

# Relationship between Personal Factors, Situational Factors and Mental Health Problems of Those Affected by the Unrest in Southern Border Provinces

ความสัมพันธ์ระหว่างปัจจัยด้านบุคคลและปัจจัยผล  
จากสถานการณ์กับปัญหาสุขภาพจิตของผู้ได้รับผลกระทบ  
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## **Abstract**

The objective of this research was to investigate the relationships between personal and situational factors and their ramifications on individual mental health problems of those affected by the unrest in the southern border provinces of Thailand. The study was quantitative, and the Psychological Impact Scale for Crisis Event–10 (PISCES - 10) was used as a measuring scale. The 728 subjects were selected by a purposive sampling technique. Bivariate analysis was conducted by Chi-square analysis using R software. The major findings indicated that there are six factors which are statistically significant to the causal attribution of mental health problems of those affected by the unrest in the southern border provinces. These include gender, age, region, injury, death of a relative and being a relative of the injured. Gender and death of a relative of those affected by the unrest in the southern border provinces had a statistically significant relationship at the .001 level. Age and being a relative of the injured had a statistically significant relationship at the .05 level. Region and injury had a statistically significant relationship at the .01 level. The results revealed that the six variables relating to mental health problems were important, and affected the lives of people in the southern border provinces subjected to the civil unrest.

**Keywords:** personal factors, situational factors,  
mental health problems, those affected  
by the unrest in the southern border provinces

## บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่างปัจจัยด้านบุคคลและปัจจัยผลจากสถานการณ์กับปัญหาสุขภาพจิตของผู้ได้รับผลกระทบจากเหตุการณ์ความไม่สงบในจังหวัดชายแดนภาคใต้ โดยใช้วิธีวิจัยเชิงปริมาณ โดยใช้แบบประเมินผลกระทบทางจิตใจหลังเกิดเหตุการณ์สะเทือนขวัญ – 10 (PISCES-10) มีการคัดเลือกกลุ่มตัวอย่างแบบเจาะจง (Purposive Sampling) จำนวน 728 คน และวิเคราะห์หา Bivariate analysis ด้วยการวิเคราะห์ไคสแควร์ (Chi-square) โดยใช้โปรแกรมอาร์ (R Program) พบว่า ตัวแปรที่มีความสัมพันธ์กับปัญหาสุขภาพจิตของผู้ได้รับผลกระทบจากเหตุการณ์ความไม่สงบในจังหวัดชายแดนภาคใต้อย่างมีนัยสำคัญทางสถิติมีทั้งหมด 6 ตัวแปร ได้แก่ เพศ อายุ เขตพื้นที่ การได้รับบาดเจ็บ การเสียชีวิตของญาติ และการเป็นญาติผู้บาดเจ็บ โดยที่เพศและการเสียชีวิตของญาติของผู้ได้รับผลกระทบจากเหตุการณ์ความไม่สงบในจังหวัดชายแดนภาคใต้มีความสัมพันธ์อย่างมีนัยสำคัญทางสถิติที่ระดับ .001 อายุ และการเป็นญาติผู้บาดเจ็บมีความสัมพันธ์อย่างมีนัยสำคัญทางสถิติที่ระดับ .05 เขตพื้นที่และการได้รับบาดเจ็บมีความสัมพันธ์อย่างมีนัยสำคัญทางสถิติที่ระดับ .01 จากตัวแปรทั้งหมด 6 ตัวแปรนี้ที่มีความสัมพันธ์กับปัญหาสุขภาพจิต แสดงให้เห็นได้ว่าตัวแปรทั้งหมดนี้ คือตัวแปรสำคัญที่ส่งผลกระทบต่อการใช้ชีวิตของประชาชนในพื้นที่จังหวัดชายแดนภาคใต้ที่มาจากเหตุการณ์ความไม่สงบในจังหวัดชายแดนภาคใต้

**คำสำคัญ:** ปัจจัยทางด้านส่วนบุคคล ปัจจัยผลจากสถานการณ์  
ปัญหาสุขภาพจิต ผู้ได้รับผลกระทบจากเหตุการณ์ความไม่สงบ  
จังหวัดชายแดนภาคใต้

## Introduction

This study was initiated by the researchers due to their interest in the unrest in the southern border provinces and its impact on the mental health of the local people. Over the past decade, the area has been considered as a multicultural community of distinct characteristics. From 2004 until present, spanning almost two decades, the area has encountered violence and conflict resulting in an unrest of a complex, sensitive and multidimensional nature (Office of the National Security Council, Office of the Prime Minister, 2017). From 2004 to the (17 years), the unrest in the southern border provinces has resulted in a high number of violent incidents. The Deep South Incident Database (DSID), Southern Conflict and Cultural Diversity Research Center Prince of Songkla University, Pattani Campus, has compiled statistics on the events in the area. The data was collected and examined from four news sources: (1) Emergency Operations and Notifications Division, Internal Security Operations Command, Division 4 (ISOC Region 4), (2) Press work, Royal Thai Police Operations Center, (3) National Emergency Coordination Centre, Yala Province, and (4) Newspapers/media.

In 2016, there were 807 insurgent incidents with 307 deaths and 628 injuries. Most of the incidents were caused by 348 local incidents. This was followed by 268 unknown/undefined causes. The top three incident patterns were: 1) shooting (370 incidents), 2) explosion (197 incidents), and 3) vandalism (105 incidents). In 2016 alone, examining areas affected by unrest, the province with the highest number of incidents and fatalities and injuries was Pattani with 309 incidents, 106 deaths and 259 injuries. The second province was Narathiwat with 270 incidents, 97 deaths, and 210 injuries. The third province was Yala, which witnessed 175 incidents, 77 deaths, and 96

injuries. Finally, Songkhla Province also witnessed 53 incidents, 27 deaths, and 63 injuries (Kaewnui, 2017).

Overall, the violence and unrest, which has been attributed to conflicts in the southern border provinces involving ongoing attacks, arson, bombings, and riots, has impacted locals' livelihood, economy, property, etc. The incidents occurred in the following areas: Pattani, Yala, Narathiwat, and four districts of Songkhla (Chana, Na Thawi, Thepha, and Saba Yoi).

The American Psychological Association (APA) defines the resilience quotient as the process by which individuals adapt well to their surroundings in the face of injury, adversity, or stress and anxiety such as serious illnesses, family problems, problems at work, and economic stress. The power of mental health is also defined as being able to recover from problematic or difficult experiences related to individual thoughts, behaviors, and practices that can be developed and learned (American Psychological Association, 2014). This is consistent with Grotberg (1995) who defines the resilience quotient as the individual's ability to prevent or overcome suffering or distress. A high or low resilience quotient can change and affect individual's flexibility and resilience accordingly. This resilient behavior is in response to suffering and trouble in the form of continuous healing or self-improvement despite adversity. Mental illness has become prevalent and a global epidemic. When this was presented as the Disability – Adjusted Life Year (DALYs) Index, it was found that mental health and behavioral problems accounted for 11 % of all diseases in the 1990s and the number was expected to increase in 2020 (World Health Organization, 2017).

The losses caused by violence affect the mental health of the people in the southern border provinces. This can be observed from statistical reports of mental illness diagnoses

from the area. These include anxiety disorder, depression disorder, and other mental illnesses. When considering these situations, it is likely the trend correlates with the severity of the situation in that area, and it tends to rise to a worrisome level. Furthermore, the trend also correlates with the nature of the violent acts more than the number of violent acts. Therefore, the issue of people's mental health should be taken seriously and continually, and there should be more personnel available for mental health support in the southern border provinces such as psychiatrists, psychiatric nurses, and psychologists, etc. (Poolsub, 2019).

The unrest in the area has continued to have a huge psychological impact on the local population, causing stress, anxiety, fear, paranoia, and other mental health problems. Therefore, to monitor those affected and to thoroughly investigate the problem, the Department of Mental Health, Mental Health Center 12 and Songkhla Namarin Psychiatric Hospital have developed the Violence-related Mental Health Surveillance System (VMS), a database for monitoring mental health problems in affected areas of southern border provinces. This research was therefore different from other researches in the literature review in the respect of the subject of the study, in which the researchers studied a database of information collected from hospitals in the southern border provinces and assessed it with a standardized and recognized assessment, the Psychological Impact Scale for Crisis Events – 10 (PISCES-10).

Due to the problems and data source, the researchers were interested in studying the relationship between personal and situational factors and their ramifications on individual mental health problems of those affected by the unrest in the area

using secondary data, which was not collected by the users themselves but by the local health authorities via the Violence-related Mental Health Surveillance System (VMS). This database for mental health problems surveillance was used as a research tool for statistical analysis to support the objective of the research.

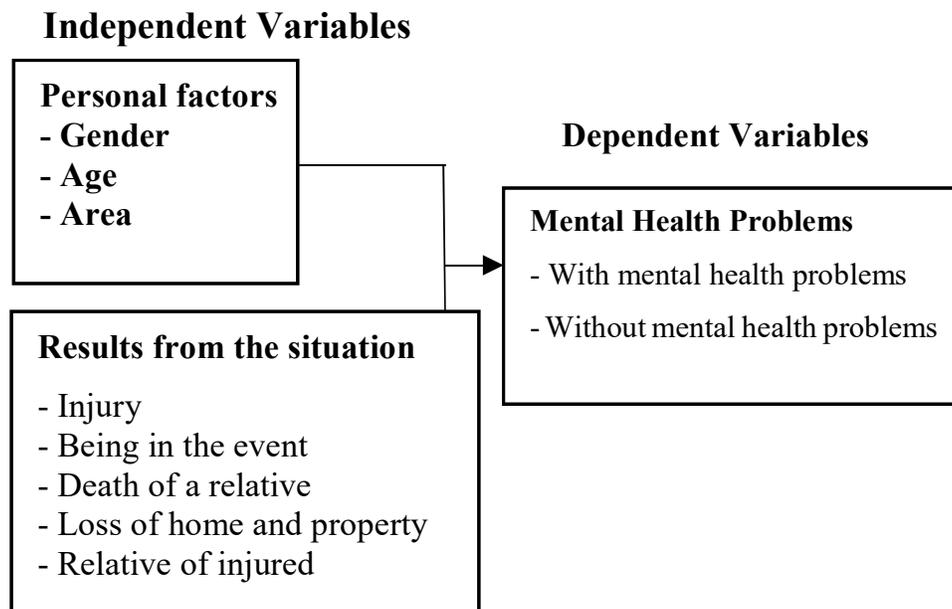
## **Objectives**

To study the relationship between personal and situational factors and their ramifications on individual mental health problems of those affected by the unrest in the southern border provinces of Thailand

## **Research Conceptual Framework**

From a study and literature review, Goldberg's Theory of Mental Health (Goldberg, 1972), was employed. The concept holds that mental health is a state of mind that can be adjusted or adapted to the person, society, and environment appropriately under constantly changing social and environmental conditions. This concept divides the ability to assess an individual's mental health in four areas: feelings of unhappiness, anxiety, social disability, and thoughts of having one or multiple physical diseases. People with good mental health are those who are able to lead a normal and healthy lifestyle and be happy as they should be. People with mental health issues are those who are unable to respond to the problems that prevent them from living their normal life, make them suffer, and cause the four major behavioral problems mentioned above. Therefore, the research concept framework is as follows.

**Figure 1**  
Conceptual framework



## **Research Methodology**

This research was a quantitative study that employed a cross-sectional descriptive study. The data was collected only once without observation of variables over an extended period of time both in the past and the future from a mental health problems surveillance database of affected people.

The researchers did not collect the data from the samples, but used the recorded, accurate and complete data from various public hospitals in the southern border provinces to assess mental health according to the Psychological Impact Scale for Crisis Events – 10 (PISCES-10) and recorded it in the database system of Songkhla Rajanagarindra Psychiatric Hospital, Songkhla Province. The researchers then processed all of the data collected from 2008 to 2017 to conduct the research following the procedures and objectives.

## **Designation of study areas**

The four southern border provinces of Thailand: Yala, Pattani, Narathiwat, and Songkhla were the geographical area of focus. These provinces were the areas where the unrest took place and affected the mental health of local people.

## **Population and sample**

**The population** was 13,467 people affected by the unrest in the southern border provinces from 2008 to 2017 who have been assessed for mental health issues and recorded in the Violence-related Mental health Surveillance (VMS) of Songkhla Rajanagarindra Psychiatric Hospital, Songkhla Province (data as of May 30, 2017).

**The sample** consisted of 728 people affected by the unrest in the southern border provinces who were randomly selected by purposive sampling and have the most complete data suitable for the objectives.

## **Research Instruments**

In this study, the researchers collected the data from the Violence-related Mental health Surveillance (VMS) at Songkhla Rajanagarindra Psychiatric Hospital, Songkhla Province by the Department of Mental Health, Ministry of Public Health using the Psychological Impact Scale for Crisis Events to measure the risks of those affected by the unrest in the southern border provinces. The information in the database can be divided into the following details:

1. Day, place, and time of the unrest
2. General personal information of affected persons

### 3. The Psychological Impact Scale for Crisis Events (PISCES-10)

#### Findings

The researchers were able to analyze the relationship between personal and situational factors and their ramifications on individual mental health problems of those affected with the Chi-square test as shown in Table 1.

**Table 1**

the relationship between personal and situational factors and their ramifications on individual mental health problems of those affected

Independent variable	Mental Health Problems				
	No problem (553)	Have the problem (175)	Total (728)	Chi-square	p-value
<b>Gender</b>				<b>11.088**</b>	<b>.000869</b>
Female	71.72	28.28	442		
Male	82.51	17.49	286		
<b>Age</b>				<b>4.279*</b>	<b>.011</b>
Less than 35 years	80.24	19.76	248		
36-45 years	72.56	27.44	277		
41-50 years	75.37	24.63	203		
<b>Area</b>				<b>11.735**</b>	<b>.00835</b>
No incident	79.32	20.68	324		
Few incidents	77.00	23.00	287		
Moderate incidents	65.60	34.40	93		
Frequent incidents	58.33	41.67	24		

Independent variable	Mental Health Problems				
	No problem (553)	Have the problem (175)	Total (728)	Chi-square	p-value
<b>Injury</b>				<b>7.836**</b>	<b>.005</b>
No	81.69	18.31	273		
Yes	75.52	27.48	455		
<b>Being in the event</b>				<b>2.604</b>	<b>.106</b>
No	81.34	18.66	134		
Yes	74.74	25.26	594		
<b>Death of a relative</b>				<b>29.014**</b>	<b>.000</b>
No	82.67	17.33	450		
Yes	65.10	34.90	278		
<b>Loss of home and property</b>				<b>2.91</b>	<b>0.87</b>
No	66.00	34.00	50		
Yes	76.70	23.30	678		
<b>Being a relative of the injured</b>				<b>5.20*</b>	<b>0.22</b>
No	84.77	15.23	105		
Yes	74.48	25.52	623		
	*p<05	*p<001		***p<0001	

Regarding the table, this was a bivariate analysis to ascertain the relationship between one source variable and one dependent variable where both variables are group variables by Chi-square analysis. The analysis revealed that there were six statistically significant variables related to ramification on individual's mental health problems of those affected by the unrest in the southern border

provinces of Thailand: gender, age, region, injury, and death of relatives, and being a relative of the injured. These were variables that caused mental health problems.

Gender and the death of relatives of those affected had a statistically significant relationship with their mental health problems at the .001 level. Age and being a relative of the injured had a statistically significant relationship with the mental health problems of those affected by the unrest in the southern border provinces at the .05 level. Areas and injuries were associated with their mental health problems at a statistically significant level of .01.

### **Summary and Discussion of Results**

Personal factors and results from the situation that correlate to individual mental health problems of those affected are gender and the death of relatives. These two factors have a statistical significance at .001. Age and being a relative of the injured had a statistically significant relationship with mental health problems of those affected at the .05 level. Areas and injuries had a statistically significant level of .05. This was consistent with a research conducted by Chongrak & Parinyapol (2019), which examined the influence of resilience, coping strategies and education on the mental health of rangers serving on the southern border. It was found that the rangers working in the southern border provinces had a slightly lower response rate than normal. While coping strategies for local incidents and mental health were at a normal level. In addition, this was in line with the research of Jinpanyakul and Puttisri (2018) that examined the factors affecting the quality of life of high school students in the area of unrest in Narathiwat Province. The

research revealed that the subjects had a moderate level of quality of life; mental health problems were attributed to that finding.

The relationship between personal and situational factors and their ramifications on individual mental health problems of those affected had several variables. This is reflected in the fact that mental health problems are a diverse and ongoing issue, and therefore, it is an important issue that should be addressed through screening, assessment, and urgent treatment. In conclusion, it is an issue of importance to all groups of people in the southern border provinces who have been, or who are, directly or indirectly affected by the unrest; they may need access to services and assistance, and an appropriate promotion of mental health problem prevention may be needed.

## **Recommendations**

1. The study found that gender, age, and area of those affected by the unrest highly correlate with their mental health problems. Therefore, it is critical that the relevant public health departments (after assessment and screening) to review the information so that the patients may receive the treatment to prevent any subsequent mental illness.

2. The study found that the results from situations involving the death of relatives and being a relative of the injured correlate with mental health problems caused by the unrest. Therefore, there should be an integration of data from various relevant agencies such as the Ministry of Interior, Ministry of Justice, Ministry of Public Health, and so on, in order to promptly provide information and assistance to effectively reduce mental health problems.

## Recommendations for further study

1. Other issues related to the unrest in southern border provinces affecting quality of life or mental health should be further investigated.
2. There should be studies using other research methods, such as qualitative research, experimental research and/or other methods in order to gain better access to information and find effective solutions.

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