



FAMIY+ PROJECT-USAID/FRIENDS INTERNATIONAL

Knowledge, Attitude and Practices (KAP) Survey On Intellectual Disability and Mental Illness Care

*Among CSOs Partners in Phnom Penh, Battambang, BanteayMeanchey (Poipet),
Siem Reap, and Sihanouk ville
2015*

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ABBREVIATION AND ACCRONYMS

3PC	Partnership Program for the Protection of Children
CSO	Civil Society Organization
DT	DamnokToek
Family+	Family Plus
HVC	Honor Village Cambodia
KAP	Knowledge, Attitude and Practice
KMR	KomarikReay
KM	KalyanMith
MPK	MeathoPhumKomar (Homeland)
MS	MithSamlanh
MT	MlopTapang

EXECUTIVE SUMMARY

Overview

This KAP survey has gathered information about the understanding of, and work with INTELLECTUAL DISABILITIES, and MENTAL ILLNESS. This Knowledge, Attitude and Practices (KAP) Survey was carried out in four provinces and also the capital municipality in Cambodia across seven CSO partners including Damnok Teok (DT), Honor Village Cambodia (HVC), Komarik Reay (KMR), Meathophum Komah (MPK), Kalliyon Mith (KM), Mith (MS) and Mlop Tapang (MT). The purpose of the study was to measure the level of understanding of intellectual disability and mental illness among management members, social workers and case workers, and to what extent they worked with young people with these issues, and if training and referral are in place. The KAP survey seeks to highlight need and inform solutions for future reintegration for beneficiaries with intellectual disability and mental illness.

The objectives of this KAP Survey:

- A. What do respondents know about intellectual disability and mental illness
- B. What do they think/view about children with intellectual disability and mental illness
- C. What do they actually do with regard to seeking care or taking other action related to children with intellectual disability and mental illness
- D. From where do respondents get messages about intellectual disability and mental illness
- E. What of their knowledge gaps, cultural beliefs or behavioral patterns and practices toward children with intellectual disability and mental illness.

Knowledge

The survey results indicated that the meaning of INTELLECTUAL DISABILITY and MENTAL ILLNESS is generally understood in simple terms by all individual respondents, and defining the possible cause of INTELLECTUAL DISABILITY and MENTAL ILLNESS provided significant results which indicate a good degree of understanding, however the survey also indicates that a number of respondents have shown some difficulty in defining a clear distinction between INTELLECTUAL DISABILITY and MENTAL ILLNESS.

Almost one quarter of respondents expressed that INTELLECTUAL DISABILITY is curable which is not in fact possible, however 'cure' interventions expressed, such as: counseling, medication, the use of psychology can in fact be valid approaches to enable young people with INTELLECTUAL DISABILITY to develop their capacity. In the case of MENTAL ILLNESS, 80% of respondents said that "It's curable" which does suggest that MENTAL ILLNESS is generally better understood conceptually by respondents. Types of intervention described for the treatment of MENTAL ILLNESS (Counseling, medication, support, family and child support etc.) are also valid and realistic approaches to treatment.

Regarding capacity of staff in formal knowledge and skills, 70% of respondents said that "I have not received any training regarding INTELLECTUAL DISABILITY" which is very high percentage, however, regarding MENTAL ILLNESS, almost half of respondents said that they had received training related to MENTAL ILLNESS.

Attitudes

Regarding respondents view of how Cambodian society broadly views children with INTELLECTUAL DISABILITY and MENTAL ILLNESS, results indicate that almost half of respondents expressed that they felt that people in Cambodia discriminated against children who have INTELLECTUAL DISABILITY and MENTAL ILLNESS, while almost 25% believed that Cambodian society viewed those children as valueless. 25% also expressed that they felt that these children are ignored in society.

Regarding working with children with INTELLECTUAL DISABILITY and MENTAL ILLNESS, almost one third expressed that they felt sympathetic toward children with INTELLECTUAL DISABILITY and MENTAL ILLNESS while 25% of respondents felt positive about supporting children to have a good future, however one third of respondents were concerning about the future lives of children in the longer term, particularly when CSOs ended program support.

Regarding feelings of individual staff toward working with children who have INTELLECTUAL DISABILITY and MENTAL ILLNESS, over 40% of those interviewed felt that it is difficult to work with children with these issues, indeed more than half of respondents said they felt concerned about their personal security and 15% expressed some very specific fears or frustrations.

Despite the challenges that respondents clearly viewed regarding societies view of children with INTELLECTUAL DISABILITY and MENTAL ILLNESS, and the challenges expressed in working with and supporting those children, respondents view of the potential for success in reintegration was generally positive, with 60% of respondents feeling that it is possible to reintegrate children with INTELLECTUAL DISABILITY into their community. While almost 3 quarters (75%) of respondents felt it is possible to reintegrate children with Mental Illness.

The feeling of expectation future lives of those children who have INTELLECTUAL DISABILITY and MENTAL ILLNESS in this survey have clarified that 45.61% responded “Those children will never have a productive future lives”. 36.84% of those interviewed respondent believed that “They will have a productive and happy life” while other 17.54% said that “I don’t know”.

Practice

More than 80% of staff in this KAP survey expressed that their organization has worked with and supported children who have an Intellectual Disability, approximately half saying that that their organization referred those children to a local specialist service, however just over 18% of respondents said that specialist referrals have not been made.

Regards working with children with a history of mental illness, less staff (67%) expressed that their organization worked these children than those with intellectual disability, but only 10% said that their organization never worked with these children, which suggests a broader spread of service provision among agencies. Also a higher number of respondents than for intellectual disability said that their organization had supported and worked with children with a history of mental illness to reintegrate into community

Almost 3 quarters of respondents said that their organization worked with and supported to reintegrate children with an Intellectual Disability to their community, with a very small proportion of respondents (5%) expressing that this had not occurred via their services, however a higher number of respondents (67%) said that their organization had supported and worked with children with a history of mental illness to reintegrate into community.

When asked who was responsible for future planning/reintegration with children who have intellectual disability, respondents highlighted Social workers as being the main responsible staff members, however reference was also made to case managers and project managers. Just over 2% of respondents made reference to local authorities being responsible for these processes. Very similar reference to responsible people for the future planning and reintegration of children with a history of mental illness was made by respondents, indicating that the same staffs were involved at a case management level with both groups of children.

1. INTRODUCTION

Family+ project is a Friends-International Project funded by USAID since April 2013. Family+ aim's to enable children in Cambodia live in safe, healthy and sustainable family units rather than residential facilities/institutions. It is a continuation of the national system for alternative care, allowing for the development of vulnerable children through the creation of a good practice model, influencing the behavior of communities', also providing training, and technical support to selected orphanage partners.

Throughout the case management for family reintegration, children with intellectual disability and mental illness suggested frequent challenges to reintegration. This has resulted in children spending longer in a residential care. Some children have been observed to be in the centre for more than 5 years.

Annually, Friends-International has conducted the assessment to partner NGOs to assess services, providing comparison to minimum standards set by MoSVY. During each assessment, findings have shown that children with Intellectual Disability and Mental Illness provide a greater challenge in reintegration compared to other children; however no further research had been done. Family+ Project (Friends-International) undertook the Knowledge, Attitude, and Practice survey of staff from 3 different groups: Management team, Social workers, and auxiliary staff. This survey will help us to understand in more in depth regarding knowledge, attitude and daily services providing toward children with intellectual disability and mental illness as well as help us to ascertain challenges that can inform future services development.

2. METHODOLOGY

The KAP survey was used a mix of qualitative and quantitative questioning. Data was gathered from 3 different groups within 57 respondents:

- (i) Management Team – Project Manager, Project officer, project coordinator (21.05%)
- (ii) Social workers and/ or staff who work directly with the beneficiaries (61.40%)
- (iii) Auxiliary staff – case workers such as cook, guard, driver ...etc. (17.54%)

The survey was targeted Family+ and 3PC partners CSO from different provinces who have care centre and experience in working/ accepting children with intellectual disability and mental illness into care. Those partner CSOs were:

- Phnom Penh: Mith Samlanh
- Battambang: KomarRikreay and Homeland
- Banteaymeanchey: DamnokTeuk (Poipet)
- Siem Reap: Honour Village Cambodia and KaliyanMith
- Sihanoukville: M'lopTapang

3. PROFILE OF RESPONDENTS

Survey Respondents	Total	Battambang	BanteayMeachey	Siem Reap	Phnom Pneh	Sihanouk
Management Team	21.05%	5.26%	1.75%	7.02%	3.51%	3.51%
Social Workers	61.40%	15.79%	7.02%	17.54%	10.53%	10.53%
Auxiliary Staff	17.54%	5.26%	-	5.26%	3.51%	3.51%

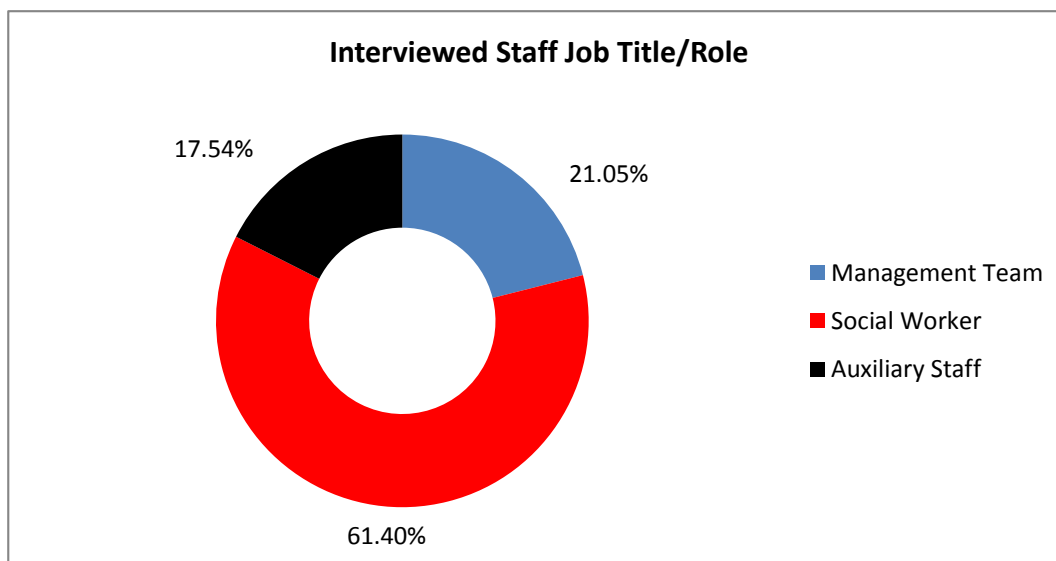


Figure1. There were 57 respondents for this KAP survey, of which 17.54% were auxiliary staff, 21.05% were Management Staff, however the majority (61.4%) were social workers. 'Management Team' included roles such as: Executive Director, Project Manager, Project Coordinator, and Project Officer. Auxiliary Staff included: Cooks, Caretakers, and Security Guards.

4. FINDINGS OF KNOWLEDGE

The meaning of Intellectual Disability and Mental Illness:

There were many opinions and ideas regarding Intellectual Disability. Results regarding the meaning of Intellectual Disability included:

- 54% said that it is the sign of poor capacity of thinking
- 54% said that it is the sign of poor capacity of learning
- 31.58% were significant of low capacity of memory
- 12.28% were about the poor communication and 3.51% about the slow of physical development

Results regarding the meaning of Mental Illness included:

- 21.0% defined as 'emotional frustration'
- 17.5%, defined as affected by 'Depression'
- 17.5%, defined as affected by 'Stress'
- 15.7% defined as 'losing belonging'
- 15.7% defined as 'sign of affects from Violence'
- 12.2% defined as 'sign of affects from abuse'
- 8.7% said that they were affected by shock, nervousness, pressure, and arrogance.
- 3.5% of respondents said that they did not know what Mental Illness is.

The cause of Intellectual Disability and Mental Illness:

Causes of Intellectual Disability provided by respondents included:

- 82.46% stated cause as 'genetic problem'
 - 26.32% stated caused by 'Domestic Violence'
 - 17.54 stated caused by 'Accident'
- Other causes expressed included: abortion, loss of belonging, lack of maternity care, abuse (sexual, physical, and mental), drinking alcohol, substances abuse, and lack of nutrition.
- 1.75%, of respondents said that they don't know what cause of Intellectual is.

Regarding the cause of Mental Illness provided by respondents included:

- 47.37% stated caused by 'Domestic Violence'
- 35.09% stated caused by 'Separation' (Separation included parents' divorce, losing of belonging, losing the loving partners).
- 33.33% stated caused by Abuse (incl sexual, physical, and emotional).
- 17.54% stated from 'Using Drugs'.
- Other causes expressed included: abandonment, neglect, genetic problems, accident, depression, disappointment, shock, discrimination, drinking alcohol, stress, and natural disaster.

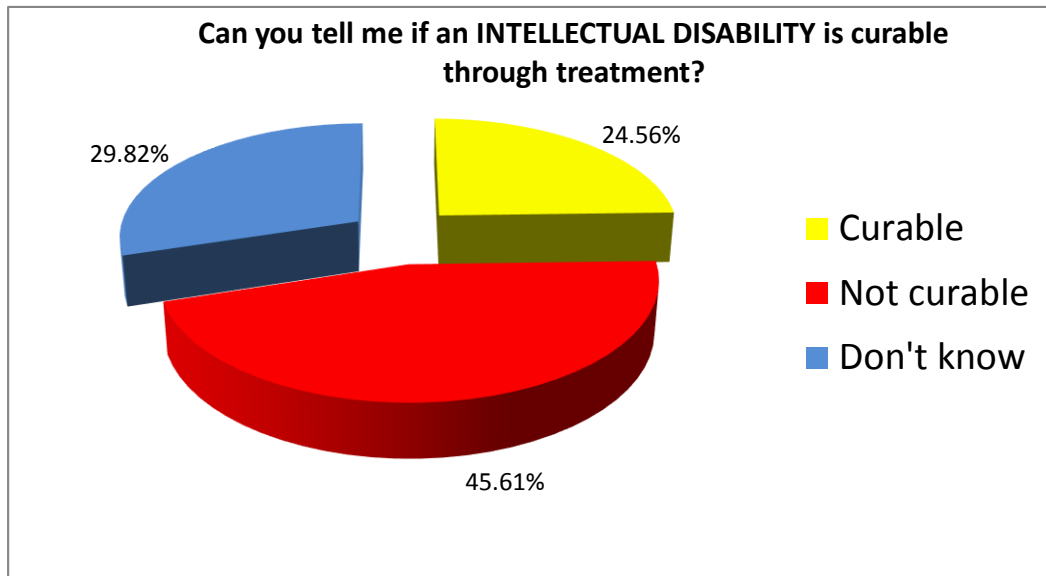


Figure2. Among of 57 respondents who were interviewed 45.61% said that Intellectual Disability was not curable while 29.82% said that “I don’t know”. Out of total respondents, 24.56% said that it is curable. Among the respondents of 24.56% who said intellectual disability is curable expressed that:

- 78.57% that Counseling was the most effective treatment
- 50.00% that medication is the second most effective treatment
- 21.43% Using the psychology were the last effective treatment

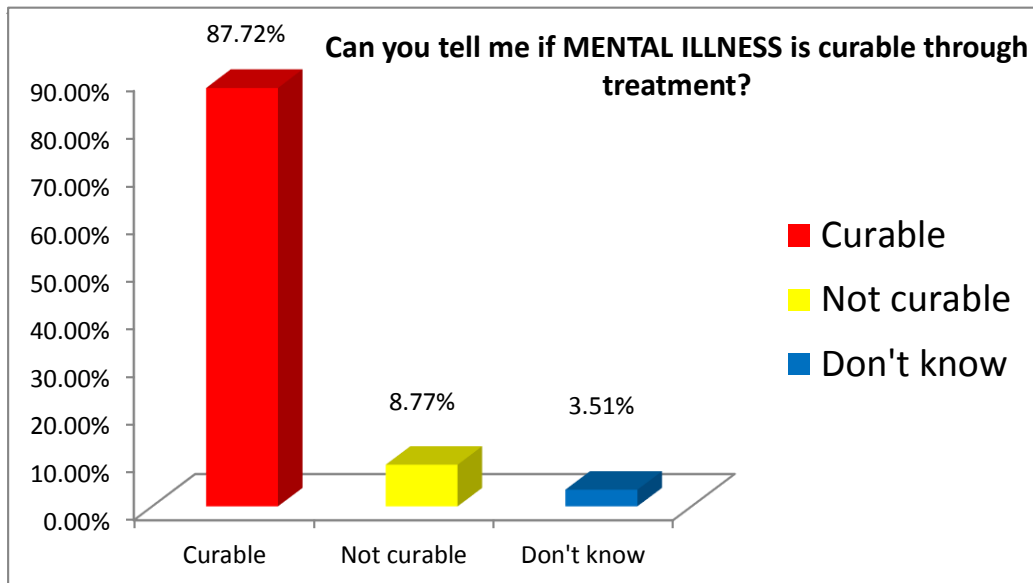


Figure3. Within total respondents, out of 87.72% told that “The Mental Illness is curable through treatment”. 8.77% who said that mental illness was ‘not curable while only 3.51% who said that I don’t know. From the 87.72% who said it is curable gave the following as treatment options:

- 78.00% of them said that “Counseling is the most effective treatment”
- 52.00% of those respondents said “Medication”
- 28.00% said that “Support to family and children”

Other treatment options expressed included: using trips, fun activities, yoga, rehabilitation center, motivation, and psychology.

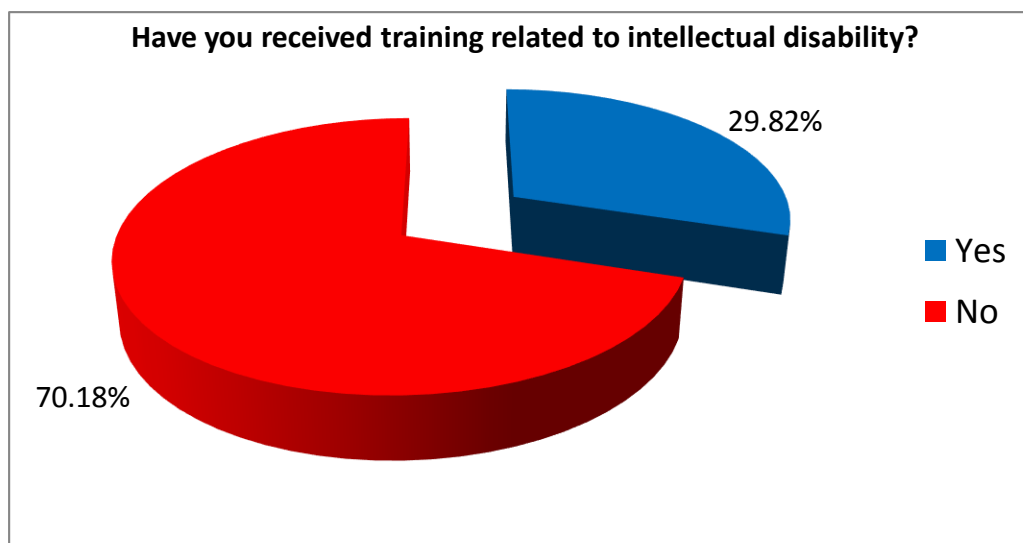


Figure4. Regarding training on Intellectual Disability, 70.18% of respondents expressed they had not been trained while 29.82% have received some training. The trained respondents have mostly been provided a basic knowledge from Friends International, Chey Chumneas Hospital, Mith Samlanh, CCHM, Damnok Toek (DT), and First Step Cambodia.

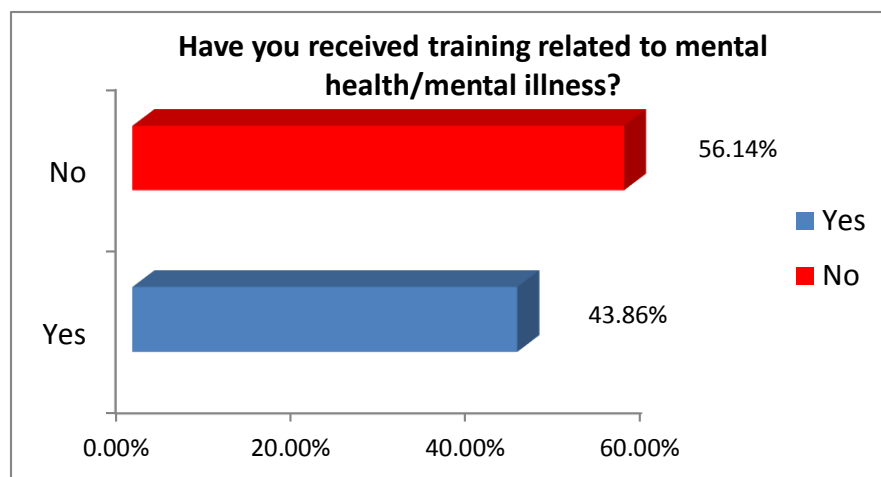


Figure5. 56.14% of respondents have not received any training related to Mental Illness. 43.86% have been trained on topics related to “Mental Illness”. Respondents have received from various CSOs included Friends International, Mith Samlanh, Salvation Centre Cambodia (SCC), First Step Cambodia, Transcultural Psychosocial Organisation (TPO), International University. And the topics which provided were basic counseling, basic traumatization, healing art performance, child identification and victim protection, depression, IPSS, psycho-social work, and physiotherapist. ***Once again, the training should urgently have strengthened and provided as soon as possible.***

5. FINDINGS REGARDING ATTITUDES

As Cambodia is a developing country, the education of its citizens’ knowledge is limited. This survey, in part seeks to gain an indication of the view of Cambodians regarding: *“How do they think children with Intellectual Disability and Mental Illness are viewed in Cambodia”*. Responses included:

- 45.61% of respondents said that children with Intellectual Disability and Mental Illness are discriminated.
- 24.56% expressed that those children who experienced or having these problems are ignored.
- 24.56% of people interviewed expressed that those children are viewed as being valueless.
- It is noted that 21.05% said that those children are ‘hated’. A 19.30% of respondents said that two mentioned children above are abandoned, treated as toys, and not motivated.
- Only 1.75% expressed that these kinds of children are not discriminated against.

This KAP also aimed to provide some indication of individual staffs feeling regarding *“How they feel about working with a child with an Intellectual Disability or with history of Mental Illness”*.

Responses included:

- A large number of respondents, 42.37% expressed that ‘I feel difficulty to work with those children’.
- 28.81% of respondents said that ‘I feel more sympathy to those children’.
- 25.42% expressed that ‘I feel to support them to have a good life’.
- 16.95%, ‘I feel non-discriminating and feel happy to work with those children’.
- A notable 15.25% respondents expressed feelings that; ‘I feel stressful ‘afraid, ‘bored’, ‘I hesitate’ to work children with these issues.

Regarding working with children who have Intellectual Disability or Mental Illness, this survey also wanted to clarify the concerns of individual CSOs partner's staff on *"Would they have any concerns about working with a child who has Intellectual Disability or history of Mental Illness"*.

Responses included:

- 56.14% expressed 'I am concerned about my personal security'
- 33.33% said that 'I am concerned about those children's future lives'
- 19.90% of respondents said that "I have not any concerns about working those two kinds of children".
- 1.75% expressed that 'I am concerned about managing those children effectively'.
- While 3.51% said that 'I am concerned about those children due to they can harm to society regarding to their behavior'.

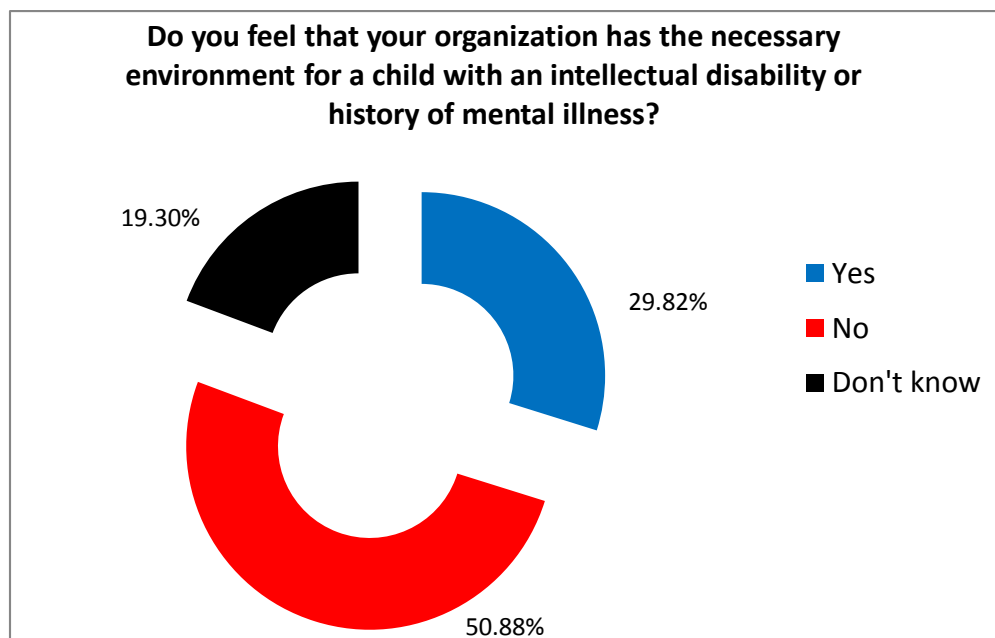


Figure1. It's necessary to know the environment each CSO can provide for children who have Intellectual Disability or Mental Illness. As defined in the graph above, it's telling that a large percentage (50.88%) of respondents said that 'My organization does not have necessary environment for those children who have Intellectual Disability and Mental Illness.

29.82% felt 'My organization has a necessary environment for those children who have Intellectual Disability and Mental Illnesses.

19.30% of total respondents felt that 'I don't know whether my organization has necessary environment for those children or not'.

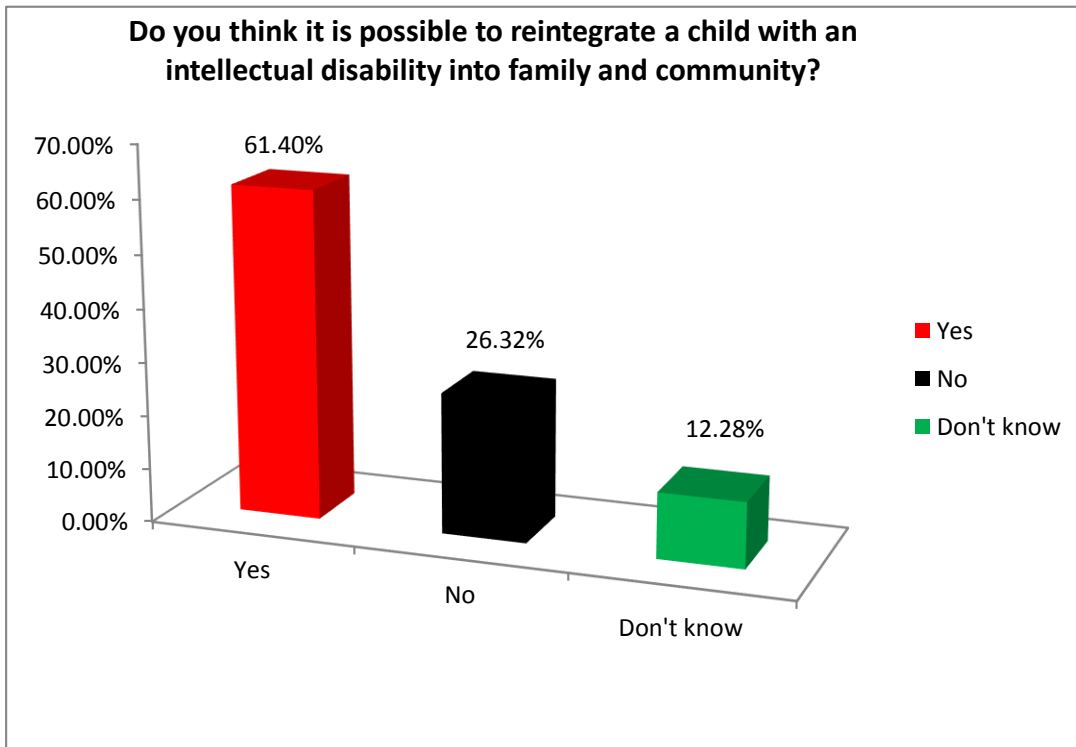


Figure2. Among the total respondents, 61.40% said that “The child with intellectual disability is possible to reintegrate to the community” while 26.32% of respondents expressed that “those children are impossible to reintegrate into community”. While 12.28% felt “I don’t know whether they can reintegrate or not”.

The reintegration of these kinds of children faces some challenges. This survey has defined that those challenges could be ‘Children returning to the community can become unwell again’, there is no service responding to intellectual disability. Further to this family support can also be a big challenge despite those families receiving some support from CSO’s through reintegration, and that families might not be sustainable without continued follow up from CSOs. Children can be neglected, ignored by their community.

There is also some concern that those children are easily manipulated into situations such as sexual abuse, other forms of exploitation, and trafficking.

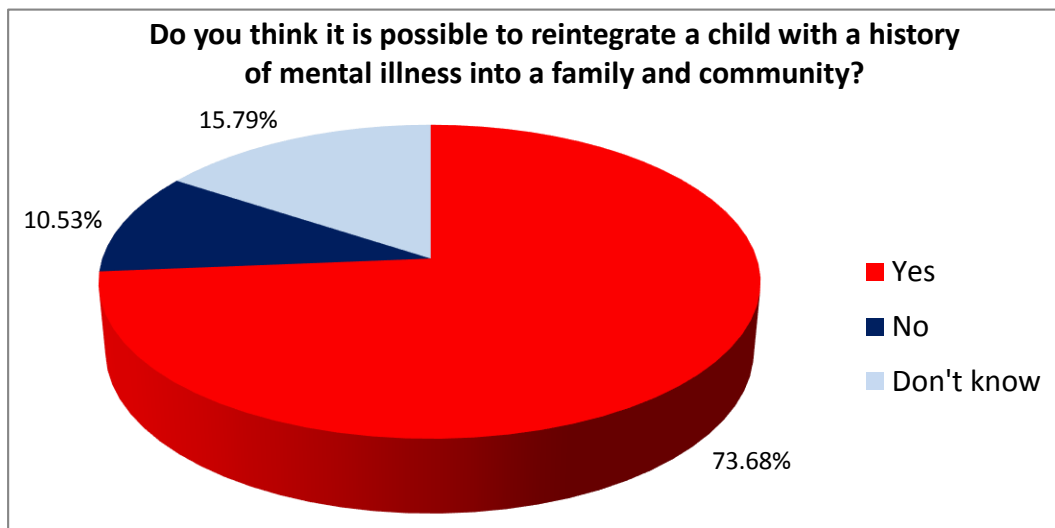


Figure3. The possibility of reintegration of a child with history of mental illness is very important to this survey. Reintegration is one of the objectives regarding to this KAP survey. Interviews showed: 73.68% of total respondents said that ‘Those children are possible to reintegrate into community’. 10.53%, ‘It is impossible to reintegrate those children into community’.

15.79% of staff interviewed have said that “I don’t know whether it is possible to reintegrate or not”.

Results suggest that reintegration would have its challenges. As the reintegration of child with a history of mental illness, challenges can include; Children returning to the community can become unwell again’, while the community doesn’t have enough services regarding treatment and care for mental illness. The child would have rejected to return home because homes do not have the supportive services that centers do. Family supports, regular follow up are also challenge to the CSO’s that have reintegrated children.

Finally, parenting skill regarding related to mental illness is not sufficiently provided to parents.

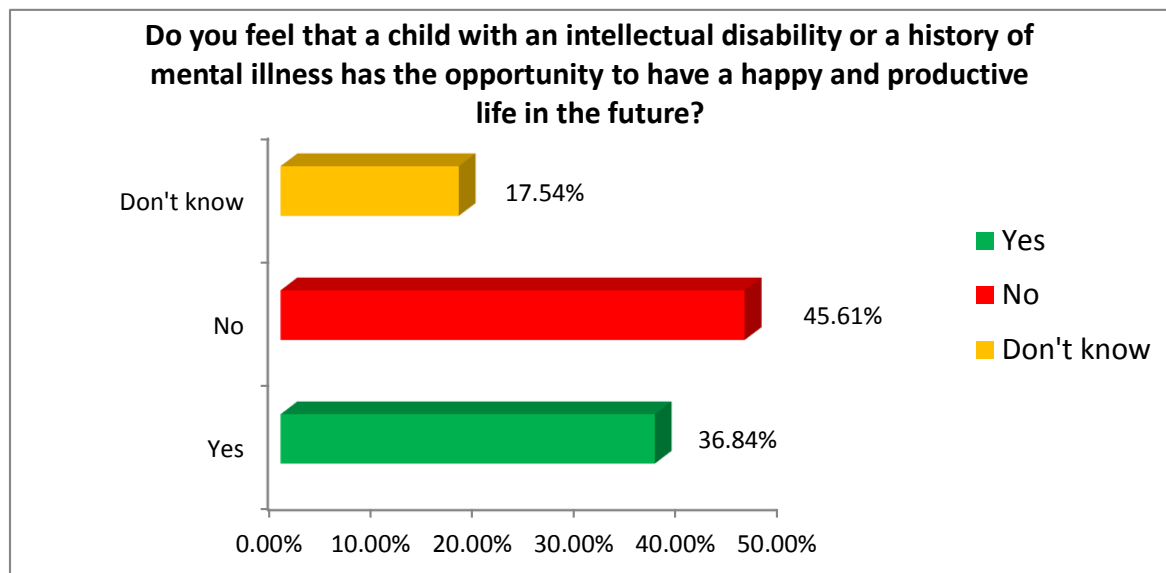


Figure4. Expectation of future life quality of those children who have Intellectual Disability and Mental Illness is significant among individual staff interviewed. It was found that a significant percentage (45.61%) of respondents felt that ‘Those children will not have fruitful and productive future lives’. While 36.84% of respondents said that ‘Those children will have fruitful and productive future lives’ 17.54% said that ‘I don’t know’.

6. FINDINGS OF PRACTICES

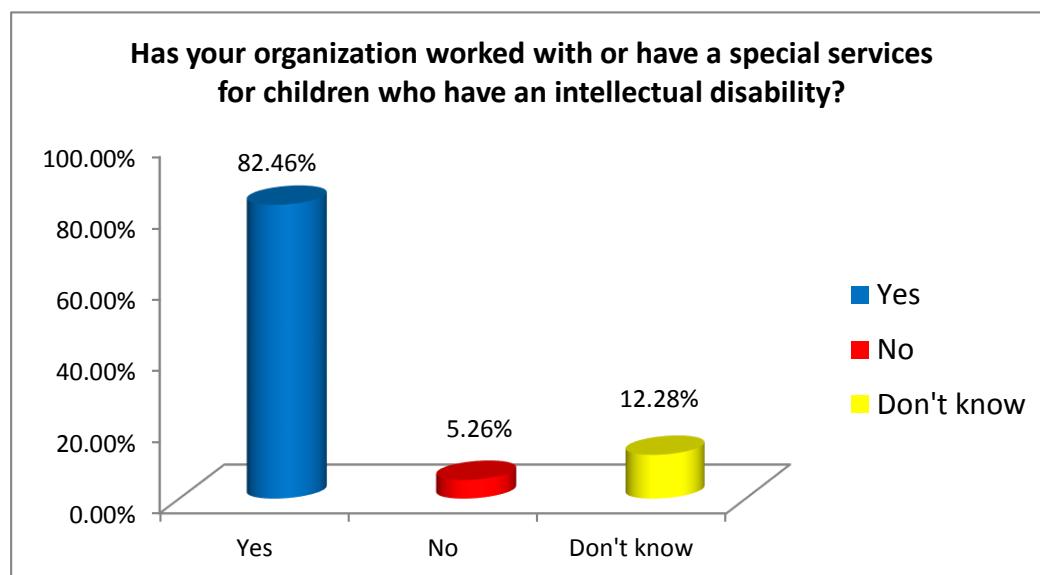


Figure1. 82.46% of respondents expressed that their organization has worked with children who have Intellectual Disability. 12.28% respondents have said that 'I don't know' while the only 5.26% said that 'My organization has not worked with those kind of children'. Most of those CSOs where staff expressed as worked with those kinds of children but not with a large were number (1-10 individuals), but one CSO expressed working with approximately 30 children with Intellectual Disability.

Referring children with intellectual disability to a local specialist was a good highlight of this survey. 50.88% of respondents have said that their organization have referred those children to a local specialist service. 31.58% of total respondents have said that "I don't know". 17.54% have said that their organization has not referred those children to local specialist service.

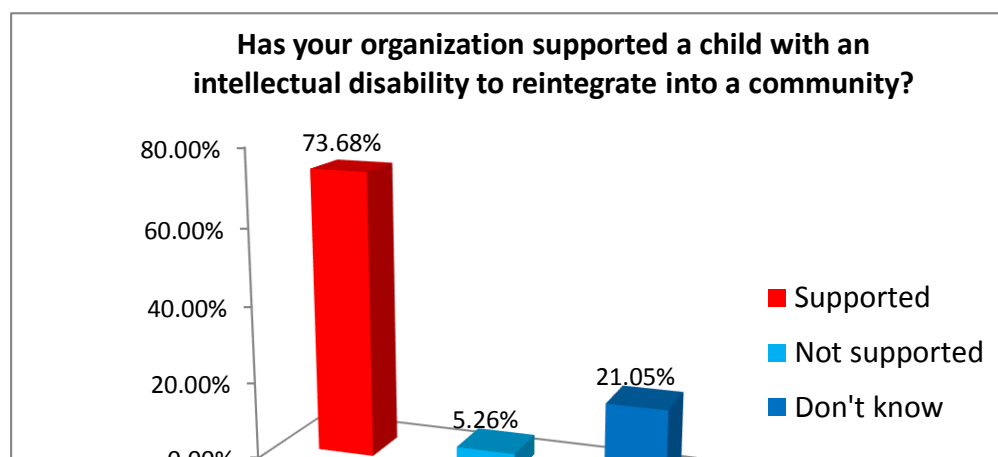
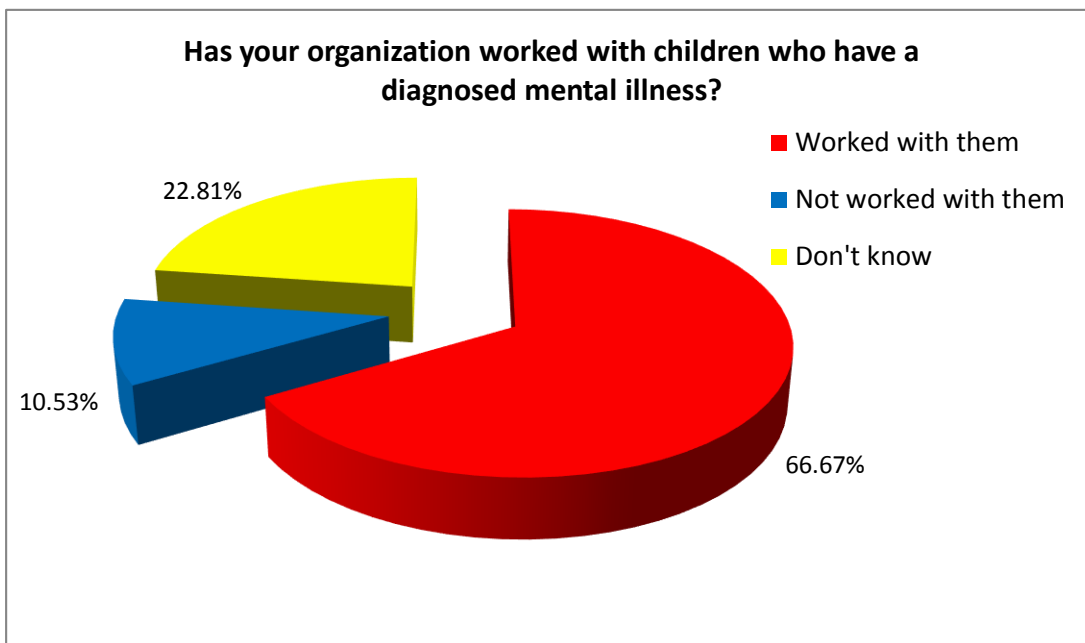


Figure2. A large majority (73.68%) of respondents expressed their CSO supporting a child with an intellectual disability to reintegrate into community. Only 5.26% of respondents said that ‘My organization has not supported children with intellectual disability to reintegrate to community’. 21.05% said ‘I don’t know’.

Regarding staff that are responsible for reintegration/future plan with those children among CSO’s that have provided services, defined that:

- 97.62% said that ‘Social Workers responsible for developing reintegration/future plan’.
- 69.05% said that ‘Project Manager responsible for developing reintegration/future plan’.
- 30.95%, ‘Case Manager responsible for developing reintegration/future plan’.
- 21.43% of respondents expressed that ‘Management team is responsible for developing reintegration/future plan’.
- *Only 2.38% of respondents said that ‘I have developed reintegration/future plan with local authority’ (PoSVY, DoSVY, CCWC).¹*



¹ -Provincial of Social Affairs, Veterans and Youth Rehabilitation (PoSVY)
 -District of Social Affairs, Veterans and Youth Rehabilitation (DoSVY)
 -Commune Committee for Women and Children (CCWC)

Figure2. A majority of respondents (66.67%) expressed that their organization worked with children with a diagnosed mental illness. However 10.53% said that “My organization has not worked with this kind of children” and 22.81% said that “I don’t know”.

43.86% of respondents said that their organization had referred children with mental illness to a local specialist service, while 36.64% said that “I don’t know”. The other 19.30% of respondents said that “My organization has not referred to local specialist service”.

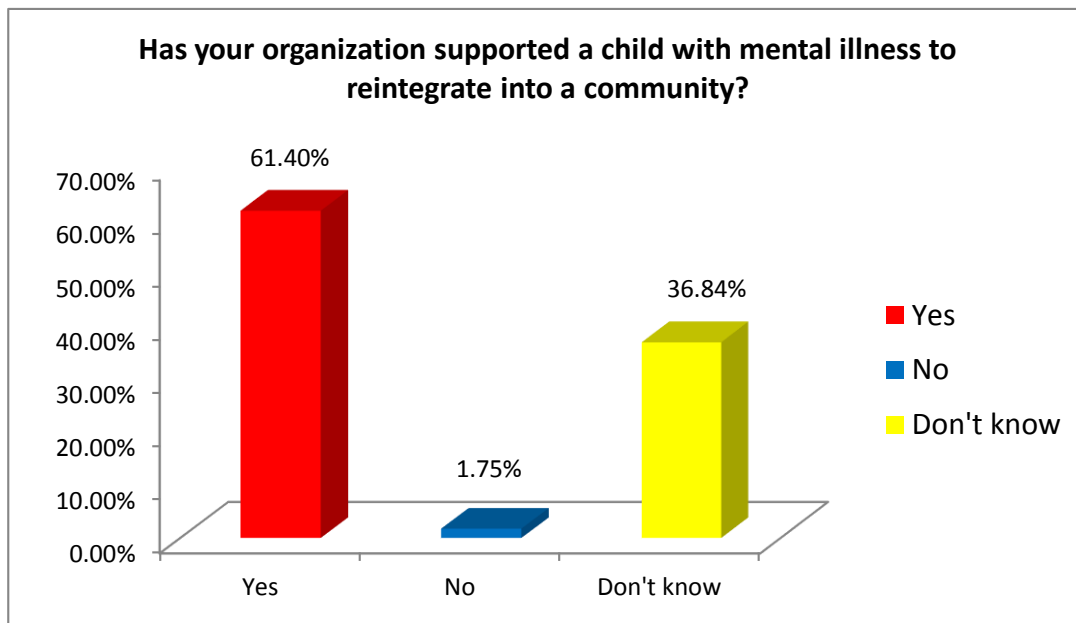


Figure3. Among 57 respondents who have been interviewed, 61.40% have said that “My organization supported a child with mental illness to reintegrate into community”. 36.84% responded that “I don’t know”, while 1.75% said that “My organization has not supported those children to reintegrate into community”.

All respondents who said their organization had supported child with mental illness to reintegrate into community via a future plan said that referral was the responsibility of:

- 100% of respondents said that “Social Worker is responsible for developing reintegration/future plan for those children”
- 62.86 responded that the “Project Manager is developing reintegration/future plan”
- 40.00% said that “Case Manager is the one who develop reintegration/future plan”
- 14.29% discussed that “Management Team is responsible for reintegration/future plan”
- 2.86%, “Reintegration/future plan is developed with local authority (PoSVY, DoSVY, and CCWC).

7. RECOMMENDATIONS

Knowledge

- In order for programs to provide support to children with intellectual disability, exploration of means to promote basic training to all staff involved in care, support, reintegration, and follow up, with the potential for regular update and more advanced capacity building, is recommended to ensure adequate standards are developed and maintained
- In order for programs to provide support to children with mental illness issues, exploration of means to promote basic training to all staff involved in care, support, reintegration, and follow up, with the potential for regular update and more advanced capacity building is recommended to ensure adequate standards are developed and maintained. Family+ can look at the development of capacity building through establishing links with specialist service providers with the capacity to develop and provide training for example.

Attitudes

- Results of the KAP have shown that there are some considerable issues related to working with, and also reintegrating children into their community sustainably. There are also concerns from staff regarding the negative perception intellectual disability and mental illness within society.
- Capacity building of staff to ensure that they are able to work effectively and with minimal anxiety with children who have intellectual disability or mental illness alongside development of their knowledge capacity building
- Develop capacity and strategies to promote positively intellectual disability and mental illness within communities in order to reduce stigma and discrimination and promote an enabling environment.

Practices

- Developing reintegration/future plan including cooperating with local authorities.
- Providing family support such as income generation, small business
- Providing parenting training to community, especially parents who will accepting their children who have Intellectual Disability and Mental Illness.
- The development of a local mapping of relevant services, including governmental mental health services, with a view to establishing, expanding, and reinforcing referral to specialist services

when available. If gaps are recognized through this process for Family + to look at means to address those gaps, through the development of specialist partnerships for example.

ANNEXES

1. TERMS OF REFERENCE

TERMS OF REFERENCE

To

Conduct Knowledge, Attitude and Practice survey

On Children with Intellectual Disability and Mental illness

Purpose of the KAP Survey

The purpose of this KAP Survey is to study if management members, social workers and case workers got basic understand of how to work with children with intellectual disability and mental illness. It's also seeking solutions for future reintegration for beneficiaries with problem mention above.

Objective:

Design and undertake a KAP survey on children with Intellectual disability and mental illness. The survey is established with no limited to information on:

- A. What do respondents know about intellectual disability and mental illness
- B. What do they think/view about children with intellectual disability and mental illness
- F. What do they actually do with regard to seeking care or taking other action related to children with intellectual disability and mental illness
- G. From where do respondents get messages about intellectual disability and mental illness
- H. What of their knowledge gaps, cultural beliefs or behavioral patterns and practices toward children with intellectual disability and mental illness.

Methodology

The KAP survey will be use mix qualitative and quantitative method. Data and information will be gathered from 3 different groups within 55 respondents:

- (i) Management Team – Project manager, project officer, project coordinator team (20%)

- (ii) Social workers and/ or staffs who work directly with the beneficiaries (60%)
- (iii) Auxiliary staffs – case workers such as cook, guard, driver ...etc. (20%)

The survey is targeting Family+ partners NGO from different provinces who have care centre and experience in working/ accepting children with intellectual disability and mental illness into care. Those partner NGOs are:

- Phnom Penh: Mith Samlanh
- Battambang: KomarRikreay and Homeland
- Banteaymeanchey: DamnokTeuk (Poipet)
- Siem Reap: Honour Village Cambodia and KaliyanMith
- Sihanoukville: M'lopTapang

Timing and Duration

The total duration of the KAP Survey will be **23 days** within the period of 15th December 2014 – 14th March 2015, according to the following plan:

<i>Activities</i>	<i>Number of days</i>	<i>Date</i>	<i>Responsible person</i>
- Prepare a questionnaires	2	15-16 December 2014	RothanakTep, David Harding, Bryony Walsh, Chetra Khieu, and James Farley
- Testing questions and correction	2	12-13 January 2014	Bryony Walsh, David Harding, and RothanakTep
- Interview respondents in Battambang (KMR and Homeland)	2 1/2	3-5 February 2015	RothanakTep and Sopha Phat
- Interview respondents in Poipet (DamnokTeuk)	1	6 February 2015	RothanakTep and Sopha Phat
- Interview respondents in Siem Reap (Honour Village Cambodia and KaliyanMith)	2 1/2	9-11 February 2015	RothanakTep and Sopha Phat
- Interview MS respondents in Phnom Penh	1 1/2	10-11 February 2015	Chetra Khieu and Pextheur Tan
- Interview respondents in Sihanoukville (M'lopTapang)	1 1/2	16-17 February 2015	Chetra Khieu and Pextheur Tan
- Data entry and data analysis	3	23-25 February 2015	RothanakTep, Pextheur Tan and Sopha Phat
- Draft reports	5	2-6 March 2015	RothanakTep and Sopha Phat
- Correct and finalize report	2	13-14 March 2015	David Harding, Bryony Walsh and James Farley

Total days	23		
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The Survey Team

This KAP Survey has been supported by 3pc and Family+ team and TAs from Friends-international.

2. QUESTIONNAIRES

Knowledge, Attitude and Practice (KAP) Survey Questionnaire Related to Children, Mental Illness, and Intellectual Disability

Date.../...../.....

Staff interviewer.....

Location of interview

Interviewed staff job title/role.....

SECTION1. KNOWLEDGE

1.1 Please describe what INTELECTUAL DISSABILITY means to you.

.....
.....

1.2 Please describe what MENTAL ILLNESS means to you.

.....
.....

1.3 Can you describe what can cause an intellectual disability?

.....
.....

1.4 Can you describe what can cause mental illness?

.....
.....

1.5 Can you tell me if an INTELECTUAL DISABILITY is curable through treatment?

Yes ☐ No ☐ Don't know ☐

1.5a If yes, what kind of treatment do you believe is effective?

.....
.....

Any othercomment.....

1.6 Can you tell me if MENTAL ILLNESS is curable through treatment?

Yes ☐ No ☐ Don't know ☐

1.6a If yes, what kind of treatment do you believe is effective?

.....
.....
Any other comment.....

1.7 Have you received training related to intellectual disability?

Yes ☐ No ☐

1.7a If yes, can you give details of that training?.....
.....

1.8 Have you received training related to mental health/mental illness?

Yes ☐ No ☐

1.8a If yes, can you give details of that training.....
.....

SECTION 2. ATTITUDES

2.1 How do you feel children and adults with intellectual disability and mental illness are viewed in Cambodian society?
.....
.....

2.2 How do you feel about working with a child with intellectual disability or history of mental illness?
.....
.....

2.3 Would you have any concerns about working with a child that has intellectual disability or history of mental illness within your organization?
.....
.....

2.4 Do you feel that your organization has the necessary environment for a child with an intellectual disability or history of mental illness? Yes ☐ No ☐ Don't know ☐

2.5 Do you think it is possible to reintegrate a child with an intellectual disability into a family and community? Yes ☐ No ☐ Don't know ☐

2.5a What do you feel the challenges could be?.....

2.6 Do you think it is possible to reintegrate a child with a history of mental illness into a family and community? Yes ☐ No ☐ Don't know ☐

2.6a what do you feel the challenges could be?
.....

2.7 Do you feel that a child with an intellectual disability or a history of mental illness has the opportunity to have a happy and productive life in the future?

Yes ☐ No ☐ Don't know ☐

SECTION 3. PRACTICE

3.1 Has your organization worked with or have special services for children who have an intellectual disability? Yes ☐ No ☐ Don't know ☐

3.1a If yes, how many children with intellectual disability is your organization currently working with that you know?

3.1b If yes does your organization refer children to a local specialist service for people with intellectual disability? Yes ☐ No ☐ Don't know ☐

3.2 Has your organization supported a child with an intellectual disability to reintegrate into a community? Yes ☐ No ☐ Don't know ☐

3.2a If yes, who is responsible for developing the reintegration/future plan?

.....

3.3 Has your organization worked with children who have a diagnosed mental illness?

Yes ☐ No ☐ Don't know ☐

3.3a If yes, how many children with diagnosed mental illness is your organization

Currently working with that you know?

3.3b if yes does your organization refer children to a local mental health service?

Yes ☐ No ☐ Don't know ☐

3.4 Has your organization supported a child with mental illness to reintegrate into a community?

Yes ☐ No ☐ Don't know ☐

3.4a If yes, who is responsible for developing the reintegration/future plan?

.....

THANK YOU FOR YOUR ASSISTANCE