

Article: A Pathway to Mental Health: Where do Cambodians turn to when feeling mentally and emotionally unwell?

Prepared by: Solida Sun, Lemhuor Bun, Panha Pich (TPO Cambodia staff members) and Sharon Gschaider-Kassahun, Advisor to TPO (GIZ-CPS); April 2019

Background: Cambodia has seen decades of war, political unrest and instability. During the period of the Khmer Rouge Regime (1975-1979) Cambodia endured systematic and massive human rights violations that included torture, executions, enslavements, forced marriage and genocide against minority groups like the Cham (Muslim), ethnic Vietnamese and Buddhist religious leaders. Rapid population growth through the 1980s and 1990s doubled and drastically changed the demographic picture of Cambodia where today more than 60 percent of the total population is 24 years of age or younger. The global Multidimensional Poverty Index (MPI) from 2018 states that at least 40 percent of the rural population is living in multidimensional poverty, compared to seven per cent in urban settings¹. Gender inequality continues to be an issue since the access to financial resources, land, natural resources, education, health, and development services still are inequitable. While Cambodia as a nation has come a long way over the last 39 years, Cambodians are still struggling with their painful legacy as well as trying to cope with current issues like poverty, unemployment, political tensions, climate change and a still developing health system. The Transcultural Psychosocial Organization (TPO) Cambodia has committed itself therefore to provide Mental Health Services to community members in need. TPO was established in 1995 and is since 2000 registered as an independent NGO in Cambodia. The **vision** of the organization is to ensure that Cambodian people live with good mental health and achieve a satisfactory quality of life. It's **mission** therefore is to improve the well-being of Cambodian people with psycho social and mental health problems, thereby increasing their ability to function effectively within their work, family and communities. TPO acknowledges the fact that community members presenting with mental health concerns and their family members do often initially reach out to religious leaders like monks or imams, traditional healers, mediums or other community members like the elderly to get advice on their problems. TPO staff therefore pro-actively engages with these groups of important stakeholders in the best interest of the impacted individual.

¹ Also see <https://www.phnompenhpost.com/national/undp-report-finds-35-cambodians-still-mired-poverty>

The current Mental Health Situation in Cambodia: A World Health Organization (WHO) assessment on Mental Health in Cambodia from 2005 reports, that the Khmer Rouge shut the only mental hospital in 1975 and only a few traditional healers were allowed to practice and care for the mentally ill. After the Khmer Rouge Regime led by Pol Pot was overthrown in 1979, the traditional healers gained more importance, though formal mental health care was not restored. It was only after 1990, when with the support of the international community and some local organizations the country was slowly being rebuilt and that western methods of psychiatric care were introduced next to the existing traditional treatment of the mentally ill. Although mental disorders are high in prevalence, the health system is still ill-equipped to deal with the demand. Community programs to manage the conditions are limited.

Cambodia has currently²:

- 56 psychiatrists in the whole country, which make the ratio of psychiatrists to population 0.33 per 100,000. The number of psychiatric nurses is a bit lower, the ratio of psychiatric nurses to population being 0.26 per 100,000;
- As far as the mental health services are concerned, there are 37 Mental Health Clinics in Referral Hospitals;

While undoubtedly progress has been made, the numbers of people trained and even more importantly practice their skills, needs to increase. More investment in training for social workers, psychologists and psychiatrists is needed. The government is encouraged to make this profession more attractive for young professionals by elaborating on how best to integrate them into the health system to ensure job security. Accessibility and affordability of quality services are an additional challenge to be tackled. Currently there is no regular routine follow up community care provided by the governmental health sector³.

Main Mental Health concerns in Cambodia: The WHO has shared strong concerns around Mental Health globally as well as for the South East Asian Region. Since 2002 it is acknowledged that Mental, Neurological and Substance use (MNS) disorders are highly prevalent, accounting for a large burden of disease and disability globally, as well as Cambodia. The main Mental Health concerns identified for the region including Cambodia are: *Depression, Suicide, Mental health in disasters and emergencies, Schizophrenia and Psychosis*.

² International and Cultural Psychology, Chapter 9, Mental Health in Cambodia by Dr Sotheara Chhim, p. 135 ff, 2017; This data might have changed slightly.

³ Only 24.1% of the respondents had ever sought help for the symptoms; see MH survey Cambodia by RUPP, Department of Psychology, 2012

In the case of Cambodia⁴ it is estimated,

- that the prevalence rates range from 40 to 53% for *anxiety disorders*, 11.5 to 80% for *depression*, and 7.3 to 86% for PTSD⁵;
- *Schizophrenic disorders* and the like seem to occur at a fairly common rate, but pose a major problem regarding appropriate treatment facilities and human rights issues;⁶
- *Suicidal tendency* was found a major issue in the Cambodian society. The rate of 42.35/100000 encompasses worldwide figures more than 2.5 fold. The international trend to younger people and the higher percentage of women attempting to commit suicide found in the literature are confirmed in a study conducted by the Department of Psychology in 2012; The same study reveals that a significant negative correlation between the families' savings per capita and suicide attempts was found. This result clearly indicates that a comprehensive poverty reduction strategy could have a positive impact also on the suicide rates in the country.
- *PTSD and Family ties* - consequences of Post-Traumatic Stress Disorder (PTSD) and Trauma can lead to disorganized child-parent attachment (Bar-On et al., 1998). The fact that over 60% of Cambodia's population was born after the KR regime impacted how family worked and works in the country. *"The loss of family ties, rights, dignity, and honor has been in the heart of the Cambodian population for a full generation. Due to this troubled history, many parents did not have the experience of positive parenthood. Instead, war and public violence was a grim reality faced on a daily basis. As a result, a whole generation of Cambodians is missing parenting skills and models for the peaceful resolution of conflicts"* (Woods, 2008, p.10). In Cambodia, typically a parent-child role reversal (or overprotective behavior) has been found deriving from the large prevalence of traumatic experiences (Field, 2011).

Looking at Cambodia's war torn past and the current challenges the country faces in terms of poverty and lack of access to health including mental health services, one can imagine how many women, men and young adults and teenagers in the rural areas are forced to deal with their conditions on their own. Some of them self-medicate with drugs received over the counter which are often in-effective or too strong,

⁴ RUPP, Department of Psychology: Cambodia Mental Health Survey, 2012; p. 10 - The data provided above is dated and therefore percentages might have changed in the meantime. However, the challenge is not comprehensive, reliable overall data seems to be available.

⁵ While in the context of Cambodia PTSD is mainly connected to Cambodia's war torn past and the KR Regime in particular, it needs to be mentioned that PTSD can obviously also present in a person after a natural disaster (e.g. floods/droughts due to climate change). The Western Pacific Region is disproportionately prone to earthquakes, tsunamis, typhoons, floods and other natural disasters, which have resulted in enormous loss of life's and serious damage and destruction to health infrastructure and health systems. Many communities in Cambodia are regularly dealing with the impact of floods and droughts.

⁶ There is evidence that effected individuals are being chained or put in a cages.

some of them stay untreated and some of them potentially engage in self-harming practices e.g. suicide attempts as mentioned above.

Merging culture, traditions and beliefs with western treatment models: Throughout the 20 years of its existence, TPO Cambodia has continued to work on alleviating psychological and mental health problems of Cambodians. Along with providing quality mental health care to Cambodians via a range of grassroots community-based projects in the provinces and a Treatment Center in Phnom Penh, TPO Cambodia also functions as a Training Center in the field of mental health care and psychosocial support. TPO Cambodia in addition is the only psychosocial organization in Cambodia engaged in transitional justice activities in the context of the Extraordinary Chambers (ECCC) in the Courts of Cambodia. The support ranges from on-site support at the tribunal, culturally sensitive trauma therapy and self-help groups to truth-telling activities and research⁷.



Picture: Group Session conducted by TPO staff to community members in March 2019.

TPO staff assesses the needs of community members on a regular basis to be able to respond meaningfully. As in many other countries, people suffering from Mental Health problems are often exposed to stigmatization and discrimination by family and community members alike. TPO is committed to ensure that Mental Health problems are looked at through a cultural sensitive lens. Having effected

⁷ International and Cultural Psychology, Chapter 9, Mental Health in Cambodia by Dr Sotheara Chhim, p. 135 ff, 2017;

individuals, family members and in some case community members be part of the decision making process in regard to treatment is considered not only useful but eminent. In the survey conducted by the Department of Psychology in 2012⁸, 50.7 percent mentioned family as an important resource. Further, Dr Chhim Sotheara and Executive Director of TPO, has focused many years of his career and elaborated in several articles on the importance of making psycho social treatment culturally relevant. He also focused on *idioms of distress*⁹ which describe specific expressions of psychological disorder that occur and are recognized by members of particular cultures. Idioms of distress have refined global understanding of psychological, social, and somatic expressions of distress and mental illness, while providing a blueprint for researchers and clinicians across countries to account for the phenomenology of distress in specific cultural settings. The first entry point for Cambodians living in rural areas are often religious leaders like monks and imams, but also traditional healers and mediums. All have different ways in approaching Mental Health concerns. Cambodians often adhere to traditional beliefs to explain and cope with their mental health problems. They generally attribute their problems to ruptured relationships with the spirits of their ancestors. In addition, the Buddhist concept of karma is widely seen as a way of justifying current living conditions. To complicate matters further, culturally specific syndromes are also common. For these reasons, mental health services in Cambodia need to be culturally sensitive and contextually appropriate. Family members of a person suffering from a Mental Health condition, normally try to integrate their relative as long as possible in the everyday life of the family. They do seek help when the person in question is beginning to negatively influence the daily routine of the household (e.g. they don't complete their daily tasks, they present with violent behavior, they *behave abnormal* and put shame on the family by for example roaming around dirty, naked or screaming etc).

In an assessment conducted by TPO staff January 2019, it was found that, while the counseling approach offered by TPO was perceived as immense useful, community members still turn in many cases to traditional healers as well. The reasons differ. Some choose traditional healers because they reside within the community and are easily accessible and always present, others belief that they can be more trusted and are effective, or they are just simply affordable. While traditions, language and believes play a critical role in putting together the best treatment fit for a client's condition, social norms and gender are not to be underestimated. Anecdotal evidence collected by TPO staff indicates, that particular women according to village and commune leaders (all male) suffer from Mental Health disorders. In the view of these leaders, women present mainly with general anxiety and *worrying too much*. Medical staff from the local

⁸ RUPP, Department of Psychology: Cambodia Mental Health Survey, 2012; p. xi

⁹ Baksbat (Broken Courage): A Trauma-Based Cultural Syndrome in Cambodia; by Dr Chhim Sotheara; 2012

health post when contacted often lack knowledge on how to deal with such conditions and women as a consequence and due to the absence of any Mental Health professional turn to fortune tellers. Women also seek advice from fortune tellers in love related matters for example when suspecting their husband to be unfaithful, or lack of attention received by their spouse etc. It was also acknowledged, that the reason for anxiety, fear and chronic pain can also be triggered by spirits and ancestors *visiting* a person. It is believed that the death might be unhappy with something the person has done or is currently doing. To find out exactly what causes the visit and what needs to be done to put the spirits at ease, the effected person needs to consult a healer or someone using black magic. Looking at men in the community, their mental health problems are said to stem mainly from substance abuse (alcohol induced psychosis), their chronic pain is due to hard work on the farms, and their sometimes abnormal behavior is due to ongoing worrying because of poverty and not being able to provide for their families.



Picture: A monk ties a red ribbon around the arm of a Cambodian man for protection purposes. The red ribbon also stands for prosperity and happiness.

- *Monks (preahsong)* enjoy much respect by many Cambodians. They are approached not only in rural areas but also in the urban setting by women and men, young and old alike. They combine methods of spiritual cleaning ceremonies for effected individuals and are approached when one wants to learn more about the future. They also provide herbal treatment, depending on the problem presenting. When spirits are believed to have caused the sickness, one common ceremony is to sprinkle holy

liquid, which was boiled initially in a huge wooden bowl at the pagoda, on the possessed person to set the spirit free. For people believed to be possessed by an evil spirit however, monks use small bamboo sticks and hit on the patient's forehead. This process seems to be quite painful and the ritual normally is practiced for several days, weeks sometimes even months depending on the seriousness of the problem. Prayers accompany the treatment process.

- *Fortune tellers (kru tjeij)* normally are asked for advise related to the future, career and love matters. Fortune tellers play an important role in rural and the urban setting. They are said to be visited mainly by females. They use tools like cards, paper and pen to draw certain images to consequently read the drawings, but also palm readings or screening the physical appearance as a guide are part of their repertoire.
- *Traditional healers (kru khmer)* are mainly active in rural areas and use herbs to treat physical and mental conditions. Traditional healers in many instances could be compared with herbalists or homeopaths in the west. They have in-depth knowledge on what herbs can heal certain conditions. Their knowledge is passed on verbally to the next generation of healer. Shrinking spaces of nature which allow for herbs to be planted or collected and the younger generation not being interested in this profession threaten the existence of this group.
- *Mediums* are clustered into two groups of healers. Mediums can be *kru juroup* and they are contacted when families suspect their loved one to be possessed or hunted by a spirit who could be either an ancestor, ghost or hermit while the *kru juarea* normally take care of cases where an individual is possessed by the spirit of *area* which could be also an evil spirit. The first kind of medium *kru juroup* uses during the treatment process often animal parts like blood, bones and gallbladder which are than soaked for several weeks and months in rice wine and are often orally administered but also used externally in some occasions. There is anecdotal evidence that some patients have become physically addicted to these *drugs* because of the high alcohol content. The second kind of medium *kru juarea* differs in terms of treatment process from the first since they heal by using dance and music to put them in trance like state to talk to spirits and get guidance from them on how to treat the person's condition. These mediums are approached by individuals suffering from chronic pain, sleeplessness, thinking and worrying too much and people suffering from severe headaches.
- *Imams* are religious leaders and approached by the Cham (Muslim Cambodians). They are trusted to support in all kinds of situations. Imams hold the role of an advisors and help community members with their everyday and relationship problems but also in times of sickness. While the Qu'ran plays a major role, and praying by the Imam and the impacted person and family are important, the belief in

evil spirits and possession of a person exists as well with the Cham's.

All healers or religious leaders are normally approached for a number of sessions. Typically, the condition of the patient improves initially, however a relapse takes place short after. This is the time when community members seek western health and mental health professionals granted the financial means allow for such a step to be taken.

Conclusion: A merging of what western psychological and psychiatric methods have to offer and a local meaningful traditional approach seems in the best interest of Mental Health patients in the country. The service provision for Cambodians suffering from Mental Health problem as is, is not sufficient. The country lacks mental health professionals and facilities in particular in the rural areas. A multi professional team that implements culturally appropriate, fitting interventions which include psychiatrists, psychiatric nurses, psychologists, psychotherapists, social workers and well trained para professionals (groups of healers) on a community level are needed. The government is encouraged to invest in the health sector including Mental Health. Recognizing the importance of combining western concepts of treatment with a local and traditional way of treatment and formalizing such an approach would benefit the effected population. There are a number of highly knowledgeable traditional healers in Cambodia who have been actively involved in helping community members in need since years by administering herbal treatment combined with sessions of advice. Unfortunately, these healers are getting old and their knowledge is not documented. The young generation is hardly interested in taking over due to lack of monetary payment. It is however crucial for the country when looking at the still very fragile mental health system available to build on the knowledge of these healers, integrate them, document their wisdom, train them additional skills (western treatment approach and diagnostic methods) and create a situation where service providers formal as well as informal one's can be made accountable in the best interest of the client.