
Depression Management Model to Protect the Suicide of Youth with Buddhist Application in New Way Life, Nakhon Pathom Province

Maen Tongvijit (Phrakhrusripariyativitan, Asst.Prof., Dr.)¹,

Asst.Prof.Dr.Winyou Kinasen², Dr. Ratchadakorn Aimampai³

Mahamakut Buddhist University, Sirindhornrajavidhayalaya Campus, Thailand

Abstract:

The purposes of research entitled “Depression Management Model to Protect the Suicide of Youth with Buddhist Application in New Way Life, Nakhon Pathom Province” were: 1) to study the causes of depression of youths in Nakhon Pathom Province and depression management according its causes to protect suicide of youths in the new way of life, Nakhon Pathom Province; 2) To study the ways for depression management according to the threefold training to protect suicide of youths with Buddhist integration in the new way of life, Nakhon Pathom Province; 3) To study a relationship between Buddhist principles and depression management to protect suicide of youths with Buddhist integration in the new way of life, Nakhon Pathom Province; 4) To propose the model of depression management to protect suicide of youths with Buddhist integration in the new way of life, Nakhon Pathom Province. The samples used in this study are 250 youths in Nakhon Pathom Province. Statistics used in this research consisted of percentage, mean, standard deviation, t-test, One-way Analysis of Variance and Correlation Coefficient. The research results showed that 1) depression caused by worry about expense in the family had the highest mean value, followed by problem in the workplace, mental problem, work characteristics, relationship with co-workers, physical problem and family relationship. The ways for depression management according to its causes had high mean value; 2) The ways for depression management according to Athisila sikha (Morality training) had the highest mean value, followed by Athipanna sikha (Wisdom training) and Athicitta sikha (Mind training) respectively; 3) Buddhist principles had a relationship with depression management to protect suicide of youths with Buddhist integration in the new way of life, Nakhon Pathom Province; 4) The model for depression management consisted of understanding the nature of mind and suffering according to the four noble truths, creating safe zone for the mind and therapy relationship, an integration of Athisila sikha (Morality training) for mind, wisdom and social development, an integration of Athicitta sikha (Mind training) to develop wisdom and detachment, an integration of Athipanna sikha (Wisdom training) to develop empirical wisdom. Recommendations from this research are that the government should identify management of depression and stress as a national agenda because it is the important issue affecting living and happiness of youths in daily life, there should be activities, training projects and mind training programs to reduce depression of youths, there should be cultivation of youths in following the threefold training i.e. Athisila sikha: preserving morality, Athicitta sikha: preserving the mind, Athipanna sikha: using wisdom in contemplating the truth, the youths should learn the causes of depression and apply appropriate ways to solve the problems.

Keywords: Depression, Stress, Buddhist Integration, Threefold Training, New Way Life

Introduction

The World Health Organization (WHO) has reported that depression is a major cause of the loss of physical and mental health capabilities among the global population. Most cases of

early-stage depression are not severe enough to be classified as a disorder (Cited in Channuwong et al., 2022). Depressive moods have an extremely impact on daily life, affecting both the individual and those around them. Individuals experiencing depression often feel a persistent sense of sadness, low self-worth, unwarranted guilt, or regret. Depression can affect anyone. The WHO estimates that 5.4% of the general population suffers from depression, which means that out of 100 people, approximately five are affected, with some countries reporting rates as high as 10%. Mental health issues and youths suicide rates have escalated into a global crisis. According to the WHO's global suicide report, more than 700,000 people die by suicide annually, making it the second leading cause of death among individuals aged 15–29 (World Health Organization [WHO], 2021). Additionally, 77% of global suicides occur in low- and middle-income countries. Over the past decade, suicide rates among youths have steadily risen, especially during the COVID-19 pandemic (Centers for Disease Control and Prevention [CDC], 2023).

In Thailand, nearly 2 million people suffer from depression. Over the past decade, public campaigns have increased awareness, enabling earlier diagnosis and treatment with medication and psychotherapy, which improves recovery rates (Department of Mental Health, 2019). However, the COVID-19 pandemic exacerbated mental health issues, with youth suicide rates rising by 22.4%. Key factors include depression, stress, family issues, and economic impacts (Department of Mental Health, 2021). Studies reveal 32.4% of Thai youths are at risk of depression, and 18.6% experience suicidal thoughts. Social changes during the "New Normal" period increased youths' depression risk by 2.5 times due to educational challenges, limited social interaction, and future uncertainties (Manoch Lortarakul et al., 2022; Rajanagarindra Child and Adolescent Mental Health Institute, 2022). Depression-related suicides are common, particularly among students and young adults. Stressful factors include academic challenges, family conflicts, and romantic issues. In Nakhon Pathom Province, youths' access to mental health services remains low at 35.6%, below national targets. Leading psychiatric conditions include anxiety (35.1%), schizophrenia (28.2%), and depression (25.1%) (Nakhon Pathom Province Public Health Office, 2020). Addressing youths depression through early intervention, integrating Buddhist principles, and fostering supportive communities is crucial to reduce suicide rates and promote well-being, ensuring a resilient and empowered society.

The researcher focusingly studies "Depression Management Model to Protect the Suicide of Youth with Buddhist Application in New Way Life". While Thailand has adopted depression care models, most are based on foreign frameworks that may not align with Thai social and cultural contexts (Sompop Rueangtrakool et al., 2021). This highlights the need for a model combining modern medical knowledge with Buddhist principles to address the unique needs of Thai youth. The research seeks to fill gaps in mental health care by developing an innovative, culturally appropriate approach to protect suicide. The study integrates the Threefold Training (morality, concentration, and wisdom) with psychiatric practices, ensuring relevance to modern life. Key components include collaboration with community stakeholders, leveraging digital technology to improve mental health service accessibility, and tailoring interventions to Thai societal contexts. Key Success factors include inclusive stakeholder participation, designing youth-centered solutions, and effectively integrating Buddhist principles into current social realities.

Research Objectives

1) To study the causes of depression of youths in Nakhon Pathom Province and depression management according its causes to protect suicide of youths in the new way of life, Nakhon Pathom Province

2) To study the ways for depression management according to the threefold training to protect suicide of youths with Buddhist integration in the new way of life, Nakhon Pathom Province

3) To study a relationship between Buddhist principles and depression management to protect suicide of youths with Buddhist integration in the new way of life, Nakhon Pathom Province;

4) To propose the model of depression management to protect suicide of youths with Buddhist integration in the new way of life, Nakhon Pathom Province.

Research Methodology

The population and sample for this study included youth aged 15–24 residing in Nakhon Pathom Province, as well as monks, teachers, psychologists, public health officers, physicians, organizational leaders, government officials, and private sector representatives, totaling 250 individuals. The sample was selected based on predetermined criteria. The sample size was calculated using Taro Yamane's formula with a 95% confidence level and a margin of error of 5% (0.05), resulting in a sample size of 225 individuals. As for variables, there are 1. Independent Variables namely; gender, age, marital status, education level, occupation, monthly income, and work experience. 2. Dependent Variables namely; causes of depression. 2. Depression management based on identified causes. 3. Depression management according to the principles of the Threefold Training (Trisikkha). According to data collection tools, the researcher employed a questionnaire as the primary tool for quantitative data collection. The questionnaire was divided into four sections. Section 1: Questionnaire is related to personal factors, such as gender, age, marital status, education level, and occupation. This section consists of closed-ended questions in a checklist format. Section 2: Questionnaire is the causes of depression among youths in the new way of life in Nakhon Pathom Province. Section 3: Questionnaire is about depression management based on the identified causes. Section 4: Questionnaire is about depression management in accordance with the principles of the Threefold Training (Trisikkha).

Research Results

The analysis of general data from the survey respondents, comprising a total of 250 participants, reveals the following insights. Regarding gender, among the respondents are 138 individuals (55.20%) identified as male, while 112 individuals (44.80%) identified as female. As for age, the majority of respondents, 100 individuals (40.00%), were aged between 25 and 35 years. This was followed by 60 respondents (24.00%) in the 36–45 age group and 44 respondents (17.60%) in the 46–55 age group. Additionally, 36 respondents (14.40%) were below 25 years of age, and 10 respondents (4.00%) were above 56 years. According to marital status, most respondents, 167 individuals (66.80%), reported being single. Married respondents accounted for 73 individuals (29.20%), while 6 respondents (2.40%) were divorced and 4 respondents (1.60%) were separated. In terms of educational attainment, 113 respondents (45.20%) had completed a bachelor's degree, and 77 respondents (30.80%) reported having an education below the bachelor's degree level. Respondents with a master's degree numbered 15 (6.00%), while 45 individuals (18.00%) had obtained a doctorate. Regarding monthly income, 92 respondents (36.80%) earned below 15,000 THB, while 87 respondents (34.80%) fell within the 15,000–25,000 THB range. A smaller proportion, 38 respondents (15.20%), earned between 35,001 and 45,000 THB, and 18 respondents (7.20%) reported incomes between 25,001 and 35,000 THB. Additionally, 10 respondents (4.00%) earned 45,001–55,000 THB, and 5 respondents (2.00%) earned above 55,000 THB. In terms of work experience, 110 respondents (44.00%) reported having 5–15 years of experience. This was followed by 74 respondents (29.60%) with less than 5 years of experience, 46 respondents (18.40%) with 16–25 years of experience, and 20 respondents (8.00%) with 26–35 years of work experience.

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The analysis of depression causes revealed that overall, the seven dimensions evaluated were at a moderate level, with a mean score of 3.06 (SD = 0.95). Among these dimensions, family expenses emerged as the most significant factor, with a mean score of 3.43 (SD = 1.19), categorized as "high." This finding indicates that concerns about family expenses play a major role in contributing to depression. The specific factors within this category, ranked in descending order, include worries about family expenses, debt obligations, personal expenses, and salary and benefits. On the other hand, workplace-related issues scored a mean of 3.14 (SD = 1.15), categorized as "moderate," demonstrating a moderate impact on depression. Similarly, relationships with colleagues (mean = 3.01, SD = 1.15), the nature of work (mean = 3.10, SD = 1.18), family relationships (mean = 2.62, SD = 1.39), physical health (mean = 2.87, SD = 1.25), and mental health (mean = 3.13, SD = 1.23) were all categorized as having a moderate impact. Notably, family expenses (ACD1) had the highest impact on depression, while family relationships (ACD5) had the lowest.

In terms of managing depression according to its causes, the overall management level was categorized as "high," with a mean score of 3.56 (SD = 0.77). When analyzed across the seven dimensions, family expense management (BDM1) was at a moderate level, with a mean score of 3.06 (SD = 1.22), ranking as the least effective (7th place). Workplace management (BDM2) was also moderate, with a mean score of 3.07 (SD = 1.23), ranking 6th. Meanwhile, managing relationships with colleagues (BDM3) scored "high," with a mean of 3.75 (SD = 1.08), ranking 3rd, showing that improving these relationships effectively reduces depression. Managing the nature of work (BDM4) also scored "high," with a mean of 3.77 (SD = 1.00), ranking 2nd. Family relationship management (BDM5), which scored 3.90 (SD = 0.99), ranked 1st, making it the most effective strategy for reducing depression. Managing physical health (BDM6) scored "high," with a mean of 3.54 (SD = 1.17), ranking 5th, while managing mental health (BDM7) scored "high," with a mean of 3.66 (SD = 1.09), ranking 4th. These results highlight that family relationship management is the most impactful strategy for mitigating depression, whereas managing family expenses has the least effect.

When analyzing depression management using the principles of Triple Training, the overall effectiveness was categorized as "high," with a mean score of 3.95 (SD = 0.98). Among the three principles, Adhisīla Sikkhā (moral conduct) scored the highest, with a mean of 4.04 (SD = 1.07), indicating its superior effectiveness in reducing depression. This suggests that practicing moral discipline has a significant impact on alleviating depressive symptoms. Adhicitā Sikkhā (mental discipline) was ranked 3rd, with a mean of 3.77 (SD = 1.01), showing positive effects but

slightly less effective than moral conduct. Adhipaññā Sikkhā (wisdom training) ranked 2nd, with a mean of 3.94 (SD = 1.00), demonstrating that applying correct understanding and wisdom effectively reduces depression. Overall, these findings underscore that depression management based on the Triple Training principles is highly effective, particularly with moral conduct being the most impactful approach.

Discussion

The study examined the causes and management of depression across seven key aspects, revealing an overall moderate level of depression-related concerns (mean = 3.06, SD = 0.95). When analyzed individually, the findings highlight the following ranking of causes: Family Financial Concerns, Workplace Issues, Mental Health Challenges, Job Characteristics, Workplace Relationships, Physical Health the first rank showed as the most significant factor causing depression.

Family Relationships – The least impactful factor. First, Family financial burdens ranked as the most significant cause of depression. Factors include increased household expenses, stagnant income, and rising costs of living, such as housing loans, utility bills, transportation, and educational expenses. Financial stress contributes to insomnia, persistent worry, and feelings of hopelessness, often leading to reliance on credit cards and loans, exacerbating debt. This aligns with prior research indicating that debt is a major stressor. Solutions include maintaining a budget, seeking additional income, and restructuring debts. However, these remedies often reduce family time, harm physical health, and perpetuate a cycle of stress. Secondly, workplace issues were the most significant cause of depression. Key factors include cramped spaces, poor ventilation, inadequate lighting, noise pollution, and long commutes due to traffic congestion. These conditions lead to stress, fatigue, and reduced personal and family time. Prior research supports the significant impact of workplace environments on mental health. Solutions include improving physical workplace conditions, offering flexible working arrangements, and promoting mental health programs. Buddhist mindfulness practices have also shown efficacy in reducing workplace-related stress. Second, Workplace issues were the most significant cause of depression. Key factors include cramped spaces, poor ventilation, inadequate lighting, noise pollution, and long commutes due to traffic congestion. These conditions lead to stress, fatigue, and reduced personal and family time. Prior research supports the significant impact of workplace environments on mental health. Solutions include improving physical workplace conditions, offering flexible working arrangements, and promoting mental health programs. Buddhist mindfulness practices have also shown efficacy in reducing workplace-related stress. Third, mental health issues, such as academic pressure, family expectations, and life adjustments, ranked. Youths struggling with self-esteem and social relationships are particularly vulnerable. Solutions include psychological counseling, community-based interventions, and incorporating Buddhist mindfulness practices to manage emotions and prevent depressive thoughts. Forth, job responsibilities and expectations significantly contribute to depression, particularly for young professionals and educators. Heavy workloads, online teaching challenges, and performance evaluations cause stress and fatigue. Suggested interventions include integrating mental health management techniques and fostering supportive workplace environments.

Fifth, conflicts and lack of support among colleagues were the most critical factor. Workplace issues, such as favoritism, gossip, and non-collaborative behavior, foster feelings of isolation and low morale. Promoting cooperative work culture and applying Buddhist principles, such as compassion and empathy, can enhance workplace relationships and mitigate stress. Poor physical health, exacerbated by extended screen time during online learning or work, contributes to depression. Physiological impacts include fatigue, headaches, and poor posture. Integrating physical health initiatives, such as regular exercise and ergonomic practices, can alleviate symptoms. Challenges in family dimension, such as limited emotional support and strained communication, were the least significant cause of depression. However, they still contribute to

emotional distress. Promoting family counseling and enhancing emotional bonds can mitigate this impact.

Management of Depression Based on the Threefold Training Principles

The management of depression based on the principles of the Threefold Training—higher morality (Adhisīla Sikkhā), higher concentration (Adhicitta Sikkhā), and higher wisdom (Adhipaññā Sikkhā)—was rated at a high level, with an overall mean of 3.95 (SD = 0.98). Among these aspects, the principle of higher morality demonstrated the most significant impact on reducing depression, followed by higher wisdom and higher concentration, respectively.

For depression management based on Higher Morality (Adhisīla Sikkhā), Higher morality serves as a foundational approach in managing depression, particularly among youth. Adhering to 5 moral precepts helps regulate external behavior, fostering the development of mental and intellectual discipline. Strict observance of the Five Precepts significantly alleviates anxiety caused by guilt, shame, and fear of wrongdoing, all of which contribute to depressive symptoms. Studies, such as those by Phra Khru Pathumphawanacharn (2020), demonstrate that living in accordance with moral principles can reduce mental distress and anxiety effectively.

Additionally, morality strengthens interpersonal relationships. Those who practice moral behavior are often loved and trusted by others, resulting in greater social acceptance and support. This finding aligns with research by Phra Maha Wuthichai Wachiramethi (2021), which highlighted the role of morality in enhancing mental resilience and preventing suicidal tendencies. Observing moral precepts also cultivates mindfulness and caution in daily life, reducing risky behaviors that could lead to future problems and suffering, as emphasized by Phra Maha Sutthit Apakaro (2022). In therapeutic terms, adhering to moral principles provides a clear framework for individuals suffering from depression, reducing confusion and uncertainty. This clarity fosters emotional stability and self-esteem, enabling individuals to navigate life with a greater sense of purpose. Therefore, developing higher morality is a critical strategy for managing depression and should be integrated with concentration and wisdom to build resilience and ensure sustainable prevention of depressive symptoms.

Another depression management, the principle of higher wisdom (Adhi panna Sikkhā) with an average score of 3.94 (SD = 1.00), ranked as the second most effective approach for managing depression. Wisdom development plays a vital role in fostering an understanding of the mind and suffering through the framework of the Four Noble Truths. Insight's wisdom development are 1. Learning Wisdom ; Developing wisdom begins with acquiring knowledge, particularly the understanding of the Four Noble Truths. This understanding enables youth to recognize the interconnectedness of suffering (dukkha), its causes (samudaya), cessation (nirodha), and the path leading to cessation (magga). By comprehending the root causes of their suffering, individuals can identify practical solutions and regain hope in overcoming depression. 2. Reflection Wisdom: Reflective wisdom helps youth analyze thought patterns and behaviors contributing to depression, such as distorted thinking and pessimism. By developing rational analytical skills, individuals can identify and adjust unhelpful thoughts, thus reducing depressive tendencies. Wisdom from Practice: 3. Practical wisdom is cultivated through meditation practices such as vipassanā (insight meditation) and reflection on the Three Marks of Existence: impermanence, suffering, and non-self. These practices help youth detach from negative thoughts and emotions, leading to liberation from suffering. Research by Phra Maha Paitoon Pantananto (2020) highlights the effectiveness of insight meditation in understanding and eliminating the root causes of suffering. Similarly, integrating Buddhist principles with cognitive-behavioral therapy, as demonstrated by Assoc. Prof. Dr. Pimchanok Boonsiri (2022), has shown significant success in reducing depressive symptoms.

In term of Holistic Approach, wisdom development is crucial, it must be integrated with morality (sīla) and concentration (samādhi), as these three components are interdependent. A systematic, age-appropriate approach to cultivating wisdom among youth is essential,

considering their developmental readiness and the contemporary social context. By emphasizing the integration of morality, concentration, and wisdom, the Threefold Training principles provide a comprehensive and sustainable framework for managing depression effectively.

The Integrated Buddhist Approach for Managing Depression to Prevent Youths Suicide in the New Normal Era, Nakhon Pathom Province

This research led to the creation of the UCCAA Model, which focuses on integrating Buddhist principles to address depression and prevent youth suicide in Nakhon Pathom Province. The model comprises five core components (1) **U**nderstanding the nature of the mind and suffering according to the Four Noble Truths) (2) **C**reating a psychologically safe space and a therapeutic relationship) (3) **C**ombining the Threefold Science to develop the mind and social intelligence.) (4) **A**n integration of higher mentality to develop wisdom and letting go) Lastly, (5) **A**n integration of higher wisdom to develop empirical intelligence , UCCAA MODEL described as follows:

U = Understanding the nature of the mind and suffering according to the Four Noble Truths. This topic involves a systematic examination of reality. This includes recognizing the truth of suffering (dukkha), understanding its causes (samudaya) such as attachment and craving, envisioning the cessation of suffering (nirodha), and following the Eightfold Path (magga) as a means to liberation. This approach emphasizes mindfulness and concentration, as well as reflection on the Five Aggregates (khandhas) and the Four Noble Truths, enabling individuals to identify the root causes of depression. Realizing that suffering stems from attachment to the Five Aggregates and craving allows individuals to correctly apply the Eightfold Path to achieve freedom from suffering.

C = Creating a psychologically safe space and a therapeutic relationship. For creating a psychologically safe space is essential for managing depression and fostering a positive mindset. This principle incorporates the Four Divine Abidings (Brahmavihāra): loving-kindness (metta), compassion (karuna), sympathetic joy (mudita), and equanimity (upekkha). By practicing these qualities, individuals can cultivate emotional resilience and let go of suffering. A key component is fostering therapeutic relationships, particularly in supportive communities or under the guidance of experienced teachers. Sharing experiences, receiving guidance, and exchanging insights can significantly boost morale and deepen understanding of spiritual practice. By integrating these principles, individuals gain the mental strength and insight necessary for lasting recovery from depression.

C = Combining the Threefold Science to develop the mind and social intelligence The integration of morality (sīla), concentration (samādhi), and wisdom (paññā) provides a robust framework for managing depression. Observing precepts fosters emotional stability and self-esteem by reducing guilt and anxiety. Concentration, achieved through meditation, helps calm the mind and manage negative thoughts. Wisdom enables individuals to see the impermanent, unsatisfactory, and non-self nature of all phenomena. This holistic approach not only addresses depression but also builds social intelligence and resilience, encouraging positive relationships and emotional balance.

A = An integration of higher mentality to develop wisdom and letting go .Developing higher mentality (adhicitta) involves integrating meditative practices like samatha (tranquility meditation) and vipassanā (insight meditation). Practices such as the Four Foundations of Mindfulness (Satipatthana), the Eightfold Path, and the Four Bases of Success (Iddhipada) foster self-awareness and emotional regulation. Regular meditation helps individuals identify and address negative thought patterns, reducing rumination and fostering clarity of mind. By cultivating mindfulness and concentration, individuals can develop the mental resilience necessary to overcome depression.

A = An integration of higher wisdom to develop empirical intelligence .Higher wisdom (adhipaññā) plays a critical role in managing depression by fostering deep insight into the mind

and suffering. This begins with sutamayā paññā (wisdom from learning), which helps individuals understand the Four Noble Truths and the interconnectedness of thoughts, emotions, and behaviors. Cintāmayā paññā (wisdom from reflection) encourages analytical thinking to identify and address the root causes of depression. Bhāvanāmayā paññā (wisdom from practice) is cultivated through vipassanā meditation and reflection on the Three Characteristics of Existence (impermanence, suffering, and non-self). These practices help individuals release attachment to negative thoughts and emotions, leading to true liberation from depression (Figure 1).

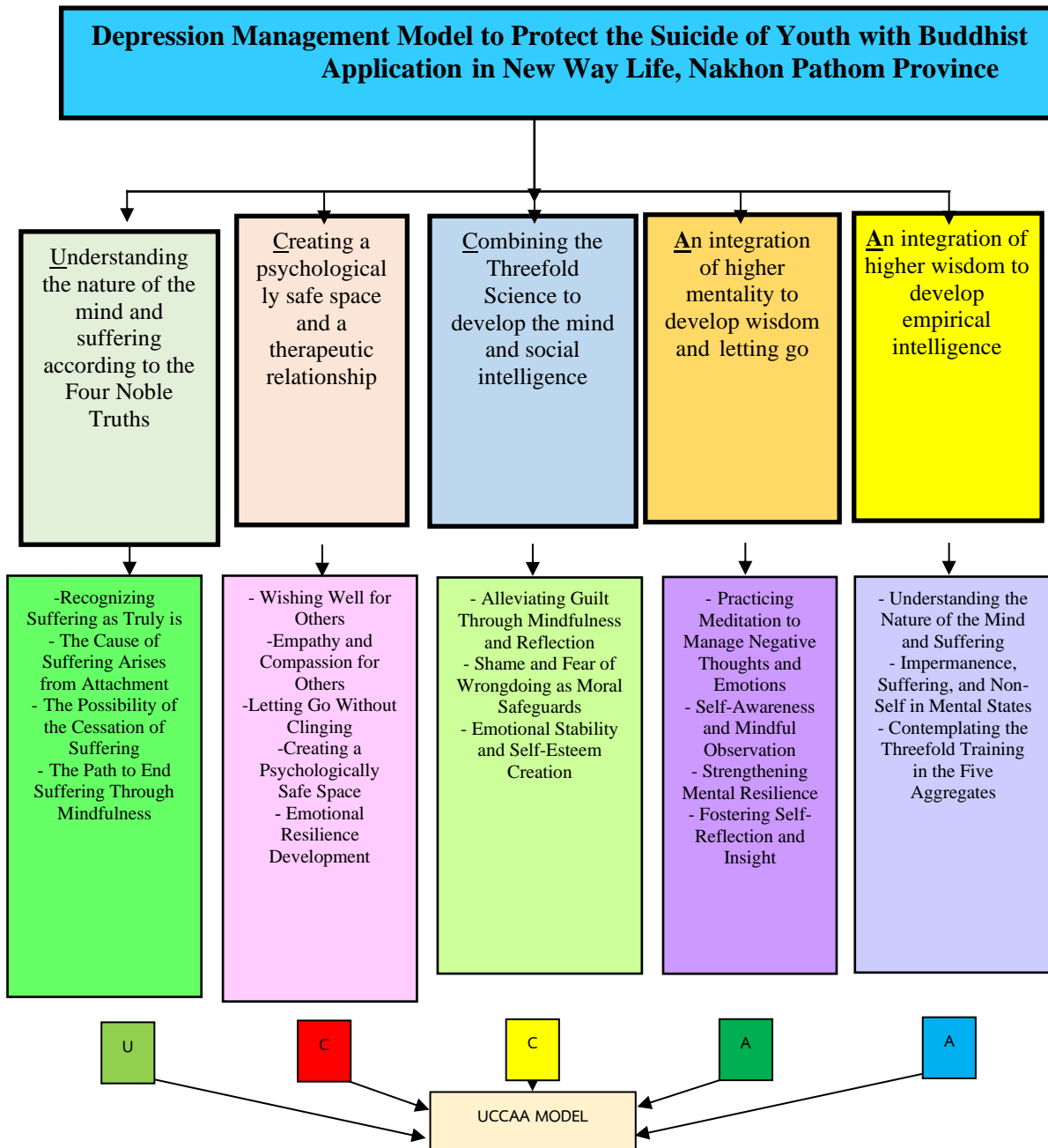


Figure 1: The Integrated Buddhist Approach for Managing Depression to Prevent Suicide of Youth in the New Normal Era, Nakhon Pathom Province

Conclusion

The analysis of depression causes revealed that overall, the seven dimensions evaluated were at a moderate level. Among these dimensions, family expenses emerged as the most significant factor, categorized as "high." This finding indicates that concerns about family expenses play a major role in contributing to depression. The specific factors within this category, ranked in descending order, include worries about family expenses, debt obligations, personal expenses, and salary and benefits. On the other hand, workplace-related issues are categorized as "moderate," demonstrating a moderate impact on depression, followed by relationships with colleagues, the nature of work, family relationships, physical health, and mental health were all categorized as having a moderate impact. Notably, family expenses (ACD1) had the highest impact on depression, while family relationships (ACD5) had the lowest.

In terms of managing depression according to its causes, the overall management level was categorized as "high". When analyzed across the seven dimensions, family expense management (BDM1), workplace management were at moderate level. Meanwhile, managing relationships with colleagues (BDM3) scored "high", ranking 3rd, showing that improving these relationships effectively reduces depression. Managing the nature of work (BDM4) also scored "high", ranking 2nd. Family relationship management (BDM5), ranked 1st, making it the most effective strategy for reducing depression. Managing physical health (BDM6) scored "high", ranking 5th, while managing mental health (BDM7) scored "high", ranking 4th. These results highlight that family relationship management is the most impactful strategy for mitigating depression, whereas managing family expenses has the least effect.

When analyzing depression management using the principles of Triple Training, the overall effectiveness was categorized as "high". Among the three principles, Adhisīla Sikkhā (moral conduct) scored the highest, indicating its superior effectiveness in reducing depression. This suggests that practicing moral discipline has a significant impact on alleviating depressive symptoms. Adhicitta Sikkhā (mental discipline) was ranked 3rd, showing positive effects but slightly less effective than moral conduct. Adhipaññā Sikkhā (wisdom training) ranked 2nd, demonstrating that applying correct understanding and wisdom effectively reduces depression. Overall, these findings underscore that depression management based on the Triple Training principles is highly effective, particularly with moral conduct being the most impactful approach.

Recommendations

1. A long-term follow-up study should be conducted to assess the sustainability of the outcomes achieved through the UCCAA Model in preventing recurrence of depression in youths. This study could identify factors contributing to its success or limitations in practice.

2. Research should focus on designing and implementing an integrated social support network that includes families, schools, and communities to prevent youths suicide. Using participatory action research, stakeholders can collaboratively create and refine supportive strategies.

- 3 A study should be undertaken to create and validate a culturally relevant assessment tool that evaluates the effectiveness of depression management strategies based on Buddhist principles, tailored specifically for Thai youths.

4. A comparative study should be conducted to evaluate the relative effectiveness of the UCCAA Model and Cognitive Behavioral Therapy in managing depression among youths. This research could provide insights into their strengths, limitations, and complementary uses.

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