

Psychosocial Support for Victims of ERW and Land  
Mine in Cambodia  
Anti-Personnel Mine Ban Convention 11<sup>th</sup> Meeting  
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## **Socio-Demographic Indicators of Cambodia**

- Location: South East Asia
- Surface: 181, 035 Km<sup>2</sup>
- Population: 13,395,682
- Urban: 15%
- Rural: 85%
- Male: 48.64%
- Female: 51.36%

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## Disability Indicators in Cambodia 2011

- None: Male 48.40%; Female 51.13%
- Total Disability (Speech, Hearing, Seeing, Movement and Mental) = 61,151; male: 31,279 (0.23%); Female: 29,872 (0.22%)
  - In Speech: Male 5,833 (9.53%); Female 5,161 (8.44%)
  - In Seeing: Male 11,857 (19.39%); female 12,959 (21.20%)

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## Disability Indicators (con't)

- Mental Disability: Male 3,711 (6%); Female 3,461 (5.66%)
- Hearing: Male: 2,976 (4.86%); Female 2981 (4.87%)
- Movement: male 6,902 (11.28%); Female 5,310 (8.77%)

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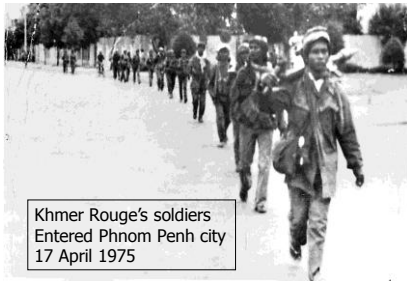
## Cambodia Past History

- 3 decades of civil war from 1970, 1.7-2.2 Million people were killed by the Khmer Rouge regime
- Health systems and other fundamental facilities of the country including Psychiatric Hospital were destroyed during the war.
- The survivors of this regime have endured exceedingly high levels of stress as well as collective trauma.

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## The Killing Fields



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Source: TPO

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## The Killing Fields



Democratic Kampuchea



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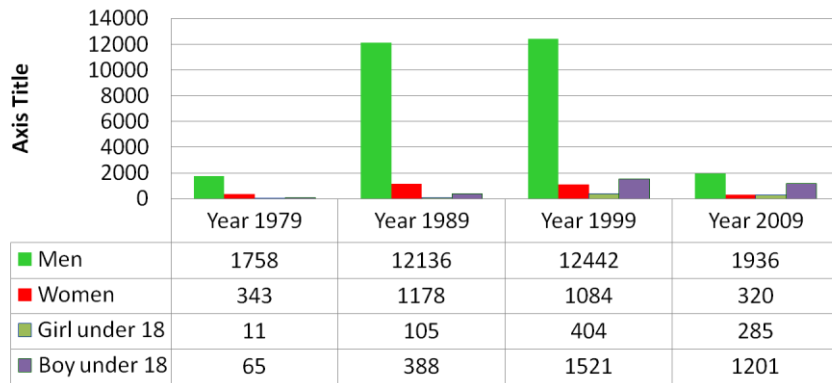
## Consequences of Post Civil War

- Infrastructure
- Poverty
- Lack of Human Resources
- Land Mine and Explosive Remnant of War cause life threatening of people in affected area
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## Victims of ERW and Mine

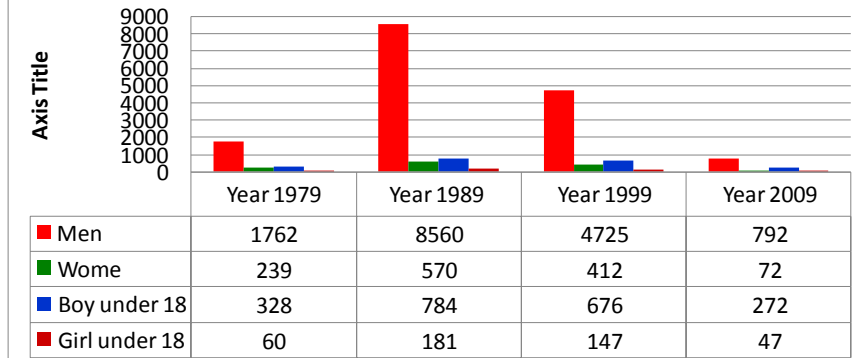
**Injured Victims of ERW and Land Mine by total every 10 Years**



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## Number of Death by ERW and Land Mine (Total 10 Year Interval)

**Number of Victims died by ERW and Land Mine by every 10 years**



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## Victims of ERW and land Mine are Disabled

- At least Victims suffer from:
- Physical Disability
- Handicap
- Need Psychosocial Support

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## History Development of Mental Health

- From 1979 to 1996 no mental services available.
- Families of people with mental problems used traditional healers (Kru Khmer, monks, fortune tellers) to treat their relatives.
- From 1996 to present, mental health services have been developed

## Vision of Ministry of Health on Mental Health

- *Every Cambodian live in harmony with optimum psychosocial well-being and Socio-economic development to archive satisfactory quality of live as he/she wishes*

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## Current human resources of mental health Professionals year 2010

Types of MH professionals	MoH/National Hospital	Referral Hospital	NGOs/ Other	Total
Psychiatrists	19	6	20	45
Psychiatric Nurses	15	30		45
Basic Mental Physicians	22	132	16	170
Basic Mental Nurses	47	161	35	233

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## Integration of Mental Services

All mental health services have been integrated into general Hospital because:

- Need less human resources
- Reduce Stigma
- Get more improvement
- Easy to access

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### Current situation of MH services in Cambodia 2011

Types of Mental Services	National Hospital (7)	Referral Hospital N=77	Health Center N=956
Specialized (OPD) (IPD)	2 1 (10 beds)	8 1 (6beds)	- -
Primary care	-	40	18
Child and Adolescent MH (OPD)	-	1	-
Rehab Center	-	-	-
Total	2/7	49/77	18/996

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## Common Mental Disorders

- Over 70,000 of follow up and nearly 11, 000 new cases every year have consulted in all mental health services of public hospitals.
- As estimated new cases: Anxiety disorders 28% (PTSD 2%), Depressive disorders 23%, Psychotic disorders 12%, Epilepsy 9% and others 18%
- Women are more suffering than men

## For Victims of ERW and Land Mine

- Most were men
- 2% of them to seek Psychiatric OPD if they suffer from MH problems

## Challenge for Victims

- Difficult to get and keep job
- They are unemployed that lead to have financial problems then Poor and affected families and communities
- Feeling lonely
- Difficult to get around, transport and communication
- Easy to get alcohol abuses

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## Policy of Ministry of Health

- Implement Pro-Poor health financial system support poor people
- including exemption for the poor especially victims of ERW and land mine
- Expansion of health Equity fund
- With combination of other form of social assistance mechanism

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## Strength points

- Mental Health Professionals in public hospital provide services as routine duties
- Mental Health is increasingly recognized among Government Ministries, NGOs
- Patient families support
- Mental Health Association of Cambodia established
- Victims them self are resilience

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## Conclusion 1

- Expansion of psychosocial services should be established in rural areas for poor especially victims of ERW and land mine
- The success of Psychosocial support for Victims requires considerable resources from Government and development partners/NGOs/International Organization

## Conclusion 2

- As well as active participation from other relevant institutions especially Authority of Cambodia for management of Mine and Mine disabled victims including civil society, community, professional Associations of Cambodia.ect...

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***Thank You For Your Time !***

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