KINGDOM OF CAMBODIA
NATION RELIGION KING

MENTAL HEALTH STRATEGIC PLAN

2023-2032

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FOREWORD

Mental disorders are leading causes of disability worldwide, significantly impacting individuals, families, communities, and societies. They affect personal well-being and economic stability, impair people's ability to function and reduce their lifespan. The economic burden is substantial, with high healthcare costs and significant productivity loss; as for social aspect, mental illnesses can lead to isolation and discrimination. They also place a huge demand on healthcare systems and often co-occur with other diseases, complicating treatment and increasing costs. The vast and multifaceted burden of mental illnesses highlights the need for comprehensive mental health services and concerted efforts from all stakeholders.

The Ministry of Health of the Kingdom of Cambodia is announcing the Mental Health Strategic Plan 2023-2032. This Strategic Plan is aiming to ensure resilient system and governance for mental health, enrich mental health workforce, improve quality and safety care and treatment, and advance universal health coverage for mental health to enable all Cambodian people have better mental health and psychological wellbeing contributing to the quality of life.

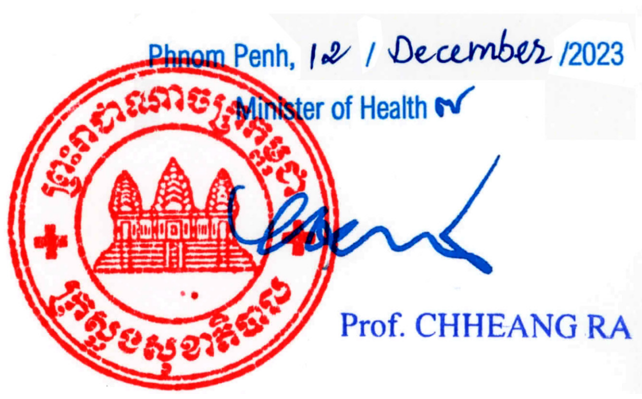
This strategic plan also takes into account the Pentagonal Strategy of the Royal Government of Cambodia and aligns with the direction of the Health Strategic Plan 2023-2032 of the Ministry of Health, and embeds the recommendations of the Sustainable Development Goals, and the World Health Organization stated in the Regional Framework for the Future of Mental Health in the Western Pacific and the World Mental Health Report 2022.

Over the next ten years, MHSP will enrich mental health workforce, substantially increase and diversify mental health services for all ages, ensure quality and safety mental health care, and advance universal health coverage for mental health.

This Mental Health Strategic Plan 2023-2032 has four main strategic objectives:

1. Ensure Resilient System and Governance for Sustainable Mental Health Development.
2. Ensure Comprehensive Mental Health Service through Reforming from Promotion to Prevention, Care, Treatment, and Rehabilitation.
3. Ensure Mental Health Services Provision in Compliance with Best Practice to Maximize Outcomes for The Patients.
4. Enable People with Mental Health Conditions to receive Universal Health Coverage for Mental Health.

This important document will guide the Ministry of Health, its stakeholders, private sector and NGOs to develop realistic and practical implementation plan to address the needs of people. The Ministry of Health considers it as an effective roadmap to meet the mental health and psychosocial needs of Cambodian people.



ACKNOWLEDGEMENT

On behalf of the Ministry of Health, I appreciate the leadership of the Department of Mental Health and Substance Abuse for spearheading the development of the Mental Health Strategic Plan 2023-2032. This crucial document will direct our efforts in addressing the emerging health issues and needs of the population in the upcoming period.

I would like to express my sincere thanks to **H.E. Dr. Lo Veasnakiry**, Secretary of State, **H.E. Chhy Hong**, Secretary of State, **HE. Chhum Vannarith** Undersecretary of State and **H.E Dr. Hok Kimcheng**, Director General for Health, for their guidance and dedicated work in providing advice during the development process.

Special thanks are extended to **Dr. Chhit Sophal**, Director of the Department of Mental Health and Substance Abuse, and **Dr. Nargiza Khodjaeva**, WHO Technical Team Lead, and **Dr. Yel Daravuth**, WHO Technical Advisor.

I would also like to extend my gratitude to all representatives of other relevant ministries and institutions, partners, and all contributors who contributed and provided support to this significant work.

Once again, I would like to express my appreciation for all stakeholders for their active participation, collaboration, and efforts to finalize this MHSP, special thanks to the World Health Organization that has technically and financially supported the development of this strategic plan.

MESSAGES FROM HIS EXCELLENCY THE MINISTER OF HEALTH

The development of a country requires healthy population, including healthy mental health. Mental health is just as important as physical health for all people of all ages. Many people, including children, adolescents, adults, and older adults, who are suffering from mental illnesses are often overlooked. They are requiring the same level of care, treatment, and support as people with physical health conditions.

- Together promote mental health.
- Let's stop stigma and discrimination against people with mental illness.

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LIST ABBREVIATIONS/ACRONYMS

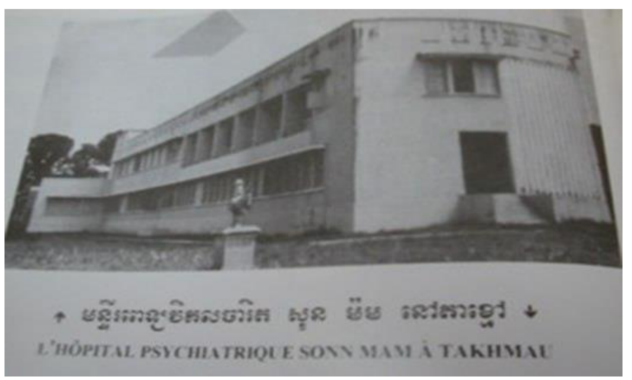
AIDS	Acquired Immune Deficiency Syndrome
AOP	Annual Operational Plan
CDC	Communicable Disease Control
CSDG	Cambodia Sustainable Development Goals
CoC	Continuum of Care
CoE	Center of Excellence
CPA	Complementary Package of Activities
CPD	Continuing Professional Development
DALYs	Disability Adjusted Life Years
DGH	Director General for Health
DHRD	Department Human Resource Development
DHD	Digital Health Department
DIC	Department of International Cooperation
DPHI	Department of Planning and Health Information
DMHSA	Department of Mental Health and Substance Abuse
ECT	Electroconvulsive Therapy
HC	Health center
HCMC	Health Center Management Committee
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post
HSP4	Fourth Health Strategic Plan
ICD-10	International Classification of Diseases-10
IO	International Organization
LMIC	Low Middle Income Country
MHSP	Mental Health Strategic Plan
MHSA	Mental Health and Substance Abuse
MHPSS	Mental Health and Psychosocial Support
MOH	Ministry of Health
MoWA	Ministry of Women's Affairs
MoEYS	Ministry of Education Youth and Sports
MOLVT	Ministry of Labour and Vocational Training

MoSVY	Ministry of Social Affairs, Veteran and Youth Rehabilitation
MPA	Minimum Package of Activities
M&E	Monitoring and Evaluation
NGO	Non-Gouvernement Organizations
NCD	Non-Communicable Diseases
NPMH	National Program for Mental Health
PHD	Provincial Health Department
PMD	Provincial Health Department
PTSD	Post-Traumatic Stress Disorder
ODO	Operational District Office
OPD	Out-Patient Department
RH	Referral Hospital
SDG	Sustainable Development Goal
SUD	Substance Use Disorders
TB	Tuberculosis
TOR	Terms of Reference
UHS	University of Health Science
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VHSG	Village Health Support Group
WHO	World Health Organization
YLDs	Years Lived with Disability
YRP	Year Rolling Plan

1. INTRODUCTION

1.1. BACKGROUND

Before 1975, a psychiatric hospital known as "Prek Tnot Hospital" provided mental health services to mentally ill patients, mainly people with psychotic disorders, with a capacity of about 300 beds.



The hospital was located in Takhmau Town and was also known as "Hôpital Psychiatrique" in French. Currently, the hospital has been transformed into a general hospital called Chey Chum Neas Provincial Referral Hospital, Kandal Province[1].

After 1975, the Pol Pot regime destroyed the psychiatric hospital and decimated the entire health system. Of the 1,000 doctors trained prior to 1975, less than 50 of them survived; none of the mental health professionals survived. In 1979, the restoration of a functioning healthcare system became one of the highest priorities of the new government. However, neither mental health training nor mental health services existed in the country at that time.

In 1992, the Ministry of Health initiated a mental health program with the establishment of the Mental Health Sub-Committee. The Sub-Committee was tasked with coordinating with all relevant partners to develop and implement mental health activities as an integral part of overall service delivery.

In 2005, the Ministry of Health established the National Program for Mental Health (NPMH) through the issuance of an MOH's Prakas[2], was under the Directorate-General for Health (DGH).

In June 2014, the government established the Department of Mental Health and Substance Abuse (DMHSA) through a Sub-Decree No 200 អនក្រ.បក of RGC [3]. It is working under DGH's leadership to address mental health and substance abuse problems within Cambodia's healthcare system. It consists of three program components: a) mental health, b) substance abuse, and c) harm reduction. The roles of the Department of MHSA are as follows:

- Develop policies, strategic plans, guidelines, and other legislation related to mental health and substance abuse.
- Manage the mental health and substance abuse database system.
- Supervise, monitor, and evaluate the progress and achievement of Mental Health and Substance Abuse services.
- Conduct research on mental health and substance abuse.
- Coordinate and collaborate with other ministries, relevant institutions, development partners, national and international communities, relevant authorities, and other countries in the region for the development of mental health and substance abuse.

- Develop human resources in mental health and substance abuse at all levels of skills in collaboration with other relevant departments and training institutions of the MOH as well as other public and private agencies.
- Organize national and international events related to mental health and substance abuse.

Despite many stages of its transformation, the mental health component has been increasingly expanded and integrated into the public health system across the country. The mental health component is therefore one of the agendas of the MOH HSP4, 2023-2032, hence contributing to achieve the SDG and the Pentagonal Strategy of the Royal Government of Cambodia of the Seventh Legislature of the National Assembly.

1.2. RATIONALE

The WHO definition of health encompasses complete physical, mental, and social wellbeing. Protecting and promoting mental health is essential to ensuring a foundation for well-being throughout the life course. It is a key factor in enabling people to fulfill their potential, maintain resilience and productivity, and engage meaningfully with their community's development.

Mental Health is an integral part of our general health and well-being and a basic human right.

The COVID-19 pandemic has brought the future of mental health forward and has shown that mental health is about everyone's well-being. The pandemic has impacted people's lives in many ways, including connection, safety, freedom of movement, and livelihoods. At no other point in recent history has a single event caused nearly everyone to feel some form of distress of this magnitude and need for support. Protecting and promoting the mental well-being of everyone has many co-benefits for individuals, families, communities, and society as a whole.

At the global level, the Seventy-fourth World Health Assembly 2021 endorsed the updated Comprehensive Mental Health Action Plan 2013-2030, which includes updated implementation options and indicators. The endorsement was given after considering the report by the Director-General on promoting mental health preparedness and response for public health threats, given the need to support recovery from COVID-19 and highlighting extra efforts needed to reach those in vulnerable situations and leverage innovative technologies.

At the regional level, the World Health Organization (WHO) has been working towards creating the healthiest and safest region by highlighting that mental health is a significant public health issue alongside non-communicable diseases, ageing, health security, climate change, and reaching the unreached. The endorsement of the Comprehensive Mental Health Action Plan 2013-2030 by WHO Member States during the 70th Regional Committee (2019) represents a strategic opportunity to create the future of mental health in the Western Pacific grounded by operational shifts.

At the national level, mental health has been considered as a priority in the health sector and incorporated into the Health Strategic Plan 2008-2013. Currently, the Ministry of Health (MoH) is developing the Health Strategic Plan 2023-2032 which demonstrates the commitment of the government at all levels of the health system, development partners, and communities toward achieving the Sustainable Development Goals (SDGs). HSP4 continues its mission toward a long-term vision for further strengthening operations in the entire system (public

and private), addressing priorities, and ensuring consistent application of strategies across programs. The public health system and structure were changed in a new context following the administration reform of the Royal Government of Cambodia adopting "decentralization and de-concentration". According to this reform, the MOH has delegated more roles and functions to the sub-national level aiming to ensure effective work at that level.

In line with the HSP4, the development of the Mental Health Strategic Plan (MHSP) 2023-2032 is a key factor contributing to improving the quality of public service delivery at all levels. In addition, the MHSP 2023-2032 duly takes the WHO Comprehensive Mental Health Action Plan 2013-2030 and the Regional Framework for the Future of Mental Health in the Western Pacific 2023-2030 into consideration to be aligned and harmonized as appropriate. The original four major objectives of WHO remain unchanged:

a. More effective leadership and governance for mental health.
b. The provision of comprehensive, integrated mental health and social care services in community-based settings.
c. Implementation of strategies for promotion and prevention, and strengthened information systems, evidence, and research.
d. Policies, plans, and laws for mental health should comply with obligations under the Convention on the Rights of Persons with Disabilities and other international and regional human rights conventions.

It is worth stressing that the combined effort put into the implementation of this strategic plan will help ease the huge impact being suffered by the community as a result of this chronic illness. The effort will no doubt contribute to supporting the MOH in achieving Universal Health Coverage, and thereby, all Cambodian people will live in a society where people with mental disorders will be well taken care of, hence living at a higher level of productivity.

Poor mental health puts a brake on development by reducing productivity, straining social relationships, and compounding cycles of poverty and disadvantages.

1.3. PURPOSE OF THE PLAN

The Mental Health Strategic Plan (MHSP) is a strategic management tool that aims to facilitate planning, development, and implementation, monitoring, and evaluation of an effective and sustainable mental health program in collaboration with stakeholders, health partners, and communities. The MHSP covers the period from 2023 to 2032.

1.4. CONTEXT OF THE MHSP DEVELOPMENT

The Mental Health Strategic Plan (MHSP) was developed in line with the Cambodian context and global contexts, including the Cambodia Sustainable Development Goals (CSDG) 2016-2030 and The Health Strategic Plan for 2023-2032 (HSP4). The World Health Organization Regional Office for the Western Pacific Region has recommended that to address these issues and promote the highest level of mental health and well-being for all people in the Western Pacific Region, the mental health agenda must be reoriented with a systems approach to include well-being and reach the unreached.

The WPRO regional framework has a vision to have the highest level of mental health and well-being for people in the region, grounded in social solidarity for a transformative environment that promotes mental health for all. In order to achieve this vision, three directional strategies describe the way forward:

- Refocus the mental health agenda to include well-being and reaching the unreached through leadership that champions mental health in all policies, and strategies generated from the grounds up that match solutions to the voiced needs of communities, supported by strategic communication and advocacy.
- Transform mental health support and care into a community-based ecosystem of health and social services and innovations, enabled by an expanded and well-trained mental health workforce comprising specialists, non-specialists and social networks, delivering the full range of interventions, and underpinned by a responsive information system that drives impact.
- Embed mental health into the settings and journeys of daily life by engaging and empowering communities with tools and platforms that enhance protective factors and reduce risk factors across the life course, and by fostering social interventions and partnerships with co-benefits for mental health and other social sectors.

There are Four enabling strategies recommended by WPRO to provide the basis for key actions that will transform this vision into reality, we need to do with future-oriented decision-making, grounds-up approach, community-based partnerships and Innovation for mental health [4].

1.5. PROCESS OF THE MHSP DEVELOPMENT

The DMHSA, with technical back up of the WHO's consultant, has played a leading role in the development of the MHSP which involved a number of phases. The development of the Mental Health Strategic Plan (MHSP) involved a number of phases. First, the consultant conducted a desk review of various documents relevant to the development of the Strategic Plan. Second, the consultant ran a kick-off meeting with the DMHSA team to agree on a number of key aspects linked to the draft of the Strategic Plan, namely the format of the Plan, the table of contents, key partners to be interviewed, etc. During the third stage of the process, the consultant worked with the DMHSA team to draft and agree on core elements of the Strategic Plans such as the priorities, vision, mission, goal, values, guiding principles, strategic objectives, strategies, and strategic interventions.

Next, a consultative meeting was organized with all relevant partners seeking their inputs into the Strategic Plan based upon which the consultant revised the document. Following this consultative meeting, a second draft was developed and further refined focusing on more additional details linked to more detailed strategic interventions, monitoring and evaluation framework including core indicators, outcome indicators, key performance indicators, and estimated budget. The third draft was made and used for in-depth review and finalization with the DMHSA team.

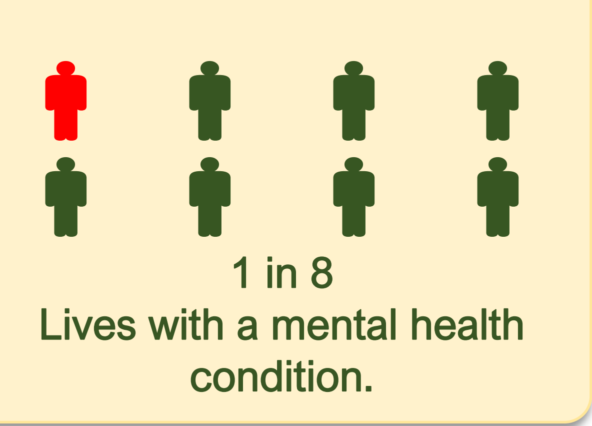
1.6. USE OF THE MHSP

It is envisioned that relevant health staff at the health centers, referral hospitals, and relevant stakeholders at the national and sub-national level will use this strategic plan to direct or redirect their combined efforts and make available resources to implement the plan successfully.

2. SETTING THE CONTEXT

2.1. GLOBAL MENTAL HEALTH

WHO reported that Mental health conditions are increasing worldwide. There has been a 13% rise in mental health conditions and substance use disorders in the last decade. Mental health conditions now cause 1 in 5 years lived with disability.[5]



Globally, the mental illness prevalence is 10.7% (792 million total cases) of total population and the mental or substance use disorders is 13% of the total population in which depressive disorder is 3.4%, anxiety 3.8%, schizophrenia 0.3%[6].

13% of global population is living with mental disorders.

Depression alone is among the largest single cause of disability and suicide[7]. Among ten leading causes of burden of disease ranking, depression disorder was the third rank (4.3%) in 2004 and will become the first rank (6.2%) in 2030.[8] Combined together, mental neurological and substance use disorder exact a high toll, accounting for 13% of the total global burden (WHO). Nevertheless, one person dies from suicide has occurred every 40 seconds (WHO) and over 800,000 people die due to suicide every year and that is the second leading cause of death in 15-29 years old (WHO 2017).

2.1.1. Child and Adolescent Mental Health

Globally, it is estimated that 1 in 7 (14%) 10-19 year-olds experience mental health conditions[1], yet these remain largely unrecognized and untreated. It is estimated that 3.6% of 10-14- year-olds and 4.6% of 15-19- year-olds experience an anxiety disorder.

Depression is estimated to occur among 1.1% of adolescents aged 10-14 years, and 2.8% of 15-19-year-olds. Depression and anxiety share some of the same symptoms, including rapid and unexpected changes in mood[9].

1 in 7 (14%) 10–19-year-olds experience mental health conditions.

2.1.2. Older Adult Mental Health

Between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%. In absolute terms, this is an expected increase from 900 million to 2 billion people over the age of 60. Older people face special physical and mental health challenges which need to be recognized.

Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years-DALYs) among people over 60 years is attributed to mental and neurological disorders. These disorders in older people account for 17.4% of Years Lived with Disability (YLDs).

- Over 20% of adults aged 60 and over suffer from a mental or neurological disorder.
- Dementia and depression affect approximately 5% and 7% of the world's older population.
- Anxiety disorders affect 3.8% of the older population.

The most common mental and neurological disorders in this age group are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively. Anxiety disorders affect 3.8% of the older population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among people aged 60 or above.

It is estimated that 50 million people worldwide are living with dementia with nearly 60% living in low- and middle-income countries. The total number of people with dementia is projected to increase to 82 million in 2030 and 152 million in 2050.

Depression can cause great suffering and leads to impaired functioning in daily life. Unipolar depression occurs in 7% of the general older population and it accounts for 5.7% of YLDs among those over 60 years old. Depression is both underdiagnosed and undertreated in primary care settings. Symptoms are often overlooked and untreated because they co-occur with other problems encountered by older adults[10].

2.1.3. Co-morbidity of Mental Disorders

2.1.3.1. Mental Health and Substance Abuse

It was noted that co morbidity of SUD and Mental Disorders is very common, many individuals who develop substance use disorders (SUD) are also diagnosed with mental disorders, and vice versa. This implies that mental illness and addiction often overlap.

According, infographic data on the comorbidity between substance use and mental disorders and the rates at which people get treatment for these conditions shown that 37.9% out of adult having substance use disorder had mental illness; and 18.2% out of adult with mental illness also had substance use disorder[11].

2.1.3.2. Mental Health and HIV/AIDS

People living with mental health problems can also be at higher risk of HIV. The risks are exacerbated by low access to information and knowledge of HIV, including how to prevent it, injecting drug use, sexual contact with people who inject drugs, sexual abuse, unprotected sex between men and low use of condoms. People living with HIV are at a greatly increased risk of developing mental health conditions, often suffering from depression and anxiety.

Studies also showed that Studies conducted over five continents have estimated that HIV prevalence among people living with severe mental disorders could be between 1.5% in Asia and up to 19% in Africa. Studies across 38 countries show that 15% of adults and 25% of adolescents living with HIV reported depression or feeling overwhelmed, which could be a barrier to adherence to antiretroviral therapy.

- **People living with HIV are at a greatly increased risk of developing mental health conditions, often suffering from depression and anxiety.**
- **Suicide is 100 times higher in people living with HIV than in the general population.**

Mental health conditions are more prevalent among people living with HIV/AIDS than among the general population. Women living with HIV experience higher rates of depression, anxiety and PTSD symptoms than either men living with HIV or women who are HIV negative. Exposure to abuse at home increases the likelihood of adolescent mental health conditions, which in turn can make it difficult for adolescents to protect themselves from HIV risk. Treating depression can improve adherence to care and clinical outcomes for people living with HIV/AIDS[12].

A recent systematic review shows that the risk of death by suicide is 100 times higher in people living with HIV than in the general population[13].

2.1.3.3. Mental Health and Tuberculosis

The prevalence of mental disorders, including depression and anxiety disorders, among people with TB is estimated to be between 40% and 70%. "Depression has been an invisible burden for people with TB. The risk of people with mental disorders being prone to developing TB, or the mental well-being of TB patients during their treatment has often been overlooked".

Depression and anxiety are more prevalent among people with tuberculosis than among the general population.

Several anti-TB medications may precipitate more severe forms of mental disorders, including major depression, anxiety, or psychosis. WHO also recommended that "We need to develop and implement guidelines to screen and treat depression among persons being treated for TB and work closely with patients to improve their illness perceptions"[14]. Depression and anxiety are more prevalent among people with tuberculosis than among the general population. Untreated depression and psychological distress in people with tuberculosis are associated with worse clinical outcomes, poorer quality of life and greater disability. Depression is significantly linked to non-adherence to tuberculosis treatment[15].

2.1.3.4. Mental Health and Maternal Health

Many women experience changes in their mental health during pregnancy and during the year after the birth. Poor mental health can negatively affect women's health and the well-being of their babies and families. Poor mental health is associated with higher risks of obstetric complications (e.g., pre-eclampsia, hemorrhage, premature delivery, and stillbirth) and suicide. In addition, women may be less likely to attend antenatal and postnatal appointments. A woman's untreated mental health condition may lead to a poor birth outcome, such as low infant weight, and greater risks for physical illnesses and emotional and behavioral difficulties in childhood. Infants may also be at increased risk of difficulty in feeding and in bonding with their parents[16].

One in 5 women will experience a mental health condition during pregnancy or in the year after the birth.

2.1.3.5. Mental Health and Diabetes

The relation between diabetes and depression is bidirectional, people with diabetes are more likely to develop depression, and depression is a risk factor for diabetes.

People with diabetes are more likely to develop depression, and depression is a risk factor for diabetes.

Accordingly, people with diabetes should have regular checks to assess whether they are developing depression. Diabetes is two to three times more common in people with a psychotic illness, schizophrenia or bipolar disorder. People with diabetes and a psychotic illness are more likely to die early than people with diabetes alone. Diabetes is more common among people with psychosis and schizophrenia, for three reasons: (1) the effects of atypical antipsychotic medication, (2) links between diabetes and schizophrenia and (3) cultural and lifestyle factors. Second-generation and novel antipsychotic medication is well known to cause both obesity and diabetes[17].

2.1.4. Suicide

Suicide is a serious global public health issue. Globally, 703 000 people die by suicide every year. Suicide is among the leading causes of death worldwide,

Suicide accounts for 1 in 100 deaths globally.

More than half (58%) of suicides happen before the age of 50 years.

The reduction of suicide mortality has been prioritized by the World Health Organization (WHO) as a global target and included as an indicator in the United Nations Sustainable Development Goals (SDGs) under target 3.4, as well as in WHO's 13th General Program of Work 2019–20231 and in the WHO Mental Health Action Plan 2013–

2020 which has been extended to 2030. A comprehensive and coordinated response to suicide prevention is critical to ensure that the tragedy of suicide does not continue to cost lives and affect many millions through the loss of loved ones or suicide attempts[18].

77% of global suicides occur in low and middle-income countries. Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based, and often low-cost interventions. In both males and females, suicide is a major cause of death among young people. Overall, it is the fourth leading cause of death among 15–29-year-olds and accounts for some 8% of all deaths in this age group. More than half (58%) of suicides happen before the age of 50 years. And suicide rates in people aged over 70 years are more than twice those of working age people[19].

The global target: "the rate of suicide will be reduced by 1/3, by 2030".

2.1.5. Mental Health in Special Population

2.1.5.1. Migrant Mental Health

Many migrants and refugees will experience distress (e.g., feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability, anger and/or aches and pains). For most people, these reaction will improve over time. Some studies show that the prevalence of common mental disorders (e.g., depression, anxiety, and post-traumatic stress disorder (PTSD) is higher among migrants and refugees than among host populations. There is also consistent evidence that the incidence of psychoses is higher among migrant populations in a number of countries[20].

2.1.5.2. Prison Mental Health

Prisoners are much more likely to have a mental health condition than the general population. Before incarceration, they are more likely to have been exposed to adverse social circumstances that are risk factors for mental health conditions as well as for crime.

Non-affective psychosis and depression among these prisoners are 6.2% and 16% respectively, which is respectively 16 and 6 times higher than the rates among the general population.

Around 70% of the world's prison population– more than seven million people – are based in LMICs, where most people in the world live. Researchers estimate the rates of non-affective psychosis and depression among these prisoners are 6.2% and 16.0% respectively, which is respectively 16 and 6 times higher than the rates among the general population.

Adolescents in the juvenile justice system are similarly much more likely to experience mental health conditions than those in the general population, with an estimated 70% having at least one diagnosable mental health condition[21].

2.1.6. Promotion and Prevention in Mental Health

Promotion and prevention should combine universal and targeted strategies and interventions aimed at reducing stigma and discrimination and promoting the human rights of people with mental disorders[22]. Effective strategies require multisectoral action and may involve making changes at the individual, social (family and community). Promoting child and adolescent mental health can be achieved through policies and legislation, caregiver support, school-based programs and changes to community and online environments[23].

WHO reported that 52% of WHO member states have at least two national multisectoral programs that function to promote mental health and prevent mental illnesses. There are many types of functioning programs such as mental health awareness/ anti-stigma, school-based mental health prevention and promotion, early childhood development, suicide prevention, mental health and psychosocial support component of disaster preparedness and/or disaster risk reduction, work-related mental health prevention and promotion, and parental/maternal mental health promotion and prevention[24]. Integrating mental health promotion, prevention, and care across the life course wihin the context of national efforts to achieve universal health coverage.

The global target "80% of countries will have at least two functioning national, multisectoral mental health promotion and prevention programs, by 2030".

2.1.6.1. School Mental Health

As up to 50% of mental disorders in adults begin before the age of 14 years, the early stages of life present a particularly important opportunity to promote mental health and prevent mental disorders. School climate, academic pressure, and peer relationships, including experiences of bullying, have all been found to impact student mental health[25].

WHO, UNESCO and UNICEF recommended Five essential pillars for promoting and protecting mental health and psychosocial well-being in schools and learning environments (1) Create an enabling learning environment for positive mental health and well-being, (2) Guarantee access to early intervention and mental health services and support, (3) Promote teacher well-being, (4) Enhance MHPSS capacity in the education workforce, (5) Ensure meaningful collaboration between the school, family, and community to build a safe and nurturing learning environment[26].

2.1.6.2. Mental Health in Workplace

Work losses not only affect individual and household abilities to earn a living but also contribute to wider societal costs through increased unemployment and welfare needs, lost productivity, workplace accidents and reduced taxation revenue. 12 billion workdays are lost every year to depression and anxiety[27].

2.1.7. Mental Health and COVID-19

During COVID-19 outbreak, mental problems among the general population was further perpetuated due to the fear of COVID-19 contraction and death, loss of job and incomes, application of precaution measures including wearing face mask, social distancing, lock down, quarantine, etc. All these have resulted in increased work burden among health professionals[28].

The mental illnesses have considerably been increasing from 10% up to 30% of every post covid-19 events. This would be explained by multiple social determinants of mental health - fear and anxiety about COVID-19, emotional distress resulting from illness, grief, unemployment, income loss, and loneliness due to social isolation. During COVID-19 pandemic, the result of research in some countries (China, Iran, USA) revealed that depression and anxiety prevalence among the general population has increased from 30% to 60%; and amongst the adult population group, it has increased up to 5 times. Such prevalence has also been increasing among children and adolescent (depression up to 50%, anxiety up to 45%, sleep problem up to 35%[29]).

The COVID-19 pandemic marks a turning point, where mental health must be prioritized amongst the list of global health priorities. As countries struggle to rebuild their damaged economies, they must accept the reality of the financial toll of mental ill-health and immediately start to invest wisely.

2.1.8. Economic Loss

The cost to the world economy due to poor mental health and reduced productivity was estimated to be approximately $2.5 trillion in 2010, and such cost was projected to rise to $6 trillion by 2030. The costs linked to mental health care may take many forms that could link to social services, primary, secondary, and tertiary care. Not to mention the direct intervention costs, expenditure could also be linked to facilities, staff, administration, management, training, supervision, advocacy, and outreach activities. It was unanimously agreed that the economic

case for investment in mental health is strong, which means that for every $1 invested in scaled-up treatment for depression and anxiety, there would be a $4 return in better health and productivity[30].

Despite substantial advances in research, demonstrating the clinical and cost-effectiveness of pharmacological and psychosocial interventions to prevent and treat common mental disorders, service delivery at scale has been slow.

Every $1 invested in scaled-up treatment for depression and anxiety, there would be a $4 return in better health and productivity.

2.2. MEMTAL HEALTH CONTEXT IN CAMBODIA

2.2.1. Common Mental Health Problems

The WHO estimated that in 2017, 10.7% of the Cambodian population (about 1.6 million people) suffered from some form of mental illness. The most common mental disorders were depression (3.4% or about 572,673 people), anxiety (3.2% or about 538,987 people) and schizophrenia (0.3% or about 50,530 people)[31].

2.2.2. Co-morbidity of Mental Disorders

2.2.2.1. Mental Health and Substance Abuse

Overall, it was estimated that 48.5% of drug users living in rehabilitation centers and prisons, and 34.2% of those living in the community, experienced mental health disorders. It was noted that co morbidity of substance use disorders (SUD) and Mental Disorders is very common, many individuals who develop SUD are also diagnosed with mental disorders, and vice versa. This implies that mental illness and addiction often overlap[32].

2.2.2.2. Mental Health and HIV/AIDS

A survey on stigma and discrimination among people living with HIV in Cambodia reported that in the last 12 months, approximately 20 percent of respondents had been diagnosed with a mental health condition (e.g. anxiety, depression, insomnia). Overall, 76 percent of those who had symptoms of anxiety and depression did not receive any type of support[33].

2.2.2.3. Mental Health and Other NCD

So far, there have no reliable study on comorbidity of mental illness and NCD.

2.2.3. Suicide

In 2019, the Global Health Observatory Data of WHO reported that suicide mortality rate in Cambodia represents 4.9 per 100,000 population[34].

2.2.4. Mental Health and COVID-19

The COVID-19 pandemic has had a severe impact on the livelihoods and well-being of millions of Cambodians. According to the World Bank, the pandemic threatened to destroy at least 1.7 million jobs in Cambodia as of May 2020, creating immense socioeconomic and emotional stress for many people. In addition, many Cambodians faced pre-existing family issues such as domestic violence, social isolation, divorce, and poverty.

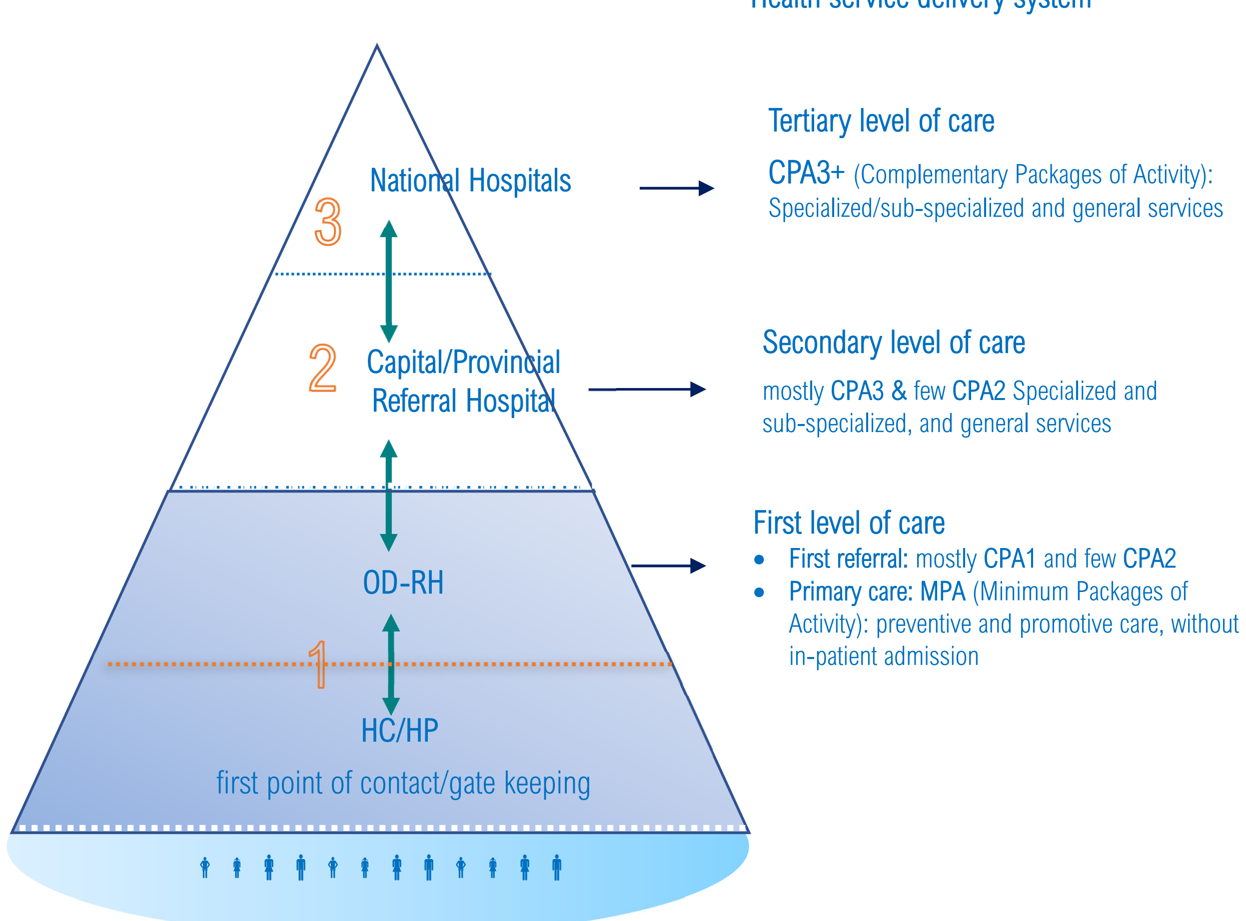
A COVID-19 Socio-economic Impact Assessment Study by UNICEF[35] tracked the well-being of Cambodians using various indicators, found that 45 per cent of surveyed adolescents (youth aged 15 to 19) were worried about their safety during the pandemic, and 16 per cent of them reported feeling more anxious or depressed since the crisis began.

Migrant workers were particularly affected by the pandemic, as they struggled to find a source of income upon their return to Cambodia. Interviews revealed that many migrant workers experienced stress, depression, and other mental health challenges due to the unexpected self-quarantine and debts they faced. To date, over 225,000 (46 per cent women) Cambodian migrant workers have returned to Cambodia from neighboring countries since the beginning of the COVID-19 pandemic.

2.2.5. Public Health and Mental Health System

There is no mental hospital in Cambodia. Mental health services have been developed and vertically integrated in public health system through minimum package of activities (MPA) for health center and complementary package of activities (CPA) for referral hospital (Figure 1). There are 120 provincial referral/district hospital (CPA1-60, CPA2-39, CPA3-21) out of 103 ODOs cover 163 administrative Districts/Khan/Cities, 1,305 HCs and 115 HPs out of administrative communes/Sangkats. The district referral hospital services are distinct and complement to those delivered by HCs known as the Complementary Package of Activities. (Health Achievement Report 2022).

Figure 1: Public Health System in Cambodia.[36]



The MOH renewed the Complementary of Activities (CPA) for referral hospitals (Level 2) and Minimum Package of Activities (MPA) for health centers.

2.2.5.1. Complementary Package of Activities (CPA)

The RHs delivered mental health service as defined by the Complementary Package of Activities (CPA). 99 out of 131 hospitals are available for mental health services (2 national hospitals, 25 provincial RHs and 74 district RHs). The roles and responsibilities of RHs in providing mental health services were mainly a) diagnosis making and treatment and care provision, for mentally ill and substance abuse patients; b) consultation and referral to other medical services; c) psycho-education for mentally ill and substance use dependent patients as well as their families; d) organizing an optimal service for mentally ill and substance dependent patients; and e) collaborating with other partners to get a comprehensive treatment and care for mentally ill and substance dependent patients.

Table 1: Number of RHs providing basic mental health services.

Facility	Total number of public facilities	Total number of public facilities providing mental health services
National hospital	12	2
Provincial referral hospital	25	25
District referral hospital	94	74
Total	**131**	**101**

Table 2: Child and Adolescent mental health services.

Facility	Total number of public facilities	Total number of public facilities provide mental health services
National Hospitals	12	1
Provincial RHs	25	2
Total	**37**	**3**

2.2.5.2. Minimum Package of Activities (MPA)

HCs deliver basic mental health services as defined by the Minimum Package of Activities (MPA). 356 out of 1, 305 HCs offer mental health services. The most common of mental health disorder in MPA are (1) anxiety disorders, (2) Depressive disorders, (3) Psychoses, (4) Sleep problems, (5) Stress and Trauma, (6) Mild and Moderate SUD including alcohol and tobacco, (7) Child developmental and behavioral disorders, (8) Self-harm, (9) Dementia, (10) Rehabilitation in mental health.

Table 3: Number of HCs providing basic mental health services in 2022.

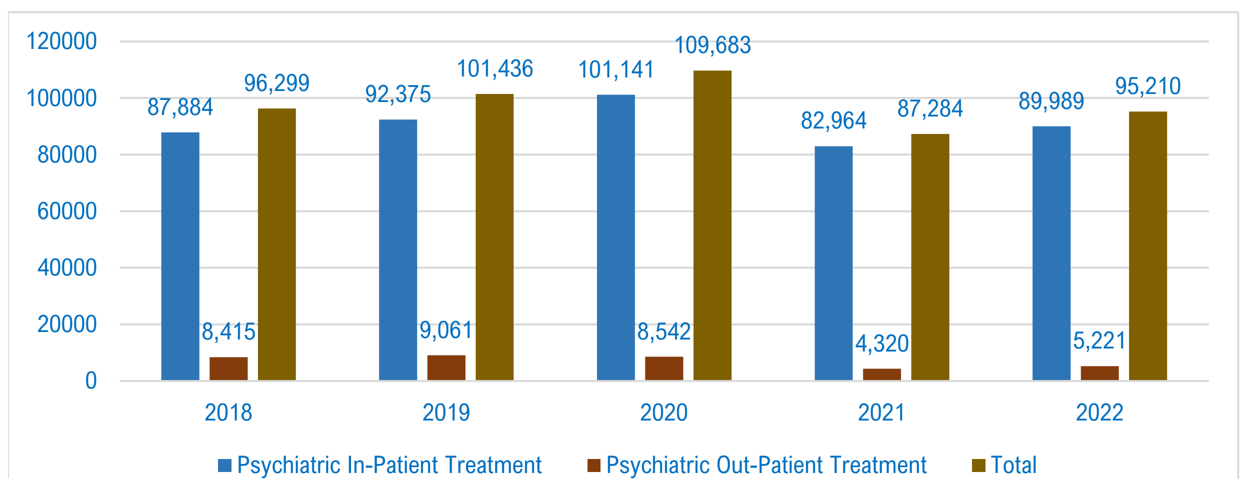
Facility	Total number of public facilities	Total number of public facilities provide mental health services
Health center	1,305	356
Total	**1,305**	**356**

2.2.6. Mental Health Services Accessibility

In 2018, the Royal Government of Cambodia adopted the Cambodian Sustainable Development Goal (CSDGs) Framework (2016-2030) comprising 18 goals, 88 targets, and 148 indicators. *Gold 3 is "ensure healthy lives and promote well-being for all at all ages"*. It has 9 targets in which target 3.5 is "By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and wellbeing".

Through MoH-HIS statistics in 2022, the total number of mental ill patients got consultation and treatment in the public health facilities accounting for 95,210 cases (38,532 male, 53,349 female) and it represented 4.35% of estimated mental illness population in Cambodia (2,189,633 cases).

Figure 2: Number of people of all ages with mental illnesses receiving treatment at public health facilities.



Data has also shown that the percentage of the depression patients receiving consultation and treatment service are far below the set target started from 2% in 2015 to 1.7% in 2022. Considering only 2020, the percentage of the depression patients obtained consultation and treatment services was only 1.7% against the target 54%. Meanwhile data has also shown that the percentage of the schizophrenia patients receiving consultation and treatment service are far below the set target started from 22.5% in 2015 to 11% in 2022. Considering only 2020, the percentage of the schizophrenia patients obtained consultation and treatment services was only 44.2% against the target 62%.

Table 4: The percentage of the depression and schizophrenia patients receiving services from 2015 to 2022.

Indicators	2015	2016	2017	2018	2019	2020	2021	2022
Percentage of Adult Depression Patients receiving treatment	2%	2%	2%	1.71%	2.2%	1.9%	1.6%	1.7%
Percentage of People with Schizophrenia receiving treatment.	33.8%	15.3%	10.3%	9.9%	12.2%	52%	56.6%	44.2%

2.2.7. Mental Health Workforce Situation

Mental health workforce development is a fundamental priority in management plan for sustainable mental health service delivery in Cambodia. Currently, the mental health workforce relies on two kinds of trainings, the specialized and non-specialized trainings.

Previously, for the specialized training, the University of Health Science (UHS) was recognized as the leading training institution that has trained general psychiatrists and psychiatric nurses. But currently, the training of psychiatric nurse is no longer. Non-specialized training is provided as on-job training for physician and nurses. Currently, the country has 97 psychiatrists and 33 psychiatric nurses.

Table 5: Number of psychiatrists and psychiatric nurses in 2022.

Specialization	Male	Female	Total
Psychiatrists	63	34	97
Psychiatric nurses	19	14	33
Total	82	48	130

In order to speed up the mental health services coverage through integrated process, MOH has developed on-service training modules on mental health and substance abuse for physicians and nurses. As a result, by 2020, 296 physicians and 627 nurses were trained.

Table 6: Number of doctors, medical assistants and nurses trained, 2020.

Specialization	Male	Female	Total
Medical doctors and Medical Assistants	250	46	296
Nurses	436	191	627
Total	686	237	923

In the reality, MOH needs to develop more specialized training programs in psychiatry and mental health in response to the needs in health sector such as child and adolescent psychiatry, geriatric psychiatry, addiction psychiatry, psychiatric nurse, and medical psychology.

2.2.8. Prevention and Promotion in Mental Health

Currently, there are some promotion and prevention activities in mental health but functioning promotion and prevention program in mental health is not available.

2.2.9. Financing Mental Health

According to the WHO Mental Health Atlas 2017, it was found that, on average the mental health expenditure accounted for less than 2% of the government budgets for health, similarly the budget for mental health in Cambodia is low. At the Department of Mental Health and Substance Abuse (DMHSA) level, the Mental Health and Substance Abuse (MHSA) has received nominal funds from various sources to run core activities such as training, workshops, monitoring, and supervision. There is a need for additional budget for the mental health program to respond to the increased demand for mental health.

2.2.10. Mental Health Information and Digitalization

Mental health data has been relied on the Health Information System (HIS) of the MOH which is managed by the DPHI. In addition, DMHSA also collected mental health reports from public health facilities and other partners for consolidating and writing annual mental health report. However, it is assumed that the annual mental health reports are under reported.

2.2.11. Leadership and Governance

The DMHSA plays a key role in the organization and management of the mental health program such as strategic planning, advocacy, training, workshops, mobilization of resources and technical support of service implementation of the mental health across the country. The leadership roles in promoting, coordinating, collaborating and building partnership with health partners including government sectors, UN family, NGOs, IOs and other partners.

The DMHSA and these stakeholders are equipped with potential efforts to move forward the implementations of the mental health program from the national to the community levels. However, leadership and governance remain the area of concern for the development in mental health in the future in an efficient and effective manner. It is due to the fact that human resources, supporting sources, financial support and structure of DMHSA are not fit to magnitude of works and burden of mental health.

2.3. KEY CHHALENGES AND CONSIDERATIONS

- The understaffed status of the DMHSA and low financial resources to support mental health program implementation are the critical challenges, despite multiple efforts of the DMHSA to manage this program over the past decade.
- The lack of mental health guidelines and legislation including Mental Health Law limit advocacy effort, resources mobilization, quality service, and human resource and service development in mental health.
- The capacity in public mental health leadership remains low and needs to be strengthened.
- The academic training program for mental health specialists is not diverse such as specialist training programs for child and adolescent psychiatry, geriatric psychiatry, addiction psychiatry, and psychiatric nurses need to be immediately addressed.
- The current in-service training is essential for primary mental health care, but there is insufficient training for staff at Health Center (HC) and Referral Hospital (RH) level.
- The development of mental health capacity must consider a sufficient quantity of mental health personnel and equitable distribution to ensure mental health coverage services.
- The quality of mental health professional skill is uncertain since there has neither strengthening mechanism, nor accreditation system to ensure professional skills for mental health workforce.
- The mental health services in Cambodia face several challenges, including low accessibility and availability. The quality of mental health care is also a concern due to staff turnover, staff shortage, and burden of health staff with multi-tasks performance. The increase in the burden of mental health on health staff has further exacerbated this concern. Mental health services are currently lacking in both comprehensiveness and diversity, for instance, psychiatric in-patient services are minimal, and there is an absence of multidisciplinary interventions or services. Additionally, there has no linkage service or liaison service; psychosocial rehabilitation is not available; electroconvulsive therapy (ECT) is also not provided; specific services to certain demographics, such as child and adolescent mental health services and older adult mental health services, are notably absent.
- The quality mental health care and treatment are not systematically assessed. To ensure the quality of mental health care and treatment, it is important to improve these challenges by developing a mental health service standard.
- The existing promotion and prevention programs in mental health are not well functioned, it is also imperative for the department and partners to work together and find efficient ways to improve people's awareness and understanding of mental health and preventive measures including anti-stigma, school-based mental health promotion and prevention, early childhood development, disaster preparedness, work-related mental health, parental/maternal mental health, and suicide prevention. To this end, digital means and new technologies should be quickly explored and adapted.
- The intersectoral collaboration and interventions for special population such as school children, workers, migrants, and prisoners are not well integrated, and needed more collaborative efforts.
- There has inadequate space for privacy; the infrastructure of mental health service needs to be addressed to ensure comfortable and safe wards and rooms for outpatient and inpatient care for people with mental health conditions.
- The supply of psychotropic drugs was often shortage, some new psychotropic medicines were not available in the list of essential medicine of the ministry of health. The items of psychotropic drugs in the list of essential medicine need to be updated.
- Mental health data is collected directly through the Health Information System (HIS) of the Ministry of Health, and mental health data are routinely reported monthly by all Health Centers (HCs) and Referral Hospitals (RHs), which is managed by the Department of Planning and Health Information (DPHI). In summary, much effort is needed to integrate mental health information into the HIS of the Ministry of Health.
- Cambodia has not conducted a national mental health survey yet. The prevalence of mental disorders using in this strategic plan has been referred to WHO report and other international publications. A national mental health survey is very important for policy orientation.
- The budget for mental health in Cambodia is low, and needed to mobilize more resources.

2.4. PRIORITY SETTING

The priorities define the future direction, objectives, strategies, facilitates ongoing planning, guides decision-making, and mobilizes adequate resources to support the strategic objectives of MHSP for years to come.

The identified priorities are addressed through 4 Strategic Priorities:

Priority	Strategy
Resilient System and Governance for Mental Health	1. Strengthen leadership and governance for mental health. 2. Improve mental health workforce. 3. Transform digital mental health and mental health information system to enhance the delivery of mental health services and improve the quality of these services and mental health program monitoring and evaluation. 4. Promote mental health research. 5. Secure essential supply and infrastructure at national and sub-national level to support the delivery of care and services for mental health.
Shifting from Cure to Care with Focus on Primary Mental Health Care	6. Re-orient mental health services for children, adults, and older adults at public health facilities to fit the future. 7. Engage individuals, families and communities for promotion, prevention, care, treatment, and rehabilitation in mental health for mental health. 8. Engage multisectoral and cross-cutting collaboration to embed promotion, prevention, and care in mental health into relevant institutions and programs.
Mental Health Care Quality and Safety	9. Ensure clinical governance for mental health. 10. Develop service standard and professional accreditation in mental health.
Universal Health Coverage for Mental Health	11. Improve service coverage and comprehensive service packages for mental health. 12. Ensure poor people with mental disorders to get social protection.

3. MENTAL HEALTH POLICY AND STRATEGIC DIRECTION

3.1 VISION

All Cambodian people have better mental health and psychosocial wellbeing contributing to the quality of life.

3.2 MISSION

To ensure that Cambodian people will have access to the high quality of mental health services including promotion, prevention, treatment, and psychosocial rehabilitation with due consideration on their dignity, rights, culture, and meaningful engagement of all stakeholders.

3.3 VALUES AND GUIDING PRINCIPLES

Mental health services will be provided to all people in Cambodia in compliance with our values in accordance with our guiding principles regardless race, religion, ethnicity, gender, and age, or socioeconomic status.

	VALUES	GUIDING PRINCIPLES
UNIVERSAL HEALTH COVERAGE DAY	**UNIVERSAL HEALTH COVERAGE**	Persons with mental health conditions, who of all stages of life - early-childhood, adolescent, adult, and older adult - should have access essential health and social services that enable them to achieve recovery, to ensure no one is left behind.
	TRUST	Promote competency, social/communication skills, honesty, confidentiality, and care, and respect the rights of individuals, including their right to privacy, autonomy, informed consent, dignity, and freedom from discrimination and stigma.
	INTEGRITY	Care, treatment, prevention and promotion must be compliant with ethical principles and standards of conduct and honest with our patients, consumers, caretakers and their family members, and among our staff.
	QUALITY	People with mental health conditions have access to appropriate interventions for treatment, prevention and promotion need to be based on scientific evidence and/or best practice, taking cultural considerations into account that is tailored to their individual needs in compliance with the standards of excellence.
	INNOVATION	Utilization of the full range of technologies for revolutionizing all the aspects in mental health including fostering learning and growth, expanding digital mental health to reach people in need and improving mental health outcomes.
	COLLABORATION	A comprehensive and coordinated response for mental health, requires multisectoral collaboration partnership with both public and private sectors such as health, education, employment, judicial, social, and other relevant sectors.

3.4 GOAL

Achieved resilient system and universal health access for mental health to reduce the burden of mental health condition as well as other mental health related problems.

Nº	Core Indicators
1	Percentage of people with depression receiving treatment.
2	Percentage of people with schizophrenia receiving treatment.
3	Percentage of children and adolescents with mental health conditions receiving treatment.
4	Percentage of older adults with depression receiving care and treatment.
5	Percentage of older adults with dementia receiving care and treatment.
6	A Law on Mental Health.
7	A Center of Excellence for Mental Health.
8	A Mental Health Professional Council.

*The Description of Indicators is in ANNEX 1.

3.5 STRATEGIC OBJECTIVES

3.5.1. Strategic Objective 1: Ensure resilient mental health system and governance for sustainable development in mental health.

Leadership and governance are crucial for the future development of mental health in Cambodia. This involves transforming the roles and functions of the Department of Mental Health and Substance Abuse (DMHSA) to ensure institutional capacity to implement national policies, strategies, programs, laws, and regulations relating to mental health within all relevant sectors. It also involves enhancing the mental health workforce by updating the existing training curriculum of specialists in psychiatry and Bachelor of Medicine, creating more training programs in psychiatry, mental health, and behavioral science. Incorporating mental health knowledge in public health skills training can strengthen the capacity of health officers on public mental health leadership.

The mental health information system needs to be improved in line with the health information system to ensure its reliability and timeliness. Reliable and timely health information is essential for proper health management, evidence-based decision-making, optimal use of resources, and monitoring and evaluation of public mental health situations, actions, and outcomes. Digital technology can help to deliver or enhance mental health services and support, increase access and affordability of mental health care.

Psychotropic drug supply is essential to enhance the functioning of mental health services and stabilize psychiatric symptoms. This requires considering the capacity of health staff in estimating psychotropic drug consumption and strengthening rational psychotropic drug use including adequate and timely supply.

Physical infrastructure is an important component of mental health services. It includes the physical environment, equipment, and facilities that are necessary for the delivery of mental health services. Therefore, it is necessary to ensure that mental health facilities have adequate physical infrastructure to provide quality care to patients.

Mental health professional association and council play a crucial role in mental health governance. They can assist to improve standards of practice, promote ethical behavior, and advocate for the rights of people with mental health issues, and also provide support and resources to mental health professionals, such as continuing education and training opportunities, networking events, and access to research and publications.

Nº	Expected Outcomes
1	Successful reform of the roles and functions of DMHSA.
2	Successful advocacy for the development of A Mental Health Law.
3	New specialist training programs in psychiatry and medical psychology are adopted by UHS.
4	Public mental health leadership training program is integrated in public health related training program.
5	Health and non-health officers receiving mental health leadership trainings.
6	Physicians receiving training on primary mental health care and treatment.
7	Nurses receiving training on primary mental health care and treatment.
8	Routine data collection and monitoring mental health, including suicide and suicide attempt across the sectors.
9	Harnessing of digital technologies for mental health.
10	A functioning professional association of mental health.
*The Description of Indicators is in ANNEX 1.	

3.5.2. Strategic Objective 2: Ensure comprehensive mental health services with reforming promotion, prevention, care, treatment, and rehabilitation in mental health.

Shifting from cure to care with focus on primary mental health care is an important strategic priority to ensure comprehensive mental health services. This involves re-orienting mental health services, engaging individuals, families, and communities, and promoting multisectoral and cross-cutting collaboration. To achieve this, strategies, plans, and guidelines for mental health service transformation should aim to ensure the provision, mental health promotion, and prevention of mental health issues across all life stages.

Strategies should also involve developing a diverse and expanded range of mental health services in health facilities and communities, including promotion, prevention, early intervention, and informal care. Moreover, they should require collaborating with other partners and stakeholders who can support the goals and objectives of mental health.

The development of human resources is also necessary, with a focus on on-the-job training for the advancement of mental health services. This includes skill building, innovation, and the promotion and prevention of mental health issues within the health sector and across various sectors. Training should be provided for health professionals, non-health professionals, and community volunteers.

Moreover, digital mental health can also support promotion and prevention in mental health, mental health counseling, and mental health services delivery through telehealth.

Since mental health is a cross-cutting issue that affects various sectors, such as educational institutions, workplaces, and prisons, inter-sectoral collaboration is essential for joint planning, mutual support, and capacity building.

Additionally, strengthening community coordination mechanisms and collaborating with relevant institutions will ensure effective intervention on prevention, referral, follow-up, and aftercare.

Nº	Expected Outcomes
1	Re-orientation of mental health service delivery for all ages at all levels of mental health care.
2	Development of a functioning mental health promotion program, including prevention of mental disorders, early intervention, and recovery.
3	Promotion and prevention programs in mental health across sectors.
4	Active HCMC for mental health.
*The Description of Indicators is in ANNEX 1.	

3.5.3. Strategic Objective 3: Ensure mental health services provision in compliance with best practice to maximize health outcomes for the patients.

Quality and safety of mental health care is an important strategic priority that requires strengthening the quality of care and treatment for mental health according to the standards of excellence. This involves ensuring continuum of care (CoC) for mental health interventions, which are long-term processes that require comprehensive and inclusive access to services. Therefore, quality assurance and improvement measures need to be developed to enhance the mental health service organization, optimize the flow of care, from screening and referral to aftercare, and to ensure patient-centered care that improves positive outcomes.

Furthermore, co-morbidities with mental disorders, such as AIDS, diabetes, terminal illnesses, and maternal and child health issues, are quite common. Therefore, integrating mental health into other health programs will improve the quality of services and strengthen health coverage.

Professional accreditation is also an important area that can improve the effectiveness, efficiency, and outcomes of mental health care services, enhance the accountability and transparency of mental health care providers, foster a culture of continuous quality improvement and learning among mental health care providers, and promote collaboration and coordination among different stakeholders involved in mental health care.

Nº	Expected Outcomes
1	Development of mental health service standard for all levels.
2	Improvement of the quality mental health services at all levels.
3	Development of Legislation for Accreditation of Mental Health Professionals and Non-Professionals.
*The Description of Indicators is in ANNEX 1.	

3.5.4. Strategic Objective 4: Enable people with mental health conditions to receive universal health coverage for mental health

Universal health coverage (UHC) for mental health is crucial to improve health outcomes. To enable people with mental health conditions to receive UHC and social protection for mental health, it is important to focus on policy and regulatory frameworks, a trained health workforce, innovative health financing mechanisms, social protection measures, and mental health policies and advocacy.

Policy and regulatory frameworks should be developed to support the provision of care and treatment services for mental health and ensure that mental health services are accessible, affordable, and of high quality.

Universal health coverage for mental health is to ensure universal access and financial protection for quality and safe mental health services for all people with mental health conditions. This requires various steps, such as developing and implementing policies and regulations that protect the rights of people with mental health conditions, scaling up evidence-based mental health services across different levels of care, in collaboration with other partners and stakeholders, advocacy for mental health to mobilize financial resources for universal health coverage for mental health.

Nº	Expected Outcomes
1	Assurance of mental health services coverage for all ages.
2	Diversification of mental health services at all levels of health service delivery.
3	Vulnerable people with mental disorder receiving social health protection.
*The Description of Indicators is in ANNEX 1.	

4. MENTAL HEALTH STRATEGY

The MHSP strategic framework defines the future direction, gives the outlines of strategic priorities, facilitates ongoing planning, guides decision-making, and mobilizes adequate resources to support the strategic objectives of MHSP for years to come. The framework sets out goals that are clear and consistent with HSP4. All essential inputs aim to increase access to and coverage of health services with improved quality. The intermediate result is an increase in utilization of health services, while the long-term result is improved health outcomes of the population.

Targets and indicators of the strategic objectives are presented in the national indicator framework for monitoring and evaluation of HSP4.

STRATEGY PRIORITY 1: RESILIENT SYSTEM AND GOVERNANCE FOR MENTAL HEALTH

STRATEGIC OBJECTIVE 1: ENSURE RESILIENT MENTAL HEALTH SYSTEM AND GOVERNANCE FOR SUSTAINABLE DEVELOPMENT IN MENTAL HEALTH

4.1. Strategy 1: Strengthen leadership and governance for mental health

Expected Outcomes:

- Outcome 1: Effective coordination mechanism for mental health at all relevant levels.
- Outcome 2: Reformed institution to ensure the effective implementation of national policies, strategies, and programs.
- Outcome 3: Joint annual operational plan with resources allocation.

4.1.1. Strategic Intervention: Create an effective coordination mechanism for mental health at all relevant levels.

4.1.2. Strategic Intervention: Reform the roles and function of the department of mental health and substance abuse to reorient mental health policies, plans and strategies towards promoting well-being and reducing mental health inequities.

4.1.3. Strategic Intervention: Advocate for promoting the rights of people with mental disorders and psychological disabilities.

4.1.4. Strategic Intervention: Mobilize funds at the annual planning development stage for the implementation of MHSP.

4.2. Strategy 2: Improve mental health workforce

Expected outcomes:

- Outcome 4: Diversification of specialist training programs in psychiatry and mental health in response to the needs of the population.
- Outcome 5: Development of training curricula of primary mental health care and treatment for non-specialists.
- Outcome 6: Promotion of public mental health leadership in public health related training programs.
- Outcome 7: Increased number of mental health workforce.

4.2.5. Strategic Intervention: Enrich specialized training programs in psychiatry and mental health in collaboration with the university of health sciences and other relevant institutions.

4.2.6. Strategic Intervention: Improve non-specialist training program by developing or updating mental health training curriculum in collaboration with the university of health sciences and other relevant institutions.

4.2.7. Strategic Intervention: Promote public mental health and mental health leadership training programs in public health-related training programs.

4.2.8. Strategic Intervention: Increase the number of mental health workforce to deliver mental health services.

4.3. Strategy 3: Transform digital mental health and mental health information systems to enhance mental health services delivery, quality of the services and improve mental health program monitoring and evaluation

Expected outcomes:

- Outcome 8: A mental health information system across the sector.
- Outcome 9: A mental health surveillance system for some key indicators including suicide and suicide attempt.
- Outcome 10: Digital platforms for training, consultation, counseling care, treatment, and public education.

4.3.9. Strategic Intervention: Establish a monitoring and evaluation framework for mental health.

4.3.10. Strategic Intervention: Strengthen mental health system across sectors including private sector and non-governmental organization.

4.3.11. Strategic Intervention: Build-up capacity of mental health information system at national and sub-national levels.

4.3.12. Strategic Intervention: Establish a surveillance system for monitoring mental health, suicide attempt and suicide.

4.3.13. Strategic Intervention: Develop digital platforms for training, consultation, counseling care, treatment, and public education.

4.3.14. Strategic Intervention: Create digital mental health teams at all levels to support the use of digital technology.

4.3.15. Strategic Intervention: Establish a functional clinical digital mental health team for proving virtual clinical training, consultation, and supervision.

4.4. Strategy 4: Promote mental health research

Expected outcome:

- Outcome 11: Periodic publication of mental health research in collaboration with local and international institutions.

4.4.16. Strategic Intervention: Build mental health research capacity.

4.4.17. Strategic Intervention: Develop mental health research agendas.

4.4.18. Strategic Intervention: Conduct mental health research/survey.

4.5. Strategy 5: Secure essential supply and infrastructure at national and sub-national level necessary to support the delivery of care and services for mental health

Expected outcome:

- Outcome 12: Appropriate space for mental health services contributing to quality services.
- Outcome 13: Digital mental health infrastructure.
- Outcome 14: Improvement of psychotropic drug supply.

4.5.19. Strategic Intervention: Improve the current infrastructure (i.e., facility, space, equipment, supplies) and budget necessary for expansion and upgrading.

4.5.20. Strategic Intervention: Establish a center of excellence for mental health at the national level.

4.5.21. Strategic Intervention: Establish a digital mental health infrastructure for the full use of digital mental health.

4.5.22. Strategic Intervention: Ensure sufficient psychotropic medicine supply.

STRATEGIC PRIORITY 2: SHIFTING FROM CURE TO CARE WITH FOCUS ON PRIMARY MENTAL HEALTH CARE

STRATEGIC OBJECTIVE 2: ENSURE COMPREHENSIVE MENTAL HEALTH SERVICES WITH REFORMING PROMOTION, PREVENTION, CARE, TREATMENT AND REHABILITATION IN MENTAL HEALTH

4.6. Strategy 6: Re-orient mental health services for children, adults, and older adults at public health facilities to fit the future

Expected outcomes:

- Outcome 15: Development of relevant tools to ensure diversified mental health services for people with mental health conditions.
- Outcome 16: Transformation of digital technologies to facilitate access to mental health counselling, care, and treatment.

4.6.23. Strategic Intervention: Revise the CPA operational guideline.

4.6.24. Strategic Intervention: Revise the MPA Operational guideline.

4.6.25. Strategic Intervention: Develop an operational guideline of consultation-liaison psychiatry.

4.6.26. Strategic Intervention: Develop an operational guideline for psychiatric in-patient service.

4.6.27. Strategic Intervention: Develop an operational guideline of ECT and TMS.

4.6.28. Strategic Intervention: Develop an operational guideline of child and adolescent mental health service.

4.6.29. Strategic Intervention: Develop an operational guideline for hotline counseling.

4.7. Strategy 7: Engage individual, family and communities for promotion, prevention, care, treatment, and rehabilitation for mental health

Expected outcome:

- Outcome 17: Increased engagement of HCMC and VHSG in promotion and prevention for mental health.
- Outcome 18: Promotion and prevention initiatives with participation family, community, and all stakeholders to promote mental health literacy in community.

❖ Outcome 19: Community-based psychosocial rehabilitation run by nongovernmental organizations.

4.7.30. Strategic Intervention: Encourage community mechanism in promotion, prevention, care, and treatment in mental health.

4.7.31. Strategic Intervention: Engage service users and family members and/or carers with practical experience as peer-support workers.

4.7.32. Strategic Intervention: Address the mental well-being of children and carers when a family member with severe illness presents for treatment at health services.

4.7.33. Strategic Intervention: Provide early interventions for children and adolescents with mental health conditions through family-centered and child-and adolescent-responsive health care, at the primary health care, school and community levels.

4.7.34. Strategic Intervention: Strengthen social support and connectedness for older adults.

4.7.35. Strategic Intervention: Develop necessary tools for community-based mental health services, early intervention, recovery-oriented interventions, self-help and family support group, care for people with mental disorders, including the use of digital technologies.

4.7.36. Strategic Intervention: Build local capacity in mental health literacy among community stakeholders.

4.7.37. Strategic Intervention: Support nongovernmental organizations, faith-based organizations, and other community groups to establish and implement community-based mental health services or psychosocial rehabilitation.

4.8. Strategy 8: Engage multisectoral and cross-cutting collaboration to embed mental health promotion, prevention of mental ill ness and mental health care into relevant institutions and programs

Expected outcome:

❖ Outcome 20: Effective multi sectoral collaboration and coordination mechanism with other relevant ministries, institutions, and stakeholders in response to the needs of population.

❖ Outcome 21: Improvement of capacity in mental health and psychosocial supports across sectors.

❖ Outcome 22: Holistic interventions people with mental health conditions.

4.8.38. Strategic Intervention: Develop mental health promotion and prevention of mental health conditions tools for relevant ministries with multisectoral collaboration.

4.8.39. Strategic Intervention: Develop suicide prevention initiative.

4.8.40. Strategic Intervention: Promote mental health awareness and positive health behavior across sectors including schools, workplace, homeless people.

4.8.41. Strategic Intervention: Build-up capacity in mental health and psychosocial support for relevant ministries with multisectoral collaboration.

4.8.42. Strategic Intervention: Promote cross-cutting collaborative care along the entire care pathway to ensure and maintain optimum mental health care and treatment.

Strategic Priority 3: Mental Health Care Safety and Quality

Strategic Objective 3: Ensure mental health services provision in compliance with best practice

4.9. Strategy 9: Ensure clinical governance

Expected outcome:

- ❖ Outcome 23: Improvement of institutional capacity in quality management in mental health including both public and private.
- ❖ Outcome 24: Improvement of quality mental health services, including both public and private sectors.

4.9.43. Strategic Intervention: Develop a framework to ensure the quality care and treatment of mental health services.

4.9.44. Strategic Intervention: Develop necessary practical guidelines for mental health care and treatment at all levels in accordance with best practice.

4.9.45. Strategic Intervention: Build capacity, skills, and competency of mental health service providers at all levels.

4.10. Strategy 10: Develop service standard and professional accreditation in mental health

Expected outcome:

- ❖ Outcome 25: Enhancement of quality mental health service and performance.
- ❖ Outcome 26: Improvement of mental health professional competency and ethics.

4.10.46. Strategic Intervention: Develop mental health service standard.

4.10.47. Strategic Intervention: Develop accreditation system for Continuing Professional Development (CPD), in collaboration with all relevant institutions and professional association.

Strategic Priority 4: Universal Health Coverage for Mental Health

Strategic Objective 4: Enable people with mental health conditions to receive universal health coverage for mental health.

4.11. Strategy 11: Improve service coverage and comprehensive service packages for mental health

Expected outcome:

- ❖ Outcome 27: Maximization of mental health services coverage in response to the needs of population.

4.11.48. Strategic Intervention: Ensure essential mental health service coverage in response to the needs of population of all age groups.

4.11.49. Strategic Intervention: Develop other necessary services in response to the needs of people with mental health conditions.

4.12. Strategy 12: Ensure poor people with mental health disorders get social protection

Expected outcome:

- ❖ Outcome 28: Health equity funds covered all vulnerable population with mental disorder.

4.12.50. Strategic Intervention: Advocate for social protection support to poor and vulnerable people with mental disorders.

5. IMPLEMENTATION, MONITORING AND EVALUATION

5.1. APPROACH TO THE IMPLEMENTATION

The MHSP will be translated into actions through the annual planning and budgeting processes at national and sub-national levels. These processes include developing and updating budget plans at both levels as well as developing and updating the Annual Operational Plan (AOP) with annual allocated budgets at HCs, ODs, and RHs levels.

During the development and update of budget plans and AOP, the DMHSA, PHDs, and OD should pay attention to the following:

- Post COVID-19 national budget allocated to the health sector may be reduced, hampering the implementation of activities at least until the beginning of 2022.
- Avoid duplicating actions between the Mental Health Strategic Plan 2023-2033 and the Strategic Plan on Prevention, Care, and Treatment of Substance Abuse 2023-2033.
- Ensure that budget preparation is consistent with the health budget allocated to mental health mentioned in sub-program 3.
- Align indicators and targets of budget plans and AOP with MHSP for strategic objectives.
- Develop planned activities based on MHSP with clearly defined expected outputs and performance indicators (i.e., inputs, process, output/outcome).
- Ensure that each activity is supported by a budget allocation.
- Integrate and consolidate planned activities and budget expenditures of health facilities and institutions into the comprehensive plans of DMHSA.

The MHSP is a three-year implementation framework that translates into actions through their respective budget strategic plan and AOP. The plan should consist of objectives with their indicators and targets, activities, expected outputs, timeline, responsible individuals/institutions, and resources required (budget, workforce).

The ministry of health especially the department of mental health and substance abuse need to need to work closely with other relevant partners inside and outside health sector to mobilize resources and develop joint workplan to implement this MHSP.

5.2. PLANNED BUDGET REQUIREMENT

This estimated budget is required for the implementation activities and infrastructure, excluding of salary and medication. Funding could come from governments, development partners, NGOs, as well as the private sector.

The ten-year budget for the MHSP is estimated at $42,176,020 million. The currencies below are translated into USD. The total budget planned by strategies and strategic objectives is shown in the table below:

STRATEGIC OBJECTIVE 1: ENSURE RESILIENT MENTAL HEALTH SYSTEM AND GOVERNANCE FOR SUSTAINABLE DEVELOPMENT.												7,034,540
No.	Strategy	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Total
1	Strategy 1	-	8,000	8,200	46,200	8,000	8,000	8,000	8,000	8,000	8,000	110,400
2	Strategy 2	-	426,890	219,030	198,230	127,730	89,130	89,130	108,090	108,090	91,190	1,451,510
3	Strategy 3	-	24,780	601,000	469,700	434,550	255,230	220,070	469,700	220,070	255,230	2,950,330
4	Strategy 4	-	100,000	65,160	65,160	65,160	65,180	65,160	65,160	65,160	65,160	621,300
5	Strategy 5	-	1,174,280	184,580	184,580	59,580	59,580	59,600	59,600	59,600	59,600	1,901,000
STRATEGIC OBJECTIVE 2: ENSURE COMPREHENSIVE MENTAL HEALTH SERVICES THROUGH REFORMING FROM MENTAL HEALTH PROMOTION TO PREVENTION, CARE TREATMENT REHABILITATION AND AFTERCARE.												30,888,910
No.	Strategy	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Total
6	Strategy 6	-	72,960	127,480	262,420	178,575	55,725	69,835	98,055	55,725	55,725	976,500
7	Strategy 7	-	671,895	1,879,360	1,671,610	2,128,080	2,896,000	3,085,380	3,211,685	3,268,445	3,380,375	22,192,830
8	Strategy 8	-	408,900	581,850	804,550	963,790	917,190	1,016,160	1,021,320	1,026,480	979,340	7,719,580
STRATEGIC OBJECTIVE 3: ENSURE MENTAL HEALTH SERVICES PROVISION IN COMPLIANCE WITH BEST PRACTICE												1,018,130
No.	Strategy	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Total
9	Strategy 9	-	-	-	104,600	209,200	199,910	104,600	199,910	-	95,310	913,530
10	Strategy 10	-	-	-	52,300	52,300	-	-	-	-	-	104,600
STRATEGIC OBJECTIVE 4: IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND SOCIAL PROTECTION SCHEME FOR PEOPLE WITH MENTAL DISORDERS IN ORDER TO OMPTIMIZE UNIVERSAL HEALTH COVERGAE FOR MENTAL HEALTH.												3,234,440
No.	Strategy	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Total
11	Strategy 11	-	397,000	522,610	295,190	206,730	450,140	221,640	331,930	360,960	395,940	3,182,140
12	Strategy 12	-	-	-	52,300	-	-	-	-	-	-	52,300

5.3. IMPLEMENTATION, MONITORING AND EVALUATION

The Mental Health Strategic Plan (MHSP) is designed to provide strategic direction for the development of mental health program activities over the next 10-year period from 2023 to 2033 in conformity with the next Health Strategic Plan (HSP4). The MHSP will serve as a strategic framework to guide planning, programming, and implementing mental health services inside and outside the health sector in an effective and well-coordinated manner.

5.3.1. Implementation framework

MHSP will be implemented through the development and the implementation of

- 3 Year Rolling Plan (3YRP) and Annual Operational Plan as depicted in the figure below.
- These plans are incorporated into Health Sector 3YRP and AOP under Non-Communicable Diseases Program Area.

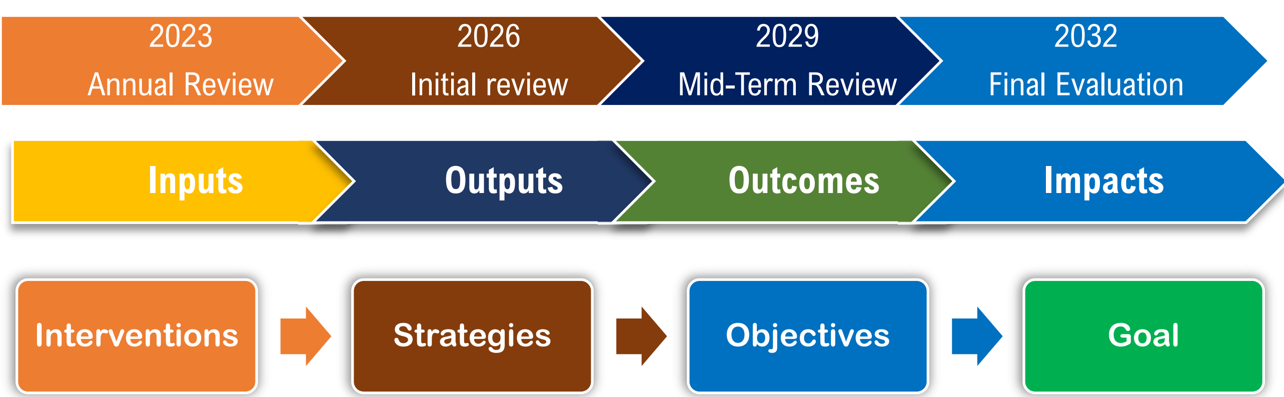
2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
3 Year Rolling Plan			⇨ Detailed plan and budget.						
AOP	⇨ Detailed action plan and budget with specific performance indicators.								

The DMHSA needs to coordinate and collaborate with other relevant ministries to ensure joint implementation plans and multisectoral efforts.

5.3.2. Monitoring process

Monitoring processes in mental health need to be undertaken at all levels of the health system across the country. The processes include annual performance, initial and mid-term process review at the central level, and bi-annual and annual review at provincial, district, and health facility levels.

Therefore, health institutions have to ensure that monitoring of mental health activities is integral part the overall monitoring process. AOP is used as a basis tool to review progress of mental health activities on quarterly and annually basis.



"Monitoring and Evaluation (M&E) serves as a roadmap for MHSP and aims to fortify the connection between resources and the implementation of strategic interventions and activities. M&E monitors progress and quantifies the accomplishments in mental health across 50 strategic interventions, 12 strategies to achieve 4 objectives in 4 strategic priorities measuring the outputs of key performances, short and long-term outcomes.

The DMHSA will produce a comprehensive annual performance report of the mental health activities and ensures that this report is included in the health sector performance report, which produced annually by MoH.

Data sources: DPHI is a leading department whose responsibility is to manage HMIS which is a main data sources to support monitoring and evaluation of the health sector performance. Monitoring activities require health facilities at all levels to collect and compile the mental health related data and information according to the monitoring purpose. Due to limitations associated with data sources with a specific purpose, the DMHSA may collect additional information.

5.3.3. Evaluation

During the course of the implementation, the initial review to measure progress made towards achieving targets set in the strategic objectives needs to be organized in 2026 with a thorough situation analysis and refining strategic interventions as needed.

The mid-term review will be conducted in 2029 to address key several purposes (1) progress assessment, (2) issues identification, (3) success reinforcement, (4) adaptation, and recommendation. A final evaluation will also be conducted to assess whether the objectives and the goal are achieved.

5.4. ANNEX 1: DESCRIPTION OF INDICATORS

5.4.1. Core indicators

Nº	Core Indicators	Description
1	Percentage of people with depression receiving treatment. ❖ **Baseline:** 2022: 1.7% ❖ **Target:** 2023: 2.5%, 2024: 15%, 2025: 25%, 2026: 30%, 2027: 35%,2028: 40%, 2029: 45%, 2030: 50%, 2031: 50%, 2032:>50%	**Definition:** It refers to the number of people with depression receiving treatment at public health facilities, private sectors and NGOs. **Calculation method:** **Numerator:** Number of people with depression receiving treatment in the reporting period. **Denominator:** estimated number of people with depression in Cambodia. x 100 **Note:** WHO-2017 estimation prevalence rate of depression in Cambodia is 3,4%. Total Cambodian population in 2022 is 16,843,333, thus, estimated number of people with depression is 572,673. **Data source:** HIS, report of private sectors and NGOs.
2	Percentage of people with schizophrenia receiving treatment. ❖ **Baseline:** 2022: 44.2% ❖ **Target:** 2023: 60%, 2024: 60%, 2025: 62%, 2026: 64%, 2027: 66%, 2028: 68%, 2029:70%, 2030: 75%, 2031: 75%, 2032:>75%	**Definition:** It refers to the number of people with schizophrenia receiving treatment at public health facilities, private sectors and NGOs. **Calculation method:** **Numerator:** number of people with schizophrenia receiving treatment in the reporting period. **Denominator:** estimated number of people with schizophrenia in Cambodia. x 100 **Note:** WHO-2017 estimation prevalence rate of schizophrenia in Cambodia is 0.3%. Total Cambodian population in 2022 is 16,843,333, thus, estimated number of people with schizophrenia is 50,530. **Data source:** HIS, report of private sectors and NGOs.

Nº	Core Indicators	Description
3	Percentage of children and adolescents with mental health conditions receiving treatment. ❖ **Baseline:** 2022: 2% ❖ **Target:** 2023: 5%, 2024: 8%, 2025: 13%, 2026: 16%, 2027: 20%, 2028: 22%, 2029: 24%, 2030: 26%, 2031: 28%,2032: >30%	**Definition:** It refers to the number of children and adolescents with mental health conditions receiving treatment at public health facilities, private sectors and NGOs. **Calculation method:** **Numerator**: number of child and adolescent with mental illness receiving treatment in the reporting period. **Denominator:** estimated number of child and adolescent with mental illness in Cambodia. x 100 **Note**: WHO-2021 estimation prevalence rate of mental illness among child and adolescent in Cambodia is 14%. Total Cambodian population of child and adolescent age range 5 to 24 in 2021 is 5,947,381, thus, total estimated number of child and adolescent with mental illness is 832,633. **Data source**: HIS, report of private sectors and NGOs.
4	Percentage of older adults with depression receiving treatment. ❖ **Baseline:** 2022: 1.4% ❖ **Target:** 2023: 2%, 2024: 15%, 2025: 25%, 2026: 30%, 2027: 35%, 2028: 40%, 2029: 45%, 2030: 50%, 2031: 50%,2032: >50%	**Definition:** It refers to the number of older adults with depression receiving treatment at public health facilities, private sectors and NGOs. **Calculation method:** **Numerator**: number of older adults age range 50->65Yrs with depressive disorder receiving treatment in the reporting period. **Denominator:** estimated number of older adults age range 50- >65Yrs in Cambodia. x 100 **Note**: WHO-2017 estimation prevalence rate of older with depressive disorder in Cambodia is 7%. Total Cambodian population in 2022 is 3,006,535, thus, estimated number of older adults with depression is 210,457. **Data source**: HIS, report of private sectors and NGOs.
5	Percentage of older adults with dementia receiving treatment.	**Definition:** It refers to the number of older adults with dementia receiving treatment at public health facilities, private sectors and NGOs.

Nº	Core Indicators	Description
	❖ **Baseline:** 2022: 0.2% ❖ **Target:** 2023: 0.8%, 2024: 1%, 2025: 2%, 2026: 4%, 2027: 6%, 2028: 8%, 2029: 15%, 2030: 20%, 2031: 25%,2032: >30%	**Calculation method:** **Numerator:** number of older adults aged from 50->65Yrs with dementia receiving treatment at public health facilities in reporting period. **Denominator:** estimated number of older adults aged from 50->65Yrs in Cambodia. x 100 **Note:** WHO-2017 estimation prevalence rate of older with dementia in Cambodia is 5%. Total Cambodian population in 2022 is 3,006,535, thus, estimated number of older adults with dementia is 150,327. **Data source:** HIS, report of private sectors and NGOs.
6	A Law on Mental Health. ❖ **Baseline:** 2022: 0 ❖ **Target:** 2026: 1	**Definition:** A Law on Mental Health will be drafted and endorsed by Cambodian parliament. **Calculation:** Count number
7	A Center of Excellence for Mental Health ❖ **Baseline** 2022: 0 ❖ **Target:** 2024: 1	**Definition:** A CoE for mental health can help improve the quality, safety, and satisfaction of the mental health services and supports, as well as the outcomes and experiences of the people who use them, and composes of a group of people with specialized skills and expertise who work together to provide guidance, support, and best practices for mental health care within the CoE and throughout the health system. **Calculation method:** Count number
8	A Mental Health Professional Council ❖ **Baseline** 2022: 0 ❖ **Target:** 2025: 1	**Definition:** A Mental Health Professional Council is a regulatory body and responsible for regulating the practice of mental health professionals to ensure that they meet certain standards of quality and ethical conduct. **Calculation method:** Count number

5.4.2. Outcomes indicators

3.5.1. Strategic Objective 1: Ensure resilient mental health system and governance for sustainable development in mental health		
Nº	**Expected Outcomes**	**Description**
1	Successful reform of the roles and functions of DMHSA.	MoH agreed to reform the roles and functions of DMHSA.
2	Successful advocacy for the development of a Mental Health Law.	MoH agreed and initiated to develop a mental health law.
3	New specialist training programs in psychiatry and medical psychology are adopted.	UHS agreed and adopted the developed curricula.
4	Public mental health leadership training is integrated in public health related training program.	NIPH accepted to integrate public mental health and mental health leadership in public health related training curriculum
5	Number of health and non-health officers receiving mental health leadership trainings.	Number of senior officers, focal persons at national, provincial and OD levels should be prioritized for mental health leadership training.
6	Number of physicians receiving training on primary mental health care and treatment.	Number of physicians providing mental health care and treatment at referral hospital and health center.
7	Number of nurses receiving training on primary mental health care and treatment.	Number of nurses providing mental health care and treatment at referral hospitals and health centers.
8	Routine data collection and monitoring mental health, including suicide and self-harm across the sectors.	Routinely collecting and reporting at least the core indicators.
9	Harnessing of digital technologies for mental health.	Digital technologies can support in mental health awareness, counseling, care, and treatment including training.
10	A functioning professional association and council of mental health.	At least a functioning professional association for mental health.

3.5.2. Strategic Objective 2: Ensure comprehensive mental health services with reforming promotion, prevention, care, treatment, and rehabilitation in mental health.

Nº	Expected Outcomes	Description
1	Re-orientation of mental health service delivery for all ages at all levels of mental health care.	Developed relevant tools to organize mental health services for all ages at all levels.
2	Develop a functioning mental health promotion program, including prevention of mental disorders, early intervention, and recovery.	- At least one home-based mental health care for vulnerable children in each province. - At least a functioning early intervention for mental health in each province. - At least one community club including religious place for supporting vulnerable people especially older adults. - At least one psychosocial intervention in community implemented in each province.
3	Promotion of promotion and prevention in mental health across sectors.	Focus on joint guidelines development and capacity building across sectors.
4	Active HCMC for mental health.	Rate of HCMC and VSHG actively engage in community education and recovery oriented.

3.5.3. Strategic Objective 3: Ensure mental health services provision in compliance with best practice to maximize health outcomes for the patients.

Nº	Expected Outcomes	Description
1	Development of mental health service standard for all levels of mental health services.	- A mental health service standards to ensure the expectation and requirement for delivering a high level of service, and to establish consistency, reliability, and patient satisfaction. - A quality assurance tool in mental health to ensure the services meet quality criteria. - A quality improvement tool in mental health to enhance the quality services and increase efficiency, effectiveness and patients satisfaction.

2	Improvement of the quality mental health services at all levels.	- Focus on technical guidelines development for all mental health service at all levels. - Focus on capacity building of specialists and non-specialist staff through training and re-fresher training to improve their skills and competencies.
3	Development of Legislation for Accreditation of Mental Health Professionals and Non-Professionals.	- Legislation for accreditation criteria - Professional Ethical guideline

3.5.4. Strategic Objective 4: Enable people with mental health conditions to receive universal health coverage for mental health.

Nº	Expected Outcomes	Description
1	Assurance of Mental Health Services Coverage for all ages.	- % of RHs with mental health OPD. - % of HCs with mental health service. - % of provincial RHs with child and adolescent mental health services.
2	Diversification of Mental Health Services at all levels of health service delivery.	- % of provincial RH with psychiatric in-patient unit. - % of provincial referral hospitals with C-LP. % of provincial RHs with ECT service.
3	Vulnerable people with mental disorder receiving social health protection.	- Legislation of social protection for poor people with mental disorder. - Enrollment of poor people with mental disorder receiving care and treatment. - % of poor people with mental disorder receiving care and treatment get social protection.

5.5. ANNEX 2: ROADMAP OF IMPLEMENTATION

The roadmap is a step-by-step guide that outlines how to implement a strategy. It includes a timeline, milestones, and key performance indicators that help track progress towards the goal. This tool is used to monitor progress against the year-end set targets to assess the achievement of the MHSP. It is generally applicable for use at different levels of implementation and by relevant stakeholders.

This roadmap consists of a set of key performance indicators as output indicators that are used to measure the progress of the MHSP. These indicators can be used to track the performance and identify areas where improvements are needed.

1. STRATEGY PRIORITY 1: RESILIENT MENTAL HEALTH SYSTEM AND GOVERNANCE FOR MENTAL HEALTH

1.1. STRATEGIC OBJECTIVE 1: ENSURE RESILIENT SYSTEM AND GOVERNANCE FOR SUSTAINABLE DEVELOPMENT IN MENTAL HEALTH.

1.1.1. STRATEGY 1: STRENGTHEN LEADERSHIP AND GOVERNANCE FOR MENTAL HEALTH.

❖ OUTCOME 1: EFFECTIVE COORDINATION MECHANISM FOR MENTAL HEALTH AT ALL RELEVANT LEVELS.

4.1.1. Strategic Intervention: Create an effective coordination mechanism for mental health at all relevant levels.											
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Create a mental health technical working group.	A mental health technical working group is established.		✓									DMHSA
Create a functioning mental health professional association.	A functioning mental health professional association.		✓									DMHSA, All relevant partners

❖ OUTCOME 2: REFORMED INSTITUTION TO ENSURE THE EFFECTIVE IMPLEMENTATION OF NATIONAL POLICIES, STRATEGIES AND PROGRAMS.

4.1.2. Strategic Intervention: Reform the roles and function of the department of mental health and substance abuse to reorient mental health policies, plans and strategies towards promoting well-being and reducing mental health inequities.											
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Advocate to reform ToR of DMHSA.	Effective advocacy and approval from MoH to reform DMHSA.			✓								DMHSA, other MoH department, All relevant partners
Draft and consult a new draft ToR of DMHSA with relevant institutions.	The Final version is submitted to the government of endorsement.			✓								DMHSA, other MoH department, All relevant partners

❖ OUTCOME 3: JOINT ANNUAL OPERATIONAL PLAN WITH RESOURCES ALLOCATION.

4.1.3. Strategic Intervention: Advocate for promoting the rights of people with mental disorders and psychological disabilities.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Advocate for the development of Mental Health Law.	Effective advocacy and approval from MoH to develop a mental health law.			✓								DMHSA, MoH department, inter ministry, All relevant partners
Mobilize technical and financial resources to support the development process.	Adequate resources to support the development process.			✓								DMHSA, WHO NGOs
Consult with all stakeholders to develop draft mental health law.	The final draft mental health law is agreed by inter-ministries.				✓							DMHSA, inter ministry, WHO, UN agencies, All relevant partners

4.1.4. Strategic Intervention: Mobilize funds at the annual planning development stage for the implementation of MHSP.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop annual workplan with all relevant stakeholders for resources mobilization.	Regular meeting with all relevant partners.		✓	✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, MH-TWG
	Joint annual operational plan for mental health is developed.		✓	✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, MH-TWG UN agencies, All relevant partners
	Progressively increased budget for MHSP implementation.		✓	✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, MH-TWG UN agencies, All relevant partners

1.1.2. STRATEGY 2: IMPROVE MENTAL HEALTH WORKFORCE

❖ OUTCOME 4: DIVERSIFICATION OF SPECIALIST TRAINING PROGRAMS IN PSYCHIATRY AND MENTAL HEALTH IN RESPONSE TO THE NEED OF POPULATION.

4.2.5. Strategic Intervention: Enrich specialized training programs in psychiatry and mental health in collaboration with the university of health sciences and other relevant institutions

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Workshop on mental health human resources need assessment.	Human resource types in mental health are identified.		✓	✓	✓	✓	✓	✓	✓	✓		DMHSA, DHRD, UHS, UN agencies, All relevant partners
Revise the existing specialized training curriculum of psychiatry.	A revised specialist training curriculum of psychiatry is endorsed and adopted by UHS.			✓								DMHSA, DHRD, UHS, UN agencies, All relevant partners

4.2.5. Strategic Intervention: Enrich specialized training programs in psychiatry and mental health in collaboration with the university of health sciences and other relevant institutions

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop a specialized training curriculum of child and adolescent psychiatry	A Training curriculum of Child and Adolescent Psychiatry is endorsed and incorporated in UHS.			✓								DMHSA, DHRD, UHS, UN agencies, All relevant partners
Develop a specialized training curriculum of geriatric psychiatry.	A training curriculum of Geriatric Psychiatry is endorsed and incorporated in UHS.			✓								DMHSA, DHRD, UHS, UN agencies, All relevant partners
Develop a specialized training curriculum of addiction psychiatry.	A training curriculum of Addiction Psychiatry is endorsed and incorporated in UHS.				✓							DMHSA, DHRD, UHS, UN agencies, All relevant partners
Develop a specialized training curriculum of psychiatry nurse.	A training curriculum of Psychiatry Nurse is endorsed and incorporated into UHS.				✓							DMHSA, DHRD, UHS, UN agencies, All relevant partners
Develop a master training curriculum of medical psychology	A training curriculum of Master of Medical Psychology is endorsed and incorporated in UHS.				✓	✓						DMHSA, DHRD, UHS, UN agencies, All relevant partners
Update the undergraduate training curriculum for medical student.	Embedded mental health in the undergraduate training curriculum for medical student is updated.			✓								DMHSA, DHRD, UHS, UN agencies, All relevant partners
Update training curriculum of nurse.	Embedded mental health in the undergraduate training curriculum for medical student is updated.			✓								DMHSA, DHRD, UHS, UN agencies, All relevant partners

❖ OUTCOME 5: IN-SERVICE TRAINING CURRICULA OF PRIMARY MENTAL HEALTH CARE AND TREATMENT FOR NON-SPECIALIST.

4.2.6. Strategic Intervention: Improve non-specialist trainings by developing or updating mental health training curriculum in collaboration with the university of health sciences and other relevant institutions.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Update training curriculum for primary mental health care for RH and HC.	A primary mental health care and treatment for health center is approved.		✓									DMHSA, DHRD, other Moh departments
	A primary mental health care and treatment for referral hospital approved.		✓	✓								DMHSA, DHRD, other Moh departments

- OUTCOME 6: PROMOTION OF PUBLIC MENTAL HEALTH LEADERSHIP TRAINING CURRICULA IN PUBLIC HEALTH-RELATED TRAINING PROGRAM.

4.2.7. Strategic Intervention: Promote public mental health leadership training programs in public health-related training programs.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Advocate for mainstreaming public mental health leadership in public health related training programs.	Public mental health leadership is incorporated in the academic training curriculum for public health related training.				✓							DMHSA, DHRD, UHS, NIPH
Develop a training curriculum of public mental health leadership.	A training curriculum of public mental health leadership is endorsed.				✓							DMHSA, DHRD, all relevant partners

- OUTCOME 7: INCREASED NUMBER OF MENTAL HEALTH WORKFORCE.

4.2.8. Strategic Intervention: Increase the number of mental health workforce to deliver mental health services.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Train physicians on primary mental health care.	Number of trained physicians receiving training on primary mental health care.		70	70	40	40						DMHSA
Train nurses on primary mental health care.	Number of nurses receiving training on primary mental health care.		315	315	140	140	140	140	180	180	180	DMHSA
Build capacity of health officers in public mental health leadership.	Number of trained health officers receiving public mental health and mental health leadership training (PHD, RH and OD)		50	50	50	50	50	50	50	50		DMHSA

1.1.3. STRATEGY 3: TRANSFORM DIGITAL MENTAL HEALTH AND MENTAL HEALTH INFORMATION SYSTEMS TO ENHANCE MENTAL HEALTH SERVICES DELIVERY, QUALITY OF THE SERVICES AND IMPROVE MENTAL HEALTH PROGRAM MONITORING AND EVALUATION.

- OUTCOME 8: A MENTAL HEALTH INFORMATION SYSTEM ACROSS SECTORS.

4.3.9. Strategic Intervention: Establish a monitoring and evaluation framework for mental health.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop M&E tool for mental health.	An M&E Framework for mental health is approved.		✓									DMHSA, DPHI, DHD

4.3.10. Strategic Intervention: Strengthen mental health information system across sectors including data from the private and non-governmental sectors.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop a mental health database system for national and sub-national level.	A mental health database system is approved. Or Mental health indicators have been integrated in HIS.			✓								DMHSA, DPHI, DHD, PHD, OD

4.3.11. Strategic Intervention: Build-up capacity in mental health information system capacity at national and sub-national levels.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Train mental health focal persons at national and sub-national on mental health data management.	Every year, all mental health focal persons ant national and sub-national level got training on mental health data management.			✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, DPHI, DHD, PHD, OD
Train mental health staff in digital mental health.	Digital mental health capacity to support digital training, counseling, care, and treatment in mental health.		✓	✓	✓							DMHSA, DPHI, DHD, PHD, OD

❖ OUTCOME 9: A MENTAL HEALTH SURVEILLANCE SYSTEM FOR SOME KEY INDICATORS INCLUDING SUICIDE AND SELF-HARM.

4.3.12. Strategic Intervention: Establish a surveillance system for monitoring mental health, self-harm and suicide.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop surveillance system for mental health including suicide attempt and suicide (or integrate in HIS).	A standardized mental health data collection tool for some key indicators.			✓								DMHSA, DPHI, DHD
	The data is collected and processed in a near real-time manner.			✓								DMHSA, DPHI, DHD

❖ OUTCOME 10: DIGITAL PLATFORMS FOR TRAINING, CONSULTATION, COUNSELING CARE, TREATMENT AND PUBLIC EDUCATION.

4.3.13. Strategic Intervention: Develop digital platforms for training, consultation, counseling care, treatment, and public education.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop a digital platform for mental health training.	A digital platform for mental health training is set up for remote training and self-learning.			✓								DMHSA, DPHI, DHD

Develop digital mental health to support non-mental health specialist	A digital platform to assist primary mental health care providers in assessing, caring, and treating mental health conditions.			✓								DMHSA, DPHI, DHD
Develop a tele-mental health for enabling mental health service users and mental health service providers in touch	A digital platform of tele-mental health is set up for putting providers and service user in touch remotely.			✓								DMHSA, DPHI, DHD
Develop digital mental health for self-help.	A digital platform for self-assessment and self-help is set up.			✓								DMHSA, DPHI, DHD
Develop digital mental health for public awareness and education.	A digital platform for public mental health awareness and education is set up.			✓								DMHSA, DPHI, DHD
4.3.14. Strategic Intervention: Create digital mental health teams at all levels to support the use of digital technology.												
Organize a clinical digital team for mental health to facilitate and support digital communication and operation.	A clinical digital for team mental health is established at national and subnational levels.		✓									DMHSA, DPHI, DHD, PHD, All relevant partners
4.3.15. Strategic Intervention: Establish a functioning clinical digital mental health team for providing virtual clinical training, consultation, and supervision.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Create a Clinical Digital Team for mental health training and supervision.	A Clinical Digital Mental Health Team is officially formed.			✓								DMHSA, DPHI, DHD, PHD
Develop a training manual for Tele-mental health.	A training manual for Tele-mental health is approved.				✓							DMHSA, DPHI, DHD, PHD
Provide training on management of mental health database system for national and sub-national levels	A mental health focal for mental health receiving trainings on management of mental health database system.				✓	✓			✓			DMHSA, DPHI, DHD, PHD, OD
Organize a mental health digital team to facilitate and support digital communication and operation.	A digital mental health team is established at national and subnational levels.		✓									DMHSA, DPHI, DHD, PHD, OD
Develop a clinical digital mental health team to support mental health service delivery.	A clinical digital mental health team is established and functioned to support mental health service delivery level.		✓									DMHSA, DPHI, DHD, PHD, OD

1.1.4. STRATEGY 4: PROMOTE MENTAL HEALTH RESEARCH.

❖ OUTCOME 11: PERIODIC PUBLICATION OF MENTAL HEALTH RESEARCH IN COLLABORATION WITH LOCAL AND INTERNATIONAL INSTITUTIONS.

4.4.16. Strategic Intervention: Build mental health research capacity.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Build mental health research capacity.	A mental health research team in collaboration with relevant partners supporting mental health research is set up.		✓									DMHSA, NIPH, UHS, UN agencies, All relevant partners
	Mental health research training is conducted one a year or mental health research project based.			✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, NIPH, UHS, UN agencies, All relevant partners
4.4.17. Strategic Intervention: Develop research agendas.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Engage partners interested in mental health research through regular meeting of mental health TWG.	A mental health research agenda is set up for resources mobilization.		✓	✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, MH-TWG NIPH, UHS, UN agencies, All relevant partners
	Mental health issue is integrated in other survey such as STEPS and CDHS.					✓					✓	DMHSA, MH-TWG, UHS, DPM, MoP, All relevant partners
4.4.18. Strategic Intervention: Conduct mental health research.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop mental health research plan based on the research agenda	At least one mental health research project is implemented every other year.			✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, NIPH, UHS, All relevant partners
	A national survey on mental health conducted		✓									DMHSA, NIPH, UHS, All relevant partners

1.1.5. Strategy 5: Secure essential supply and infrastructure at the national and sub-national level necessary to support mental health service delivery

❖ Outcome 12: Appropriate space for mental health services contributing to quality services

4.5.19. Strategic Intervention: Improve the current infrastructure (i.e., facility, space, equipment, supplies) and budget necessary for expansion and upgrading.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Advocate and mobilize resources for more space for mental health services.	At least one consultation and counselling room at CPA3 and CPA2.		✓									DMHSA, PHD, OD, RH, Development partners
	At least one counselling room at CPA3 and CPA2.		✓									DMHSA, PHD, OD, RH, Development partners
	Available space for Psychiatric Unit at Provincial Referral Hospital.			✓								DMHSA, PHD, OD, RH, development partners
	One room for child and adolescent mental health service at provincial referral hospital.				✓							DMHSA, DOH, UN agencies, Development partners

4.5.20. Strategic Intervention: Establish a center of excellence for mental health at the national level.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Advocate and mobilized resources to build a Center of Excellence.	A center of excellence constructed.		✓	✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, UN agencies and Development partners
Mobilize resources to build a Center of Excellence for Mental Health.	A Center of Excellence for Mental Health is constructed.		✓	✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, UN agencies and Development partners

❖ Outcome 13: Digital mental health infrastructure

4.5.21. Strategic Intervention: Establish a digital mental health infrastructure for the full use of digital mental health.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Mobilize resources to support digital mental health infrastructure.	PHDs has digital devices for digital mental health.				✓	✓						DMHSA, DHD, PHD, OD
	ODs have digital mental health devices for digital mental health.						✓	✓				DMHSA, DHD, PHD, OD, RH
	RHs have digital devices for digital mental health.								✓	✓		DMHSA, DHD, PHD, OD, RH
	HCs have digital devices for digital mental health.										✓	MHD, PHD, OD, HC, development partners

❖ OUTCOME 14: IMPROVEMENT OF PSYCHOTROPIC DRUG SUPPLY

4.5.22. Strategic Intervention: Ensure sufficient psychotropic medicine supply.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Review the list of psychotropic drugs in the Essential Medical List.	The essential psychotropic drugs are available in EML.		✓									DMHSA, DDFS, UN agencies and All relevant partners
Build capacity in estimation of psychotropic drugs consumptions.	Trained health staff in estimating psychotropic drugs consumption.			✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, DDFS
	A guidelines of rational psychotropic drug use is developed.		✓									DMHSA, DDFS UN agencies and All relevant partners

2. STRATEGIC PRIORITY 2: SHIFTING FROM CURE TO CARE WITH FOCUS ON PRIMARY MENTAL HEALTH CARE

2.1. STRATEGIC OBJECTIVE 2: ENSURE COMPREHENSIVE MENTAL HEALTH SERVICES WITH REFORMING PROMOTION, PREVENTION, CARE, TREATMENT, AND REHABILITATION IN MENTAL HEALTH.

2.1.1. STRATEGY 6: RE-ORIENT MENTAL HEALTH SERVICES FOR CHILDREN, ADULTS AND OLDER ADULTS AT PUBLIC HEALTH FACILITIES TO FIT THE FUTURE.

❖ OUTCOME 15: DEVELOPMENT OF RELEVANT TOOLS TO ENSURE DIVERSIFIED MENTAL HEALTH SERVICES FOR PEOPLE WITH MENTAL HEALTH CONDITIONS.

4.6.23. Strategic Intervention: Revise the CPA operational guideline for mental health												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Update operational CPA guideline for mental health.	An operational guideline for mental health service in referral hospital embedded in the CPA operational guideline is endorsed.		✓									DMHSA, Other MoH Departments, All relevant partners
4.6.24. Strategic Intervention: Revise the MPA operational guideline for mental health												
Update MPA guideline for mental health.	An operational guideline for mental health service in health center embedded in the MPA operational guideline is endorsed.			✓								DMHSA, Other MoH Departments, All relevant partners
4.6.25. Strategic Intervention: Develop an operational guideline of consultation-liaison psychiatry.												
Develop an operational guideline of Consultation Liaison Psychiatry.	An operational guideline of C-LP is endorsed.				✓							DMHSA, MH-TWG, Other MoH Departments, and All relevant partners

4.6.26. Strategic Intervention: Develop an operational guideline for psychiatric in-patient service.												
Develop an operational guideline for psychiatric in-patient service.	An operational guideline for psychiatric in-patient service in referral hospital embedded in the CPA operational guideline is endorsed.				✓							DMHSA, MH-TWG, Other MoH Departments, and All relevant partners
4.6.27. Strategic Intervention: Develop an operational guideline of ECT and TMS.												
Develop an operational guideline for ECT.	An operational guideline for ECT services in referral hospital embedded in the CPA operational guideline is endorsed.					✓						DMHSA, MH-TWG, Other MoH Departments, and All relevant partners
Develop an operational guideline for TMS.	An operational guideline for TMS services in referral hospital embedded in the CPA operational guideline is endorsed.					✓						DMHSA, MH-TWG, Other MoH Departments, and All relevant partners
4.6.28. Strategic Intervention: Develop an operational guideline of child and adolescent mental health service.												
Develop an operational guideline for child and adolescent mental health service.	An operational guideline for child and adolescent mental health service in referral hospital embedded in the CPA operational guideline is endorsed.				✓							DMHSA, DoH, NMCHC, UN agencies, All relevant partners

❖ OUTCOME 16: TRANSFORMATION OF DIGITAL TECHNOLOGIES TO FACILITATE ACCESS TO MENTAL HEALTH COUNSELLING, CARE, AND TREATMENT.

4.6.29. Strategic Intervention: Develop an operational guideline for digital mental health including hotline counseling.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop digital technologies for each digital mental health platform.	A digital training curriculum for CPA training is endorsed.			✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, DPHI, DHD, All relevant partners
	A digital training curriculum for MPA training is endorsed.			✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, DPHI, DHD, All relevant partners
	A digital materiel that assists primary health care providers in assessing, caring, and treating mental health conditions (e-learning).					✓	✓	✓	✓	✓	✓	DMHSA, DPHI, DHD, All relevant partners

	A guideline and code for Tele mental health is endorsed.				✓							DMHSA, DPHI, DHD, All relevant partners
	An operational guideline for hotline counseling is endorsed.				✓	✓						DMHSA, DPHI, DHD, All relevant partners

2.1.2. STRATEGY 7: ENGAGE INDIVIDUAL, FAMILIES AND COMMUNITIES FOR PROMOTION, PREVENTION, CARE, TREATMENT, REHABILITATION AND AFTERCARE IN MENTAL HEALTH.

- ❖ OUTCOME 17: INCREASED ENGAGEMENT OF HCMC AND VHSG IN PROMOTION AND PREVENTION FOR MENTAL HEALTH.

4.7.30. Strategic Intervention: Encourage community mechanism in promotion, prevention, care, and treatment in mental health.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Strengthen HCMC in mental health support.	Percentage of functioning HCMC in mental health support.	10%	23%	25%	31%	37%	42%	48%	55%	62%	70%	DMHSA, PHD, OD, HCMC
	Percentage of commune having mental health VHSG.	26%	38%	50%	55%	60%	65%	70%	76%	82%	88%	DMHSA, PHD, OD, HCMC, VHSG

- ❖ OUTCOME 18: PROMOTION AND PREVENTION INITIATIVES WITH PARTICIPATION FAMILY, COMMUNITY AND ALL STAKEHOLDERS TO PROMOTE MENTAL HEALTH LITERACY IN COMMUNITY.

4.7.31. Strategic Intervention: Engage service users and family members and/or careers with practical experience as peer-support workers.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop a guideline of mental health support for family and carer of patients with mental illness	A guideline of mental health support for family and carer of patients with mental illness is endorsed			✓								DMHSA, PHD, OD, UN agencies, All relevant partners
	peer-support group for family and carer of patients with mental illness is created				✓	✓	✓	✓	✓	✓	✓	DMHSA, PHD, OD, All relevant partners

4.7.32. Strategic Intervention: Address the mental well-being of children and carers when a family member with severe illness presents for treatment.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Support children who have parents with chronic mental disorders.	Number of families with vulnerable children when a family member with mental illness are identified.					✓	✓	✓	✓	✓	✓	MHD, PHD, OD, HCMC, VHSG, All relevant partners
	Number of families with vulnerable children receiving home visits for child and carer education.				✓	✓	✓	✓	✓	✓		MHD, PHD, OD, HCMC, VHSG, All relevant partners
	Home visit guideline for child and carer support is developed.			✓								DMHSA, PHD, OD, HCMC, VHSG, All relevant partners

4.7.33. Strategic Intervention: Provide early interventions for children and adolescents with mental health conditions through family-centered and child- and adolescent-responsive health care, at the primary health care, school and community levels.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Provide early intervention in community for children and adolescents with mental health conditions.	A guideline of early intervention for child and adolescent is developed.		✓									DMHSA, NPH, NMCHC, UN agencies, All relevant partners
	Trained key stakeholders to engage with and support families, caregivers, and communities.						✓	✓	✓			DMHSA, PHD, OD, All relevant partners
	A guideline of parenting skills/interventions for families and caregivers is developed.				✓							DMHSA, UN agencies and All relevant partners
	Trained families and carers on parenting skills/interventions.					✓	✓	✓				DMHSA, PHD, OD, All relevant partners
4.7.34. Strategic Intervention: Strengthen social support and connectedness for older adults.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Strengthen community resources including religious sectors for social support and connectedness for older adults.	Number of community clubs and social activities to support older adult mental health.					1	5	10	15	20	25	DMHSA, PHD, OD, HCMC, All relevant partners
	A guideline of community care for older adult mental health is developed.				✓							DMHSA, DPM, UN agencies, All relevant partners
4.7.35. Strategic Intervention: Develop necessary tools for community-based mental health services, early intervention, recovery-oriented interventions, self-help and family support group, care for people with mental disorders, including the use of digital technologies.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop guidelines/tools for community interventions and educations.	A guideline of recovery-oriented interventions is developed.				✓							DMHSA, MoSVY, UN agencies, All relevant partners
	A guideline of early intervention in mental illness is developed.					✓						DMHSA, PHD, OD, HCMC, UN agencies, All relevant partners
	A guideline of community outreach mental health services.						✓					DMHSA, PHD, OD, All relevant partners

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
	Digital tools for self-help						✓					DMHSA, DPHI, DHD PHD, OD, HCMC, All relevant partners
	Digital IEC for public education		✓	✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, DHD, All relevant partners

4.7.36. Strategic Intervention: Build local capacity in mental health literacy among community stakeholders.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Build capacity of local community and stakeholders in mental health care.	Number of trainings on recovery-oriented interventions for community workers					5	5	5	5	3	2	DMHSA, PHD, OD, All relevant partners
	Number of trainings on early interventions in mental illness for community workers.					5	5	5	5	3	2	DMHSA, PHD, OD, All relevant partners
	Number of training on community outreach mental health services.							5	5	5	5	DMHSA, PHD, OD, All relevant partners
	Number of Community mental health awareness campaign		25	25	25	25	25	25	25	25	25	DMHSA, PHD, OD, NGOs, local authority

❖ OUTCOME 19: COMMUNITY-BASED PSYCHOSOCIAL REHABILITATION RUN BY NONGOVERNMENTAL ORGANIZATIONS.

4.7.37. Strategic Intervention: Support nongovernmental organizations, faith-based organizations, and other community groups to establish and implement community-based mental health services or psychosocial rehabilitation.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Mobilize and support partners to community-based mental health services	Number of community mental health projects			8	8	8	8	8	8	8	8	DMHSA, PHD, OD, HCMC, All relevant partners
	A guideline of self-help group.						✓					DMHSA, PHD, OD, HCMC, All relevant partners
	Number of self-help groups are established.							25	25	25	25	DMHSA, PHD, OD, HCMC, All relevant partners

2.1.3. Strategy 8: Engage multisectoral and cross-cutting collaboration to embedded mental health promotion, prevention, of mental illness and mental health care into relevant institutions and programs.

- Outcome 20: Effective multi sectoral collaboration and coordination mechanism with other relevant ministries, institutions and stakeholders in response to the needs of population.

4.8.38. Strategic Intervention: Develop mental health promotion and prevention of mental health conditions tools for relevant ministries with multisectoral collaboration.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Create technical working group with relevant ministries	Working groups with relevant ministries are formed				✓							DMHSA, MoWA, MoEYS MoLVT, Ministry of Cults and Religion, MoI, MoSVY, All relevant partners
Develop mental health promotion and prevention of mental health conditions tools for relevant ministries with multisectoral collaboration.	A counselling guideline for victim of gender-based violence is developed.						✓					DMHSA, MoWA, UN agencies, All relevant partners
	A guideline of school mental health is developed.							✓				DMHSA, MoEYS, UN agencies, All relevant partners
	A guideline of mental health in workplace								✓			DMHSA, MoLVT, UN agencies, All relevant partners
	A guideline of integrated approach of mental health in religious sectors (monastery, mosque, and church) is developed.									✓		DMHSA, Ministry of Cults and Religion, UN agencies, All relevant partners
	A guideline of mental health interventions in Prisons is developed					✓						DMHSA, MoI, UN agencies, All relevant partners
	A guideline of mental health care and treatment for people with mental disorders (for MoSVY center)			✓								DMHSA, MoSVY , UN agencies, All relevant partners
	A guideline for child and adolescent mental health care for children center (for MoSVY)				✓							DMHSA, MoSVY , UN agencies, All relevant partners

4.8.39. Strategic Intervention: Develop suicide prevention initiative.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Conduct workshop on suicide prevention initiatives.	Number of workshops on suicide prevention initiative.		✓									DMHSA, MoEYS, All relevant partners
Train health staff and relevant partners on suicide prevention.	Number of trainings on suicide prevention to health staff and relevant partners			4	4	4	4	4	4	4	4	DMHSA, All relevant partners
Develop hotline for crisis counseling.	Number of hotlines for crisis counseling.		✓									DMHSA, DHD, All relevant partners
Develop guideline for pesticide control in collaboration with relevant partners.	Number of guideline pesticide control.				✓							DMHSA, Other MoH departments, Inter-Ministry
Develop suicide reporting guideline.	Number of suicide reporting guideline.		✓									DMHSA, Other MoH departments, Inter-Ministry
Train on suicide reporting guideline to news reporters/journalists.	Number of trainings on suicide reporting guideline to news reporters/journalists.		✓	✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, Other MoH departments, Ministry of information, All relevant partners
Establish crisis center with law enforcement and authority.	At least one crisis center established					✓						DMHSA, Other MoH departments, Ministry of interior, All relevant partners
Organize world suicide prevention day.	Number of world suicide prevention day		25	25	25	25	25	25	25	25	25	PHD, OD, HCMC, VHSG, Local authority

4.8.40. Strategic Intervention: Promote mental health awareness and positive health behavior across sectors including schools, workplace, homeless people.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop a school mental health program in collaboration with MoEYS.	At least a program of school mental health promotion is implemented.			✓	✓	✓	✓	✓	✓	✓	✓	DMHSA, MoEYS, UN agencies, All relevant partners
Develop a mental health promotion in workplace in collaboration with MoLVT.	A program of mental health promotion in workplace including factories, is implemented				✓	✓	✓	✓	✓	✓	✓	DMHSA, MoLVT, UN agencies, All relevant partners

Develop mental health program for homeless people.	At least a metal health program for homeless people, in collaboration with MoSVY , and NGos, is implemented.			✓								DMHSA, MoSVY , UN agencies

❖ OUTCOME 21: IMPROVEMENT OF CAPACITY IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORTS ACROSS SECTORS.

4.8.41. Strategic Intervention: Build-up capacity in mental health and psychosocial support for relevant ministries with multisectoral collaboration.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Build capacity in mental health and psychosocial support (MHPSS) for relevant ministries with multisectoral collaboration.	Trained MoWA staff on counselling for victim of gender-based violence							✓	✓	✓	✓	DMHSA, MoWA, All relevant partners
	Trained MoEYS staff on school mental health promotion.								✓	✓	✓	DMHSA, MoEYS, All relevant partners
	Trained MoLVT staff on mental health promotion in workplace.									✓	✓	DMHSA, MoLVT, All relevant partners
	Trained religious sectors (monastery, mosque and church) on mental health promotion.										✓	DMHSA, Ministry of Cults and Religion, All relevant partners
	Trained prison officer on mental health interventions in Prisons is developed.						✓	✓	✓	✓	✓	DMHSA, MoI, All relevant partners
	Trained MoSVY staff on mental health care and treatment for people with mental disorders				✓		✓		✓		✓	DMHSA, MoSVY, All relevant partners
	Trained MoSVY staff on child and adolescent care for children center (MoSVY)							✓	✓	✓	✓	DMHSA, MoWA, All relevant partners

❖ OUTCOME 22: HOLISTIC INTERVENTIONS FOR PEOPLE WITH MENTAL HEALTH CONDITIONS.

4.8.42. Strategic Intervention: Promote cross-cutting collaborative care along the entire care pathway to ensure and maintain optimum mental health care and treatment.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop tools for integrative collaborative care model for mental illness and physical comorbidities.	A guideline of integrated interventions for mental illness and HIV/AIDS care and treatment.		✓									DMHSA, NCHADS, UN agencies, All relevant partners
	A guideline of integrated interventions for mental health and TB care and treatment.			✓								DMHSA, CENAT, UN agencies, All relevant partners

4.8.42. Strategic Intervention: Promote cross-cutting collaborative care along the entire care pathway to ensure and maintain optimum mental health care and treatment.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
	A guideline of collaborative care for mental health and diabetes.			✓								DMHSA, DPM, UN agencies, All relevant partners
	A guideline of collaborative care for mental health and cancer.			✓								DMHSA, DPM, UN agencies, All relevant partners
	A guideline of integrated interventions for mental health and maternal child health care.				✓							DMHSA, CMCHC, UN agencies, All relevant partners
	A guideline of integrated interventions for child and adolescent mental health in pediatric services.				✓							DMHSA, DoH, NPH, UN agencies, All relevant partners
	A guideline of integrated interventions for elderly mental health (depression and dementia) in geriatric service.					✓						DMHSA, DPM, KSFH, UN agencies, All relevant partners

3. STRATEGIC PRIORITY 3: MENTAL HEALTH CARE SAFETY AND QUALITY

3.1. Strategic Objective 3: Ensure Mental Health Services Provision in Compliance with Best Practice.

3.1.1. Strategy 9: Ensure clinical governance for mental health

- ❖ Outcome 23: Improvement of institutional capacity in quality management, including both public and private sectors.

4.9.43. Strategic Intervention: Develop a framework to ensure the quality care and treatment of mental health services.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop national quality improvement team.	A national quality improvement team form mental health care is appointed.				✓							DMHSA, DPHI, UN agencies, All relevant partners
Develop necessary tools to ensure quality mental health care.	A tool for quality framework in mental health care in mental health care is endorsed.					✓						DMHSA, UN agencies, All relevant partners
	A tool for quality assurance in mental health care in mental health care is endorsed.					✓						DMHSA, PHD, OD, UN agencies, All relevant partners

4.9.43. Strategic Intervention: Develop a framework to ensure the quality care and treatment of mental health services.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
	A tool for quality improvement in mental health care in mental health care is endorsed.					✓						DMHSA, PHD, OD, UN agencies, All relevant partners

❖ OUTCOME 24: IMPROVEMENT OF QUALITY MENTAL HEALTH SERVICE, INCLUDING BOTH PUBLIC AND PRIVATE SECTORS.

4.9.44. Strategic Intervention: Develop necessary practical guidelines for mental health care and treatment at all levels in accordance with best practice.

Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop necessary practical guidelines for mental health service providers at all levels.	A clinical guideline for mental health interventions at health center is endorsed.				✓							DMHSA, NPH, UN agencies All relevant partners
	A clinical guideline for mental health interventions at referral hospital is endorsed.					✓						DMHSA, PHD, OD, UN agencies, All relevant partners
	A clinical guideline for psychiatric in-patient management is endorsed.						✓					DMHSA, PH, OD, UN agencies, All relevant partners
	A clinical guideline for child and adolescent mental health care and treatment is endorsed.						✓					DMHSA, CMCHC, NPH, UN agencies, All relevant partners
	A clinical guideline for child and adolescent mental health care at pediatric services is endorsed.							✓				DMHSA, CMCHC, UN agencies NPH, All relevant partners
	A clinical guideline for Consultation-liaison psychiatry is endorsed.							✓				DMHSA, MH-TWG, Other MoH departments, All relevant partners
	A practical guideline of mental health counseling is endorsed.								✓			DMHSA, UN agencies, All relevant partners
	A practical guideline of ECT is endorsed.								✓			DMHSA,MH-TWG, Other MoH departments, UN agencies , All relevant partners

	A practical guideline of TMS is endorsed.								✓			DMHSA, MH-TWG, Other MoH departments, UN agencies, All relevant partners

4.9.45. Strategic Intervention: Build capacity, skills, and competency of mental health service providers at all levels.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Developed legislations of accreditation for mental health professional	An accreditation committee for mental health professionals is appointed.				✓							DMHSA, UN agencies, All relevant partners
	An accreditation standard for mental health professional is endorsed.				✓							DMHSA, UN agencies, All relevant partners

3.1.2. STRATEGY 10: DEVELOP MENTAL HEALTH SERVICE STANDARD AND PROFESSIONAL ACCREDITATION IN MENTAL HEALTH.

- OUTCOME 25: ENHANCEMENT OF QUALITY MENTAL HEALTH SERVICE STANDARD AND PERFORMANCE.

4.10.46. Strategic Intervention: Develop mental health service standard.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop mental health service standards	A committee for mental health service standard/accreditation for public and private sectors is appointed.			✓								DMHSA, DoH, All relevant partners
	A mental health service standard for public and private sectors is endorsed.				✓							DMHSA, DoH, All relevant partners

- OUTCOME 26: IMPROVEMENT OF MENTAL HEALTH PROFESSIONAL COMPETENCY AND ETHICS.

4.10.47. Strategic Intervention: Develop accreditation system for Continuing Professional Development (CPD), in collaboration with all relevant institutions and professional association.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop legislations of accreditation for mental health professional	An accreditation committee for mental health professionals is appointed.				✓							DMHSA, MoJ, All relevant partners
	An accreditation standard for mental health professional is endorsed.				✓							DMHSA, MoJ, UN agencies, All relevant partners

4. STRATEGIC PRIORITY 4: UNIVERSAL HEALTH COVERAGE FOR MENTAL HEALTH

4.1. STRATEGIC OBJECTIVE 4: ENABLE PEOPLE WITH MENTAL HEALTH CONDITIONS TO RECEIVE UNIVERSAL HEALTH COVERAGE FOR MENTAL HEALTH.

4.1.1. STRATEGY 11: IMPROVE SERVICE COVERAGE AND COMPREHENSIVE SERVICE PACKAGES FOR MENTAL HEALTH

❖ OUTCOME 27: MAXIMIZATION OF MENTAL HEALTH SERVICES COVERAGE IN RESPONSE TO THE NEEDS OF POPULATION.

4.11.48. Strategic Intervention: Ensure essential mental health service coverage in response to the needs of population of all age groups.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop primary mental health care services at health centers	Number of health centers with primary mental health care services		511	667	733	799	865	931	993	1086	1180	DMHSA, PHD, OD, All relevant partners
Develop mental health out-patient services at referral hospital	Number of district referral hospital with mental health out-patient services.		83	94								DMHSA, PHD, OD All relevant partners
Develop child and adolescent mental health services at referral hospital (separate service and integrated service in pediatric service).	Number of referral hospital with child and adolescent mental health services (separate service and integrated service in pediatric service)		3	6	9	12	15	18	21	23	25	DMHSA, PHD, OD All relevant partners
4.11.49. Strategic Intervention: Develop other necessary services in response to the needs of people with mental health conditions.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Develop psychiatric in-patient units at referral hospitals	Number of provincial referral hospital with mental health in patient services.		5		10		15		20		25	DMHSA, PHD, OD, All relevant partners
Establish Consultation Liaison psychiatry in referral hospital	Number of provincial referral hospital and 1 national hospital established Liaison psychiatry					6	10	13	18	20	26	DMHSA, PHD, OD, All relevant partners
Establish electroconvulsive service at referral hospitals.	Number of established electroconvulsive service at referral and national hospitals.				1	2	4					DMHSA, PHD, OD, All relevant partners

4.1.2. Strategy 12: Ensure poor people with mental disorders get social protection.

❖ Outcome 28: Health equity funds for vulnerable population with mental disorder.

4.12.50. Strategic Intervention: Advocate for social protection support to poor and vulnerable people with mental disorders.												
Key performance	Key Performance Indicator	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Responsible
Advocate for social protection for poor people with mental disorders.	Legislations of social protection for poor people with mental disorders				✓							DMHSA, MEF, MoLVT, MoSVY, All relevant partners
Enroll poor and vulnerable people with mental disorders enrolled into a registration system.	All poor people with mental disorders receiving social protection.					✓	✓	✓	✓	✓	✓	DMHSA, MEF, All relevant partners

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165.	Mr. An Sokna	Health Officer of Oddar Meanchey Provincial Administration
166.	H.E Dr. Le Chansangvat	Director of Health Department of Banteay Meanchey Provincial Administration
167.	Dr. Khum Sovannrith	Non-Communicable Diseases and substances Officer
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169.	Mr. Yi Kong	Chief of Administration Office Department of Health of Mondulkiri Provincial Administration
170.	Mr. Nou Somethea	Deputy Director of Mondulkiri Provincial Referral Hospital
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174. Dr. Yel Daravuth — Technical Officer of the World Health Organization in Cambodia
175. Dr. Krang Sunlon — Technical Advisor of the World Health Organization

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176. Ms. Dum Chanthida — National Project Officer of IOM
177. Ms. Ay Sotheara — Health Officer of ICRC
178. Mr. Pech Sophea — Head of Health Program of ICRC
179. Phd. Chhim Sotheara — Director of TPO
180. Ms. Taing Sopheap — Psychologist of TPO
181. Mr. Seang Leap — Project Coordinator of TPO
182. Dr. Hong Rathmony — UNICEF Officer
183. Mr. Lim Sophorn — AIDS Coordinating Committee
184. Dr. Ean Nil — Executive Director of CTRO Center
185. Mr. Om Plaktin — Executive Director of EMDR
186. Dr. Khem Thann — Louvain Cooperation Program Manager (LC)
187. Ms. Bou Amara — UNDP Officer
188. Mr. Thomas Chai — President of Action for Health and Poverty Alleviation
189. Ms. Pel Meayeat — Saff of Health Poverty Action
190. Dr. Tan Chandara — Psychiatrist of Health Poverty Action
191. Dr. Chrin Bunsovannarith — Psychiatrist of Health Poverty Action
192. Mr. Leang Chanthan — Marinol Officer
193. Mr. Tum Vira — Executive Director of Cambodian Organization for the Elderly

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