

# Ending the mental war

Both the civil war and the tsunami have had a deep impact on the mental well-being of children in Sri Lanka. Sundaram Divakalala argues that the psychosocial care of these children should be based on research, not intuition.



HH / Axel Fassio

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Interview by **Annemarie van de Vijzel**.

The civil war between the Liberation Tigers of Tamil Eelam (LTTE) and the government of Sri Lanka came to an end in May 2009. What lasting impact did it have on the country? As in every war, three decades of conflict have had a damaging impact on Sri Lankan society's economic and social fabric. Hundreds of thousands of people were displaced and have lived in refugee camps for years on end. Homes and properties were destroyed, and families torn apart.

Our concern at Aaruthal is first and foremost with the high number of children that suffer from psychological issues. The war has had a deep impact on their mental well-being, especially in the north-eastern part of the country, where the worst fighting took place. The impact of the war was compounded when, in December 2004, the tsunami hit Sri Lanka. This again seriously uprooted children's lives. This natural disaster reinforced certain dysfunctional habits bred by the man-made disaster of war, including domestic violence, alcoholism and suicide. Due to their psychological problems, many children today still have serious difficulties concentrating at school. This has caused educational standards to drop severely.

## What does Aaruthal do to help these children?

Our NGO has conducted surveys to find out more about the problems and the needs of the affected people. Using the results of those studies, we have developed large-scale therapeutic programmes in the north-eastern regions for the communities affected by the war and the tsunami. We train our counsellors on how to best help the children. During a three-year process, supported by the University of Jaffna and the German NGO vivo, 3500 school teachers in north-eastern Sri Lanka were trained as trauma therapists and psychosocial helpers during the years 2002-05.

A core group of these master counsellor graduates established Aaruthal. Our counsellors can diagnose and treat post-traumatic stress disorder (PTSD), depression and suicidality. They have also learned how to intervene at the family level if there is domestic violence, abuse or child neglect. In addition to providing psychosocial care, we also offer tuition and cognitive behavioural training to those whose competency levels have dropped badly.

At the same time, we run a project with another NGO aimed at developing social cohesion among the different ethnic groups – Sinhalese, Tamils and Muslims – living in

the villages. We try to teach them to live in harmony and accept each other as citizens of this country, which is crucial if we want to regain our future.

Gradually our programme is making inroads into society. The biggest achievement is that the children are beginning to realize that they can benefit from visiting a counsellor, which in our country and culture is not a common practice. We are very pleased that the parents accept that their children have problems, and also recognize that these problems are often beyond their capacity to solve. This is crucial if parents are to accept professional psychosocial intervention.

All our work has been evidence-based from the beginning in 2002. To learn about the impact of our work, we always conduct follow-up diagnostics up to 14 months after therapeutic counselling. Our therapeutic approaches have proved highly effective, especially NET – Narrative Exposure Therapy – introduced by the NGO vivo and our meditation-relaxation protocol, developed by Aaruthal counsellors.

### **To what extent can research help improve the mental well-being of the affected children in Sri Lanka?**

So far, very little rigorous scientific research has been carried out exploring the impact of the recent armed conflict, the multiple displacements and the so-called ‘resettlement’ on the mental well-being of Sri Lanka’s children. Exceptions are the work of vivo international in the Vanni region of Sri Lanka in 2003, and the research conducted by Daya Somasundaram, former professor of psychiatry at Jaffna University, who fled Sri Lanka in late 2005.

One reason for the lack of such studies is that it has long been nearly impossible to conduct research in the areas most badly affected by the war. Neither journalists nor researchers were given permission to visit the refugee camps, let alone that anyone was allowed to organize psychosocial programmes. Recently though, we have been getting better insight into the daily realities of the people who live there, because some of our counsellors visited the camps and war-torn areas despite official restrictions.

Officials and politicians have also shared some of their observations in the newspapers, but few of them are receptive to the idea that people are suffering from psychological issues. The accounts from people who come to our centre for psychological treatment are the most

important contributions to our growing understanding of the problem. They help us put together the pieces of the puzzle that contribute to their suffering and trauma.

Yet I believe that unless we start conducting research more systematically, we may not be able to help the children overcome their trauma permanently. We need to have a much better understanding of what their needs are. It can be harmful to skip research and only use your intuition when implementing psychosocial activities, especially in a post-conflict and post-disaster country such as Sri Lanka.

### **What kind of new research do you think is most urgently needed?**

First of all, research should focus on PTSD and anxiety disorders and the specific way that they affect war victims in Sri Lanka. But these studies should not exclusively focus on the individual, which is the standard approach. Instead, the focus should also be at the family level.

The few studies conducted so far have all shown the dramatic effect that trauma has on individual lives, and on the families and communities to which they belong. Family violence and inadequate parenting strategies are consequences of the war, but in turn they further aggravate children’s traumas.

Research should therefore focus on the dynamics between mental health and family life in societies where many adults and children suffer from PTSD. This kind of research could contribute to the development of empirically based treatment methodologies for adults and their families and to the development of psycho-educational programmes in schools.

In concrete terms, the research should help develop evidence-based, short-term modules that lay counsellors can use to treat trauma and stress-related mental health disorders, such as PTSD, depression, suicidal tendencies and alcohol abuse. It could also provide counsellors with effective educational, mediation and parenting strategies to stop and reverse the cycle of violence at the family level. It is a major challenge to package this in a practical and efficacious manner, not just for Sri Lanka, but all places in the world affected by conflict. ■

*More information on Aaruthal’s work can be found at [www.aaruthal.org](http://www.aaruthal.org), and about vivo international at [www.vivo.org](http://www.vivo.org).*