Meeting on NCD
Focus on Mental Health
Cambodia 2015

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UCL – Cliniques universitaires Saint-Luc

8th October 2015

SPECIAL REPORT

Mental Health and Human Rights in Cambodia

Leitner Center
for International Law and Justice
AT FORDHAM LAW SCHOOL, NEW YORK CITY

Care needs

Dubois V, Tonglet R, Hoyois Ph, Sunbaunat K, Roussaux JP et al. Household survey of psychiatric morbidity in Cambodia. *International journal of social psychiatry,* Vol. 50(2): 174-85 (2004)

- Depression : 42.4 %
- Anxiety : 53 %
- PTSD : 7.3 %
- Socially impaired : 25.3 %
- High comorbidity

« This suggests that beyond psychosocial programs, the implementation of adapted clinical psychiatric care should be considered as a priority. »

Care needs

Whiteford HA, Ferrari AJ, Degenhardt L, Feigin V, Vos T (2015) The Global Burden of Mental, Neurological and Substance Use Disorders: An Analysis from the Global Burden of Disease Study 2010. PloS ONE 10(2): e0116820.

- 10.4 % of DALYs
- 2.3 % of YLLs
- 28.5 % of global YLDs = leading cause

MD + SUD :

- 7.4 % of global DALYs = 5th position
- 22.9 % of global YLDs = 1st position

Care needs

Whiteford HA, Ferrari AJ, Degenhardt L, Feigin V, Vos T (2015) The Global Burden of Mental, Neurological and Substance Use Disorders: An Analysis from the Global Burden of Disease Study 2010. PloS ONE 10(2): e0116820.

DALYs

- Mental disorders → 56.7 %
- Neurological disorders → 28.6 %
- Substance use disorders → 14.7 %

Care needs

Whiteford HA, Ferrari AJ, Degenhardt L, Feigin V, Vos T (2015) The Global Burden of Mental, Neurological and Substance Use Disorders: An Analysis from the Global Burden of Disease Study 2010. PloS ONE 10(2): e0116820.

- Treatment rates are low ! Particularly in LMICs

GAP > 90 %

- HICs : treatment tends to be provided many years after the onset of the disorder

Care needs

Whiteford HA, Ferrari AJ, Degenhardt L, Feigin V, Vos T (2015) The Global Burden of Mental, Neurological and Substance Use Disorders: An Analysis from the Global Burden of Disease Study 2010. PloS ONE 10(2): e0116820.

« Although these disorders exist in all countries, cultures also influence their development and presentation. The predominantly Western-based definitions of mental, neurological, and substance use disorders can be in conflict with cultural contexts, leading to challenges in assembling data on global epidemiology. »

Care needs

Whiteford HA, Ferrari AJ, Degenhardt L, Feigin V, Vos T (2015) The Global Burden of Mental, Neurological and Substance Use Disorders: An Analysis from the Global Burden of Disease Study 2010. PloS ONE 10(2): e0116820.

« Mental, neurological and substance use disorders contribute to a significant proportion of disease burden. Health systems can respond by implementing established, cost effective interventions, or by supporting the research necessary to develop better prevention and treatment options. »

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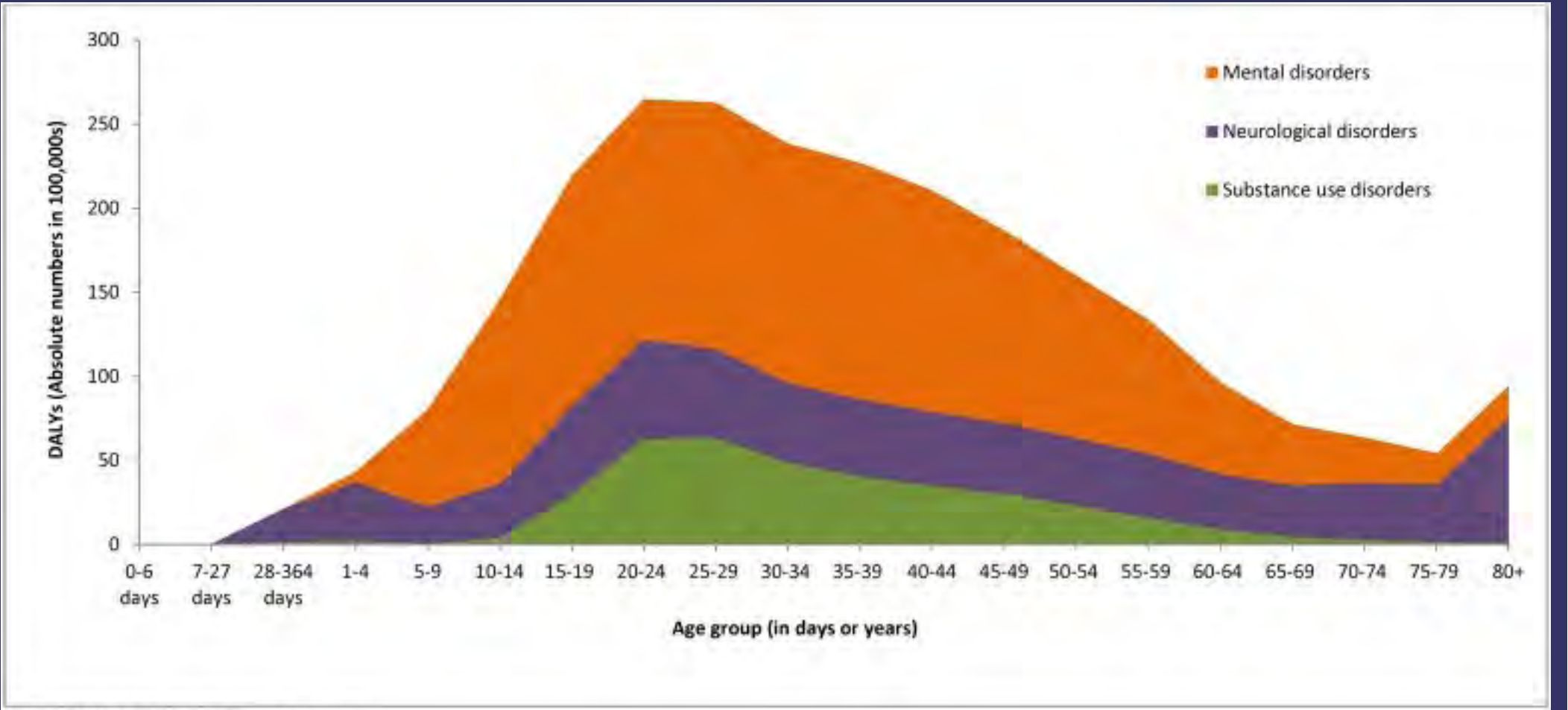

Note: DALYs = disability-adjusted life years.

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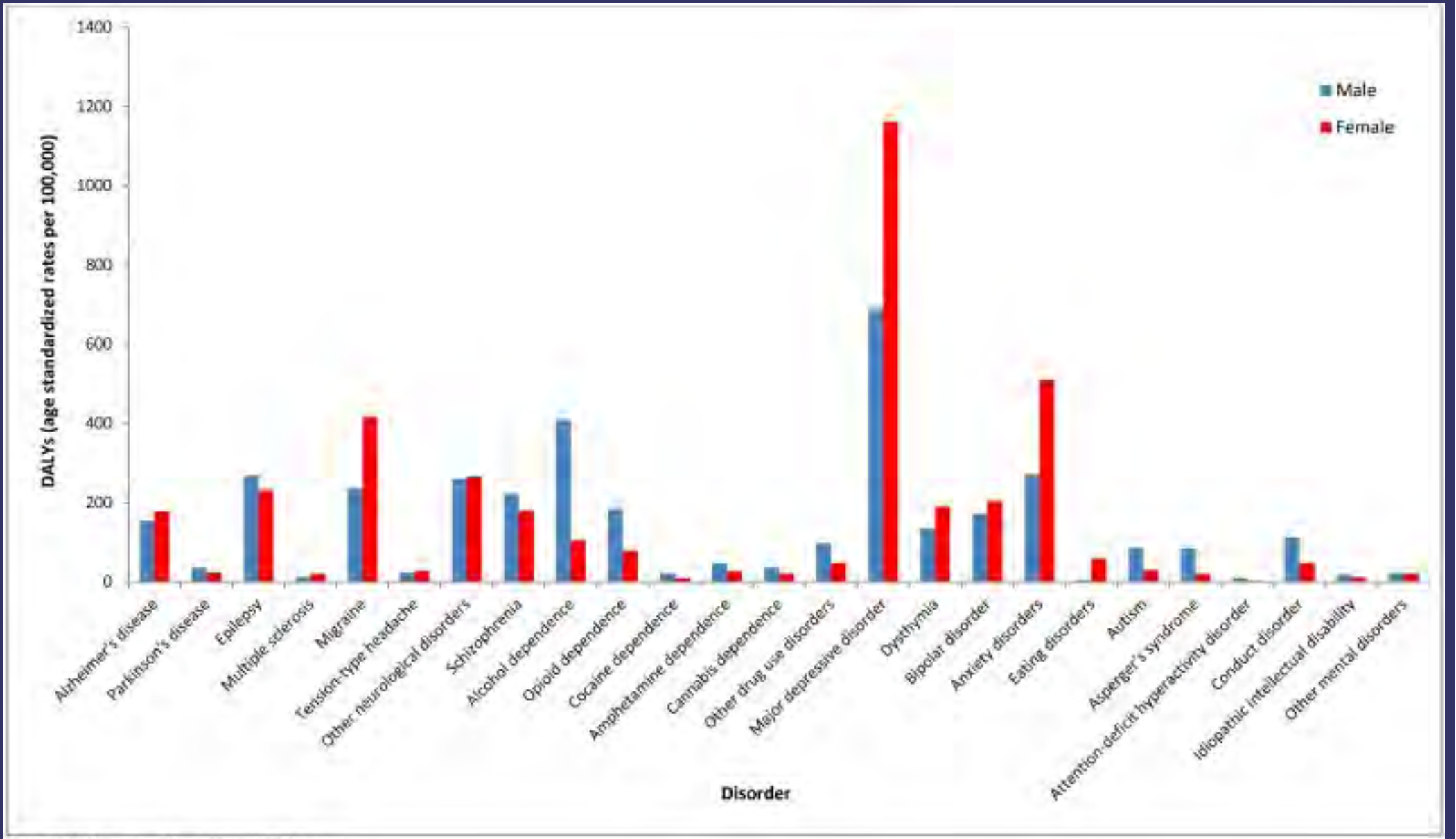

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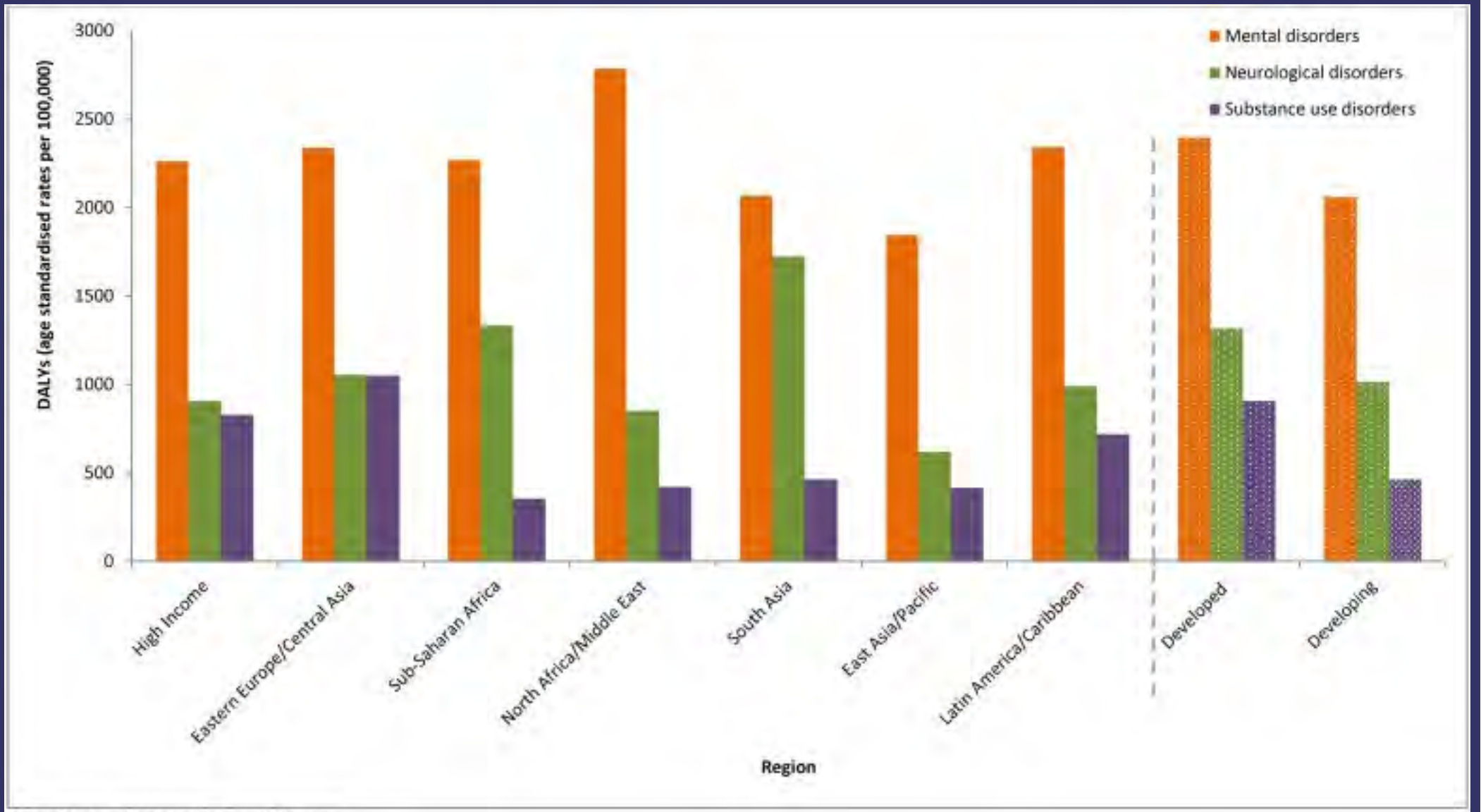

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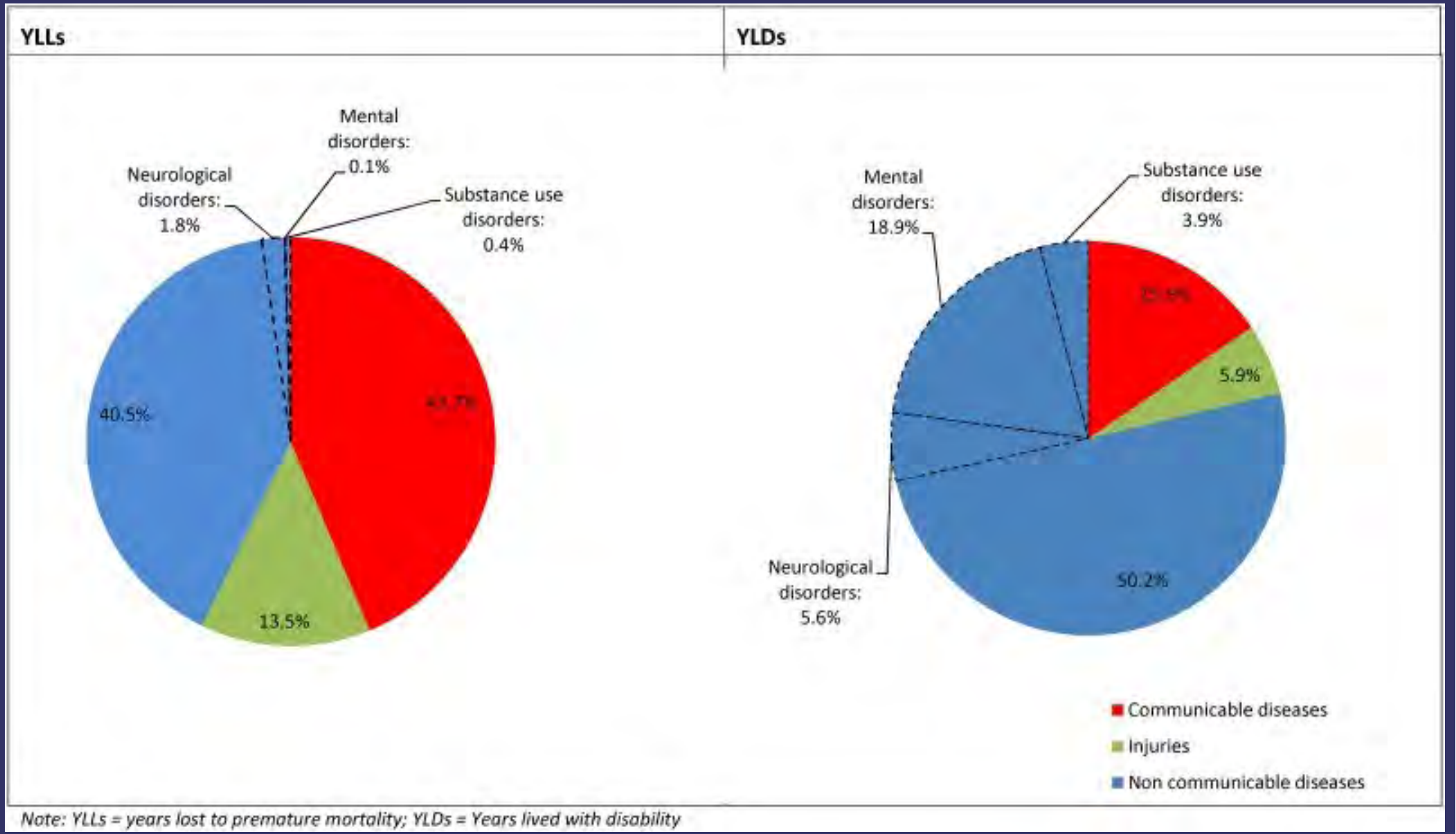


Foreword

Health systems around the world face enormous challenges in delivering care and protecting the human rights of people with mental, neurological and substance use disorders. The resources available are insufficient, inequitably distributed and inefficiently used. As a result, a large majority of people with these disorders receive no care at all.

In 2008, WHO launched the Mental Health Gap Action Programme (mhGAP) to address the lack of care, especially in low- and middle-income countries, for people suffering from mental, neurological, and substance use disorders. Fourteen per cent of the global burden of disease is attributable to these disorders and almost three quarters of this burden occurs in low- and middle-income countries. The resources available in countries are insufficient – the vast majority of countries allocate less than 2% of their health budgets to mental health leading to a treatment gap of more than 75% in many low- and middle-income countries.

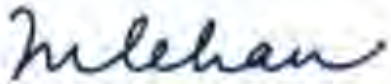
Taking action makes good economic sense. Mental, neurological and substance use disorders interfere, in substantial ways, with the ability of children to learn and the ability of adults to function in families, at work, and in society at large. Taking action is also a pro-poor strategy. These disorders are risk factors for, or consequences of, many other health problems, and are too often associated with poverty, marginalization and social disadvantage.

There is a widely shared but mistaken idea that improvements in mental health require sophisticated and expensive technologies and highly specialized staff. The reality is that most of the mental, neurological and substance use conditions that result in high morbidity and mortality can be managed by non-specialist health-care providers. What is required is increasing the capacity of the primary health care system for delivery of an integrated package of care by training, support and supervision.

It is against this background that I am pleased to present *"mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings"* as a technical tool for implementation of the mhGAP Programme. The Intervention Guide has been developed through a systematic review of evidence, followed by an international consultative and participatory process. It provides the full range of recommendations to facilitate high quality care at first- and second-level facilities by the non-specialist health-care providers in resource-poor settings. It presents integrated management of priority conditions using protocols for clinical decision-making.

I hope that the guide will be helpful for health-care providers, decision-makers, and programme managers in meeting the needs of people with mental, neurological and substance use disorders.

We have the knowledge. Our major challenge now is to translate this into action and to reach those people who are most in need.



Dr Margaret Chan

Director-General
World Health Organization

« In 2008, WHO launched the Mental Health Gap Action Programme (mhGAP) to address the lack of care, especially in low- and middle-income countries, for people suffering from mental, neurological, and substance use disorders. 14% of the global burden of disease is attributable to these disorders and almost three quarters of this burden occurs in low- and middle-income countries. The resources available in countries are insufficient – the vast majority of countries allocate less than 2% of their health budgets to mental health leading to a treatment gap of more than 75% in many low- and middle-income countries. »

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World Health Organization

mhGAP

mental health Gap Action Programme

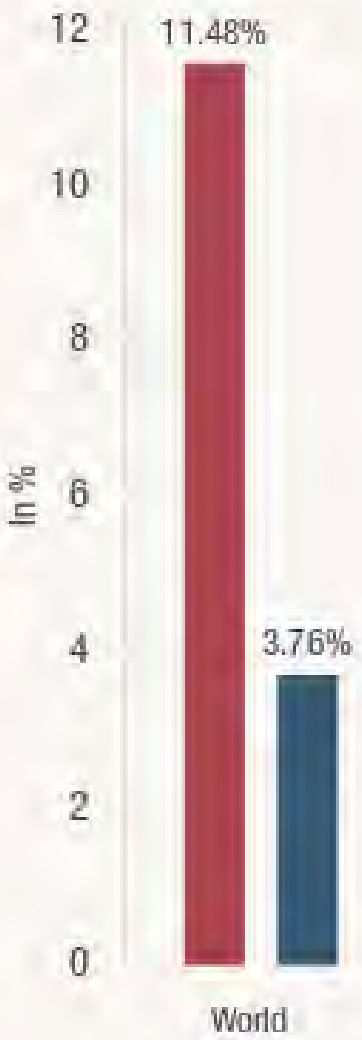
75% of people with mental, neurological and substance use disorders are untreated

Scale up care and services to reduce the gap

mhGAP : Programme d'action
Combler les lacunes en santé mentale

www.who.int/mental_health

Figure 1: Burden of mental disorders and budget for mental health



Proportion of disability-adjusted life years (DALYs) attributable to mental disorders
(Source: http://www.who.int/healthinfo/statistics/bodprojections2030/en/index.html)

Median proportion of total health budget allocated to mental health
(Source: Mental Health Atlas, WHO, 2005)

World Health Organization

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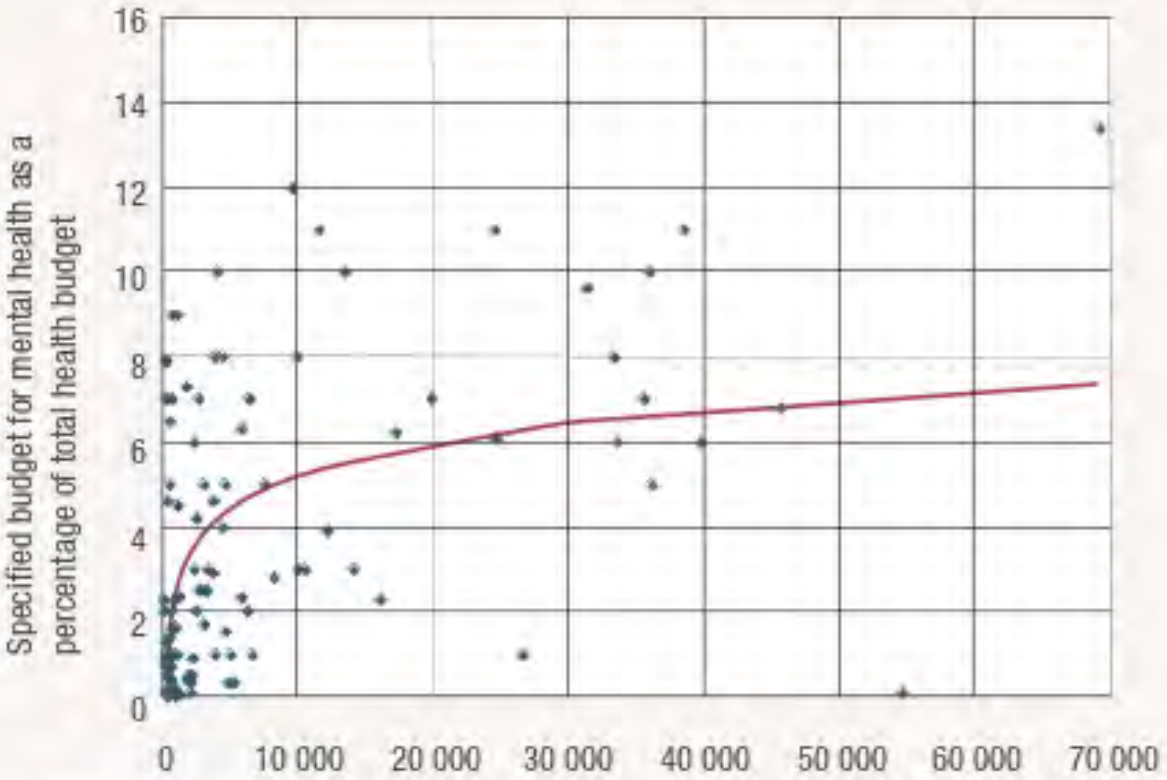
Figure 2: Association between specified budget for mental health as a proportion of total health budget and GDP per capita for 101 countries



Logarithmic trendline
$y=1.1041\ln(x) - 4.9884$
$R^2=0.2507$

(Source: *Mental Health Atlas*, WHO 2005)

World Health Organization

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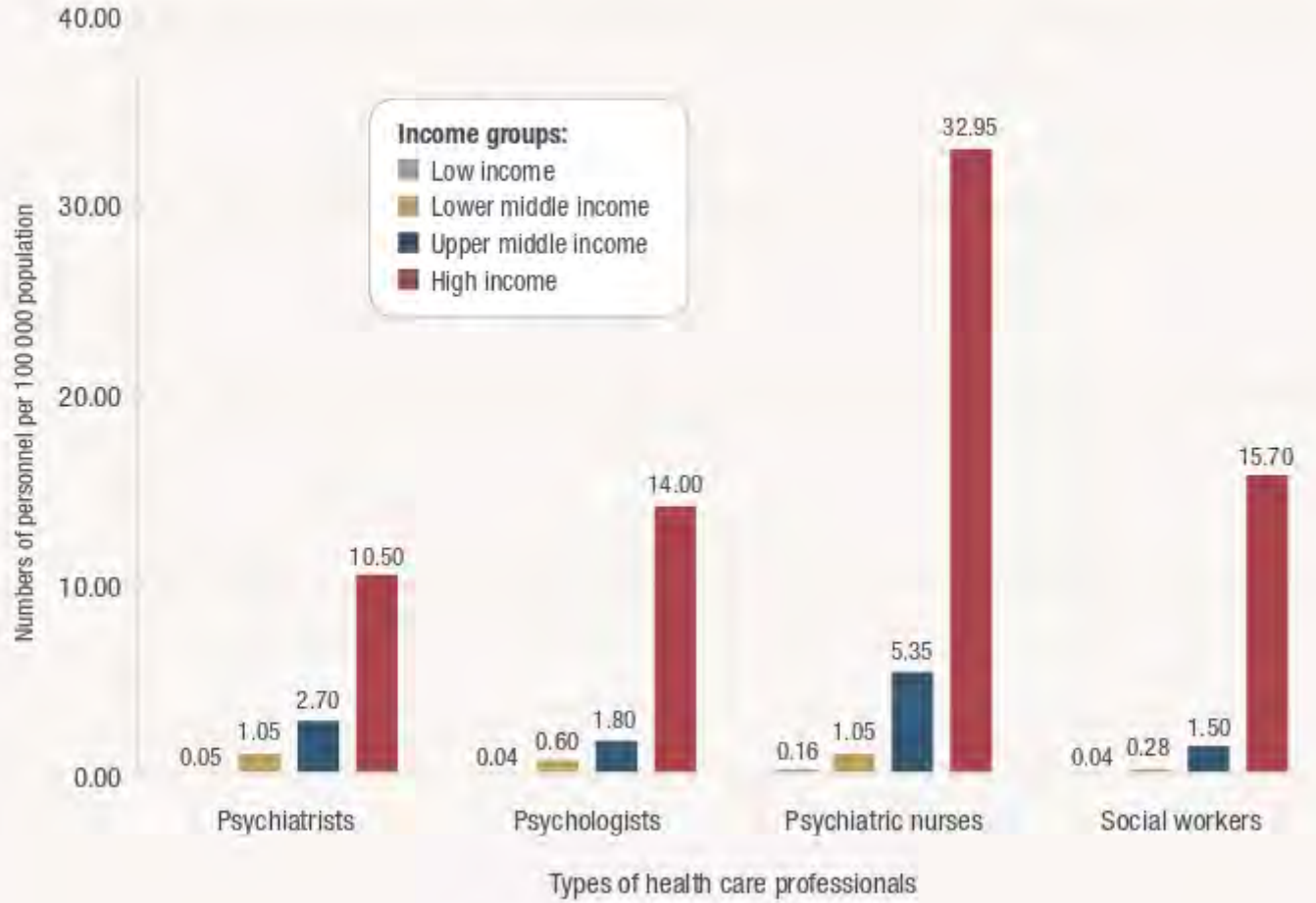
Figure 3: Human resources for mental health care in each income group of countries, per 100 000 population



(Source: *Mental Health Atlas*, WHO 2005)

Care needs

Patients

Families

Caregivers

Civil society

Which patients ?

- Definitions : variability ; cultural context
- Disease process / distress feeling / healthcare-seeking… 1, 2, 3 different people...
- Diagnosis
  - Multi-axial system
  - Dimensional approach
  - Clinical severity / functional impairment
- e.g. Psychosis

Psychosis

McGrath J, Saha S, Welham J, El Saadi O, MacCauley C, Chant D. (2004) A systematic review of the incidence of schizophrenia: the distribution of rates and the influence of sex, urbanicity, migrant status and methodology. *BMC Med, 2004* Apr 28; 2():13

- Incidence of schizophrenia : 15.2 (7.7-43.0) / 100 000
- M/F ratio : 1.4 (0.9-2.4)
- Migrant/native-born ratio : 4.6 (1.0-12.8)

Psychosis

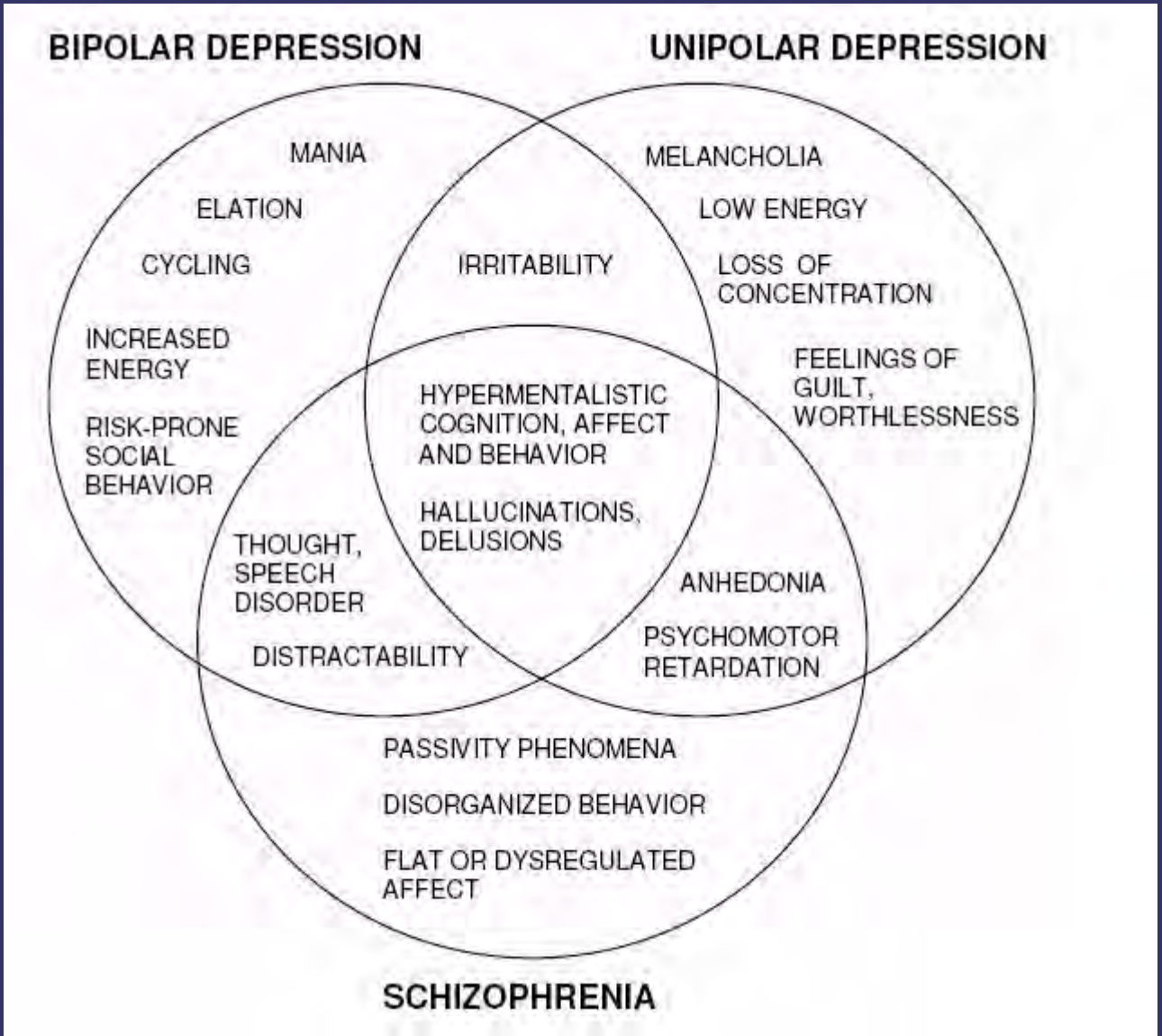
Saha S, Chant D, Welham J, McGrath J. (2005) A Systematic Review of the Prevalence of Schizophrenia. PLoS Med. 2005 May; 2(5): e141.

Prevalence of schizophrenia

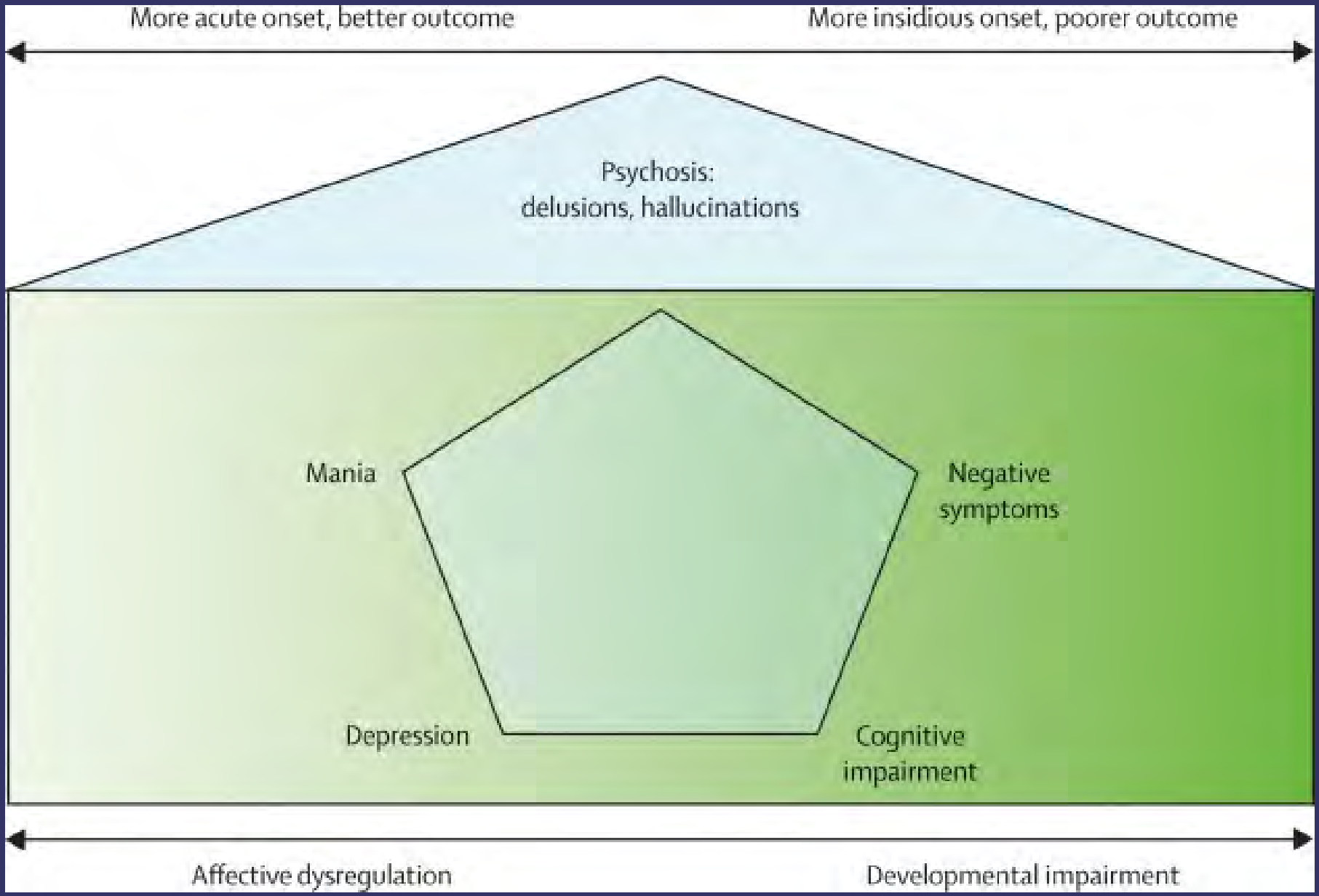
- Point : 4.6 (1.9-10.0) / 1 000
- Period : 3.3 (1.3–8.2) / 1 000
- Lifetime : 4.0 (1.6–12.1) / 1 000

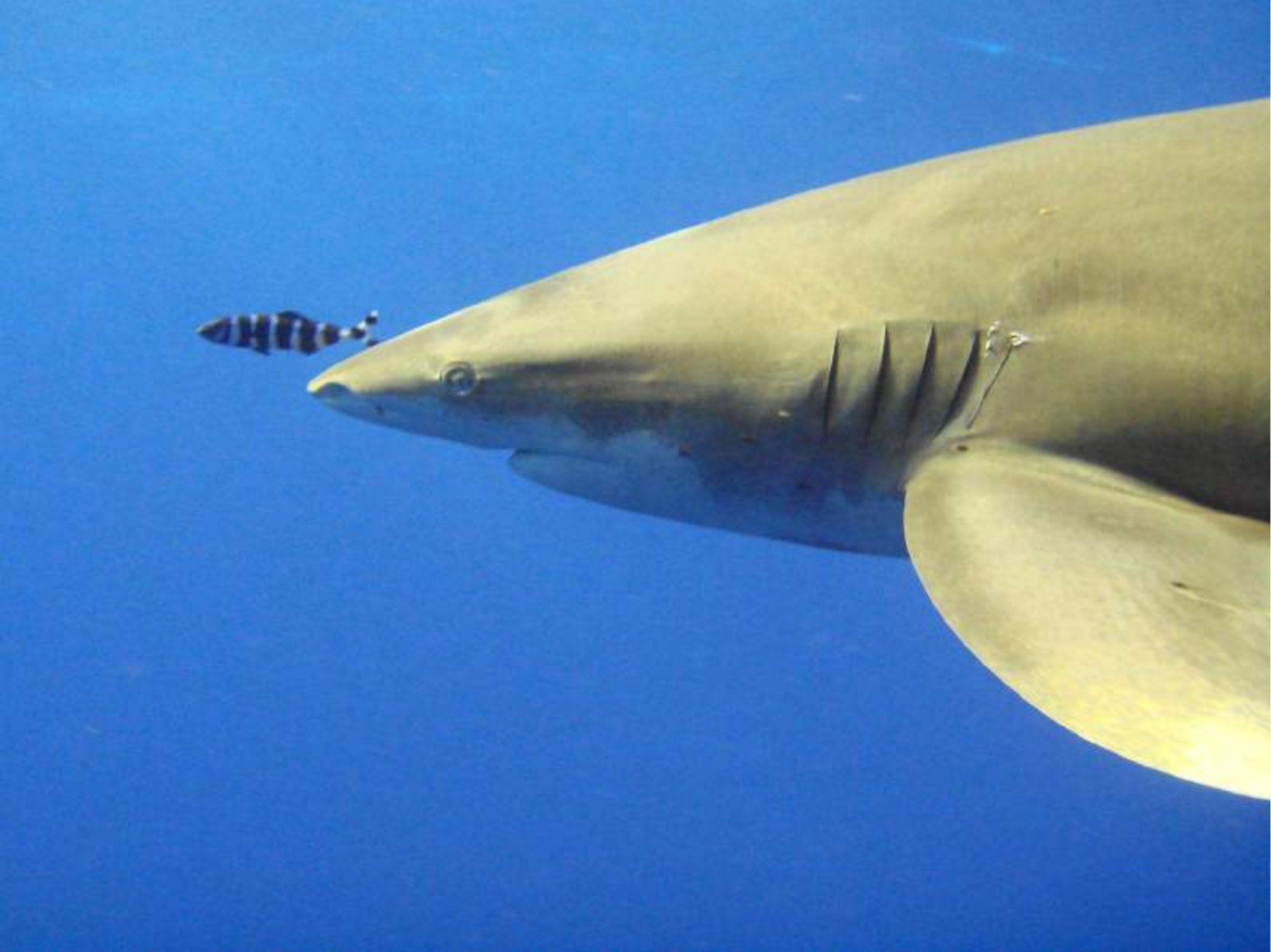
« {…} prevalence estimates from “least developed” countries were significantly lower than those from both “emerging” and “developed” sites ($p = 0.04$) »

Crespi, B. &. Badcock, C. (2008). Psychosis and Autism as Diametrical Disorders of the Social Brain. Behavioral and Brain Sciences , 31, 241-320.



van Os J, Kapur S (2009) Schizophrenia.
Lancet 2009 Aug 22;374(9690):635-45.





Healthcare-seeking behaviour

Coton X, Poly S, Hoyois Ph, Sophal Ch, Dubois V, et al. The healthcare-seeking behaviour of schizophrenic patients in Cambodia. *International journal of social psychiatry,* Vol. 54(4): 328-337 (2008)

- Traditional medicine : 56.7 %
- Western medicine : 22.1 %
- Religious medicine : 20.2 %
- Not psychiatry : 77.3 % (Mental problem ? Mental Health services?)
- Patients' education = only sign. factor for HCSB

« This suggests that the development of psychiatry in Cambodia will be facilitated by a better spreading of knowledge on mental health and will have to take traditional and religious medicine into account. »

Caregivers

Gupta S, Isherwood G, Jones K, Van Impe K. (2015) Assessing health satus in informal schizophrenia caregivers compared with health status in non-caregivers and caregivers of other conditions. *BMC Psychiatry*. DOI 10.1186/s12888-015-0547-1

« Schizophrenia caregivers reported worse HRQoL than non-caregivers and caregivers of other conditions. Providing care for an adult relative with schizophrenia is important to caregivers, but caregivers need more resources to provide adequate care. Providing informal schizophrenia caregivers with support services to help better manage patients may improve their health status. »

Who is in charge of mental health ?

Patient

Politician

Ethnologist

General practitioner

Physiotherapist

Psychologist

Family

Monk

Pharmacist

Psychiatrist

Philosopher

Police

Lawyer

Social worker

Traditional practitioner

Judge

Anthropologist

Nurse

Artist

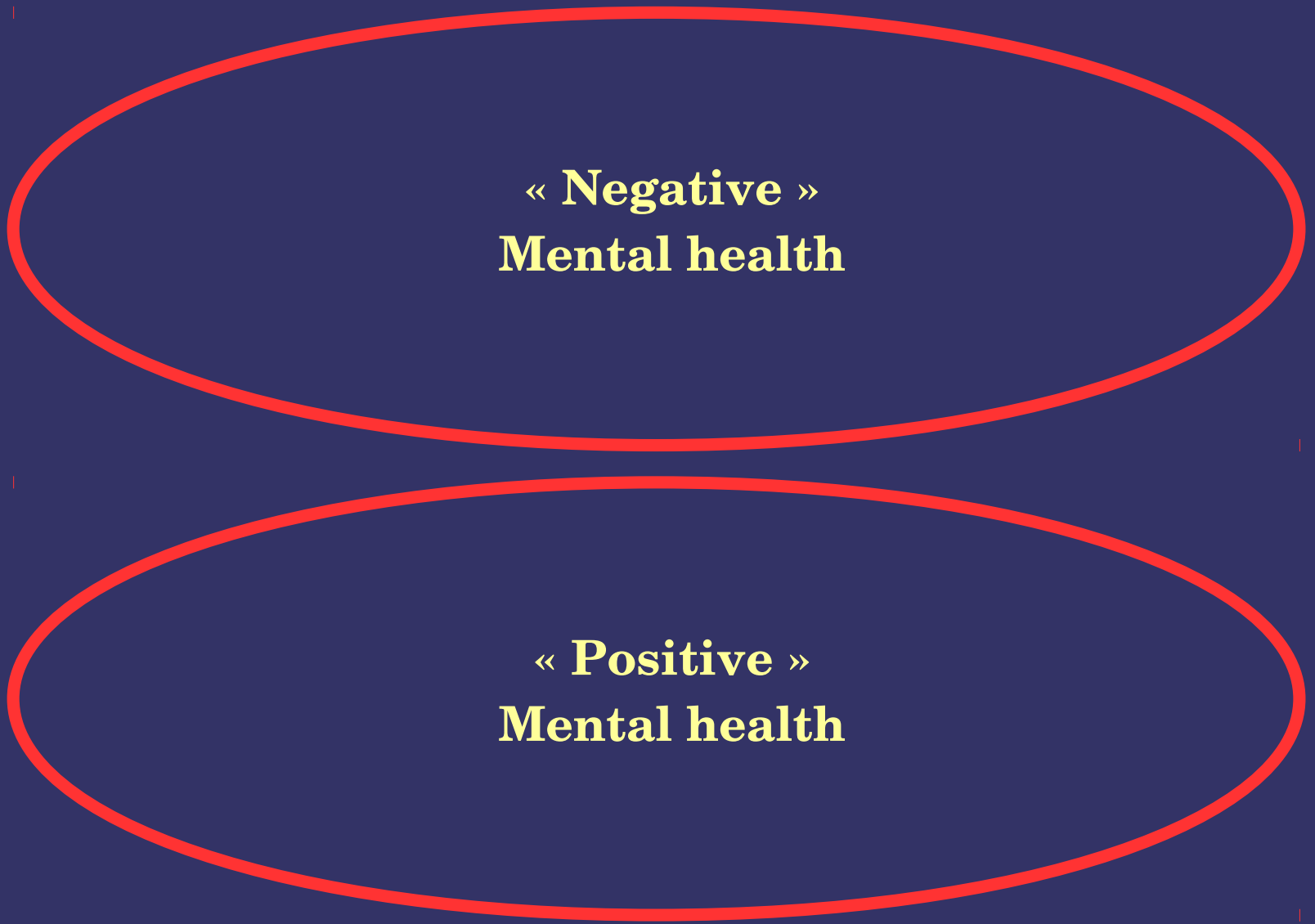
Spiritual guide

Mental Health

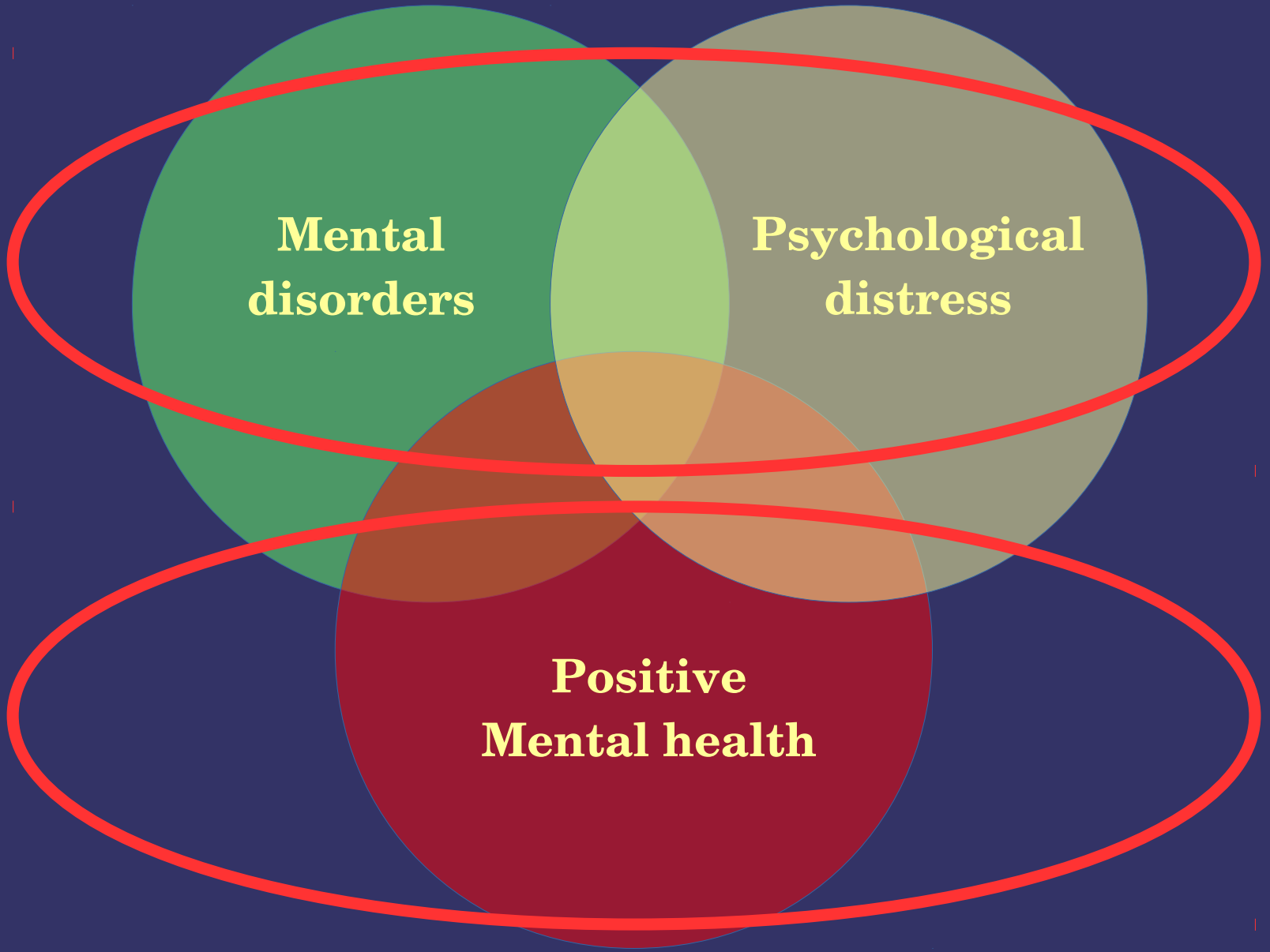
- In the scope of many professions
  → transversal thinking
- No worlwide consensus
  Open concept
  → each program will contain an uncompleted part
  → concept must be comprehensive, not exhaustive
  → place kept for discussion, debate, dialogue, deliberation
- 3 lines of work :

  1. Reduce symptoms
  2. Welcome distress, relieve distress, accompany
  3. Reduce disability, increase capability, improve social participation

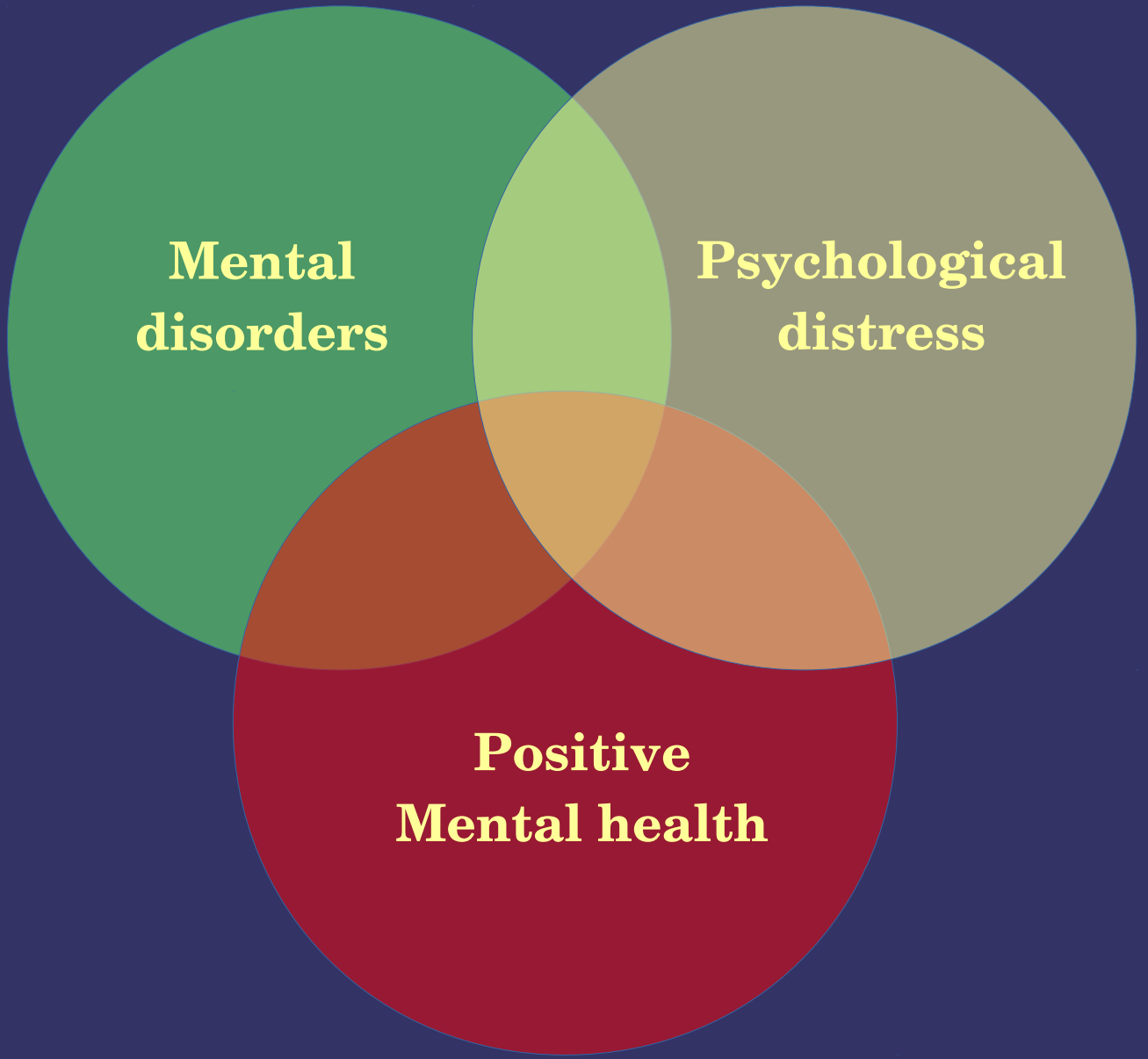
Mental health



Mental health



Mental health



កុមារដែលមានជម្ងឺប្រកាច់ អាចទៅសាលារៀនបានដូចធម្មតា

Children with epilepsy can go to school


កុមារដែលមានជម្ងឺប្រកាច់ អាចទៅសាលារៀនបានដូចធម្មតា
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Intellectual Disabled children have equal right to play and recreation

កុមារពិការភាពបញ្ញា ឥមានសិទ្ធិក្នុងការលេងកំសាន្ត

Intellectual Disabled children have equal right to play and recreation

Cambodia – our observations

- Counseling
- Psycho-education
- Village Health Volunteers
- Monks
- Home visit – alcoholic patient
- Home visit – psychotic patient
- General hospital
- Child psychiatry
- Social work

Cambodia – our proposals

- Training
  - Education & continuous training
  - Support
  - Supervision
- Medicine supply
- Mental Health system information, action research capitalization
- Reduce the gap…

Research

Goyet S, Touch S, Ir P, SamAn S, Fassier T, Frutos R, Tarantola A, Barennes H (2015) Gaps between research and public health priorities in low income coutries: evidence from a systematic literature review focused on Camodia. *Implementation Science,* 2015 10:32

« Scientific publications do not fully match with health priorities. Gaps remain regarding NCD, implementation studies, and health system research. A health research agenda would help align research with health priorities. We recommend 1) that the health authorities create an online repository of research findings with abstracts in the local language; 2) that academics emphasize the importance of research in their university teaching; and 3) that the researcher teams involve local researchers and that they systematically provide a translation of their abstracts upon submission to a journal. We conclude that building the bridge between research and public health requires a willful, comprehensive strategy rather than relying solely only publications. »

The Phnom Penh Post

13 July 2015

« NGO law passes »