

# Consulting communities for designing mental health interventions

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# Why community consultations?

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- Growing concerns for improving mental health and community wellbeing
- Perceptions of mental health and wellbeing<sup>a1</sup> are *not individual* but community based
- To facilitate communities to express and share their needs, concerns and aspirations for wellbeing
- For external parties to find evidence and evaluate the cultural and social appropriateness of planned interventions and adapt them to local situations

## Diapositiva 2

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**a1**

Perhaps better explain by saying (i.e. in terms of belonging to a community that being an isolated individual)  
admin, 20/10/2011



# Why community consultations?

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- Provide a bottom-up process for planned interventions
- Lay the foundation for community participation and working with communities
- Build a sense of ownership in communities and partnerships to ensure program sustainability



# Methods for consultations

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- Personal interviews
- Focus Group Discussions
- Participatory Rural Appraisal



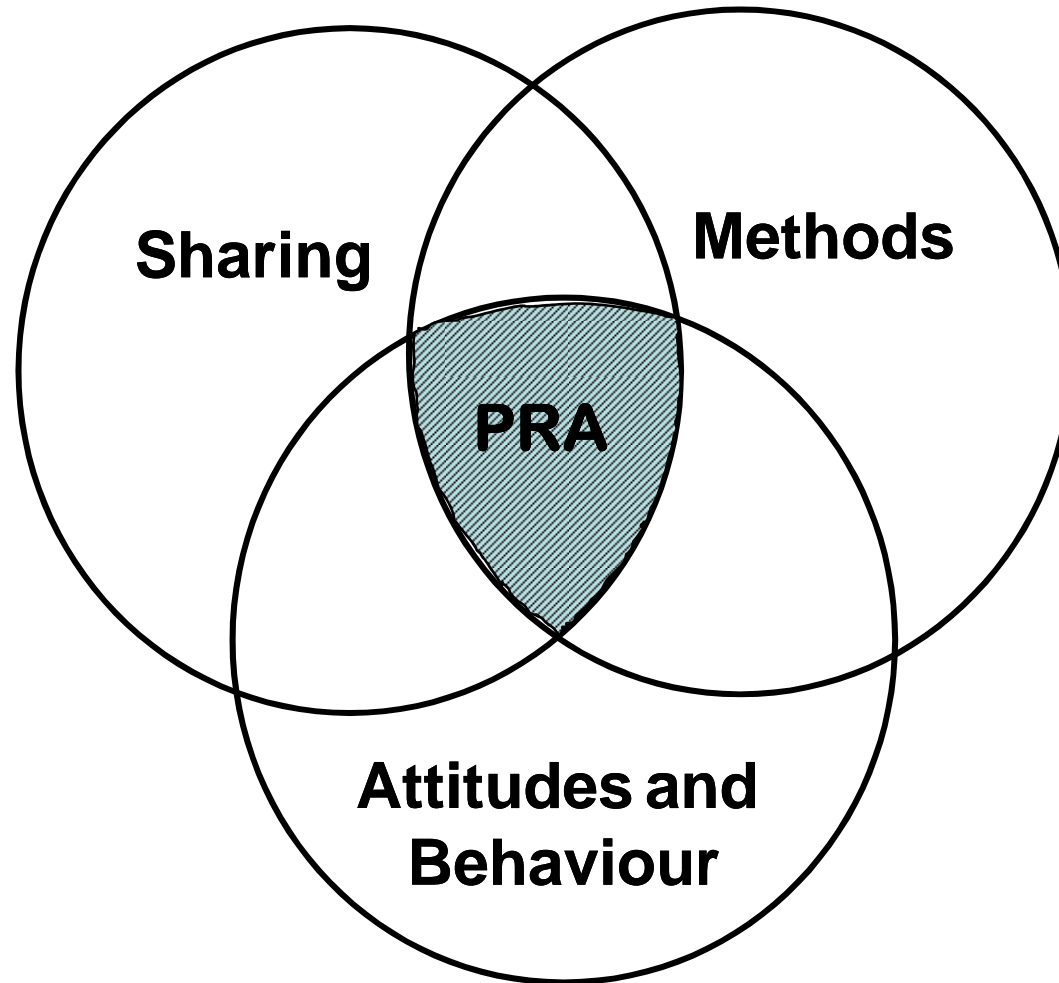
# Participatory Rural Appraisal (PRA)

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“a growing family of approaches and methods to enable local people to share, enhance and analyze their knowledge of life and conditions and to plan, act, monitor and evaluate”

(Robert Chambers – *Whose Reality Counts – Putting the First Last* – 1997)

# Three Pillars of PRA





# Studies in conflict & tsunami affected areas

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Wealth ranking

Wellbeing ranking

Venn Diagram

Matrix ranking

(Chamindra Weerackody and Suman Fernando (2009)  
*Mental Health and Wellbeing. Experience of  
communities affected by conflict and 2004 tsunami.  
People's Rural Development Association (PRDA) &  
Oxfam America*)



## Wealth Ranking – Understanding social stratification of camp refugees

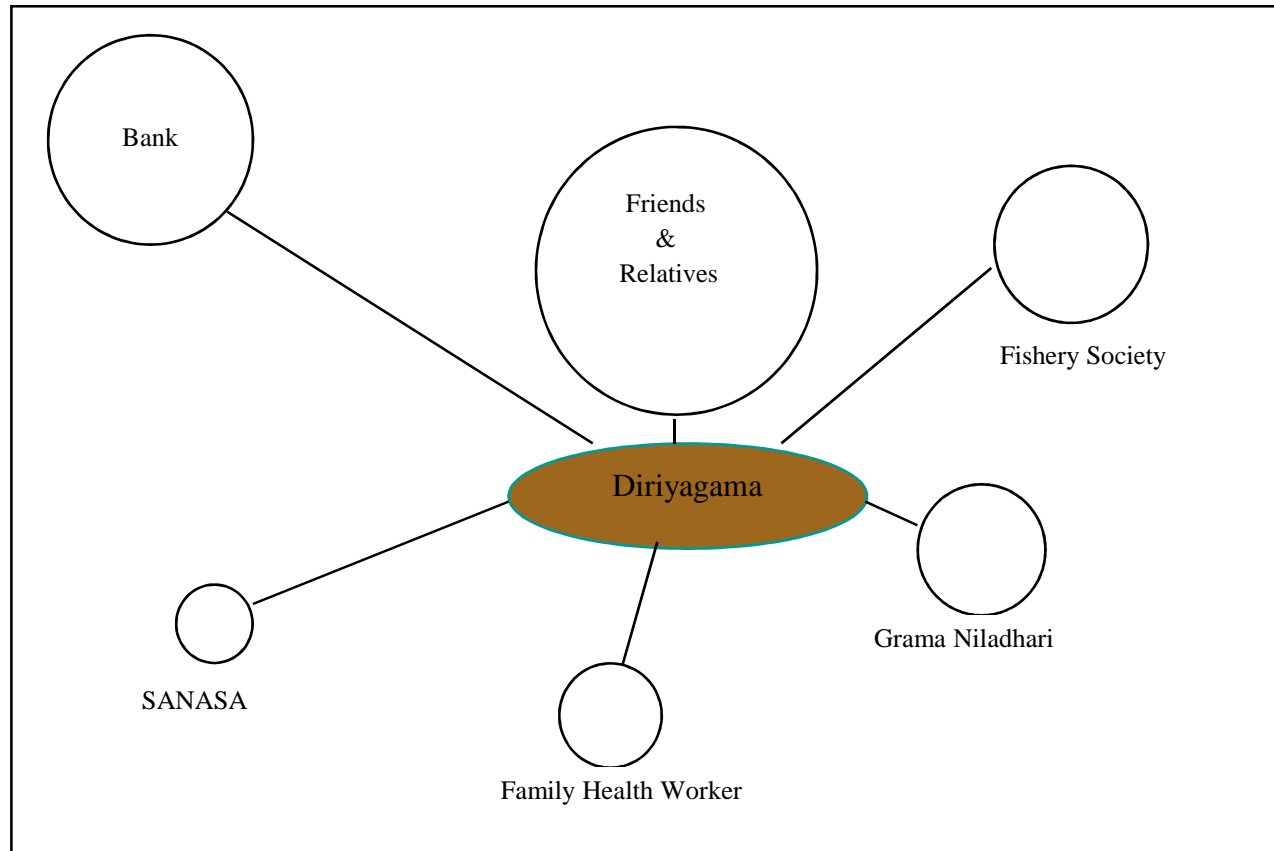
<b>Middle/Average – 18%</b>	<b>Poor – 55%</b>	<b>Very Poor - 27%</b>
<ul style="list-style-type: none"> <li>▪ Thatched houses and only the floor area is cemented</li> <li>▪ Own vehicles</li> <li>▪ Run retail groceries</li> <li>▪ Own land outside the Camp</li> <li>▪ Engage in self-employment</li> <li>▪ Family members work in the Middle-East countries</li> <li>▪ Less than 5 family members</li> <li>▪ Children pursue higher education</li> <li>▪ Have private toilets</li> <li>▪ Have political connections</li> </ul>	<ul style="list-style-type: none"> <li>▪ Houses are covered with thatched leaves</li> <li>▪ Have only a push bicycle</li> <li>▪ Dependent on casual labour work</li> <li>▪ Children engage in casual labour work after school hours and during weekends</li> <li>▪ Educational achievements of children are low</li> <li>▪ Family size is in the range of 5-10 members</li> </ul>	<ul style="list-style-type: none"> <li>▪ Houses are mostly temporary huts</li> <li>▪ Dependent on aid/subsidies</li> <li>▪ Children abandon schooling and engage in labour work</li> <li>▪ Number of dependents is high</li> <li>▪ There are disabled family members</li> <li>▪ Do not receive the attention of government and non-governmental agencies</li> </ul>

**Wellbeing Ranking** – its criteria and their levels before and after the tsunami as perceived by men and women in Ranwella

Level of wellbeing before the tsunami (scoring)-2007		Level of wellbeing before the tsunami (scoring)-2008		Wellbeing criteria/conditions	Level of wellbeing after the tsunami (scoring)-2007		Level of wellbeing after the tsunami (scoring)-2008	
Men	Women	Men	Women		Men	Women	Men	Women
7	-	7	-	Unity within family	3	-	8	-
8	8	8	8	Secure living (men); Living without fear of natural disasters (women)	2	0	2	0
6	9	6	9	A stable source of income	4	4	3	5
8	7	8	7	A good mental condition/free mind (men); having a higher state of physical and mental condition (women)	2	3	0	3
7	7	7	7	Mutual trust among village families (men); Living in unity and harmony with neighbours (women)	2	5	7	6

*Network diagramming (Venn diagramming)*

**Institutions/organizations/persons delivering services to/approached by  
Diriyagama villagers**



## *Matrix Ranking* – Understanding community preferences for mental health services

Places approached	Hope for the cure of the patient	Quality of service provided	Trust & confidence placed in the service	Popularity of the place	Travel convenience	Total score	Rank
1. Dr. X	9	8	8	7	8	40	1
2. Unawatuna MH	7	7	7	6	8	35	3
3. MOH	4	5	4	2	7	22	7
4. Private consultations	7	8	7	8	7	37	2
5. Angoda MH	9	7	8	7	3	34	4
6. Kataragama	2	3	5	7	1	18	8
7. Mahavelakkumbura (exorcist)	3	4	4	5	8	24	6
8. Palm reader	1	6	5	9	8	29	5
9. Bodhiya	3	3	2	5	4	17	9



## How does PRA help?

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- To identify and understand the needs and concerns of different socio-economic groups in the community
- To identify and understand the *strengths* of communities e.g. resources, level of resilience
- To identify what sort of help is expected from external agencies



## How does PRA help?

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- To understand the type of external agencies and interventions acceptable to the communities
- To understand how best the external agencies can work with communities
- To design interventions that are socially and culturally appropriate