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

Presented by

Chamindra Weerackody
People's Rural Development Association (PRDA)

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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
- Ms. Harini Amarasuriya, Sociologist, Open University of Sri Lanka
- Dr. Gameela Samarasinghe, Psychologist, University of Colombo
- Dr. Suman Fernando (Psychiatrist based in UK and Consultant to the Teasdale-Corti Project)
- Ms. Shanti Fernando (Executive Director/PRDA)
- Chamindra Weerackody (Project Lead)

Partners

- Basic Needs
- Creative Action

Introduction

- ‘Mental health: Broad concept “not merely the absence of disease" (WHO 2008).

- Wellbeing: Reflects values, norms human needs etc. as perceived by people themselves (Diener and Suh, 2000; Prlleltensky *et al*. 2000; Myers et al. 2005).

Mental Health and Wellbeing

- Understandings of ‘mental health’ and ‘mental illness’ determined by meanings given to experiences and feelings in a context of people’s culture (Marsella and White, 1982; Kakar, 1984; Kleinman, 1988a,b; Gaines, 1992; Fernando, 2002).

- Mental health is not just a *technical* matter but connects with ways of life, values, and worldviews that vary across cultures.

- Understanding of ‘wellbeing’ (in development studies) reflects range of human experience - social, mental, spiritual, material. (Chambers 1997).

- Wellbeing = ‘*Yaha Jeevanya’* in Sinhala and *Nannilai’* in Tamil

Our study explored….

- community perceptions of wellbeing: wellbeing defined by own criteria
- perceived changes in wellbeing after experience of conflict / 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
- services delivered to affected communities and community perceptions towards them

Knowledge gained through this study would contribute to…

- designing training programmes for mental health professionals and workers
- formulating policies for meeting needs of people in areas affected by conflict and disaster
- designing models for developing socially/culturally appropriate community based mental health systems

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

  - (studies in Batticaloa district are being analysed)

  - (studies in Jaffna district have been postponed)

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

Social stratification of camp refugees

Middle/Average – 18%	Poor – 55%	Very Poor - 27%
▪ Thatched houses and only the floor area is cemented ▪Own vehicles ▪Run retail groceries ▪Own land outside the Camp ▪Engage in self-employment ▪Family members work in the Middle-East countries ▪Less than 5 family members ▪Children pursue higher education ▪Have private toilets ▪Have political connections	▪ Houses are covered with thatched leaves ▪Have only a push bicycle ▪Dependent on casual labour work ▪ Children engage in casual labour work after school hours and during weekends ▪ Educational achievements of children are low ▪ Family size is in the range of 5-10 members	▪Houses are mostly temporary huts ▪Dependent on aid/subsidies ▪Children abandon schooling and engage in labour work ▪Number of dependents is high ▪There are disabled family members ▪Do not receive the attention of government and non-governmental agencies

Wellbeing – 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 before 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

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

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Men	**Women**	**Men**	**Women**		**Men**	**Women**	**Men**	**Women**
8	8	8	8	Providing a good education for children	6	8	5	7
8	8	8	8	Living without alcohol consumption (men); A society and environment free of alcohol and drugs (women)	4	6	4	3
10	8	8	8	A secure house (men); Own permanent house (women)	2	2	2	2
-	7	-	7	Having good thoughts	-	5	-	6
-	5	-	7	Turn towards a religious life	-	9	-	9

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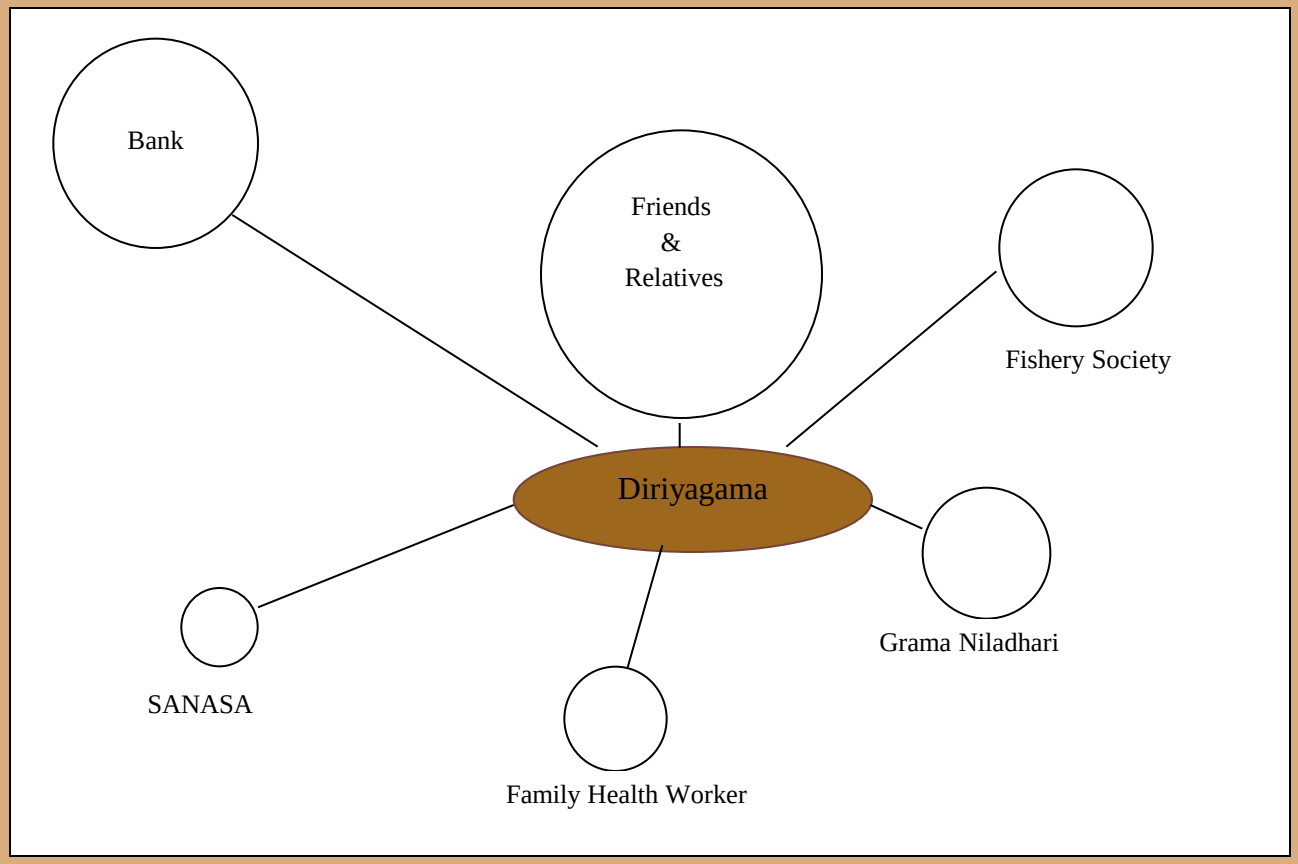
Men	**Women**	**Men**	**Women**		**Men**	**Women**	**Men**	**Women**
-	10	-	10	Living without stretching out hands to others	-	0	-	0
-	-	-	9	Providing nutritious food to children	-	-	-	6
-	-	-	7	Living freely and justly without undue influences from others	-	-	-	2
-	-	-	9	Having a good natural environment	-	-	-	6
-	-	-	7	Having suitable employment for school leavers and drop-outs	-	-	-	3
-	-	8	-	Having good physical health	-	-	7	-
-	-	8	-	Living without engaging in bad behaviors (*durachara*)	-	-	8	-

Network diagramming (Venn diagramming)

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



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?

Refugee communities	Tsunami affected communities
▪Housing type – cadjan thatched Vs bricks and cement ▪Ownership of household and other physical assets e.g. land ▪Livelihoods – singular Vs multiple or no income, stable or irregular ▪Men's contribution to family economy ▪No. income earning members ▪Role of children in family economy ▪Human and social assets – skills, knowledge, language & social networks ▪Family size – large Vs small ▪Vulnerabilities – female headed HH, disabilities, dependents, sick persons ▪Number of meals taken a day ▪Courage, initiative and will ▪Alcoholism and drug abuse	▪Housing type – permanent Vs semi-permanent ▪Ownership of household and other physical assets e.g. land, boats, vehicles ▪Livelihoods – singular Vs multiple or no income, stable or irregular ▪No. income earning members ▪Social and political connections ▪Dependence on casual labour and/or government subsidies ▪Number of meals taken a day ▪Vulnerabilities – female headed HH, disabilities, dependents, sick persons ▪Family size – large Vs small ▪Alcoholism and drug abuse

Community perceptions of wellbeing

Criteria	Refugee communities	Tsunami affected communities
Material wellbeing	▪having sufficient cash incomes ▪access to adequate land and stable housing	▪ a stable source of income ▪ a secure, spacious and permanent house
Social wellbeing	▪providing good education and socialization for children ▪unity and cooperation within community ▪recreation and access to services	▪caring for children ▪self- respect and dignity ▪unity and harmony in the family ▪unity and harmony in the community ▪harmony with neighbouring communities ▪clean and free environment ▪freedom from alcohol and drug use

Community perceptions of wellbeing (contd.)

Criteria	Refugees	Tsunami affected communities
Security	▪a secure environment for their living without fear and outside threats ▪community members coming together to intervene and resolve problems and issues. ▪a peaceful atmosphere free of regular checks and intimidation from security forces. ▪free movement and living without being subject to suspicion.	▪a secure physical environment and protection from natural disasters ▪secure and strong houses to prevent intruders ▪ houses that ensure privacy and personal safety

Community perceptions of wellbeing (contd.)

Criteria	Refugees	Tsunami affected communities
Physical, mental, moral/spiritual wellbeing	▪living in good health ▪subjective sense of happiness and harmony ▪community harmony and moral behaviour ▪self-initiative and drive	▪living without illness and suffering ▪having mental happiness ▪having good thoughts/feelings towards others ▪living with courage/endeavour ▪living with wisdom (not acting on emotions/rational behaviour) ▪careful spending ▪living religiously

Factors influencing reduction of wellbeing in affected communities

Refugee communities	Tsunami affected communities
Economic •inadequate incomes from casual labour work	***Economic*** •decrease of incomes from fishing
•limited employment opportunities for men	•weakening of supplementary livelihood sources (e.g. coir)
•lack of land/resources for livelihoods	•loss of local markets with out-migration
•restrictions on fishing and animal husbandry	***Housing*** •incomplete rehabilitation of damaged houses
•inability to find/engage in employment due to restricted physical mobility	•poor conditions and quality of the new houses
Housing •poor housing conditions	•close proximity of houses and loss of privacy and security
•close proximity of houses and loss of privacy	***Social and natural environments*** •intra-family conflicts
Social and natural environments •intra-family conflicts	•limited space
•unclean environments and limited space	•lack of a waste disposal system
•lack of a waste disposal system	
•rapid spread of communicable diseases	

Factors influencing reduction of wellbeing in affected communities (contd.)

Refugee communities	Tsunami affected communities
Access to services •lack of drinking water and sanitary facilities	***Access to services*** •lack of transport facilities for children
•poor road conditions and lack of public transport	•absence of a temple and *daham* school
•inadequate medical/health services	***Social and psychological*** •high prevalence of alcohol and drug abuse
•lack of educational facilities for children	•domestic violence
Social and psychological •high prevalence of alcohol and drug abuse	•inequities/injustices in aid distribution
•domestic violence	•dependent mentality
•children getting labeled	• social exclusion on grounds of caste and occupations
•inability to support children's education/negligence of children	•feelings of loss, grief, separation
•breakdown of social bondages, community harmony and mutual support	
•change of gender roles	
•feelings of loss, insecurity, deprivation and isolation	

Conclusions

1. Both communities perceive a severe reduction in their wellbeing after displacement / tsunami

    a. economic poverty,
    b. lowered sense of insecurity
    c. loss of privacy,
    d. intra-family conflicts
    e. alcoholism/drug abuse
    f. children vulnerable to deprivation and neglect.

2. Perceptions of wellbeing are ‘holistic’

    a. social, psychological and material domains seen as unified ‘whole’.
    b. psychological wellbeing not considered in isolation from material and social wellbeing
    c. psychological feelings and ‘psychological trauma’ experienced as inseparable from material and social issues.

Conclusions

3. Refugee communities

    a. dramatic change in the roles of both men & women causing tensions
    b. Mosque has played a significant role in supporting refugee communities

4. Religious practices

    a. increased in both communities – something seen as positive change – i.e. coping strategies

5. Organizations that support improvement of community wellbeing

    a. very few remaining, generally seen as helpful

Recommendations (on interventions)

Interventions should:

- reflect how people themselves perceive wellbeing and ways in which wellbeing has been affected by displacement / tsunami.
- be planned and implemented in close consultation with communities (for example) using participatory approaches for community consultations
- adopt a differential approach to understand wellbeing as factors vary with gender, age and social groups.
- address material and social issues as a part of addressing ‘psychological trauma’
- promote community participation and avoid dependency

Recommendations (on policy)

- Policies (of State and NGOs) should:
  - be devised in consultation with communities concerned
  - especially to fill gaps resulting from withdrawal of some aid agencies
  - involve communities in designing and planning secure and comfortable housing.
  - strengthen the human and social assets of communities (‘social capital’) e.g.
    - promote community organizations
    - involve communities in decision-making
  - constitute a differential approach to respond to the diverse needs of the different socio-economic groups
  - address alcohol and drug abuse among men e.g.
    - reduce availability
    - provide meaningful occupations for men

Recommendations (on policy)

- Policies (of State and NGOs) should:
  - address special vulnerability of women and children
  - reduce tension and violence within neighbourhoods
    - Promote better understanding among ‘host’ communities
  - address issues of insecurity felt by refugee groups e.g
    - based on understanding what security means *for them*.
  - support religion or spiritual development from the start e.g.
    - Aid agencies work with religious institutions rather than independently
  - promote organizations of the people to implement changes e.g.
    - Build community centers quickly and establish community organizations
    - Establish a governance structure that involves whole community
    - Ensure communities are consulted on State and NGO activity
    - Establish community meeting and mediation systems

Developing mental health services

- **WHO (2001, 2008) recommend** :
  - public health approach;
  - integrating local knowledge;
  - community based programmes;
  - ‘culturally and gender appropriate’
  - ‘include marginalized groups’.

- **Mental Health Plan** (Mental Health Directorate, 2006)*:*
  - in-patient units across the country;
  - training ‘Psychiatric Social workers’ and ‘Specialized Psychosocial Counselors’;
  - ‘Broad range of rehabilitation and psychosocial services’

- **Community based projects**
  - currently conducted by non-governmental agencies (NGOs) such as *Nest*, *Basic Needs* and its partner *Creative Action*

- **Need to supplement current approaches with community based services**

Recommendations for developing community-based mental health services

Principles:

- Bottom-up approach:- ‘home-grown’
- Involve local community organizations (e.g. temples, churches, mosques, etc.)
- Culturally and socially acceptable
- Include marginalized groups
- Integrate local knowledge with outside ‘expertise’

Recommendations for developing community-based mental health services

Three overlapping stages:

1. Dialogue and consultation with communities
   - Participatory methods
   - Venues in community e.g. temples, churches and mosques
   - Involve health professionals to listen

2. Capacity building:
   - Training in ‘social and cultural psychiatry’
   - Develop tool kits

3. Integration with social welfare and health structures
   - Locally developed system linked with other district systems
   - Based in community settings sustained via community / religious organizations

Thank You