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**MENTAL HEALTH
PROVISION
FOR UNIVERSITY
STUDENTS
IN PHNOM PENH**

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DISCLAIMER

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Executive Summary

Mental health issues are a significant global health concern, with an estimated 970 million people affected worldwide, and while the World Health Organization (WHO) has recognized the importance of improving mental health, investment in this area is still lacking. Developing mental healthcare services has been slow in low- and middle-income countries, with the WHO identifying five obstacles to global mental health progress. In Southeast Asia, there are a number of challenges preventing the adequate provision of mental healthcare, including a scarcity of human resources, low investment, stigma, inadequate prevention and promotion programs, lack of data, and lack of services at primary care level.

This report presents the findings of a mixed-method research study that investigated the state of mental healthcare provision in tertiary education institutions in Phnom Penh. The study aimed to understand the prevalence of mental health issues, the context of mental healthcare provision, the perceptions and levels of awareness about mental health, and the factors influencing the target population's access to mental healthcare. The research team surveyed 68 undergraduate students from three public and three private universities in Phnom Penh, and conducted focus group discussions with a subset of these students (n=9). The study also interviewed 15 key informants from the education and mental healthcare sector in order to fill in gaps that remained from the literature review and data collected from students.

The study found that mental health issues are prevalent among university students in Phnom Penh, with many students facing barriers to accessing mental healthcare services. A review of existing literature indicates that around 50% of students have shown depression-related symptoms, and 19% exhibit severe depression-related symptoms. Economic status and adverse childhood experiences have been identified as correlating factors. Another study found that 50% of students expressed suicidal behaviour, with men reporting more suicidal ideation, plans, and attempts than women, although this difference was not statistically significant. A recent joint study by Cambodian universities conducted in 2022 found that 46.5% of students experience symptoms of anxiety, and 56.9% experienced symptoms of depression during the COVID-19 pandemic. The pandemic was identified as a factor that affected the mental health of students, but other factors such as family problems, financial issues, and school work were reported as having a more significant impact on student's mental health.

The study found that mental health support services at the universities that participated in the study were limited, and the types of services and level of support varied significantly between universities. Of the six universities included in the study, only three provided some level of access to mental healthcare services, while the other three did not offer students

access to any services. The study also found that the public service availability for mental health support in Cambodia is still limited, with only a small number of trained psychiatrists and psychiatric nurses available for the country, limiting students' ability to access mental healthcare support outside of their universities. While there are a limited number of private service providers clustered in urban centres like Phnom Penh, these services are not free and are largely offered in English. This study suggests that students from low-income families may face a number of barriers when trying to access these services.

The study also finds that mental illnesses and disorders are still stigmatized and often linked to severe conditions such as schizophrenia. The general public appear to have low levels of awareness and high levels of stigma and misconceptions about mental health. However, students who attended international schools at a younger age and were introduced to school counsellors and support services are likely to have a better understanding of mental health. Social media influencers are important sources of information about mental health for students, but only for those with adequate levels of English proficiency. Students from universities with access to resources such as mental health clubs, internal student consultations, mental health referral programs, and online learning resources are more knowledgeable about mental health and well-being.

The research found that only a small percentage of students (7.4%) accessed professional help for a mental health issue, with the main reasons cited for not seeking help being affordability and language barriers. However, many students were also not aware of what mental healthcare services were available, and did not know of any mental healthcare service providers. Preference for pharmaceutical treatment over counselling, and stigma around mental health were other factors preventing students from accessing mental healthcare services. Students' privacy and safety when accessing mental healthcare services provided at university also remain a barrier when on-site services are provided. Legal frameworks affecting mental health care services in universities were also explored, and it was found that there is no official legal framework or requirement for mental healthcare provision in Cambodian universities.

The study provides recommendations for improving mental healthcare service provision at three levels: at the policy level for government and relevant stakeholders, at the institutional level for services providers and educational institutions, and at the community level which are targeted towards the general community, including university students. The study finds that at the community level, as well as among university students, there is a need to increase knowledge and awareness around mental health issues. Such increases could reduce stigma, increase ability to self-identify mental health issues, and motivate desirable behaviours around appropriate self-care strategies or seeking professional help. The study recommends that more universities need to be providing resources in terms of information and support to

their students, and they could collaborate with NGOs and other service providers if in-house support is not possible.

At the institutional level, the study recommends that the Cambodian government, NGOs, multilateral organisations and donors, and universities prioritize mental health support and prevention. This could be achieved through additional spending on awareness and prevention campaigns, programs, and research. At the policy level, the government, along with relevant stakeholders, must develop suitable accreditation tools for mental health service providers, which outline their roles and responsibilities, while also integrating mental health support within the existing general healthcare system. Collaboration and communication between different stakeholders are necessary in order to improve the mental health services and support available for students in Cambodia.

Table of Contents

Acknowledgment	i
DISCLAIMER	ii
Executive Summary.....	iii
Table of Contents	vi
List of Boxes, Figures, and Tables	viii
List of Acronyms.....	x
1. Introduction	1
2. Research Methodology.....	2
Study design.....	2
Study sample.....	3
Quantitative survey sample	3
Qualitative data sample.....	5
Limitations of the study.....	7
Ethical research.....	7
3. Research Findings.....	9
A global and regional review of mental health issues	9
Prevalence of mental illness in Cambodia.....	10
Prevalence of mental illness among university students.....	10
Availability of mental healthcare services for university students.....	15
Perceptions of mental health among university students	18
Factors influencing access to mental healthcare services	23
Stigma as a deterrent to accessing mental healthcare services.....	25
Legal frameworks affecting mental health care services in universities	26
4. Conclusion and recommendations.....	28
Discussion and Conclusion.....	28
Recommendations	29
5. Appendix.....	32
Appendix 1: NECHR Approval	32
Appendix 2: Survey Instrument	33

Appendix 3: PIS and consent forms	42
References	47

List of Boxes, Figures, and Tables

Box 1: A case study of a female student being affected by the pandemic.	13
Box 2: A case study of In-house Counselling Room Initiated by the university.	16
Box 3: A case study of University Support amplified by Students’ active engagement.	17
Box 4: A case study of a male student suffering from mental illness.....	18
Figure 1: Sampling methods and research participants for the qualitative study.	6
Figure 2: Level of negative impact of COVID-19 on students' well-being by gender.	13
Figure 3: Reasons for causing mental illnesses among university students.	14
Figure 4: Source of information about “mental illnesses.”	20
Figure 5: Level of awareness of the term “mental well-being.”	21
Figure 6: Awareness of the importance of mental health care.....	22
Figure 7: Self-reported activities to take care of their mental health.....	23
Figure 8: Awareness of mental health care services.	24
Figure 9: Awareness of mental health service providers.....	25
Table 1: Demographics of student participants in the survey.	4
Table 2: List of key characteristics of university.....	5

List of Acronyms

ACC	Accreditation Committee of Cambodia
ASEAN	Association of Southeast Asian Nations
COVID-19	Coronavirus disease of 2019
DFAT	Department of Foreign Affairs and Trade
DMHSA	Department of Mental Health and Substance Abuse
EMDR	Eye Movement Desensitization and Reprocess for Cambodian
FGD	Focus Group Discussion
HAGAR	HAGAR International
HEIP	Higher Education Improvement Project
HEIs	Higher Education Institutions
HMU	Hanoi Medical University
IDI	In-depth Interview
MoEYS	Ministry of Education Youth and Sport
MOH	Ministry of Health
NECHR	National Ethics Committee for Health Research
NGO	Non-Governmental Organization
NUB	National University of Battambang
PFA	Psychological first aids
PFA-S	Psychological First Aid in School
PIS	Participant Information Sheet
PP	Phnom Penh
PRI	Private Service Provider
PSP	Public Service Provider
PTSD	Post-Traumatic Stress Disorder
PTY LTD	Proprietary Limited
RGC	Royal Government of Cambodia
RUPP	Royal University of Phnom Penh
RUFA	Royal University of Fine Arts
SHD	School Health Department
SSC	Social Services Cambodia
TPO	Transcultural Psychosocial Organization
UN	United Nations

UNDP	United Nations Development Program
UNICEF	United Nations International Children’s Emergency Fund
WHO	World Health Organization

1. Introduction

This study is funded by the Australian Awards Cambodia (AAC) which provides grants to enable Cambodian Alumni to undertake research that can contribute to public discourse and policy development. The Research Grant Scheme has the objective of shining the light on emerging issues in the Cambodian context. The core research team decided to conduct a mixed methods research study in Phnom Penh in order to better understand the state of mental health service provision in tertiary education institutions.

There were several reasons behind the decision of the research team's choice to focus on mental healthcare provision in Cambodia. At a global level, the World Health Organization has reported that suicide is the fourth leading cause of death among 15–29-year-olds in 2019 (World Health Organization, 2021a). This statistic pointed the research team towards examining this section of the Cambodian population in the hope of better understanding their own situation. A leading NGO in mental healthcare services in Cambodia, TPO Cambodia, reported that in 2021, the number of people seeking mental health support increased by roughly 300% compared to 2020 (Kimmarita, 2022), indicating that there has a dramatic increase in demand for mental health support since the onset of the COVID-19 pandemic. Finally, one of the research team members experienced first-hand the diagnosis and subsequent care of a family member with severe mental illness. This experience led to her wanting to examine this issue in greater detail, to better understand how the student populations in universities in Phnom Penh are faring with regard to their mental health.

This report combines findings from literature review, primary data collected through surveys, in-depth interviews and focus group discussions to shed light on the following research questions:

1. What is the prevalence of mental health issues among university students in Phnom Penh the target population?
2. What is the current provision of mental healthcare services in Phnom Penh universities?
3. What are the levels of knowledge and awareness of mental health among university students in Phnom Penh?

4. What factors influence university students access to mental healthcare services in Phnom Penh?

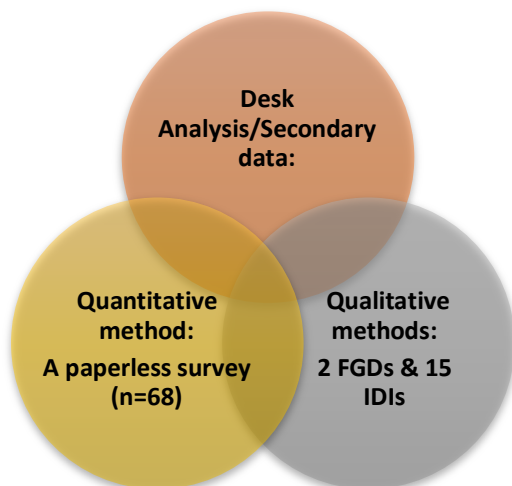
The first section provides an overview of the research methodology for this study including sampling strategy, challenges faced that affected the research design and protocol that was followed to ensure ethical research practices; the second section provides findings from the data collected, while the third section provides recommendations and concludes with suggested next steps for researchers and other stakeholders.

2. Research Methodology

Study design

This research project employed a mixed-method approach in order to generate both quantitative and qualitative data. Additionally, a desk-review was conducted, and secondary data resulting from this process was used to ensure that all research questions were sufficiently addressed.

Paperless surveys were conducted with 68 university students in order to understand their awareness about mental health, their levels of mental wellbeing, the availability of mental health services to them, and what measures, if any, they take to support their mental health. The survey instrument was pilot tested, and the interviews were conducted in Khmer. Each



survey took approximately 30 minutes to be completed (see Appendix 2). The data was captured on digital devices through KoboCollect, allowing the research team to monitor the data quality as it was being collected in the field. KoboCollect also allowed the research team to automate skips and other data quality checks to ensure all mandatory questions were being asked, and to confirm that answers were being entered accurately.

In addition to the coded surveys, two focus group discussions (FGD) were conducted with a subsection of the students who were surveyed, in order to explore themes identified in the survey in more depth. Alongside the FGDs, 15 in-depth interviews (IDI) were conducted with key informants such as staff at participant educational institutions, mental health care services providers, and program managers from NGOs and multilateral organisations that were working in the mental healthcare space in Cambodia. All but two IDIs were conducted in Khmer, and the interview notes were later transcribed into English for data analysis. The following section provides more details on the profile of the sample.

Study sample

Quantitative survey sample

According to the data from the education congress in 2022 by the Ministry of Education Youth and Sport (MoEYS), the total number of undergraduate students in the academic year 2020/2021 nationwide was 170,246. Using this as the total population, the research team calculated the sample size required for the survey to allow 90% confidence level and margin of error of +/- 10%¹. The resulting calculations suggested a sample of 68 students were required to be surveyed for the quantitative component of the study.

Three public and three private universities that were accredited by the MoEYS and Accreditation Committee of Cambodia (ACC) were chosen for the study. Students from these universities were interviewed on campus for the survey.

To select student participants to join this study, a combination of purposive and convenience sampling techniques was used. The criteria for participant universities were that institutions had to be either publicly or privately funded, and had to be accredited by the MoEYS and Accreditation Committee of Cambodia (ACC). As a result, three public accredited universities and three private accredited universities were chosen for the study.

¹ The research team used Qualtrics, a website to calculate the sample for the survey.

<https://www.qualtrics.com/au/experience-management/research/determine-sample-size/>

Having selected the 6 universities, a convenience sampling technique was used to collect responses for the paperless survey. In total, 68 respondents participated in the paperless survey administered by the research team.

Table 1 provides a breakdown of the demographic profiles of those surveyed. The majority of the respondents were between the age of 18 and 25 years while only 3 respondents were older than 25 years, and 48.5% of the sample were female. Only 1 of the 68 students was studying in a Master’s program while the rest of the sample were completing their Bachelor’s degree. More than half of the student participants² (51.4%) were in the medical field while the rest were in different disciplines including art, architecture, information technology, etc. On average, 11 students from each of the universities were interviewed.

Table 1: Demographics of student participants in the survey.

Description	Criteria	Frequency	Percentage
Gender	Male	35	51.5%
	Female	33	48.5%
Age	18-25 years old	65	95.6%
	26-35 years old	3	4.4%
Degree	Bachelor’s degree	67	98.5%
	Master’s degree	1	1.5%
University	YIM University	12	17.6%
	NOM University	35	51.5%
	REM University	21	30.9%

² This over representation of medical students in the sample could overestimate findings around awareness around mental health issues and perceptions about importance of mental health and openness to seek help.

In order to protect the research participants' identities and personal information, the names of participant's universities and workplaces were anonymised. Fictional names were assigned based on the characteristics of the university or workplace. Universities with the same characteristics were also grouped together to ensure that participant universities would not be identifiable based on descriptions of features or services outlined in this study.

Table 2: List of key characteristics of university.

Key characteristic of study sample	University names (altered for confidentiality purposes)
University with no student mental health services	NOM University
University with in-house student mental health services	YIM University
University without in-house mental services but referral programs	REM University
Private mental healthcare service provider	PRI
Public mental healthcare service provider	PUP

Qualitative data sample

Two FGDs were conducted with 9 students in total who had been surveyed and were willing to provide more information to the research team. FGDs were conducted in January 2023, after the surveys had been completed. This allowed the research team to validate early findings from the survey with the participants, and to get a deeper understanding of barriers faced when seeking to access mental healthcare.

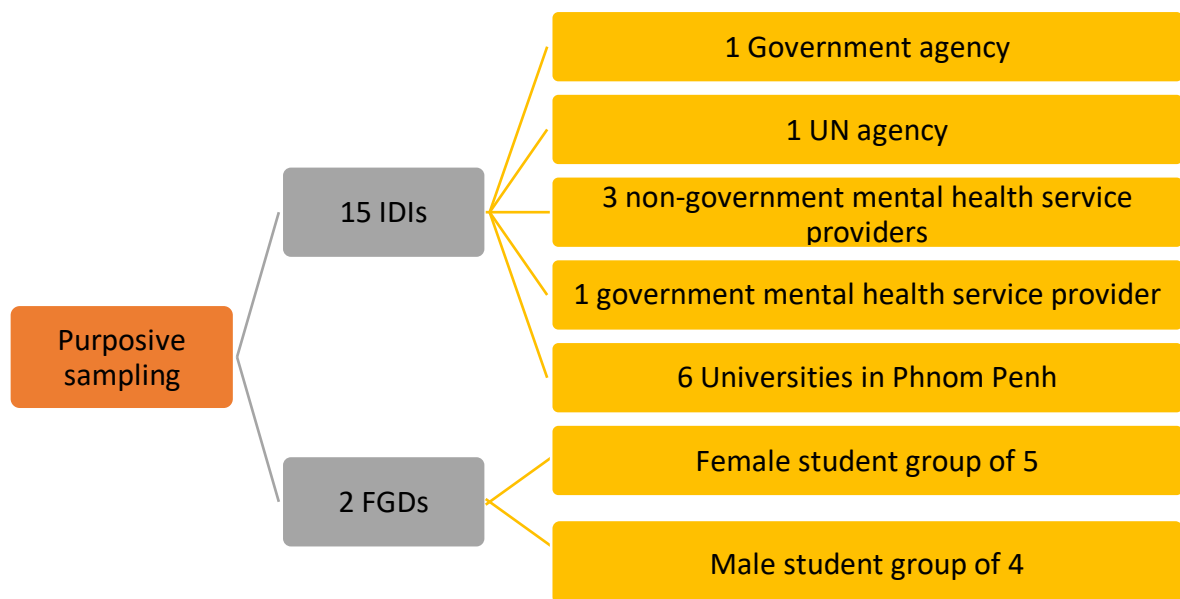
Alongside the survey and FGDs, IDIs were conducted with government and UN agencies, non-government and government mental healthcare service providers, and the management teams and lecturers from the six universities that participated in this study. These key stakeholder interviews helped gather information that the desk review could not provide, and complemented the other primary data collected. Information on legal frameworks and policy

level interventions for mental healthcare for university students, levels of availability and access to mental health care services, and resources available for universities to help provide their students with mental health care services were gathered through the IDIs.

The research team used purposive sampling to generate a list of IDI participants; the criteria for such sampling was as follows:

1. Government officials who work in the higher education department of the MoEYS.
2. UN staff who work on mental healthcare projects.
3. Non-government and government service providers focusing on mental healthcare in Phnom Penh, Cambodia
4. Higher education management teams who are responsible for the student support unit or department within participant universities.
5. University lecturers teaching at participant universities.

Figure 1: Sampling methods and research participants for the qualitative study.



Limitations of the study

Due to administrative challenges and time constraints, the study was not able to consult key government representatives including the Department of Mental Health and substance abuse, Ministry of Health, and the Study Health Department of the Ministry of Education Youth and Sport. This could affect the legal framework analysis section of this study, as some key information that was only available through these sources may be omitted.

Due to restrictions in ethical approval, the study was not able to change or add research participants to the list of key informant interviews or survey participants without re-applying for the amendment to NECHR. This prevented the team from being able to reach out and interview organisations that were recommended by IDI participants or find replacements for key stakeholders who refused to participate.

The study location and sample of students from 6 universities in Phnom Penh do not allow the findings of this study to be extrapolated to student populations in other provinces, or to Cambodians of the same age who are not enrolled in university. Due to the significant representation of medical students in the sample, this study's findings may not necessarily apply to other student populations.

This study had limited access to relevant statistics such as the numbers of students attending either public or private universities in Phnom Penh. As such, the research team had to make strategic decisions to use the purposive and convenience sampling techniques from the qualitative study in the quantitative study, as it was the only applicable technique in this context.

Ethical research

In order to ensure that the research study followed ethical research guidelines that protect the participants and research team from emotional or physical harm, the research team ensured that the study was approved by the National Ethics Committee for Health Research (NECHR) (see Appendix 1). Additionally, researchers partnered with a leading mental health care provider, and ensured participants' identities were protected in the report.

Partnership with TPO Cambodia: The research team partnered with TPO Cambodia, a leading NGO providing mental healthcare in Cambodia since 1995. They have previously been collaborators on research projects in the higher education sector in Cambodia, and were involved in all three stages of this study (research design, data collection and early research findings validation). During the research design phase, TPO provided a support letter for the research team to apply for approval from the NECHR. They also trained the data collection and research team on how to collect data on mental health related topics, and also provided training in psychological first aid and trauma. In addition, a TPO counsellor was present during the two student focus group discussions and during the early research findings validation session to ensure that all participants' mental health needs were taken care of through pre-session and post-session guided meditations.

Informed consent and confidentiality: The study team ensured informed consent was received from participants who were involved in this study by providing each of them with a participant information sheet (PIS) and consent form (see appendix 3). Additionally, consent was received before audio was recorded during IDIs and FDGs. In order to protect the identities of all participants and institutions who participated in the study (other than TPO Cambodia), all names have been altered in the report.

Mental health support during the study: All participants were provided information on how to access free counselling support from TPO in case any of the data collection activities required them to seek support after the session ended. The study team also included counselling service costs as part of the study budget to allow the research and data collection team to access mental health support during the course of the study in case they needed to.

Participation gift: In addition, all student participants were provided \$5 as a token of appreciation for their time spent with the data collection team while a small gift valued at \$6 was provided to the participants of the in-depth interviews.

3. Research Findings

A global and regional review of mental health issues

Mental or substance use disorder is recognized as a significant global health concern, with mental health and substance use disorders affecting an estimated 970 million people in 2017 globally (Dattani et al., 2021). Roughly 1 in 7 people, or 15% of the global population, are affected by one or more mental health or substance use disorders. While the World Health Organization (WHO) has recognized the importance of mental health, and implemented various initiatives to promote and address it, there is still a significant shortfall in investment in mental health, with just 52% of countries reaching the target of mental health promotion and prevention programs in 2020 (World Health Organization, 2021b).

Though awareness of mental health is increasing, the process of developing mental health services has been slow in low- and middle-income countries (LMICs). Five challenges were identified as obstacles to global mental health progress: incorporating mental health services into the community, improving access to effective psychotropic medicine, giving multidisciplinary training to mental health professionals, offering community-based care and care at an ongoing stage for those with mental disorders, and strengthening the mental health expertise of all health professionals (Patel et al., 2018). Parry & Wilkinson (2020) note that Cambodia has been facing these five challenges when attempting to develop their national mental health services.

In Southeast Asia, 1 in 7 people have suffered from mental illness, and the COVID-19 pandemic has created personal and economic distress that has widened the gaps in addressing mental health challenges (World Health Organization, 2022b). Such challenges include shortage of human resources, low investment, stigma, insufficient prevention and promotion programs, lack of data, and lack of services at the primary care level. On the other hand, psychological interventions in the region have been highly adapted to the cultural norms, and traditional healing methods are an essential part of psychological approaches (Melgar, 2013, as cited in USAID & DCA, n.d.). As a way to ensure that everyone has access to adequate mental health care and support, the WHO South-East Asia region is committed to universal access to people-centered mental health care and services. For this goal to be

achieved, there is a need for increased investment, prevention and promotion programs, and services in primary care settings.

Prevalence of mental illness in Cambodia

There have been some studies which have examined the prevalence of mental illness among the general population in Cambodia. Due to Cambodia's recent history, which included a genocide and protracted civil war, mental health issues have been common among the Cambodian population for some time. In the book "*Trauma, war, and violence: Public mental health in socio-cultural context*", De Jong estimates a high prevalence of mental health and psychological problems among Cambodian refugees at the Thai border (De Jong, 2002).

From 175 Epidemiological studies on mental health consequences of wars and conflicts in low-income countries including Cambodia, the author finds the highest prevalence of anxiety (40%) among the Cambodian sample (993 Cambodian refugees) and the prevalence rate of post-traumatic stress disorder (PTSD) was 28.4% among them. Another study finds that psychiatric disorders among the general population in Cambodia are common (Dubois et al., 2004). Dubois et al. investigated the correlation between psychiatric symptoms, including PTSD, depression and anxiety, and impaired social function among 1400 adults in Kampong Cham province, which at the time had the largest population in Cambodia (Dubois et al., 2004). Among the total respondents, about 40% met the criteria for depressive symptoms, about 50% displayed anxiety disorders, and 7.3% met the criteria for PTSD. The study also unearthed amplified risk for social impairment among respondents displaying symptoms of co-morbidity (depression, anxiety and PTSD).

Prevalence of mental illness among university students

When focussing on the target population for this study, a similar trend of what is seen among the general population of Cambodia is observed among university students. According to a cross-sectional study of approximately 1300 students, students in Cambodia showed signs of depression-related symptoms and severe depression-related symptoms, about 50% and 19%, respectively (Ngin et al., 2018). This study investigated the prevalence of depressive symptoms among students in two public universities in Cambodia, one in Phnom Penh, and one in Battambang province, and sought to determine if there was a correlation between

social and behavioural factors and incidences of depression-related symptoms. The authors found a correlation between depressive symptoms and factors such as economic status and adverse childhood experiences.

Another study examined suicidal ideation among 109 students in Cambodian universities and its association with exposure to suicidal behaviour among family members (Bhoomikumar & Kullgren, 2010). The authors found that about half of the respondents expressed suicidal behaviours such as suicidal ideation. Compared to women, men tend to report more suicide ideation, plans, and attempts. However, this gender difference was not statistically significant. Young males reported considerably more exposure to suicidal behaviour among their family members than their female counterparts. Additionally, males who have been exposed to suicidal behaviour through friends and family were at a higher risk for suicidal ideation. However, young females reported that they were not at risk for suicidal ideation even though they were exposed to suicidal ideation by their family and friends. The authors also concluded that there was a correlation between exposure to suicidal behaviour among family members and students' own suicide ideation.

A study conducted in Vietnam with medical students found that 15% of the 494 medical students screened exhibited depressive symptoms, and more than 7% reported suicidal ideation (Pham et al., 2019). Despite being a neighbouring country, the prevalence of mental health issues among students seems to be lower in Vietnam than Cambodia. However, more comparative data will be needed to draw this conclusion more rigorously.

While the primary data collection activities were not designed to assess prevalence of mental health issues among the survey population, anecdotally two of the IDIs with university staff did reveal that there is concern about the high rates of suicides and prevalence of mental illnesses among students.

"[...] Remember that the high rate of suicide is among young people and university students. Even if they are university students and learn a lot, do they have knowledge about mental health? Doctors themselves can get sick as well. If there is no system supporting them and students from the ground level, they will be at high risk of being exposed to the problem."
Male guidance counsellor/founder, a REM University

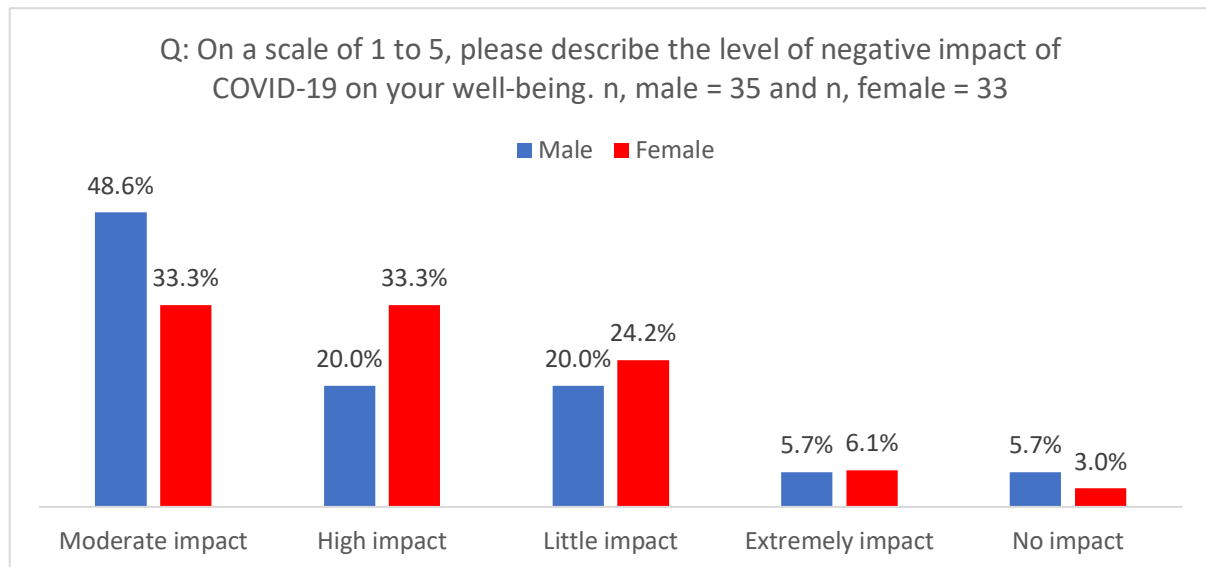
While one staff member worried about the lack of services available for university students, the other staff member mentioned that the pandemic might have increased the numbers of student experiencing mental health issues, and the teachers were not being vigilant about this issue.

“There have been many students experiencing symptoms of mental illnesses. [...] Before COVID-19, the number was already large, and some teachers overlooked the situation. [...] In particular, the students have been experiencing symptoms of mental illness during COVID-19. [...]” Male lecturer, a NOM University

This observation is corroborated by a recent, yet unpublished³ joint study by three of the universities that participated in this research, conducted in 2022. The study sought to examine the impact of the pandemic on Cambodian university students’ physiological well-being and socioeconomic status. It shows that approximately 46.5% of students experienced symptoms of anxiety, and 56.9% experienced symptoms of depression during the pandemic. The data from our survey also present similar trends regarding the impact of the pandemic on student’s well-being. In our survey, 48.6% of male students and 33.3% of female students mentioned their mental well-being was moderately affected by the pandemic. Additionally, 20.0% of male students and 33.3% of female students mentioned that their mental well-being was highly impacted by the pandemic.

³ The study has not been published yet and was quoted by one of the participating university’s management team.

Figure 2: Level of negative impact of COVID-19 on students' well-being by gender.



Box 1: A case study of a female student being affected by the pandemic.

Jannie (name changed) is a sophomore at a REM University (name changed). She shared her experience of becoming more introverted because of the pandemic, which has led to eating and sleeping disorders. As a result, she decided to go to a pharmacy with her mom to buy sleeping pills without any prescription.

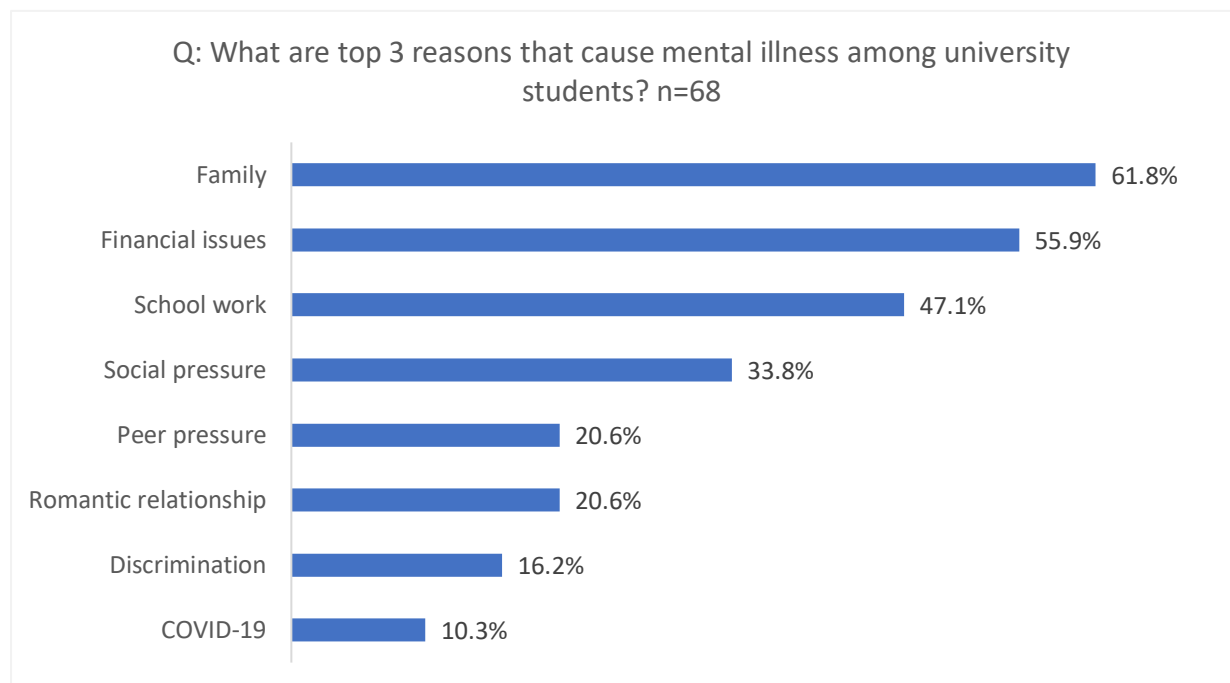
“[...] Normally, when I am feeling stressed, I express it through writing in my daily journal instead of talking to other people. Since the pandemic began, I have noticed a shift in my personality from being extroverted to introverted. As a result, I have become less friendly and have preferred to talk less and stay alone in my room. During that time, I realized that I was struggling with eating and sleeping disorders, which was new to me. I was so hesitant to tell my mom at first about these symptoms because I was worried that when my mom was aware of this, she would be worried about me. Because the symptoms were getting worse and worse, I had no choice but to tell my mom, so my mom took me to the pharmacy to get sleeping pills for a few weeks. After taking the sleeping pills for a week or so, I got better. Hence, I decided to stop it immediately as I knew a little bit about the long-term side effects of the pills.”

However, when asked what factors are affecting their mental health currently, the pandemic was not highlighted as a major determinant of mental health. The top three factors affecting students in our study's survey sample were family, financial issues and schoolwork (Figure 3). This was discussed in more detail with the students during the FGD.

The research team observed that students coming from the provinces (rather than the capital city, Phnom Penh) face financial challenges because their expenses are much higher in their daily life than students who are from Phnom Penh. This places a financial burden on their family, as the family must support their expenses. There is also pressure on the students to manage their expenses in a city like Phnom Penh, which has higher costs of living than the Cambodian provinces. Schoolwork was also reported to cause stress among the students, and students that were working while studying were found to be more stressed because they had to simultaneously manage the workload and stresses of both school and work.

Some students felt that they were not fully supported by their family. For example, some students reported feeling pressured by their family to achieve more, while others reported not feeling understood or supported emotionally.

Figure 3: Reasons for causing mental illnesses among university students.



The literature review found that student's age and socioeconomic status were key determinants for whether they experienced mental health issues. The data from the students in our survey and FGD also found that students that needed to worry about managing their money, experienced more stress than other students only had to focus on their studies. IDIs with university staff also corroborated this finding regarding finances and family being two major influencers of a student's mental health.

*"[...] we realized that students had mental illnesses because of their family and financial issues.
Male lecturer, a NOM University*

Availability of mental healthcare services for university students

Even though there have been some studies on the prevalence of mental illness among university students in Cambodia and neighbouring countries, these studies have not explored the accessibility and availability of psychological support provided to students in higher education. This study's primary data aims to shed some light on this topic.

Interviews with key informants such as TPO revealed that there is a very low level of service availability for the general population in Cambodia. According to a study conducted in 2011, only 2% of the 967 health centres and 59% of the 84 referral hospitals in Cambodia offer mental healthcare services to out-patients. And there are only 2 psychiatric in-patient units with a total of 14 beds to service the entire country. In terms of mental healthcare service providers, there are 35 trained psychiatrists and 45 psychiatric nurses available for the entire country, most of them based in Phnom Penh (McLaughlin & Wickeri, 2011, as cited in TPO Cambodia, n.d.)

Few private and NGO healthcare facilities in Cambodia offer mental healthcare services (Parry & Wilkinson, 2020), and the range of mental health services available to the local community is broader in urban centres like Phnom Penh (Maddock et al., 2023). Therefore, access to mental health services is limited outside of Phnom Penh. Under-resourced NGOs, such as TPO, provide most of the mental health support and services to the local population. Basic counselling with person-centered techniques is the most popular service among the people seeking mental health support (Maddock et al., 2023). In addition to TPO, there are several private service providers in Cambodia, including Social Services of Cambodia (SSC) which

focuses on eliminating negative stigmas associated with mental health professionals in Cambodia through training, coaching and mentor (Dickens, 2019), the Bamboo Centre which provides a counselling-based psychological service in Phnom Penh (The Bamboo Centre, 2018), Sunrise Clinic which offers mental health related services such as mental illness treatment and diagnosis, psychological counselling and treatment (Sunrise Clinic, 2014), and Khmer Counselling and Psycho-Education Services that provides services including behavioural therapy, cognitive behavioural therapy, relationship and family therapy (Khmer Counselling and Psycho-Education Services, 2020).

This study also found that mental health support services at participant universities were limited, and the types of services and level of support varied significantly from university to university. Of the six universities that were included in the study, three of them provided varying levels of access to mental healthcare services, while three did not have any service provision. Of the three that provided access to mental health services, one of them provides in-house counselling which is free for students to access, while the other two universities recommend external service providers to students. Among these two, one university has a general student counsellor available on campus who provides some basic information on mental health care and well-being, and can refer cases to an external partner organisation. The other university has a designated lecturer who could refer any students who need access to services to an external service provider.

Box 2: A case study of In-house Counselling Room Initiated by the university.

At a YIM University, students need to take the 'introduction to psychology' course in their foundation year and is the only university in the study that provides on-site mental healthcare services for students.

The counselling service is offered to students and staff free of charge. In front of the counselling room, there are lists of available counsellors with their contact numbers. Students and staff are required to make appointments with the counsellors. There are about 20 counsellors who rotate to voluntarily offer this service in addition to their full-time teaching schedule as professors and lecturers. Students learn about this support service through their lecturers. During COVID-19 pandemic, the university also initiated mental health support from distance by providing counselling through online and phone calls to students/staff who were infected by COVID-19.

“We have not promoted our mental health support services extensively to students because we are aware that our capacity for service provision is still limited. If we promote the service, but we are not able to meet the demand, it is not very good. Students who have sought the counselling services so far were referred by their lecturers, and in very small numbers, about less than 10 cases monthly.” Male psychologist, a YIM Management

Currently, the department of Psychology has collaborated with Sogang University in Korea under the Higher Education Improvement Project (HEIP) to establish modern facilities in a YIM University and develop tools to assess student mental health level and improve counselling service in the coming years. Also, the university plans to expand the scope of the service and be ready before extensively promoting the service to students.

Box 3: A case study of University Support amplified by Students’ active engagement.

A REM University is classified as a high-end international university. Usually, the international university is expected to have student support services.

There are a number of initiatives available related to the provision of mental health support for their students. First of all, the school offers general counselling to students in case they need to seek consultation. If the student expresses their intention to seek professional help, the school can put them through the referral program to a private service provider. The first counselling session with the professional counsellor is free of charge, and the three subsequent counselling sessions will be 50% subsidy covered by university. Additionally, there is an elective course ‘introduction to psychology’ which students can choose to study as part of their study curriculum. In addition, the school also offered online learning resources for students to learn at their own pace if they are interested in topics related to psychology and mental health. The school also provides venue support, financial support, and networks upon request if students have any interesting initiative, they want to implement related to mental health.

The students formed a student-led club which aims to raise awareness about mental health through online posts, hosting podcasts, and organising a variety of on-campus activities for students to take care of their mental health including yoga and meditation sessions,

outdoor sporting events and other fun activities. As of April 2023, their Facebook page has reached 684 followers.

“To respond to our students' request and need, we are looking into setting up an onsite, in-house counselling room, therapy or guidance counsellor who is Cambodia.” Management Representative, a REM University

Perceptions of mental health among university students

“In Cambodia, whenever you mention mental illnesses, people would consider it as a very serious mental health condition which usually refers to schizophrenia. Instead, an acceptable term to refer to mental illnesses in Cambodia is “mental issues.” This topic of mental problems is normally discussed broadly and openly among students.” Guidance counsellor and lecturer, a REM University

The study found that the terms ‘mental illnesses’ and ‘mental disorders’ were still stigmatized, and were frequently linked to severe conditions such as schizophrenia. The case study presented in Box 4 brings up the issue of a generational gap in awareness levels about mental health issues. While the study did not survey family members of students to confirm this, this case study serves as an example of how many people in Cambodia have low levels of awareness and therefore high levels of stigma and misunderstandings about mental health.

Box 4: A case study of a male student suffering from mental illness.

Jack (name changed) is a sophomore at a NOM university. He has extensive knowledge of mental health and illness. He shared his thoughts on intergenerational trauma and stereotypical beliefs towards people suffering from depression or committing suicide. He also spoke about being bullied by his peers during high school and his coping mechanisms through art to deal with mental breakdowns.

“I think in Cambodia, mental illness is not widely known by the older generation. For example, my mom would speak badly of someone who committed suicide, either in a form of jumping off a bridge or others. I also see many friends making jokes about those with

depression, even though some of them may be experiencing it themselves. These kinds of jokes can worsen the illness. [...] The older generation is much different from mine because there was a war that spread throughout the country. But our country is developing right now, our lives are much better, and society is improving.

[...] Initially, I attended a state school as a high school student, but I was transferred to a private school because my parents were concerned about me skipping school and engaging in activities that were considered risky. At the beginning of my enrolment at the new school, I stayed silent and only paid attention to the teacher as I didn't know anyone. At that time, I was overweight, and my classmates always targeted and bullied me for my appearance. This continued for about 4 to 5 years. Instead of having no one to talk to and keeping it to myself, I spent my time drawing pictures and listening to music. I have found it as a way to de-stress myself because whenever I had a bad feeling, I always wanted to do such activities. Since then, I have realized that I am passionate about the arts. [...] Every once in a while, my pictures illustrated my anger, but mostly, I drew by following a sample.

[...] Another root cause of mental illness is about how we look, for example, being too thin, too thick, too tall or too short. This beauty standard is pressured by peers and the society.”

When asked “how did you learn about the term mental illness?”, approximately 80.9% of the students mentioned they have heard and become aware of the term through social media influencers (Figure 4).

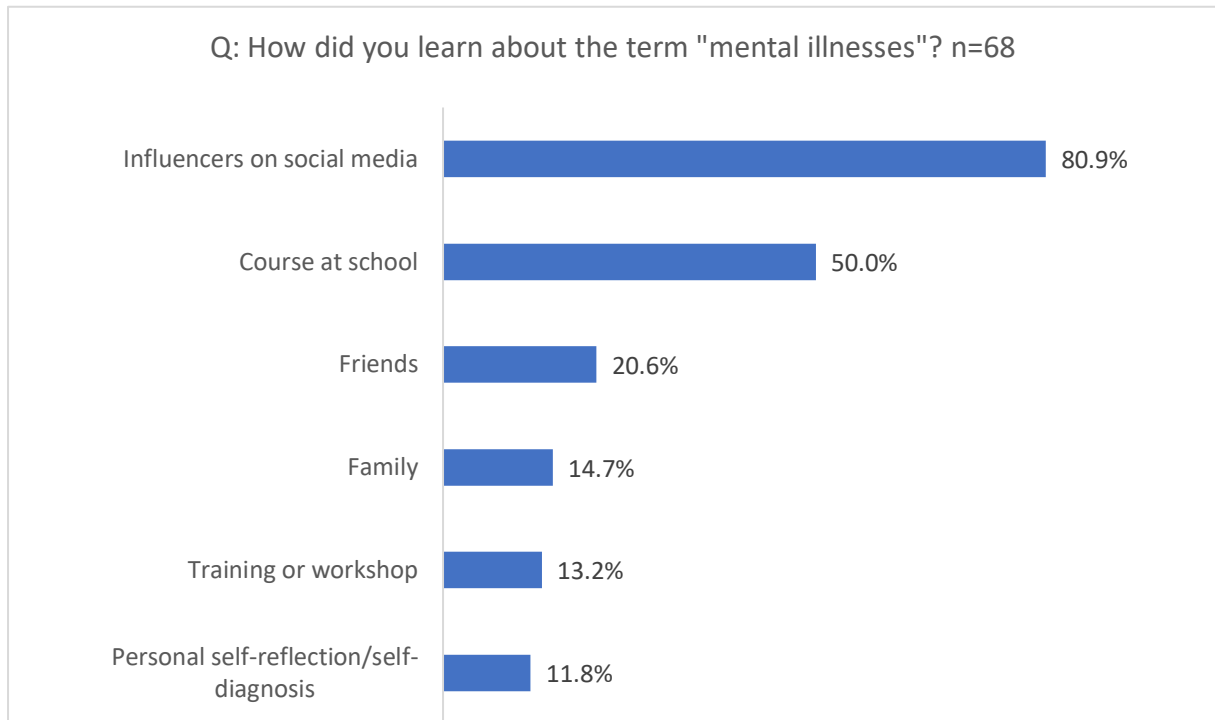
“I think not only that social media was a useful means to raise awareness of mental health and illness but also that English language proficiency is a source to search and explore more about mental health or illness related topics.” Male Student, a NOM University

As the social media environment is largely populated by English language content, this channel of awareness and learning may be restricted to those who have access to smartphones, and have an adequate English language proficiency.

“Because I had access to social media and the internet, I could learn about the term “mental health” myself. I think that this term which used to not be commonly talked about is being

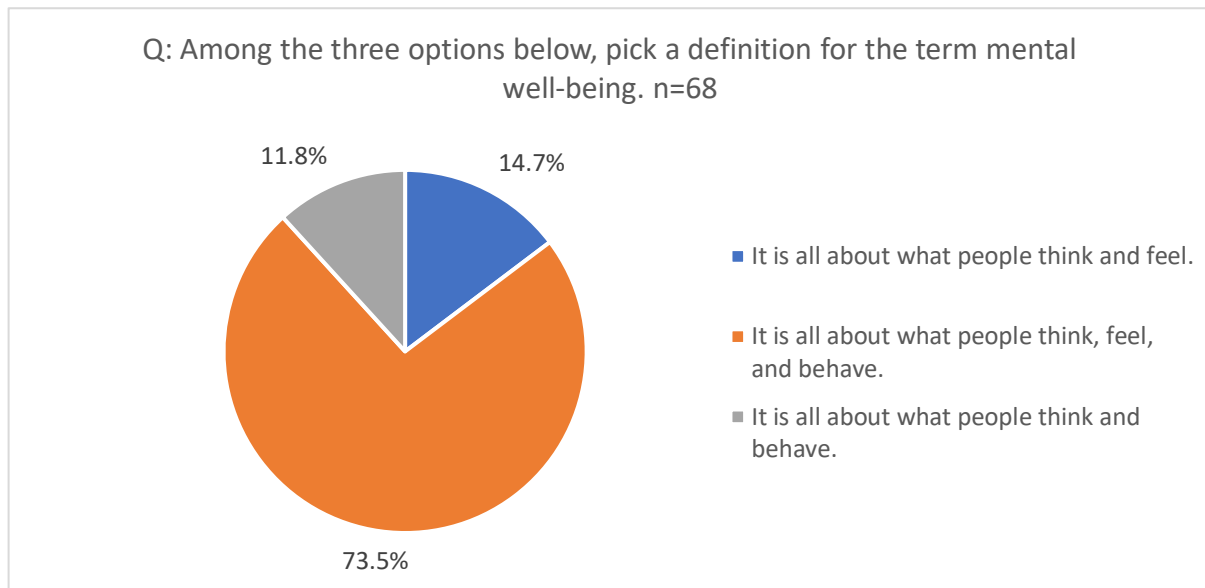
discussed everywhere now. On an international scale, mental illness is a serious problem because it can happen anywhere and to anyone.” - Male Student, a NOM University

Figure 4: Source of information about “mental illnesses.”



In the survey, approximately 73.5% of student participants chose “mental wellbeing is all about what people think, feel, and behave” while the remaining 26.5% chose other options that did not fully capture the meaning of mental well-being (Figure 5).

Figure 5: Level of awareness of the term “mental well-being.”



During the FGDs, the researchers were able to observe that students' awareness levels seemed to be linked to whether their universities provided them access to content or counselling services.

“Students are more aware when mental problems are integrated into their school curriculum as a general knowledge. In addition, students who attended international school at a younger age, and were introduced to school counsellors and supported services, are likely to have better understanding.” Guidance counsellor/founder

Students from REM universities were knowledgeable about mental well-being because they received support and had access to resources through their university, such as students mental health clubs, internal student consultations, mental health referral program connected with a private service provider, online learning resources for students to access, and a psychology course as part of their study curriculum.

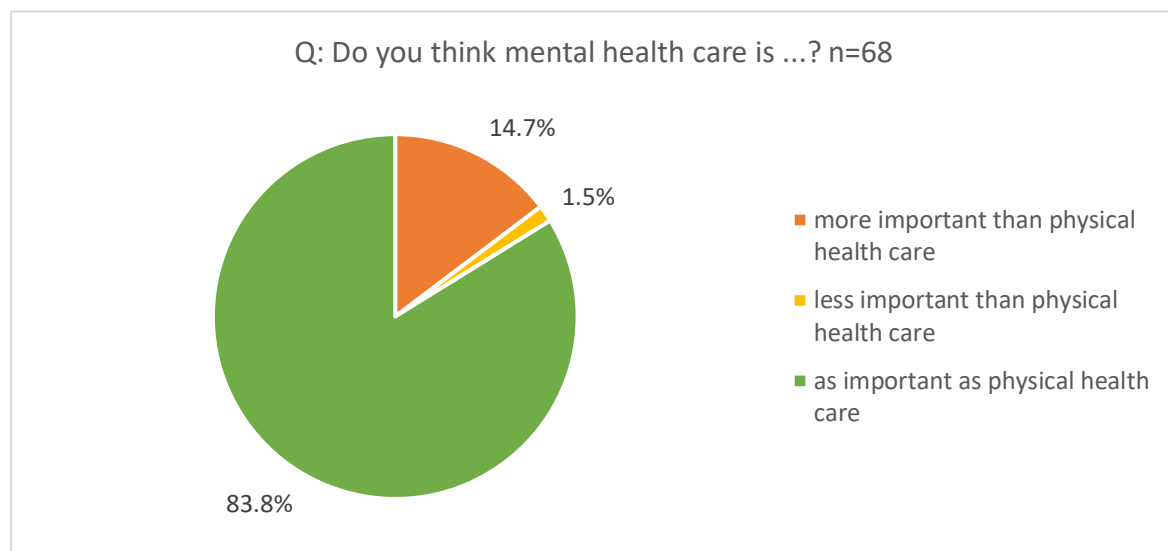
“[...] Our students are quite knowledgeable about mental health and well-being because they have access to online learning resources and databases as well as classes. Some students take psychology classes which provide more information on the differences of mental disability or mental challenges [...]” Management, a REM University

For student participants in the medical fields, there are compulsory subjects about mental well-being. In a YIM university, there is a department of psychology, and the majority of students, regardless of their chosen major, have to study the module, 'introduction to psychology' in their foundation year, as the subject is compulsory in their study curriculum.

However, students from NOM universities were not able to access any counselling services at university, as there were no services provided to them on campus. They were not required to study any mental health related subjects.

Despite low levels of exposure to content about mental health, the survey shows that a majority of students (83.8%) consider mental health to be as important as physical health, and 14.7% consider it to be even more important than physical health (Figure 6).

Figure 6: Awareness of the importance of mental health care.

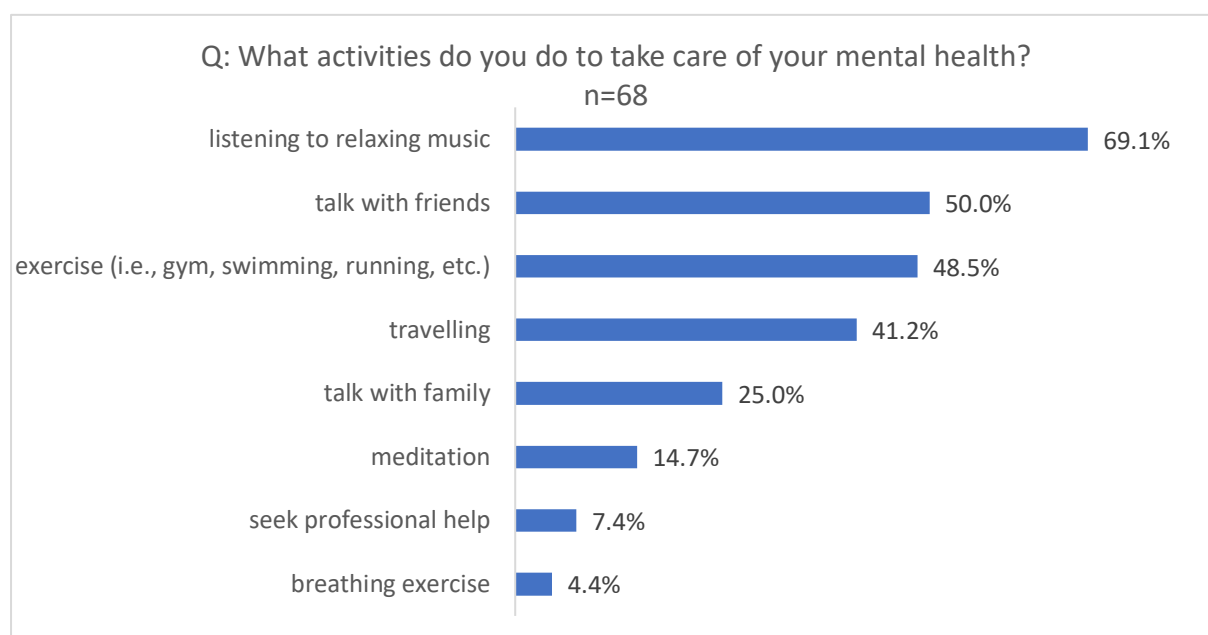


"I think physical and mental health are both equally important because even with strong physical health, if we don't take good care of our mental health, it can lead to suicidal cases. In other words, even if we have good mental health with weak physical health due to disease, it is still useless." Male student, a NOM University

Factors influencing access to mental healthcare services

The study asked students what their preferred methods for de-stressing and caring for their mental health. This line of questioning was posed in order to ascertain whether any participants were currently accessing professional mental health services. Few students reported accessing professional help (7.4%). When asked about why they would not seek professional help, students reported the services were unaffordable, and also noted that most services were not available in the Khmer language. Student participants mentioned that it was already hard for them to articulate their emotions and thoughts in Khmer, let alone doing it in English. A number of students in the FGDs also highlighted that they would be more comfortable discussing mental health issues with a well-trained Khmer counsellor. This finding may warrant further study, as students indicated that they would like not only to discuss their issues in their own language, but also with a counsellor from their own cultural context and background.

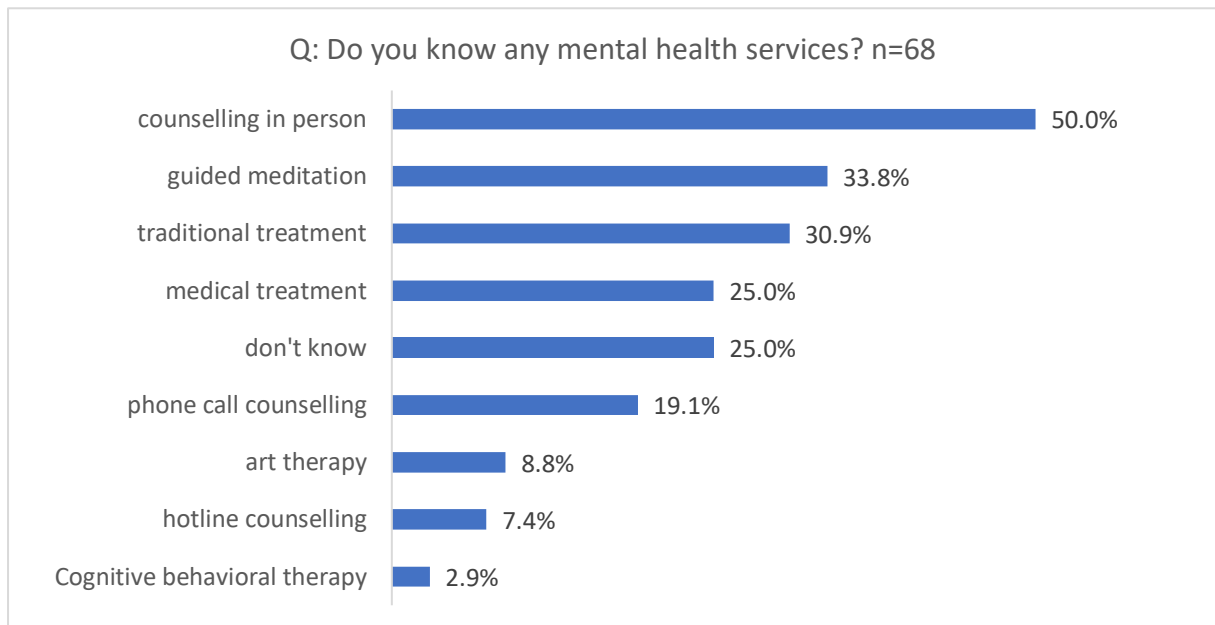
Figure 7: Self-reported activities to take care of their mental health.



In addition, the survey found that not many students were aware of what mental healthcare services could look like (Figure 8). When asked “do you know any mental health services?”, the majority of student participants were unsure about the term “mental health services”,

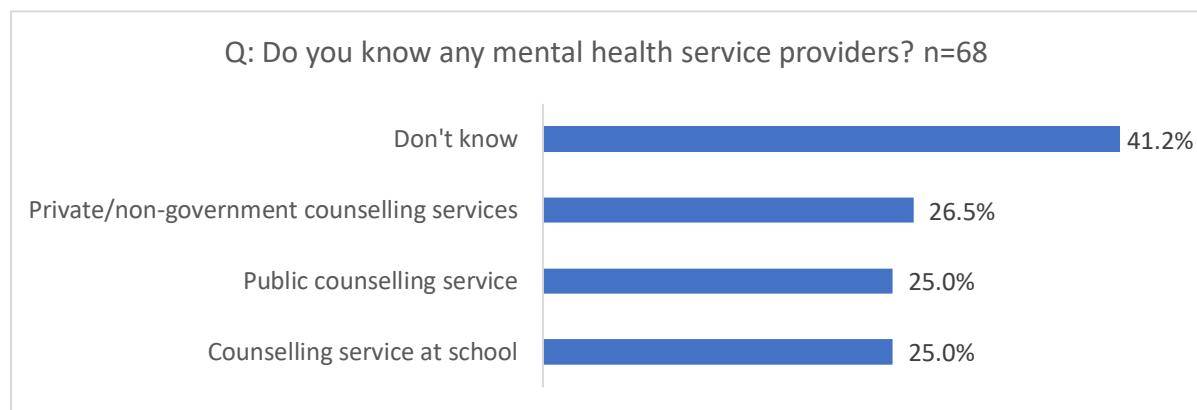
leading the research team to provide a few examples, one of which was in-person counselling. However, without explaining the term and giving them examples of the services, they were not aware that in-person counselling was considered a form of mental health service.

Figure 8: Awareness of mental health care services.



In addition, when asked if they knew of any mental healthcare service providers, 41.2% did not know of any. The remaining students were aware of private/non-government counselling services, public counselling service, or counselling services at school (Figure 9). Among students who stated that they did not know any mental health services, a majority attended universities that did not provide any mental health services.

Figure 9: Awareness of mental health service providers.



In addition, a preference for pharmaceutical treatment among patients with mental illness even in cases that are not considered serious could be preventing people from going to counsellors.

“The patients that I have had so far always prefer medicines over having counselling sessions with me as they think there is no point in talking about illness. They believe that only medicine can help them recover from their mental issues.” Counsellor, PRI

Stigma as a deterrent to accessing mental healthcare services

The research team found that stigma around mental health also prevented students from accessing help. Both male and female student participants in the FGDs highlighted the fact that they did not want to be seen using the counselling room, as they felt that their friends would make fun of them. They also did not want to consult with their lecturer who performs a dual function as a school counsellor as they felt uncomfortable talking about their mental issues with their lecturer. One of the female participants in the FGD mentioned that there was a mental health club and advisory room at her university, but expressed concern that students may be reluctant to seek help due to a lack of privacy and fear of judgment or stigma. She personally prefers talking to friends over accessing counselling services.

“In my university, there is a mental health club and an advisory room run by professors, which mainly focuses on advising students on their assignments. While I think it's good to have counselling services at the university, I am concerned that some students may be reluctant to

seek help due to the lack of privacy. For instance, they may meet their peers or see their own teachers providing the service. Moreover, if the counselling room is labelled as a “Mental Health Counselling Room,” people may make judgments or assumptions about those who use the service. People with depression tend to overthink and worry about being judged or stigmatized, even though there is no reason to. Personally, between talking to friends and accessing the counselling services, I would prefer talking to my friends because we are in the same age group and can understand each other well.” Female student, a REM University

Even though the study found that there were some universities that provide mental health support programs for students, issues of trust, privacy, and stigma around accessing the mental health services provided at school remain a barrier for some of the students. If there are no dedicated staff for counselling, students feel less able to access these services.

Legal frameworks affecting mental health care services in universities

The Royal Government of Cambodia’s commitment to improve mental health in education is reflected through the establishment of two key departments in relevant ministries. Firstly, the Department of Mental Health and Substance Abuse (DMHSA) was established in July 2014 under the Ministry of Health (MOH). DMHSA is mandated to introduce new policies, develop necessary guidelines, conduct monitoring and evaluation, as well as plan and implement mental health and substance abuse services across the country. The second institutional development is the establishment of the School Health Department (SHD) under the Ministry of Education Youth and Sport (MoEYS). However, data from IDIs indicate that despite the establishment of this department, there remains no official legal framework or requirements for mental health care provision as part of the process of accreditation for Cambodian universities.

“The government and other development partners have yet to put a legal framework for intervention for mental support services as compulsory in the education sector. Based on what we see, it is not a requirement, but the services available at some universities are actually the initiative from each institution.” Management representative, a YEM University

The Accreditation Committee of Cambodia (ACC) is the national body which awards accreditation to higher education institutions in Cambodia (Accreditation Committee of

Cambodia, n.d.). Currently, the matrix for evaluation does not include any requirement for a higher education institution to provide mental health support programs to students as a condition for accreditation. There is disagreement within the Cambodian government regarding whether responsibility for including this requirement as part of the accreditation process for universities should fall under the purview of the MoEYS or MoH.

“Student mental health support programs have not been made a requirement for any universities to set up in Cambodia for accreditation.” Lecturer, a REM University

The Technical Working Group of the MoEYS, MoH, UNICEF, NGOs HAGAR International, Eye Movement Desensitization and Reprocess for Cambodian People (EMDR) and the Royal University of Phnom Penh, with technical support from WHO worked collaboratively to develop the Operational Guide on Psychological First Aid in Schools (PFA-S) which was endorsed in 2021 by MoEYS (World Health Organization, 2022a). As of 2022, the operational guide of PFA-S is applicable for primary and secondary schools only. The department of higher education has indicated that these guidelines may be expanded to cover higher education institutions in the future.

“I went back to the meeting of the ASEAN Guidance Counselling Conference in the Philippines. Many ASEAN Countries have the act on legalizing guidance counselling at every school except Cambodia.” Lecturer, a REM University

In addition to a lack of policy guidelines to ensure every education institution provides free access to mental healthcare services for its students and staff, there also appears to be a lack of regulatory clarity in the sector. IDIs with mental healthcare providers indicated that guidance counsellors and psychologists are not officially classified as being medical health care professionals in Cambodia, as psychiatrists or doctors are. This lack of recognition reduces the credibility of service providers, potentially impacting the number of Cambodians who would aspire to study and become a counsellor or psychologist, while also affecting the number of Cambodians who would choose to visit a counsellor or psychologist for mental health support.

“I was once made fun of because I chose to be a psychologist.” Male, PRI

4. Conclusion and recommendations

Discussion and Conclusion

The study has identified multiple issues that currently impact the provision of mental health provision for students in tertiary education institutions in Phnom Penh. At the policy level, it is clear that the lack of a legal framework requiring higher education institutions to provide mental healthcare services, combined with the fact that the provision of such services is not a requirement for accreditation, has resulted in very few universities offering in-house and free mental healthcare for students.

At the university level, the other factors that prevented adequate mental healthcare provision, aside from lack of guiding legal frameworks were a lack of support and commitment from management, limited financial and human resources, and limited physical space within institutions where such services could be located.

The study team also found that there is lack of data in Cambodia pertaining to the prevalence of mental health issues among the population and the type and quality of services being provided at the public, private, non-governmental and institutional level. This creates a challenging environment for researchers, and may serve as a barrier to future research in this area. This lack of data also impacts the ability of the government and other stakeholders to accurately assess scale of the problem, to identify priority populations, and track progress if new programs are implemented.

Even if policy changes are introduced and implemented, the lack of trained mental health care providers will continue to pose a significant barrier for those seeking to access quality mental healthcare services. This research identified a number of factors which impact the supply of mental health professionals in Cambodia. The IDIs indicate that training to be a psychologist or counsellor is not an aspiration of most people in Cambodia for a number of reasons. Currently, psychologists or counsellors are not recognised as medical service providers, reducing their credibility on the mental healthcare space. Furthermore, the general perception at the community level is that talk therapy is not helpful and only pharmaceutical interventions are legitimate interventions for mental health issues. The stigma around mental health also prevents people from accessing the help they need, which impacts the level of

perceived demand for counsellors and psychologists. There may also be a lack of a standardised counselling training curriculum in the local language, but a thorough review of the training in Cambodia was not conducted as part of this study. The area of local language training resources may be suitable for further study in the future.

While a lack of supply appears to be the primary issue impacting the provision of mental health services for university students, there are a number of related issues that impact demand for, and use of services. Stigma surrounding mental health issues, a lack of awareness about mental health, and knowledge regarding types of treatment also prevent students from accessing help even when it is available to them. This study found that only a limited number of universities offered some form of mental healthcare to their students. Even in these institutions, the fear of being seen seeking help for mental health issues often prevented students from going to the counselling services. Students were especially unlikely to seek help with mental health issues in institutions where lecturers were asked to perform dual roles of both educator and counsellor. Additionally, if students cannot recognise symptoms of mental health issues, and do not know what type of services can help them in these situations, then it is unsurprising that such a small percentage of students reported seeking professional help for mental health issues.

Recommendations

This research offers the following recommendations to address the challenges identified in the study:

Government
<ul style="list-style-type: none">- Relevant ministries need to clarify roles and responsibilities, and provided official recognition of mental health service providers such as counsellors and psychologists.- The School Health Department should expand their guidelines on Psychological First Aid.- The Accreditation Committee of Cambodia should include mental health support services as a requirement for the accreditation of higher education institutions in Cambodia.

- Additional government funding should be allocated for mental health prevention and promotion, including information campaigns, implementation programs, and research.

NGOs and Donors

- Advocate for more budget allocation for mental health support by investing in research, campaigns, and programs that are related to mental health prevention and promotion.

Mental Health Service Providers

- Forge relationships or partnership with universities to promote their services to students.
- Integrate awareness raising and mental health prevention or promotion as part of their promotional materials on social media.
- Consider providing special rates or discounts for any clients with valid student ID to encourage increased uptake of services among student populations.


Universities

- Management should prioritize mental health support for students.
- Recruit Cambodian counsellors and set up in-house counselling rooms (or over the phone services) to allow students to discuss mental health issues in their preferred language.
- Recruit counsellors in full time positions in order to end the practice of lecturers providing mental health services to students.
- Higher education institutions to collaborate with ministry and professional mental health service providers to organise workshops on mental health prevention and promotion to students at their university.
- Create and support student associations or clubs' activities to engage in awareness raising related to mental health.
- Support student-level campaigns within the university alongside community-level outreach to:
 - Normalize seeking professional help among all sections of the population.
 - Normalize experiencing mental health issues, and talking about such issues with friends or family.

- Encourage supportive behaviour by family, friends and community members towards people experiencing mental health issues.
- Highlight the importance of parents and older people being supportive of young people who access mental health services.
- Integrate mental health support with general health support.
- Additional funding for departments of psychology to train additional mental health providers.
- Set up a transparent complaint mechanism (safeguarding) which is anonymous and accessible to students, allowing them to lodge complaints and express their needs for mental health support and other psychosocial support.

5. Appendix

Appendix 1: NECHR Approval


ក្រសួងសុខាភិបាល
MINISTRY OF HEALTH
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National Ethics Committee for Health Research

ព្រះរាជាណាចក្រកម្ពុជា
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ជាតិ សាសនា ព្រះមហាក្សត្រ
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Phnom Penh, September 19, 2022

N° 270 NECHR

Ms. Pin Chanleap and Ms. Khan Mouyleng

Project: Situational Analysis of Mental Health Service Support in the Higher Education Sector in Cambodia: A Case Study of Phnom Penh. Version N° 1, dated 05th September 2022.

Reference: 16th September 2022 NECHR meeting minutes

Dear Investigators,

I am pleased to notify you that your study protocol entitled "Situational Analysis of Mental Health Service Support in the Higher Education Sector in Cambodia: A Case Study of Phnom Penh. Version N° 1, dated 05th September 2022" has been approved by National Ethics Committee for Health Research (NECHR) in the meeting on 16th September 2022. This approval is valid for twelve months after the approval date.

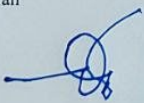
NECHR also wish to remind the Principal Investigator that all research activities to be conducted during the COVID-19 pandemic must strictly follow the latest prevention measures set by the MOH and the relevant local authorities.

The Principal Investigator of the project shall submit following document to the committee's secretariat at the National Institute of Public Health at #80, Samdach Penn Nouth Blvd (289), Sangkat Boeungkok 2, Khan Tuol Kork, Phnom Penh. (Tel: 012 528 789, 086 762 113, 012 203 382. Email: nouthsarida@gmail.com, cheatasoft27@gmail.com):

- Annual progress report
- Final scientific report
- Patient/participant feedback (if any)
- Analyzing serious adverse events report (if applicable)

The Principal Investigator should be aware that there might be site monitoring visits at any time from NECHR team during the project implementation and should provide full cooperation to the team. S

Regards,
Chairman


Prof. ENG HUOT

**National Ethics Committee
for Health Research
(NECHR)**

ខ្សែកម្រិតលេខ៨០, វិថីសម្តេច ប៉ែន នុត (២៨៩) សង្កាត់បឹងកក់ ២, ខណ្ឌ ខ្ពស់ដេក, រាជធានីភ្នំពេញ, ខ្មែរស៊ីវិល(៨៤៥-០១២) ៤៤២ ៤៤២, (៨៥៥-០១២) ៥២៨ ៧៨៩, (៨៥៥-០១២) ២០៣ ៣៨២
Lot #80, Samdach Penn Nouth Blvd (289), Sangkat Boeungkok 2, Khan Tuol Kork, Phnom Penh, Cambodia. Tel: (855-012) 842 442, (855-012) 528 789, (855-012) 203 382

Appendix 2: Survey Instrument

**Survey
on
“Situational Analysis of Mental Health Service Support in Higher Education
Sector in Cambodia: The Case Study of Phnom Penh City”**

Section 0: Information about enumerators and respondents

A. Information about enumerators

1. Date of collected data.....
2. Enumerator's name.....

B. Information about respondents

3. Respondent's name.....
4. Gender
 - a. Male
 - b. Female
 - c. Prefer not to say
5. Age
 - a. 18 – 25 years old
 - b. 26 – 35 years old
 - c. 36 years old and above
6. What degree are you taking at university? (*Multiple answers*)
 - a. Associate degree
 - b. Bachelor's degree
 - c. Master's degree
 - d. Others, please specify.....
7. What major are you taking at university?
.....
8. What year are you taking at university?
 - a. Year 1
 - b. Year 2
 - c. Year 3
 - d. Year 4
 - e. Year 5
 - f. Year 6
 - g. Others, please specify.....
9. What university are you studying at? (*Multiple answers*)
 - a. RUPP
 - b. RUFA
 - c. RULE
 - d. UHS

- e. International University (IU)
 - f. Puthisastra University
 - g. AUPP
 - h. Others, please specify.....
10. Would you like to join the FGD with us in the future?
- a. Yes
 - b. No **(Skip 10.1.)**
- 10.1. If yes chosen in 10., please write down your phone number.

Section 1: Student’s understanding of mental illness and mental well-being

A. Mental well-being

- 1.1. Among the three options below, pick a definition for the term mental well-being. *(Read the answers)*
- a. It is all about what people think and feel.
 - b. It is all about what people think, feel, and behave.
 - c. It is all about what people think and behave.
- 1.2. Do you feel comfortable discussing mental well-being?
- a. Yes
 - b. No **(Skip to 1.3.)**
- 1.2.1. If yes selected in 1.2., do you openly discuss about your mental well-being?
- a. Yes
 - b. No **(Skip to 1.3.)**
- 1.2.2. If yes selected in 1.2.1., to whom do you discuss openly your mental well-being? *(Multiple answers)*
- a. Friends
 - b. Family
 - c. Lecturer
 - d. Counsellor/psychologist/psychiatrist
 - e. Community
 - f. Nobody *(Can’t choose with other options)*
 - g. Others, please specify.....
- 1.2.3. If any answer is chosen in 1.2.2., please write down three reasons.
- a.
 - b.
 - c.

B. Mental illness

- 1.3. Agree or Disagree: Mental disorders (or mental illnesses) are conditions that affect your thinking, feeling, mood, and behavior. *(Read the answers)*
- a. Agree

- b. Disagree
- 1.4. How did you learn about the term “Mental illness”? *(Multiple answers)*
 - a. Course at school
 - b. Influencers on social media
 - c. Family
 - d. Friends
 - e. Training or workshops
 - f. Personal self-reflection/self-diagnosis
 - g. Don't know *(Can't choose with other options)*
 - h. Others, please specify.....
- 1.5. What are top 3 reasons that cause mental illness among university students? *(Choose three options)*
 - a. Family
 - b. Romantic relationship
 - c. Peer pressure
 - d. Social pressure
 - e. Financial issues
 - f. School work
 - g. Discrimination (online bullying and in person bully)
 - h. COVID-19
 - i. Others, please specify.....

Section 2: Negative impact of COVID-19 on your study and well-being

A. Study

- 2.1. On a scale of 1 to 5, please describe the level of negative impact of COVID-19 on your study. *(Read the answers)*
 - 1. No impact
 - 2. Little impact
 - 3. Moderate impact
 - 4. High impact
 - 5. Extremely high impact

B. Well-being

- 2.2. On a scale of 1 to 5, please describe the level of negative impact of COVID-19 on your well-being. *(Read the answers)*
 - 1. No impact
 - 2. Little impact
 - 3. Moderate impact
 - 4. High impact
 - 5. Extremely high impact

Section 3: Mental health care for higher education students

A. Awareness on the importance of mental health

- 3.1. Do you think mental health care is *(Read the answers)*
 - a. more important than physical health care.
 - b. Less important than physical health care.
 - c. as important as physical health care.
- 3.1.1. If a or c is chosen, should mental health care be broadly/openly discussed?
 - a. Yes
 - b. No *(Skip to 3.2.)*
- 3.1.2. If yes chosen in 3.1.1., in what way? *(Multiple answers)*
 - a. Social media
 - b. Mass media (TV, radio, banner, etc.)
 - c. Home
 - d. School
 - e. Community
 - f. Workplace
 - g. Others, please specify.....
- 3.2. Have you attended any pieces of training/workshops on mental health care?
 - a. Yes
 - b. No *(Skip to 3.3.)*
- 3.2.1. If yes chosen in 3.2., from whom? *(Multiple answers)*
 - a. School
 - b. Private/non-governmental mental health service providers
 - c. Public mental health service providers
 - d. Influencers (Think with Ping An)
 - e. Inspirational quotes on social media
 - f. Others, please specify.....
- 3.2.2. If yes chosen in 3.2., is the service free?
 - a. Yes
 - b. No
 - c. Sometimes free and sometimes not
- 3.3. What activities do you do to take care of your mental health? *(Multiple answers)*
 - a. Breathing exercise
 - b. Meditation
 - c. Exercise (i.e., gym, swimming, running, etc)
 - d. Talk with friends
 - e. Talk with family
 - f. Seek professional help
 - g. Travelling
 - h. Listening to relaxing music
 - i. Never do anything *(Can't choose other options, skip 3.3.1.)*
 - j. Others, please specify.....
- 3.3.1. How often do you do the activities?

- a. Once a week
- b. Twice a week
- c. At least 3 times a week
- d. Others, please specify.....

B. Awareness about mental health support, Availability & Accessibility

- 3.4. Do you know any mental health service? *(Multiple answers)*
 - a. Counselling in person
 - b. Phone call counselling
 - c. Hotline counselling
 - d. Guided meditation
 - e. Cognitive behavioral therapy (CBT)
 - f. Art therapy
 - g. Medical treatment
 - h. Traditional treatment
 - i. Don't know *(Can't choose with other options)*
 - j. Others, please specify.....
- 3.5. Do you know any mental health service provider? *(Multiple answers)*
 - a. Counselling service at school
 - b. Private/non-government counselling service **(Skip to B2)**
 - c. Public counselling service **(Skip to B3)**
 - d. Don't know any counselling service provides *(Can't choose with other options, skip to Section 4)*

B1. Counselling service at school

- 3.6. Is counselling service at school available to you?
 - a. Yes
 - b. No **(Skip to 3.8.)**
- 3.6.1. If yes chosen in 3.6., do you know any service provided at your university? *(Multiple answers)*
 - a. Counselling in person
 - b. Phone call counselling
 - c. Hotline counselling
 - d. Guided meditation
 - e. Cognitive behavioral therapy (CBT)
 - f. Art therapy
 - g. Medical treatment
 - h. Traditional treatment
 - i. Don't know *(Can't choose with other options)*
 - j. Others, please specify.....
- 3.6.2. If yes chosen in 3.6., where did you get the information? *(Multiple answers)*
 - a. Teachers

- b. Family
 - c. Friends
 - d. Information board at school
 - e. Social media
 - f. Others, please specify.....
- 3.6.3. If yes chosen in 3.6., is the service free?
- a. Yes
 - b. No
 - c. Sometimes free and sometimes not
 - d. Don't know (*Can't choose with other options*)
- 3.6.4. If b or c chosen in 3.6.3., do you know how much it costs?
- a. Yes
 - b. No **(Skip to 3.7.)**
- 3.6.5. If yes chosen in 3.6.4., how much do you have to spend per session? (*KHR or USD*)
.....
- 3.6.6. If yes chosen in 3.6.4., is it affordable for you?
- a. Yes
 - b. No
- 3.7. If yes chosen in 3.6., have you ever accessed counselling service at school before?
- a. Yes
 - b. No **(Skip to 3.8.)**
- 3.7.1. If yes chosen in 3.7., how often do you access it?
- a. Once a week
 - b. Twice a week
 - c. At least 3 times a week
 - d. Others, please specify.....
- 3.7.2. If yes is chosen in 3.7., what is the service you have accessed most?
.....
- 3.7.3. If yes chosen in 3.7., how did you find the services you have accessed? (*Read the answers*)
- a. Useful
 - b. Somewhat useful
 - c. Not useful
- B2. Private/non-government counselling services**
- 3.8. Are private/non-government counselling services available to you?
- a. Yes
 - b. No **(Skip to 3.10.)**
- 3.8.1. If yes chosen in 3.8., do you know any service provided there? (*Multiple answers*)
- a. Counselling in person
 - b. Phone call counselling
 - c. Hotline counselling
 - d. Guided meditation

- e. Cognitive behavioral therapy (CBT)
 - f. Art therapy
 - g. Medical treatment
 - h. Traditional treatment
 - i. Don't know (*Can't choose with other options*)
 - j. Others, please specify.....
- 3.8.2. If yes chosen in 3.8., where did you get the information from? (*Multiple answers*)
- a. Teachers
 - b. Family
 - c. Friends
 - d. Information board at school
 - e. Social media
 - f. Others, please specify.....
- 3.8.3. If yes chosen in 3.8., is the service free?
- a. Yes
 - b. No
 - c. Sometimes free and sometimes not
 - d. Don't know (*Can't choose with other options*)
- 3.8.4. If b or c chosen in 3.8.3., do you know how much it costs?
- a. Yes
 - b. No (*Skip to 3.9.*)
- 3.8.5. If yes chosen in 3.8.4., how much do you have to spend per session? (*KHR or USD*)
.....
- 3.8.6. If yes chosen in 3.8.4., is it affordable for you?
- a. Yes
 - b. No
- 3.9. If yes chosen in 3.8., have you ever accessed private/non-government counselling services before?
- a. Yes
 - b. No (*Skip to 3.10.*)
- 3.9.1. If yes chosen in 3.9., how often do you access it?
- a. Once a week
 - b. Twice a week
 - c. At least 3 times a week
 - d. Others, please specify.....
- 3.9.2. If yes chosen in 3.9., what is the service you have accessed most?
.....
- 3.9.3. If yes chosen in 3.9., how did you find the services you have accessed? (*Read the answers*)
- a. Useful
 - b. Somewhat useful
 - c. Not useful

B3. Public counselling service

- 3.10. Is public counselling service available to you?
- a. Yes
 - b. No *(Skip to 4.1.)*
- 3.10.1. If yes chosen in 3.10., do you know any service provided there? *(Multiple answers)*
- a. Counselling in person
 - b. Phone call counselling
 - c. Hotline counselling
 - d. Guided meditation
 - e. Cognitive behavioral therapy (CBT)
 - f. Art therapy
 - g. Medical treatment
 - h. Traditional treatment
 - i. Don't know *(Can't choose with other options)*
 - j. Others, please specify.....
- 3.10.2. If yes chosen in 3.10., where did you get the information from? *(Multiple answers)*
- a. Teachers
 - b. Family
 - c. Friends
 - d. Information board at school
 - e. Social media
 - f. Others, please specify.....
- 3.10.3. If yes chosen in 3.10., is the service free?
- a. Yes
 - b. No
 - c. Sometimes free and sometimes not
 - d. Don't know *(Can't choose with other options)*
- 3.10.4. If b or c chosen in 3.10.3., do you know how much it costs?
- a. Yes
 - b. No *(Skip to 3.11.)*
- 3.10.5. If yes chosen in 3.10.4., how much do you have to spend per session? *(KHR or USD)*
.....
- 3.10.6. If yes chosen in 3.10.4., is it affordable for you?
- a. Yes
 - b. No
- 3.11. If yes chosen in 3.10., have you ever accessed public counselling service before?
- a. Yes
 - b. No *(Skip to 4.1.)*
- 3.11.1. If yes chosen in 3.11., how often do access it?
- a. Once a week
 - b. Twice a week
 - c. At least 3 times a week

- d. Others, please specify.....
- 3.11.2. If yes chosen in 3.11., what is the service you have accessed most?
.....
- 3.11.3. If yes chosen in 3.11., how did you find the services you have accessed? *(Read the answers)*
 - a. Useful
 - b. Somewhat useful
 - c. Not useful

Section 4: Types of mental health services required by students

- 4.1. Would you like to (additionally) have mental health support services at your university?
 - a. Yes
 - b. No *(Skip 4.1.1.)*
- 4.1.1. If yes chosen in 4.1., what are they (at most 3 services)?
 - a.
 - b.
 - c.

Appendix 3: PIS and consent forms



PARTICIPANT INFORMATION STATEMENT: STUDENTS

(1) What is this study about?

You are invited to take part in a research study about *Situational Analysis of Mental Health Service Support in Higher Education Sector in Cambodia: The Case Study of Phnom Penh City*.

You have been invited to participate in this study because you can provide insight into the *perspectives of the students* on this topic. This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

(2) Who is running the study?

The study is being carried out by the following researchers:

- Ms. Chanleap Pin
- Ms. Mouyleng Khan
- Ms. Naihuong Seng
- Mr. Pheaktra Chheng

The study is being funded by Tetra Tech International Development on behalf of *Australia Award Cambodia, Australia Government's Department of Foreign Affairs and Trade (DFAT)*. Ms. Chanleap Pin and Ms. Mouyleng Khan are not being paid but to undertake this research.

(3) What will the study involve for me?

You will be asked to participate in a *questionnaire survey or FGDs*.

- For the questionnaire survey, it will be administered by the research team using a digital form of survey.
- For FGDs, you and the research team will meet in a pre-arranged location that is convenient for you.

You will be asked to answer questions about *"What is the current level of mental health support services for students attending university in Phnom Penh? And is more needed?"*

With your consent, the questionnaire survey will be submitted online by the research team, and the FGDs may be audio recorded so that the interviewer can check their notes.

The survey or FGDs will be conducted in Khmer. If it is conducted in English, an interpreter may be involved when the interviewer does not speak your language.

If you have participated in FGDs and would like to review the interview transcript, you can let the interviewer know. If you do so, then the researchers will send you a copy of your interview transcript once it is available and before the publication of the study.

(4) How much of my time will the study take?

The questionnaire survey will take approximately 30 minutes, and the FGDs will take approximately one hour.

(5) Who can take part in the study?

Government and UN officials; Non-government and government service providers; student support managers in the higher education sector; university lecturers; and university students in Phnom Penh.

Only students aged 18 years and over can participate in this study. Anyone under this age is not permitted to take part.

(6) Are there any risks or costs associated with being in the study?

Because the study addresses the current level of mental health support services for students attending university in Phnom Penh and what more needed are, there may be some risks associated with taking part in this study. If you become distressed during the survey or FGDs and wish to speak with someone, we will put you in contact with counsellors at the Transcultural Psychosocial Organization (TPO Cambodia). TPO Cambodia is a Cambodian organisation that specialised in supporting women and men who have experienced violence. The services they can provide you are confidential and free of charge. Also, your participation is anonymous.

(7) Are there any benefits associated with being in the study?

We cannot guarantee that you will receive any direct benefits from being in the study; however, the results of the study will be used to (1) inform future interventions/programs at the university level and (2) provide policy recommendations for the Ministry of Education, Youth and Sports.

(8) What will happen to information about me that is collected during the study?

By providing your consent, you are agreeing to us collecting information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Statement unless you consent otherwise. Your identity/information will only be disclosed with your permission, except as required by law and will be stored safely with all other data in a password-protected computer or locked cabinet in one of the lead researchers' offices.

Study findings may be published in journal articles or presented at conferences, but you will not be identified in these publications unless you agree to it.

We will keep the information we collect for this study, and we may use it in future projects. By providing your consent, you are allowing us to use your information in future projects. We don't know at this stage what these other projects will involve. We will seek ethical approval before using the information in these future projects.

(9) Can I tell other people about the study?

Yes, you are welcome to tell other people about the study.

(10) What if I would like further information about the study?

When you have read this information, Ms. Chanleap Pin and Ms. Mouyleng Khan will be available to discuss it with you further and answer any questions you may have from Monday – Friday between the hours of 9am and 1pm Phnom Penh time. If you would like to know more at any stage during the study, please feel free to contact:

- Ms. Chanleap Pin, lead researcher,
Phone: +855 12 484 837, Email: pchanleap@gmail.com
- Ms. Mouyleng Khan, co-lead researcher,
Phone: +855 78 819 599, Email: mouyleng.khan@gmail.com
- Ms. Naihuong Seng, research associate,
Phone: +855 11 556 831, Email: naihuong.seng@gmail.com, and
- Mr. Pheaktra Chheng, research associate,
Phone: +855 95 364 223, Email: pheaktrachh3@gmail.com.

(11) Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by telling the research team or by contacting Ms. Chanleap Pin or Ms. Mouyleng Khan by phone or by email (see above).

(12) What if I have a complaint or any concerns about the study?

Research involving humans in Cambodia is reviewed by an independent group of people called the National Ethics Committee for Health Research (NECHR). The ethical aspects of this study have been approved by NECHR on 16th September 2022, in Protocol Number 270, on the research study Situational Analysis of Mental Health Service Support in Higher Education Sector in Cambodia: The Case Study of Phnom Penh City, Version N^o 1, dated 05th September 2022. This statement has been developed to protect people who agree to take part in research studies.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

Secretary of the National Ethics Committee for Health Research (NECHR)

Name: Mrs. Nout Sarida	Name: Mrs. Vadhana Cheata
Tel: 012 528 789	Tel: 012 203 382
Email: nouthsarida@gmail.com	Email: cheatasoft27@gmail.com

CONSENT FORM

Consent Statement

- I have read and understood the information about the research, and I understand I am being asked to provide informed consent to participate in this research study. I understand that I can contact the research team if I have further questions about this research study.
- I am not aware of any condition that would prevent my participation, and I agree to participate in this project.
- I understand that I am free to withdraw at any time during the study.
- I understand that I can contact Research Ethics & Compliance Office if I have any complaints or reservations about the ethical conduct of this study.
- I allow researchers to take notes.
- I allow researchers to do a voice recording.
- I understand that the information collected may be published and that my identity will not be revealed.

This sheet is for you to keep.

Signed:

Name:

Date:

PARTICIPANT INFORMATION STATEMENT: GOVERNMENT AGENCIES

(1) What is this study about?

You are invited to take part in a research study about *Situational Analysis of Mental Health Service Support in Higher Education Sector in Cambodia: The Case Study of Phnom Penh City*.

You have been invited to participate in this study because you can provide insight into the *perspectives of the government agencies* on this topic. This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

(2) Who is running the study?

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The study is being funded by Tetra Tech International Development on behalf of *Australia Award Cambodia, Australia Government's Department of Foreign Affairs and Trade (DFAT)*. Ms. Chanleap Pin and Ms. Mouyleng Khan are not being paid but to undertake this research.

(3) What will the study involve for me?

You will be asked to participate in a *semi-structured interview*.

You will be asked to answer questions about *"What is the current level of mental health support services for students attending university in Phnom Penh? And is more needed?"*

With your consent, the semi-structured interview will be conducted by the research team, and the interview may be audio recorded so that the interviewer can check their notes.

The semi-structured interview will be conducted in Khmer. If it is conducted in English, an interpreter may be involved when the interviewer does not speak your language.

If you have participated in the interview and would like to review the interview transcript, you can let the interviewer know. If you do so, then the researchers will send you a copy of your interview transcript once it is available and before the publication of the study.

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MENTAL HEALTH PROVISION FOR UNVIERSITY STUDENTS IN PHNOM PENH

29 May 2023

Phnom Penh

Cambodia

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