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Funding: no research funding was received for this project

I worked as an unpaid volunteer for OMF International (Cambodia). OMF International (Cambodia) provided funding for the ethics application and for the cost of interpretation.

Conflicts of interest: none

Acknowledgments: I would like to thank Mr Ean Nil, Mrs Shirley Sinclair and Professor Ewan Wilkinson for their support and collaboration for this project. I would like to thank OMF International (Cambodia) for their support and for this opportunity.

Mental Health Services in Cambodia: research and reflection

Introduction

In August 2018 I moved to Phnom Penh, Cambodia to volunteer with the non-governmental organisation (NGO) OMF International (Cambodia) for a year.

During my foundation training I began to look for opportunities to take a one year break prior to starting core psychiatry training. My plan was to gain experience working in a mental health context in a low-middle income (LMIC) country in Asia, with a view to discovering if working in this kind of context is something I could feasibly work towards in the long-term.

I contacted the non-governmental organisation OMF International and received a proposal for a one year project, with the following brief:

“As part of the 2024 focus [on mental health], we would like to build relationships with the existing mental health services in the country and contribute where possible. In order for us to do this, we would like someone to research what is available and identify gaps where we might potentially place trained specialists. This will mean visiting hospitals and clinics in order to gather information but the format and method of the research is open.”

This sounded like an exciting opportunity, so in August 2018 I joined the international team based in Phnom Penh and began a year long journey of culture shock, heat rash, language learning, battles with cockroaches and muddling my way through trying to design a plan for meeting this brief.

My Research Story

For the first few months, I began to read widely around the existing research and literature relating to mental health services in Cambodia. I reached out to professionals, NGOs, hospitals and clinics and began to visit mental health related organisations in Phnom Penh. I was amazed by the openness and willingness of local professionals to meet with me show me their services. Alongside this initial phase of investigation, I was connected with Ewan Wilkinson, a UK based professor of public health. Together we wrote a short overview of the current mental health services in Cambodia; this has since been published in the British Journal of Psychiatry International¹ (<https://doi.org/10.1192/bji.2019.24>).

I put together a directory of services to be used as a resource by NGOs and interested parties listing all of the organisations, both governmental and non-governmental, relating to mental healthcare in Phnom Penh, including a timeline mental health planning, training and service development in Cambodia (see Appendix 1).

As I began to build up a picture of the current mental health services I was struck by Cambodian professionals commenting repeatedly that they were concerned development of mental health services had stagnated after the initial injection of enthusiasm and financial support by international partners in the 1990s. The psychiatric nurse training had stopped in 2006. The psychiatry speciality training had stalled and only recently begun again. The initial plan to develop community-based services had been met with significant challenges. I began to read more widely about the development of mental health services in low- and middle-income (LMIC) countries worldwide and the common barriers that are faced. A WHO report was written in 2007² looking at the barriers to developing mental health services in LMIC, but Cambodia was not included in this study. An idea formed to look into this issue in Cambodia in more detail to see if the barriers are similar to those reported in other LMIC. We therefore designed a qualitative research project based on this WHO

report^{2,3}, interviewing mental health experts in Phnom Penh about the barriers and opportunities to developing mental health services in Cambodia.

Qualitative Research Project “Developing mental health services in Cambodia: barriers and opportunities”

Through the contacts and relationships I had built during the initial investigation phase, I formed a collaboration with Mr Ean Nil, a psychologist at the Royal University of Phnom Penh, and together we designed and carried out this research project. We were also fortunate enough to have support and supervision from Professor Ewan Wilkinson and Mrs Shirley Sinclair, my supervisor at OMF Cambodia.

I made an application to the Cambodian National Committee for Health Research which was approved in December 2018. In January 2019, we began our interviews. Mr Ean Nil and I selected the participants to include a range of different professional disciplines and high level of expertise. 18 participants were selected including counsellors, social workers, psychologists, psychiatrists, nurses and government officers. Participants were given copies of the questions used in the semi-structured interviews in English and Khmer. The interviews were carried out in English or Khmer with an interpreter. I carried out the interviews, transcribed them and inputted the data into NVivo software. I received guidance and support for the qualitative analysis from members of the “Trainees 4 Global Mental Health” group of psychiatry trainees in London. I led the thematic analysis and as a team we analysed the data, wrote up the results and our paper is currently under peer review.

Key Findings

In June 2019, Mr Ean Nil and I gave a presentation at the Royal University of Phnom Penh to share the preliminary results of our research. This was attended by over 70 academics, government representatives, non-governmental representatives, social workers, counsellors, psychologists and psychiatrists. I was absolutely blown away by the response and enthusiasm from local stakeholders about our research project.

The five key themes identified from our thematic analysis of interviews with 18 mental health professionals in Phnom Penh included:

1. **Prioritising mental health:** In terms of mental health services, there has been significant growth in education, training, resources and awareness in Cambodia in recent years. However, as is the case globally, mental health is often a low priority and the current level of resources remain limiting. Raising awareness of mental illness is key to increasing understanding and reducing stigma and discrimination. Useful tools for raising awareness include technology and social media.
2. **Strengthening collaboration:** Participants noted that individuals and organisations working in mental health in Cambodia often work independently rather than together. This includes between and within different professional disciplines as well as between individuals, organisations and departments. Strengthening collaborations in every context could enhance mental health services. It would increase opportunities to share knowledge, experience and resources and enable the development of a more integrated system of multidisciplinary services providing holistic mental healthcare
3. **Developing a model for Cambodia:** The Cambodian context and culture has had a significant impact on the development of mental healthcare. In order to further develop mental healthcare in Cambodia effectively, there needs to be a model of service that is appropriate

for this context and culture. The post-genocide context, current economic development, health beliefs and cultural systems in Cambodia are all important influences. Models that focus on adapting Western theories to the Cambodian context and strengthening community support systems should continue to be developed.

4. **Increasing the quantity:** There is limited funding for mental health in every country, especially low- and middle-income countries. Participants mentioned that increasing funding and resources for mental health in Cambodia needs to be a priority. Sources of funding for developing services and human resources in Cambodia need to be sustainable.
5. **Improving the quality:** Participants highlighted the opportunity to improve the quality of education, training and services in mental health as a key priority for investment in developing mental healthcare. Suggestions to improve quality included creating professional standards and guidelines, licensing and accreditation of practitioners, forming associations for mental health professionals and focusing on staff support and supervision as well as the monitoring and evaluation of services.

Reflections

The excitement of research

I had relatively little experience in academic research before I embarked upon this journey although I have had an interest in academic psychiatry for some time. However, what I did go to Cambodia with was a huge desire to learn and build relationships with my international colleagues and Cambodian professionals. I am aware many opportunities may not turn out the way this experience did, so am I very thankful for the incredible opportunity I had to work in a context where I was welcomed and encouraged, gained a wide range of new skills in research and had an unforgettable experience of living in a different culture.

I sometimes wonder if we have lost some of our joy in the NHS. I can't help but wonder if an international junior doctor came to the UK in the way I went to Cambodia whether they would get the same kind of welcome and appreciation I received? That is not to accuse our workforce or culture of not being friendly or open, I just wonder if the tiredness and cynicism we often come across in the NHS has sucked away some of the joy of learning, developing professionally and collaborating with others.

The joy of collaboration

One of the highlights of my experience in Cambodia was the opportunity to develop both personal and professional relationships with people from such a wide range of nationalities and cultures. The team at OMF Cambodia is made up of individuals and families from Australia, Brazil, Canada, Hong Kong, Japan, Malaysia, Netherlands, New Zealand, Singapore, South Korea, Switzerland, UK, USA, Taiwan and Thailand. Building partnerships with such an international group of professionals was an incredibly enriching experience, as was living with a Cambodian family for the year. However, my biggest highlight was meeting and working alongside Cambodian professionals passionate about developing mental health services in Cambodia. I was challenged, stretched and inspired. I was led to question whether I have the same level of passion for raising awareness, breaking down stigma and improving and developing mental health services in my own country.

However, being taken out of my comfort zone and working alongside people with different cultural backgrounds and beliefs was of course not without its challenges. There were several occasions when I wondered what I was doing so many miles from home, with little language and understanding of Cambodian culture. What did I have to offer? I feel so privileged to have learnt so

much from the professionals I worked alongside, and certainly feel I learnt more than I contributed. Experiencing how international partnerships and collaboration in research can be beneficial for all parties involved was inspiring and I hope to gain further experience in building cross-cultural collaborations and partnerships in future.

Cultural influences on perception of mental health

With relatively little experience of living and working in LMICs I was initially taken aback by the sheer number of NGOs working in Cambodia and the wide variety of strategies and approaches taken. I was extremely keen to avoid the “white saviour complex” mentality and was keen to learn from Cambodian professionals as well as colleagues who had been living in Cambodia for many years. I found resources such as “When healthcare hurts”⁴ very helpful. However, I couldn’t help but notice that Cambodia is not unaffected by individuals and groups aiming to “make a difference” in many areas of social and healthcare development with inadequate effort given to understanding the cultural context.

Cultural competence is particularly important in mental health service development. In my opinion, there is simply no place for implementing models of psychiatry that do not consider the importance of cultural context and health beliefs. I was encouraged to see organisations taking seriously the task of growing an understanding of Cambodian culture and history. I was also struck by the importance of addressing issues around capacity building and sustainability in mental health service planning. There remains a real need for further research to build a greater evidence base for the efficacy of interventions and models of mental healthcare provision in the Cambodian context.

Conclusion

My experiences in Cambodia were life changing, both in a personal and professional sense. As I continue with psychiatry training in the UK, I hope to continue to gain more experience in global mental health in both a clinical and research setting. There is no better place in the UK to continue growing in cultural competence than in London, a city so rich in cultural and ethnic diversity. I therefore hope I can continue to sustain my excitement in research, seek opportunities to experience the joy of collaboration and maintain a perspective on the importance and influence of cultural beliefs on mental health. My aim of exploring whether working in a global mental health context in the future was certainly met; now I have had a taste of the riches of cross-cultural collaboration in research I don’t think I will be able to stay put in London for long.

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