Partnerships for Community Mental Health

Part 1

Cambodia

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NEW INITIATIVES OF MENTAL HEALTH PROMOTION IN CAMBODIA

International Seminar on Community Mental Health Development
Melbourne, Australia from 9 -11 November, 2011

Cambodia:
1- H.E Prof. Sea Huong
2- Dr. Chhit Sophal
3- Ms. Chou Phallyka
BACKGROUND

• In 2005, the Ministry of Health of Cambodia created a National Program for Mental Health to manage and implement activities for development in mental health in Cambodia in collaboration with other partners.

• From 2008, the Ministry of Health of Cambodia has considered mental health and Substance Abuse Issue as a priority of health in the Health Strategic Plan 2008-20215, included it in a mandate of the National Program for Mental Health.

• The National Program for Mental Health in Cambodia has adopted a community-based approach which deal with both issues mental health and substance abuse, developed a strategic development plan for Mental Health and Substance Misuse 2011-2015.

• Partnership with Government, UN, International Institutions, NGOs, Authority, and Consumers / clients.

• The program is targeted general population who have mental health and substance abuse problems.

AIMS OF PROGRAM

These are two main areas among the 5 focused areas of works:

• Expanding coverage of improved quality services.
  (to make mental health and substance abuse services available in all referral hospitals and commune health centers in the country)

• Improving clinical skills and competency of mental health workforce.
  (Mental health workers will have both skills of mental health and substance abuse treatment and care)
THE OPTIMAL MIX OF SERVICES FOR MENTAL HEALTH

- Based on the pyramid of mental health services, Cambodia mental health services are able to deliver primary mental health care and psychiatric service in general hospital.
- For informal community care and self care are usually done on NGOs.
- UNODC has also recommended and applied the pyramid of mental health care services for substance abuse intervention.

OUTCOMES OF THE PROGRAM

- 60% of referral hospitals (of 80 Referral Hospitals) have mental health services and each hospital covers 100-200,000 population.

- Through integrated approach and coverage plan of public health system, it can improve accessibility; service delivery is close to community; mentally ill and substance abuse patients have been treated with the same approach.

- Through community awareness, people understand better about mental health and substance abuse.
OUTCOMES OF THE PROGRAM

- The integration of mental health and substance abuse services into general health services is a key to
  - reduce stigma and discrimination among family and patient,
  - get more political support from decision maker and participation from service users / local authority,
  - improve budgeting support for mental health program.

CHALLENGES AND LESSONS LEARNT

- Theoretically, Community-based intervention is an effective approach. But to have such comprehensive intervention, we need inter-sectoral collaboration. So a Coordination mechanism is a challenge to ensure service linkage.

- Lack of Guidelines or SOP makes Community-based intervention fragmented.

- Even Cambodia has adopted community-based intervention, due to financial constraint, Intervention is mainly focused on medication.

- Psychosocial intervention has been done by few NGOs with small coverage. It remains the least development area.

- Double burden on staff.
CHALLENGES AND LESSONS LEARNT

• “No Health Without Mental Health”, advocacy works need to be done endlessly in order:
  – to get more support from policy maker,
  – to raise awareness about the needs for mental health among other health programs or partners.
  – to get more support, financially and technically from partners, to promote mental health,
• Due to the integration of substance abuse intervention into mental health services, budgeting constraint seems to be improved.

FUTURE OF THE INITIATIVES

• In the next 2 years all Referral Hospitals at districts and provincial level will have mental health and substance abuse services,
• In the next 5 years about 400 commune health centers will have primary mental health care.
• Child mental health service is still a neglected area and need to be taken into consideration,
• Need to strengthen linkage services to ensure inter-sectoral collaboration and the effectiveness of Community-based intervention,
• Collaborate with APCMHDP, ASEAN Mental Health Task Force and others institutions to promote mental health in the region.
THANK YOU!
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