

COUNTRY REPORT

Report on an educational seminar for mental health professionals in Cambodia organized by the Pacific Rim College of PsychiatristsFumitaka Noda¹ MD PhD, Mario McKenna² MS MHA & Ko Ukawa¹ RN¹ Department of Human Life and Environment Studies, Taisho University, Tokyo, Japan² Department of Psychiatry, Vancouver General Hospital, Vancouver, British Columbia, Canada**Correspondence**

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Background

One of the main aims of the Pacific Rim College of Psychiatrists (PRCP) is to assist countries that lack psychiatric facilities and resources by providing direct education and practical involvement with clinicians and policy makers. With its tragic history of genocide in which most of its mental health professionals were killed by the Khmer Rouge, Cambodia is one such country. Currently, Cambodia has only 24 psychiatrists and 45 psychiatric nurses across the entire country. Due to this great shortage of manpower and psychiatric facilities, people with mental illness are grossly underserved. In 2009 the PRCP, Ministry of Health Cambodia (MoH), and Non-Government Organizations (NGO) in Cambodia and Japan, agreed to hold an educational seminar for mental health professionals in Cambodia. The goals of this seminar were three-fold: (1) strengthen existing psychiatric knowledge among Cambodian mental health professionals; (2) improve clinical skills among Cambodian mental health professionals; and (3) understand what entails best practice in psychiatric care among Cambodian mental health professionals. The seminar was held on 23–24 November 2009 at Prince d'Angkor Hotel and Spa in Siem Reap. This brief report will highlight the aims of the seminar, feedback received by participants, and ideas for future seminars held by the PRCP in Cambodia.

Seminar

The two-day program description is shown in Table 1. Opening remarks were made by the Minister of Health, Professor Eng Huot and President of the PRCP, Dr. Fumitaka Noda. Speakers for the lectures from the PRCP included Drs. Allan Tasman, Paul Leung (USA), Tsuyoshi Akiyama, Fumitaka Noda (Japan), Soma Ganesan (Canada), Min Soo Lee (Korea), Helen Herrman (Australia) and Kua Ee Heok (Singapore). Speakers from Supporters for Mental Health (SUMH, Japanese NGO) and Transcultural Psychosocial Organization (TPO, Cambodian NGO) were Dr. Yoshimasa Tebayashi, Mr. Tey Pisal and Dr. Sotheara Chhim, respectively.

Financial support for the seminar was provided by Taisho University. Therefore, a brief opening ceremony was held at Taisho Elementary School prior to commencement of the seminar (Taisho Elementary School was founded by Taisho University, Japan in 1998, to which the author, Fumitaka Noda, is affiliated). There was a total of 42 participants (25 psychiatrists, seven physicians, five psychiatric nurses, two government and three NGO staff) with lectures conducted in English and local interpreters used for translation.

Feedback for the seminar

To receive feedback regarding the opinions of seminar participants, a brief survey was administered which

Table 1. Seminar schedule and outline

Mon, 23 Nov	Symposium	Title	Presenter
14:30–15:15	Concepts of Mental Illness	Recognition and Treatment of Depression	Allan Tasman, MD
15:15–16:00		Mental Health Policy Development and Implementation in Developing Countries: Case of Uganda	Tsuyoshi Akiyama, MD
16:15–17:00	Assessment, Evaluation and Diagnosis	Community Development Model of Psychiatry	Soma Ganesan, MD
17:00–17:45		Dementia and Depression in Elderly	Kua Ee Heok, MD
17:45–18:15	Treatment and Follow-up	Diagnosis of Schizophrenia and its Pharmacological Treatment	Paul Leung, MD
18:15–18:45		Sustainable Chronic Care in the Village of Cambodia	Yoshimasa Tebayashi, MD
Tue, 24 Nov	Symposium	Title	Presenter
7:30–8:15	Case Study	Psychological Healing in Post-Genocide Cambodia	Sotheara Chhim, MD (TPO)
8:15–9:15		Support for the Chronic Mentally Ill in the Village	Tey Pisal (SUMH Cambodia Representative)
9:15–9:45	The PRCP Contribution to Cambodian Mental Health:	What Does the PRCP Contribute to Cambodian's Mental Health Development?: Future Perspective	Min Soo Lee, MD
9:45–10:15	Future Perspective	Using Mental Health First Aid in Primary Care	Helen Herrman, MD
10:15–10:45		Is Cultural Difference a Barrier to Mutual Understanding?	Fumitaka Noda, MD

PRCP, Pacific Rim College of Psychiatrists; SUMH, Supporters for Mental Health; TPO, Transcultural Psychosocial Organization.

Table 2. Breakdown of participant responses to survey questions*

	N (% of total responses)
I. Opinions and evaluation of the seminar	
The lectures were beneficial	10 (20.4)
New information was obtained	14 (28.6)
The arrangement and setting of the seminar were good	8 (16.3)
Gratitude for holding the seminar	6 (12.1)
The lectures were good	5 (10.2)
The lectures were important	4 (8.2)
The topics discussed were good	2 (4.1)
II. Opinions regarding issues with the seminar	
Time allocated to each presentation was short	9 (32.0)
Time for questions and discussion was short	7 (30.4)
There were problems with the presentations themselves	4 (17.4)
The duration of the seminar was short	3 (13.0)
III. Opinions regarding expectations for future seminars	
I want more lectures covered in these seminars	16 (59.3)
I want the seminars to be continued	8 (29.6)
I want copies of the PowerPoint slides used in the lectures	1 (3.7)
I want the program to be even fuller	1 (3.7)
I want a higher per diem payment	1 (3.7)

*Participants could provide multiple responses to questions, therefore the total does not add up to 23.

asked participants to “Please write your opinions of the seminar and expectations for future seminars in your own words.” There were 23 (65%) responses from the 42 participants collected in English (Figure 1). Table 2 shows the responses and their breakdown into three main categories: (1) evaluation of the seminar; (2) issues with the seminar; and (3) future seminars.

Specific opinions concerning the evaluation of the seminar included meeting the expectations of Cambo-

**Figure 1** Presenting to Cambodian mental health professionals.**Figure 2** Opening ceremony at Taisho Elementary School.

dian psychiatrists, and beliefs that the seminar will change the work attitudes of Cambodian doctors (Figure 2). Other comments included the realization that mental healthcare needs to be implemented at a community level; administration and NGOs must discuss issues and work more closely together to develop

mental healthcare in Cambodia; and understanding the importance of primary healthcare in mental health, as well as proper diagnosis and treatment procedures.

With respect to issues with the seminar itself, comments included not having enough discussion time and not having adequate time to answer participants' questions. Other comments included difficulty reading the slides and problems with presenter and/or interpreter speaking speed.

Comments concerning future seminars included requests that the seminars be held yearly, expanding seminar content to include diagnosis and treatment methods for various conditions, and treatment models used in other countries. Other comments included a request for a higher per diem rate. This was set at \$US75 and was provided by the sponsor, Taisho University; however, the respondents felt that nearly all of the money went on transport and accommodation costs; many expressed the opinion that more support was necessary.

Discussion

The feedback about the seminar generally indicated that it had some benefit for Cambodian mental health professionals. It was successful as a first step by the PRCP in contributing to the rebuilding of mental health services within Cambodia. Not only did the PRCP gain valuable insight regarding the logistics of conducting a seminar for mental health professionals in Cambodia, it also gained insight with respect to the didactic content of the seminars themselves, funding sources, and perspectives on future seminars. Each of these will be discussed briefly.

Didactic method

We keenly felt the need for basic psychiatric education, such as differentiation between diagnoses, such as schizophrenia and depression. It was also of little benefit to discuss current pharmacotherapy using selective serotonin reuptake inhibitors or atypical antipsychotics because there is no provision of these medications. We found instead that there is a reliance upon essential medications, such as chlorpromazine. We feel that any education or training seminar must highlight the modality of psychiatric treatment in conjunction with cultural sensitivity. As one of the participants stated, a one-shot seminar is not beneficial

and what is required is a sustainable and long-term education program.

Funding

For the present seminar, all the lecturers came to Cambodia at their own expense. Therefore, the major costs were securing a venue and running the seminar itself. Although the major costs, including expenses for local participants, were provided by Taisho University and some pharmaceutical companies this time, this funding is not sustainable. We also felt that reliance upon volunteer service for the didactic component of the seminar is not sustainable in the long-term. In addition, the Cambodian Ministry of Health currently has no capacity to financially support this project. Therefore, to maintain this project we will require long-term financial support from outside sources. A second issue was that of local participants who requested transportation and accommodation expenses, and a per diem payment. It has long been customary in Cambodia that people who participate in medical conferences or educational training require full coverage of expenses in order to attend. The explanation has been that they cannot afford to attend those meetings unless they are completely financially compensated. Consequently, if no financial coverage is provided, there is a risk of compromised attendance from mental health professionals.

Future perspective

Overall, the consensus was that for Cambodia to promote better mental health, there is a great need for PRCP involvement. Future projects should be conducted in collaboration with the Cambodian Ministry of Health and NGOs, such as TPO and SUMH. This seminar taught us the realities of Cambodian life and the need for essential mental health services and education. This was an excellent but provisional start. There will be various possibilities to push this project ahead and make it sustainable for the future. To invite Cambodian psychiatrists to the PRCP scientific meetings is another possibility, and to send PRCP members regularly to Cambodia as lecturers is another possibility. Further discussion will be needed inside the PRCP community to determine what future projects will be undertaken.

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