

Needs Assessment: Mental Health Training in Laos
Vientiane, Laos
March 16 – 26, 2009

Background: Health Frontiers, a NGO present in Vientiane since 1991, requested an international team of five professionals to evaluate the present resources for mental health in Laos and the possibility of future training in mental health/psychiatry. Health Frontiers has previously developed pediatric and internal medicine residency programs, and is increasingly aware of the need for mental health training and intervention. Health Frontiers works in Laos under agreement with the Lao government. This needs assessment was done with the consent of Dr. Sing, the Vice-Rector for Post-Graduate Education of the University of Health Sciences in Vientiane.

Description of Team: The evaluating team consisted of the following members:
Marlene Goodfriend MD pediatric psychiatrist, University of Florida/Jacksonville
Paul Florin PhD, professor of community psychology, University of Rhode Island,
Manivone Thikey MD, from Laos, obtained her MD in Laos, a master degree in public health from Boston University, a mastery certificate on Global Mental Health Trauma and Recovery from Harvard University School of Medicine, presently completing a PhD in clinical psychology at the University of Rhode Island
Edvard Hauff MD, PhD, Professor of Transcultural Psychiatry, University of Oslo, developed the psychiatric residency training program in Cambodia
Inger Helene Vandvik MD: professor emerita of child and adolescent psychiatry, University of Oslo.

Present State of Mental Health/Psychiatry in Laos:

1. The Ministry of Health issued a mental health policy statement in 2007. Whereas this suggests MoH support for increasing mental health training and services, it is a broad statement that does not offer a plan, direction or funding.
2. There are two trained psychiatrists in Laos, a country with a population of 5.6 million.
3. Psychiatric treatment until recently has been centered in Vientiane. Patients are treated on in-patient units at the Mahosot Hospital and the Military Hospital. Each unit has 15 beds.
4. Basic Needs Lao PDR is a NGO that has been doing capacity building in mental health in 6 communities within Vientiane province since May 2007.
5. There is one government drug treatment center in Vientiane.

Assessment Process: In Laos, the team met with the Vice Rector of the University of Health Sciences, the two trained psychiatrists, NGOs, international organizations including WHO and International Organization for Migration, primary care physicians and residents, and the Department of Psychiatry at the Faculty of Medicine Khon Kaen University, Thailand. The following is a description of these meetings:

Dr. Sing Menorath, Vice Rector, University of Health Sciences, Vientiane: Dr. Sing has been the Vice Rector of the Faculty since 1996. He was enthusiastic and supportive of a 3-year

post-graduate training program in psychiatry. He would like this program to begin as soon as possible, and he would be supportive in fostering the development of post-graduate training in psychiatry. Presently, the University of Freiburg (Germany) offers periodic workshops in Vientiane which emphasize communication skills and evaluation of psychosomatic symptoms. Dr. Sing urged cooperation with the University of Freiburg and the development of further training. Furthermore, he would like collaboration amongst University of Health Sciences in Laos, the University of Health Sciences in Cambodia, and Khon Kaen University in Thailand in the advancement of any training in psychiatry. Such collaboration has already been discussed between Dr. Sing and the dean of the medical faculty in the UHS in Cambodia, Professor Ka Subaunat. Professor Ka has also confirmed to Professor Hauff that they are interested in such collaboration. Dr. Sing requested that a curriculum be developed, which would then take 3 – 6 months for approval at the administrative level. Funding is an issue as the MoH and the University of Freiburg have no available funds for the development of a post-graduate training program. Dr. Sing also emphasized the importance of building mental health capacity throughout Laos by working outside of Vientiane province.

Psychiatry:

1. Assoc. Prof. Dr. Sisouk Vongphachanh, Head of Mental Health Department, Mahosot Hospital: Dr. Sisouk is one of the two trained psychiatrists in Laos. He received his training in Hungary. He has translated a psychiatry textbook into Lao, and is invested in training Lao doctors in psychiatry. He works with 6 other doctors on the MHU at Mahosot Hospital. The main diagnoses are: schizophrenia, depression especially post-partum depression, epilepsy, anxiety, bipolar disorder, and alcohol abuse with psychosis. Post-partum depression has been increasing due to the poor economic climate. Treatment modalities consist of psychotropic medications and counseling by the physicians. Dr. Sisouk has also done training of general practitioners from the provinces. Eleven GPs attended training in Vientiane for 4 months. Dr. Sisouk has also gone to the provinces and provided 5-day workshops to health workers, GPs, and others, in the recognition of mental health disturbances. These workshops have been funded by WHO. Two doctors (Dr. Bouavanh and Dr. Thiphachanh) who work with Dr. Sisouk trained in Khon Kaen, Thailand for 3-months. This training was very useful, but it is necessary for doctors to be able to read English to take advantage of this training. Dr. Sisouk emphasized the following points during two different meetings with him:
 - He recommended further training of doctors who work in the countryside and the development of mental health units in the provinces.
 - He expressed that many doctors in the provinces would like to be trained as psychiatrists, and others could benefit from 1- 3 month training in mental health.
 - He suggested a model of the GP working side by side with the psychiatrist, along with lectures, case conferences, and case discussion.
 - He would like to see more collaboration with Khon Kaen, with doctors going there for training as well as psychiatrists from Khon Kaen coming to Vientiane to offer training.
 - Dr. Sisouk plans on retiring in a few years and was eager for assistance to increase the capacity of Lao physicians to deal with psychiatric disorders.
2. Dr. Chantharavady Choulamany, Psychiatrist and Programme Manager, Basic Needs: Dr. Chantharavady is the other trained psychiatrist in Vientiane. She was trained by Dr.

Sisouk, and she worked with him for several years on the MHU at Mahosot. She participated in the 2002 evaluation: “Mental Health Situation Analysis in Lao People’s Democratic Republic.” She presently is the programme manager of Basic Needs, which is the first NGO that deals with mental health at the district level. She and her team are organized and carefully document their work. Basic Needs has done several training sessions in Vientiane and in the districts around Vientiane. Training includes village workers, doctors, people involved in counseling trafficked women, and other professionals and non-professionals. Dr. Chantharavady and her team have been involved in capacity building in the treatment of mental health problems in two pilot communities of Xaythani and Sikhottabong, and recently expanded to four more communities. An important component of the training is active listening. Outreach clinics are held on a monthly basis. Treatment modalities include counseling and psychotropic medications. Funding for these pilots ends in 2010. Basic Needs has applied to the European Union for further funding. In the two meetings with Dr. Chantharavady, she emphasized the following:

- This is an opportune time to establish mental health training in Laos. The MoH issued a mental health policy in 2007, and the government is more open to NGOs.
- Capacity building in mental health must be built from the grassroots level up as well as “top down.”
- Basic Needs could participate in a post-graduate program by offering exposure to community psychiatry, which would also enable the Basic Needs staff to benefit from further training.

Primary Care Physicians and Residents: There were several opportunities to discuss mental health training with pediatricians, internists and general practitioners, as well as pediatric and internal medicine residents. These practitioners emphasized that they require and want training in mental health diagnosis and treatment in order to help the patients and families under their care. They were enthusiastic about the integration of mental health intervention in the primary care setting.

- **Dr. Somxay Billamay**, pediatrician at the Maternal Child Hospital, Vientiane: Dr. Somxay said that the majority of his practice deals with tropical pediatrics, but he “has to do everything”. He further explained that he sees children with behavioral problems, autism, cerebral palsy, and developmental delays in the Mother-Child Clinic. He observed that behavioral problems are increasing in Lao children because of globalization and increasing exposure to Thai TV and cell phones. His resources to help families with these problems are limited. There is no speech therapist in the country. There is an association of parents of children with autism who are very helpful to each other. Dr. Somxay himself counsels families when there is a behavioral problem. He thinks it would be helpful if graduate pediatricians could receive a 3 – 6 month training program in child psychiatry.
- **Pediatric residents:** The pediatric residents were interested and receptive during a lecture on “Attachment: Theory and Implications” delivered by Dr. Marlene with translation/interpretation by Dr. Manivone. They asked many questions, and said they needed more training on the mental health of children. They are seeing children with hyperactivity that they diagnose with Attention Deficit Hyperactivity Disorder. Their criteria for diagnosis and treatment were not clear. Dr. Vandvik delivered a presentation

“Chronic Illness in Childhood: Psychological Approach and Family Intervention” with translation/interpretation by Dr. Manivone.

Pediatric faculty: Dr. Sommanikhone, Dr. Inpanh, Dr. Sengmanivong, Dr. Duangdao, Dr. Khampe and others: The pediatric faculty was enthusiastic about the possibility of training in mental health of children both for the pediatric residents as well as for the faculty. Presently, when there is a suspicion of a mental health problem, the child and family are transferred to Dr. Sisouk. The pediatricians suggested a list of topics for lectures that would integrate psychiatry and primary care pediatrics. Suggested topics included: Hyperactivity; The Dying Child; The Non-Compliant Patient; Attachment; Autism; The Suicidal Child; Discipline; Anticipatory Guidance to promote mental health and prevent drug abuse; Post-traumatic Stress Disorder; Developmental Evaluation; The Child with Chronic Illness. The pediatric faculty suggested a teaching model that would involve a pediatrician or pediatric resident seeing a patient with a child psychiatrist followed by discussion of clinical findings. This is a model of “working side by side.” Two pediatricians were identified as being the point people for further mental health training:

Dr. Phengsy Phongmany phengsyphong@yahoo.com

Dr. Ketmany Inthachack, kinthachack@yahoo.com

Dr. Kongsinh Akkharath, pediatrician at Setthathirath Hospital: Dr. Kongsinh also agreed that there are many families who require consultation for mental health/behavioral problems. Because of the lack of available services in Laos, they are sent to Khon Kaen, Chiang Mai, and Bangkok. However, many families cannot afford to go to Thailand. He suggested 1 – 3 month training in mental health for general practitioners consisting of lectures and clinics or a more lengthy training, i.e. 2 years, in Khon Kaen. He presently sees children with autism, ADHD, and drug and alcohol abuse. There are very few cases of child abuse as this problem is “hidden.” Cases of violence are sent to the Forensic Hospital 109. Three trained pediatricians who are graduates of Health Frontiers work there.

- **Internal Medicine Faculty and Residents:** Internal medicine faculty and residents along with several medical students were interested in a lecture on “Post-traumatic Stress Disorder” delivered by Dr. Manivone. Many residents had not heard of post-traumatic stress disorder, and several in attendance expressed interest in further training in mental health. The same response was echoed during a focus group with internists and general practitioners- doctors need more training in mental health! Dr. Bouachanh, professor and head of internal medicine at Mahosot Hospital, wants more training in mental health for general practitioners both in Vientiane and in the provinces. Lectures in medical school are about diagnostic categories – what is depression, what is anxiety. Further training needs to involve treatment with medication and counseling. Dr. Xaysana, IM graduate of Health Frontiers and current cardiology fellow, said that it is often difficult to discern if a patient is anxious or depressed or has a cardiac problem

Faculty of Medicine, Department of Psychiatry, Khon Kaen University, Thailand: The Faculty of Medicine in Khon Kaen has been a cooperating institute with the Faculty of Medicine Lao PDR concerning the training of Lao physicians. Residents from pediatrics and internal medicine have gone to Khon Kaen for training, and Khon Kaen faculty have lectured in Laos. Two physicians working on the Mahosot Hospital MHU spent 3 months at Khon Kaen for training in psychiatry with support from Health Frontiers. Khon Kaen University and Health Frontiers have enjoyed a 20-year relationship. This assessment team visited the Department of

Psychiatry at Khon Kaen University on March 23, 2009, and was graciously hosted by Dr. Suchat, chief of psychiatry, and his faculty. The Department of Psychiatry has offered a 3 year post-graduate training program since 1999. Presently there are 9 psychiatric residents, 7 adult and 2 child. There is one child psychiatrist on staff, Dr. Niramol, and she will be joined by a colleague in June 2009. The training program in psychiatry is comprehensive and includes inpatient rotations, outpatient rotations, consultation liaison, training in the use of therapeutic interventions including ECT, psychotherapy including CBT, supportive, and dynamic expressive therapy, transcranial magnetic stimulation, familiarity with psychological testing, and research. Residents also partake in a 1 month course in meditation at a local Wat. The Department of Psychiatry would like to participate in ongoing training of Lao physicians in psychiatry as follows:

- The Department of Psychiatry is able to offer a 3-month training program in psychiatry to two Lao physicians each year. Requirements include that the Lao doctor has a MD degree and can read English. In the past Health Frontiers provided funding for two Lao physicians for the 3-month training. Khon Kaen can provide lodging, but it is not clear at this point about the funding of a per diem.
- The Department of Psychiatry is also able to offer a 2 year post-graduate training program in psychiatry to one Lao doctor each year. This training would be the same as the curriculum for Thai doctors. Dr. Suchat said it would take a year to prepare for this, and he and Dr. Sisouk and Dr. Sing need to communicate regarding this. He also emphasized that the candidates would need to be able to read English and to be doctors of good moral character. The selection process needs to be worked out between Khon Kaen University and the Faculty of Health Sciences in Lao PDR. Funding for this training is available from Khon Kaen University. Dr. Suchat gave the team a copy of the protocol for funding which since has been given to Dr. Sisouk.

During the visit to Khon Kaen, Dr. Vandvik gave a presentation “Child Psychiatric Disorders with Early Onset” and Dr. Hauff presented “Training and Development Programs in Psychiatry and Mental Health Care in Cambodia.”

WHO: The team met with Dr. Dong-il Ahn, WHO Chief of Mission in Laos and Supachai Douangchak MD, National Professional Officer. They were receptive to participating in the development of mental health in Laos. Dr. Dong-il Ahn said that mental health has been neglected in Laos. He said there is a commitment from the MoH to change this. Further discussion:

- Dr. Dong-il Ahn mentioned 3 models for mental health training: 1. Lao professionals can go to other countries; 2. Short term training can occur in Laos; 3. Mental health professionals from other countries can establish a training program in Laos. If the latter were to be the case, it would be important that an out of country organization made a long term commitment to a training program including being able to be in Laos for an extended period of time.
- He thought that WHO might be able to offer seed money for a long term person to be in Laos to establish mental health training. He will discuss this issue with the mental health advisor in the WHO Regional Office for the Western Pacific Region (WPRO) in Manila.
- Dr. Dong-il Ahn spoke of the Calgary University team that has been coming to Laos to train family medicine doctors since the mid 1990s. He emphasized the importance of cooperation with this group as well as with other groups that are involved in training

programs in Laos, i.e. a French group, Boston University. The Calgary team has in a subsequent email also supported the efforts to establish more training and development of mental health services in Laos.

Other NGOs:

Save the Children Norway: Julian Kramer, country director, said that child abuse in Laos is not recognized as a problem. There are no trained social workers in Laos and no social welfare system. Save the Children Norway has signed an agreement with the National University of Laos to initiate a 5 year training program for a combined degree of sociology, social development, and social work.

Save the Children Australia: Mathew Pickard, country director, said that child protection and the rights of children is a neglected area in Laos. Save the Children Australia has been involved in children's health in Xayaboury, a northern province close to Luang Prabang, and this program has been very successful. The NGO would now be interested in piloting programs related to maternal-child health and mental health issues, i.e. developmental delays versus cerebral palsy, early signs of mental disturbance. Mathew and the team spoke of linking these pilot programs to research and training programs in mental health.

These two NGOs plan to consolidate to form Save the Children Laos.

CWS Lao: The team visited the Donkoi Children Development Center. This consists of a primary school as well as after school programs that emphasize Lao culture as well as environmental sensitivity, i.e. being green. This center, along with 4 others, was developed under the guidance of Xuyen Thi Dangers, MSW. She is from Vietnam and has worked in Laos for over a decade. Xuyen also participates in the training of the pediatric residents in child protection, and has participated in the drug treatment program in Vientiane. She is willing to help wherever she is needed.

Other International Organizations (IOs):

IOM Vientiane: Monitra Inkochasan, Migration Health Project Coordinator, explained that IOM Vientiane has a program that deals with victims who have been trafficked to Thailand and now want to return to Laos. These victims, usually women and children, are held in a government detention center in Vientiane before returning home. There is no one trained to deal with their mental health problems. Dr. Chantharavady does do consulting with IOM, but there is a greater need to increase the mental health capacity for those workers who deal with victims. IOM would be interested in linking with a future mental health training program.

IOM Bangkok: Maria Nnette Motus MD, Regional Migration Health Adviser and Hera Shanaj, Programme Coordinator, want to increase mental health intervention for trafficked victims in Laos. Women and girls are trafficked to Thailand. The majority of these victims are less than 18 years of age. In order to return to Laos, the Thai government places them in shelters while awaiting a family tracing and assessment in Laos. The tracing and assessment is performed by government workers in Laos and the results always state that the family is "good" and the victim can be returned to the family. While in a shelter in Thailand, a legal process can begin to investigate the abusive situations which were experienced by the victims. Twice a month about 20 victims are handed over from the Thai government to the Lao government where they stay in a government detention center in Vientiane for a week before returning home. They are involved in a "re-education program" and all have mandatory HIV testing without counseling. There is a great need for training in dealing with the mental health problems of this population. Hera

Shanaj spoke about a girl who was suicidal and did not receive intervention. Luckily, she is still alive. Presently Oxfam Quebec is doing 1-week training in the provinces. Basic Needs has done some training in conjunction with IOM with the government social workers in Vientiane and in the provinces. Harvard University and the London School of Tropical Health are in the process of developing a guidance tool kit for medical workers who may encounter trafficked victims in their primary care practice. IOM would be interested in linking with Health Frontiers and a mental health training program to expand the mental health capacity of workers dealing with trafficked victims. Future training needs to be done with the approval of the Ministry of Social Affairs. IOM emphasized that the development of a future mental health/psychiatry training program requires a long term commitment and cooperation and agreement with the Lao PDR government.

Team Comments and Observations:

- Professor Edvard Hauff has since 1993 participated in the establishment of residency training in psychiatry in Cambodia and managed the first training program on behalf of the University of Oslo (UiO). The Ministry of Health, IOM and UiO have also collaborated in providing training in mental health for specialist and general nurses and general practitioners and in the establishment of mental health services throughout the country. He stressed that this involved a 13 year funding commitment on the part of the Norwegian government. He foresees a future psychiatry residency in Laos, but this will take time. It will require the assistance of visiting teachers and clinical supervisors, especially Thai teachers, as well as a long term person in Laos to coordinate and oversee the development of the residency.
- Dr. Manivone is Lao. She received her medical training in Laos. She will be completing her PhD in psychology at the University of Rhode Island in September 2010, and she would like to return to her home country with her family at that time.
- Dr. Manivone was well received by her Lao colleagues during this 10 day period. Their interactions were friendly, enjoyable, and respectful. She was able to create an atmosphere conducive to learning and a mutual exchange of information. She had gone to medical school with several of the doctors she encountered during this stay.
- The team discussed the possibility that Dr. Manivone could be a mental health coordinator under the Health Frontiers umbrella. This, of course, needs to be clarified with Health Frontiers.
- The Ministry of Health needs to approve the future development of mental health training and services.

Conclusions:

- This is an opportune time to initiate mental health training. The MoH is interested in increasing this capacity in Laos and is open to increasing involvement by NGOs.
- Mental health training and a future psychiatric residency is desired by professionals in Lao PDR. The Vice-Rector, primary care practitioners, the 2 psychiatrists in country, WHO representatives and NGO coordinators all agree that increasing mental health intervention is definitely needed for the Lao population of all ages. Provided sufficient funding, training and service development should be developed side by side.

- While several commendable training efforts have been undertaken (e.g. training of GPs in Vientiane, workshops in some provinces), these do not currently reap any benefit from systematic evaluation that might help refine the trainings or document changes in participants' behavior (such as increased mental health case identification or referral) after the training.
- On the other hand, there was an implicit recognition by several interviewees that training impacts alone can be limited without follow-up technical assistance offering possibilities for case consultation and follow-up refinement of knowledge and skills. Also, the necessity of having the same physician, nurse, village worker from a particular province trained together to form a "team" was mentioned.
- The development of a mental health training program will not happen "overnight." It will take place with a timeline of steps over a period of years, similar to the development of a psychiatry residency in Cambodia.
- The initial steps will involve working with what is already in place. Integration of mental health practice in the primary care setting with training of primary care practitioners including general practitioners, internists, and pediatricians as well as pediatric and internal medicine residents is a logical first step. This integration of mental health and primary care practice is the recommended approach for increasing mental health intervention in the developing world and addresses the concerns of several interviewees that capacity must be built simultaneously from the "top down" and from the "bottom up."
- The NGOs of Basic Needs, Save the Children Australia, and IOM have expressed an interest in collaborating with a mental health training program. Small projects could be initiated with these NGOs as a second step in the timeline.
- Training for Lao physicians in psychiatry is available at Khon Kaen University both for a 3-month and 2 year period of time. This training can be available within a year period of time.
- In order for a mental health training program to grow and result in a psychiatry residency program, it will be necessary to have an in-country person to coordinate this. Ideally, it should be someone familiar with Lao culture since psychiatric disorders are linked with culture as well as someone who can easily communicate with Lao colleagues. Dr. Manivone is a possible candidate for this position.
- Funding is required to initiate the above steps. WHO is a possible source of seed money for an in-country coordinator. Sources for additional funding need to be investigated.

Future Plans:

- There needs to be a plan for a second visit to Laos by the assessment team. This visit should include a meeting with the Ministry of Health as this was not accomplished in the initial visit. The MoH needs to participate in a concrete plan with a time frame for developing mental health capacity.
- Dr. Sisouk and Dr. Sing need to contact Dr. Suchat at Khon Kaen University to initiate psychiatric training in Thailand for Lao doctors. Dr. Marlene will make sure Dr. Sisouk and Dr. Sing have the necessary contact information for Dr. Suchat.
- Dr. Sisouk and Dr. Sing need to consider a third year of training in Laos for doctors who receive 2 years of training in Thailand in order that they can obtain certification in psychiatry.

- Professor Hauff will contact the WHO mental health advisor for Asia in Manila regarding WHO's possible support in the efforts to initiate a mental health training program in Laos, including the issue of seed funding for a position. Professor Hauff will make this contact after the Chief of Mission of the WHO office in Laos has briefed the advisor.
- Dr. Paul Florin will also be active in looking for sources of funding for mental health training.
- There needs to be a meeting with Dr. Karen Olness and Hakon Torjesen, founders of Health Frontiers, to discuss the future link of Health Frontiers and a coordinator for mental health training. This possibly can take place in Cleveland, Ohio in June 2009 with Dr. Marlene and Dr. Manivone and Dr. Florin if they are available.
- Plans need to be developed for a 1-month training program for pediatricians and pediatric residents in mental health. Dr. Marlene and Dr. Inger Helene will initiate this planning.
- Plans need to be developed for a 1-month training program for internists, general practitioners, and internal medicine residents. Dr. Manivone and Dr. Florin will initiate this planning.
- Collaboration with the University of Health Sciences in Cambodia needs to be developed with the University of Health Sciences in Lao PDR. Dr. Hauff will work with Dr. Sing concerning this.
- Supportive links needs to be established with universities in Australia, Norway, Rhode Island, Freiburg, the Karolinska Institute in Sweden and possibly other universities as well. Professor Hauff and Dr. Florin will work on this. Dr. Marlene will work with Dr. Olness on the link with Case Western Reserve University. Dr. Manivone will contact the Harvard University Program in Refugee Trauma regarding volunteer teaching in Laos.

Abbreviations:

ADHD:	Attention Deficit Hyperactivity Disorder
CBT:	Cognitive Behavioral Therapy
CWS:	Christian World Service
ECT:	Electro-convulsive therapy
GP:	General practitioner
IM:	Internal medicine
IO:	International organization
IOM:	International Organization of Migration
Lao PDR:	Lao People Democratic Republic
MD:	Medical doctor
MHU:	Mental health unit
MOH:	Ministry of Health
NGO:	Non-government organization
PhD:	Doctor of philosophy
PTSD:	Post-traumatic Stress Disorder
SEARO:	South East Asia Regional Office
UHS:	University of Health Sciences
UiO:	University of Oslo
WHO:	World Health Organization

