

Seminar in the Global Mental Health Research Group:

Mental health and child and adolescent health programs in Cambodia and South-East-Asia

Wednesday, 5 October 2016, 10.00-13.45,

Centre for International Health, 5th floor, assembly room

- Minutes -

1. Welcome and Introduction to CIH – Bente Moen

Bente, the Director of CIH, offered her welcome to the group members. She then presented the map of approximately 150 ongoing research collaborations and PhD-projects in a dozen countries in Africa and Asia. In this context she encouraged the group to discuss potential collaboration models with Cambodian and Southeast Asian institutions. Research collaboration on child mental health in Southeast Asia would add a new regional focus to the numerous existing collaborations and projects, located predominantly in East Africa, other African countries, and in South Asia mostly on Nepal and India. Lastly, Bente pointed out the unique structure of CIH, hosting the Center to CISMAC, the Center for Intervention Science in Maternal and Child health.

2. Getting to know Cambodia and South East Asia – Melf-Jakob Kühn

Melf briefly introduced the recent socio-historical background of Cambodia, with emphasis on the substantial changes the society has seen since the 1980s. Most notable were the strong economic improvement coupled with a halved birth rate and substantially improved health system indicators. This national “success” was juxtaposed, however, by the stagnating poorest quartile of the population in economic and health terms. Looking at Cambodia today, Melf highlighted two substantial political challenges to Cambodia’s socio-political development: the regionally highest perceived corruption (2015), and the heavily privatized health care system.

3. Thematic lecture - Bhoomikumar Jegannathan

Bhoomikumar, Director and Consultant Child Psychiatrist of the Center for Child and Adolescent Health (CARITAS-CCAMH) in Takhmau, Cambodia, discussed the comprehensive child mental health treatment and counselling offered at CCAMH. He first positioned himself presenting key influences that have guided him in his life, tracing his life stations before CCAMH. His talk then dealt with four subjects:

(1) the “life course perspective” in mental health services and how this is interpreted and implemented by the Center in Cambodia. They collaborate closely with schools and communities to improve Primary to Tertiary Prevention – from birth to adulthood.

(2) Based on the life-course perspective, societal and contextual risk factors to early child brain development were discussed. For three of these challenges, under- or mal-nutrition, infectious diseases and lack of hygiene, and domestic violence and abuse, Bhoomikumar shared in more details the response mechanisms adopted by CCAM in their daily practice.

(3) Then he presented the Center’s research interest, some past and a currently ongoing “action research” projects. Most notably the research of life skills interventions showed interesting results with improvements only detected in girl’s development. All research discussed focused on evidence

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for improvements/effect in child health and child development associated with the specific interventions and delivery strategy of the Center.

(4) Bhoomikumar discussed the Center's systematic approach to learning, as his team collect and analyze learnings systematically and disseminate them within the Center and among communities.

Lastly, we received a look into the Center's plans of future research activities, notably the health work with youth in prisons as well as a stronger health systems perspective in research.

4. How to build mental health capacity in Cambodia – Marit Hafting, Gunn Aadland

After a coffee break, Marit and Gunn introduced their capacity building program for CCAMH staff: "Competence development in multi-disciplinary mental health work with young people in Cambodia." The core activity is their annual visiting the hospital for 2 weeks and providing multi-disciplinary medical training as a team of pediatrician (Gunn), psychologist (Krister), and psychiatrist (Marit). The trainings are designed upon demand from Cambodian staff and in the participatory workshops staff increase their medical competences as well as their presentation skills and teaching capacities. The training design has evolved, including more external participants and involving more training of trainers since the beginnings in 2005. Over the past years, both have observed improved competence and confidence among the local staff participating in the training. Yet, the overall need for multi-disciplinary training in this frame remains.

5 Plenary discussion "What is needed to build mental health capacity for children in Cambodia" - Melf, Bhoomikumar and Marit, Gunn, Krister Fjermestad

The Chair, Ingunn Engebretsen, briefly summarized the contributions of the preceding speakers and highlighted the especially poor coverage of the public health system in Cambodia. Against this background, she asked the panelists to comment on which strategic direction child mental health in Cambodia needed to take – considering the two poles of community-focused, individually fitted interventions and internationally templated programs in partnership with national governments.

All panelists recognized the value of both approaches, however, there was disagreement to which degree the international mental health agenda and aid principles offered effective guidance for practice in weak states. On the other hand, the sustainability of externally-led community-based approaches was questioned. All agreed that any intervention must address needs raised by the local partners.

6 Explorative discussions: Opportunities of the GMHRG to coordinate or collaborate with the invited project in Cambodia in the future, and more broadly in SEA – Chair: Ingunn Engebretsen

Ingunn initiated the discussion with an overview of existing international collaborations of CIH, the Nordic academic network across Scandinavia, and the potential to work with clinical departments. On this basis, we first explored which interests and values the meeting's participants and their organizations shared. Then we singled out a few areas for possible collaboration in the future focusing on CCAMH and its partners. Finally, we formulated a few next steps.

Common interests include:

- Working with children *and* youth, thus across conventional WHO age cohorts. Notably, both CIH and CCAMH rely on the "life cycle-approach" to guide intervention design and related research.
- An emphasis in consolidating and developing new evidence for interventions and processes in child mental health in low-resources contexts; including the intervention design based on this evidence.
- A general understanding that implementation science and interdisciplinary research for global mental health needs greater international attention.

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We agreed, therefore, that potential areas of collaboration include

- Process evaluation or effect size research of one of the intervention components of CCAMH, possibly with involvement of CIH, UiB and PSI, UIO as an academic partner. Starting at student-level (Master and PhD) could be feasible.
- Adding a research component to the work done in Cambodia

Therefore, taking small, pragmatic steps, we will explore the following steps:

- Consider closer coordination and collaboration between Universities of Umeå and Bergen (CIH) on global mental health in Cambodia – Umeå being Bhoomikumar's affiliation with continuing teaching tasks.
- Initiate the possibilities of collaborative supervision and exchange of PhD and master students researching in this field, between Umeå and Bergen based on existing agreements, and also exploring the possibility to include Cambodian students in this network.

Lastly, all agreed a reliable network needs to be established before applications for shared projects can follow in the longer future. Therefore, a slow but steady creation of a reliable network is a priority.

7 Closing – Ingunn Engebretsen

Ingunn thanked all participants and the presenters for a lively and insightful exchange, expressing hope that some collaborative projects in SEA may eventually develop from this initial meeting under the umbrella of the GMHRG. She closed the seminar at 13:45.