Mental Health and Wellbeing
of
Communities Affected by Conflict and Tsunami in Sri Lanka

Presented by

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This study was conducted:

- by People's Rural Development Association (PRDA) in partnership with Douglas Mental Health Institute, McGill University, Canada and Oxfam America during 2007-2008

- within the broad framework of the Teasdale-Corti Global Health (TGH) initiative(2007-2011) on 'Political violence, natural disasters and mental health outcomes; developing health policies and interventions' conducted in Guatemala, Nepal, Peru and Sri Lanka

- to understand the mental health issues of communities affected by tsunami and conflict

Core-Team

Ananda Galappatti, Medical Anthropologist
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Partners

- Basic Needs
- Creative Action

Our Study Explored….

- community perceptions of wellbeing and their own criteria for defining wellbeing
- perceived changes in wellbeing before and after the conflict or the tsunami
- factors influencing increased or reduced wellbeing
- coping strategies and mechanisms adopted by communities in times of crisis
- how the state of wellbeing correlated with social stratification
- various institutions that delivered services to the affected communities for improving their state of wellbeing, types of intervention provided, and the trust and confidence that communities have placed in these institutions.

Knowledge gained through this study would contribute to…

- designing capacity building training programmes for mental health professionals and workers

- designing models for developing socially/culturally appropriate community based mental health systems

- formulating policies for development of mental health services and meeting the needs of people in areas affected by conflict and disaster

Methodology

- ***Approach:*** Participatory/consultative, to elicit insiders' view (*emic*) and a qualitative assessment

- ***Locations:***
  - **Hambantota district** - a tsunami affected fishing village and a re-settlement
  - **Puttalam district** - a Muslim refugee settlement since 1990

Methodology

- ***Research methods:*** adapted from Participatory Rural Appraisal (PRA)
  - Wealth ranking
  - Wellbeing ranking
  - Network diagramming (Venn diagramming)
  - In-depth interviews

- ***Participants:*** groups of adult men; adult women; youth; and children from camp refugees, settler refugees, tsunami affected families and resettled families

Wellbeing in communities affected by conflict and tsunami

Socio-economic differentiation in the affected communities

Category	Refugee communities		Tsunami affected communities	
	Camp Refugees	Settler Refugees	Living in the same village	Re-located community
Rich	-	10%	2%	13%
Middle / Average	18%	52%	16%	50%
Poor	55%	38%	66%	20%
Very Poor	27%	-	17%	17%

What contributes to socio-economic differentiation in the affected communities?

- Housing type
- Assets (physical) ownership
- Livelihood patterns
- No. income earning members
- Men’s contribution to family economy
- Role of children
- Human and social assets
- Family size
- Vulnerabilities
- Courage, initiative and will
- Alcoholism & drug abuse

Community perceptions of wellbeing

- Material wellbeing
- Social wellbeing
- Security
- Physical, mental, moral/spiritual wellbeing

What factors influenced to reduce wellbeing in affected communities?

- Economic
- Housing
- Social and natural environments
- Access to services
- Social and psychological factors

Conclusions

1. Both communities perceive a severe reduction in their wellbeing since their forced migration and tsunami.
2. Economic poverty, sense of insecurity, loss of privacy, intra-family conflicts and alcoholism/drug abuse are the major factors that contribute to reduced wellbeing.
3. Children in both communities have become vulnerable to deprivation and neglect.
4. There is a dramatic change in the roles of both men & women in refugee communities
5. Religious practices (as coping strategies) have increased in the tsunami affected communities while the local Mosque has played a significant role in the refugee communities
6. Organizations that could support the improvement of community wellbeing are few despite the presence of a range of issues to be addressed.

Conclusions

7. Perceptions of wellbeing are wider, all inclusive and holistic. Wellbeing composed of inseparable elements derived from social, psychological and material domains of their worlds.

8. Different dimensions of wellbeing are inter-dependent & inter-related.

9. Psychological wellbeing cannot be considered in isolation from material and social aspects of people's lives, both in policy development and planning interventions.

10. 'Sense of wellbeing' or 'psychological trauma' in affected communities cannot be explained in *individual* terms as the sense of wellbeing is derived from social, material and psychological sources which are inseparable and inter-linked. Psychological feelings experienced by community members derive their sources from material and social issues.

Recommendations

•Adopt a differential approach to understand the community aspirations for wellbeing as perceptions of wellbeing vary with gender, age and social groups.

•Adopt participatory approaches/methods such as PRA for community consultations.

•Promote community participation and avoid dependency.

Recommendations

• ***Policies and interventions geared to recover affected communities should;***

- constitute a differential approach to respond to the diverse needs of the different socio-economic groups

−reflect how the communities themselves perceive their wellbeing, how they see a decrease of wellbeing being avoided or remedied, and how they see the effects of policies on their wellbeing.

−address the psychological effects of material and social development from the start and at all stages of their development.

−address the material and social aspects when individual ‘psychological’ aspects of affected communities are addressed.

Recommendations

• ***Policies and interventions geared to recover affected communities should;***

-bring about a positive change in the lives of women and children and to reduce their vulnerabilities, sense of insecurity and uncertainties.

-control alcohol and drug abuse among men and to build up their self-confidence, esteem and motivation to engage in productive work.

- reduce tension and violence within neighbourhoods and to cultivate unity, harmony and mutual trust among them.

-support religion or spiritual development from the start.

-strengthen the appreciation of human and social assets of communities

Recommendations

• As community concerns of their ‘security’ varied for different communities, consultations are necessary to understand what security means *for them*.

• Involve communities in designing and planning secure and comfortable housing.

• Encourage community meetings or mediation systems to avoid family and community disharmony.

• Promote income generation through self–reliance

• Facilitate the formation of community groups and promote activities that involve the whole village

Recommendations

•Promote a governance structure that involves the entire community to create a sense of ownership and achievement. Ensure the participation of vulnerable groups.

• External agencies should facilitate and help the communities to consolidate their positions, reduce their dependencies and strengthen their self-initiative and courage including recovery from their poor mental health conditions.

• External agencies should also help in building local capacities and the local institutions.