

## **Post-Conflict Sri Lanka: The Lack of Mental Health Research and Resources among Affected Populations**

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### **Abstract**

*This paper examines the available published literature on the post-conflict and tsunami disaster mental health concerns in Sri Lanka. By identifying relevant findings from literature published near the end of the war in 2009 and onwards, important gaps in mental health research and resources can be assessed. PubMed, Web of Science, and PsycINFO were assessed to identify all published articles available from 2009-01-01 onwards. Studies included in this paper discuss mental health programs and understanding related to communities, children, pregnant women, health care workers, and soldiers. It is clear that research gaps are present among all elements of mental health issues especially concerning the post-conflict situation. With the lack of appropriate mental health research and resources available in Sri Lanka, future studies need to incorporate up to date understanding and knowledge to improve mental health interventions and evaluations in Sri Lanka.*

**Key words:** *Sri Lanka, mental health, post-war, post-conflict*

### **1. Introduction**

The year 2009 was the mark of the end of the 26 year civil war on the island of Sri Lanka. A civil war as such understandably leaves behind questions about health effects and outcomes relating to the physical, psychological, and emotional aspects of victims, communities, and families. Any kind of war can have shattering effects on the overall health and well-being of members of the affected nation. This further disrupts the societal and community development while producing an economic burden for the nation. The WHO estimates that at least 10% of individuals who experience traumatic events will suffer from mental health conditions (Siriwardhana, Adikari, Bortel, McCrone, & Sumathipala, 2013a).

The civil war in Sri Lanka was the conflict between majority Sinhala and minority Tamil populations. The severity of the situation on mental health issues in Sri Lanka was assessed in the few studies that either focused on one affected group such as soldiers or children or with studies that could not utilize appropriate methodology. Initial studies that examined the psychological effects of the conflict on Sri Lankan populations through a survey found that only 6% of the population did not experience any stresses from the war (Murphy & Lakshminarayana, 2006). The population experienced further conditions inclusive of anxiety, depression, alcohol and drug use, and post-traumatic stress disorder. Due to the disbandment of the Tamil population as most males were taking part in the war, a majority of Tamil females were forced to take on additional family responsibilities leading to the increased risk of mental health issues among this female population. Furthermore, the stress of the war affects the children who can also experience severe mental health issues.

Adding to the trauma of the civil war is the 2004 tsunami affecting the South Asian region of the world. Sri Lanka had the second highest number of deaths out of the 15 countries affected by the tsunami. This tsunami was considered the deadliest in recorded history and affected Sri Lanka with not only a high death toll but with destroyed infrastructure, shortage of food, and shortage of water. The combination of the tsunami and civil war has taken a tremendous toll on the economic status of the country and has damaged the psychological health of the citizens. The combination of these two historical events has left tremendous concerns for segregated populations and small communities in Sri Lanka.

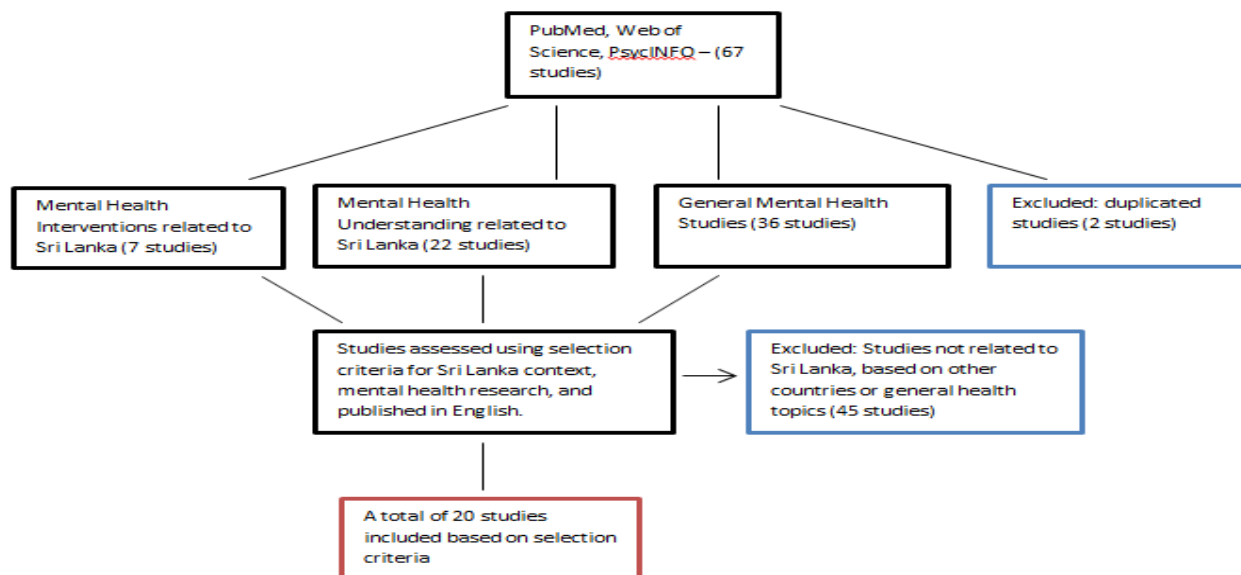
Sri Lanka was also recognized as having one of the highest suicide rates in the world stemming from these two events (Jenkins, Mendis, Cooray, & Cooray, 2012). Without appropriate mental health research and resources, it is impossible to predict the amount of repair necessary for the current psychological and psychosocial damage.

Among these events, there is the notion that community resilience is a key aspect of community survival. This is applied to both individuals and communities and allows for successful adaptation to stress. Community resilience is affected by age, gender, residence, and role in a conflict (Sousa, Haj-Yahia, Feldman, & Lee, 2013). The civil war and tsunami have caused various mental health concerns for Sri Lankans enhancing internal displacement, concerns for children and pregnant women, concerns for soldiers and army members, and disability.

This paper reviews the available published literature about the post-war or post-conflict mental health concerns in Sri Lanka to identify relevant findings and current research gaps. Specifically, focus is placed on communities, children, pregnant women, and soldiers that were visibly affected by the conflict. The term ‘war’ is defined as conflicts within countries and between countries.

## 2. Methods

PubMed, Web of Science, and PsycINFO were thoroughly assessed to identify all published articles available from 2009-01-01 until present. The inclusion criteria were that studies had to be published in post-war context or 2009 onwards and in English. Key words such as ‘mental health’, ‘mental disorders’, ‘mental health conditions’, ‘post war’, ‘post conflict’, ‘Sri Lanka’, and ‘English’ were used in searches. Using the inclusion criteria, PubMed identified 25 articles, Web of Science identified 2 articles, and PsycINFO identified 40 articles. Two studies were excluded as they were duplicated studies already present. A selection criterion was used to assess each article for Sri Lanka context, mental health issues, and being published in English. This criterion excluded 45 studies that were based on other nations, unrelated to Sri Lanka, or based on issues unrelated or relevant to mental health.



## 3. Discussion

Siriwardhana, Adikari, Bortel, McCrone, & Sumathipala (2013a) are one of the few research teams actually applying interventions to improve the mental health care in conflicted affected regions. They proposed an EHO MhGAP-based pilot study specifically for conflicted affected migrants who reside in low resource primary care settings. The pilot study provides mental health training to primary care practitioners serving these migrant populations. Patients will also be recruited based on diagnosis of common mental disorders and only those 18 years and older would be included. This type of training would take years to develop and incorporate but is a stepping stone to providing appropriate mental health care (Siriwardhana et al, 2013a). There may be barriers such as limited access to health care, few practitioners receiving this training, only diagnosed patients receiving this care, and the exclusion of younger populations. Due to the severity of the Sri Lanka conflict and tsunami, mental health interventions and evaluations are important for the country as a whole as there may be varying effects depending on individual and community resilience.

With the many changes and challenges the community has faced with the disasters these individuals experience disconnection, mistrust, dependency, powerlessness, lack of motivation and determination, and social cohesion (Somasundaram, 2013a). Additional concerns of suicide, unemployment, alcoholism, child abuse, domestic violence, family separation, resettlement, development, and physical injuries exist as well (Somasundaram & Sivayokan, 2013c; Somasundaram, 2010b). As these effects vary depending on family, individual, and community it is relevant to incorporate different types of mental health interventions.

Jenkins et al. (2012) also put forth 40 hour training program known as 'train the trainers' to help integrate mental health into primary care in communities in Sri Lanka. The program was focused on psychiatrists, medical officers, registered medical practitioners, and in regions ranging across Sri Lanka. The program included a curriculum and teaching materials and qualitative participant feedback was provided. This type of program may have long term sustainability and will help to branch health professionals in the field of mental health to interventions in affected communities. Aside from mental health interventions and evaluations, there is community resilience that researchers can explore. Community resilience may be more pronounced in less affected regions and in older children and adults. However, this is also affected by an individual's religious beliefs, cultural values, emotional level, and social skills (Sousa et al, 2013). It may be important to build on community resilience to achieve better mental health practices and allow communities to help individuals within their own regions.

Siriwardhana, Adikari, Pannala, Siribaddana, Abas, Sumathipala, & Stewart (2013d) were one of the first studies to examine mental health issues relating to internal displacement in post-conflict Sri Lanka. With a cross sectional approach, they sampled 450 adults who were either born in displacement or migrated within the last 20 years. They found prevalent common mental disorders and post-traumatic stress disorders among participants. However, this study had numerous limitations as assessing internally displaced individuals can be challenging in a post-conflict setting. Specifically, northern regions of Sri Lanka demonstrate significant associations between war related mental health conditions and internal displacement (Husain et al., 2011). There are also key ethical issues when conducting research on internally displaced or post-conflict individuals. Issues of autonomy, confidentiality, informed consent, religious and cultural differences, and social values need to be considered (Siriwardhana, Adikari, Jayaweera, & Sumathipala, 2013b).

### **Children, Pregnant Women, & Health Care Workers**

The available research on mental health concerns in Sri Lanka is often focused on children or young groups. More specifically, the focus is placed on schools as many have been damaged throughout the war. Traumatic events such as war and the tsunami can leave devastating impacts on children who have survived through these ordeals. The affected children are continuously traumatized by the loss of loved ones, lack of food and water, repeated displacement, and disrupted school time. Elbert et al (2009) assessed the mental health of 420 school children in Sri Lanka using a survey and found that 92% of these children experienced traumatizing events. Significant impairment of cognitive development is shown to be related school grades, memory tests, and language skills corresponding to traumatic experiences of the children surveyed. Absenteeism is also likely to increase among affected children (Siriwardhana, Pannala, Siribaddana, Sumathipala, & Stewart, 2013c). The authors of this study believe that the total load of traumatic events in affected children can significantly affect the functioning and performance of them. Post-conflict areas should be considered for psychosocial programs to understand traumatic stress consequences and community development in mental health. These programs may effectively improve the wellbeing of children and reduce the symptoms of posttraumatic stress and other mental health conditions (To et al., 2012; Berger & Gelkopf, 2009). As these children grow into young adults they are exposed to daily stressors, disaster related stressors, and psychological and psychosocial stressors increasing the importance of interventions (Fernando, Miller, & Berger, 2010). Furthermore, incorporating programs that alleviate stress and help with mental conditions is also important. For example, increasing physical activity and after school programs for children and young adults may work as a coping mechanism.

Even rarer are the studies on treatment outcomes for traumatized children. As these children have had multiple traumatizing events, the behavioural therapies put forth need to be complex and encompassing of many different factors (Catani et al., 2009). Catani et al. (2009) performed a randomized treatment method in a refugee camp with 31 children who suffered from post-traumatic stress disorder (PTSD). These children were randomly put into two groups of sessions with narrative exposure therapy (NET) and meditation-relaxation (MED-RELAX). They found that PTSD symptoms decreased significantly and recovery rates surpassed natural recovery rates after 6 months in both groups (81% in NET and 71% in MED-RELAX were no longer diagnosed with PTSD).

The limited research on maternal mental health opens up the need for resources for pregnant women in disaster affected countries. It is estimated by the WHO that depressive disorders will be the second leading cause of global disease burden by the year 2020 (Agampodi & Agampodi, 2013). In Sri Lanka, there are maternal care programs in place but intervention and screening are still not effectively practiced. There is also little published research on antenatal mental health conditions in Sri Lanka. Agampodi & Agampodi (2013) examined 376 pregnant women in Anuradhapura, Sri Lanka and found prevalence of antenatal depression to be quite low and report the need for further research.

Peiris-John, Attanayake, Daskon, Wickremasinghe, & Ameratunga (2013) reviewed the literature on studies in Sri Lanka looking at disabilities and identified gaps concerning the wellbeing of those living with a disability in Sri Lanka related to intellectual disability, policies, barriers to education, healthcare worker training. They conclude that it would be important to look at strategic programs of research to engage community members and all sectors as disability issues are connected to mental health and healthcare.

Not only is it important to acknowledge the mental health concerns in Sri Lanka, but it is also important to understand that education and training are key aspects. If health care providers and community members are trained with the appropriate skills or if they are provided with the appropriate education to understand and aid individuals with mental health concerns, then the recovering process will be much more efficient. Stress-management training and support for staff are important to maintain a healthy mental health status among staff (Lopez Cardozo, Sivilli, Crawford, Scholte, Petit, Ghitis, et al, 2013).

#### *Government Soldiers*

Soldiers in combat during the civil war were and continue to be affected by mental health conditions in Sri Lanka. Hanwella & de Silva (2012) examined the Special Forces in Sri Lanka to compare their mental health problems to that of the regular forces. They found that the Special Forces indicated having significantly more traumatic events (over 80%). However, they also had less significantly common mental health problems than the regular forces. It is implied that comradeship has contributed to this low prevalence of mental health problems. When examining combatants from the civil war at a rehabilitation center, it was found that 41.7% of them were diagnosed with post-traumatic stress disorder especially those with amputations. Mental health programs need to be appropriately incorporated in training methods for soldiers as war stressors and management of mental health conditions can prove to be difficult in rehabilitation (Abeyasinghe, de Zoysa, Bandara, Bartholameuz, & Bandara, 2012). A more recent study in 2013 found the Sri Lanka Special Forces to have a significantly lower prevalence of physical symptoms in comparison to regular navy personnel. The physical symptoms were associated with functional impairment but this study found a lower prevalence overall for physical symptoms in military personnel (de Silva, Jayasekera, & Hanwella, 2013).

#### **Major Challenges**

Mental health research and resources are difficult to assess in post-conflict areas like Sri Lanka due to many different challenges. Aside from the many gaps in the published literature, there are challenges with recruiting, assessing, evaluating, and intervening in post-conflict areas. Affected communities would be less likely to feel the need to participate in mental health studies as their first priority would be survival. The post-conflict area of Sri Lanka is also not completely restored so individuals may experience fear of participating, express confidentiality issues, and feel that they will not benefit from participating. The long term civil conflict and the unexpected tsunami are very sensitive topics and addressing these issues can be very difficult for researchers leading to observer bias, recall bias, and reporting bias by participants. Specifically, the Northern region of Sri Lanka requires significant restoration and it will be challenging to explore research opportunities in this region with such circumstances (Nagai, Abraham, Okamoto, Kita, & Aoyama, 2007).

Also, participants may misrepresent those who are affected by mental health issues in Sri Lanka as many are internally displaced, migrating, and those severely affected may not be easily identified. Language, culture, religion, and social values also affect how individuals perceive resources and participation in studies about mental health. There may be significant stigma associated with participation or with seeking help for mental health. Resource management by the government and health professionals may be limited if they cannot access severely affected individuals or if there are not enough programs in place. Training, evaluation, and practice need to be thoroughly assessed before implementing which can take long periods of time, resources, and financial needs.

Sri Lanka's financial means and economy have already been continuously affected by the conflict and tsunami which may limit the amount of funding and resources available for mental health programs.

Moreover, mental health interventions have not been utilized in Sri Lanka but have been explored in the published literature. Without the implementation of interventions it is difficult to acknowledge what appropriate methods are required to improve mental health issues in Sri Lanka. These major challenges are explored in the available published literature but are not collectively explained or thoroughly assessed. These challenges act as barriers for mental health resource allocation, research, and intervention.

#### 4. Conclusions

There are diverse approaches to studying mental health in relation to Sri Lanka relating to resources, interventions, and practice. Many studies provide appropriate intervention designs and methodology but few actually apply these interventions and evaluations in post conflict nations. Major challenges act as barriers to appropriate mental health program implementation in Sri Lanka and these challenges significantly affect community groups, children, pregnant women, and soldiers. Future studies need to utilize rigorous approaches in the context of Sri Lanka to allow for replication or use of approaches within Sri Lanka. Mental health conditions are complex and growing among post conflict areas. It is imperative to increase knowledge, understanding, research, and resources for mental health in Sri Lanka.

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