Psychosocial Support Training Report

Batch 3
Phnom Penh | 27-31 March 2023

Batch 4
Siem Reap | 26-30 March 2023

Under the Project:
Enhance Victim Assistance Programme in the ASEAN Member States

Organized by:

ASEAN Regional Mine Action Center (ARMAC)
Cambodian Mine Action and Victim Assistance Authority (CMAA)
Singapore Health Services (SingHealth)

Supported By:

ASEAN–Korea Cooperation Fund (AKCF) and
Singapore Health Services (SingHealth) – In-Kind Support

ACKNOWLEDGMENTS

The success of the Psychosocial Support Training in Cambodia for the 3rd and 4th batches stands as a testament to the power of compassion, collaboration, and shared purpose. This important milestone would not have been possible without the unwavering support and dedication of many partners who share a common vision: to bring hope and healing to those affected by explosive remnants of war (ERW).

Our deepest gratitude goes to the Government of the Republic of Korea for their generous financial contribution through the ASEAN–Korea Cooperation Fund (AKCF). Their support under the "Enhance Victim Assistance Programme in the ASEAN Member States" has been instrumental in making this life-changing training initiative a reality.

We are sincerely thankful to our national partners, the Cambodia Mine Action and Victim Assistance Authority (CMAA) and the Ministry of Health (MoH), for their leadership and steadfast partnership in co-hosting and coordinating these trainings. Their strong commitment has ensured that the trainings were locally grounded, widely accessible, and responsive to the needs of survivors and communities.

A heartfelt thanks to Singapore Health Services (SingHealth) for their exceptional in-kind support. The dedicated team of psychologists and psychiatrists—who travelled, taught, and listened—shared not only their expertise, but also their empathy. Their contribution went beyond technical knowledge; they inspired a new generation of healthcare providers to deliver care with dignity and humanity.

We also acknowledge the vital roles played by hospitals, health posts, and district facilities across Cambodia, which nominated and supported their staff to participate in this training. The presence of passionate doctors, nurses, community volunteers, and allied health professionals enriched every session and will continue to echo through their work in the field.

To the ARMAC Steering Committee, thank you for your enduring guidance and trust. Your strategic oversight and continued commitment to victim assistance across the ASEAN region have been the foundation on which this programme has flourished.

Lastly, to the 102 trainees across both batches—your willingness to learn, share, and grow is the true heart of this programme. Your voices, stories, and compassion are the seeds of resilience in communities still bearing the scars of conflict. This training is not just about knowledge—it is about hope, dignity, and the promise of a more humane future.

ARMAC extends its profound appreciation to all who walked alongside us in this journey. Together, we are not only building skills—we are restoring lives.

EXECUTIVE SUMMARY

The ASEAN Regional Mine Action Center (ARMAC), under its "Enhance Victim Assistance Programme in the ASEAN Member States," successfully conducted the third and fourth batches of Psychosocial Support Training in Cambodia. These trainings were implemented in close collaboration with the Cambodia Mine Action and Victim Assistance Authority (CMAA) and Singapore Health Services (SingHealth), with generous financial support from the ASEAN–Korea Cooperation Fund (AKCF).

The third batch took place from 27–31 March 2023 in Phnom Penh, followed by the fourth batch from 26–30 June 2023 in Siem Reap. These sessions aimed to strengthen Cambodia's national capacity to provide effective psychosocial support to victims of explosive ordnance (EO), particularly those living in landmine-affected communities.

A total of 102 healthcare professionals and community-based volunteers participated in the two training batches—50 in Batch 3 and 52 in Batch 4. The trainees represented a wide spectrum of medical backgrounds, including nurses, general practitioners, psychiatrists, psychologists, and other allied health professionals from hospitals, referral centers, and local health facilities across the country. In recognition of the varied expertise of the participants, Batch 4 was delivered in two focused tracks for Psychiatry and Psychology.

The training curriculum covered a comprehensive range of psychosocial and mental health topics directly relevant to the realities faced by EO survivors and affected communities. Key focus areas included the psychosocial impacts of landmines and conflict, depression and anxiety disorders, trauma and Post-Traumatic Stress Disorder (PTSD), suicide risk assessment, and both substance and behavioral addictions. Participants were also introduced to essential practical techniques such as Psychological First Aid (PFA), therapeutic communication, grounding strategies, and self-care and coping mechanisms to support their own resilience as frontline providers.

Delivered through a dynamic blend of lectures, video-based learning, role-plays, group discussions, and real-life case studies, the training emphasized participatory and experiential learning to build both knowledge and applied skills.

Post-training evaluations reflected high levels of satisfaction across all dimensions of the training. Participants affirmed that the content was relevant and useful, the materials were well-designed, and the trainers demonstrated deep expertise and

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cultural sensitivity. The majority of trainees expressed that the sessions meaningfully enhanced their capacity to assess, communicate with, and provide psychosocial support to individuals experiencing trauma, mental health conditions, and psychological distress resulting from EO-related incidents.

One of the most encouraging findings was the strong interest shown in continuing this capacity-building journey. Thirty-two participants, including trainees from both batches, registered their willingness to take part in a future Train-the-Trainer (ToT) programme—demonstrating a clear pathway for national sustainability and peer-led scaling of psychosocial support services.

In sum, the 2023 training activities contributed significantly to ARMAC's overarching mission to promote holistic victim assistance across the ASEAN region. They strengthened Cambodia's healthcare response to the hidden wounds of conflict and enhanced the country's preparedness to address mental health challenges in a post-conflict setting.

Key Outcomes:

- **Total of 102 healthcare providers and community volunteers trained** across the 3rd (50 participants) and 4th (52 participants) batches.
- **Objectives of the training programmes were effectively met**, as reported by nearly all participants.
- Participants reported that the **concepts and skills presented are useful and relevant to their work.**
- The training programmes included **useful and practical exercises,** which were highly valued by participants.
- High levels of participant satisfaction with the **quality of content, materials, trainers, and training environment.**
- Identification of **potential trainees for future Train-the-Trainer (ToT) programs.**
- Enhanced knowledge and skills among participants in **assessing and supporting individuals with trauma, depression, anxiety, addiction, and suicidal ideation.**

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1. INTRODUCTION

The ASEAN Regional Mine Action Center (ARMAC) was established as a regional center of excellence to support efforts in addressing the threats posed by explosive ordnance (EO)—including landmines and explosive remnants of war (ERW)—across interested ASEAN Member States (AMS). ARMAC also plays a vital role in facilitating cooperation among these countries and relevant regional and international stakeholders.

Recognizing a critical gap in the availability of support services for survivors of EO incidents, ARMAC launched the "Enhance Victim Assistance Programme in the ASEAN Member States." Funded by the Government of the Republic of Korea through the ASEAN–Korea Cooperation Fund (AKCF), this multi-year project focuses on five strategic objectives aimed at improving victim assistance in the region. One of its core objectives is to strengthen the provision of psychosocial support to ERW victims.

In alignment with this goal, the Psychosocial Support Programme was developed as an integrated approach to enhance national capacities across four key pillars: (1) Professional Skill Transfer, (2) Train-the-Trainer (ToT) programmes, (3) Community Health Workshops, and (4) Continuing Education for Master Trainers. Designed to reach and train a total of 240 healthcare professionals and community volunteers—including doctors, nurses, medical students, and allied health personnel—the programme contributes to building long-term, sustainable systems of psychosocial care in mine-affected communities.

This report highlights the implementation and outcomes of the third and fourth batches of the Psychosocial Support Training, conducted in Cambodia in 2023, as part of this broader regional initiative.

2. BACKGROUND

Explosive ordnance, particularly landmines and ERW, remains a persistent threat to human security and development across several ASEAN Member States. While much of the attention has historically focused on physical injuries and clearance operations, the enduring psychological and social consequences experienced by survivors, families, and affected communities are equally severe.

Victims of EO often suffer from trauma, anxiety, depression, and post-traumatic stress disorder (PTSD), which, if left unaddressed, can hinder their reintegration into society and significantly diminish quality of life. In recognition of these pressing needs, ARMAC, through the Enhance Victim Assistance Programme, has prioritized mental health and psychosocial support (MHPSS) as an essential component of comprehensive victim assistance.

This initiative is firmly aligned with ARMAC's mandate to promote regional cooperation on mine action and to support the humanitarian aspects of ERW response. It also contributes directly to broader regional goals under the ASEAN Political–Security Community (APSC) Blueprint 2025, which emphasizes peace, security, and human well-being.

The psychosocial support trainings detailed in this report—delivered in Phnom Penh and Siem Reap during 2023—represent critical steps in advancing Objective 4 of the Victim Assistance Programme: to assist AMS in building the capacities needed to provide effective psychosocial care to ERW victims. These efforts not only respond to immediate community needs but also contribute to long-term systems strengthening and regional resilience.

3. TRAINING OVERVIEW

This section presents an overview of the third and fourth batches of the Psychosocial Support Training conducted in Cambodia in 2023 under the "Enhance Victim Assistance Programme in the ASEAN Member States." The training was coordinated by the ASEAN Regional Mine Action Center (ARMAC) in collaboration with the Cambodian Mine Action and Victim Assistance Authority (CMAA) and Singapore Health Services (SingHealth).

3.1. Objectives of the Training

The overarching objective of the training for both batches was to assist ASEAN Member States (AMS) in providing psychosocial support to the victims of EO. This involved building and enhancing capacities among healthcare providers in Cambodia. Specific learning objectives for the fourth batch, particularly for the Psychiatry group, included understanding how to detect psychiatric disorders, understanding the features, epidemiology, causation, and treatment of different types of psychiatric disorders, and learning to assess the severity of suicide risk in suicidal persons. The Psychology group for the fourth batch aimed to understand common psychological conditions associated with PTSD, including addictions and anxiety disorders.

The primary objective of the third and fourth training batches was to strengthen the capacity of healthcare providers in Cambodia to deliver psychosocial support to victims of explosive ordnance (EO), contributing to the broader aim of enhancing victim assistance services across ASEAN.

Each batch was designed to respond to practical needs among medical professionals. The **third batch** focused on foundational psychosocial support concepts, while the **fourth batch** introduced two tailored tracks—**Psychiatry** and **Psychology**—to meet the specific competencies of the participants.

The *Psychiatry Group* focused on:

- Identification and classification of psychiatric disorders.
- Understanding clinical features, epidemiology, causation, and treatment of common mental illnesses.
- Conducting suicide risk assessments and determining severity.

The *Psychology Group* emphasized:

- Recognizing trauma-related psychological conditions, including PTSD, anxiety disorders, and addiction.
- Applying therapeutic communication strategies and grounding techniques.
- Providing Psychological First Aid (PFA) and promoting self-care among caregivers and survivors.

This structure ensured that participants acquired both conceptual knowledge and hands-on skills tailored to post-conflict recovery contexts.

3.2. Date, Venue, and Location

The **third batch** of the Psychosocial Support Training took place from **March 27 to 31, 2023.** The venue was the **Hotel Cambodiana in Phnom Penh, Cambodia.**

The **fourth batch** was held from **June 26 to 30, 2023.** The training for this batch was conducted at the **Sokhalay Angkor Hotel in Siem Reap, Cambodia.**

Each session was delivered over five full days in an in-person workshop format.

3.3. Training Modality and Structure

Both batches were implemented through direct, in-person learning approaches to foster greater interaction, hands-on application, and peer exchange.

- The **third batch** brought together participants from diverse health backgrounds in a single cohort.
- The **fourth batch** was divided into Psychiatry and Psychology tracks, offering content tailored to the clinical roles of the attendees.

This responsive structure reflects ARMAC's adaptive approach to technical assistance and capacity development.

3.4. Opening Ceremony Highlights

Each training began with an official opening ceremony, reinforcing the shared commitment of all partners to advancing mental health care and victim support in Cambodia.

Batch 3 Opening (27 March 2023):

- **Ms. Irene Tan,** Programme Director, SingHealth, welcomed participants and introduced the training team.
- **H.E. Ms. Sreng Sorphea,** Deputy Secretary General of CMAA, emphasized the importance of sustained partnerships and encouraged participants to take full advantage of the training.
- **Mr. Prum Suonpraseth,** Executive Director of ARMAC, presented an overview of ARMAC's mission, project background, and planned outcomes.
- Introductory presentations on ARMAC and SingHealth provided participants with insights into each institution's mandate, past achievements, and collaborative vision for psychosocial support.

Batch 4 Opening (26 June 2023):

- **Ms. Chanthana Sengthong,** ARMAC's Victim Assistance Project Manager, provided a detailed overview of ARMAC's regional role, structure, and 2023 work plan.
- **Ms. Irene Tan,** Programme Director of SingHealth, shared SingHealth's technical contributions and longstanding commitment to mental health care in post-conflict settings.

These sessions set the tone for active engagement and affirmed the relevance of psychosocial support training in building resilient, inclusive, and trauma-informed health systems.

4. PARTICIPANTS

The Psychosocial Support Programme aims to build the capacity of **240 healthcare providers** and **community-based actors** across five key groups: **Doctors, Nurses, Medical Students, Allied Health Professionals,** and **Community Volunteers.** The third and fourth training batches made a significant contribution toward achieving this target by training a diverse and representative cohort of professionals from across Cambodia.

4.1. Total Number

A total of **102 healthcare providers** were trained across the third and fourth batches of the Psychosocial Support Training conducted in 2023. All participants completed the full five-day in-person training sessions, reflecting strong engagement and commitment throughout the program.

Batch 3 (27–31 March 2023, Phnom Penh):

A total of **50 participants** attended and successfully completed the training.

Batch 4 (26–30 June 2023, Siem Reap):

A total of **52 participants** completed the training, exceeding the initial target.

This level of participation represents a significant contribution to the programme's overarching goal of training 240 healthcare providers and community volunteers in psychosocial support across ASEAN Member States.

4.2. Stakeholder Groups

The trainings engaged a diverse group of stakeholders representing multiple levels of Cambodia's healthcare system, including government health departments, hospitals, and specialized mental health units. The selection of participants was tailored to the specific learning objectives of each batch to ensure relevance and impact.d into two thematic groups to accommodate the differing needs of psychiatry and psychology practitioners. The 52 participants included:

Batch 3: Nurses and General Practitioners (27–31 March 2023, Phnom Penh)

The third batch primarily targeted nurses and general medical practitioners actively involved in community-based healthcare and victim support. A total of 50 participants were trained, comprising:

- **2 Doctors:** One from the Department of Mental Health & Substance Abuse and one from the Preah Sihanouk Provincial Health Department
- **48 Nurses:** Representing 41 hospitals, healthcare facilities, and Victim Assistance Organizations across Cambodia

This cohort was selected to enhance the capacity of frontline providers in delivering psychosocial support to victims of explosive ordnance (EO), particularly in provincial and district-level health facilities.

Batch 4: Psychiatrists, Psychologists, and Medical Doctors (26–30 June 2023, Siem Reap)

The fourth batch focused on more specialized mental health professionals and was structured into two thematic groups to accommodate the differing needs of psychiatry and psychology practitioners. The 52 participants included:

- **29 Trainees (7 female) i**n the **Psychiatry Group,** comprising psychiatrists and medical doctors
- **21 Trainees (6 female)** in the **Psychology Group,** primarily medical doctors with interest in trauma, addiction, and post-conflict psychological care

Participants were drawn from 15 hospitals and health institutions across Cambodia. This targeted grouping ensured depth of learning in respective domains while fostering cross-disciplinary exchange and understanding.

4.3. Geographic Representation

The third and fourth batches of the Psychosocial Support Training demonstrated broad geographic coverage, with participants drawn from a wide range of provinces across Cambodia. This national reach reflects the inclusive and decentralized approach of the programme in building psychosocial support capacity where it is most needed.

In total, healthcare providers and community-based practitioners were mobilized from 56 hospitals, healthcare facilities, and victim assistance organizations. The third batch alone featured participants from 41 facilities, while the fourth batch involved professionals from 15 facilities. The training brought together individuals serving in both urban and rural areas, ensuring equitable access to capacity-building opportunities.

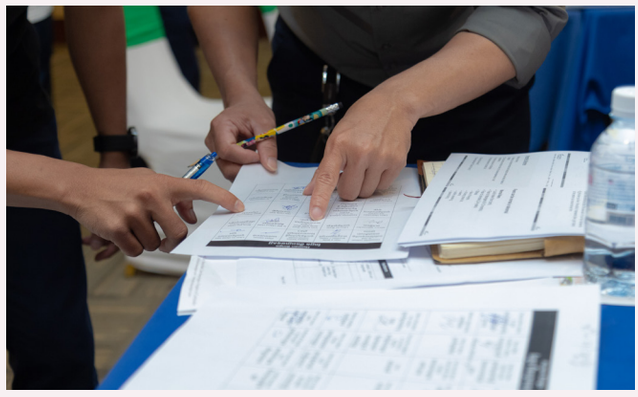
The provinces represented in these training cohorts included Phnom Penh, Pursat, Battambang, Pailin, Banteay Meanchey, Oddar Meanchey, Preah Vihear, Kampong Thom, Siem Reap, Koh Kong, and Takeo. This wide regional representation helped ensure that the knowledge and skills imparted through the programme could be applied at various levels of the healthcare system and in communities most affected by explosive ordnance incidents.

By drawing from such a diverse cross-section of the country, the training programme not only strengthened institutional capacity across multiple provinces but also laid the foundation for a more coordinated and regionally responsive psychosocial support network within Cambodia.

4.4. Attendance Mode

Both training batches were conducted entirely in-person to maximize engagement, allow for hands-on learning, and foster direct interaction between trainers and trainees.

Each session spanned five full days, and participant attendance was monitored and recorded daily. This ensured consistent participation, reinforced discipline in training, and allowed for accurate evaluation of engagement levels across the programme.



5. TECHNICAL AND THEMATIC DISCUSSIONS

This section presents an overview of the third and fourth batches of the Psychosocial Support Training conducted in Cambodia in 2023 under the "Enhance Victim Assistance Programme in the ASEAN Member States." The training was coordinated by the ASEAN Regional Mine Action Center (ARMAC) in collaboration with the Cambodian Mine Action and Victim Assistance Authority (CMAA) and Singapore Health Services (SingHealth).

5.1. Introduction to Psychosocial Impact of Landmines

This session provided an introduction to the psychosocial impact of landmines and how they affect individuals and families. Discussions covered the social and psychological consequences. The fourth batch Psychology group specifically addressed what mental illness is and the effects of landmines on individuals, families, and socioeconomic status. The overview of mental illness in the fourth batch Psychiatry group also touched upon the impact of landmines on mental health, including changes in social relationships and changes in self.

5.2. Mental Illness Overview

The Psychiatry group in the fourth batch received an overview of mental illness. This included definitions of mental illness, its impacts on family members and friends, causes, and risk factors. Data on the share of the population with mental health disorders and the burden of disease in Cambodia in 2019 were presented. Causes discussed included biological basis, psychological contributors, and social contributors. Identifying mental illness, signs, affected areas, questions to ask, and things to consider (is there a mental illness, is there a social problem, what is needed now?) were also covered.

5.3. Depression

Depression was a key topic in both training batches. Sessions covered identifying depressive persons, signs and symptoms, risk factors, types of depressive disorder, treatment, and psychological therapies. Depression is commonly associated with trauma. Signs and symptoms

of major depressive disorder were discussed, along with common treatment options like medications, Electroconvulsive Therapy (ECT), and psychotherapies. Ways to provide mental support to patients as family members or caregivers were also included. Discussions also touched upon the reasons for depression not being diagnosed and treated, primary questions to ask about mood, negative thoughts, delusion, and suicidal risk. Causes mentioned include childhood experience, life events, and social factors. The duration of treatment and prognosis were also part of the discussion. Video materials related to depression were utilized. Participants asked questions about differentiating types of depression (answered by referring to DSM-5 criteria) and the severity required to seek professional help (recommended for moderate symptoms, even mild symptoms can benefit from therapy).

5.4. Suicide Risk Assessment

Suicide risk assessment was covered in both training batches. The sessions aimed to identify risk factors and causes. Topics included facts and myths about suicide, global suicide rates, male and female rates, common methods used, and characteristics of physical illness that may increase risk. Mental disorders were also discussed in relation to suicide. The highest risk groups were identified. Specific factors associated with the risk of suicide after an attempted suicide were outlined, such as older age, male gender, and being unemployed. Factors associated with the risk of repetition of attempted suicide include having attempted before, suffering from depression, having a personality disorder, criminal record, history of violent behavior, being 25-54 years old, currently abusing alcohol or drugs, having previous psychiatric treatment, being unemployed, from a low socioeconomic status, or being single, divorced, or separated.

Assessment of attempted suicide involves asking questions about the intention to die, the location of the act, timing, steps taken to avoid discovery, and planning (e.g., buying a rope, keeping tablets). After the act, questions include what was done, how the person was discovered, if they called for help, the true intention to die, current feelings of sadness, and whether they still want to die. High risk after an attempt is suggested if the person answers "No" to being relieved to be alive or "Yes" to wishing they had succeeded. Causes of suicide discussed include mental illness (29%), chronic physical illness (26%), interpersonal problems (23%), financial issues (13%), social factors (6%), and others (3%). Risk factors mentioned also include loss of health, mobility, cognitive functioning, ability for self-care, role within family/society, skill, job/job opportunity, means of self-support, home, or cherished possessions. Common methods include drug overdose (70%, analgesics, sleeping tablets, antidepressants), self-poisoning, jumping from a building, and hanging. Role play scenarios involving attempted suicide cases were used for group discussion. Differentiating between active (saying they want to die, high risk) and passive suicide (only wishing to die, low risk, e.g., "I wish I sleep and never wake up") was discussed. Cambodia's suicide rate in 2019 was noted as Female: 3/100,000; Male: 7/100,000. In Singapore, 50% of suicide attempts are not related to mental illness. Reporting risk of harm to self or others to relevant authorities (like the police) was discussed as an ethical issue, emphasizing open communication with the client about the need to report due to safety concerns.

5.5. Anxiety Disorders

Anxiety was a subject in both training batches. Sessions covered generalized anxiety disorder (GAD), panic disorder, and phobias (agoraphobia, social phobia, simple phobias). Participants learned about the features, epidemiology, causation, and treatment of these disorders. Normal vs. abnormal fears were discussed. Features of GAD and associated medical conditions and comorbidities were presented. Panic disorder features and panic attacks were detailed. Symptoms of an anxiety

attack include trembling, feeling out of breath, feeling choked, chest pain, dizziness, faintness, feeling of unreality, hot/cold flashes, numbness, sweating, nausea, abdominal distress, fear of dying, and fear of losing control or going mad. Panic attacks may lead to phobic avoidance, such as agoraphobia or social phobia, and are associated with illness anxiety disorder, depression, and substance abuse. To diagnose panic disorder, one needs at least one panic attack followed by one month of fear of the next attack.

Obsessive-Compulsive Disorder (OCD) was also discussed, including obsessions (unwanted thoughts/images/urges) and compulsions (repetitive behaviors performed in response to obsessions according to the patient's rules). Examples of compulsions include checking, washing, counting, hoarding, needing to confess, and multiple compulsions. Causes of anxiety disorder mentioned include brain chemistry, environment (e.g., depressed homes or events), genetics, health problems, or addiction withdrawal. Management of anxiety disorders includes drug treatment and psychological treatment. A question was raised about why anxiety disorder patients lose weight, and the answer included not wanting to eat, insomnia, and the body not absorbing nutrients. Role play demonstrated how to provide support to a GAD patient. Video materials related to anxiety were used.

5.6. Trauma and Post Traumatic Stress Disorder (PTSD)

Trauma and PTSD were core topics, particularly relevant given the context of ERW victims. Sessions included differentiating between medical and psychological trauma, and between Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD). Symptoms of PTSD were covered, including intrusion (recurrent memories, flashbacks, frequent dreams), avoidance (avoiding triggers, talking about the event, people/places/activities connected to it), negative mood (low mood), and arousal (hypervigilance, anger, sleep disturbance). Other symptoms include experiencing physical sensations and emotional feelings as if the event is happening, behaving as if the event was happening again, and intense distress when reminded about the event.

Regarding onset and duration, ASD symptoms begin 0-28 days after trauma and last 3-4 weeks, with symptoms like depersonalization and derealization. PTSD onset is at least 1 month after trauma and lasts at least one month, potentially persisting for several years. Symptoms can occur from childhood or at any age, typically beginning within the first 3 months after the event, though there may be a delay of years. Recovery is often expected after 3 to 12 months. Who gets PTSD, examples of events that can cause it, protective factors, treatment (including medications), and prognosis were also discussed. Video materials related to PTSD were used. Role play with vignettes specifically for Cambodia was included. The Psychology group in the fourth batch focused on common psychological conditions associated with PTSD.

5.7. Addiction and Substance Use Disorders

Addiction was discussed in both batches, focusing on understanding addiction, its signs, causes, and treatment. The third batch agenda mentioned Alcohol Use Disorder and Drug Addiction. The fourth batch included sessions specifically on Alcohol Use Disorder and Drug Addiction, covering features, epidemiology, causation, and treatment. Distinguishing between alcohol/drug abuse and dependence was a learning objective. Different classes of drugs of abuse were discussed.

Substance Use Disorder (SUD) criteria (11 criteria in DSM-5) were detailed. These include using in larger amounts/longer than intended, repeated unsuccessful attempts to cut down or stop, spending a lot of time getting, using, or recovering from the substance, having physical

or psychological problems related to use (e.g., liver damage, lung cancer, depression, anxiety), experiencing cravings, and skipping activities to pursue use. Severity levels for diagnosis based on the number of criteria met within a 12-month period were provided: 2-3 criteria indicate mild, 4-5 indicate moderate, and 6 or more indicate severe.

Causes of addiction mentioned include trauma, comorbid/co-occurring disorders, genetics, environment, and medical conditions (pain/sleep issues). Specific discussions on Alcohol Use Disorder covered craving or a strong desire/urge to use, taking alcohol in larger amounts than intended, persistent unsuccessful attempts to cut down, and spending a great deal of time obtaining/using/recovering. Alcohol content in various beverages (beer, strong beer, wine, spirits) was quantified in grams and units per measure. Medical complications of alcohol abuse include hypertension, heart problems, cancer (mouth, gastrointestinal system, liver), birth defects, gastrointestinal problems, liver disease, vitamin B deficiency, and infectious diseases. Psychosocial complications include accidents, crime, spousal and child abuse, job loss, and divorce/separation. Causes of alcohol-related death are suicide, cancer, heart disease, and liver disease. Alcohol abuse is associated with a 10-year reduction in life expectancy, 50% of homicides, and 25% of suicides. Psychiatric complications include intoxication, withdrawal symptoms, Wernicke Encephalopathy, Korsakoff's Psychosis, and dementia.

Discussions on drug addiction covered categories of drugs such as benzodiazepines (BZD), opiates, stimulants, hallucinogens, cannabis, inhalants, and others. Patterns of abuse like Dormicum abuse (common in Singapore and SE Asian countries) and opioid abuse (heroin) were detailed. Psychosocial factors contributing to drug addiction were mentioned. Opioid withdrawal symptoms were listed, including dysphoric mood, nausea, vomiting, muscle aches, lacrimation, rhinorrhea, pupillary dilatation, piloerection ('cold turkey'), sweating, diarrhea, yawning, fever, and insomnia. Withdrawal from opioids can occur 6-12 hours after the last dose following heavy/prolonged use. Clinical features of heroin addiction include euphoria ('feeling high'), warmth, heaviness of extremities, dry mouth, itchy nose, and flushing of the face. Stimulants like amphetamine, ecstasy, cocaine, hallucinogens, cannabis, ketamine, and inhalants were also discussed, along with their features and patterns of use. Stimulant withdrawal symptoms can occur a few hours to several days after last use and include depressed mood, strong cravings, fatigue, vivid dreams, sleep difficulties, increased appetite, and psychomotor retardation/agitation. Case discussions related to addiction were included. A case study in the Psychiatry group involved a patient with hypertension, bilateral leg amputation, and a history of drinking and smoking for over 10 years, prompting questions on diagnosis and management. Questions from participants included substance abuse in women (noted as potentially higher in Battambang, possibly due to seeking care more) and the use of urinal tests.

5.8. Psychological First Aid (PFA)

Psychological First Aid was covered as a method of psychosocial support. PFA is described as a basic response involving care and practical support for someone experiencing emotional distress during or immediately after a crisis. The aims of PFA are to preserve psychosocial well-being, prevent worsening emotional distress and further harm, provide a safe space for expression, offer comfort, and promote natural resilience. It is noted that everyone can and should provide basic psychological first aid. The steps of PFA are outlined as Step 0: Prepare, Step 1: Look, Step 2: Listen, and Step 3: Link.

Step 0 (Prepare) involves preparing oneself before taking action by learning about the crisis event, available services and supports, and safety/security concerns. Step 1 (Look) involves checking for safety, people with obvious urgent basic needs,

and people with serious distress reactions. Step 2 (Listen) involves approaching people who may need support, asking about their needs and concerns, and listening to help them feel calm. This step emphasizes active listening, maintaining eye contact, leaning in, giving full attention, respecting privacy, and using the person's name. It also highlights paying attention to those who seem extremely calm, as they may still be in need or disconnected from reality. Examples of opening phrases like "I noticed you seem upset. How can I help?" were provided. Step 3 (Link) involves helping people connect with information, services, and social support, including finding resources for continued support. Video materials on PFA were used. Participants noted the three main steps: Look, Listen, and Link, after preparing.

5.9. Therapeutic Communication

Therapeutic communication was included in the training, focusing on its definition and techniques. Discussions covered barriers to effective and therapeutic communication, including internal and external roadblocks to listening. Basic attending skills, listening mindfully, and the five key steps to therapeutic communication were presented: introduction, open interview style using open-ended questions, clarifying and listening, non-verbal behavior, and summary. Core conditions of communication include sympathy vs. empathy, being non-judgmental, genuine, and showing warmth. Non-verbal behavior and non-verbal communication were emphasized.

Checking understanding involves paraphrasing (repeating in one's own words), reflection of feelings (highlighting how the person might be feeling), and summarizing (restating shared information in fewer words). How to do active listening includes reflection, parroting/paraphrasing, and demonstrating listening. Examples of reflective statements were provided, such as "You think that... because...", "I know that you think that...", "It sounds like you have mixed feelings about...", "So you think that even though...", and "This made you think that...". Summarizing involves follow-up arrangements, checking for understanding, comparing and compromising on differing views, exploring and agreeing on common views, and apologizing where appropriate. Participants were advised to avoid certain communication traps. Holding space, focusing on the patient, reassuring, and being open to emotions were also discussed. A communication checklist included using appropriate language, active listening, asking open questions, demonstrating listening, using appropriate body language, responding to others' body language, checking understanding, seeking clarification, and correcting misunderstandings. Reassuring patients involves letting them know they are trusted and showing faith and confidence in them, their knowledge, and understanding. Role play scenarios included demonstrating "what not to do" and "do everything you should do" in therapeutic communication. Video materials on attending, paraphrasing, and summarizing were used.

5.10. Grounding Techniques

Grounding techniques were taught as practical skills. This session included learning about and practicing grounding techniques. These techniques are used until a person becomes calm. Psychological First Aid also mentions breathing and grounding as techniques for someone in crisis.

Breathing techniques involve breathing in through the nose and out through the mouth, counting to 5 while breathing in and counting to 5 while breathing out.

5.11. Self-Care

Self-care was a topic covered in the training. This session likely provided guidance and strategies for participants to manage their own well-being, particularly important for healthcare providers working with trauma victims and individuals with mental health challenges. The training notes mention caring for self as one of the ten topics covered.

5.12. Training Methodology and Interactive Sessions

The training sessions employed an active learning approach. This combined lectures with various interactive elements, including video snippets, workshops, role play, and case discussions. In the fourth batch, participants in the Psychiatry group were given case vignettes to work on before the start of the session, and these vignettes were used for discussions throughout the five days. Presentation slides were translated beforehand and distributed as handouts to make it easier for participants to follow the lectures. The trainers were flexible and customized the teaching topics and delivery according to the participants' needs and knowledge levels. Role plays were used for various topics, including therapeutic communication, anxiety disorder support, and suicide attempt case scenarios.

5.13. Questions and Answers

Various questions were raised by participants during the training sessions. Some examples include questions about differentiating depression types (answered using DSM-5), the appropriate severity of depression for seeking professional help (moderate, or even mild, recommended), the duration for using grounding/caring techniques (until calm), addressing sleep issues and caffeine addiction (sleep hygiene, slowly cutting down caffeine, opting for tea). Questions were also raised about the rate of mental illness in Lao PDR (no accurate data yet), plans to build mental health hospitals in Cambodia (no specific plan yet by ARMAC, suggests checking with the Ministry of Health), the number of hospitals providing autism support services in Cambodia (mentioning Chey Chumneas Referral Hospital and some private clinics/organizations, but noting limited country-wide coverage). Further questions related to autism included sharing best practices and resources. Questions regarding substance abuse included observations about women being more addicted in certain areas (attributed possibly to seeking care more) and the use of urinal tests (not a treatment). Participants also inquired about future training opportunities, particularly for psychiatry, sharing national needs with ARMAC, and research on the psychological impact of EO victims (desk-based study ongoing, open to discussion with partners). The ARMAC Victim Assistance Project Manager provided details about the planned Train-the-Trainer programs, their target groups (community workers/nurses, psychiatrists/doctors), expected outcomes (training colleagues/community), and the need for trainees to demonstrate skill application.

6. MEETING OUTCOMES

The third and fourth batches of the Psychosocial Support Training directly contributed to the achievement of **Objective 4** of the *Enhance Victim Assistance Programme in the ASEAN Member States*—to assist ASEAN Member States in providing psychosocial support to victims of Explosive Remnants of War (ERW).

This objective focuses on building and enhancing capacities through four key aspects:

i. Professional Skill Transfer Programme,

ii. Train-the-Trainer (ToT) Programme for Psychosocial Support,

iii. Community Health Workshops, and

iv. Continuing Training for Master Trainers.

The training sessions implemented under this component significantly advanced the **Professional Skill Transfer Programme**, while also laying the groundwork for future activities under the **ToT programme** and **Continuing Training.**

6.1. Achievement of Stated Objectives

Post-training evaluations for both the third and fourth batches indicated high levels of agreement among participants that the programme achieved its stated objectives. For the fourth batch, 98% of participants agreed and 2% were neutral. For the third batch, 98% agreed and 2% were neutral. This suggests the training effectively met its goal of enhancing capacity to provide psychosocial support to EO victims.

6.2. Participant Feedback on Usefulness and Relevance

Participants overwhelmingly found the concepts and skills presented to be useful and relevant to their work. In the fourth batch, 96% agreed and 4% were neutral. In the third batch, 96% agreed and 4% were neutral. Participants also felt the content covered was adequate, with 96% agreeing (4% neutral) in the fourth batch and 98% agreeing (2% neutral) in the third batch. The course materials and handouts were also largely perceived as well-designed and organized, with 83% agreeing (17% neutral) in the fourth batch and 89% agreeing (7% neutral, 4% disagree) in the third batch.

6.3. Learning Outcomes and Knowledge Gain

Participants reported good knowledge of the subject matter after the workshop compared to before. For the fourth batch, 92% reported good knowledge after the workshop (8% neutral), compared to 18% before (78% neutral, 2% disagree, 2% not applicable). Participants also indicated an ability to apply the knowledge and skills in their course of work, with 96% agreeing (4% neutral) in the fourth batch. For the third batch, almost all participants felt the training was beneficial to their work.

6.4. Practical Exercises and Skill Application

All participants in both batches agreed that the programme contained useful and practical exercises. This highlights the value of the interactive components like workshops, role plays, and case studies. The focus on practical skills like suicide risk assessment, therapeutic communication, PFA, and grounding techniques provided actionable tools for the participants. The role plays were specifically noted as useful and practical.

6.5. Identification of Potential Trainers

One of the key sustainability outcomes of the Psychosocial Support Training is the identification of future trainers under the project's **Train-the-Trainer (ToT) Programme,** as outlined in Objective 4. Following the third batch, approximately 11 participants expressed their interest in continuing as trainers through the upcoming ToT programme.

The ToT sessions are tentatively scheduled for **Quarter 3 or Quarter 4 of 2023** (as noted in the third batch report) or **Quarter 1 of 2024** (as referenced in the fourth batch). These ToT programmes are designed to strengthen national capacity by enabling selected participants to transfer knowledge and skills within their institutions and communities.

To ensure relevance and effectiveness, **two distinct ToT tracks are planned:**

- One **targeting community workers and nurses;** and
- Another designed specifically for **psychiatrists and doctors.**

This approach supports continuity in learning, aligns with national needs, and fosters a network of qualified professionals equipped to provide psychosocial support to ERW victims across Cambodia.

7. IDENTIFIED CHALLENGES

While the Psychosocial Support Trainings were well received and largely successful, several challenges were identified through participant feedback and observation. These challenges highlight broader systemic and contextual gaps that impact the provision of psychosocial support services in Cambodia and the region.

7.1. Data Limitations

During the Q&A sessions, a question regarding the prevalence of mental illness in Lao PDR revealed a lack of accurate, up-to-date data, although improvements are anticipated. This underscores a regional challenge: the absence of comprehensive data limits the ability to fully assess and address mental health needs, hindering evidence-based planning and resource allocation.

7.2. Resource and Coverage Gaps

Inquiries during the training sessions reflected concern over the limited infrastructure for mental healthcare in Cambodia. Participants questioned the availability of specialized mental health hospitals, to which ARMAC clarified that no specific plans currently exist, recommending follow-up with the Ministry of Health. Trainers from SingHealth emphasized the importance of disseminating Ministry resources broadly to reach nurses nationwide.

Discussions around autism support further revealed gaps in national coverage. While services exist at one public hospital in Phnom Penh and in some private clinics, availability across provinces remains limited. These gaps are compounded by constrained national budget allocations for mental health. ARMAC noted that ongoing advocacy, donor engagement, and multi-stakeholder collaboration are essential to expand resource mobilization and strengthen mental health support systems nationwide.

7.3. Clinical Practice Challenges

Several clinical practice-related concerns emerged during the training, particularly regarding the differentiation and diagnosis of mental health conditions. Participants raised questions on how to distinguish between various types of depression, which requires adherence to established diagnostic frameworks such as the DSM-5. Another common query focused on identifying the appropriate threshold at which individuals experiencing depressive symptoms should be referred to psychiatrists or psychologists—with trainers recommending referral even in cases of mild to moderate symptoms to ensure early intervention.

Additionally, one participant shared a personal struggle with sleep disturbances and dependence on caffeine as a coping mechanism for work-related stress. This candid reflection underscored the often-overlooked psychological burden borne by healthcare providers themselves. Collectively, these insights highlight the complexities involved in accurate clinical assessment, the need for stronger referral systems, and the importance of providing mental health support not only to patients but also to caregivers and frontline workers.

7.4. Participant Needs for Further Training

Feedback from participants emphasized a strong demand for continued capacity development through regular mental health and psychosocial support training. Many expressed interest in intermediate and advanced courses to build upon the foundational knowledge acquired during the initial sessions. Participants also recommended structuring future trainings according to professional roles and levels of expertise—suggesting basic courses for nurses, practical modules for general practitioners, and advanced, clinically focused content for psychiatrists.

This feedback underscores the necessity of a tiered training approach to effectively address the varied competencies and responsibilities of healthcare providers. It also highlights the importance of establishing a sustainable training pathway that promotes progressive learning, enhances specialization, and strengthens the overall mental health care system in Cambodia.

8. ACTION POINTS

The Psychosocial Support Trainings generated several actionable recommendations to enhance clinical practice, ensure sustainability, and foster national and regional collaboration. These actions aim to translate knowledge gained into meaningful support for EO victims and strengthen Cambodia's psychosocial support ecosystem.

8.1. Clinical Practice and Referral Actions

Participants received practical clinical guidance to apply in real-world scenarios. Key actions include:

- **High-Risk Suicide Assessment:** Healthcare providers should immediately inform a family member and advise that the individual be accompanied to the hospital or appropriate mental health facility for urgent care.
- **Moderate Depression Symptoms:** Individuals exhibiting moderate signs of depression should be referred for consultation with a psychiatrist or psychologist, even in the early stages, to prevent escalation.
- **Emotional Distress:** When an individual is in visible distress, grounding techniques and caring approaches introduced during the training should be applied until the person reaches a state of calm.
- **Addiction Management:** In cases such as caffeine addiction, participants were encouraged to advise clients on gradual reduction strategies as part of behavior change support.
- **Sleep Difficulties:** Implementing good sleep hygiene—such as setting a consistent bedtime routine and reducing screen time—was recommended as a practical, non-medication-based solution.
- **Therapeutic Communication and Safety:** If a provider identifies a risk of harm to self or others, it is necessary to report the concern to appropriate authorities. Ethically, this action should be discussed openly with the client, explaining that it is done out of concern for their safety and the safety of others.
- **Confidentiality:** Maintaining strict client confidentiality was emphasized. Information should only be shared among professional colleagues directly involved in the case, and

not disclosed to family members unless there is informed consent or a significant risk to safety.

8.2. Trainer of Trainers (ToT) Program Planning

A concrete action point is the planning and implementation of the Train-the-Trainer programs. Following the third batch, the ToT was expected in Q3 or Q4 2023, and following the fourth batch, it was expected in Q1 2024. The ToTs will involve selecting and training individuals from the participant pool to become trainers themselves. Two ToTs are planned, targeting community workers/nurses and psychiatrists/doctors separately.

To ensure the long-term impact and sustainability of the Psychosocial Support Programme, the development of a national cadre of trainers is a central strategic action. The Train-the-Trainer (ToT) initiative aims to empower selected participants to extend knowledge and skills within their respective institutions and communities.

- **Post-Training Interest:** Following the third and fourth training batches, several participants expressed strong interest in becoming trainers. Specifically, 11 participants from the third batch and additional volunteers from the fourth batch signaled their readiness to join the ToT programme.
- **Specialized Tracks:** To address varying technical needs and professional roles, two ToT streams will be implemented:
  - ◇ One tailored for **community workers and nurses,** focusing on foundational psychosocial care at the grassroots level.
  - ◇ The other designed for **psychiatrists and medical doctors,** emphasizing clinical applications, psychiatric assessment, and therapeutic interventions.
- **Planned Roll-Out:** The ToT sessions are scheduled for implementation in **late 2023 or early 2024,** and will promote peer-led capacity building across Cambodian provinces, strengthening national systems of psychosocial support for ERW victims and persons with mental health needs.

8.3. Post-Training Activities and Follow-up

To ensure long-term impact and meaningful knowledge dissemination:

- Trainees who attend the ToT are strongly encouraged to cascade their learning by training colleagues, mentoring peers, and engaging their communities in psychosocial support practices.
- ARMAC will actively follow up with ToT participants to collect updates on post-training initiatives, such as internal capacity-building sessions, peer-to-peer mentoring, and community awareness activities.

This follow-up mechanism will help assess how effectively the training is being translated into action—particularly in reaching explosive ordnance (EO) victims, individuals with psychosocial disabilities, and vulnerable populations in remote and underserved areas.

8.4. National and Regional Collaboration

Building sustainable mental health support systems requires a collective and coordinated effort:

- At the national level, trained individuals and institutions are encouraged to share emerging needs and capacity gaps with ARMAC, enabling tailored support, resource identification, or linkages with relevant partners.
- At the regional level, ARMAC will foster collaboration through exchange programs, joint training sessions, and cross-country cooperation involving trained professionals and institutions across ASEAN. These initiatives aim to promote shared learning, solidarity, and resilience in the provision of psychosocial support services

9. GOOD PRACTICES AND SUCCESSES

The implementation of the third and fourth Psychosocial Support Training batches yielded several noteworthy good practices and successes, reinforcing the value and impact of the initiative under the Enhance Victim Assistance Programme.

9.1. Effective Training Methodology

The training utilized an active learning approach that was well-received by participants. The combination of lectures with interactive elements such as video snippets, workshops, role plays, and case discussions enhanced engagement and understanding. The use of case vignettes in the fourth batch provided practical scenarios for discussion.

9.2. Quality of Materials and Trainers

Participant feedback highlighted the quality of the training. The trainers, a team of psychiatry and psychology experts from SingHealth, were perceived as well-prepared, knowledgeable, clear, concise, and able to interact effectively with participants. The customization of content by trainers based on participant needs and pre-assessment feedback was a valuable approach. The provision of translated presentation slides and handouts was a successful practice that facilitated learning. The training environment was considered conducive for learning, visual aids appropriate, and class size right for maximum participation.

9.3. High Participant Engagement and Satisfaction

Both training batches met or exceeded the target number of participants. All registered participants for the fourth batch attended the full five-day session, and all 50 participants completed the third batch training. The high completion rates and overwhelmingly positive feedback in the evaluation forms, particularly regarding the achievement of objectives, usefulness of content and skills, and practical exercises, indicate high participant satisfaction.

9.4. Strong Partner Collaboration

The success of these training sessions was built upon the close collaboration between ARMAC, the Cambodian Mine Action and Victim Assistance Authority (CMAA), and SingHealth. Support from the Ministry of Health and other national institutions further strengthened the initiative. This multi-stakeholder approach exemplifies the power of cross-sector collaboration in delivering impactful victim assistance programmes.

9.5. Alignment with Regional Goals

The implementation of these activities aligns with the Republic of Korea's aim to strengthen cooperation with ASEAN in promoting peace and security, as stimulated in the ASEAN-Republic of Korea (ROK) Plan of Action on the Joint Vision Statement for Peace, Prosperity and Partnership (2021-2025). Providing support to Landmines/ERW victims plays a significant role in enhancing collaboration between ARMAC, ROK, and ASEAN toward addressing the humanitarian aspects of landmines/ERW.

9.6. Addressing a Critical Gap

The Psychosocial Support Programme addresses a long-standing gap in victim assistance — specifically the lack of structured mental health support for EO-affected individuals. By building local capacity among frontline healthcare providers, the programme is not only strengthening the quality of care but also helping to restore dignity, well-being, and social reintegration for survivors and their families. This is a critical step in ensuring no one is left behind.

10. LESSONS LEARNED

Reflections from the training implementation and participant feedback provide valuable lessons for future activities.

10.1. Effectiveness of Customization and Active Learning

The positive feedback on the effectiveness of the training, particularly regarding content customization based on pre-assessment and needs, highlights the importance of tailoring educational programs to the specific audience. The success of the active learning approach also underscores the value of incorporating interactive methods like role plays and case studies alongside traditional lectures.

10.2. Importance of Translated Materials

The positive reception of translated presentation slides and handouts indicates that providing materials in the local language significantly facilitates participant understanding and engagement. This is a crucial lesson for training programs in multilingual contexts.

10.3. Need for Continued and Tiered Training

Participant suggestions for regular and intermediate mental health courses reveal that initial training, while foundational, generates demand for further, more advanced learning. The suggestion to organize training according to the level of expertise (nurses, GPs, psychiatrists) indicates that a one-size-fits-all approach may not fully meet the diverse needs of different professional groups. Future programs could benefit from a tiered structure or specialized courses.

10.4. Resource and Policy Considerations

The challenges related to limited national budget for mental health activities and the lack of comprehensive country-wide coverage for specialized services like autism support underscore the systemic resource limitations faced in providing psychosocial support. This suggests that training initiatives need to be complemented by broader efforts in resource mobilization and policy development. The suggestion to involve public health officials/policy makers in training highlights the potential benefit of integrating training with policy advocacy and program development at the national level.

10.5. Data and Research Needs

The lack of readily available accurate data on mental health illness rates and the participant's question about research on the psychological impact of EO victims point to existing gaps in data and research. Filling these gaps is important for better understanding the scope of the problem and designing targeted interventions. ARMAC is open to discussing research on the psychological impact in the future.

11. RECOMMENDATIONS

Drawing from the training outcomes, participant feedback, challenges identified, and lessons learned, the following recommendations are proposed to sustain and expand the impact of psychosocial support initiatives across ASEAN.

11.1. For National Stakeholders

- **Increase investment in mental health services** by exploring options to expand national budget allocations for psychosocial support programmes, with particular attention to ERW victims and persons with disabilities.
- **Develop and strengthen national mental health policies and strategies** that integrate trauma-informed care and psychosocial support for affected populations, including individuals dealing with addiction and complex trauma.
- **Introduce regular and tiered mental health training courses** for healthcare providers, ensuring that content is appropriate to their expertise—ranging from foundational courses for nurses to advanced modules for psychiatrists.
- **Expand specialized mental health services** such as those focused on autism spectrum disorders and complex trauma, ensuring equitable access across urban and rural areas.
- **Share national needs and priorities** with ARMAC and other regional and international stakeholders to foster coordinated support, resource mobilization, and knowledge sharing.

11.2. For ARMAC and Regional Actors

- **Implement the planned Train-the-Trainer (ToT) programmes** to establish a national cadre of psychosocial support trainers who can extend training to communities and frontline providers.
- **Design and pilot tiered training curricula,** including intermediate and advanced courses tailored to specific provider groups, to address evolving technical needs.
- **Strengthen regional collaboration** through experience-sharing forums, joint trainings, and cross-country exchange visits that enable trainers and stakeholders to learn from each other and adapt good practices.
- **Integrate psychosocial capacity-building into future regional programmes,** using the success of the current initiative as a model for continued support.
- **Explore research opportunities** focused on the psychological effects of explosive ordnance, barriers to mental health care, and the effectiveness of psychosocial interventions in ASEAN contexts.

11.3. For Technical and Funding Partners

- **Continue and expand technical and financial support** for the Enhance Victim Assistance Programme, recognizing its tangible contributions to humanitarian mine action and mental health care.
- **Support the development of specialized training modules** that respond to clinical gaps and build depth in areas such as trauma recovery, suicide prevention, and therapeutic communication.
- **Assist with national and regional resource mobilization** aimed at strengthening mental health infrastructure, service delivery systems, and community-based support mechanisms.
- **Fund and co-design research and evaluation efforts** to generate evidence that informs policy, improves practice, and amplifies the voice of survivors and caregivers.

12. WAY FORWARD

The successful implementation of the third and fourth batches of the Psychosocial Support Training has laid a strong foundation for sustaining and scaling up capacity-building efforts under the Enhance Victim Assistance Programme.

12.1. Implementation of Trainer of Trainers Program

The immediate next step is the rollout of the planned Train-the-Trainer (ToT) programs. These sessions aim to equip selected participants with the knowledge and facilitation skills to serve as multipliers—transferring psychosocial support knowledge to colleagues and community members nationwide.

12.2. Continued Capacity Building

Following the ToT, trained trainers are expected to implement follow-up activities such as internal training sessions, peer-to-peer mentorship, and one-on-one consultations. ARMAC will follow up with participants to collect updates on these initiatives, ensuring that training outcomes are translated into real-world practice. Opportunities for more advanced or specialized training may also be integrated into future program phases.

12.3. Regional Exchange and Cooperation

To promote cross-learning and solidarity across ASEAN, ARMAC will facilitate regional exchanges by inviting trained individuals to share their experiences across countries, conduct training, or participate in collaborative knowledge-sharing initiatives. This regional cooperation will enhance shared understanding and innovation in psychosocial support provision.

12.4. Research Initiatives

In partnership with SingHealth and other stakeholders, ARMAC is exploring targeted research initiatives focusing on the psychosocial impacts of EO and the accessibility of mental health services. A desk-based study on service accessibility is currently underway as part of this broader research framework. Findings will inform evidence-based programming and policy advocacy.

12.5. Responding to National Needs

ARMAC remains committed to a demand-driven approach. The initiation of the Victim Assistance Project itself was rooted in national consultations with affected ASEAN Member States. ARMAC encourages national stakeholders to continue communicating their emerging needs, which will be assessed in alignment with ARMAC's mandate and project scope.

CONCLUSION

The third and fourth batches of the Psychosocial Support Training in Cambodia, delivered under the ASEAN Regional Mine Action Center's (ARMAC) Enhance Victim Assistance Programme, have made a significant contribution to addressing the psychosocial needs of victims of explosive ordnance (EO). With generous funding from the ASEAN-Korea Cooperation Fund (AKCF) and expert facilitation from SingHealth, these trainings have helped fill a long-standing capacity gap among healthcare providers in responding to trauma and mental health issues linked to landmine and ERW incidents.

The trainings strengthened foundational knowledge and skills in critical areas such as suicide risk assessment, trauma and anxiety management, addiction, sleep hygiene, and therapeutic communication—equipping participants with practical tools to deliver more compassionate and informed care. The interactive methodology, tailored content, and professional delivery received overwhelmingly positive feedback from participants, affirming the relevance, quality, and impact of the sessions.

Importantly, the identification of potential national trainers and the development of a forthcoming Train-the-Trainer (ToT) initiative represent strategic steps toward sustainable knowledge transfer and institutional resilience. These efforts will enable a wider reach of psychosocial support interventions, particularly in underserved and remote communities.

Looking ahead, ARMAC remains fully committed to its mandate of supporting the humanitarian response to landmines and ERW in ASEAN. Together with national authorities and partners, ARMAC will continue to prioritize victim assistance, advance mental health support, and promote inclusive reintegration of EO survivors into society. The progress achieved through these training batches lays a strong foundation for future expansion and regional collaboration in the delivery of psychosocial support across ASEAN.

This initiative is implemented by the ASEAN Regional Mine Action Center (ARMAC), under the Enhance Victim Assistance Programme in ASEAN Member States, with the generous support of the ASEAN–Korea Cooperation Fund (AKCF).

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