatric evaluations to determine if offenders are mentally unfit to stand trial. However, criteria for interpreting mental incompetence are unclear.

“We rely on psychiatric assessments, but how can the psychiatrist be certain the individual was mentally unwell at the time of the offense? It depends on what the doctor’s report states.” (Judge No. 1, October 8, 2024)

4.3.2.2 Coordination problems with hospitals

Judges encounter the same issues as police: psychiatric hospitals often cannot admit patients due to bed shortages, forcing the court to assign outpatient treatment instead.

“Sometimes the court orders hospitalization, but the psychiatric facility can’t accept the patient due to lack of beds. The alternative is outpatient care, but prison staff are already overwhelmed and cannot accompany the patient to every appointment.” (Judge No. 1, October 8, 2024)

4.4 Development of Effective Justice Procedures for High-Risk Psychiatric Patients

4.4.1 Increasing the number of medical personnel

To address the rising number of psychiatric patients, particularly those involved in legal cases, it is crucial to increase the number of specialists such as psychiatrists, psychiatric nurses, and psychologists. As one clinical psychologist suggested:

“I believe we need to increase the number of personnel and related staff.” (Psychologist No. 1, September 9, 2024)

4.4.2 Promoting mental health literacy among families and community members

Raising awareness among families and community members is essential to improve the reintegration of psychiatric patients post-treatment. Misunderstandings often result in relapse due to inadequate support.

“If communities understood how to monitor psychiatric patients, they could help slow the progression or even prevent incidents by reporting early.” (Psychologist No. 1, September 9, 2024)

4.4.3 Enhancing professional training opportunities

Training programs in forensic psychiatry and mental health should be expanded to ensure that personnel working with psychiatric patients have adequate expertise.

“More forensic psychiatric training is needed. Right now, training is limited to one person per hospital per year, which is not enough.” (Psychiatric Nurse No. 2, September 12, 2024)

4.4.4 Interagency integration and private sector involvement

A collaborative network involving both governmental and private sector organizations should be established to support the rehabilitation, employment, and reintegration of psychiatric patients into society. Additionally, the implementation of integrated data systems is essential to enhance coordination and operational efficiency across agencies.

4.4.5 Establishing a dedicated coordinating agency

A specific agency should be responsible for managing psychiatric cases to streamline procedures and improve safety.

“There should be a dedicated service like 1669 for these cases to reduce steps and ensure both patients and families are protected.” (Psychologist No. 3, September 26, 2024)

4.4.6 Simplifying legal and medical procedures

Redundant processes should be eliminated to improve efficiency.

“When police refer psychiatric patients, hospitals should accept them within 24 hours, not make us wait until the morning.” (Police Officer No. 2, October 21, 2024)

4.4.7 Expanding inpatient capacity

The availability of psychiatric beds must be expanded to accommodate the growing demand for inpatient mental health services.

“We need more beds so psychiatric patients can be admitted for proper treatment.” (Clinical Psychologist No. 1, September 9, 2024)

4.4.8 Increasing budget allocation

Budgetary constraints limit access to training opportunities and restrict the availability of essential resources, including medical equipment and law enforcement tools.

“We need more funding to train specialists. Currently, there isn’t enough budget—only 1 or 2 staff members can attend training each year.” (Psychiatric Nurse No. 1, September 11, 2024)

5. Discussion

5.1 Systemic Challenges in the Justice Process for High-Risk Psychiatric Patients

Findings from medical professionals, police officers, and judges highlight similar issues, particularly regarding administrative management:

5.1.1 Manpower

This includes inadequate staffing, excessive workloads, limited professional expertise, restricted access to training, and insufficient public awareness. These issues align with the 4Ms framework—Man, Money, Material, and Management—highlighting the critical role of skilled and adequately staffed personnel in ensuring operational effectiveness. Similarly, Thaiwong (2021) identified structural and systemic barriers to preventing recidivism among forensic psychiatric patients, particularly citing staff shortages and poor coordination between hospitals and correctional institutions. Moreover, social stigma and a lack of understanding within families and communities often lead to rejection, exacerbating patient distress and heightening the risk of violent behavior. These findings are consistent with those of Thavorn and Kulnithes (2017), who observed that the public frequently perceives psychiatric patients as dangerous and unfit for social integration.

5.1.2 Insufficient budget

The lack of budget affects both operational capacity and training opportunities for specialized staff. Furthermore, extended treatment durations exceed the coverage of standard healthcare schemes, leaving hospitals financially burdened.

5.1.3 Materials

Both medical and law enforcement personnel experience equipment shortages, including inpatient beds, ambulances, and police vehicles. These deficiencies delay patient admission and reduce the system's responsiveness. As emphasized in the 4Ms framework, appropriate material support is essential for timely and efficient service delivery.

5.1.4 Management

Long treatment durations, complex procedures, absence of a coordinating agency, and a lack of interagency cooperation result in systemic delays. No centralized database exists, and agencies operate in isolation. This lack of integration hinders patient tracking, leading to loss of follow-up, relapse, or repeat offenses.

5.2 Strategic Recommendations for Justice Process Improvement

5.2.1 Expanding medical workforce

In response to the growing number of psychiatric patients, especially those involved in forensic cases, it is essential to recruit and retain specialized professionals. Thaiwong (2021) emphasizes the importance of workforce development and the establishment of dedicated facilities as key strategies for reducing recidivism.

5.2.2 Promoting public understanding of mental illness

Families and communities must be equipped with knowledge and skills to support reintegration. Without proper care and understanding, relapse and recidivism become likely outcomes. Daff and Thomas (2014) emphasize the importance of understanding mental health within the criminal justice system to ensure appropriate treatment rather than punitive measures.

5.2.3 Fostering interagency collaboration and data integration

Collaboration between government and private sectors is essential. As highlighted by Chareonwongsak (2000), effective networks must involve shared vision, mutual interests, participation, interdependence, and reciprocal interaction. These elements ensure that service delivery is both cohesive and responsive. Ring and De Ven (cited in Inthachuea, 2020) propose a four-step framework for collaboration: negotiation, agreement, implementation, and evaluation. This framework can help streamline cross-sector procedures and reduce systemic fragmentation.

5.2.4 Establishing a specialized agency

A dedicated unit is needed to oversee psychiatric cases, particularly those involving violence or legal conflicts. This would reduce redundant procedures and enhance public and patient safety.

5.2.5 Streamline operational procedures

Redundant referral and admission steps particularly those involving physical comorbidities should be reduced to prevent inefficiencies. As per the 4Ms framework, resource management must prioritize effective use of personnel, budget, and equipment.

5.2.6 Streamlining procedures in the management of psychiatric patients

Currently, the management of psychiatric patients remains more complicated and time consuming compared to that of general patients. The process often involves duplicated tasks, excessive procedural steps, and fragmented coordination among relevant agencies, resulting in prolonged waiting times for psychiatric patients seeking treatment. These inefficiencies hinder timely access to necessary mental health services.

Key informants indicated that operational challenges arise from a lack of shared understanding and standardized procedures among stakeholders such as psychiatric hospitals, general hospitals, and police officers. A frequently cited issue involves cases where police officers escort psychiatric patients to psychiatric hospitals but are unable to admit them due to physical injuries or comorbid medical conditions. As a result, the patients must first be transported back to a general hospital for medical treatment before being referred again to the psychiatric facility. This cyclical process not only delays treatment but also leads to the inefficient use of time, personnel, and resources.

Accordingly, it is recommended that procedural steps be streamlined and inter-agency referral protocols clearly defined. Such improvements would help eliminate redundancy, reduce waiting times, and enhance service delivery efficiency. This approach aligns with the 4Ms principle of effective resource management—Man, Money, Material, and Management—which advocates for the optimal use of human resources, funding, materials, and administrative systems. Ultimately, this would contribute to a more efficient and responsive mental health service system that better addresses the needs of psychiatric patients.

5.2.7 Expanding inpatient facilities

Bed shortages hinder access to timely treatment. Adequate infrastructure is critical to meet increasing demand and support intensive care.

5.2.8 Increasing budget allocation

Budget is a vital factor in the 4Ms framework. It should be allocated strategically to support training, improve material readiness, and meet long-term treatment costs for forensic psychiatric patients.

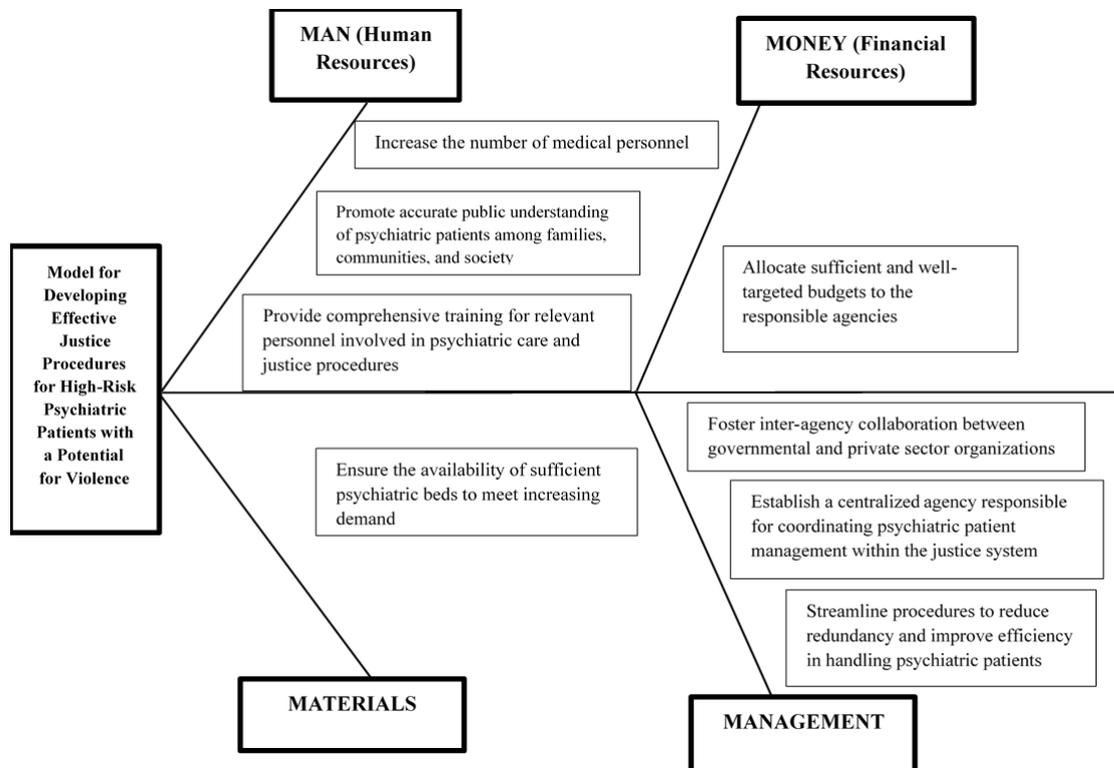


Figure 1 A Model for Developing Effective Justice Procedures for High-Risk Psychiatric Patients with a Potential for Violence

6. Conclusion

6.1 Systemic Challenges in the Justice Process for High-Risk Psychiatric Patients

- **Manpower Constraints:** This includes insufficient personnel, heavy workloads, limited expertise, limited access to training, and lack of public understanding.
- **Financial Limitations:** The lack of budget affects both operational capacity and training opportunities for specialized staff.
- **Material Shortages:** Both medical and law enforcement personnel experience equipment shortages, including inpatient beds, ambulances, and police vehicles.
- **Administrative Inefficiencies:** Long treatment durations, complex procedures, absence of a coordinating agency, and a lack of interagency cooperation all contribute to systemic delays. No centralized database exists, and agencies operate in isolation.

6.2 Strategic Recommendations for Justice Process Development

- Increase the number of medical and related personnel including psychiatrists, psychiatric nurses, forensic psychiatric nurses, psychologists, social workers, and justice system staff to meet the growing demand for psychiatric care and legal intervention.
- Promote public awareness and education regarding psychiatric conditions to reduce stigma and foster supportive environments. Enhanced understanding among families and communities can play a crucial role in preventing violent incidents and supporting patient reintegration.
- Provide comprehensive training for all personnel involved in the care and management of psychiatric patients, including specialized courses and continuous skill development opportunities.
- Foster interagency collaboration through partnerships with private sector entities to facilitate post-treatment employment opportunities and establish a unified information-sharing platform to improve operational efficiency.

- Establish a dedicated agency responsible for overseeing both the treatment and legal processing of psychiatric patients, thereby streamlining procedures and improving overall safety.
- Streamline procedural workflows to eliminate redundancies and enhance the efficiency of services provided to psychiatric patients across relevant agencies.
- Ensure sufficient allocation of psychiatric hospital beds to accommodate the increasing demand for inpatient care.
- Increase budget allocations to relevant agencies to strengthen operational capacity and address current shortages in staff, equipment, and essential resources.

7. Recommendations

7.1 Policy-Level Recommendations

The government should designate a lead agency or specialized unit responsible for managing psychiatric patients throughout the justice process from initial referral to treatment, follow-up, and interagency coordination.

7.2 Practical Recommendations

- Educate the public to foster accurate understanding and reduce stigma, enabling early intervention and community-based support.
- Provide targeted training for staff who interact with psychiatric patients to ensure appropriate and safe care.
- Simplify operational procedures to reduce delays and improve service efficiency.
- Promote collaboration among government agencies, the private sector, civil society, and local administrative organizations.
- Increase the number of psychiatric beds to meet the growing national demand.
- Allocate additional budgetary resources to psychiatric hospitals to address shortages in staff, equipment, and medical supplies.
- Expand the number of psychiatric professionals with specialized expertise in mental health.
- Support the nationwide expansion of psychiatric hospitals to address geographic and capacity gaps.
- Establish a centralized agency dedicated to overseeing the care and legal processing of psychiatric patients.
- Implement information technology systems that enable real-time data sharing among all relevant agencies.
- Encourage private sector involvement in hiring rehabilitated psychiatric patients to reduce recidivism and promote social reintegration.

8. References

- Chareonwongsak, K. (2000). *The network management: importance strategy to the success of education reform*. Bangkok: Success Media.
- Daff, E., & Thomas, S. D. (2014). Bipolar disorder and criminal offending: a data linkage study. *Social Psychiatry and Psychiatric Epidemiology*, 49, 1985-1991. <https://doi.org/10.1007/s00127-014-0882-4>
- Inthachuea, R. (2020). *Factors influencing the success of educational network development for elderly schools* (Master's thesis, National Institute of Development Administration, Graduate School of Public Administration).
- Suwanmaitree, S., Sarsorak, A., Chantalakwon, T., Sianglum, C., & Mekwilai, W. (2017). *A handbook for the care of patients with schizophrenia for hospitals in health regions (For nurses/public health academics)* (2nd ed.). Bangkok, Thailand: Victoria Image Co., Ltd.
- Thaiwong, K. (2021). *The development of preventive measures against recidivism in psychiatric patients*. (Master's thesis). Chulalongkorn University, Bangkok, Thailand.
- Thavorn, P. & Kulnitas, N. (2020). Criminal prosecution and social coexistence with psychiatric patients. In *Proceedings of the National Research Conference*, Suan Sunandha Rajabhat University.