

IMPACT OF COVID-19 OUTBREAK ON MENTAL HEALTH SYSTEM IN CAMBODIA

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Population indicator and Administrative Management

Indicators	Unit	2015
Population		
Total: Nov. 2013 CIPS	million	14.7
- Population density	per sq. km	87
- Male/Female ratio	100 female	96.2
Age distribution		
- < 1	% pop.	2.6
- < 5	% pop.	10.4
- 0-14	% pop.	29.2
- 15-64	% pop.	66.2
- 65 and above	% pop.	4.6
- 15-49 for WRA	% pop.	27.9
Rural vs. Urban pop.		
- Rural	% pop.	78.4
- Urban	% pop.	21.6
Annual growth		
Total fertility rate (number of children)	per a WRA	2.6
Life expectancy at birth		
- Male		67.5
- Female		71.4

Sources: NSDP (2014-2018) for 2013-2018

Number		Administrative management
Municipality	1	Municipality/Provinces <ul style="list-style-type: none"> • Elected-Councils • Governing Boards
Provinces	24	
Total	25	
Cities	26	Cities/Khans/Districts <ul style="list-style-type: none"> • Elected-Councils • Governing Boards
Khans	12	
Districts	159	
Total	197	
Sangkats	227	Sangkats/Communes <ul style="list-style-type: none"> • Elect-Councils • Village leaders
Communes	1,406	
Commune/Sangkat	1,633	
Villages	14,119	

Source: NSDP 2014-2018

Introduction

- ✱ Throughout the world, people are affected by Mental, Neurological and Substance use disorders, at staggering rates.
- ✱ In many contexts, appropriate and evidence-based treatment is lacking and people with mental health conditions experience, severe human rights violations, discrimination and stigma. In conflict and other humanitarian settings,
- ✱ Mental health conditions are especially common, these issues are even more pronounced. Yet, Despite this, investment in mental health remains extremely limited, characterized by a lack of resources. Services and a large treatment gap, especially in resource-limited settings.
- ✱ Even before the COVID-19 pandemic, levels of public expenditure on mental health were minimal in low- and middle-income countries. Government expenditure on mental health was less than US\$ 1 per capita in low- and lower-middle-income countries

HEALTH DEVELOPMENT GOALS 2016-2020

- 1. Improve reproductive health, and reduce maternal, newborn and child mortality and malnutrition among women and youth children.**
- 2. Reduce morbidity and mortality caused by communicable diseases**
- 3. Reduce morbidity and mortality caused by non-communicable diseases and other public health problems.**
- 4. Make the health system more accountable and responsive to the population health needs.**

History of Mental Health Development

- First of Cambodian psychiatrist in 1927 was Soon Mam. From 1930 to 1939 was the director of Ben Hoa Psychiatric Hospital, CochinChina. Later 1940-1966 he as director of Takhmao (Prekthnout) Psychiatric Hospital, Cambodia. This Psychiatric Hospital had existed until 1975.
- From 1975 to 1979, Khmer Rouge had taken power and this psychiatric hospital's buildings were used as prison
- From 1979 to 1980, no mental services had been available. Families of people with mental problems used traditional healers (Kru Khmer, monks, fortune tellers) to treat their relatives

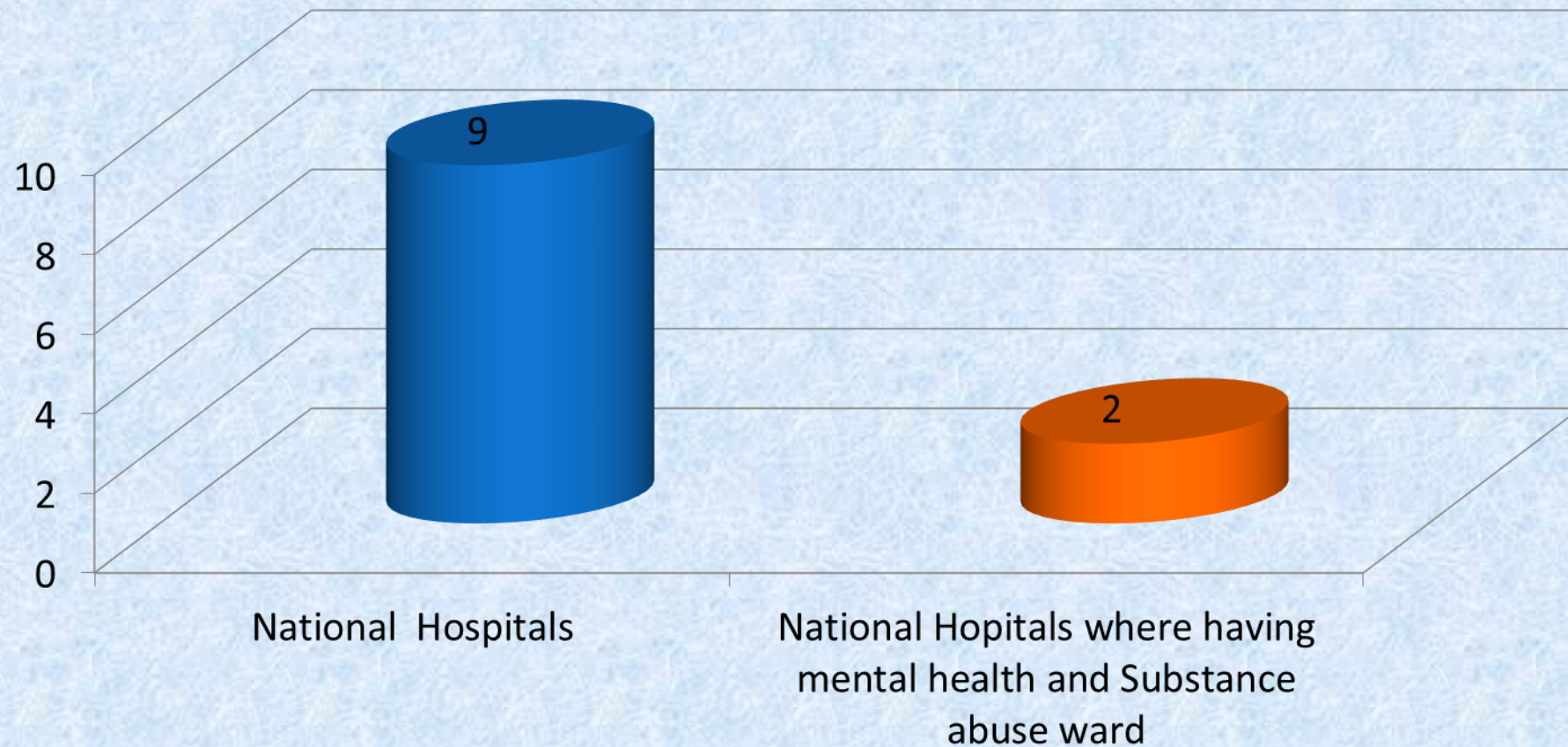
History of Mental Health Development (con't)

- In 1994, with the cooperation of the Norwegian Agency for Development (NORAD), the Ministry of Health started to train mental health professionals and to provide psychiatric treatment as out-patient treatment service in a general hospital in Phnom Penh.
- From that point, out/in-patient services have been integrating and expanding step by step within General National Hospitals, General Provincial Hospitals (Complementary Package Activities) and Health Centers (Minimum Package Activities)

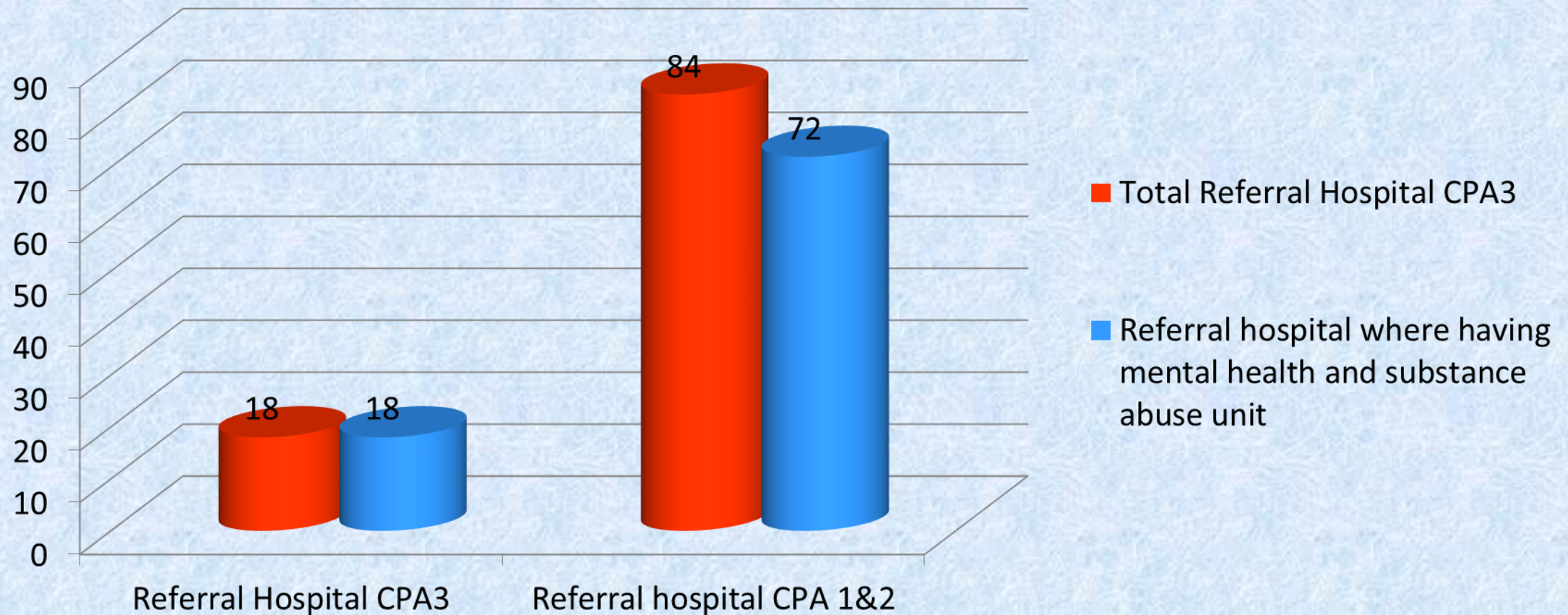
Former Psychiatric Hospital before 1975



Mental Health and Substance Abuses Services in National Hospital



Mental Health and Substance Abuses Services in Referral Hospital



Beginning of Covid-19 Outbreak

- ✳️ In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern.
- ✳️ WHO stated that there is a high risk of COVID-19 spreading to other countries around the world.
- ✳️ In March 2020, WHO made the assessment that COVID-19 can be characterized as a pandemic to the entire international community.
- ✳️ As result, many countries have locked-down their cities and countries and applied stringent social distancing measures in their societies
- ✳️ Impact of Covid-19 both on public health system as well as on socio-economic aspects. Many countries have been working closely together to cut Covid-19 pandemic and at the same time taking measure to restore health system and reinvigorate economic activities

Covid-19 Situation in Cambodia

The current COVID-19 situation

Below an overview of the current COVID-19 situation

0

New cases

Last update: 16 October 2020, 07:00 GMT+7

283

Confirmed cases

Last update: 16 October 2020, 07:00 GMT+7

0

Confirmed deaths

Last update: 16 October 2020, 07:00 GMT+7

3 January 2020

First reported cases

Number of first reported cases: 0

16.93

Cases per 1 million population

Last update: 16 October 2020, 07:00 GMT+7

15 762 000

Population

Sources: <https://www.who.int/countries/khm/>

Effect of Covid-19 outbreak

- ✱ There are direct and indirect consequences of COVID-19 on mental health conditions, leading to increased demand for services.
- ✱ People living with NCDs are more vulnerable to becoming severely ill or dying from COVID-19 (WHO, 2020)
- ✱ Health systems around the world are challenged, leading to the disruption of delivery of essential services, especially for the most vulnerable populations.
- ✱ Major stressors such as the COVID-19 pandemic represent risk factors for the development, exacerbation and relapse of a range of MNS disorders and this time of crisis is generating stress throughout the population.
- ✱ Furthermore, COVID-19 itself is associated with neurological and mental complications, such as delirium/encephalopathy, agitation, stroke, insomnia, loss of sense of taste and smell, anxiety, depression and Guillain-Barre syndrome

Mental Health Professional Responsibilities in Covid-19 Situation

- **As psychiatrists and mental health professionals, we know it is not only the physical effects of COVID-19 that are detrimental for society, but also the mental health effects.**
- **As well as supporting people with mental ill health, supporting everybody's mental health is key including health care workers and general population.**

Covid-19 Impact on Patient Behavior*

- ✿ 70% of patients deferred or cancelled treatments due to the COVID-19 pandemic
- ✿ 1 out of 5 patients switched to a different therapy, while nearly half considered making a change
- ✿ 82% of patients said they felt at least slightly afraid
- ✿ 16% were very afraid of possible exposure during a visit to their healthcare provider
- ✿ 77% of patients had their clinical trials suspended or delayed due to COVID-19 Source: Accenture Report, July 2020

Source: Accenture Report, July 2020

How do we evolve mental health system under a “new normal”

- ✱ Evolve the health system so that it puts patients/people at the center by including the community voice/feedback to test ideas, programs
- ✱ Bring services closer to the community by using virtual tools and learn from patient input and feedback to enhance the patient experience
- ✱ Embed self-care support in all mental healthcare services to help people and communities be healthier
- ✱ Need to examine which groups do not benefit from new service delivery options (e.g. telehealth)

Health system Challenges Under COVID-19

- ✳ Highly fragmented health system
- ✳ Inadequate numbers of some critical health professionals
- ✳ Discrimination of HRH caring for COVID cases (stigma)
- ✳ Physical, mental, and social well-being of HRH
- ✳ Disparity in compensation between the public and private sectors
- ✳ Fear
- ✳ Continuity of care/Lack of care
- ✳ Economic

Disruptions of Mental and Substance use-related interventions/services due to COVID-19

No.	Types o Intervention	Before Covid-19	After covid-19
1	School mental health programmes	Limited	Still limited
2	Work-related mental health programmes	Limited	Still limited
3	Services for children and adolescents	Limited	Still limited
4	Services for older adults	Limited	Still limited
5	Interventions for caregivers	Limited	Increased
6	Surgery for neurological disorders	Limited	Still limited
7	Psychotherapy/counselling/psychosocial interventions	Limited	Still limited
8	Home or community outreach services	Limited	Still limited
9	Critical harm reduction services	Fairs	Increased
10	Mental health interventions during antenatal and postnatal period	Limited	Still limited
11	Suicide prevention programmes	Limited	Still limited
12	Medicines for Mental and Substance use disorders	Limited	Still limited

Leading causes of disruptions in Mental and Substance -related intervention/services

No	Types of intervention/Services	Before Covid-19	After Covid-19
1	Decrease in outpatient volume due to patients not presenting	No	Yes
2	Travel restrictions hindering access to the health facilities for patients	No	Yes
3	Decrease in inpatient volume due to cancellation of elective care	No	Yes
4	Closure of outpatient services as per health authority directive	No	Some
5	Closure of outpatient disease specific consultation clinics	No	Some
6	Clinical staff related to MNS disorders deployed to provide COVID-19 relief	No	Yes
7	Insufficient staff to provide services	-	Yes
8	Insufficient Personal Protective Equipment available for health care providers	No	Yes
9	Closure of population level programs	No	Yes
10	Unavailability of health products at health facilities	-	Yes
11	The clinical set up has been designated as COVID-19 care facility	No	Yes
12	Inpatient services/hospital beds not available	No	No

How has COVID-19 impacted progress towards mental health system?

- **COVID-19 presents both risks and opportunities to progress towards mental health system to reach UHC**
- **Risks:**
 - Many activities to support mental health to achieve UHC (from central level) have been postponed
 - Resources /staff has been reallocated/deployed for COVID-19 interventions
 - Reduction in care-seeking in OPD and IPD, particularly in private sector
 - Threats to medium-term fiscal space for health due to economic impacts
- **Opportunities:**
 - In short-term, increased financial and technical resources for health systems from both Government and partners, with potential to leave legacy for UHC
 - Greater political attention to health emphasizes the importance of UHC

What has the COVID-19 experience taught us about mental health system?

- ✱ COVID-19 provides vivid illustration that mental health is essential, now more than ever, for social and economic development to achieve UHC
- ✱ UHC is about health for all, and COVID-19 is a health threat to all
- ✱ Investments in mental health to respond to people's health needs and health threats are cost-effective 鳥 previous investments in Cambodia have contributed to successful management of COVID-19 so far
- ✱ Sharing information across health sector in a timely manner is crucial for decision-making
- ✱ Multisectoral coordination and collaboration is key to success

What are critical actions that put us [back] on track for mental health in a world living with COVID-19?

- ✳ All mental health care workers in health sector need to adapt to the “new normal” and ensure mental health services provision with high quality, in a timely manner, to everyone at an affordable cost to keep UHC moving forward
- ✳ Need to bolster efforts on health literacy and community engagement
- ✳ Need to continue to provide essential mental healthcare services, making use of effective triage, IPC, and telemedicine
- ✳ Need to protect mental health budgets towards UHC and increase efficiency of health spending

Conclusion

Commitment and obligations to work together because

- ✳ **Decreased fiscal space domestically and externally (COVID-19) means**
- ✳ Share best practices on mental health in Covid-19 situation
- ✳ Engage unreached, stigmatized and discriminated populations in design, implementation, monitoring and evaluation for health, not just specific programmes (they want and need integration)
- ✳ **All programmes especially mental health system faces issues of stigma and discrimination of many whom we serve**
- ✳ Mainstreaming mental health problem prevention among HCW as well as in general population and scaling up mental health promotion and mental health care

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