

# Psychosocial Work in the Aftermath of the Tsunami: Challenges for Service Provision in Batticaloa, Eastern Sri Lanka

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Soon after 9 am on the 26<sup>th</sup> of December 2004, the district of Batticaloa on the eastern coast of Sri Lanka was struck by tidal waves produced by an earthquake off the coast of Sumatra. The tsunami directly affected over 250,000 people in the Batticaloa district, resulting in the displacement of over 70,000 people, the confirmed deaths of 2,846 people, 1,027 people missing and a further 2,375 injured<sup>1</sup>. As with so many other coastal areas bordering the Indian Ocean, apart from the tragic loss of individuals and the direct threat to life because of the tsunami, there was also terrible material and social devastation of the communities affected. Homes, livelihoods, community infrastructure, and social networks have all been disrupted, or destroyed altogether. These impacts, together with the additional ongoing difficulties and vulnerabilities produced by conditions of displacement and loss, present a considerable assault on the psychosocial well being of persons affected by the tsunami. This brief field report will outline some of the challenges in the ongoing efforts to develop coordinated (and appropriate) psychosocial services in the Batticaloa district.

## **The Imperative for Psychosocial Intervention**

For the first two weeks after the tsunami struck, the concerns of humanitarian agen-

cies, the Sri Lanka government, the militant Liberation Tigers of Tamil Eelam (LTTE), local and international emergency response teams, and the public in Batticaloa seemed to centre primarily on delivering material relief (food, clothing and shelter) and curative medical services to people displaced or otherwise affected by the tidal wave. At this time, concerns about psychosocial needs were explicitly articulated by the numerous visiting reporters from North America and Western Europe who interviewed local mental health workers about the need to address the 'trauma' of adults and children who had suffered terrifying experiences and tremendous personal loss. It was only by the end of the second week that a discussion of the psychosocial needs of affected persons had gained prominence amongst the groups and organisations involved in emergency work within the Batticaloa district, or indeed elsewhere in Sri Lanka. Psychosocial intervention swiftly attained the status of a priority area for emergency response, alongside the provision of shelter, and securing of adequate water and sanitation facilities for displaced persons. While it was not clear from where this drive for psychosocial intervention originated, it soon became apparent that international and local media, government, non-government agencies (NGOs), international organisations and individuals, and groups of mental

health professionals in Sri Lanka and other areas of the world had developed a broad consensus about the need for psychosocial intervention. Resources to provide this intervention were swiftly mobilised.

### **The Emergency Psychosocial Response**

There were, of course, significantly different perspectives about what were the most appropriate psychosocial interventions in the aftermath of the tsunami, and activities conducted in the Batticaloa district reflected this. The dominant impulse amongst local NGOs (primarily those with little prior involvement in psychosocial programming) and concerned groups from other areas of the island was to provide 'counselling' for survivors of the tsunami. Aside from the few counsellors already working locally, these services were provided by volunteers trained for a few days, or by teams from elsewhere on the island. There was a widely held assumption that speaking about their experiences and feelings with 'counsellors' would be emotionally beneficial for people who had faced the loss of their families, houses, livelihoods and who were living in temporary camps. This view resulted in small teams of 'counsellors' being deployed to visit camps to speak with displaced persons. Given the unstable conditions in camps (i.e. fluid populations, poor management and delivery of relief supplies, threats of closure) and the large numbers of residents, such 'counsellors' often reported that their working sessions were usually with large chaotic groups anxious to tell their stories. The sessions also presented few opportunities for in-depth support to individuals or for follow-up. These experiences often left 'counsellors' feeling overwhelmed and frustrated.

At the same time, there was an apparently contradictory approach advocated by some organisations and individuals. These groups

had implemented psychosocial interventions within the district in the context of the armed conflict that existed for many years before the tsunami. This perspective prioritised addressing the social and material needs of affected persons as the primary form of support provision in the acute phase following the disaster. Attempts to 'counsel' survivors were actively discouraged as an initial intervention, although supportive listening and 'befriending' of survivors was encouraged if they initiated conversations about their experiences or difficulties. This view was informed by prior experiences of service provision in the district, as well as by guidelines and perspectives put forth by other agencies nationally (tsunamihelpsrilanka.blogspot.com; Ministry of Health, 2005) and internationally (van Ommeren, Saxena & Saraceno, 2005; WHO, 2003). The implementation of this approach was characterised by its lack of conspicuously 'therapeutic' activities. For example, agencies working with separated children would make efforts to reunite children with family members, or familiar caregivers. Some would respond to women's concerns about sexual harassment in camps by arranging safe spaces for women to sleep or bathe within camp premises. Yet others pressured government officials to issue clear written information related to mechanisms for receiving relief, compensation, shelter and other issues that caused displaced persons a great deal of worry and uncertainty. Most interventions with children have been oriented towards providing structure to their daily lives through assisting them materially to restart school, or by offering facilitated play activities.

### **The Need for Coordination**

On the 12<sup>th</sup> of January 2005, a large group of organisations implementing (or planning) psychosocial activities within the Batticaloa district participated in an open meeting to

reflect on the task of responding to the psychosocial needs of people affected by the tsunami. The need for coordination between the numerous service providers was identified as crucial, in order to ensure equitable access to consistent services for affected people. The establishment of such a mechanism over the following week was extremely timely as the psychosocial sector of the Batticaloa suddenly expanded exponentially.

Organisations and groups already providing psychosocial services in the district prior to the tsunami began to expand their activities in response to the large numbers of displaced persons. There was also increased pressure from donor organisations to 'scale-up' activities to meet perceived needs. Other organisations that had not been traditionally involved in psychosocial work within the district also began developing and implementing interventions. There were soon minor conflicts and disagreements emerging as various implementing organisations began to trip over each other in their desire to work with particular populations, or because of disruptive practices in the field. For example, attempts to conduct play activities with children in a camp where another organisation had already initiated a similar process. In addition, the frequent short-term (usually between 2 - 5 days) visits from teams of trainers, or support workers from the capital Colombo, or other (mostly Western) countries without adequate accurate information about local conditions, capacities, or requirements has continued to raise concerns amongst psychosocial personnel resident and working in Batticaloa. The numerous visits by donors, needs assessment, and proposal writing teams for international agencies both familiar with and entirely new to the district in the past weeks also seem to indicate that further 'crowding' of the field is likely to take place. This could result in the service users or

'targeted beneficiaries' being caught in the middle of inter-organisational dynamics unless measures to coordinate are successful. Over the past four weeks, a coordinating collective established by the large constituency of non-government, international and state agencies implementing psychosocial activities (see [themangrove.blogspot.com](http://themangrove.blogspot.com) for further details) has been providing the services of mapping, mediating and guiding the development of the psychosocial sector in Batticaloa.

### **The Need for an Integrated Approach to Psychosocial Intervention**

The variety of theoretical and practical approaches to psychosocial work both globally and in Sri Lanka (see Galappatti, 2003) presents a challenge for the development of an integrated psychosocial sector in Batticaloa. The polemical nature of the debates in the field, both locally and globally, has made the accommodation of diverse perspectives and methodologies within a single framework difficult. Within the Batticaloa district, however, it appears that the developing such an approach is essential if the broad coalition of psychosocial actors is to be strengthened, rather than be allowed to fragment. At present, the conceptual framework put forward by the Psychosocial Working Group (Strang & Ager, 2003; Psychosocial Working Group, 2003a, 2003b) is being used as a basis for developing a pluralistic conceptualisation of impacts, and legitimate interventions. In particular, efforts are being taken to avoid emphasising a dichotomy between community-development and mental health approaches to service provision – as has often been the tendency both locally and globally (Galappatti, 2003; van Ommeren et al., 2005). In the context of inadequate local resources, particularly for referral of individuals in extreme distress or crisis, there is a

practical necessity to mobilise and strengthen all available services – with the hope that greater engagement between various service providers would produce a movement towards common ground. At present, examples of psychosocial interventions available within the district would include the eliciting of experience narratives by volunteers, the provision of Eye Movement Desensitization and Reprocessing (EMDR) treatment, practical information provision and home visits to families of the missing. As well as placement of separated children in temporary foster-care arrangements with kin of their choice, regular play activities for children displaced to camps and the improvement of consultation of women and children in the placement of water and sanitation facilities to alleviate the risks and fears of sexual harassment or violence. There has also been a great deal of training (usually related to trauma management, counselling, or play work with children for 1-4 days) offered to teachers, health workers, community-based workers, volunteers, and respondents to newspaper advertisements. Given the reality of an externally driven supply of psychosocial services that is only subject to self-regulation, there seems to be little alternative but to engage constructively with those beginning to work within the district.

Of course, critiques put forth by authors like Summerfield (2005) and Bracken (1998) remind us that the diverse professional and traditional approaches to healing and wellbeing often have incompatible theoretical constructs or epistemologies underpinning them. Therefore, there are ought to be serious concerns about linking together approaches that espouse wholly different values and frameworks for work. While the tension between an imperative for professional intervention and a commitment to folk/indigenous perspectives has, in the case of this tsunami disaster, been resolved yet again in the favour of

the former. However, there is some small comfort to be had in the fact that sufferers have the capacity to shape the sense that they make of the activities and information professional or traditional healers offer them. Many would admit that interventions often have unplanned benefits (and deficits) that are less to do with professional and traditional healers' theoretical ideas about the efficacy of a particular healing activity and more to do with the meaning that individuals and groups of 'beneficiaries' give to them. This is, of course, not to deny the power that humanitarian agencies and others have to deliver unsolicited and potentially inappropriate interventions to vulnerable populations.

### **Relevance of Lessons from Pre-Tsunami Conflict-Related Programming**

In the rush to respond to the recent disaster, there has been insufficient attention paid to the experiences of over 15 years of implementing conflict-related psychosocial programmes within the Batticaloa district prior to the tsunami. Indeed, the hard-learned lessons from around Sri Lanka about the challenges of establishing and maintaining quality psychosocial services, as well as good examples of sustainable and socio-culturally-relevant interventions, seem to have found little place in the current planning. The pressures of funding processes, key personnel having little prior knowledge of psychosocial programming in Sri Lanka, the lack of documentation or institutional memory in local organisations, and the lack of elaborate and widely-used guidelines on setting up cross-cultural psychosocial services all seem to have contributed to this situation. However, it may also be the extraordinary nature of the tsunami disaster that has inhibited a realisation that many of the difficulties faced by affected populations (mass bereavement, repeated dis-

placement, loss of livelihoods, disruption of social roles, or separation of children) are similar to the losses and trials experienced during the extended years of conflict. Perhaps something useful could be gleaned from examining the effectiveness of programmatic responses and folk measures for dealing with the latter. Despite the passage of nearly seven weeks since the tsunami, it seems that the sense of urgency of the initial emergency response has not yet faded. In the area of psychosocial intervention, it also appears that the pitch of activity has heightened in recent weeks. The axiom of 'more haste, less speed' may prove to be all too relevant in the case of providing appropriate and quality services that tsunami affected populations should be afforded access to. It is crucial that this commitment of agencies and private groups to intervene swiftly on behalf of persons affected by the tsunami is tempered and guided by an awareness of the need to plan and coordinate with one another in the interests of providing consistent and coherent interventions to persons who may need support.

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## References

- Bracken, P.J. (1998). 'Hidden Agendas: Deconstructing Post Traumatic Stress Disorder' in Bracken, P.J. & Petty, C. (Eds) *Rethinking the Trauma of War*. London: Free Association Books
- Galappatti, A. (2003). 'What is a Psychosocial Intervention? Mapping the Field in Sri Lanka', *Intervention*, 1(2), 3 - 17.
- Psychosocial Working Group (2003a). 'Psychosocial Intervention in Complex Emergencies: A Conceptual Framework', Working Paper. Find at <http://www.forcedmigration.org/psychosocial/papers/PWGpapers.htm>
- Psychosocial Working Group (2003b). 'Psychosocial Intervention in Complex Emergencies: A Framework for Practice', Working Paper. Find at <http://www.forcedmigration.org/psychosocial/papers/PWGpapers.htm>
- Ministry of Health (2005). "National Plan of Action for the Management and Delivery of Psychosocial and Mental Health Services for People Affected by the Tsunami Disaster: Immediate and Mid-Term Interventions", Department of Mental Health Services, Ministry of Health, Sri Lanka, 10th January 2005.
- Strang, A. & Ager, A. (2003). 'Psychosocial Interventions: Some Key Issues Facing Practitioners', *Intervention*, 1(3), 2 - 12.
- Summerfield, D. (2003). "What Exactly is Emergency or Disaster 'Mental Health'?" *Bulletin of the World Health Organisation*, 83, 76.
- van Ommeren, M., Saxena, S. & Saraceno, B. (2005). 'Mental and Social Health During and After Acute Emergencies: Emerging Consensus?'. *Bulletin of the World Health Organisation*, 83, 71 - 74.
- WHO (2003). 'Mental Health in Emergencies', WHO: Geneva.
- <sup>1</sup> Situation Report 18 January 2005, 9.30 am, Tsunami Disaster Information Unit District Secretariat Batticaloa.

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