Final Report

Mental Health of Landmine Survivors in Cambodia

A Report for Social Services of Cambodia and Japan International Cooperation Agency

By

Center for Advanced Study

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1. Introduction

The local organization Social Services of Cambodia, founded by Khmer-American social workers in 1996, aims to help vulnerable Cambodian individuals, families and communities to gain or regain the ability to be participating and contributing members of their communities.[1] At present, the organization is funded by JICA to, among other activities, provide social and mental health services to individuals and families in Kampong Speu and in Phnom Penh.

At present, the social and mental health services are provided to all persons and families requesting for help, regardless of the nature of their problems. There are some landmine survivors among the clients of SSC (+- 125). However, at present landmine survivors are not being approached as a separate group, though they may have specific needs for social and mental health services. So far, not much is known yet about their needs in terms of social and mental health services.

JICA/SSC requested the Center for Advanced Study (CAS) to conduct a short study of one month in order to determine the nature and extent of mental health needs of people who have survived landmine accidents and to determine resources available to provide services.

The Terms of reference emphasized that the following questions be covered:

-What is the degree of need and desire for mental health services in the target group?
-What kind of mental health problems do the members of the target group typically experience?
-What is the estimated percentage of the target group that suffers from mental health problems?
-What are the current services available?
-What plans have been made for future provision of such services, by government, by NGO's?

1.1 Research design and methodology

The research methodology for this study was designed by JICA, with input from SSC, and consisted of structured interviews, a self-report of difficulties, and two psychological tests (the Hopkins Symptomatic Test and the Harvard Trauma test) among 100 landmine survivors in/around Phnom Penh and in a village in Kampong Speu. In addition, organizations providing services to handicapped people/landmine survivors, and other organizations that are involved in policy making or coordinating activities, were interviewed (see appendix for a list of organizations interviewed).

The structured interviews focused on the life history of the interviewee (childhood, life before the accident, memories of the accident, feelings right after the accident, relationships with family and friends, difficulties experienced, etc.). After the structured interview, the interviewee was asked to report the most important difficulties encountered nowadays, in an order ranking from most to least important. Upon completion of the self-report of difficulties, two psychological tests were administered: the Hopkins Symptom Checklist-25 and the Harvard Trauma Questionnaire.

Interviewees were selected randomly (those who were available at a particular time) on a cluster sampling basis. The clusters consisted of three rehabilitation centers (VI, AARJ, and JSC), a village in Kampong Speu where SSC is providing services, and areas with a concentration of handicapped beggars in the streets of Phnom Penh (Wat Ounalom, Khlang Rom Ser, along the Chaktomuck river, in front of the Royal Palace, Wat Phnom, squatter areas near the Tonly Bassac River, Chroy Chang Va , Olympic market, Pochen Tong, and Borei Keila stadium. A total of 35 landmine survivors were interviewed in the streets of Phnom

Penh, 20 landmine survivors were interviewed at VI, 20 at JSC, 17 at AARJ, and 8 landmine survivors were interviewed at the village in Kampong Speu.

The interviews were conducted by four teams, each consisting of one experienced socio-cultural researcher, and one psychologist researcher. The researchers presented themselves as members of an independent non-governental organization devoted to research. We explained the aims of the research to our informants as an effort to obtain their experiences, knowledge and views to provide input to the process of establishing and improving mental health services in Cambodia. Every informant was assured of anonymity and the interviews were tape-recorded only with the expressed consent of the interviewee. The tapes served as a back-up for the researchers, and were not transcribed and translated.

Prior to interviewing, the interviewees were informed that the interview might cause great emotional as well as psychological distress and painful memories. The interviewees were informed about emotional and psychological support services at SSC, TPO and CMHDP, and were provided with an official note stating that they had participated in a research project and might need counseling after interviewing.

The research was managed by a Cambodian-American medical anthropologist, Pollie Bith, Ph.D. Candidate. The teams consisted of Un Mononita, BA. and Lay Sokhanak, BA., Heng Kim Van, MA., and Ngan Sreyrath, BA., Nguon Sokunthea, BA., and Khat Saret, BA., and Chan Kanha, BA., and Chey Sam Oeun, BA . The researchers have extensive experience in in-depth interviewing and administering psychological tests in various communities in Cambodia. The data were processed, analyzed and written up by Pollie Bith and Judith Zweers, MA.

1.2 Research limitations

The study was conducted in March, with duration of one month. Given the time constraints, it was not possible to provide an in-depth analysis of the mental health situation of land mine survivors. This study should rather be seen as a preliminary assessment: an in-depth analysis would require more time and other, more qualitative methodologies.

Most interviews were conducted in and around Phnom Penh. We therefore do not claim that this study is representative for the situation of landmine survivors in Cambodia. This study was conducted mainly in the urban setting, whereas the majority of landmine survivors live in the rural areas. The situation in a city is entirely different from that in the countryside. Moreover, most of our interviewees in and around Phnom Penh were former soldiers, receiving a small government pension, whereas there are more civilian landmine survivors in the countryside.

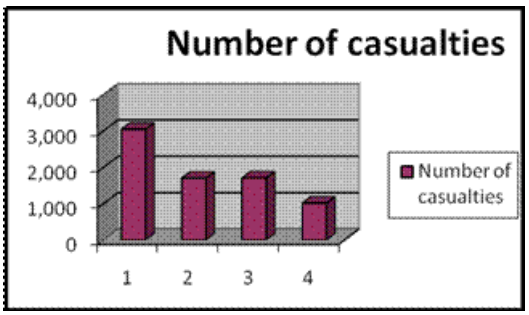
It is important to note that this study mainly presents a picture from the point of view of the landmine survivors themselves. In order to provide a complete picture, especially when discussing issues such as discrimination and relating to society, it is especially important to bear in mind the one-sided view that is presented in this report. This report shows perceptions of one particular group, which may not always entirely reflect reality.

2. Landmine accidents and disability in Cambodia

Cambodia is one of the countries with the highest rate of accidents due to landmines. The laying of landmines began already towards the end of the 60s, during the Vietnam war, and continued throughout the 70s. The use of landmines increased considerably with the invasion of Vietnam in 1979, when landmines were used both by the Cambodian government and the Khmer Rouge, and its use continued until the late nineties. As a consequence, Cambodia is also one of the countries with the highest rates of casualties due to landmine accidents, although the number of casualties per year is decreasing since 1997. In 1996, 3,046 landmine accidents were reported (a monthly number of casualties between 518 and 133); in 1997 this

figure dropped to 1,698 (monthly between 237 and 84), and stayed constant throughout 1998. In 1999 it dropped again to 1,012, with a monthly number of casualties ranging from 157 to 43.[2]

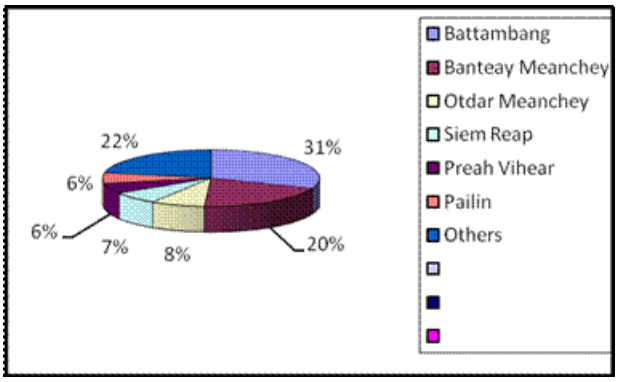
Figure 1: Number of casualties due to landmines from 1996-1999



Source: Cambodia Mine Incident Database Project: Monthly Mine Incidence Report, December 1999 and February 2000

By far most accidents take place in Battambang and Banteay Meanchey provinces, which are among the most heavily mined areas in Cambodia. Although exact figures about the number of casualties per province are not available, those two provinces together probably accounted for approximately half of all landmine casualties in 1999.[3]

Figure 2: Percentage of casualties per province in 1999



Source: Cambodia Mine Incident Database Project: Monthly Mine Incidence Report, December 1999

In the past, during the civil war in Cambodia, most mine incidents happened during warfare, with most casualties being among the military. After the civil war, this trend has changed visibly. Nowadays most landmine casualties are among civilians: in 1999 this was 91% of all reported casualties. [4]

Landmines are designed to maim the victim, causing complicated wounds, which often - but not necessarily - lead to amputation of one or more limbs. 23% of the casualties reported in 1999 died; 31% had to get a limb amputated, and 46% got injured without amputation needed. It is important to stress that land mine survivors are not necessarily amputees: they may well have other physical problems.

After the war, the government as well as international organizations have tried to respond to this situation through various rehabilitation programs, emphasizing physical therapy, prosthetics, orthotics and other devices, as well as skills training for casualties of landmine accidents. Meanwhile, a large number of national and international organizations is working in the field of physical rehabilitation of disabled people in general: whereas the organizations initially focused on war veterans, most are now open to the disabled in general, whatever the

cause of the disability. More than 50% of Handicap International's clients nowadays for example, are people who got disabled due to other causes than mine accidents, the most important cause being diseases such as polio (27%), followed by accidents (10%), use of weapons, congenital causes, and disability due to delivery problems.[5]

Physical dysfunction is however only one part of the handicap. The WHO published an Internal Classification of Impairment, Disability and Handicap, which classifies handicaps according to the disabling consequences. It makes a distinction between impairment, disability and handicap. Impairment refers to the physical dysfunction; disability refers to the disabling consequences of the impairment (i.e. a restriction on the activities of a person), and handicap refers to the changed role of the person in society due to the disability, i.e. the physical independence, the mobility, occupation, social integration, self-sufficiency, etc.[6] In a poor society like Cambodia, a disability is more likely to result in a more serious handicap than in a Western society: most disabled are poor and marginalized people, for whom the consequences of the physical impairment are "exacerbated by an inability to earn a decent livelihood (thus worsening the cycle of poverty), displacement due to conflicts, and ostrasization from their society. As such, their impairment quickly becomes a disability and in many cases a handicap."[7]

Dr. Sar Sothearith in his thesis on handicapped soldiers and mental health (1998), emphasizes the consequences of disability in Cambodia in terms of the relationship between disabled people and society, indicating that the loss of a limb is often followed by other "losses", such as decreased job-finding ability, decreased social interaction, lower self-esteem, and increased dependence.[8] Also Somasundaram and Kea see a change in social interaction after a person becomes disabled. In their study on the psychosocial effects of landmines in Cambodia, they refer to studies from other heavily mined countries where changes were found in the relationship with family, a loss of productivity and ability to support the family, increased dependency on the spouse, divorce or desertion, inability to marry, an inability to educate and feed the children, etc. Also other relationships had changed, and feelings of embarrassment in public, of shame, depression, bad temper, uselessness and depression were reported.[9]

Somasundaram and Kea also refer to mental problems of landmine survivors: "it is not only the physical outer body that is damaged by the land mine explosion, but the inner self also suffers considerably".[10] In their study among 90 landmine survivors in and around Phnom Penh, they found considerable numbers of landmine survivors with post-traumatic stress disorder, anxiety, depression and somatization. Although in Cambodia at large the need for psychosocial help for trauma victims is increasingly being recognized, this is not yet the case for landmine survivors: Somasundaram and kea even discern a tendency towards denial of psychosocial needs among some of the rehabilitation programs. They call for a holistic approach of care for land mine survivors, in which all aspects, both physically and mentally are being addressed.

Sothearith in 1998 interviewed 10 handicapped soldiers at a military hospital in Phnom Penh, and also found a high level of depression and symptoms of post-traumatic stress disorder among them: symptoms of anxiety, recurrent dreams about traumatic events, flashbacks, and avoidant behavior in order to avoid stimuli that can be associated with the traumatic event.[11] In the last two decades several questionnaires have been developed to assess the level of anxiety, depression and post traumatic stress disorder among Cambodians. The symptoms checklists make use of a Cambodian idiom for symptoms. Although minor mental disorders such as depression, anxiety and post-traumatic stress disorder were first named in the West, they are often accepted to be natural and prevalent in all cultures. Departing from the assumption that there is such a universal response, psychological tests can be developed that capture the culture specific responses to stressful events and translate those into Western concepts of mental health disorders, such as anxiety, depression and post-traumatic stress disorder.

However, the question remains how to interpret the outcome of such tests, because the meaning of depression may be different for people from a Western or a Cambodian culture.

Or, as Summerfield puts it: "for one person, recurrent violent nightmares might be an irrelevance, revealed only by direct questioning; to another, they may indicate a need to visit a health clinic; to a third they might represent a helpful message from his/her ancestors."[12] Although we recognize this as a valid, and very important point, we do not intend to further explore this issue in this report.

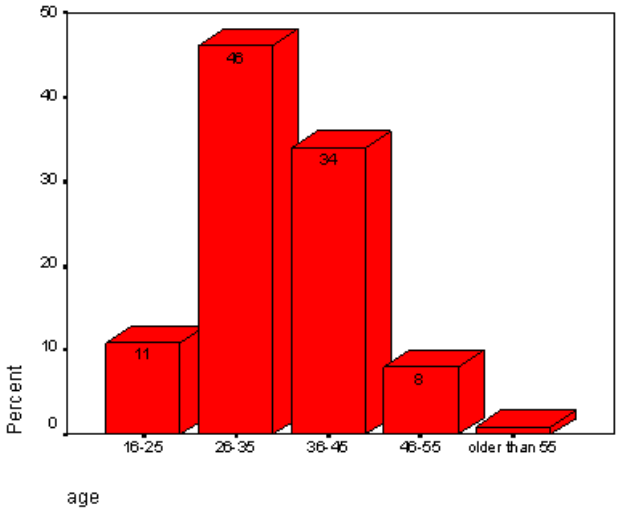
This study is based on the assumption that there are universal human responses to stressful events, and that those responses can, to a certain extent, be measured.

3. Demographics

In total 100 land mine survivors were interviewed for this study: 56 informants were interviewed at different rehabilitation centers in and around Phnom Penh, 35 informants were interviewed in the streets of Phnom Penh (mainly beggars), and 8 informants were interviewed at a village in Kampong Speu, where SSC is providing services.

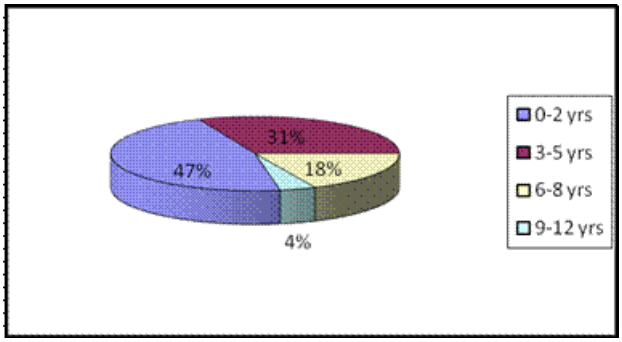
Only 8 informants were women. This more or less reflects the national trend: according to the Cambodia Mine Incident Database Project 6% of the landmine casualties nation wide (deaths, injured and amputees) are women. Although the database also shows a percentage of 28% children, there were no children in our sample. Almost half of our respondents (46%) was aged between 26 and 35 years. 34% was aged between 36 and 45, 11% was between 16 and 25, 8% was between 46 and 55, and only one respondent was older than 55 years.

Figure 3: Age groups of landmine survivors interviewed



Most informants (47%) had had no, or almost no education (0 to 2 years). 31% had attended school for 3 to 5 years (Primary school level: able to read and write), 18% had attended school for 6 to 8 years (lower secondary school), and only 4% 9 to 12 years (higher secondary school).

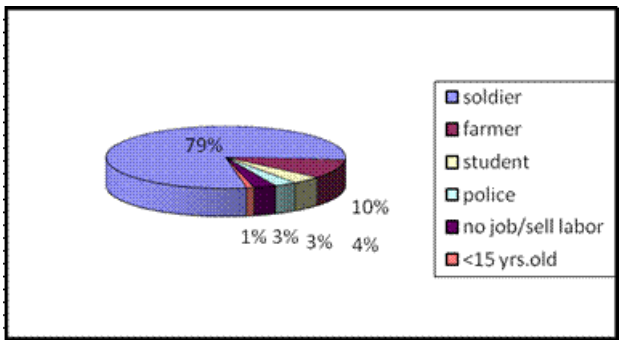
Figure 4: Number of years of school attendance



Most informants were married and were having children (72%), 23% was single or divorced. Most people from this group stated that they did not have enough money in order to marry a woman and support a family. The disability in itself was not perceived as the main problem: most informants stated that they would be able to find a wife if only they would have enough money. Some informants told us that they got married and had children after the accident had taken place. Most live separate from their parents and siblings: only three informants were either living with one or two parents, or with an older brother or sister. The informants came from different provinces: Battambang, Kampong Cham, Kandal, Prey Veng, Svay Rieng, Kampong Thom and Takeo. Most recounted a happy childhood, with a normal/good relationship with both parents and siblings. In only three cases more than three siblings had died during the Pol Pot regime.

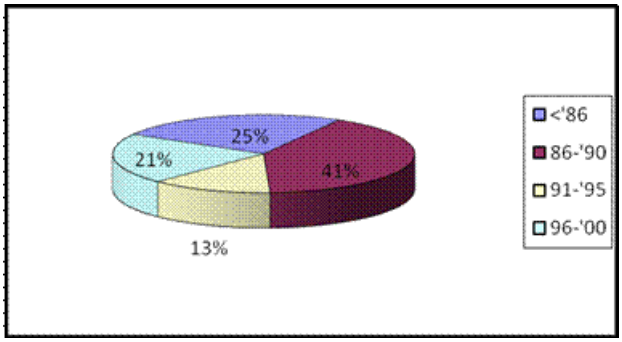
The large majority (79%) used to be soldier before the accident happened. 10% was farmer. In case people from the countryside would have been interviewed, we probably would have seen more civilians in our sample. At present most people who get injured by a landmine are civilians in the rural areas.

Figure 5: Job before the landmine accident



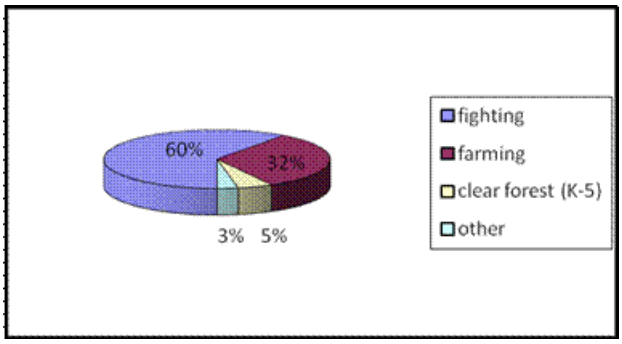
68 of the 100 informants told us the year of the accident. Of those, the majority (41%) stepped on a mine between 1986 and 1990. 25% got wounded before 1986. 21% stepped on a mine during the last five years, and for 13% of our informants this happened six to ten years ago.

Figure 6: Year of landmine accident (only 68 respondents)



Most of the interviewees stepped on a mine while being at war. 32% was doing farm work or related activities, 5% was clearing the forest during K-5 mission, and 3% was involved in other activities when stepping on a mine (traveling, stone breaking, etc).

Figure 7: activity involved in at the time of the accident



4. Memories and feelings, coping mechanisms, and society

During the structured interviewing we asked our informants to tell us about their memories of the accident, dreams they have either of the accident or of the situation afterwards, and whether certain events ever trigger flashbacks. We also asked them about their feelings when thinking of the accident, and their feelings about their present situation.

4.1 Memories of the accident

Most informants remembered the accident in detail, and have memories that are emotional and painful. The memories are often still very real, despite the fact that the accident in most cases took place many years ago. A few informants were very young when they got disabled, but were still able to describe the situation that preceded the accident. Most informants remember exactly what activities they were involved in, and who were with them. They remember the explosion, and them calling for help. Most lost consciousness soon afterwards. Below are some accounts of landmine survivors described during interviewing.

I remember the accident very well. I paved the way for other Cambodians to put up the camp during the K5 Mission in Kom Kieng and Thmorda zones. I was injured in 1984. I got out of a truck and soon afterwards, I stepped on a mine. It was 10 AM on the 6th of January. I fell unconscious. [man, code 010, Tonle Bassac, p.2]

I worked in Kampong Speu Province as a rock breaking worker. In the morning at 7.30 I climbed a mountain, cut a hole in the rock, and placed a mine into it. I left, but the mine didn't explode, so I climbed back to re-prepare the mine. But as I climbed back, the mine suddenly exploded. Debris hit my head and my arm. [man, code 045, VI, p. 2]

I remember the accident. I went to carry water from a well nearby my neighbor's house. I carried water twice that day. The second time I carried water, it was then that I stepped on a mine. I lost my consciousness after I called people to help me. [woman, code 057, JS, p. 2]

Some even remembered dreams they had the nights before the accident, telling them that something bad was going to happen:

Before I stepped on a mine, I had a dream that my parents gave me rice with a spoon. I had the same dream for three days. I was worried about my dream, so I talked about it to my commander. He told me that my parents made an offering for me. After that I went with a soldier to hunt animals and I followed him to a lake. He went ahead. I stepped on a mine after I walked back from the lake. [man, code 015, Wat Phnom, p.2]

4.2 Flashbacks and dreams

Flashbacks and nightmares seem to be common among landmine survivors: 79% of our respondents reported recurrent bad dreams, and 83% were regularly having flashbacks of the accident. They described their dreams and flashbacks as something natural, and did not appear to be too concerned about them. However, they do fear events that remind them of the accident. Explosions, firework, guns, loud noises, car accidents, screaming and blood are some of the events that trigger flashbacks. These occurrences remind them directly of the accident, being again at the site of the accident and going through the same experience all over again. Some reported getting nervous when they hear people screaming, wanting to hide away from everyone.

I don't want to hear screaming or explosions, because it reminds me of the accident. It is too real for me to deal with again. I try not to think about it when it happens. [man, code 082, JSC, p. 3]

I have a flashback when I hear a loud sound of explosion. I feel fearful. I have never dealt with these feelings. [man, code 044, VI, p.4]

I am afraid of explosion, blood and accidents because these things remind me of the accident I had. It frightens me and makes me have strange feelings inside my heart. [woman, code 057, JSC, p.4]

Most nightmares of the landmine survivors that were interviewed were about the accident or about their lost limbs. Some did not perceive their dreams as a major problem, but nevertheless want to understand the meaning of their dreams.

I dreamed that I have all four limbs back again. I could walk like everyone else. I jumped up and down the bed. But when I woke up, I realized that I only have one limb. I was disappointed and desperate. [man, code 016, Wat Phnom, p.3]

I dreamed that my father begged for one leg and the government begged for the other. I have difficulty interpreting my dreams. t is difficult for me to talk to people about my dreams because I am afraid that people will look down on me. [man, code 064, JSC, p.3]

I have many dreams about fighting. I don't know how to deal with my bad dreams. I just keep all my bad dreams in my mind. [man, code 016, Wat Phnom, p.3]

65,8% of the landmine survivors who reported dreams and flashback, share their dreams with family and friends. 34,2% keeps these occurrences entirely to themselves: they seem afraid of mockery.

No, I did not seek help. I am afraid that they will blame me if I tell other people about my feelings.[man, code 070, JSC, p.5]

4.3 Feelings after the accident

Almost all survivors of landmine accidents remembered how they felt right after the accident, or when they regained consciousness. They showed deep regret about the accident and most felt that they had lost hope completely. They realized that they would not have the kind of future they were looking forward to as a 'whole' person. Many expressed the feeling that they lost everything because they lost a limb. Several informants explain that they get angry more easily, and that they don't know how to deal with those angry feelings.

I was happy before the accident. Now, after the accident, I feel great sadness, and I feel nervous when I think about it. [man, code 082, JSC, p.4]

Before the accident, I had light in my life, but now I feel sad. I cannot do whatever I want. I cannot climb coconut trees, carry water, or dig a well. [man, code 049, VI, p.5]

I feel bad. I had a lot of hope before the accident, but I have less hope now. My feelings are different now. I get angry more easily. I am fed up with my feelings and I don't know how to get help. [man, code 029, Rem Bur, p.5]

Some expressed the wish to ending their lives because they feel hopeless about their future. Others were angry with the government because they were drafted into the army. Many believe that it was their destiny to be disabled, because they sinned in previous life and are paying for it now.

Many informants explained that they wanted to commit suicide right after the accident: this was 56% of our interviewees. Hopelessness is the main reason for wanting to kill oneself. 29% actually made at least one attempt to commit suicide.

I thought my life and future were finished. [man, code 022, Pochen Tong, p. 5]

I wanted to kill myself after my leg was amputated. I would have killed myself if I had a grenade or gun with me at the time. I wanted to use a gun to shoot myself, but my bodyguards took the gun away from me [man, code 010, Tonle Bassac, p. 3]

I wanted to kill myself. I tried to take pills. I took medicine to kill myself, but my mother took me to the hospital [woman, code 036, AARJ, p.5]

Most recovered quickly from this initial reaction, being glad that they did not commit suicide. They want to live to see their families and children, to make something out of their life despite their disability. There is often a sense of obligation towards their family and children.

I felt sad and I didn't want to live anymore. But then I saw many people who are disabled like me, and then I did not want to kill myself anymore.[man, code 019, Wat Phnom, p.4]

If I had killed myself after the accident, it would have been wrong. I would not be able to see my wife and see my children grow up. Now my second wife has passed away; my first wife died during the Pol Pot regime. I now live with my child. [man, code 029, Rem Bur, p. 6]

I feel that killing is not a good way, because I have a wife and a child to support. Who is going to educate my child if I die? [man, code 088, Wat Than, p.5]

Three informants were still thinking of committing suicide, despite the help they get from family, friend and organizations.

I considered killing myself soon after I was injured. I took a grenade from another soldier, but he stopped me. Now, I want to kill myself again, because I have many complications with my disability. I once climbed a tree with a rope around my neck. But people kept calling me to

come down the tree. I don't want to live with no freedom and happiness. [man, code 002, Tonle Bassac, p.5]

4.4 Coping strategies

Many landmine survivors told that they can count on emotional support from their family and friends. Some figured out a way to deal with their emotional problems, whether it be talking to friends, neighbors or family members, or finding alternatives to momentarily ease the pain. Most land mine survivors expressed being tired of thinking about their disabilities. Some coped with their emotional problems by drinking. Some explained that they turned to television or karaoke as a form of coping mechanism, and others reported talking to friends and neighbors when they were feeling sad, although they would usually talk about other things than their disability.

When I feel pain in my heart, I quickly overcome it by doing something fun or cheerful. This is a way to educate my heart. [man, code 046, VI, p. 8]

I was causing trouble in the [rehabilitation] center. I drank wine and was bothering the others. That's why they kicked me out. [man, code 004, Tonle Bassac, p. 11]

I talk to my friends when I am sad. I talk about social problems and politics at the coffee table in a restaurant near here. Then I forget my painful feelings for a while. [man, code 029, Rem Bur, p.5]

The support of family and children is very important to landmine survivors. Family and friends can encourage positive thinking and provide reasons for them to continue living. A man pointed out that when he is angry about his condition, his wife and children would comfort him and that makes him feel less angry with himself.

When I am angry, my hands tremble and my feelings are broken. My wife and children help me to deal with my feelings. I was always thinking of bitter memories. But my feelings are different now. I reduced 50 to 60% of my negative feelings. I also calm myself down by watching television and talk to a neighbor. [man, code 010, Tonle Bassac, p.4]

Those who have support from a rehabilitation center seem to have a more positive understanding of their own situation. They seem better able to cope with their feelings. They appear to be more active: not only do they receive training from an NGO, they also seek help from siblings, neighbors, friends or parents, or start a small business in their village. Support is an important part in the recuperation and rehabilitation process of disabled people. Those who have support, tend to think in a more positive way and are more active in terms of learning new skills and taking up new opportunities.

My friends often do me a favor. My neighbors helped to build my house. The government gives me a salary on a monthly basis and an NGO provides me with skills training at the center. I am happy that people help me, as I am a disabled person who needs a lot of help. [man, code 044, VI, p. 8]

My friends give me money. Maryknoll comforts me and tells me to forget about my sad feelings. My neighbor is very nice to me and he gives me money. [man, code 049, Wat Phnom, p.8]

My family helps me cooking rice. An NGO gave me an artificial leg and provides me with skills training and gives me food. I am happy, but the government does not give me anything for my disability. [woman, code 036, AARJ, p.6]

Not everyone was able to find ways to cope with their feelings. A few interviewees reported continuous suicidal feelings: they expressed waiting for the day that they will die.

4.5 Landmine survivors and society

Most landmine survivors felt a change in attitude from society towards them after the accident happened. Many survivors reported acts of discrimination, varying from looking down on landmine survivors, to calling bad names, perceiving them as beggars, and underestimating the activities a disabled person is able to undertake.

When I was in the village, people hated me for being disabled. I was unhappy and fed up with my body. They liked me when I was not disabled. They changed their feelings toward me when I lost a limb. [woman, code 057, JS, p.7]

People in the village have pity on me. But I don't understand the hearts of some people. (...) when I stop a remorque, the driver doesn';t want to take me. [man, code 065, JSC, p. 7,8]

A young man in my village looks down on me because I am a disabled man. I didn't do anything to him, but he still uses bad words. He called me a "person without a leg". I am very angry that they call bad names due to my disability. [man, code 002, Tonle Bassac, p.9]

I was considered a beggar because I am disabled. When I went to a restaurant to have dinner with friends, they thought I came to beg for money from the customers. I told them that I have money and that I have come with my friends. [man, code 029, Rem Bur, p.8]

I have a job now, but clients don't want to give me important work to do because they said that I am disabled. I only get small tasks from clients. [man, code 018, Pochen Tong, p.10]

Others were noticing discriminative behavior, but were accepting it as normal, as something natural. They would get angry with themselves, rather then with the people discriminating against them. One informant however, indicated not to care about discriminative behavior.

Some people look down on me because I am disabled. Others don't pay attention to me, but I am not angry with them. I am fed up with myself for being disabled. [man, code 020, Toul Sleng, p. 8]

I don't have feelings for people who discriminate against me. It is up to them to think what they want and I don't think anymore about this. [man, code 015, Wat Phnom, p.7]

However, there were also informants who did not see a change in behavior of society towards them.

The relationship between my friends and me didn't change. They even have more pity on me. I am happy because they don't neglect me because of my disability. [man, code 032, VI, p.4]
Many people make friends with me. I am happy and have hope in my life. I think there is no discrimination against me from the community. I can talk to people and laugh with them. They treat me nicely. [man, code 096, Kampong Speu, p.7]

A few interviewees also indicated that a change within themselves had taken place after the accident happened, which makes it more difficult for society to relate to them. Several landmine survivors reported an increase in alcohol abuse, others explained that they get angry with people more easily:

I cannot cope with these problems (my disability). I just wait for death to come. But sometimes it makes me calm down a little when I yell at a person. But people think I am crazy when I scream at them. [man, code 049, VI, p.7]

Many informants indicated withdrawing themselves from society. They are shy and feel ashamed. Most reported avoiding celebrations and festivals.

Especially when I am going to a religious ceremony, it is difficult for me. I take off my artificial leg to sit down and respect the monks. But it has a bad smell, and I feel ashamed. That's why I avoid religious ceremonies. (...) I ask my neighbor or wife to go. [man, code 049, VI, p. 7,8]

When people enjoy the New Year Holidays, I stay at home or in the center, and I sometimes drink wine. [man, code 065, JSC, p. 8]

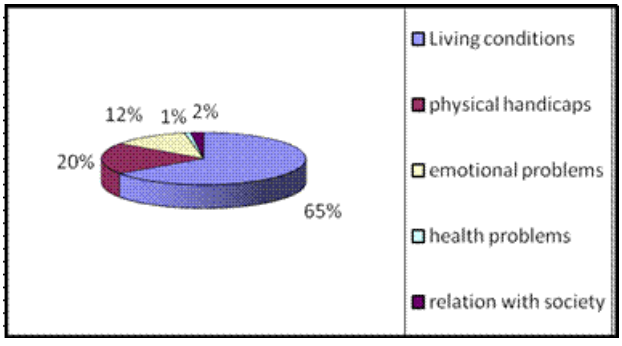
5. Reported difficulties and services needed

All informants were asked to express the most important difficulties they face in daily life, and rank them in an order from most to least important.

We were able to group most answers under the following five categories: poor living conditions, physical handicaps, emotional problems, health problems, and problems with relating to society. 'Poor living conditions' includes 'being poor', not having enough money, or inability to support the family, lack of job, etc. Physical handicaps refer to all problems directly related to the physical handicap due to the landmine accident, such as: problems with walking, traveling, taking a bath, going to the toilet, dressing, sleeping, eating, doing housework, etc. In the emotional problems we included all psycho-social and emotional problems the informants described, such as being upset, being sad, worried, concerned, unhappy, 'having unhappy feelings', etc. The category 'relation with society' includes difficulties making friends, hostile behavior towards society, inability to communicate, feelings of shame, and discrimination. Health problems included all health complications, e.g. recurrent headaches, infections, pain, illness, etc.

The first pie below displays the problems that were ranked first. 66% of all informants mentioned poor living conditions in general as the most important problem. Physical handicaps were ranked second (19%). 12% mentioned emotional problems as the most important difficulties encountered.

Figure 8: First ranking difficulty

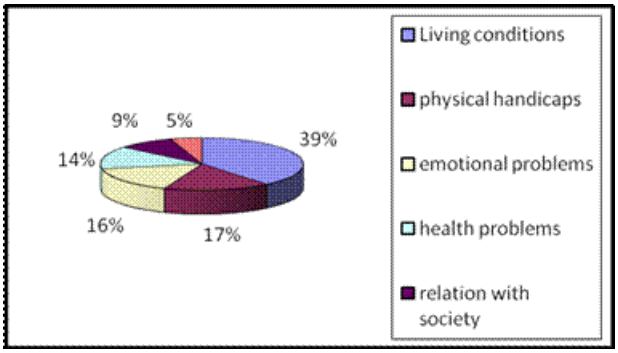


Quite understandably, informants from the streets of Phnom Penh ranked poor living conditions higher and more often than the informants interviewed at rehabilitation centers and in Kampong Speu. Their problems are in general more basic, as they are often homeless.

A closer look at the problems that were ranked second, reconfirms the importance of poor living conditions as first, physical handicaps as second, closely followed by emotional and health problems (see figure 9).

The problems ranked third, fourth and fifth show the same pattern. Other difficulties that were mentioned less often and with a much lower ranking were: lack of capital and tools, lack of land, lack of skills and knowledge, and worries about the future of the children.

Figure 9: second ranking difficulty



Not all informants mentioned all five difficulties. Some mentioned only one, others two or three, others four or five. Poor living conditions as a difficulty was mentioned by almost all interviewees, as well as problems directly related to the physical handicaps. About 46% of all interviewees mentioned emotional problems, and 31% mentioned health problems. The most obvious difference in answers between groups of interviewees, was a difference in percentage of interviewees mentioning difficulties with relating to society between on one hand people interviewed at rehabilitation centers (25%) and on the other people interviewed in the streets of Phnom Penh (57%). Feelings of shame and discrimination and problems with relating to friends and neighbors were more often mentioned among the last group.

The findings of the self-report of difficulties are supported by the difficulties that were mentioned by informants during the structured interviewing. Being the sole provider and disabled, they have a hard time sustaining their families. Some are concerned about their children's future, especially their children's education. Those who have to support a family stress not having the capacity to secure their children's future through proper schooling, so the children will not be able to take care of their parents in the future. Some described their disability in the form of physical difficulties (physical movement, e.g. eating, going to the toilet, sleeping, etc) while others stressed problems such as discrimination, poor relationship with people, worrying too much, a 'painful heart', etc. Lack of food and shelter seemed to be one of the most important difficulties faced.

Most informants expressed the need for socio-economic assistance, e.g. skills building, credit to start a small business, a house, land, etc. They view those support services as an important part of their rehabilitation process. Although they express the need for mental health services as well, they rather view this as a long-term process, something to think about when the socio-economic problems are solved. Acceptance, tolerance and mental nurturing are considered as an important part of the healing and coping process. But for now, they suggested services that will help them in becoming self-sufficient as the first priority.

I want money or a loan from an organization to buy repair tools, so I can repair bicycles and motorbikes. I don't know how to do this and I want to ask an organization to train me how to do this. [man, code 019, Wat Phnom, p.4]

I want organizations to help the disabled persons to get training and help them find jobs. So they can earn money to support their living. I want the government to give loans to the disabled people so that they can open a small business. [woman, code 057, JSC, p. 8]

6. Psychological tests

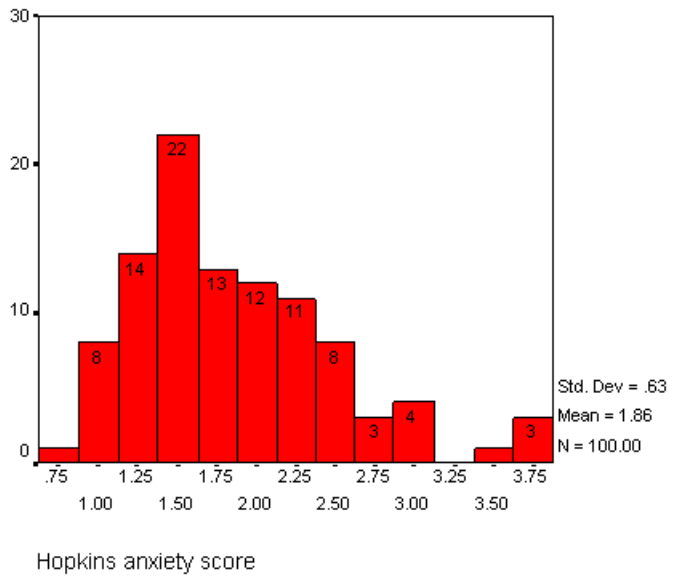
Although there seems to be a similar pattern with regard to post-traumatic stress disorder across cultures, each culture has its own specific symptoms for mental health problems such as anxiety and depression. The Hopkins Checklist-25 was developed to facilitate the evaluation and treatment of Southeast Asian refugee patients in America, and measures the level of anxiety and depression. A Cambodian version was developed, using the particular Cambodian idiom for describing certain symptoms. The test consists of a list of symptoms with a scale allowing for four responses: 'not at all', 'a little', 'quite a bit', and 'extremely'. A number of points is then assigned to each answer, and through a simple calculation one finds a number ranging from 0 to 4. Scores above 1.75 are considered symptomatic for anxiety, depression or both, meaning that the person is suffering consiberable emotional distress.

The Harvard Trauma Questionnaire was developed to obtain information about trauma events experienced by Indo-Chinese refugee patients and the level of Posttraumatic stress disorder (PTSD), with the same scale of responses as in the Hopkins Checklist. The results of the second part of the test show a number between 0 and 4. Results equal to or above 2.5 are considered symptomatic for PTSD.

6.1 Hopkins Test: anxiety and depression

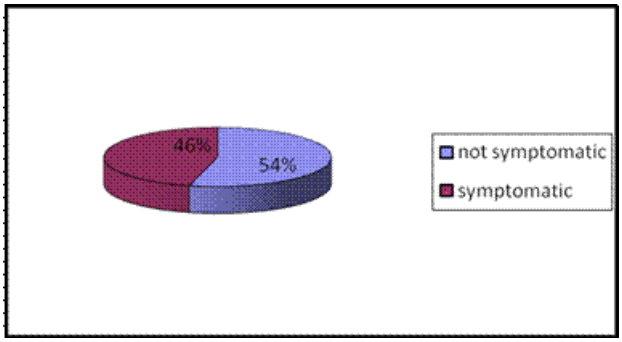
The Hopkins test measures the level of anxiety and depression. The test results among the 100 landmine survivors interviewed suggest that depression is more prevalent than anxiety among this group. Whereas 46% of the interviewees were tested symptomatic for anxiety, this is 66% for depression. Figures 10 and 12 give an average for anxiety of 1.86, and an average for depression of 2.07, both well above 1.75.

Figure 10: Hopkins anxiety score



Scores of 1.75 and above indicate that the person is symptomatic for anxiety. This means that among our group of 100 landmine survivors 46% can be considered symptomatic for anxiety (see figure 11).

Figure 11: Percentage symptomatic for anxiety



Figures 12 and 13 show the distribution of scores for depression among the 100 respondents, and a percentage of 66 that can be considered as symptomatic for depression.

Figure 12: Hopkins depression scores (percentages)

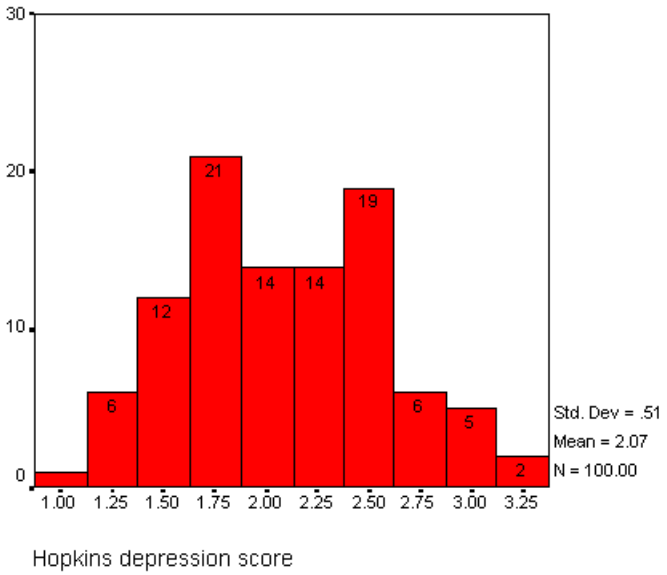


Figure 13: Percentage symptomatic for depression

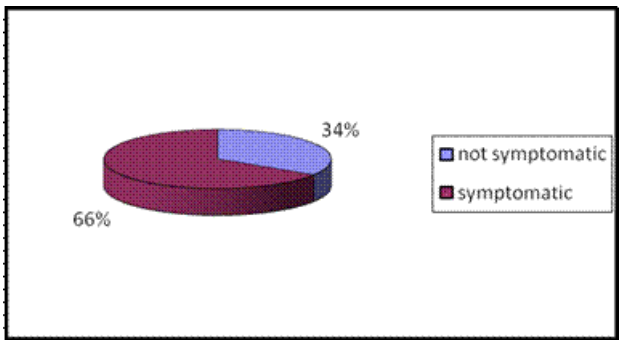
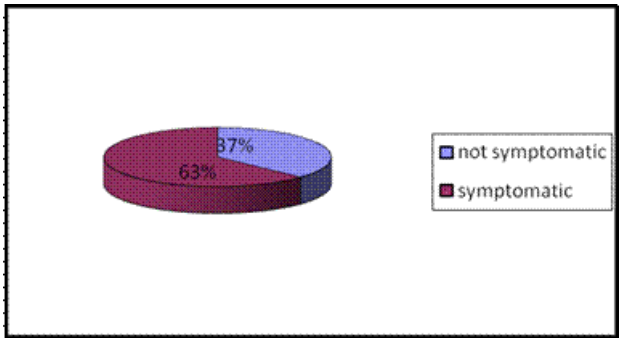


Figure 14: Symptomatic for anxiety and depression in % (Hopkins total score 1.75 or above)



6.2 Harvard Test: Post-Traumatic Stress Disorder (PTSD)

The scores on the Harvard Trauma test are substantially lower than those on the Hopkins checklist. Harvard does not measure the level of anxiety and depression, but focuses on traumatic events and the prevalence of post-traumatic stress disorder. Although most informants witnessed and experienced many traumatic events in their lives (on average almost 8 traumatic events experienced), most of them did not develop post-traumatic stress disorder. Only 17% of all informants interviewed were found symptomatic for PTSD (see figure 16).

Figure 15: Number of traumatic events experienced (in percentages)

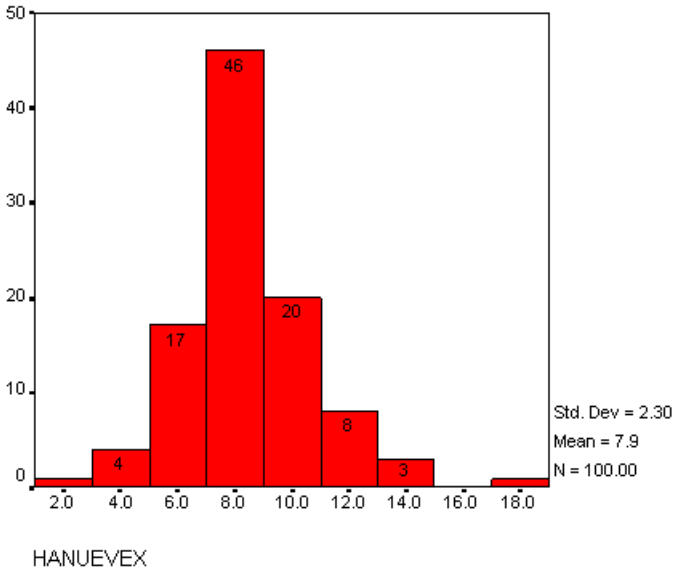
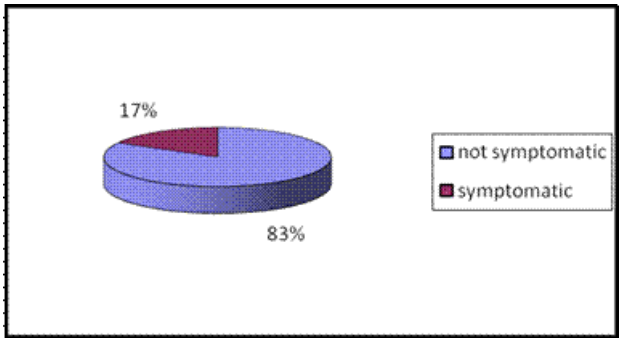


Figure 16: Harvard total scores (symptomatic for PTSD: in percentages)

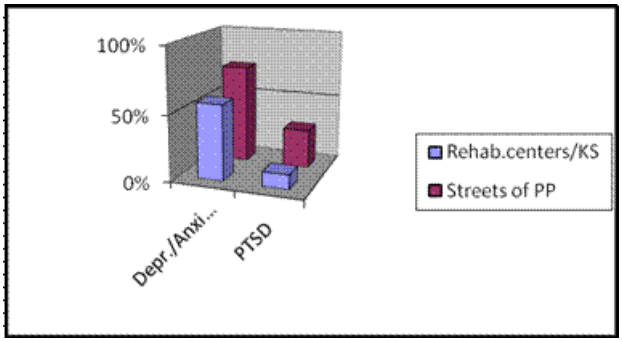


6.3 Discussion of test scores: some correlations

There seems to be no correlation between the year the accident took place (i.e. the number of years that have passed since the accident) and either the level of anxiety, depression or PTSD: depression, anxiety and PTSD are as prevalent among landmine survivors who got wounded 15 years ago, as they are among those who stepped on a mine one year ago. This suggests that among landmine survivors interviewed 'mental wounds' do not heal significantly over time.

However, there seems to be a difference between on the one hand landmine survivors interviewed at rehabilitation centers and in the village in Kampong Speu, and on the other hand those who were interviewed in the streets of Phnom Penh, although the low number of landmine survivors interviewed for this study, do not really allow for such comparisons. PTSD seems to be more prevalent among the interviewees from the streets of Phnom Penh (29%) than among the landmine survivors interviewed at rehabilitation centers and Kampong Speu (11%). Symptomatic depression and anxiety were also more prevalent among the land mine survivors interviewed in the streets of Phnom Penh.

Figure 20: Percentage of interviewees symptomatic for Depression/Anxiety and PTSD



Overall, we can conclude that depression is more common among landmine survivors in and around Phnom Penh than are anxiety and PTSD. The data show some difference between on one hand landmine survivors living in the streets of Phnom Penh, and on the other landmine survivors who either receive help from a rehabilitation center or those who live in a community (village in Kampong Speu). The immediate assumption would be that the informants from the streets of Phnom Penh are suffering more from mental health problems than the others, although generalizations of that kind are difficult to make, viewing the small number of people interviewed for this study.

7. Service providers

There are 51 national and international organizations working in the field of disability in Cambodia. Services provided include vocational training, community-based programs, prostheses, physical therapy, assistive devices, orthotics, programs for visually impaired, handicrafts, and education programs and children programs [9]. The government has set up a council of management to run the National Center for Disabled Persons (NCDP), which consists of MoSALVY, Cambodia Disabled Peoples Organization (CDPO), Maryknoll, Cambodia Trust, American Red Cross, Veterans International (VI), Khemara, Rehab Craft, Wat Than National Rehabilitation Center, World Vision International (WVI) and other organizations.

A national task force, the Disability Action Council, functions as a coordinating body for organizations working with disabled people in general. It provides a regular forum for dialogue and exchange of information and ideas among local and international organizations and the

government. The aim is to ensure that disabled people can get all the assistance needed, despite the limited resources available in Cambodia.

Below is a brief description of 12 organizations about their existing programs and availability of services specifically for landmine survivors and/or for disabled persons in general.

7.1 The Government and Coordinating Bodies

In the past, three ministries (Ministry of Health, Ministry of Social Action, Labour and Veteran Affairs, and Ministry of Education, Youth and Sports), were assigned to work on issues related to disabled people. However, with the reorganization of the government, MoSALVY has been mandated to work with all vulnerable groups in Cambodia, including disabled persons. Since 1994, a number of local and international organizations have provided technical assistance to the ministry. This resulted in the strategic plan entitled *Future Directions 1995 and 1996~2000*[10]. The strategic planning focuses on human resource development, aid management and coordination, networking and policy-oriented research. A task force was set up by MoSALVY to collaborate with local and international organizations working with disabled persons to implement a national rehabilitation plan with strong linkages between the national, provincial, district, commune and village levels.

The DAC (Disability Action Council) was set up by the Ministry of Social Affairs, Labor and Veterans Affair, and is the coordinating body for other subcommittees, including the Sub-committee of Community Work with Disabled People and Children with Disabilities, the Rehab-sectoral Sub-committee concerned with vocational rehabilitation and other sub-sectoral meetings related to disability issues[11]. DAC is working with the government to develop a policy framework for a national five-year plan of action. The DAC consists of MoSALVY, MoH and MOE, international and local organizations.

In an attempt to include also mental health aspects of disability, a program for mental health was added to the National Plan for Physiotherapy Implementation and National Plan for Prosthetics and Orthotics Services in 1995.[12] However, little is mentioned about the availability of mental health services for disabled people. It appears that government and NGOs working in the field of disability place more emphasis on physical therapy than on mental health support. At present, the government and the coordinating committee for disabled people are drafting a new five-year plan.

7.2 Organizations providing services to landmine survivors

Organizations (potentially) working with landmine survivors, are World Vision International (WVI), Cambodia Trust (CT), Veterans International (VI), Cambodian Disabled People's Organization (CDPO) and Action for Disability and Development (ADD). None of these organizations have a specific mental health program for survivors of landmine accidents. Some organizations reported having clients who got disabled as a result of a landmine accident, but none of the organizations keep records of the percentage of landmine survivors among their clients.

7.1.1 World Vision International

World Vision International is a non-profit Christian humanitarian organization, dedicated to working with poor and oppressed people, to promote human transformation and justice. WVI does not have a mental health program specifically for disabled people, but it provides mine education and physical rehabilitation, mainly for children. WVI has two counseling centers, mainly set up for people living with HIV/AIDS. Most clients who seek counseling are AIDS

patients. WVI would provide mental health services to disabled people if they were to seek help in the WVI counseling centers.

7.1.2 Cambodia Trust

Cambodia Trust Rehabilitation Project is located in Calmette Hospital and provides humanitarian assistance to disabled people in Cambodia. It has developed a long-term Khmer staffed Prosthetic/Orthotic service. At present, is has three rehabilitation clinics in Kampong Som, Kampong Chnang, and Phnom Penh, that focus on prosthetic services and physical therapy. In addition to a school for Prosthetics and Orthotics, they have outreach services for children with artificial limbs, to ensure that there are no problems with the devices. Cambodia Trust recently developed a new re-integration program to help disabled persons with employment and education. Cambodia Trust serves about 1000 clients per year. Although it does not provide any mental health services and has no referral system, the organization is planning to start some activities in this field in the near future.

7.1.3 Handicap International

Handicap International is working toward the development of a holistic approach of services for disabled people by focusing on four specific programs. The services of HI are not limited to people with a particular type of disability: the organization provides services to all disabled persons in the target areas. The four programs include an Orthopedic Program, a Physical Treatment Program, a Program for Economic and Social Rehabilitation, and a Capacity Building Program of People with Disability in the Community. The Economic and Social Rehabilitation Program focuses on the provision of therapeutic and economic support by setting up income generating activities, giving access to grants, vocational training and job placement. HI provides counseling to their clients, with the aim to stimulate self-autonomy and create a positive image of oneself as a productive person. HI also refers people to appropriate services that are available in the province: the organization seems well aware of the existence of organizations providing mental health services. Another activity is awareness raising in the communities and society at large.

7.1.4 Veteran International

Veteran International works with disabled people, but does not make a distinction between disabilities due to landmine accidents and disabilities due to other causes. It was set up in 1991 to assist war victims, but later on decided to focus on disabled people in general. The organization provides prosthetics, orthotics, physical physiotherapy, wheel chairs, and follow-up services. It serves around 1000 clients annually; the percentage of landmine survivors among them is unknown. VI established three centers, one in Phnom Penh, one in Prey Veng, and a small one in Preah Vihear. The first two centers are basically physical rehabilitation centers, whereas the one in Preah Vihear focuses on income generation for female landmine survivors. VI does not have mental health services for disabled clients. The organization refers children who need mental help to the Ta Khma hospital. VI is not aware of any organization specialized in providing mental health services.

7.1.5 Cambodian Disabled People's Organization

CDPO is a local NGO, a social movement and membership organization working for and run by disabled people. It is an advocate group that puts together a voice for the disabled people in Cambodia. CDPO has 260 full members, and is represented in 18 provinces, serving in total around 1000 disabled people. They recently established sections in Kampot, Bantey Meanchey, and Svay Rieng. The organization acts as the lead agency for collaboration with the Australian Embassy, Australian Red Cross, Australian Volunteers International (OSB), Action on Disability and Development (ADD) and Disability Action Council (DAC) and other organizations. The aim is to raise awareness in the community as well as at a national level, in

order to reduce discrimination against the disabled. CDPO claims that people often mistrust the disabled, and that disabled persons often do not get full support from their family. The CDPO's main goal in the year 2000 is to help finalize a draft legislation to protect the disabled persons from such discrimination. They work along side the government to draft legislation to protect the rights of the disabled people. The two main focal points are equal access to education and paid work for disabled people. Other issues are equal access to health care and elections, and improving access to buildings and transportation. CDPO holds the opinion that a distinction between landmine survivors and other disabled people should not be made. At present, there is a lot of attention for landmine survivors, whereas other disabled people have the same needs. The organization also stresses the need for creating socio-economic opportunities for disabled people in general. CDPO disagrees with the assumption that people with disabilities are having more mental health problems than other poor people in Cambodia.

7.1.5 Action on Disability and Development

Action on Disability and Development (ADD) is an international organization based in the United Kingdom. ADD-Cambodia recognizes that disabled people are often excluded from mainstream development programs and that programs working with disabled people tend to focus on physical rehabilitation. Their activities are based on the belief that disabled persons should take full responsibility for their own development and can make an important contribution to their own community. They facilitate self-help groups for disabled people, and act as a catalyst to enable the disabled to develop confidence and skills through discussing problems and needs, help the disabled to prioritize their needs and to plan for projects in order to address those needs. In 1995, ADD initiated a rural development program in Cambodia with the aim to increase the capacity of disabled people to gain equal rights and opportunities, and to improve their quality of life. ADD's activities include situation analyses, self-help group formation, group work, training, and facilitating community meetings and school meetings.

7.2 Service providers of mental health services

At the time of the research, no mental health program existed yet that targets landmine survivors as a separate group. However, there are organizations working in the field of mental health that provide services for disabled people. These organizations do not treat landmine survivors as a separate group; they are included in the category of the disabled in general. Social Services of Cambodia (SSC), Cambodian Mental Health Development Program (CMHDP), and Transcultural Psychosocial Organization (TPO) provide mental health services for various vulnerable groups of people. Below are details of services available.

7.2.1 Social Services of Cambodia

Social Services of Cambodia started as an international organization founded by a group of Cambodian American social workers. Originally, the goal of the program was to train village volunteers in social services skills, but later on the organization expanded its services to include government and NGO staff training. SSC became a local NGO in 1996. Its aims are to influence the development of social and mental health services within the country. The organization participates in the Disability Action Council and Mental Health Subcommittee of the Ministry of Health. SSC has trained 18 disabled persons to become peer counselors in their communities. SSC estimates that less than 5% (out of a total of +- 2500) of its clients is disabled. The organization has a mental health services program in Kampong Speu. It tries to work in a holistic way and on a long-term basis if needed, utilizing local resources and knowledge. The aim is to help people understand themselves and their situation, and to help them discover their problems and finding solutions. Counselors visit people at their homes, as long as is needed. The interaction is based on providing the client the opportunity to express the own feelings, although the aim of the counseling is also to find practical solutions to

problems. Disabled people mostly do not ask for help from SSC because of their disability; it often starts with other problems, and during the counseling sessions the problem of the disability might come up. In case the disability is a serious problem, the aim could be to overcome the feeling of self-pity of the disabled person, and get the person to start activities to change the own situation.

7.2.2 Cambodian Mental Health Development Program

The Cambodian Mental Health Development Program was established in 1994 and focuses mainly on psychiatric patients. The organization provides training to psychiatrists and psychiatric nurses, and manages an outpatient clinic and a rehabilitation center. So far, the organization has trained 10 psychiatrists and 10 psychiatric nurses. By the end of the year 2000, a total of 20 psychiatrists and 20 psychiatric nurses will have been trained. The outpatient clinic of CMHDP does 2200 consultations per year. One clinic is located in Battambang, which is run by Khmer staff and operates more or less independently from CMHDP. The rehabilitation center is meant for chronically ill, psychiatric patients, and is located in Phnom Penh. It has a day center where people can come three days a week. CMHDP serves 6000 to 7000 clients in Phnom Penh. CMHDP also has a mobile team in Kampong Speu, which cooperates with Social Service of Cambodia. Besides, CMHDP provides, on a small scale, training to medical doctors in military hospitals. Although there are landmine survivors among the patients, they are not counted as a separate group. They are listed together with the group of disabled people in general. The organization holds the opinion that landmine survivors have the same emotional problems and needs as other disabled people.

7.2.3 Transcultural Psychosocial Organization

TPO's main aim is to facilitate the process of rehabilitation and reconciliation in the country by addressing the psycho-social needs of its population. The organization provides support services to individuals and families to cope with trauma. TPO has the following activities: awareness raising (in villages), training in counseling skills, counseling to individual persons, group work/self-help groups, clinical work (four clinics), and research (focus on how to use local resources). Their objectives are to train a wide range of community workers, health staff and NGO staff in psychosocial skills. TPO collaborates with the Ministry of Women's and Veterans Affairs (MoWVA) to provide specific interventions for the family and for women. TPO is critical of physical rehabilitation centers, which are often only focused on physical difficulties. Disabled people do not have any knowledge of the services available to them, and physical rehabilitation centers often do not take the time to find out what is available for their clients. Although TPO does not work specifically with landmine survivors, it does have landmine survivors among its clients. TPO recognizes discrimination by society as an important problem for disabled people, but at the same time feels that many landmine survivors also tend to withdraw themselves from society completely. They tend to be hostile toward society, show aggressive behavior and abuse alcohol, and often have a negative outlook on life in general. According to TPO, stigmatization of disabled people by society could be less if they would withdraw themselves less easily. Disabled people tend to judge themselves already as useless, and judge society for judging them, sometimes even before that actually happens.

8. Conclusions

In this study we tried to gain more insight into the mental health status of landmine survivors in Cambodia, and the mental health services available to them. For this research, 100 landmine survivors were interviewed. 92% of our informants were male. There were no children in the sample. The informants came from the streets of Phnom Penh and from several rehabilitation centers in and around Phnom Penh, and can therefore not be considered as representative for landmine survivors in Cambodia in general. In our sample 79% were soldier at the time of the accident, whereas in the countryside more civilian landmine survivors can be found. 41% of the landmine survivors interviewed got wounded between 1986 and 1990; 25% stepped on a mine before 1986. 34% of informants got wounded in the nineties. Most informants were married and between 26 and 45 years old (63%); 13 informants within this age group remained single or were divorced. Almost 50% of our informants had never been to school or had been to school for only one or two years. 31% had been 3 to 5 years to school (primary school level); 18% finished primary school and had continued some years of lower secondary education, and only 4% had continued school up to higher secondary education level.

8.1 Results from the structured interviews

Most informants remember the accident in detail: they remember the time, the day and the date, and the activity they were involved in. Most remember the accident itself and what happened in the few minutes right after the accident. Most lost consciousness soon afterwards. Almost all respondents reported feelings of loosing hope completely after they regained consciousness: 56% felt like committing suicide after the accident. 16 landmine survivors actually made at least one attempt to commit suicide, but with the exception of just a few informants, all recovered quickly from this initial reaction. They realized that they want to live to help sustain their family, see their children grow up and educate them. They also realized that they are not the only ones: there are many other handicapped people like them who also found a way to live.

However, 79% of the respondents reported frequently having bad dreams; 83% were regularly confronted with flashbacks. They reported dreams about the accident, about fighting and explosions, or about having their lost limbs back again. The majority shares those dreams with family and/or friends; 27 interviewees reported keeping their bad dreams entirely to themselves. Flashbacks occur when landmine survivors hear loud screaming, explosions, firework, guns, other loud noises or see blood. These events trigger flashbacks of the land mine accident and make them nervous, wanting to hide away from everyone. However, almost all landmine survivors interviewed perceived those dreams and flashbacks as something natural and not as something very important.

Many landmine survivors related that they could count on the support of family and friends, although problems in the relationship between partners are sometimes occurring. According to our informants, problems within the family are mainly stemming from tensions due to worries about jobs, lack of money, food and shelter. Almost all informants reported poor living conditions as the most important difficulty faced, the second most important difficulty being physical problems which are directly related to the disability: dressing, walking, sleeping, etc. Emotional problems (thinking to much, worrying, being upset, sad or unhappy, etc.) were the third most important difficulties faced among the landmine survivors interviewed. Fourth ranked physical health problems (bad health, infections), and fifth the relation with society (discrimination, feelings of shame, of worthlessness, etc.).

Many landmines survivors felt that people changed their attitude towards them once they got disabled. Several acts of discrimination were mentioned, such as looking down on disabled people, calling them by bad names, perceiving them as beggars, or ignoring them all together. However, it seems that also landmine survivors change their attitude towards society. Many reported easily getting angry, drinking wine, or yelling at people when they feel sad. Others explained how they prefer to hide away from people during ceremonies or celebrations. Feelings of shame, of worthlessness were often reported. It is interesting to note that the landmine survivors from the streets of Phnom Penh seemed to have more difficulties relating to society: whereas only 25% of all informants from rehabilitation centers mentioned this as a difficulty, it was mentioned by more than half of all respondents from the streets of Phnom Penh. However, one has to bear in mind that only 35 landmine survivors from the streets of Phnom Penh were interviewed for this study, which does not allow for any generalizations to be made.

8.2 Psychological tests

As part of the research, two psychological tests were administered: the Hopkins Symptom Checklist 25, and the Harvard Trauma Questionnaire. Both tests are developed for Southeast Asia and adapted to Cambodia, and measure the level of anxiety and depression (Hopkins) and the level of Post-Traumatic Stress Disorder, or PTSD (Harvard). The level of depression was high among a majority of the informants. According to the findings of the Hopkins test, 66% of all respondents show symptomatic signs of depression. A large minority of 46% shows symptomatic signs of anxiety. Our informants from the streets of Phnom Penh seem to have a higher level of symptomatic depression than the informants from rehabilitation centers and the village in Kampong Speu:

	From the streets of Phnom Penh	From rehab. centers/Kamp. Speu
Symptomatic for anxiety	51%	43%
Symptomatic for depression	74%	62%
Total score of Hopkins test 1.75 or above	74%	57%

However, again, it is difficult to generalize from such a small sample size.

According to the Harvard test, not many informants (17%) showed symptomatic signs of PTSD, although on average our informants experienced eight traumatic events in their life. Again, the percentage with PTSD among the people from the streets of Phnom Penh was much higher than that among the people with NGO-support (29% and 11% respectively).

8.3 A need for mental health services

Both the interviews and the psychological tests show that landmine survivors in and around Phnom Penh suffer from depression (very frequent), anxiety (less frequent), and PTSD (not very frequent). Such findings deserve particular attention, and call for a further development of existing mental health services, with a focus on landmine survivors. However, given the importance of socio-economic problems landmine survivors are facing, a focus on mental health should never cause a decreasing attention for improving basic living conditions for this

group of people. Physical rehabilitation, skills training, education, and the provision of mental health services are in fact inseparable and should go hand in hand.

Besides physical rehabilitation and skills training, little services seem to be available for landmine survivors. Only two organizations in Cambodia are at present providing mental health services (SSC and TPO), but neither of them focuses especially on landmine survivors. Developing services especially for disabled people might be very useful. Although the problems and needs of this group might not be very different from those of other people in need of mental help, a particular focus on disabled people could facilitate the accessibility of the services for this group. There is an important lack of knowledge among certain service providers (especially among some physical rehabilitation centers) of existing mental health services. There does not seem to be much cooperation between organizations that work in physical rehabilitation and organizations working in the field of mental health. Although some organizations do cooperate and refer clients to one another, a more systematic referral system between the two types of organizations does not seem to exist. Not all physical rehabilitation centers seem to be aware of the existence of organizations providing mental health services. It is therefore important to establish linkages and a referral system between different service providers for disabled people.

Another discussion that was raised by most service providers is related to the distinction between landmine survivors and other disabled people. Most service providers do not make such a distinction, and there seems to be a strong argument against it. The problems and needs of disabled people probably are the same for all, regardless of the cause of their disability. A distinction may lead to another discrimination; against those disabled people who did not get disabled due to a landmine accident.

With regard to mental health services, we would like to make a few last remarks. Mental health is a relatively new field in Cambodia. New fields often fall prey to the same problems: vagueness around concepts and statuses. With the introduction of Western medicine/biomedicine in Cambodia, the concept of *pet* was created: a very vague category of health care providers, ranging from people without any medical training to physicians with ten years of formal education. The same seems to happen with counselors. Anybody can be called a counselor, if only a five-day training is followed. Mental health care in Cambodia, is not much developed yet. It is therefore important to make sure that a proper training system is set up, congruent with the Cambodian culture and beliefs, which follows carefully developed national standards.

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