



## EXPLORING HOW BUDDHIST NETWORKS ENCOURAGE MENTAL HEALTH CARE: PATHWAYS TO BUILDING HEALTHY COMMUNITIES IN URBAN THAILAND

Phrasuthirattanabundit (Suthit Oboun)<sup>1</sup>, Saichol Panyachit<sup>2</sup>, Phoobade Wanitchanon<sup>2\*</sup>

<sup>1</sup>Faculty of Social Sciences, Mahachulalongkornrajavidyalaya University, Phra Nakhon Si Ayutthaya, Thailand

<sup>2</sup>Faculty of Social Sciences, Srinakharinwirot University, Bangkok, Thailand

\*Corresponding author E-mail: phoobade@g.swu.ac.th

Received 30 January 2026; Revised 13 March 2026; Accepted 23 March 2026

### Abstract

**Background and Objective:** The challenges of mental health problems in Thailand require collaboration from various social institutions. However, studies examining the role of Buddhist institutions in addressing mental health problems through participatory approaches remain limited. Moreover, previous studies linking social networks with mental health issues have suggested potential pathways for ensuring comprehensive healthcare at multiple levels. This article aimed to examine the relationship between social networks and mental health care, focusing on the role of Buddhist institutions as initiators of community-based support networks.

**Methodology:** Drawing on action research, this study examined the relationship between social networks and mental health care across four provinces: Bangkok, Chiang Mai, Khon Kaen, and Phuket. Data were collected through focus groups, workshops, and lessons-learned reviews that reflected the stages of action research. Content analysis was subsequently employed to analyze the data and synthesize the findings. Action research was adopted because it facilitates purposeful social change and aligns with the objectives of this study.

**Main Results:** Action research conducted across the four sites led to the development of supportive social networks for mental and cognitive well-being grounded in Buddhist principles, with each initiative shaped by its local context. In Bangkok, a model was developed that integrated Buddhist teachings with artistic processes and counseling activities led by monks and youth volunteers from Satri Si Suriyothai School. The initiative enhanced youth attitudes toward Buddhism, strengthened civic-mindedness, and resulted in the establishment of a collaborative network recognized by city policymakers. In Chiang Mai, social innovation emerged through the "Jarigano" coffee brand, a collaborative initiative between Dhamma-jārika monks and local youth. The project generated employment and income for community members while contributing to psychological stability. Profits were reinvested to support Buddhist outreach and community-based activities. In Khon Kaen, a Buddhist university collaborated with public health agencies and Village Health Volunteers (VHVs) to support older adults. The initiative reduced stress and anxiety among



elderly participants, strengthened social cohesion, and contributed to the establishment of a community health learning center. In Phuket, cross-sector collaboration among the sangha, public health authorities, and the police created a protective mental health framework for youth. Young participants developed greater awareness of drug-related and legal risks while also practicing mindfulness to enhance self-regulation and emotional resilience.

**Involvement to Buddhadhamma:** This article is situated within the field of Applied Buddhism, examining how Buddhist principles are translated into social action through the framework of the Four Sanghavatthu. It also highlights the role of Buddhism in fostering the development of wisdom and morality, which underpin the ethical orientation of these practices. *Dāna* is reflected in the creation of networks that enable community participation and the sharing of emotional support. *Piyavācā* is expressed through persuasive and unifying communication that encourages community engagement. *Atthacariyā* is embodied in concrete activities carried out for the collective good, helping alleviate psychological distress and strengthen communal well-being. Finally, *Samānattatā* is demonstrated through sustained collaboration among multiple sectors in supporting the mental health of community members.

**Conclusions:** The study demonstrates that religious leadership and the monastic community play a significant role in strengthening social capital and fostering meaningful collaboration among diverse network partners. The application of Buddhist principles through practical activities not only supports emotional and cognitive healing but also contributes to structural transformations, including influencing public policy and developing socially oriented business models. These findings suggest that religious networks can serve as effective and sustainable actors in addressing community mental health challenges.

**Keywords:** Social Capital, Buddhist Institutions, Mental Health, Urban Areas, Thailand

## Introduction

The notion of supportive social networks is considered in relation to mental health and the urban environment. Cockerham (2024) shows that the urban environment can affect an individual's mental disorders, for example, anxiety, depression, and personality disorders, which are related to less supportive social networks and less social interaction in neighborhood living. Regarding urban populations, overcrowded housing as a socioeconomic factor reflects urban population density and contributes to an individual's alienation and increased risk of mental disorders resulting from urban life. This article particularly examines the role of Buddhist institutional networks in supporting mental health care in urban settings. It argues that these networks foster individual mental resilience through the long-term accumulation of religious capital (Sasiwongsoj et al., 2014); (Wiist et al., 2012); (Zhang et al., 2022). In Thailand, the social networks of Buddhist institutions have become an important mechanism for spatial access to health care practices (Jearajit et al., 2022); (Pornsiripongse et al., 2014).



Thailand places great importance on promoting the good health of Thai people in various dimensions, particularly through government policies. However, Thai society still faces many challenges regarding health disparities, especially in urban areas (urban health). Urban health reflects the relationship between urbanization processes and the health of urban populations. Diverse groups of people, social backgrounds, and cultures present challenges to comprehensive care. Furthermore, there remain gaps in healthcare access for people with NCDs, mental illnesses, well-being, consumption, access to public services, and the living conditions of urban society (Iamtrakul & Chayphong, 2023); (L-Y. Lim et al., 2009); (Panyachit, 2025). In this context, this study pays particular attention to mental illness as an important issue that should be examined through the perspective of social networks.

Consequently, considering mental illness as a condition related to mental well-being, which is closely connected to family and social relationships in everyday life, it is also necessary to recognize the influence of digital technology on mental well-being. Mental health issues are increasingly associated with generational aspects, such as Fear of Missing Out (FOMO), stress from living in the toxic online world of social media, and the effects on individuals after being exposed to violent media. Therefore, any consideration of mental well-being, which is related to mental illness, should also incorporate the dimension of digital well-being (Suavansri et al., 2022); (Thianthai & Tamdee, 2024).

Evidence from a mental health survey conducted by the National Statistical Office shows that the average mental health of Thais falls within the established standards for mental well-being. However, the social determinants of health indicate that urban residents tend to exhibit lower mental health compared to those in other areas. In terms of age demographics, older adults report better mental health than children and working-age adults. Additionally, factors such as educational level and gender have been found to correlate with mental health outcomes. Notably, within the specific research areas, only Chiang Mai province reported an average mental health score higher than the national average (National Statistical Office, 2021). Moreover, the mental health of the Thai population was significantly at risk during the crisis of the COVID-19 pandemic, particularly in relation to psychological stress, mental disorders, burnout, and increased rates of suicide stemming from the loss of social and economic status (Baker & Phongpaichit, 2021); (Ruengorn et al., 2021); (Wun'Gaeo & Wun'Gaeo, 2021). Several reviews further revealed that urban residents faced considerable social distress due to disruptions in the economic activities of the urban working class. These phenomena collectively contributed to a sense of psychological insecurity among city dwellers, leading to heightened instances of mental illness and suicidal behavior (Pongsawat, 2024); (Tangopasvilaisakul, 2022).

In response to these challenges, academics have proposed various solutions to enhance mental health resilience, particularly through the utilization of social networks as mechanisms that facilitate the care and promotion of mental well-being. These networks represent the relationships between individuals and their social connections, which significantly influence individual health outcomes (Eliksson, 2011); (Ferlander, 2007); (Snel et al., 2022). Within this



perspective, social networks associated with Buddhist institutions are particularly significant, as they play a crucial role in promoting health through their capacity to mobilize various resources for mental health activities. These institutions also utilize essential Buddhist principles that resonate with the community, thereby fostering acceptance and support from local residents (Jearajit et al., 2022). At the same time, several studies have demonstrated a relationship between Buddhism and mental health. Buddhist concepts and teachings serve as driving forces that encourage practices in daily life for maintaining good mental health, often emphasizing mindfulness in living and careful judgment in decision-making. In addition, Buddhist activities themselves help reduce stress and anxiety, such as meditation, listening to Dhamma teachings, and walking meditation (Cheng & Tse, 2015); (Pholphirul & Srijamdee, 2025); (Shonin et al., 2016).

Hence, this paper addresses the role of social networks, with Buddhist institutions serving as pioneers in organizing activities that alleviate mental health risks in Thai society. It draws upon Bourdieu's concepts of social networks and social capital, highlighting how social capital is cultivated through the mobilization of Buddhist institutions to foster collaborative groups that enhance mental security amid urban stress and technological dynamics. Moreover, the researchers expect that this study will contribute to policy implementation related to the development of mental well-being through the integration of collaboration among Buddhist institutions, communities, and relevant social networks. Such collaboration may help improve mental health-related quality of life in an appropriate manner. At the same time, the findings of this study can be further applied and adapted to community contexts that face challenges or that are important for strengthening mental well-being.

### Objective

This article aimed to examine the relationship between social networks and mental health care, focusing on the role of Buddhist institutions as initiators of community-based support networks.

### Methodology

This study employed action research to demonstrate the relationship between the social capital of Buddhist institutions and mental health care. The data for this research article, covering the period from November 2022 to October 2023, were collected as part of a study funded by the Office of Organizational Health Promotion through the Health Promotion Fund (Thai Health) and the Development of Area Management Systems and Networks of Health Organizations Based on Buddhist Principles Project. Before the research procedures were initiated in accordance with the action research framework, approval was obtained from Srinakharinwirot University's Ethics Committee for Human Research (SWUEC/E-296/2565).

Action research was a research approach that aimed to promote social change and achieve problem-solving goals while emphasizing stakeholder involvement. As a result, action research provided opportunities for individual experiences to contribute to societal change and problem-solving (Daniel, 2010); (Rajaram, 2007).



Focus groups were the primary data collection method, covering the whole research process. A total of 30 stakeholders per research site, including monks, representatives from relevant agencies, and community members directly affected by the project, were selected through purposive sampling. The selection criteria included individuals who had participated in social activities with Buddhist institutions for at least one year, were in good physical health, and had given informed consent to participate in the study. After gathering data from stakeholders within the Buddhist organization network during the planning stage, the information was examined to identify issues related to mental health development. The identified difficulties were addressed by organizing a workshop to facilitate activities in the acting stage. The final step was to conduct a lessons-learned review as the reflection stage (As Show in Table 1). Since this research covered four specific areas-Bangkok, Chiang Mai, Khon Kaen, and Phuket- the research methods in each area were implemented at different times. This staggered approach allowed the lessons learned from the pilot area to be applied to refine subsequent activities. The research sequence began with Bangkok, followed by Chiang Mai, Khon Kaen, and finally, Phuket. Once activities had been completed in all four provinces, a joint session was held to collectively review and reflect on the outcomes.

**Table 1** Stages of action research

Research sites	Stages of action research			
	Plan	Act	Observe	Reflect
Bangkok	Explored mental health issues among youth, with key stakeholders including monks, young people, and educational institutions.	A two-month pilot implementation in Bangkok focused on organizing participatory activities with youth, using art as a tool for mental healing.	Observation and narrative listening following participants' engagement in the activities.	The lessons learned from the implementation in Bangkok were used as a prototype for other project areas. Activities were then further developed to be more suitable and responsive to the target groups in each respective location. In addition, other areas produced their own lesson-learned manuals, which were
Chiang Mai	Explored the integration of mental health and intellectual development.	A two-month implementation aimed to strengthen mental resilience through developing critical thinking skills and teamwork in creating local products.		



Table 1 Stages of action research (Continued)

Research sites	Stages of action research			
	Plan	Act	Observe	Reflect
Khon Kaen	Explored mental health issues with a focus on participation from older adults, monks, and local administrative organizations.	A two-month implementation involved training programs for older adults on managing stress and anxiety based on Buddhist principles.		disseminated to promote shared learning in the future.
Phuket	Explored mental health issues among youth, emphasizing participation from monks, young people, and other collaborative networks.	A two-month implementation emphasized cultivating mental resilience and preventing drug use among youth.		

### Research sites and units of analysis

The research areas in each province were chosen based on ongoing programs that were consistent with monastic community rules and the goals of the Thai Health Promotion Foundation. Descriptions of the selected areas are as follows: 1) Wat Yannawa and Wat Don School (Borom Satharn) in Bangkok provided a network dedicated to the development of psychological well-being and Buddhist wisdom. 2) Wat Si Soda, a royal monastery in Chiang Mai, hosted a network dedicated to psychological well-being and Buddhist wisdom. 3) Mahachulalongkornrajavidyalaya University's Khon Kaen Campus hosts a network for fostering psychological well-being and Buddhist wisdom, and 4) The community training unit in Kathu Subdistrict, Phuket Province, housed a network dedicated to fostering psychological well-being and Buddhist wisdom.

### Data analysis

Data analysis was conducted using inductive and deductive content analysis based on information acquired from focus group discussions and practical activities conducted by the networks that aimed to develop psychological well-being and Buddhist wisdom based on Buddhist principles to support community health. The collected data were examined and interpreted by all researchers, who read and reviewed the collected data thoroughly, followed by two rounds of reliability checks. After repeated readings of the data by the researchers, a comparative analysis was conducted to identify similarities and differences across the four case studies. The data used to present the research findings were selected based on consensus among all researchers involved in the study. The findings



were then presented through a case-based discussion approach, focusing on the analyzed content rather than using direct participant quotations. This approach was intended to emphasize the actions and operations of social networks in supporting mental health and to allow the practices of each network to be clearly demonstrated. The presentation of the study's findings focused on the results obtained from these practical procedures.

## Results and Discussion

### The Creation of Supportive Social Networks

The action research approach used in Bangkok, Chiang Mai, Khon Kaen, and Phuket resulted in the establishment of social capital within networks for psychological well-being and Buddhist wisdom based on Buddhist principles, which were strengthened through supporting social networks. These networks were primarily initiated by monks alone, with the exception of Bangkok, where the impetus came from the Sangha. Nonetheless, the monks utilized their potential through existing social networks to gather and implement activities, as detailed below.

**Wat Yannawa and Wat Don School (Borom Satharn) in Bangkok provide a network dedicated to the development of psychological well-being and Buddhist wisdom based on Buddhist principles.**

Bangkok's Buddhist-based network for improving psychological well-being and Buddhist wisdom was composed of monks who were trained in counseling and youth work and were well informed about psychological and intellectual well-being. These monks were recognized for their experience working with youth and had taken part in a training course titled "Developing Counseling Potential to Enhance the Quality of Life for Buddhists," which was organized by the Development of Area Management Systems and Networks of Health Organizations Based on Buddhist Principles Project. The Buddhist youth volunteer group from Satri Si Suriyothai School was a public organization committed to social service. The group actively participated in activities, demonstrated critical thinking, expressed opinions confidently, and exhibited creativity. Both monks and youth groups came together under the name "Volunteer Buddhist Monks and Youth Groups for Educational Institution and Well-being Area Development." Their aim was to promote initiatives focused on elementary-level students that enhanced the mental and intellectual well-being of youth, particularly primary-level school students. The success of these activities would not have been possible without the support of key executives, specifically the Sathon District Office, Wat Yannawa School, and Wat Don School. These three institutions played an essential role in promoting and supporting the activities conducted by the group of Buddhist monks and youth volunteers, thereby fostering a healthy and supportive educational environment.

**Wat Si Soda, a royal monastery in Chiang Mai Province, hosts a network dedicated to psychological well-being and Buddhist wisdom based on Buddhist principles.**

The network for the Buddhist development of psychological well-being and Buddhist wisdom in Chiang Mai Province was established by local youth groups and the monastic community, particularly monks serving as Phra Dhammacarika. Under the Phra Dhammacarika Project, the



monastic community supported and fostered this cooperative network, which included administrative agencies such as the Public Relations Department and the Royal Scholarship Project, both operating under the supervision of the Privy Council Office. This collaboration contributed to concrete outcomes in the development of coffee products under the Jari Gano brand. In addition to the previously mentioned collaborative network, several private sector organizations and external civil society groups contributed to advancing psychological well-being and Buddhist wisdom in Chiang Mai Province. Coffee entrepreneurs in the Doi Chang area participated by sharing knowledge on various aspects of coffee cultivation, including varieties, care, storage, processing, and basic marketing. They also opened their coffee plantations to the Phra Dhammacarika monks for experiential learning. Sanyo Trading Co., Ltd. supported the network by contributing to research, product development, and business partnerships, including assistance in securing markets for product distribution.

**Mahachulalongkornrajavidyalaya University's Khon Kaen Campus hosts a network for fostering psychological well-being and Buddhist wisdom based on Buddhist principles.**

The network for the development of psychological well-being and Buddhist wisdom in Khon Kaen Province was primarily managed by Mahachulalongkornrajavidyalaya University's Khon Kaen Campus. As an educational institution, it played an important role in research and the provision of academic services to society, drawing on its strengths in knowledge generation and the practical application of academic principles. Furthermore, with the vice-rector serving as a Sangha administrative official, this integration facilitated the incorporation of academic knowledge into the work of the monastic community. It enabled the Buddhist faith, as a central source of community trust, to drive effective health and well-being activities for the elderly. It also demonstrated how Buddhism could meaningfully and appropriately contribute to enhancing well-being. In addition to the primary organization, other collaborative networks played significant roles. These included public health entities such as the Provincial Public Health Office and local health promotion hospitals, which contributed expertise, organized on-site activities, and linked national policies with initiatives aimed at improving elderly well-being. The involvement of Village Health Volunteers (VHVs) served as a strong community force, working closely with local residents to implement activities within their communities. This formal network of cooperation was essential for establishing sustainable efforts to promote elderly well-being. Furthermore, the working group was striving to establish a wellness development learning center at Mahachulalongkornrajavidyalaya University in the future.

**Kathu Subdistrict, Phuket Province, houses a network dedicated to fostering psychological well-being and Buddhist wisdom based on Buddhist principles.**

In Phuket Province, the network for the development of psychological well-being and Buddhist wisdom was led by the monastic community in each district. The network was headed by Phra Maha Thawisak Nandhammo, the Kathu District Head Monk, who participated by delivering Buddhist teachings to groups of students. Other monks served as speakers and facilitators in the activities, sharing Buddhist principles and guiding students in meditation practices. In addition to the monastic community, public health authorities such as the Kathu Subdistrict Health Promoting Hospital and the Provincial Public Health Office served as important collaborative partners.



They provided support through knowledge-sharing, sending speakers to educate students on health care, the dangers of drug abuse, and methods of mental management through various activities. As a result, students who participated in the activities gained knowledge of both Buddhist principles and scientific health-related concepts, fostering awareness, understanding, and the ability to manage their basic health needs. In addition to the Buddhist and public health networks, the Kathu Police Station played an important role in providing legal education. This helped students understand that certain drugs were illegal and guided them on how to live as responsible citizens under the rule of law. Throughout the five days of activities, multiple groups within Phuket Province's network collaborated to support and advance the initiatives. They worked together to define shared wellness development goals based on Buddhist principles, with the aim of ensuring sustainability and long-term positive influence on community members.

**Action to Connect Supportive Social Networks to Mental Health Care**

The network for the development of psychological well-being and Buddhist wisdom based on Buddhist principles launched the project to integrate social capital with mental health care by establishing psychological well-being development activities through collaborative efforts. Table 2 presents the analyzed data.

**Table 2** Collaborative planning for defining mental health development activities

Supportive Social Networks	Description	Target Groups
Wat Yannawa and Wat Don School (Borom Satharn) in Bangkok provide a network dedicated to the development of psychological well-being and Buddhist wisdom based on Buddhist principles.	An action-based activity using Buddhist practices, integrated with artistic methods, to enhance mental and intellectual well-being.	Monks and the Buddhist Youth Volunteer Group
Wat Si Soda, a royal monastery in Chiang Mai Province, hosts a network dedicated to psychological well-being and Buddhist wisdom based on Buddhist principles.	An action-based activity aimed at improving quality of life, creating employment opportunities for community members to strengthen mental resilience, through the "Charigano" coffee product.	The general public
Mahachulalongkornrajavidyalaya University's Khon Kaen Campus hosts a network for fostering psychological well-being and Buddhist wisdom based on Buddhist principles.	An action-based activity to promote mental stability for the elderly and to address stress and anxiety.	The elderly
Kathu Subdistrict, Phuket Province, houses a network dedicated to fostering psychological well-being and Buddhist wisdom based on Buddhist principles.	An action-based activity to reduce risk and build mental resilience as a protective measure against health risks from drugs and tobacco among youth.	Youth



The practical activities of the network for the development of psychological well-being and Buddhist wisdom based on Buddhist principles were guided by the core research framework of utilizing social capital to support local mental health. Network participation aimed to identify suitable activity models and to create a space for stakeholders to actively engage in addressing issues and enacting change within the community. However, the ability of the religious network to connect with mental health care in the community was partly due to the symbolic capital of its leaders, who were respected by local residents and network members. This respect helped balance social capital, thereby allowing the network to operate effectively. Consequently, activities conducted by the network were consistently met with willing and active cooperation from all involved.

The implementation of building social networks for mental health care applied Buddhist principles as a mechanism for network development. These social networks were driven by the principle of Sangahavatthu, a set of teachings that fostered social cohesion and social trust among members within the Buddhist networks across the four research sites. The network was initially established to promote equal access to emotional support and mental healing (Giving). In order to fulfill the goal of sharing, communication within the network relied heavily on leaders who possessed charisma, particularly the ability to speak persuasively and to foster unity among members (Kindly Speech). Once the social network became strong, it led to acts of public benefit, especially in providing emotional healing for individuals with mental health challenges (Useful Conduct). This required consistent actions, equal treatment of all members, and shared awareness of problems that might arise during the network's operations (Even and Equal Treatment).

### **Practices and Outcomes of Supportive Social Networks**

The practical research conducted was based on a systematic research process with clearly defined steps. After establishing the collaborative network and planning joint activities, the process of change in mental health resulting from the power of social capital was summarized as follows:

**Wat Yannawa and Wat Don School (Borom Satharn) in Bangkok provide a network dedicated to the development of psychological well-being and Buddhist wisdom based on Buddhist principles.**

The operations of the network for the development of psychological well-being and Buddhist wisdom based on Buddhist principles in Bangkok led to outcomes that fostered health improvements for both groups of youth. The first group comprised primary school students from Wat Yannawa School and Wat Don School. As these youth participated in the activities, changes in well-being were influenced by the activity models implemented by the network in Bangkok. The network aimed to improve psychological and intellectual well-being through Buddhist approaches, which were conveyed through the presentation of basic teachings and practices based on Buddhist principles together with integrated artistic techniques.

As a result, these activities successfully engaged youth in their learning processes and promoted a positive attitude toward Buddhism among this group. The second group, the Buddhist youth volunteer group from Satri Si Suriyothai School, participated in activities that promoted Buddhist lifestyle health development in urban areas. The health improvements experienced



by this group resulted from a learning process expressed through activity design and practical implementation. A tangible outcome was that this Buddhist youth volunteer group represented a community committed to public service; Members demonstrated enjoyment in helping society, engaging in activities, and expressing their ideas boldly and creatively. Additionally, the members embodied the ethics and virtues expected of them, largely due to their close relationship with the monks.

Through participation in various activities organized by temples or monks, the outcomes for both groups of youth extended beyond health improvements. The initiative led to significant results in other areas, including the development of a formal and robust cooperative network with promising prospects for sustainability. Initially, the monks and the group of Buddhist youth volunteers collaborated on long-term activities to ensure the transfer of knowledge and practices across generations, thereby promoting sustainability. In terms of policy outcomes, both the Bangkok clergy and the Bangkok Metropolitan Administration, as policymakers, demonstrated awareness of and recognized the importance of health development in accordance with Buddhist principles for youth. There were indications that plans would be developed to expand the implementation of such activities to other districts in Bangkok.

**Wat Si Soda, a royal monastery in Chiang Mai Province, hosts a network that is dedicated to psychological well-being and Buddhist wisdom based on Buddhist principles.**

The activities of the network for the development of psychological well-being and Buddhist wisdom based on Buddhist principles in Chiang Mai Province, under the program "Training to Enhance the Potential of Monks and Youth in Highland Areas for Creative Design," yielded satisfactory tangible results. The outcomes of these activities indicated that they played a significant role in advancing the monk development project, enabling the creation of products that enhanced the quality of life for people in the community. Additionally, the profits generated from the sale of these products were used to support the work of the Phra Dhammacarika in the area.

The product in question was roasted coffee beans branded as "Jarigano." This initiative successfully advanced the development of the product into a formal policy under the monk development project. The monastic community, in collaboration with the Royal Scholarship Project under the Office of the Privy Council, promoted and supported the distribution and expansion of coffee seedlings to various monasteries where monks resided, thereby enabling coffee cultivation that created jobs and livelihoods for community members.

In addition to product development and expansion, the activity also strengthened human capacity among monks and youth. It equipped them with knowledge related to community development project planning, provided tools to highlight community strengths, and fostered creative ideas for enhancing the quality of life within the community.

**Mahachulalongkornrajavidyalaya University's Khon Kaen Campus hosts a network for fostering psychological well-being and Buddhist wisdom based on Buddhist principles.**

The activities of the network for the development of psychological well-being and Buddhist wisdom based on Buddhist principles in Khon Kaen Province, under the initiative



"Enhancing Well-Being for the Elderly in the Koksri, Buayai, and Baan Kham Subdistricts," resulted in satisfactory outcomes. The findings indicated that, in terms of improving elderly health, the working group successfully enhanced the physical well-being of seniors through training sessions that provided knowledge, promoted physical activities, and enabled participating elderly individuals to transfer these benefits to other seniors in their communities.

In terms of mental well-being, the activities helped the elderly find happiness through social interaction and participation in various collective activities. They also received teachings based on Buddhist principles, which contributed to their joy and emotional fulfillment and fostered a way of life grounded in wisdom. This transformation occurred not only among the elderly but also within the collaborative network that participated in these activities. The network recognized and understood existing problems in the area and sought systematic approaches to address them.

Regarding social well-being, this dimension reflected an outcome achieved through the activities, as demonstrated by the emergence of a collaborative network focused on developing well-being according to Buddhist principles in the three operational areas. Finally, the network for developing mental and spiritual well-being in Khon Kaen Province created a body of knowledge that was ready for further development and expansion.

**Kathu Subdistrict, Phuket Province, houses a network dedicated to fostering psychological well-being and Buddhist wisdom based on Buddhist principles.**

The operations of the network for developing psychological well-being and Buddhist wisdom based on Buddhist principles in Phuket Province resulted in positive health changes among students. Over the course of the five-day program, participating students had the opportunity to listen to lectures on key Buddhist principles and to connect these teachings to practical ways of living. Additionally, efforts were made to illustrate how Buddhism aligned with contemporary situations by using these principles to explain current events.

Students also participated in mindfulness activities, such as meditation, prayer, chanting, and walking meditation, conducted by experienced monks knowledgeable in Buddhist teachings who guided them through these practices. The findings indicated that the activities considerably improved students' well-being, particularly their psychological and intellectual well-being. The activities also facilitated physical well-being by encouraging students to reduce, refrain from, and eliminate various risk factors during the training.

In addition to the well-being benefits gained through Buddhist activities, students participating in the program received support and wellness development from various activities organized by collaborative network partners. These collaborators included the Kathu Subdistrict Health Promoting Hospital, the Phuket Provincial Administrative Organization, the local police station, and a group of psychologists affiliated with the Provincial Public Health Office. These networks played an essential role in promoting and supporting the successful implementation of activities under the network for developing psychological well-being and Buddhist wisdom based on Buddhist principles in Phuket Province.



The students who participated in the activities were not only guided through Buddhist practices but also received care and support from relevant organizations. They gained knowledge about health, developed an understanding of drug-related risks, and learned how to live thoughtfully and with awareness, consistent with the goals of self-development according to Buddhist principles.

### Discussions

The findings of this study demonstrated that the social capital of Buddhist institutions was clearly reflected in their ability to leverage networks of leaders, particularly monks. The capacity of monks enhanced and expanded these networks, fostering strong social ties that spanned the monastic community, academia, the private sector, civil society, and government. The active cooperation of local communities, alongside the faith in and recognition granted to the monks, contributed to the successful implementation of activities. These collaborative efforts were shaped by the specific social and cultural contexts in which the networks operated.

The findings from the action research emphasized that social capital created beneficial outcomes for individuals and social groups by forming networks and effectively mobilizing their potential, including mutual trust. In this study, social capital within health contexts was closely tied to symbolic capital. Without the symbolic capital of monks, the formation and sustainability of social networks for mental health care would likely have been constrained. This interpretation aligns with Bourdieu's (1986), Lin's (2001), and Putnam's (2000) conceptualizations of capital as embedded in social relations and institutional trust. Furthermore, the findings reinforced the idea that social capital and Thai Buddhist institutions are closely interconnected when examined within specific sociocultural contexts (Son & Sung, 2024).

The monks who served as leaders of the social networks drew upon a combination of spiritual authority and community-based social trust to develop localized mental health support systems. These findings suggest that the emergence of the four networks required an intersection of multiple forms of capital: Social capital, symbolic capital, and religious capital. Among these, social capital played a central role in mobilizing and integrating other forms of capital within the community context.

These social networks, formed under the guidance of Buddhist institutions, demonstrate that such institutions can adapt to contemporary social conditions and actively engage in addressing public issues rather than remaining separate from society (King, 2009). The benefits of social capital generated through these networks contribute to the strengthening of health capital, which is reflected in improved health conditions, bodily resilience, and other measurable indicators of well-being. Thus, health capital is interconnected with other forms of capital (Blaxter, 2003); (Jearajit et al., 2022). Scholarly discussions have also noted that Buddhist institutional networks possess influential authority, enabling monks to garner support from formal governmental organizations to advance public-oriented activities within Thai society (Borchert, 2024).



### Originality and Body of Knowledge

The originality of this article lies in its demonstration of how the social capital of Buddhist institutions can be mobilized to address mental health and cognitive challenges in diverse contexts through concrete and practical approaches. Rather than relying solely on traditional forms of Dhamma instruction, Figure 1 highlights how Buddhist institutions generate forms of social innovation across four dimensions: The ability to leverage religious networks-grounded in the leadership of Buddhist monks-to support community mental health through trust-based relationships; The recognition that mental health interventions cannot follow a one-size-fits-all model and must instead be adapted to the specific contexts of each community; The effective engagement of key stakeholders, particularly monks who serve as network leaders and community youth who become volunteers contributing to social well-being and the creation of sustainable collaborative networks by connecting research findings to relevant agencies and institutional partners. Together, these findings illustrate how Buddhist principles can be transformed into meaningful social action that strengthens mental health care within urban communities.

In addition, Figure 1 illustrates the mechanism of the Four Sangahavattu: *Dāna* (Generosity or Giving), *Piyavācā* (Kind and Compassionate Speech), *Atthacariyā* (Conduct That Benefits Others), and *Samānattatā* (Equality and Impartial Participation) working together to produce social change outcomes through mental health care by utilizing social networks in which Buddhist institutions are involved. It can be seen that operating on the basis of the Four Sangahavattu has generated psychological and intellectual well-being, which are conditions for good mental health. This process requires the social capital of Buddhist institutions and Buddhist leadership to help drive efforts to ensure that mental health care is comprehensive and inclusive.



**Figure 1** Buddhist-Based Supportive Social Network for Mental Health Care



## Conclusions and Recommendations

Based on the findings from the action research, two policy recommendations are proposed to enhance the use of social capital for mental health care and promotion. First, social networks that focus on mental health should be utilized as a bridge between government health policies, the health system, and individual health practices in daily life should be used. The social networks led by monks can closely monitor the mental health of community members, ensuring the seamless implementation of government mental health policies and achieving more precise health outcomes. Second, mental health promotion and care should be supported through action research, as it moves beyond a one-size-fits-all approach towards a deeper understanding of the diverse health conditions that are influenced by social and cultural contexts. In this study, action research was employed as the primary research approach. However, one limitation was the geographic scope, as the research could not be conducted across multiple regions. Additionally, the study lacked a systematic assessment of the mental health conditions of the target population in each area, which would have served as an empirical basis for localized decision-making. This was due to time constraints during the research process. These limitations suggest important directions for future research. It is recommended that future studies conduct empirical social research through comprehensive surveys of mental health conditions across Thailand, with particular attention to the country's diverse social and cultural contexts, especially in terms of religious differences, as Thailand is a multicultural society. Moreover, future action research should aim to expand to other localities while incorporating long-term impact evaluation. This would provide clearer insight into the transformative outcomes of social network-based interventions in mental health support.

## Acknowledgment

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This project is funded by the Thai Health Promotion Foundation, Thailand (Grant number: 65-10090).

## References

- Baker, C. & Phongpaichit, P. (2021). Thailand and the COVID-19 Pandemic in 2020. In Singh, D. & Cook, M. (eds.), *Southeast Asian Affairs 2021* (pp. 356-378). Buona Vista district, Singapore: ISEAS–Yusof Ishak Institute.
- Blaxter, M. (2003). Biology, social class and inequalities in health: their synthesis in 'health capital'. In G. Bendelow, L. Birke, & S. Williams (Eds.), *Debating Biology, Sociological Reflections on Health, Medicine and Society*, (pp. 69-83). London, United Kingdom: Routledge.
- Borchert, T. (2024). The Power and Authority of Monks in the Contemporary Thai Sangha. *Contemporary Buddhism*, 24(1-2), 3-31. <https://doi.org/10.1080/14639947.2024.2344727>.



- Bourdieu, P. (1986). The Forms of Capital. In Richardson, J. G. (ed.), *Handbook of Theory and Research for the Sociology of Education*, (pp. 241-258). Connecticut, United States of America: Greenwood Press.
- Cheng, F. K. & Tse, S. (2015). Applying the Buddhist Four Immeasurables to Mental Health Care: A Critical Review. *Journal of Religion & Spirituality in Social Work: Social Thought*, 34(1), 24-50. <https://doi.org/10.1080/15426432.2014.921128>.
- Cockerham, W. C. (2024). *Sociology of Mental Disorder* (12th edition). London, United Kingdom: Routledge. <https://doi.org/10.4324/9781003407652>.
- Daniel, F.-J. (2010). Action Research and Performativity: How Sociology Shaped a Farmers' Movement in The Netherlands. *Sociologia Ruralis*, 51(1), 17-34. <https://doi.org/10.1111/j.1467-9523.2010.00525.x>.
- Eliksson, M. (2011). Social capital and health – implications for health promotion. *Global Health Action*, 4(1), 5611. <https://doi.org/10.3402/gha.v4i0.5611>.
- Ferlander, S. (2007). The Importance of Different Forms of Social Capital for Health. *Acta Sociologica*, 50(2), 115-128. <https://doi.org/10.1177/0001699307077654>.
- Iamtrakul, P. & Chayphong, S. (2023). Factors affecting the development of a healthy city in Suburban areas, Thailand. *Journal of Urban Management*, 12(3), 208-220. <https://doi.org/10.1016/j.jum.2023.04.002>.
- Jearajit, C., Promjittiphong, C. & Soonsinpai, T. (2022). Toward the Well-being Society: The Development of HealthNetwork, Buddhist Organizations, Nakhon Nayok and Sa Kaeo Provinces. *Journal of Liberal Arts, Ubon Ratchathani University*, 18(2), 132-156.
- King, S. B. (2009). *Socially Engaged Buddhism*. Hawaii, United States of America: University of Hawai'i Press.
- Lin, N. (2001). *Social Capital: A Theory of Social Structure and Action*. Cambridge, United Kingdom: Cambridge University Press. <https://doi.org/10.1017/CBO9780511815447>.
- L-Y. Lim, L., Kjellstrom, T., Sleigh, A., Khamman, S., Seubsman, S. A., Dixon, J. & Banwell, C. (2009). Associations between urbanisation and components of the health-risk transition in Thailand. A descriptive study of 87,000 Thai adults. *Global Health Action*, 2(1). <https://doi.org/10.3402/gha.v2i0.1914>.
- National Statistical Office. (2021). *2020 Mental Health Survey*. Bangkok, Thailand: National Statistical Office.
- Panyachit, S. (2025). Barefoot Health: The Healthy Lifestyle Path of Monks in Thailand. *Journal of Population and Social Studies*, 34, 236-252.
- Pholphirul, P. & Srijamdee, K. (2025). Buddhist Practices and Mental Health Outcomes in Thailand. *Journal of Religion and Health*, 2025. <https://doi.org/10.1007/s10943-025-02354-y>.
- Pongsawat, P. (2024). Bangkok in the Time of Covid-19: The Consideration of the Covid-19's Impacts from the Production of Space Perspective. *Journal of Social Sciences Naresuan University*, 20(1), 1-31. <https://doi.org/10.69650/jssnu.2024.264572>.



- Pornsiripongse, S., Sasiwongsaroj, K. & Ketjamnong, P. (2014). Buddhist Temple: A Religious Capital Approach for Preparing Thailand Toward the Aging Society. In Liamputtong, P. (eds.), *Contemporary Socio-Cultural and Political Perspectives in Thailand*, (pp. 65-82). Dordrecht, Netherlands: Springer. [https://doi.org/10.1007/978-94-007-7244-1\\_4](https://doi.org/10.1007/978-94-007-7244-1_4).
- Putnam, R. D. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York, United States of America: Simon and Schuster.
- Rajaram, S. S. (2007). An Action-Research Project: Community Lead Poisoning Prevention. *Teaching Sociology*, 35(2), 138-150.
- Ruengorn, C., Awiphan, R., Wongpakaran, N., Wongpakaran, T. & Nochaiwong, S. (2021). Association of job loss, income loss, and financial burden with adverse mental health outcomes during coronavirus disease 2019 pandemic in Thailand: A nationwide cross-sectional study. *Depression and Anxiety*, 38(6), 648-660. <https://doi.org/10.1002/da.23155>.
- Sasiwongsaroj, K., Wada, T., Okumiya, K., Imai, H., Ishimoto, Y., Sakamoto, R., Fujisawa, M., Kimura, Y., Chen, W.-L., Fukutomi, E. & Matsubayashi, K. (2014). Buddhist social networks and health in old age: A study in central Thailand. *Geriatrics & Gerontology International*, 15(11), 1210-1218. <https://doi.org/10.1111/ggi.12421>.
- Shonin, E., Van Gordon, W. & Griffiths, M. D. (2016). Mindfulness and Buddhist-Derived Treatment Techniques in Mental Health and Addiction Settings. In Shonin, E., Gordon, W., Griffiths, M. (eds.), *Mindfulness and Buddhist-Derived Approaches in Mental Health and Addiction*, (pp. 1-16). Cham, Switzerland: Springer. [https://doi.org/10.1007/978-3-319-22255-4\\_1](https://doi.org/10.1007/978-3-319-22255-4_1).
- Snel, E., Engbersen, G., de Boom, J. & van Bochove, M. (2022). Social Capital as Protection Against the Mental Health Impact of the COVID-19 Pandemic. *Frontiers in Sociology*, 7, 728541. <https://doi.org/10.3389/fsoc.2022.728541>.
- Son, J. & Sung, P. (2024). The relationship among generalized trust, social networks, and social resources across 30 countries. *International Sociology*, 39(4), 375-398. <https://doi.org/10.1177/02685809241251770>.
- Suavansri, P., Pichayayothin, N., Espinosa, P. R., Areekit, P., Nilchantuk, C., Jones, T. S., French, J. J., Mam, E., Moore, J. B. & Heaney, C. A. (2022). Well-being in Thailand: A Culturally Driven Grounded Inquiry Exploration of a Complex Construct. *Applied Research Quality Life*, 17, 3327-3347. <https://doi.org/10.1007/s11482-022-10067-7>.
- Tangopasvilaisakul, P. (2022). The Predicaments of (Some) Middle Class: A Preliminary Study of Way of Living and Voices Lost during the COVID-19 Pandemic. *Parichart Journal*, 35(2), 50-68. <https://doi.org/10.55164/pactj.v35i2.249891>.
- Thianthai, C. & Tamdee, P. (2024). Understanding Digital Well-being and Insights From Technological Impacts on University Students' Everyday Lives in Bangkok. *Journal of Health Research*, 38(2), 137-145. <https://doi.org/10.56808/2586-940X.1069>.
- Wiist, W. H., Sullivan, B. M., St. George, D. M. & Wayment, H. A. (2012). Buddhists' Religious and Health Practices. *Journal of Religion and Health*, 51, 132-147. <https://doi.org/10.1007/s10943-010-9348-5>.



- Wun'Gaeo, C. & Wun'Gaeo, S. (2021). Thailand and Covid-19: Institutions and social dynamics from below. In Piererse, J. N., Lim, H. & Khondlker, H. (eds.), *Covid-19 and Governance Crisis Reveals*, (pp. 88-97). London, United Kindom: Routledge. <https://doi.org/10.4324/9781003154037>.
- Zhang, D., Kong, C., Zhang, M. & Kang, J. (2022). Religious Belief-Related Factors Enhance the Impact of Soundscapes in Han Chinese Buddhist Temples on Mental Health. *Frontiers in Psychology*, 12, 774689. <https://doi.org/10.3389/fpsyg.2021.774689>.