

# Annual Report 2012

Transcultural Psychosocial Organization Cambodia

March 2013





អង្គការចិត្តសង្គម អន្តរវប្បធម៌  
Transcultural Psychosocial Organization  
Community Mental Health Programme

## TPO Vision

Cambodian people live with good mental health and achieve a satisfactory quality of life.

## TPO Mission

To improve the well-being of Cambodian people with psychosocial and mental health problems, thereby increasing their ability to function effectively within their work, family and community lives.

## TPO Values Statement

People who are eager to **learn** and have a team approach,  
People who are **professional, committed** and strive for **quality**  
People who demonstrate **empathy, respect, honesty**, are **trustworthy**  
and value **individual's opinion**.

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## Message from the Executive Director

Dear Readers,

TPO Cambodia is pleased to present to you its annual report, which reflects activity implemented in 2012.

The world has acknowledged that the 21st century is the “Century of Asia” because of its rapid economic development while other continents are facing economic crisis. Meanwhile, the Cambodia economy in 2012 has moved in a positive direction with development visible in many areas. This rapid growth could have positive and negative effects on Cambodian people especially those who have low skills and/or from low-income families. This rapid growth has made it difficult for many people to adjust, and that has affected their psychological wellbeing.



Despite this growth, there is still little prospect of funding to support mental health from international donors or from the Cambodian government. The international donors have shifted their focus from Cambodia to other parts of the world where they perceive their assistance is more needed. There is virtually no funding support from the government of Cambodia for mental health, all of which leads to the current imbalance between the demand and the supply.

TPO Cambodia depends heavily on foreign donors and has managed to fulfil the mental health care needs for some of those who need help most. We raise awareness of mental health and psychosocial issues to the public, train key community resource people, provide individual and group counselling for survivors of gender-based violence, all of which contribute to the government effort in reaching their millennium development goals by the year 2015. This achievement comes from a concerted effort by TPO staff at all levels who are tirelessly providing psychosocial and mental health care to disadvantaged people in the most rural areas. Our donors have been so kind in providing the funding support needed to enable us to do our important work.

We strongly believe that our invaluable work makes a difference to people with mental health problems and their families, enabling them to function more effectively within each family and community. We believe in our good cause and we hope that our donors and beneficiaries believe that too.

On behalf of TPO Cambodia, I would like to express our gratitude to international donors and taxpayers from their countries for their kind contributions in supporting mental health work in Cambodia.

May the God of Khmer New Year bring you all prosperity and success in life.

Sincerely Yours,

A handwritten signature in blue ink, appearing to read 'Sotheara Chhim'. The signature is fluid and cursive, written on a white background.

Dr Sotheara Chhim  
Executive Director



# Access to Psychosocial Rehabilitation for Survivors of GBV in Battambang and BanteayMeanchey provinces.

This project is kindly funded by ICCO and DanChurchAid/Christian Aid (DCA/CA)

**Objective :** To improve mental health to survivors of gender based violence in Banteay Meanchey province

**Expected outcome 1:**

Improve social cohesion and living conditions

**Expected outcome 2:**

Survivors of GBV have a significant decrease in psychosocial problems and better mental health.

**Expected outcome 3:**

Empowerment for women of gender based violence

## Implementation Strategy:

TPO's strategy includes: psycho-education or awareness raising in mental health and psychosocial issues, training to key resource people, facilitating group counselling and individual counselling, problem solving, anger management and conflict resolution. This was undertaken at 3 levels:



- Intervention at societal/community level, where we identify and train community resources and provide psychosocial, mental health education and radio education programmes.



- Intervention at level family where we set up and facilitate a range of self help groups for both men and women with specific needs; alcoholism or domestic violence, for example.



- Intervention at individual level, where we provide confidence-building counselling and clinical treatment.



## The Results

### Output

- 20 community resource people trained to enable them identify, manage and refer cases of people with mental health and psychosocial problems.
- 12 SHGs, with the total of 105 members, were established and facilitated by TPO counselors.
- 49 survivors of GBV and their perpetrators (drunken husbands) received counseling service from TPO counselors.

### Outcome

#### Social Cohesion/ Unity in the community

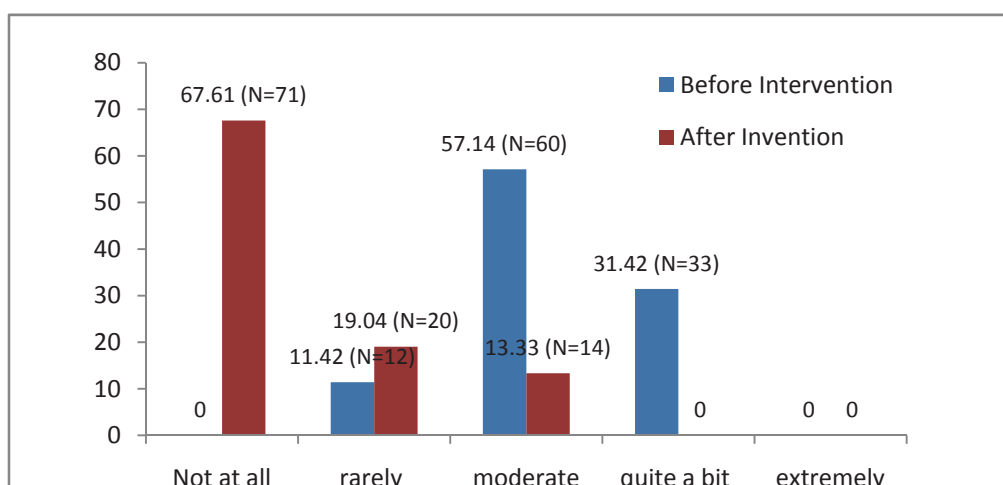
- Community resource people have better understanding of mental health, stress, and other types of psychosocial issues. They can understand the connection between mental health issues and gender-based violence that occurs in their communities.
- Community resource people are able to help TPO counselors to conduct psycho-education/ awareness raising to their community members and able to provide consultation to villagers who seek support from them.
- SHG members are more open, more sociable and friendlier, they trust each other and they help each other on every occasion. One of the village chiefs said, *“before this project came to this village, villagers had a distant relationship with each other, they didn’t support each other. Whenever violence happened they just ignored it because they thought it a private issue.”*

#### Improving mental health and physical health

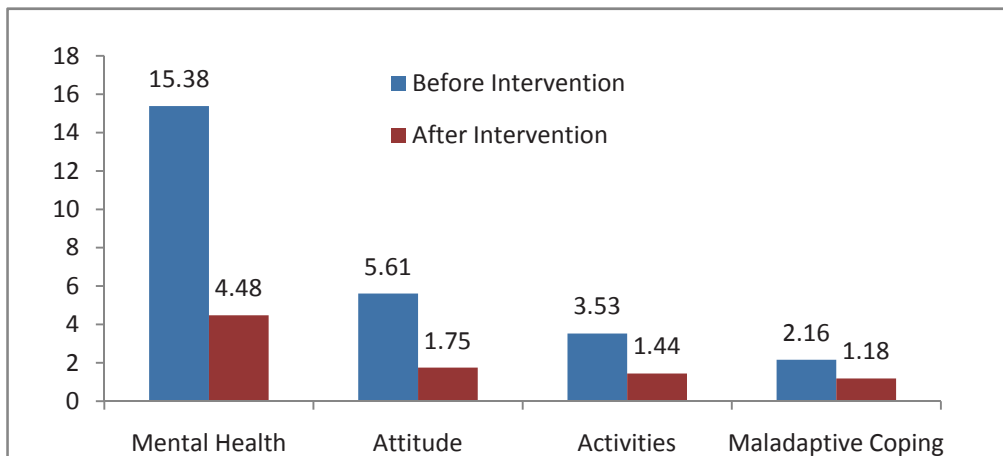
- The SHG members have reported about the changes in attitude and becoming less hostile toward their spouses. During this reporting period, 105 SHG members reported that they had committed violence prior to attending the group, but after the intervention about 67.61% (n=71) reported NO violence occurring.

#### Please kindly see the graph below

This bar chart below shows the reduction of the incidence of domestic violence

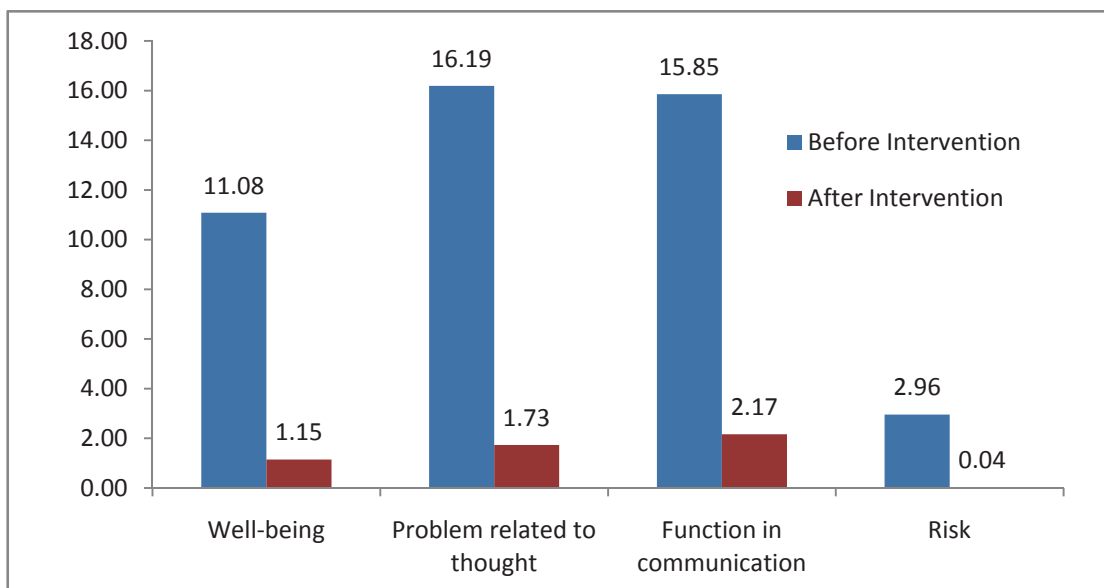


- The SHG members reported that their daily function had increased, they can do more household work than before. The graph below shows the reduction in score representing mental health symptoms, negative attitude, disabling activity and maladaptive coping.



(the higher the score, the more problematic)

- The survivors of GBV who received counseling have also reported improvements in their mental wellbeing as well. The graph below shows the reduction in mental distress, problems related to thought, symptoms that disturb their daily function and the reduction of risk related problems.



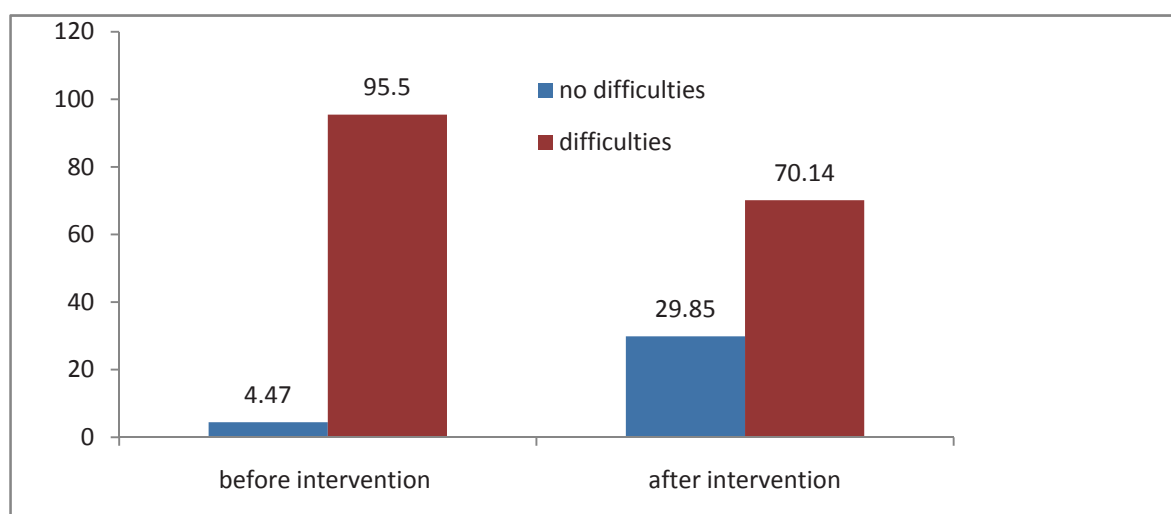
(the higher the score, the more problematic)

### **Empowerment for women survivors of gender based violence**

- In this project, women have greater participation in psycho-education or awareness raising (see the number in the Annex)
- SHG members and villagers recognize the community resource people as outstanding leaders whom they can seek help from in their communities.



The graph below shows the reduction of “feeling being difficult” among women members of the self-help group in participating in social activities.



# Access to livelihood support for disadvantaged group in rural Battambang province

This project is kindly funded by an anonymous donor.

**Objective :** To contribute towards poverty alleviation and promote sustainable development opportunities to disadvantaged groups by building the capacity of existing community resources, improving the mental health and livelihood opportunities for vulnerable people in rural Cambodia.

<b>Expected outcome 1:</b> To increase social cohesion and reduce poverty by significantly improving the mental health well being of identifiably disadvantaged groups, families and communities subjected to long-term trauma and stress.	<b>Expected outcome 2:</b> To improve the agricultural productivity and income generation through capacity building of poor and disadvantaged groups.	<b>Expected outcome 3:</b> To improve capacity of TPO's livelihood team in agriculture and rural development.
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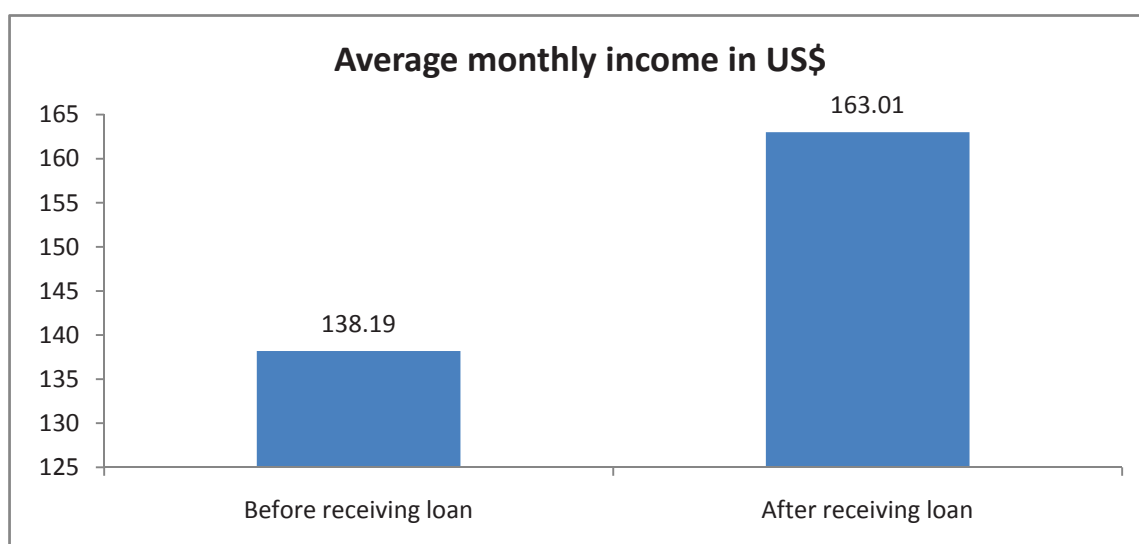
## Implementation strategy:

In this project, TPO combined the two projects on 'psychosocial intervention' and 'livelihood support' with the same beneficiaries. Survivors of GBV received counselling and psychosocial support first. After improving their psychological wellbeing, then they received training on agriculture development, animal raising, vegetable gardening etc... in order to help them improve their families income. The project provided \$200 loans without interest after the training on livelihood support is offered.

## The result

- 14 Selected CBOs and beneficiaries were trained on chicken raising technique.
- Selected CBOs received more in depth-training on the skills related to chicken raising from CEDAC experts.
- 139 beneficiaries received a loan from TPO without interest
- As the result of this project, the beneficiaries have increased their income

The chart below shows the comparison between average monthly income of our beneficiaries before and after receiving a loan.



The average income of beneficiaries has increased from \$138.19 per month per family before receiving loan to \$163.01 per month per family after receiving loan. So on average the monthly income per family has increased by \$24.82 (18% increases). Although this increase is not overly significant, it is interesting to see how a loan for chicken raising helps beneficiaries alleviate poverty.

## Access to Justice for Women

This project is funded by GIZ and was implemented in the Angkor Chum district of Siem Reap and Stong district of Kampong Thom provinces.

**Objective :** To contribute to increasing access to justice for female survivors of gender based violence through direct provision of comprehensive community mental health services and refer to legal, medical and other rights based support services throughout 2012-2013.

<b>Expected outcome 1:</b> App.60-70% community resource persons have the knowledge and technical skill to provide psychosocial support.	<b>Expected outcome 2:</b> By the end of 2013, 70-80% of female survivors of GBV have improved mental wellbeing and psychosocial resources as compared to level at the baseline data.	<b>Expected outcome 3:</b> 70% of female survivors of GBV who are referred to other services by TPO agree that they were effectively supported through the referral process.
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### Implementation Strategy:

- Train community resource people and regularly follow up on GBV, mental health, basic psychological care and psychosocial support.
- Provide psychosocial support, which includes awareness raising, establishment of Self Help Groups (SHGs) and providing individual counseling.
- TPO's counselors provide information and supported referral to medical, social and legal services.

### The results

- Trained Community resource people (CRPs) have improved their understanding of mental health and psychosocial support. Evidenced by trained CRPs being able to identify and refer 51 survivors of GBV with mental health and psychological problems to receive counseling service from TPO.
- SHG members and counseling members showed a significant improvement in their mental health status. They have reported a reduction in the incidence of domestic violence within their families (please see the graphs below)

Figure1: Improvement symptom for beneficiaries who received counselling service  
(The highest score the more problematic)

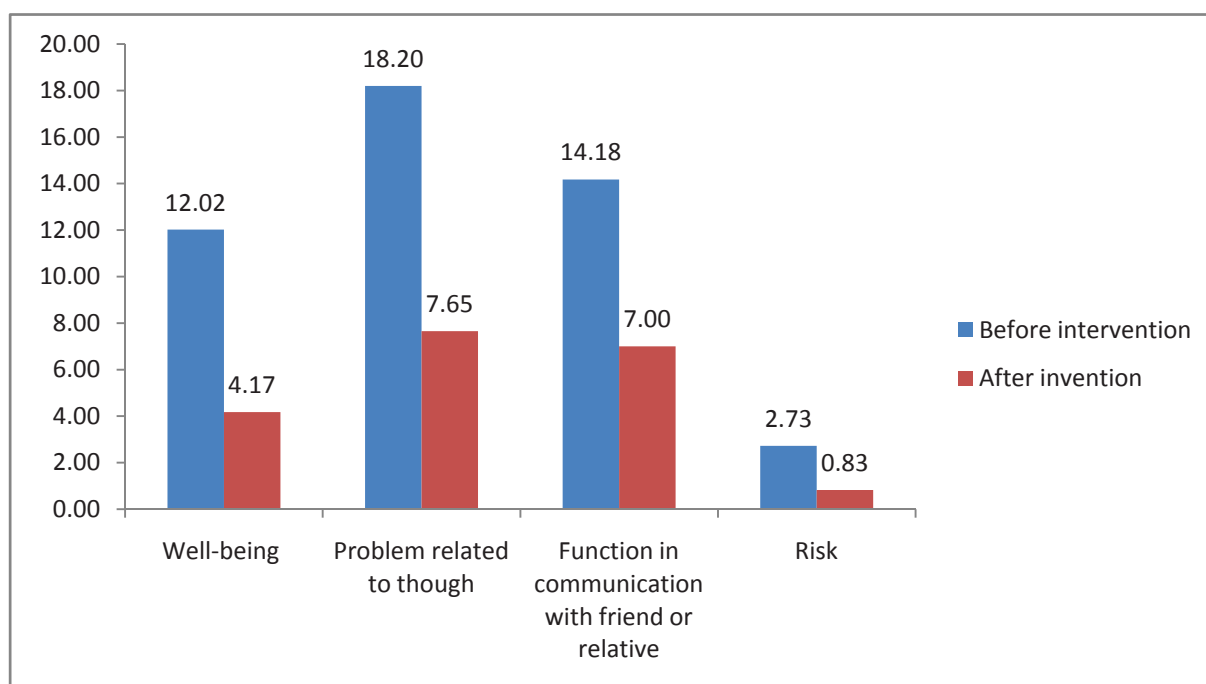
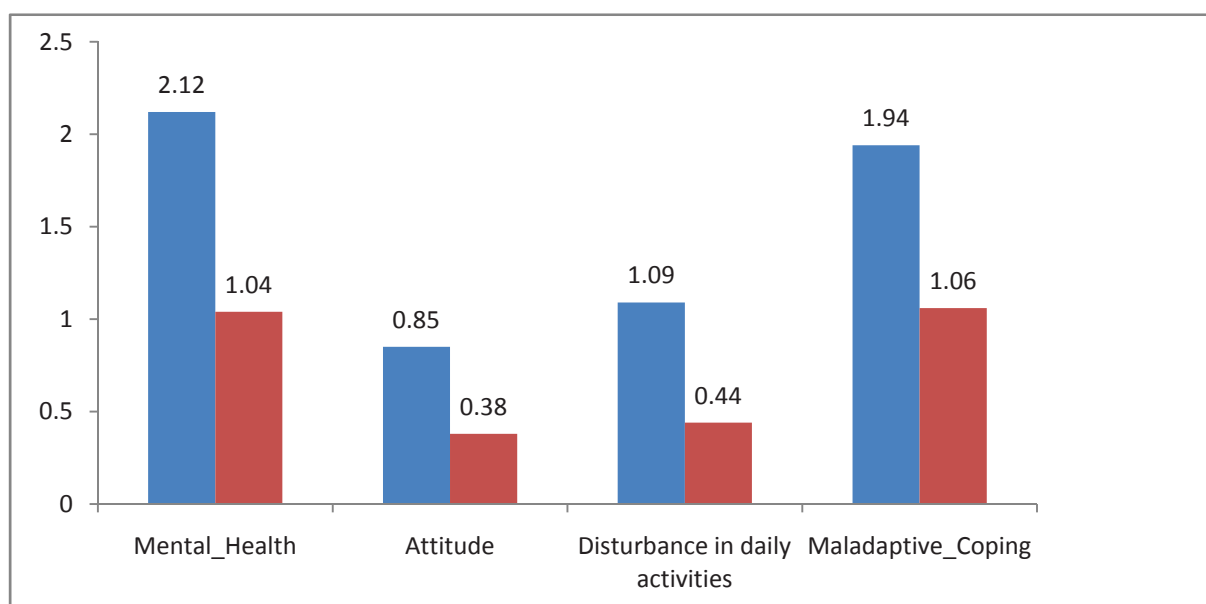


Figure2: Improvement symptoms for beneficiaries who received SHG therapy  
(The highest score the more problematic)



- 12 clients were referred to receive legal and human rights services from Legal Aid of Cambodia (LAC) and ADHOC. Some of them were also referred to receive psychiatric treatment from psychiatric outpatient services at Siem Reap Referral Hospital as well.



# Women in Transitional Justice Project

This project is kindly funded by **United Nations Trust Fund to End Violence Against Women**

**Objective :** Promoting gender equality and improving access to justice for female survivors and victims of GBV under the Khmer Rouge regime

<b>Expected outcome 1:</b> Female Civil Parties and victims of GBV improve their mental wellbeing and mutual support.	<b>Expected outcome 2:</b> The general public is aware about GBV during the Khmer Rouge period, its impact on survivors and Cambodian society today as well as current forms of GBV.	<b>Expected outcome 3:</b> NGOs, the general public and the international community have greater access to information on GBV under the Khmer Rouge and the impact today and "good practice" examples for gender sensitive transitional justice measures.
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To achieve this objective, TPO cooperated with other NGO partners such as Cambodia Defenders Project (CDP), Victims Support Section (VSS) and Extraordinary Chambers in the Courts of Cambodia (ECCC).



- Establish Self Help Groups for survivors of GBV and rape under the Khmer Rouge from Kampot province.



- Set up public dialogue on GBV (Forum Theatre) under Khmer Rouge context and Cambodia society today (Kampong Chhnang province)



- Testimonial Therapy (TT) for survivors of GBV (Bangsakul, dedicated to the dead at the Killing Fields).

#### **The result**

- 43 female civil parties and survivors of GBV participated in Self Help Groups (SHG)
- Approx. 360 women and men participated in 6 public dialogues on GBV (called Forum theatre)
- 14 female civil parties and survivors of GBV have better access to psychological treatment through Testimony Therapy
- 14 written documents were distributed to female civil parties who attended Testimony Therapy

# Justice and Relief for Survivors of the KR regime

This project is kindly funded by GIZ, Swiss Foundation, UNVFVT and Australian Embassy (DAP).

**Objective :** Survivors of the Khmer Rouge regime actively and meaningfully participate in the ECCC trials and can better cope with their traumatic past.

Expected outcome 1:	Expected outcome 2:
Active participation of KR survivors in the ECCC proceedings is ensured by providing effective psychological support services to witnesses and Civil Parties.	The mental wellbeing of Khmer Rouge survivors and ECCC Civil Parties is improved.

## Implementing Strategy

- To provide psychological support to Khmer Rouge survivors (witnesses and Civil Parties) in the context of the ECCC.
- To raise awareness of trauma and torture in the context of the ECCC.
- To run treatment center and document findings.
- To build capacity in the treatment of trauma and torture survivors.

## The results

### Outputs of the project

- 46 witnesses were provided with psychological support during their testimonies at the ECCC;
- 207 Civil Parties in Case 001/002 (64 face-to-face counseling sessions, 477 telephone counseling sessions)
- 495 Civil Parties in Case 002 received psychological briefing and de-briefing at the ECCC
- 14 call-in-shows and 4 live quiz shows on FM 102
- 225 participants from various partner NGOs such as Civil Parties lawyers, Civil Parties representatives, Center for Advanced studies and Students from the Department of Psychology of Royal University of Phnom Penh attended training on trauma healing, stress management.

### Outcomes

- Khmer Rouge survivors felt emotionally supported while participating in the ECCC proceedings.
- The Cambodian public has been regularly well informed about the ECCC proceedings and its impact on individual and societal level.
- The non-governmental and governmental staff are coping better with stress and work and are able to support the victims more effectively.
- The quality of psychological staff and services for Khmer Rouge survivors improved their daily functioning as well as economic status within their families.



# Prevent torture and improve prison conditions in Cambodia

This project is a joint project between LICADHO and TPO Cambodia, funded by the EIDHR (EU), and approved by the General Department of Prisons in Cambodia.

**Objective :** To improve conditions for inmates in Cambodia's prisons, particularly for survivors of torture and ensure their rights are respected.

<b>Expected outcome 1: (TPO and LICADHO)</b> To improve access to quality legal, medical and mental health services for prisoners and ensure the provision of basic needs, particularly for survivors of torture.	<b>Expected outcome 2: (TPO and LICADHO)</b> To strengthen consultation mechanisms and information-sharing mechanisms between civil society and government institutions to promote policy change.	<b>Expected outcome 3: (LICADHO)</b> To increase awareness of prison conditions and influence policy makers through advocacy campaigns to the public, the national and international civil society and governmental institutions.
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## Implementation Strategy

TPO Cambodia and LICADHO have cooperated with each other to implement the project in 4 prisons amongst 26 prisons in Cambodia. To get inmates involved in this project, TPO project staff have informed them about services that we are able to provide and inmates are identified by the medical staff in the prison. The activities of this project include:

- Provide psychiatric treatment and psychological counseling to those who have psychological and psychiatric problems.
- Provide life skills training program to male prisoners who are risky groups, this training program is to develop internal awareness, interpersonal relationships and set up plans for future
- Conduct Self Help Groups
- Capacity building to prison's health staff and partner NGOs to improve their knowledge and enable them to identify and refer prisoners who have psychological problems to receive psychosocial services.

## The results

- 72 inmates (69% are male) received psychiatric treatment and counseling from TPO. One third of inmates were identified as having been tortured or ill-treated during police custody.
- 77 male inmates have participated in life skills training program.
- The manual on how to conduct self-help groups was developed. 32 inmates participated in self-help group therapy, in which they shared their own experiences with SHG members.
- 9 medical staff from 4 prisons attended training on primary mental health care.
- The project staff engaged actively in meeting with government officials as well as advocacy events and awareness campaigns about prison conditions, mental health issues and lobbying for policy reform.

Those inmates who participated/received treatment services from TPO have demonstrated positive behaviours and expressed guilt about their actions prior to the imprisonment. Some inmates said, *"I have noticed that this group tremendously helped me change my attitude, I used to think that nobody could shape me at all"*. Other inmates said, *"I do not know why I am so different from before. I can adapt to situations and have good relationships with people around me. I like listening to people sharing their experiences. I didn't have that attitude before. I didn't want to do any work before, but now I am so active even the prison personnel's also like me!"*



# Mental Health and Psychosocial Intervention: an integrated approach between psychiatric outpatient clinics and community mental health work

This project is kindly funded by the Belgium government through Louvain Cooperation (LD). TPO

and LD have jointly implemented this project since 2006.

**Objective :** To improve the quality of mental health care and increase access of mentally ill people to the mental health clinic by establishing a good working relationship between mental health services at the hospital and community mental health works at a grassroots level.

## **Expected outcome 1:**

Primary Mental health care staff are enabled to provide non-medical interventions such as psycho-education, emotional support to mentally ill people and families.

## **Expected outcome 2:**

Increase access for a number of mentally ill people to get psychiatric treatment from mental health clinic

## **Implementation Strategy**

TPO Cambodia and Louvain developed an integrated approach between the mental health clinics and community. This project covered 3 referral hospitals and 8 health Centers in Kampong Thom province and later on, in early 2012, the project expanded to other referral hospitals and health Centers in Kampong Cham. The activities of this project included:

- Build capacity of doctors and nurses in primary mental health care as well as basic psychological intervention
- Provide counselling to mentally ill people and their families.
- Conduct psycho-education
- Conduct home visits

## **The results**

### **Output**

- 24 village health support groups (VHSG) have received training on mental health first aid (MHFA)
- 1,471 patients and family members received information about mental health through psycho-education sessions conducted by TPO counselors and nurses of health centers and referral hospitals.
- 1,199 patients and family members received individual counseling from TPO counselors and nurses from health centers and referral hospitals. There were 1,401 follow-up counseling sessions undertaken in those health centers and referral hospitals.
- TPO staff and nurses at health centers and referral hospitals have conducted 552 home visits to the homes and communities of the patients.

### **Outcomes**

- The primary mental health care staff have improved their knowledge which has led to an improved quality of services to mentally ill people through the capacity building from TPO Cambodia.
- Nurses at health centers and referral hospitals strongly believe that psychosocial support contributes to improved mental wellbeing of their patients
- Nurses at the health centers and referral hospitals are able to offer counseling support to mentally ill people.

# TPO Pain Treatment Project

In 2011, TPO with the support from DINITY formerly known as RCT, Copenhagen, has developed a culturally appropriate treatment protocol to treat pain related problems in Cambodia.

**Overall Objective :** To explore the effectiveness of the treatment protocol and its measures

## Objective1:

To assess the effectiveness of pain treatment project offered to clients with chronic pain

## Objective 2:

To evaluate the pain treatment manual and pain treatment service offered by TPO staff, with regard to outcomes, client satisfaction, and TPO staff perception of the effectiveness of the training manual.

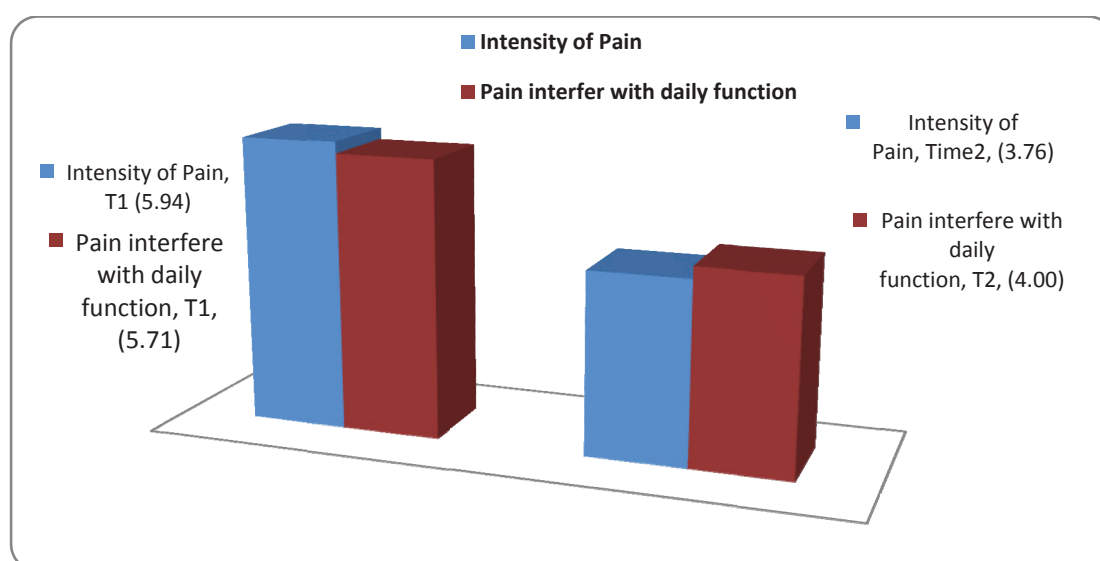
## The results

### Outputs

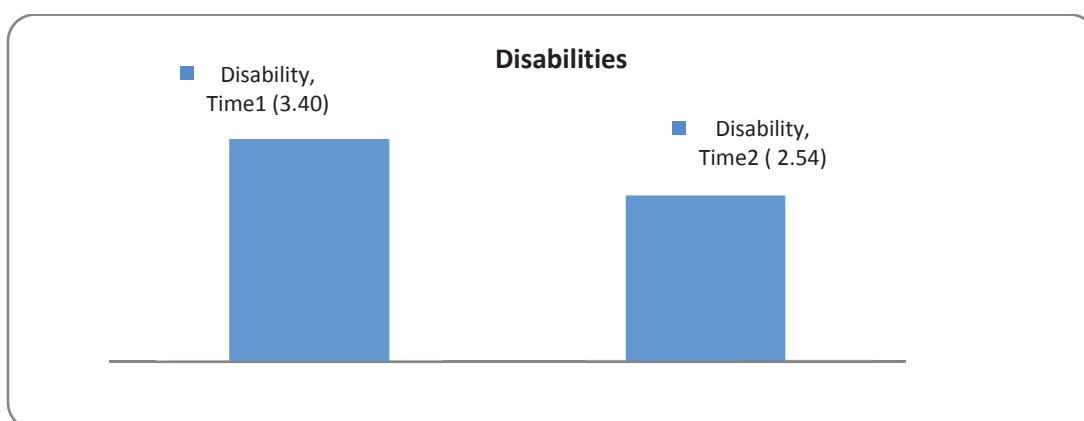
- A manual or protocol of pain treatment was developed. In addition to the treatment protocol, TPO staff have also developed 4 kinds of leaflets to provide education on pain and to rate the intensity of pain. The Disability Rating Index tools (Blue Cloth) was also developed and used to facilitate the pain group therapy.
- Four groups were completed for therapy of chronic pain, 10 sessions in each group with the total 34 participants. Two groups were facilitated in Battambang province (n=7) and other two groups (n=17) were survivors of torture who are living in Phnom Penh.

### Outcomes:

- The results of the pre-post test of intensity of pain among four groups showed that their chronic pain over the previous 24 hours had decreased from 5.94 (mean score) to 3.76. The level of pain interfering with their daily function had also reduced from 5.71 (pre-test mean score) to 4.00 after joining the groups.



In addition to the reduction of intensity of pain, the patients have also reported the reduction of disabilities related to pain, they are more able to move around and do their work despite the pain.



## TPO Treatment Center

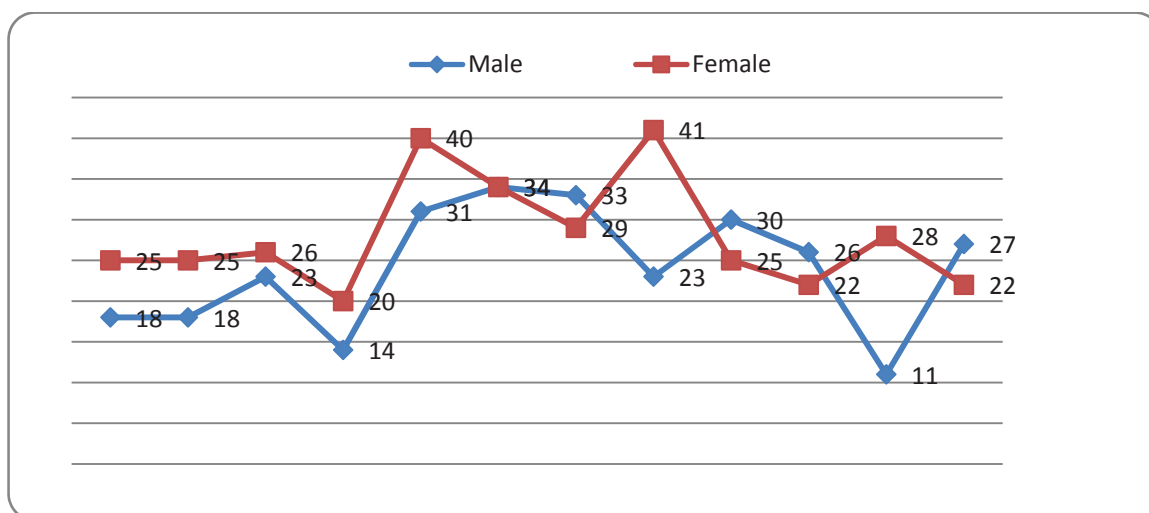
TPO's treatment center was set up to fill the gaps of the needs for mental health care in Cambodia. It gives the opportunity for people with mental health problems to be able to access multi-disciplinary support services ranging across psychiatric and psychosocial services. This treatment center also contributes towards the strategy of TPO Cambodia becoming a self-sustaining organization.

This treatment center is self-funded by TPO Trust Fund. However, TPO has also received technical support from some partners such as Center for Victims of Torture (CVT) who provide technical support in term of increasing capacity of the center staff to provide mental health care for the patients. TPO has also received some small funds from GIZ, UNVFVT, Swiss Foundation and EIDHR in order to provide treatment to specific groups of patients only e.g. victims of torture, victims of trafficking, victims of sexual assault etc.

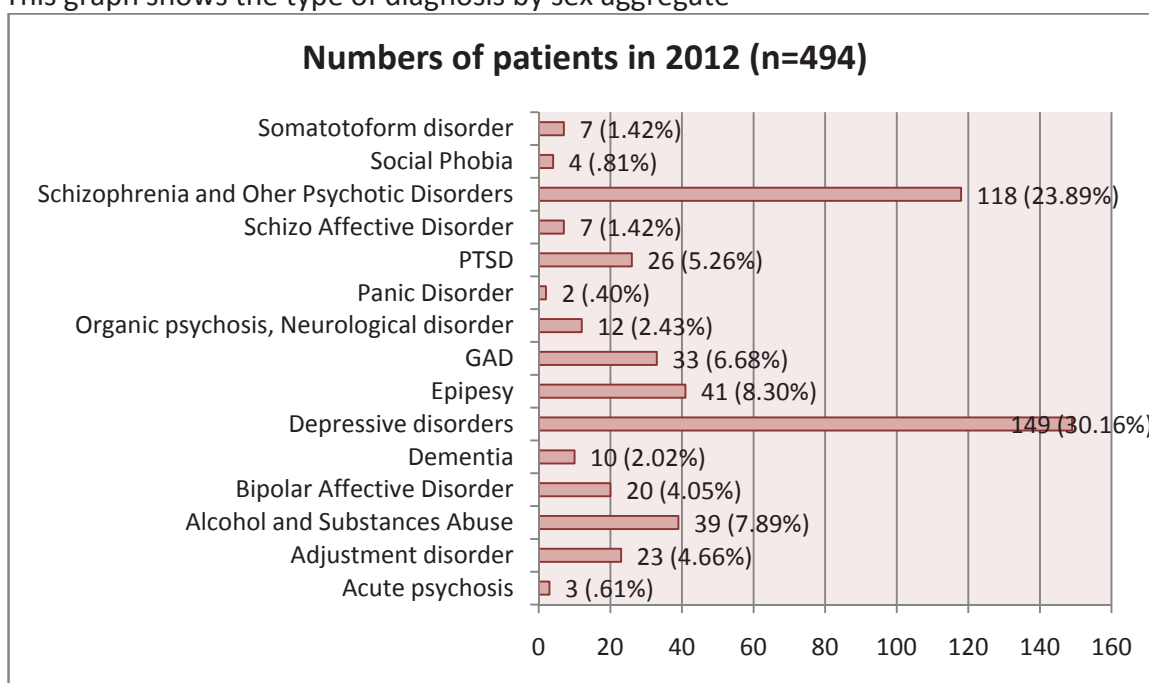
### Number of clients who receive counselling and treatment services from TPO

- During 2012, the treatment center received 625 new cases (337 of them female) compared to 497 new cases in 2011. Of this number, 131 cases visited only once and they were either dropped out or are referred to other services. So the total number of patients treated at TPO clinic in 2012 was 494.
- The total numbers of consultations was 4,991 compared to 5,204 in 2011. 75 patients consulted the center only once.

The Graphs below shows the number of new cases by month



This graph shows the type of diagnosis by sex aggregate



Specific types of clients who received intervention from TPO

Project name	Survivor of GBV		Perpetrators		Torture		Under KR context	
	Male	Female	Male	Female	Male	Female	Torture	Survivor of GBV
Clinic	3	51	1	1	1		1	
Community mental health	0	338	110	0	0	0	0	0
Women in transitional justice	0	0	0	0	0	0	0	57 female
Justice and relief for KR survivors	0	0	0	0	0	0	16 (12 women)	46 (8 women)
Mental health in prison	0	0	0	0	21	1	0	0
	392		112		23		119	



# TPO Training Services

TPO's Training Unit offers a variety of training topics. There are public courses, which are provided on a regular basis, and tailored-made courses, which are designed according to the needs of the organization/clients. The training service is provided by experienced and qualified trainers who all have degrees in psychology, social work, psychiatry or psychiatric nursing with long experience in teaching and facilitating workshops.

## Courses Provided

### Public Courses

N	Course Title	Total Courses offer
1	Stress Management	2 Courses
2	Burnout Prevention	1 Course
3	Basic Counselling Skills	3 Course
4	Advanced Counselling Skills	2 Courses
5	Child Development and parenting skills	2 Courses
Grand Total for Public Courses		<b><u>10 Courses</u></b>

### Tailored-made or Customized course

N	Course Title	Requesting NGOs
1	Primary Mental Health & Trauma Concept	LICADHO
2	3 Supervision Visits	HIF
3	Psychological Assessment (1 year)	AFESIP
4	Primary Mental Health in Prison (2 Courses)	OHCHR
5	Advanced Counselling	ABC
6	Refresher Course	KCDI
7	Psychosocial Support to child victims of trafficking and other forms of abuse	IOM
8	Child Development	FRC
9	Human Psychology	Amret
10	Basic Counselling Skills	CWS
Total of tailored made training courses:		15 Courses + 3 Supervisions and F/U + 1 Psychological Assessment

**Trainees Trained:** 395 people coming from 52 NGOs received training from TPO's Training Unit in 2012.

### The evaluation at the end of the training showed a number of points, including:

- TPO's trainers have a lot of experience and skills in providing the training. They are more confident in the content they trained. They are very good and friendly. TPO's trainers are good in facilitation skills, which are not boring but are easy to understand.
- Training courses provided by TPO are very practical and useful for their work. TPO has good training courses, and, if it is possible, should offer such training to school and university students.

## Documentation and Mental Health First Aid (MHFA)

1. Documentation of TPO's community mental health approach: The approach of TPO's community mental health work has been written, but a lot of work needs to be done in order to make this documentation user friendly to readers. There are two phases in developing this documentation. First, Dr. Sotheara writes about the TPO's Community Mental Health approach from his knowledge and practices that have been implemented by TPO for the past 17 years. The second phase is to delegate to an identified consultant, with experience in community mental health approaches, to build upon this piece of writing in order to make the document more scientific by adding some data and literature from other countries. The work is in progress and expected to be completed next year.
2. Develop manuals of mental health first aid (MHFA-Cambodia): TPO Cambodia has set up a project called "Mental Health First Aid Cambodia" or MHFA-Cambodia. This project aims to build capacity and train non-health professionals about mental health first aid so that they can help people with mental health problems or people in crisis to deal with these issues before mental health services can be accessed. TPO has an MoU with MHFA-Australia in order to get accreditation and to receive technical support. MHFA-Australia delegates MHFA-Singapore to help TPO Cambodia to develop mental health first aid Cambodia. To start this project, trainers from MHFA-Singapore came to TPO and trained TPO trainers on two topics: mental health first aid, Singapore model and crisis intervention.

After this one-week training, TPO trainers worked together to develop the MHFA manual and teaching slides for trainers. Because this project is intended to benefit Cambodian para-professionals, TPO trainers developed a Khmer version

of the manuals of mental health first aid. The manual has been completed and is now in the process of printing. TPO Cambodia will launch the Mental Health First Aid Project on December 7<sup>th</sup>, 2012 then the manual will be readily available to use.

A logo of MHFA Cambodia has also been designed using a Cambodian national flower called "Rumduol or *Mitral Mesnyi*".



## Conferences and International Training Courses

1. TPO's Asia Regional workshop on "Approaches to Preventing Torture" was held between 5-8 November 2012 at Sunway Hotel. All the participants were members of the IRCT (The International Rehabilitation Council for Torture Victims) coming from India, Sri-Lanka, Pakistan, Bangladesh, Nepal, Indonesia, Philippines, Denmark and Kyrgyzstan. The workshop aimed to enhance the capacity of Asian civil society organizations and rehabilitation centers to provide holistic rehabilitation to victims of torture. The meeting provided an opportunity for Asian rehabilitation centers to exchange information and good practice on torture prevention interventions and rehabilitation. This workshop was funded by the EU, and organized by TPO and IRCT.
2. With funding from GIZ, TPO Cambodia and the Department of Psychology, Royal University of Phnom Penh jointly organize a seminar on December 7, 2012 to disseminate the result of the survey on mental health in Cambodia. At the same time, TPO also took this opportunity to launch its mental health first aid (MHFA) to the audiences of the seminar as well.

### Therapists and Trainers Profile

1. Dr. Chhim Sotheara, MD, Psychiatrist, MPM, PhD Candidate
2. Dr. Ang Sody, MD, Psychiatrist
3. Dr. Keo Sothy, MD, Psychiatrist
4. Dr. Hoy Phirum, MD, Psychiatrist
5. Mrs. Sok Phaneth, BA in Psychology, MA in Counseling Psychology
6. Mr. Vith Kimly, BA in Psychology, MBA
7. Mr. Pich Panha, BA in Psychology, MPH
8. Mr. Seang Leap, BA in Psychology, BA in Law
9. Mr. Ros Saray Endeth, BA in Psychology
10. Ms. Chea So Ousaphea, Registered Nurse
11. Mrs. Pov Maline, Psychiatric Nurse
12. Mrs. Chhay Marideth, Senior Counselor
13. Mr. Taing Soeung Hun, Social Worker and Senior Counselor
14. Mr. Youn Sarath, Counselor
15. Mrs. Hoy Vathana, BA in Psychology
16. Ms. Kim Thida, BA in Psychology and MA in Family Psychology
17. Mr. Sang Seum, Psychiatric Nurse
18. Mr. Long Borom, Counselor
19. Mrs. Chor Sonary, Sociologist, Counselor

### Expatriate Advisors

1. Judith Strasser, Senior Psychologist, Psychosocial Advisor in the Justice and Relief for Survivors of the Khmer Rouge Project.
2. Zoe Szwarcbord, Psychologist, Psychosocial Advisor for the Mental Health in Prison Project

## Appendices: Case study contest

### Case Vignette1: Mr Sao Chhoek

Mr. Sao Chhoek, is a 67-year-old farmer living in Trabak village, Bosbov commune, Preah Net Preah district, Banteay Meanchey province. He lives with his wife and his only son who was married to a girl in the same village and has 3 children (2 daughters and a son) far away from him.

Mr. Chhoek has been having difficulty concentrating, becoming more irritable, thinking too much for no reason and having difficulty going to bed. Through TPO's psycho-education on the impact of mental problem, Mr. Sao Chhoek was able to identify his own problems and expressed strong interest and curiosity about TPO's services.



After the awareness raising session conducted by TPO counsellor in his village, he came to discuss with other participants and TPO's staff to question more in-depth about how his problem started and how to deal with it. He also questioned about the process of Self Help Groups (SHG), advantages and disadvantages from participating in the SHG. He was told by other participants that all members of SHG would have an opportunity to share their personal problems and their emotional distress to other members of the group.

Mr. Sao Chhoek said that he was excessively worried, thinking a lot, and having difficulty falling asleep almost every day. He felt so down and became angry easily even with a minor problem. Example when his wife complains about his drinking, he had outbursts of anger and sometimes wanted to destroy household property.

Mr. Chhoek admitted that he was an alcoholic and often drinks alcohol, and does not help his wife in doing any housework. This made his wife upset and often blamed him for his behaviour. He then increased his drinking more and more in a sarcastic way until he cannot control himself and thus committed violence against his wife. He said *"one day, I took a stick and chased my wife around the house in an attempt to hit her and it was lucky that she did not get hurt"*.

Mr. Chhoek admitted that he feels so sorry for his wife for his past actions. He said that he had never let her live peacefully for many years because of his drunken behaviour. Whenever he got drunk, he slept on the ground, and destroyed all the chicks and its cage. His wife told him that if he still continued to live that way, she would take him back to his relatives because she is afraid that Mr. Chhoek would kill her one day. She said she is tired of being responsible for everything alone while she has a chronic illness herself.

When TPO first came to meet Mr. Chhoek, he was so shy and never wanted to talk anything. He was invited to attend SHG with other alcoholic men. After 8<sup>th</sup> session, he felt very much relieved since he received support from the other group members and TPO counsellors to help him express difficult feelings and teach him how to deal with emotional outbursts and other negative thoughts. Mr. Sao Chhoek practices deep breathing exercise every day. Now he is less worried and more controlled. He is also almost able to stop drinking. Moreover, he



is able to share what he has learnt such as anger management and right division with his family. TPO counsellors and the community resource person in his village always support him mentally and this makes Mr. Chhoek's condition improve gradually. Currently, Mr. Sao Chhoek has changed his perception and behaviour. He is now feeling so sorry for his wife who is also ill. He started helping her in all housework such as cooking animal food and feeding them every day. He takes care of the new-born chicks, and tending the cows, takes his wife to traditional healer to cure. He gradually stops drinking and has now stopped drinking completely but he uses coffee instead for the last half month.

PK team members encouraged Mr. Chhoek to join the savings Group but he wants to discuss with his wife because his wife wants to join the saving group by herself. This saving group helps his family to save and get additional funds to finance his animal raising. Now his chickens and ducks grow bigger, so he could sell them as he wishes. He said, *"I become older now so it is useless to continue to drink. It will make me even more ill and thus no one would take care of me. While I continue drinking, the village chief stops helping me and the neighbours also don't respect me as an elder in the village anymore."* Everyone in the village said, *"No one could ever change him."*



In the future, Mr. Sao Chhoek wants to increase his income through raising animals.

He will try to take care of his female pigs, chickens and ducks to produce more offspring, and then he will build new cages for them. He also hopes that his living standard would be improved and he is able to save the money to cure his wife.

#### Follow-up:



During the follow-up visit, TPO counsellors observed that the family continue to maintain healthy relationships in a positive way. However, there are some circumstances when Mr Chhoek drinks a bit of alcohol during the wedding party, this somehow upset his wife, but they can reconcile and forgive each other again. He had sold his chickens a few times and has some money to pay medical bills for his wife and increase the number of chickens again. His cow is almost delivering a baby, hopefully that calf will add more benefit

to his family. He also raises pigs, and it has now given birth to many piglets. He gives some of

the piglets to the neighbours to share the benefit when they are big enough to sell. He does so because it enables him to share the cost of the pig food and also takes away some of the burden from him and his wife since they both are old now.

Therefore, it seems that there is a good prospect for this family and TPO counsellors believe that the family will continue to live in a peaceful way.

Written by Mr You IISocheat, TPO Counselor, BanteayMeanchey team.

### **Case Vignette 2 : Mrs CHOU TY,**

Mrs **Chou Ty**, 53-year-old farmer living in Svay Chek district, Siem Reap province. She has 9 children, 6 of whom are still living under her care. Her husband is an abusive drunken man who often curses her and destroys property in the house. After attending psycho-education of TPO in her village, she realized that she also has psychological problems and thus she sought help from TPO counselors. She complained of difficulty sleeping, thinking too much, headaches, and feelings of excessive worry about her family condition because she cannot earn enough to feed her family, she can only live from hand to mouth. She felt so hopeless about this living condition and thus she started drinking alcohol as a way of coping with her stress. Both she and her husband abused alcohol and were in conflict with each other for more than ten years.

One day her husband asked her for money to buy alcohol, she didn't have the money to give him so the conflict started. Her husband got so angry with this and displaced his anger by hitting her cow with a hammer, and the cow died instantly. Then he ran into the house and threw away all the rice stock and other household property. Mrs. Ty was helpless; she did not have the energy to confront this, so she reported the incident to the police. The police put her husband in the custody for 15 days and educated him a lot before releasing him. But his behavior and attitude had not changed.

Because of these problems, she sought counseling services from TPO counselor where she had the opportunity to express her feeling with counselor, learn how to deal with distress and to become more relaxed. She hoped that her psychological problem will be improved and that she would be able to help herself and her husband to reduce alcohol consumption.

After nearly ten sessions of counseling which was held at her house, she was able to control her anger and felt that her psychological distress was significantly reduced. She was then able to talk to her husband and convince him to seek help from TPO counselor. After receiving counseling service, her husband and herself have been able to think more critically and reflect on what went wrong in their lives. They are now willing to change for the benefit of the family and the future of their children. Both her husband and herself have reduced alcohol consumption significantly; they both start working productively in their rice field. Many neighbors and elderly in the villages were so surprised to see changes that the couple had made and success that Mrs. Ty managed to motivate her husband to seek professional help.

She is now very happy that her family interaction has become smoother and her daily function become more productive. She still continues to see counselor just to make sure that she become psychologically stronger and that she can continue to maintain the harmony in the family.

Written by Ms Kim Soda, TPO Counselor in Siem Reap team.



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