

Community Needs Assessment for a Professional University Health Counselling Course in Cambodia

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Developing health and counselling professionals remains an important part of supporting mental health services in Cambodia. This paper aims to identify how the key stakeholders and mental health experts in Cambodia consider how a university level health counselling course could contribute to addressing the needs/treatment gap for mental health services in Cambodia. In order to do this, the study consists of semi-structured interviews with stakeholders, community needs assessment, and community resource mapping. The data were drawn from 15 NGOs, various profit and not-for-profit organizations as well as two key government stakeholders. The participants were invited to take part in a stakeholders/expert semi-structured interview that lasted between 30-60 minutes at the participants' organizations. The findings revealed that all participants believe that a university level health counseling course was crucial in Cambodia to address pressing mental health issues in the country. Most participants believed that a graduate or post-graduate level program such as a B.A. or M.A. was necessary to train qualified counsellors. The program should be internationally benchmarked, with a Cambodian context. Topics should include psychopathology, professional ethics and competencies, counselling theories and interventions, trauma treatment, as well as emotional intelligence and addiction. Other topics might need to include parenting, support system for suicidal patients, self-care, staff wellbeing programs, and school counselor programs.

Keywords: health and counselling professional, competencies, psychopathology, professional ethics and counselling theories

Introduction

Cambodia is a society with high mental health needs, yet with lack of resources available to address these needs (Phoeun et al., 2023). The purpose of this study was to identify how key stakeholders and mental health experts perceive how a health counselling course could contribute to addressing the needs/treatment gap for mental health services in Cambodia; contribute to the national strategies that support mental health; provide knowledge around capacity building for a workforce equipped to work effectively with those clients requiring mental health services; and improve mental health outcomes for people experiencing mental health challenges/illness. The underlying value underpinning this study is that good mental health is essential in supporting good health—therefore any initiatives that support good mental health will also contribute to people's and societies' social and economic wellbeing (WHO, 2022). This study contributes to the wider context of mental health in Cambodia (i.e.

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high need and limited resources) and current strategic plans such as the Health Strategic Plans (HSP3 and HSP4). It also aligns with the Sustainable Development Goal 3 which is to “ensure healthy lives and promote well-being for all at all ages” and as well as the universal health care access for “all people have access to the health services they need, when and where they need them without financial hardship”.

Background

One of the pressing health issues in Cambodia is the provision of mental health services. Current population-based studies (over the last 10 years) estimate the prevalence of depression range from 11.5% to 80% and anxiety 27.4% to 53% in the general Cambodian adult population (Parry, Ean, Sinclair, & Wilkinson, 2020; Stammel et al., 2020; Stammel et al., 2013). This is much higher than global comparisons (Parry et al., 2020). The high rates of anxiety and depression can be linked back to the generational impact of the Khmer Rouge period (1975-1979) with resulting high rates of Post-Traumatic Stress Disorder (PTSD), alongside the decimation of mental health services and the loss of trained mental health professionals during this time (Parry & Wilkinson, 2020). Following the Khmer Rouge and civil war (1975-1979), there were no mental health services to deal with a highly traumatized population (Wyatt, 2023). In 1992, the Ministry of Health in Cambodia formed a mental health subcommittee to plan for national mental health services. However, a lack of cooperation and financial support meant that the subcommittee were unable to achieve their goals (MacCabe, Sunbaunat, & Bunthoeun, 2007). From 1994 to 2004, there was some training provided in basic mental health to 26 psychiatrists, 40-45 psychiatric nurses, and 600 primary care doctors and nurses. However, a lack of financial support by the government and international donors meant the program was not sustainable (Maccabe et al., 2007; Minas & Lewis, 2017; McLaughlin & Wickeri, 2012; Jegannathan, Kullgren, & Deva, 2015; Deva, D’Souza, & Sundram, 2009; MoH, 2010).

In 2016 the MoH Health Strategic Plan 2016-2020 (HSP3) highlighted the need to develop mental health services in Cambodia. However, there remains a lack of a national policy on mental health, with the only policy presently pertaining to substance abuse (WHO, 2016). The Health Strategic Plan 2021-2030 (HSP4) is still in draft and there is no sign to date that has been endorsed by the Royal Government of Cambodia (WHO, 2021).

Government expenditure on mental health in 2017 was about 0.02 percent or approximately 19.33 KHR per capita (Alfredsson, San Sebastian, & Jeghannathan, 2017). Most of the costs of mental health care are covered by the patients themselves. There is limited human resource for mental health care, with only 7.9 psychologists and social workers per 100,000 people and 0.39 psychiatrists per 100,000 people, which are some of the lowest rates in Southeast Asia (Scheffler & WHO, 2011). As a result, healthcare services for mental health are mainly provided by NGOs or the private for-profit sector. Although there is the provision of mental health services through NGOs in the major cities, only 10% of community health centers provide mental health services (Alfredsson et al., 2017).

The severely limited service able to provide mental health care in Cambodia, coupled with a fragmented health system which concentrates mental health care providers in major urban areas, results in most of the Cambodian population not being able to access mental health services (Olofsson, Sebastian, & Jegannathan, 2018). Additionally, stigma and misunderstanding around mental health also contributes to the treatment gap (Olofsson et al., 2018). Indeed, majority of health workers in a rural district considered people with a mental illness to be unpredictable and dangerous. However, of those health workers sampled, participants who reported having received mental health training, did indicate less stigma towards mental illness (Alfredsson et al., 2017).

Currently, mental health training is provided in some nursing curricula (to varying degrees); there has been no specialty mental health training for nurses since 2006 (WHO & ICN, 2007); and since 2012, 90% of primary care physicians who received some basic mental health trainings (approximately 600) are no longer practicing clinical mental healthcare (Alfredsson et al., 2017). Since 1994, the Royal University of Phnom Penh, (Psychology Department) has trained a thousand students in general psychology with BA and MA degrees, but most graduates inevitably end up working in a different field of services (Seng, Carlon, & Cross, 2020).

In 2018, the University Puthisastra commenced a Health & Counselling course based on international standards for professional health counselling, with two cohorts graduating. However, even though the program was very successful, it was suspended in 2020 due to a lack of financial support for the fledgling program (UP, 2018).

Rates of anxiety and depression have been compounded by the impact of the global COVID-19 pandemic (Lawreniuk, Brickell, & McCarthy, 2022). Rates of suicide are on the increase for young people, with NGOs regularly patrolling the Japanese bridge in Phnom Penh to intervene in suicide attempts (Kelley et al., 2022). The joint education needs assessment between UNICEF, Save the Children, and MoEYS found that 55% of 7,343 respondents identified with at least one type of psychological stressor or mental health issue during the pandemic (UNICEF, 2021). The prevalence of mental health issues among university students in six ASEAN countries included Cambodia during the COVID-19 found that the rate of depression was at 29.4%, anxiety at 42.4%, stress at 16.4%, eating disorder is 13.9%, and suicide between 7%-8% of the students (Dessauvague, Dang, Nguyen, & Groen, 2022). The number of students looking for professional help was very low and the mental health counselling service was limited (Dessauvague et al., 2022).

A systematic review and meta-analysis of the mental health systems during the COVID-19 pandemic in Southeast Asia found very similar results, with 22% for depression, 16% for anxiety, and 19% for insomnia (Pappa et al., 2022). Another study in the context of COVID-19 among higher education institutes showed that technostress among the university students had strong effect on different gender, age group, and working experience of educator (R. Ly & B. Ly, 2022). New research on MFI debt of rural population found links between burdens of repayment of the debt to physical, psychological, and social pain in the form of exhaustion, stress, and isolation. The study found that about 88% of respondents in rural areas used out-of-pocket expenses for health care from private providers, bringing more burden and stress to family members in addition to the pre-existing burden and stress of MFI debt (Iskander et al., 2022). Another study of the impact of COVID-19 on children, young people, and their families in Sihanoukville administered by M'Lop Tapang between May 2020 and June 2021 demonstrates the high impact on families' financial situations, children's education, as well as increased risk and safety at work and high stress among the family members (Guest et al., 2021). Suicide rates in 2022 showed a sharp increase to almost 900 cases of deaths from suicide, based on the record from Cambodian National Police (The Phnom Penh Post, 2023).

Developing health and counselling professionals remains an important part of capacity development for a workforce providing mental health services in Cambodia (Maddock, Ean, Campbell, & Davidson, 2023). Therefore, it was timely to evaluate the need for a professional health counselling course and to identify what sort of course and graduates would be most appropriate to meet the needs of organizations and contribute to improved mental health outcomes for populations in Cambodia.

Methodology

This is a scoping review and needs assessment underpinned by semi-structured interviews with stakeholders,

community needs assessment, and community resource mapping. The participants in the research are selected from the target population. It was identified by research team through mapping the professional person working in different sector, allied sectors, and leveraging existing knowledge of the target group through aggregated knowledge drawn from different sources, both informal and formal.

Methods

Mapping of stakeholders and available resources (desktop review) leverage existing knowledge of target groups that included NGOs and government organizations/policy makers engaged in mental health services in Cambodia.

Fifteen (15) NGOs were identified, as well as profit and not for profit organizations and two key government stakeholders. Participants included NGOs such as TPO, Ratanak International, ARM Cambodia, CCF, and Hagar Cambodia; private mental health services such as the Beekeeper, Bamboo center, Independent mental health consultant; government stakeholders from MoSAVY, MoEYS; Chey Chumneas Hospital and academic providers such as school counselor from international school in Phnom Penh, the Royal University of Phnom Penh, Department of Social Work.

Participants were invited to take part in a stakeholder/expert semi-structured interview that lasted between 30-60 minutes at the participants' organization. Two researchers took part in the interviews—one to facilitate the interview and the other to take notes. It was decided not to record the audio due to the high cost of transcription and translation. The interviewers followed interview guidelines—however, any lines of discussion related to the topic that the participants brought up were followed and in instances further lines of questions were asked to clarify points. See appendix A for the interview questions.

Participants were recruited purposively via email or the messaging app Telegram and sent a participant information sheet. If the participants were happy to participate as an expert informant, an interview time was arranged and participants were asked to sign a consent form before the interview started. Informed consent was gained from participants ensuring they understood the purpose of the interview and study, how the data would be used, any potential risks and benefits, had time to decide, and understood that their participation was voluntary and they could choose not to answer any questions they did not wish to. Prior to data analysis, participants had an opportunity to remove any comments that they did not wish to be used in the analysis. The principle of respect for participants was foregrounded in all aspects of the study, and their contribution as an expert on the topic acknowledged.

Data were analyzed inductively and deductively through initially coding, and identifying categories. The identified categories were examined in the context of the needs assessment and resource mapping and justification for the need (or not) for a health counselling course.

Results

Demographic Characteristics

The majority of respondents was female (75%) and 93% of all participants were mental health professionals with more than five years of experience working in Cambodia. The majority of participants were Cambodian psychologists or mental health practitioners, and four of them were expatriates working in Cambodia. 87.5% had completed a Master's degree in Psychology, Counselling Psychology. One of the participants had completed a

PhD in Clinical Psychology and another one a PhD candidate in Psychology. The majority of the participants were working with NGOs and private sector in the country.

Table 1

Demographics of Participants Interviewed for Community Needs Assessment for a Professional University Health Counselling Course in Cambodia

Demographics of participants	No. of participants
Gender	
Male	4
Female	12
Nationality	
Cambodia	12
Non-Cambodia	4
Professional discipline	
PhD in Clinical Psychology	1
PhD Candidate in Psychology	1
MA in Clinical and Counselling Psychology	7
MA in Counselling Psychology	1
MA in Guidance Counsellor	1
MA in Child Psychology	1
MA in Christian Counselling	1
B. A in Psychology	1
Diploma in Professional Health Counselling	1
MA in Business Management	1
Primary work setting	
Government	3
NGO/Private	13

The following questions were asked to each professional surveyed.

1. What do you think are the needs for a health and counselling course in Cambodia?

All participants believed that a health and counselling course was a crucial need in Cambodia for the prevalence of mental health issues across the country.

Participants believed that counselling theories and practice, especially around relationship skills was the most important.

One participant said “Relationship is a key. Relationship is most important part in counselling. A two year program would give basics as the tool for people to find out more”.

Despite the belief that health and counselling is a huge need, participants also highlighted that psychology might be considered a higher level than health counselling and more clinical practice would be helpful in meeting the needs of Cambodia.

I think there is more need of clinical psychology than just health counselling. I have heard about counselling and psychology. It is a bit confused such as health psychology VS mental health counselling. Perhaps it is better to rename the course as mental health counselling which exclude the counselling of the physical diseases such as chronic diseases.

One interviewee added that Attachment Theory is an important topic to be included in a health and counselling course, as well as occupational therapy. They also added that there is a need to train more professional counsellors and mental health experts in different areas. “We need various course in counselling such as guidance counseling, community and so on”.

Participants reported that Cognitive Behavioral Therapy (CBT) should be included because it is the most helpful approach in counselling and it is the most popular approach in Cambodia. Mindfulness, self-compassion techniques, and Emotional Focused Therapy (EFT) should be part of the course as well.

One participant said “I think there should be any course which could help the client to explore about mindfulness and self-compassion” and other added “A CBT therapists often work with the deeper levels of their client’s beliefs and assumptions.”

It was also recommended that there are needs for community-based mental healthcare to address depression, anxiety, as well as to strengthen mental health and counseling support systems. The training should include competency frameworks that include a social ecological approach. Participants reported a need to have reflective supervision embedded into the training and ongoing certification or recertification of professional mental health counsellors. This would include supporting their own mental health needs and wellbeing, as well as addressing any vicarious trauma and/or counter transference.

2. What short of the program/course/qualification do you think is needed?

Most of the participants emphasized the need for a higher-degree course. 32% of the interviewees believed that a three- or four-year bachelor degree course would highlight the qualification of the counsellor and would easily help graduates to get jobs. 18% said that a diploma would be sufficient to produce qualified counsellors.

Diploma allowed more people in limit background and I suggest the student with diploma could continue for one more year to get BA degree in counselling professional because I do believe that student with BA could have more capacity and getting job easily and attract more youth to register the course.

27% of the interviewees said that a MA program is highly recommended. 23% said any degree would be sufficient, but also that the counsellors would require additional accreditation and ongoing licensing as a professional.

I believe there should be a good standard and professional. I don’t think short course of 6 month would be that useful. There are plenty of short courses provided by various institutions. I would suggest the course should be deeper and include more focused areas. The higher degree, the better.

Table 2

Program/Course/Qualification

Program/course	Percentage
M.A. in mental health counselling	27%
B.A. In mental health counselling	32%
Diploma in mental health counselling	18%
Any degree in mental health counselling	23%

3. Should the program be internationally benchmarked or locally endorsed (and if so by who)?

Majority of the participants suggested that international benchmark with adaptation to Cambodia context would be good.

We should look at the international benchmark with Cambodian context. Find the needs of Cambodians but look at the curriculum abroad, then adapt for Cambodians. For me, I am so interested in helping chronic diseases especially cancer. I observe there are the huge need to support counseling as the numbers of NCDs are increasing. Example, for cancer patients, they and their families do need counselling to support their decision.

Other participants recommended the promotion of local benchmarks but with high standards and qualification, including input from government departments such as MoH, MoSAVY, and MoEYS. This would

ringworm skin cream)! There are also courses about drug addiction, suicide, women mentoring and other diseases too. SO, we understand what crisis can affect people. If we do not know all of these, how can we help others?

Mental health research will help students to enhance their knowledge; Group and family dynamic theories and practice. “Academic education in Cambodia lack of knowledge in research not only in mental health but also others major in education as well, I believed that research could enhance student’s knowledge.”

Supervision and practicum will help new counsellors feel confident to start their professional career.

Table 3

The most important topics that should be included in the course content

Most important topic	Numbers mentioned
Psychopathology	
Trauma	16
Anxiety	14
Depression	14
PTSD	15
Developmental disorders	13
Theories and techniques	
Foundation of counseling	16
Art Therapy	10
Cognitive behavioral therapy	15
Emotional Focused Therapy	9
Humanistic theories	14
Micro skills	
Verbal and none verbal communication	15
Listening skills	14
Open and close question	10
Verbal and none verbal	9
Emotional intelligent	12
Professional framework	
Ethical	15
Confidentiality (professional ethics)	14
Competency framework	11
Assessment tool	
Clinical assessments	10
Risk assessment	8
Autism spectrum disorder screening	8
Trauma assessment	10
Clinical supervision	
Group supervision	8
Individual supervision	9
Others	
Human development	9
Creative arts	8
Life satisfaction and resilience building	11
Attachment theory	12
Family dynamics	11
Social ecology	10
Group dynamic	12
Research methods: foundational and advanced	8
Issues of diversity, equity and inclusion in clinical practice	10
Field instruction/practicum/internship	11

5. What are the competencies that you think are important for the graduate profile for a health and counselling graduate?

A degree-level program is the most important to show their level of competencies and their graduation. “Personally, I give more values in degrees as my experience I finished the M.A and I knew the level of competencies of B.A. is not enough, Experience are important, Self-development is ongoing to provide effective intervention”.

Counseling theories/approaches with practice and doing case note with supervision. “In my school in Korea, there are space for counseling and study. We have case notes, and they are reviewed by the supervisors. Self-confident and practice in counseling is the most important part when we apply any theories”.

Ethical framework/standard, on-going professional development, compassion, empathy, and willingness to improve themselves to keep update as professional counsellor/psychologist.

The counsellors must be well-trained to provide helpful services—not harmful services. Students should understand theories and be able to apply it into their practice using the appropriate approaches. They should have passion, empathy, willingness to keep learning, giving value to mental health.

Built up self-confidence through practice and implementation. Evidence based practice with clinical knowledge to treat the client. “To use evidence-based practice; combine the finest research with clinical knowledge and patient values for optimal care; and, to the extent possible, engage in learning and research activities.”

6. What sort of graduates or work force do you need to help you meet the needs of your clients? What sort of skills and knowledge should they have?

Understand the holistic approach in mental health.

The persons with knowledge, experiences and the relevant degree. But, we hardly find the people with professional counseling but mostly only psychologists which apply. We mostly look for people who experience with trauma and children development as at my workplace, we work on human trafficking which most of the victims have severe trauma.

Understand psychopathology to work with clients, psychologist to address more acute mental health disorders, professional clinical assessment to implement clinical tests. “At TPO, social work and psychology that we need. The willingness to work in this field along with talent of teaching. We do a lot of clinical work here.”

MA in psychology particularly in clinical psychology; therapist supervisor; mental health practitioner with higher knowledge and experiences with relevant degree especially with professional counseling background.

We need M.A. degree in psychology particularly clinical psychology. I would like to have a room set up which students could come to observe, but from a business perspective, people pay for what they would like - so it is hard to allow for others to come observe during the sessions.

Professional mental health background in trauma counselling or intervention skill.

The persons with knowledge, experiences and the relevant degree. But we hardly find the people with professional counselling but mostly only psychologists which apply. We mostly look for people who experience with trauma and children development as at my workplace, we work on human trafficking which most of the victims have severe trauma.

School counsellor/guidance counsellor especially working with children.

The need is school counselling in both private and public schools, students (children) need support. This is why there is a lot of abuse among children in Cambodia. This is a huge problem in Cambodia because of the absence of a supporting system.

In my current job, there is only one counsellor for two campuses from year 6-12. I believe that the ideal number would be 1 counsellor for each grade level per campus.

7. What extra workforce development do you think would benefit your organization?

Support system for suicidal cases, looking for more qualified counsellor with accreditation and license, clinical psychologist with ability to do assessments for children as well as adults, mental health practitioner with assessment and screening skills for children, school counsellor with mindfulness practice in school, professional and ethical supervisors.

People who work with children—with IQ assessments (Major: Clinical psychologist). Screening is just the support to detect but unable to further help. School counselors are also in need. Working with kids needs a lot of knowledge (learning ability of kids, IQ, and their development). Lack of people who are doing the testing, need practicum. Long support for profession is a must. Need the standards for this.

Psychologist with a background in parenting and crisis intervention, qualified counsellors in hospital, professional mental health practitioners in trauma-informed care.

Imagine after COVID, the issues are related to the debt, economic crisis, parenting (like parents change the schools without letting the kids know in advance), lost the job opportunities. Helping youths prior to university is important to help orient them to select the major at universities that they would like to learn - helping them to make decisions. Where is the gap is also at the hospitals because there are no counsellors there.

Self-care and staff wellbeing program in the work place. “Develop training curriculum for staff self-care program to support staff well-being in work place. This will help staff feel being supported and motivated in terms of knowledge about importance of self-care and practice self-care habits.”

8. What further can be done to improve mental health training in Cambodia?

Community mental health expert and support system for community as well as supporting network for professional.

More community (like-minded people) support, networking (so we can know who is there and working on what). Example, the mother in the US whose son is in the prison asked me for help and I cannot think of anyone who could help though I felt I knew I should have known living here for a long time.

Active professional association to establish guideline for treatment, assessment/mental registrations, and reviews of the competency of mental health practitioners.

We need professional association—guidelines for treatment/assessment mental health registration Review the competencies- curriculum—a lot of stuff is out of date (example RUPP). Research is important to update the knowledge and skills. Academic international standard in order to develop the programs.

Promote raising awareness and collaboration with relevant stakeholders especially with the government, available and accessible service all over the country. There should be a collaboration with the government to promote good mental health and to reduce suicide rates, and improve/restructure the system that already exists.

There is the need but people still do not know. So, the most important thing for me is to raise awareness. The last few years, we had a lot of problems with depression, anxiety, and suicide. I created my page but without showing my name. Apparently, people contacted and asked for advice. Most people misunderstood about the mental health. They saw some information on social media, and think they are the same - so they get anxious and stressful.

The government has mental health department but no resource person, financial support, and regulation. More human resource, budget, material is needed for mental health practitioner to do their work. Counselling service/mental health should be supported by government.

The system needs to be changed. At hospitals, there is mental health department, but there are not qualified people working? There is a lack but the government need to also recognize this as the problem too. Advocacy to priorities mental health services and financing/budgets for mental health from current national health, social care and education budgets.

9. What further resources are needed to provide mental health services to people in Cambodia?

Website, app must be developed in Khmer language (limit resource in Khmer). Mobile counselling is conducted through smart devices. There should have more counselling clinics for students to practice and implement.

Many resources such as website and app are in English but not in Khmer. There is a group developing the app but no counsellor in the team. It would be really useful to have mobile counseling through smart devices. They should be a clinic for that which allows students to practice with supervision.

Continuing professional development is very useful for Cambodia. “Resources should be in Khmer. PCT is a very important but they are also other approaches such as CPT which is useful in Cambodia. It depends on the settings and individual.”

Government level should have a policy on mental health, and regulation around mental health and counselling. “At the government level, there should be the policy and regulation around health counselling and promote its benefit among people.”

Due to lack of resources working in rural areas financially, human resource and material, mental health workers and counselors should serve the need of people in community.

Hospital and social workers working on violence is a lack especially in the rural areas. Expertise in medication is also a big gap - nobody knows exactly about the side effects of the medicines and how to respond with this. Social work and psychologists should expand their services in those areas at the health centers etc. In the social affair department, there is no expertise in this area, but they work in this field, so there will be no GAIN—ONLY HARM.

There should be more private and public universities that provide the course in mental health and psychology.

There are a lot of challenging with supporting system on drug addiction, LGBTQI+. “It needs to be something from general to specific knowledge and skills. Drug addiction is important. LGBTQT also have a lot of challenges—so they also need help. I would recommend this course to others.”

Monitoring and evaluation system (A15) and registration system should be implemented in conjunction with the MoH.

Advocacy on mental health should be a priority with sufficient budget, service, and resources from current mental health, social work, and education departments. Social behaviors change communication to determine perceptions, knowledge, attitudes, behaviors, barriers, social norms, and opportunities to increase awareness and care-seeking to address mental well-being needs using both formal and informal service and support networks.

10. Apart from increasing the numbers of counsellors in Cambodia, how can we enhance HPC course to better meet the needs of Cambodians?

With awareness of family system backgrounds, Trauma is the main focus in Cambodian approach (example child development), I like working with Cambodian psychologists to understand more about Cambodians more.

The curriculum needs to be revised and student should focus more on mental health research in order to understand better about mental health and counseling. Partnerships will make it more sustainable and successful in the long term. Knowledge and experiences of counsellors should be strengthened.

11. Do you think the course at UP prepared you for your career and Master?

It helped a lot especially the basic knowledge and research we got from diploma. It also helped them at work especially they know how to practice and to do research. They got self-knowledge.

At my workplace, mental health is the heart work. However, we provide other things to support the victims. This diploma course provided me some knowledge to understand about the metal health. I also self-developed through this course.

This course provided the foundation knowledge for them to prepare for further education and career.

12. What could be done more?

The curriculum should be re-structured. Practice should be continued.

From my discussion with other people, this course did prepare me well.

For me, I see the course contents were good in general, but of course, you need to revise and update. There are some repeated lesson contents—which is not necessary. The slide presentation should be ready before going to teaching. The lessons should be reviewed by the department in advance.

13. Would you recommend your staff to study this course?

Yes, I would. By seeing me studying this course, and seeing my self-development, people asked me where I studied this course. For my own staff, I also have to see their ability to learn and commitment along with their career path if they are able to join.

Comparing with other universities, the fee is more expensive. This course does not make students earn that high salary after their graduates see the salary range at their workplace.

Once again it is very critical to decide! However, if students get scholarships, that would help a lot.

Discussion

This study is important in contributing to strengthening of the mental health services in Cambodia, which is experiencing a severe shortage of professional mental health counsellors. This need assessment is to explore the need for professional mental health counseling program in Cambodia and how to integrate the course to be a more effective program. This study consults with mental health experts with many years of experience working in Cambodia.

The first key theme is about the need for a professional mental health counselling course. Participants reported a big need for this due to the high rates of mental health issues and rising suicide rates. The previous study found that the prevalence of mental health conditions such as depression is at 16.7%, anxiety at 27.4%, follow by PTSD at 7.6% (Seponski, Lahar, Khann, Kao, & Schunert, 2019). A review of mental health problems during the COVID-19 pandemic in Southeast Asia, which included Cambodia, found very similar result which is 22% for depression and 16% for anxiety and 19% for insomnia (Pappa et al., 2022) and the suicide rate among the university students was between 7% and 8% (Dessauvagie, 2022). Parry (2020) in her study on “Development of Mental Healthcare in Cambodia: Barriers and Opportunities” argued that Cambodia should prioritize the quality of mental health education, training, and service provision.

Most participants perceived the quality of the course as being important, reflecting the effectiveness and ability of their work to work with their clients in the future. Strengthening the quality by enhancing the

collaboration within organizations and departments working in mental health sectors in Cambodia is important for the successful development of a mental health program (Parry et al., 2020). Bachelor's and Master's degrees in professional health counselling or clinical psychology are recommended, confirming the individual's level of competence and qualifications to become a professional counselor or clinical psychology; however, an associate's degree can also give those who do not have the opportunity to pursue a bachelor's degree or the opportunity to be involved in counselling.

The findings in this study support the previous study at the Malaysian University of the bachelor and master degrees in counselling, which found that after three years the students demonstrated improvement in professional counseling, satisfaction with their course, as well as improvements in their leadership skills (Sing-Kiat Ting, Jian-Ai Thong, Lim, & Jones, 2022). Similar finding of the efficacy with international students in master of counseling psychology program demonstrated the efficacy and perceptions to themselves as counselling psychologist (Domínguez, Cheng, & De La Rue, 2022).

Accreditation and licensing for counselor and other mental health practitioners should be considered to maintain professionalism. The course should lean on networks and other stakeholders such as NGOs who work on mental health and government sectors, most importantly, MoH, MoEYS, MoSAVY, and MoWA which can be accredited and acknowledged by those stakeholders.

Currently, no accreditation, licensing, or registration system exists in Cambodia. Overall, as other country in the region, mental health professionals in counseling should be state licensed in order to protect public safety, or at least accredited by a professional body. According to the American Counselling Association in 1994, "professional counselors are required by law in every state in order to protect public safety, state establish licensure or certification standards of practice for health and human services professional" (Glossoff, Benshoff, Hosie, & Maki, 1995). Cambodia does not yet recognize counsellors as mental health professionals. There is no legislation, registration, or discussion about the duty or practice of professional mental health counseling or psychotherapy.

The professional mental health counselling program should be benchmarked locally and internationally by partnering with international associations and universities—local benchmarks that can be accepted at an international level. This echoes findings from a previous study that recommended a coordinated, joint response, delivered through appropriate partnerships locally and internationally to provide effective support services, with the mental health sector encouraged to work in partnership with universities to provide expertise and facilitate pathways to care (Browne & Carlson, 2022). Strengthening collaborations between key stakeholders in mental health was needed to enhance mental health service in Cambodia (Parry et al., 2020).

Evidence based practical modules should be included in the course. It was recommended that cognitive behavioral therapy (CBT) should be included because it is the most helpful approach in counselling and it is the most popular approach in Cambodia as well. The implementation of the Wolverine Mental Health Program with the Beck Institute and an implementation research team to implement cognitive behavioral therapy (CBT) found strong effective for treating youth both international and external problem (Scott, Lewis, Rodriguez-Quintana, Marriott, & Hindman, 2022). However, it demands a thoughtful implementation and is time consuming to train the therapist to become professional person (Scott et al., 2022).

Limitations

The study involved stakeholders in Phnom Penh and does not reflect of the viewpoints of stakeholders at the provincial level or other urban areas in the country. Participants were interviewed in English and in Khmer

but notes were taken directly only in English without back translation from Khmer to English. Finally, this research mainly focused only on the views of selected professionals and did not interview service users.

Recommendations

Courses should focus on bachelor's and master's degrees, rather than associate's degrees, as they reflect professionalism. The BA degree should be shorter than four years and made available for NGOs staff and youth.

The courses should seek accreditation and license from an international association or government especially MoH or MoEYS, if possible. Mental health is fundamental to the good health of society. Social workers are seen as a way to provide effective mental health support through various approaches, including counselling. The MOYES is looking (in partnership with UNICEF and WHO) to build the capacity of social workers (who may have a counselling background) in the next 10 years for 4,000-5,000 social workers. There has not yet been a needs assessment conducted for social worker/psychologist or health counselling yet (Samheng Boros).

A need for a campaign to destigmatize mental health—how to raise issues of trauma, guidance—needs mental health to be seen in broadest sense which includes the importance of mentoring and support networks. Parenting also needs to be a focus—i.e., UNICEF and Generation Future—focuses on change makers through mentoring by others. Involvement of MoH, WHO, UNICEF, and NISA—is designed at all levels (Samheng Boro).

Conclusion

The study suggested that a degree-level training reflects the professionalism of the person. Based on the interview with participants it is shown that majority want to engage with at least BA or MA degree in professional mental health counselling or clinical psychology program. The course should be called professional in mental health counseling psychology which reflects the expertise of professional in mental health and counselling.

The certificate course should be accredited by government or independent association after graduation which can reflect the quality and the professionalism as well as protect the public safety while using the services.

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Appendix A

The following questions were asked to each professional surveyed:

1. What do you think are the needs for a health and counselling course in Cambodia?
2. What short of the program/ course/ qualification do you think is needed?
3. Should the program be internationally benchmarked or locally endorsed (and if so by who).
4. What do you think are the most important topics that should be included in the course content?
5. What are the competencies that you think are important for the graduate profile for a health and counselling graduate?
6. What sort of graduates or work force do you need to help you meet the needs of your clients? What sort of skills and knowledge should they have?
7. What extra workforce development do you think would benefit your organization?
8. What further can be done to improve mental health training in Cambodia?
9. What further resources are needed to provide mental health services to people in Cambodia?
10. Apart from increasing the numbers of counsellors in Cambodia, how can we enhance HPC course to be better meet the needs of Cambodians?