Developing a National Mental Health Care Program in Cambodia
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Abstract

Objective: To examine the development of psychiatric services in Cambodia and the evolution of the National Mental Health Care Program (NMHC), and derive lessons that can be applied to future programs.

Methods: An extensive review of the literature was performed, including research articles, government reports, and interviews with Cambodian mental health professionals.

Results: Prior to 1970, Cambodia had limited mental health services. From 1970 to 1979, the genocidal regime of the Khmer Rouge killed more than ¼ of the population. From 1975 to 1996, thevang Hak youth volunteers (known as Khmer Rouge soldiers) created mental health clinics. In 1996, Cambodia developed its first National Mental Health Care Program (NMHC). In 2006, the NMHC began implementing a program of mental health services.

Discussion

• The National Mental Health Care Program has successfully expanded resources throughout the country over the past 16 years.
• Cambodia can look to existing mental health systems to train already practicing physicians to become specialists in psychiatry.
• The training of general practitioners and nurses in basic mental health care has successfully and rapidly increased public awareness of mental illness and allowed for cost-effective distribution of mental health interventions.

Introduction

Prior to 1970 there were few Cambodian psychiatrists working in the country, with only one inpatient and no outpatient services.

From 1975 to 1979 the genocidal regime of the Khmer Rouge killed more than ¼ of the population. 1.5 million people died from execution, starvation, and disease. There were 60,000 surviving children and no psychiatrists.

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Recommendations for Developing and Post-Conflict Regions

1. Include mental health care in the core curriculum of the medical education system.
2. Strengthen primary care programs as the most effective means of treating the greatest number of patients requiring mental health services.
3. Train a competent number of specialists annually, which is crucial to prevent a mental health gap.
4. Seek adequate funding, which in developing countries will require international assistance, in order to prevent shifting resources from public clinics to private health care.
5. Continue implementation of PTSD, as soon as possible and practical after a conflict, while focusing on restoring social networks and community resources to minimize the chronic anxiety and depression resulting from the conflict and its aftermath.