

## LETTER TO THE EDITOR

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### The Cambodia training program on older persons' mental health and well-being: what International Psychogeriatric Association members have to offer

The subspecialty of Old Age Psychiatry emerged from the recognized mental health needs of an aging society (Hilton and Arie, 2010). Unlike Western societies, Cambodia is only now facing the prospect of an emerging aging population, with current life expectancy of 67 for men and 71 for women (Open Development Cambodia). As we are well-aware, with extended life-span comes age-related neurodegenerative disease such as dementia (with changed behaviors), and a range of physical comorbidities and delirium, plus common mental health problems such as depression, anxiety and suicide. Additionally, specific to Cambodia, the current aged cohort are Khmer Rouge conflict survivors (Soksamphoas, 2023). It is these very topics of “common mental health problems” and “long term effects of trauma” that were identified alongside recruitment and service development, as important learning targets in a mental health training needs analysis of South East Asia including Cambodia (Wiwatanadate *et al.*, 2021).

An important learning point from Wiwatanadate *et al.* (2021) was the warning against a one-size-fits-all-of-Asia approach to training: “Given that Southeast Asian countries have unique history and cultures, different issues relating to mental health needs may arise. Providing training according to existing needs is vital, as it offers reference points for developing countries whose backgrounds and health care environments are similar to each other” (p2, Wiwatanadate *et al.*, 2021; Gaspard & Yang, 2016). Other training targets can be found in the nine priority needs identified by the Royal Government of Cambodia in the Cambodian National Ageing Policy (NAP) (2017–2030): (i) *Financial security* encouraging productive employment of older persons and expansion of comprehensive social welfare; (ii) *Health and Well-Being* promoting healthy aging with an accessible health system, meeting requirements of long-term care and adequately training health personnel; (iii) *Living Arrangements* promoting aging in place and providing appropriate living arrangements for older persons lacking family support; (iv) *Enabling the Environment* encouraging older persons to live independently; (v)

*Older People's Associations; (vi) Intergenerational Relations; (vii) Elder Abuse and Violence; (viii) Emergency Situations; and (ix) Preparing the Younger Population for healthy aging.*

Armed with the NAP (2017–2030) and Wiwatanadate *et al.* (2021), on 22–23 April 2024, human rights charity Capacity Australia and International Psychogeriatric Association (IPA) colleagues from Sydney University; University of New South Wales, Australia, and Chang Mai University, Thailand, in collaboration with Mental Health Association of Cambodia, delivered the International Training Certificate in Mental Health and Wellbeing of Older Persons, in Kampong Speu Province. Delivering the education in a province where a new public hospital was being built was both timely and appropriate, given that 78% of the population live in rural areas (Open Development Cambodia). Topics addressed included: Common mental health and cognitive disorders; Preparing for an aging population; Suicide prevention; Dementia and delirium: what is the difference? End of Life care for older persons; Practical pharmacotherapy; Pain and pressure care management; Public attitude to mental health problems and stigma; Identifying long term effects of trauma; Integrating culture and local wisdom for service delivery.

We were conscious of building on existing initiatives such as the Transcultural Psychosocial Organization, a Non-Government Organisation providing mental health care and psychosocial support, leading the way in addressing suicide, and *baksbat*, a uniquely Cambodian post-traumatic stress syndrome. Another important strength is Cambodia's well-established Mental Health Association (MHAC), already affiliated with both World Psychiatric Association and Asian Federation of Psychiatric Associations. Working with MHAC seemed on point given that strengthening collaborations between mental health stakeholders was a recurrent theme for developing Cambodian mental health services identified in a qualitative study of Cambodian mental health professionals (Parry *et al.*, 2020). Also integral to strengthening such collaborations is recognizing the value of multidisciplinary professionals in older persons' health – modeled by contributions to our training from psychiatrists, occupational therapists, psychologists, pharmacists, social workers, audiologists and nurses.

With regards to aged care, this is a golden opportunity for Cambodia to cherry-pick what works and what doesn't work in the West. Some of our “cures are worse than the disease,” namely segregation

of older persons in care facilities (Steele *et al.*, 2019) and over-and inappropriate-medication use, particularly psychotropics. Perhaps instead with regards to long-term care for those without traditional family support (Priority 3, NAP), more culturally-syntonic solutions to these exceptions to family-based care might be found in other Asian countries such as Thailand (Department of Older Persons).

We write this letter to demonstrate how IPA members can contribute to new frontiers in service delivery and care for older persons. In doing so, we share IPA expertise collectively amassed since the last century, but do so with humility, knowing that we do not have all the answers. We also match need, being equal advocates for country-centered care as we are for person-centered care.

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