Psychosocial Interventions for War affected Population

Iynkaran, K.[1]*, Somasundaram, D.[2],Velintina, S.[1],Rathakrishnan, S.[3], Vijayasangar, T[1].

[1]ONUR MHPSS TOT Programme, Northern, Sri Lanka,
[2]Department of Psychiatry, University of Jaffna,
[3]Shanthiham.
**kiynkaran@gmail.com*

Abstract - Individuals, families and communities in North and East Sri Lanka, so-called border areas as well as rest of Sri Lanka have undergone three decades of war trauma, multiple displacements, injury, detentions, torture, and loss of family, kin, friends, homes, employment and other valued resources causing mental health and psychosocial problems among the people. A Task Force on Psychosocial Well-being set up by the Office for National Unity and Reconciliation (ONUR) to address the mental health and psychosocial consequences of the conflict. Designed a methodology to implement a Training of Trainers (TOT) in psychosocial work. Government and Non-Governmental workers is being trained to train the Government, Non-government and village resources to address the Mental Health and Psychosocial Support (MHPSS) needs of people using individual, family and community level interventions. Literature survey used to find the best practices for psychosocial rehabilitation. For the needs and context of the situation, qualitative and quantitative methods with the accepted tools, participatory action research and feedbacks used. Most of the families have undergone war trauma, disturbed family dynamics due to the loss, disappearance and separation of family members. Many were under poverty line with unemployment and resettlement issues. Level of nutrition low in these areas. There were high prevalence of Post-Traumatic Stress Disorder (PTSD), Depression, Anxiety, Alcohol and Drug Dependence and Abuse. Social parameters showed loss of social capital, increased Suicide and Attempted Suicide rates; Gender Based Violence; Child Abuse; indebtedness; multiple partners and youth antisocial behavior. Interventions were carried out using evidence based best practices including psychological first aid in crisis, psychoeducation, counselling, ventilation through creative arts and drama. Traditional methods such as calming techniques, memorialization and healing rituals as well as promoting inherent strengths and resilience factors to rebuild communities through inter-sectoral collaborations for education, nutrition and livelihoods etc. Social interventions included awareness raising, core group training, children, youth, elders group, widows group, working with differently abled and re-establish social capital such as improving community networks, relationships, trust, organizations, human resources, leaderships and collective efficacy. Interventions which were more effective were used and in-effective discontinued. Benefits of interventions based on regular assessment showed improvement in mental health and psychosocial well-being as shown in the progress in various social parameters (psychiatric diagnosis, deliberate self-harm, alcoholism, trust and hope) among the War affected population in Northern Sri Lanka.

Key Words - Affected Population, Intervention, MHPSS, Psychosocial, War

I. INTRODUCTION

The Office for National Unity and Reconciliation (ONUR) was constituted to work for national unity and reconciliation in 2015. Subsequently, A Task Force on Psychosocial Well-being was set up to address the mental health and psychosocial consequences of the conflict. A major proposal put forward by the Task Force was to implement a Training of Trainers (TOT) in psychosocial work. For this purpose, the protocol developed by Joop de Jong of the Transcultural Psychosocial Organization, a WHO collaborating centre, working around the world to relieve the psychosocial problems of people affected by internal conflict and war (de Jong, 2002, De Jong, 2011) that one of the authors had the opportunity to implement in Cambodia (Van de Put et al., 1997) and Jaffna (Somasundaram and Jamunanantha, 2002), in which one of the authors was a trainee, was adapted. Government, Non-Governmental workers were to be trained to train the Government, Non-government and village resources (Core Group volunteers) to address the MHPSS needs of people using individual, family and community level interventions.

The training uses evidence based best practice including psychological first aid, psycho education, counselling, family and women empowerment group work, child and youth support and activities; testimonial and narrative methods, ventilation through creative arts and drama; Problem Management+, Psychosocial support for Transitional Justice and reconciliation processes. It also includes traditional methods such as calming techniques, memorialization and

healing rituals as well as promoting inherent strengths and resilience factors to rebuild communities through inter-sectoral collaborations and networking for education, nutrition, livelihoods, income generation, vocational training, legal aid, housing and other facilities.

This program is implemented by ONUR with the support of all five Northern District Secretariats and Shanthiham. ONUR commenced the TOT program on 24th July, 2017 by selecting 11 candidates from the Government Sector and 20 from the private sector.

This Programme designed into two phases.

1. Train the TOTs.
2. TOTs will train Government and Private Officers who are working with the public at the village level. And train participants from CBOs and volunteers from the villages and forming Core group.

TOTs have completed classroom based theoretical training and field training in psychosocial interventions in the five districts in the Northern Province amounting. Training for the CBOs and core groups are already commenced in the five districts.

II. MATERIALS AND METHODS

Marginalized and vulnerable villages selected from the war affected area for psychosocial interventions. The family is the basic structural unit of the Tamil society. The war has demolished this structure due to deaths (vacuum), separations, disturbances in family dynamics, change in the roles (death of father or mother).Most of the families have undergone war trauma, disturbed family dynamics due to the loss of family member. Many were under the poverty line with unemployment and resettlement issues, level of nutrition and education were severely low in these areas. The psychosocial intervention in a villages is based on the following steps.

1. Village selection and permission.
2. Integrate with people and focus groups: improving communication with people can create more interactions which will develop trust and rapport.
3. Map social resources and structures.
4. Learning the society: Learning the leadership, how to get help, how to create trust, respect, relationship.
5. Data collection and documentation.
6. Prioritize problems and interventions.

Fig. 1: Social Mapping

III. RESULTS AND LESSONS LEARNED

General and special awareness

In each program minimum of 30-35 people participated from the selected villages. Awareness methods varies like role-play, video material, pictures, posters, lectures and group discussions.

Number of programs: 123

Number of participants: 4,787

Core-group training

Group of 10-15 people who serve the community were selected for the training from the specific villages and trained for 70 hours within three months on psychosocial principles and practices.

Number of core-groups: 12

Number of members: 175

Table i

Details of core group activities

Districts	DS Divisions	Core Groups	Participations	Sessions
Jaffna	3	3	45	31
Killinochchi	2	2	20	13
Mullaithevu	1	1	13	9
Vavuniya	3	3	46	10
Mannar	2	2	46	22
Total	11	11	170	85

Group activities

'Group work' that deals with those having the same problem and they will be able to share their problems and learn from each other. In addition they learn to work as a group and support each other.

Children group

Activities aim to promote expressive methods to deal with children issues. Activities comprise of, play, art, music, storytelling and creative work. Sharing experiences in groups enhances leadership and build healthy friendships.

Number of groups: 16

Number of members: 405

Fig. 3: Expressive Activities Art & Play

Elders group

Elders are brought together in a particular place (may be under a tree), provide an atmosphere and space to express their feelings, share their grief and their grievances, peak of their past and speculate on their future by being active listeners.

Number of groups: 12

Number of members: 133

Fig. 4: Elders share their experiences with psychosocial workers

Women headed families (widows) group

There were many young and elderly widows (widowed due to the war), it give a space for sharing and expressing their emotions and feelings and empower them to stand-up for their rights.

Number of groups: 03

Number of members: 53

Fig. 5: Widows sharing their experience

Youth group activity

Life skills Development program, motivational sessions, and capacity development for youths in the field have been conducted in five districts.

Number of groups: 05

Number of members: 55

Working with Differently abled

Motivational and attitude change programs in the five districts. Most participants for these programs are people who became disabled by the war.

Number of groups: 02

Number of members: 32

Befriending

Befriending sessions are held for clients identified during home visits by providing active listening, empathy and yoga and relaxation in addition to creating family and social support. Those in need are also referred for social support to relevant service providers or for skilled counseling or to the psychiatrist.

Number of cases: 166

Number of session: 4-5

Fig. 6: Active Listening

Counseling

By the introductory sessions and awareness, people with psychosocial problems comes to discuss with staff during the program or visit staff at the satellite stations where they are directed to a counselor, for relaxation exercises or provided social, or medical referral.

Number of Clients: 98

Average sessions per client (so far): 5 - 6

The following charts and graphs illustrate the service findings in different categories.

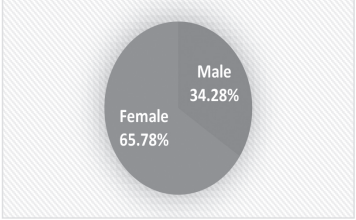

Figure 7 Gender Category

Fig. 8: Total Clients by Civil Status

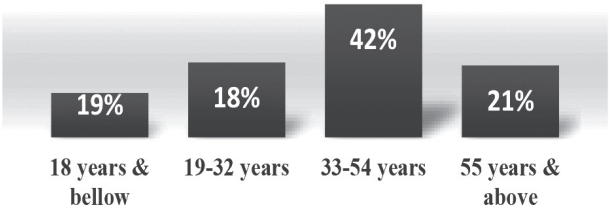

Fig. 9: Total Clients by Age

Family intervention

The families who are affected due to alcohol abuse, poverty, displacement, breakdown in the traditional family structure and refugee camp life were provided psycho education, family and/or individual befriending and counseling, referral to hospital for detoxification or psychiatric or medical care. Some families are networked to provide income generation.
Number of families: 122
Number of sessions: 4-5

Referral

Referral and network based on case assessment are for internal and external systems. Internally, referred to other psychosocial projects and counseling services. Externally, referred to the hospitals and NGOs.
Number of cases: 45

Case conference

Clients with multiple problems are being handled by the experts of Government and Non-Government sectors in the Districts.
Number of Case conference: 02

Supervision

The supervision for TOTs is being provided in three different categories.

1. Dealing with mental health issues managed by the MOMH in five Districts.
2. Supervision for befriending given by Shanthiham supervisors.
3. Field interventions overseen by field visits by senior trainers and consultants.

Fig. 10: Planning

IV. DISCUSSION

Interventions for the war affected population are done by the TOTs of ONUR in five district in the Northern Province helped to strengthen the affected individuals, disturbed families and collapsed community structure for the positive betterment of the society, enhanced the community well-being which make healthy platform for the future generations. These interventions made possible to improve the capacity of the Government and Non-Government work force and the community groups, it made more awareness among the work force and the selected community groups to address the mental health and psychosocial issues in a collective manner with the collaboration of Government and Private sectors. The key point learning towards the intervention was the effective implementation of MHPSS will need to be coupled with adequate awareness creation and advocacy at policy, administrative, political, authority and professional levels. Negative attitudes could hamper recovery and rehabilitation programs willingly or unknowing or without deliberate denial.

The main aspect of the approach was selecting carefully the potential workforce as TOTs, train them frequently with close observations and follow-ups. Regular supervisory mechanism was functioned by the field frontiers. Integrate with officials and academics improved the quality of interventions while the TOTs were trained in the selected villages with field supervision. The process of creating such a work force was very challenging but reviewing and improving the quality of the work and make ready the administrative matters were made possible by carefully advocated with the keen interest with not to harm anyone but to prioritize the concern of waiting list ofthe tasks to be done properly with the available resources within the timeframe.

Learning and sharing, working, reviewing, and creating more human resources like the TOTs to cover the waiting requirements in the abandoned villages in Northern Province and bring this pilot approach within the Government Stream to Eastern Province and then rest of the Country.

Lessons learned

Many institutions have supported war effected people in Northern Province in many ways such as livelihood, housing and finance. These assistance, in some ways, contributed for the dependency and more expectations among the beneficiaries rather than motivating for sustainable development. There were less visible improvements in psychosocial and socio-economic status. When introduced this program to people, expected assistance as well. Learned again and again from people that psychosocial support is a vital part for war affected community and livelihood assistance must be provided along with mental health support.

Certainly, TOTs can easily work with women and children in the field but connecting to men in this program was considerably difficult. Men were fully occupied with their work, due to their financial crisis in the family. As the second phase of this program, training of Government and Non-Government officials is underway. It was realized that the demand for psychological support for the people is high. To meet this demand, more officials need to incorporate to address the demand.

Fig. 12: Family dwellings - highlights need for privacy and associated psychosocial problems

References

1. Somasundaram, D; & Jamunanantha, C.S. (2002). Psychosocial consequences of war in trauma war and violence. Public Mental Health in socio-culture context 58-205
2. Eisenbruch, M; & Van de put, W. (2002). Psychosocial consequences of war in trauma and violence. Public Mental Health in socio-culture context 93-155
3. https://www.researchgate.net/scientific-contributions/39455901_Joop_T_V_M_de_Jong
4. http://www.dailynews.lk/2018/01/26/features/141048/psychosocial-rehabilitation-war-affected
5. https://www.scribd.com/document/34710339/International-Journal-of-Mental-Health-Systems-KAMHA-ORG