

Reflections

On the Psychosocial Sector

“FOR A BETTER TOMORROW”

A divisional level mobile awareness programme on psychosocial themes in the Trincomalee District.

**Dr. T. Gadambanathan,
Technical Advisor, CENT**

A common observation made by service providers in the Trincomalee District is the deteriorating marital relationships over the past few years. Police stations throughout the district receive a number of related complaints. In addition, governmental and non-governmental service providers also observed this unhealthy trend. A recent study on suicidal behaviour in the district revealed that relationship problems were the cause of most suicide attempts. Poor relationships and early marriage, extra-marital affairs, and domestic violence were identified as

key issues, in various DS Divisions, in a survey on psychosocial strengths and difficulties. The ongoing conflict adds to these vulnerabilities, which then results in existing psychosocial issues being aggravated and having an impact on the degree of coping.

Recently, there has been an increase in underage marriages; people are unprepared to undertake added responsibilities. This is due to a multitude of reasons, directly or indirectly, related to the war or conflict situation. Unfortunately early marriages are not paving way to harmony but are, on the contrary, becoming the foci for many long-term problems such as marital disharmony, domestic violence, and sometimes alcohol misuse.

Based on these, and as the District Psychosocial Network, CENT decided to start a campaign against these increasing unhealthy trends, with support, partnership, and participation of its member organisations. “For a better future” is one such awareness raising programme carried out through culturally friendly creative activities.

Objective

To enhance psychosocial wellbeing of people through awareness programmes based on cultural art forms and use of creative activities.

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“FOR A BETTER TOMORROW” ...

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Specific objectives

- 1 To increase awareness on psychosocial issues through creative activities conducted by a visiting team; and
- 2 To increase community participation for every session by integrating people as actors.

Target beneficiaries

School going children and the larger community of resettled villagers of Eachchilampattu were the target group of the programme. Approximately 100 school children from 10–16 years and approximately 100 adults from communities of Poonagar participated in the programme.

IMPLEMENTATION

Pilot programmes of this nature, which started with the arrival of the mobile team to Eachchilampattu, were held on the 15th of March, 2008. The first programme was held at the Poonagar Junction with the participation of school children. The second programme was held in proximity to the Child Wellbeing Centre managed by CCF.

SCRIPT FOR THE STREET DRAMA (ABRIDGED VERSION)

In this drama, actors perform to highlight many psychosocial problems including early marriage, teenage pregnancy, alcohol abuse, child abuse, domestic violence, and child labour.

This story is centred on Subashini, a 15-year-old school girl, her mother who is working as a domestic servant, and her alcoholic uncle. Her uncle, in his drunken state, promises her hand in marriage to one of his 30-year-old associate, who has separated from his wife. Failing at first, her uncle and mother finally succeeded in convincing her to consent to the marriage. As



a result, the child was also stopped from going to school. The drama further illustrates the hardships and harassment that she endures at the hands of her husband and his sister. She suffers physical and emotional abuse in silence. In the meantime, she becomes pregnant and is unable to cope with heavy burdens at home.

At this point, the husband meets his former wife and brings her home. A big commotion occurs at home and the pregnant Subashini is thrown out of her home. A song elaborating her emotions and thought, and thus her grievances and hopelessness, ends the drama at this point.

This event was a collaborative effort of CENT’s members – SEWALANKA (funding), CCF (security clearance and logistical support), UNITED HANDS (actors for the performance), PETRO (funding), and the Mental Health Unit in Trincomalee (technical support and guidance). In addition, SSED and CARE International were actively involved in organising the activity.

Voices of some participants.....

“Programmes of this nature should be held in other parts of our village (Eachchilampattu).” (Young male)

“Child labour is one of the main problems. It will be good if a programme depicting its effects can be held in the future.” (Middle-aged mother)

“We will concentrate on our studies, continue our schooling, and never say yes to early marriage.” (Group of children)

The next “For a better tomorrow” programme is scheduled to be held on the 15th of April, 2008 in Poomarathadichenai, Vattuvan, and Mavadichenai, other villages in the Eachchilampattu DS Division.

“TOGETHER WE WILL UNITE AND STRIVE FOR A BETTER TOMORROW.”

Alcohol and Drug Prevention for Psychosocial Workers

**Ravi Kandiah,
FORUT Sri Lanka**

In their day-to-day work, psychosocial workers often encounter persons affected by alcohol and drug related problems. Many have expressed that participating in the alcohol and drug prevention programme is additional work. What they fail to see is the manner in which it could improve the impact and result of the work they already doing. For example, an organisation working with prevention of suicide could increase its impact through the prevention of alcohol or drugs, which in turn triggers suicide. A practical hands-on way of dealing with alcohol and drug problems is discussed.

Define the problem

As the first step of intervention, it is important to have an overall 'picture' of the alcohol or drug problems in a community. A practical way to do it would be to request persons affected by alcohol or drug problems to share their experiences. Type of substance(s) used, age, gender, social group of the user, and the geographical location could be amongst the information gathered. They could also elaborate on issues related to social, health, cultural, and economic consequences of alcohol and drug abuse. In addition, request for their comments on social, cultural, economic, and personal factors that promote the use of alcohol or drugs.

One method would be to gather secondary data related to alcohol or drug abuse available in reports, official statistics, and other documentation of

organisations. Another option could be to interview those who come into contact with alcohol or drug abusers on a daily basis, including health, law enforcement, and other Government officials. More scientific surveys can be formulated if the need arises. A more systematic problem description on Assessment of Alcohol and Drug Problems is available at www.add-resources.org/tools.

Decide on action

What can be done with the information collected on alcohol and drug use, and related problems? A properly devised alcohol or drug prevention programme

As the first step of intervention, it is important to have an overall 'picture' of the alcohol or drug problems in a community.

could add value to the existing work of many organisations and open doors to new opportunities. However, organisations need to have a clear idea as to the kind of impact and result they aim to achieve by engaging in alcohol or drug prevention programmes, and the role they intend to play from the outset.

The psychosocial worker and the organisation must decide on the amount of time spent and resources that they are prepared to invest and the result they expect from it. The preliminary assessment could give an idea about interventions needed and commitment of resources. The

organisation should be prudent in selecting one problem or a more specific aspect of the problem that is more manageable for the organisation, based on its resources.

Understand the issues

Having done the preliminary assessment, the information collected could be general or even vague. The information needs to be interpreted according to social and economic contexts and relevant issues need to be identified. Hence, the alcohol or drug use problem needs to be analysed in term of characteristics and magnitude.

Once there is a clear understanding of characteristics and magnitude of the issues, it would be advisable to work out partnerships with other agencies and organisations, which have a common interest, and obtain their support rather than working alone. This creates possibilities to pool expertise and resources, thereby creating synergy. Some organisations may already have some understanding on dealing with alcohol, drugs or health related issues and would serve as an asset.

Stakeholders and partnerships

Networking with stakeholders is an effective way of dealing with alcohol and drug problems. Support groups to deal with alcohol and drug use problems could be enlisted from family members of affected persons and community groups such as women and youth. Healthcare, law enforcement, and local Government organisations have a responsibility in dealing with alcohol and drug use in the community. Professionals, activist groups, and the

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PSF Activities

The General Psychosocial Forum Meetings were held on the 25th of January, 22nd of February, and 25th of April at the Consortium of Humanitarian Agencies (CHA).

In addition, the following Working Group Meetings were held:

- Conceptual Clarity Working Group meeting: 09th of April
- Guidelines Working Group meeting: 12th of March and 09th of April
- Capacity Building Working Group meeting: 12th of March and 09th of April
- Regional initiatives working group Meeting: 12th of March and 09th of April

The following workshops were conducted at the SAM-UTTHANA Centre in accordance with the MoU signed between CHA and SAMUTTHANA for collaborative capacity building initiatives:

- 04th of January – Training and Supervision on Children in Stressful Situations – Basic Concepts and Principles by Dr. Anula Nikapota in Hambantota
- 11th of January – Training on Stress Management by Prof. Rachel Tribe in Colombo
- 12th of January – Training on Disaster Management by Ms. Selvika Sahathevan in Batticaloa
- 18th of January – Workshop on Gender Issues by Ms. Selvika Sahathevan in Batticaloa
- 29th of January – Workshop on Human Rights by Mr. Sriskumar and Mr. Jeyarasa from Human Rights Commission in Batticaloa
- 09th and 12th of February – Workshop on Human Rights by Mr. Sriskumar and Mr. Jeyarasa from Human Rights Commission in Batticaloa
- 15th of February – Workshop on Working with Alcohol Problems; supervision and case studies by Dr. Shamil Wanigaratne
- 19th of February – Launch of Master of Philosophy in Clinical Psychology (MPhil) by UK-SL Trauma Group, University of Colombo
- 27th and 28th of February – Workshop on Bereavement in Children by Prof. Bill Yule in Colombo
- 21st, 22nd and 25th of February – Training in Counselling at Shanthiham Jaffna
- 01st of March – Early Marriage and Pregnancy in Batticaloa

- 06th of March – Disputes among Tsunami Resettled Families AIDS and Family Planning by Mr. Duminda Wanigasekara; collaborating with CHA and Sewa Lanka in Ambalangoda (Hambantota District)
- 08th and 11th of March – Leadership Programme in Batticaloa
- 12th of March – Training in Counselling in Batticaloa
- 15th and 17th of March – Health and Nutrition, Conflict Sensitivity and Children and their Problems by Mr. Duminda Wanigasekara in Hambantota
- 20th, 21st and 23rd of March – Training on Non-Violent Communication; conducted in Vadamaarachchi, Jaffna
- 24th of March – Training on How to work with Children; conducted in Hambantota
- 27th of March – Workshop on Depression – Assessment and Treatment by Dr. Judi Bolton; conducted in Colombo
- 27th of March – Workshop on Depression – Assessment and Treatment by Dr. Judy Bolton, Consultant Clinical Psychologist
- 28th of March – Workshop on Mental Health in Old Age by Rev. Fr. Rajanayagam; conducted in Jaffna
- 29th of March – Workshop on Substance Abuse in Resettled Children by Mr. Duminda Wanigasekara in collaboration with Counselling Assistant – Southern Provincial Council in Hambantota
- 02nd of April – Session with Dr. Shanthly Parameswaran – Consultant Child and Adolescent Psychiatrist at SAMUTTHANA Centre

Contributions were also made towards the following workshops and programmes, to strengthen regional initiatives in the districts:

Galle:

- 21st of January, 2008 – Psychosocial Workshop for Parents and Children at Child and Youth Development Centre Boosa
- Children's Programme – to increase their level of self-esteem (100 children)

To join the Psychosocial Forum (CHA) contact:
 The Psychosocial Coordinator – PSF
 Consortium of Humanitarian Agencies (CHA),
 No: 86, Rosmead Place,
 Colombo 07.
 Tel: 4610943 ext.133
 E-mail: psfcoord@cha.lk

General Psychosocial Forum Meetings are held every 3rd Friday of the month at 10.00a.m. at CHA

- Parents Programme – to improve communication between parents and children, reducing child abuse, how to support children in increasing self-esteem (96 parents participated)

Hambantota and Galle:

- 14th and 15th of February – Workshop on Future Voyage – Clarity for Purpose and Achievement of Life was conducted for youth and adolescents in surrounding villages, PS workers in the district, and volunteers at the Sewa Lanka home centre, conducted by Ranjitha K. Kulathunga.

Negombo:

- 25th of March – Training on Capacity Building for Psychosocial Workers on Alcohol, Drug and Development Activities, jointly initiated by PSF and Forut with Janawabodaya, Negombo.

Support for publications and media advocacy:

Jaffna – January to March, 2008 issue of the Psychosocial Newsletter



Cross-Regional Networking Initiatives, Linkages, and Referrals:

Batticaloa – The Psychosocial Network was formed and the team is in the process of contacting relevant district authorities and organisations involved in psychosocial work to sensitise them on the subject and reforming the Psychosocial Network team in the Batticaloa District (referrals were made between the RDHS, psychosocial INGOs, NGOs, institutions, and schools, for this initiative).

Psychosocial Training Programme at Caritas Sri Lanka – SEDEC

“This course gave me confidence to put theory into practice,” said Ms. Singarayan Rosario, who successfully completed the psychosocial training programme. Similarly, 45 other psychosocial workers were awarded certificates after completing the one year training in Trincomalee on the 03rd of April. The Psychosocial Unit of Caritas Sri Lanka (CSL) – SEDEC and Caritas Trincomalee – EHED initiated the programme, through the Psychosocial Empowerment Training and Research Organisation (PETRO) – training unit of CENT, with technical expertise from the Mental Health Unit, Trincomalee.

The 12 module course was conducted by a resource team headed by Dr. T. Gadambanathan, Technical Advisor of CENT and Psychiatrist, Mental Health Unit in Trincomalee. It is significant that this certificate was also signed by Dr. Hiranthi de Silva, Director, Mental Health Directorate and the support she extended for this district initiative is very much appreciable. This course will enable participants to pursue their higher studies in the psychosocial sector.

Singarayan Rosario joined Caritas Trincomalee – EHED in 2002 as a psychosocial worker. The training has enabled her to carry out her work more



efficiently. “I was empowered to empower people,” she adds. As at February 2008, a total of 590 psychosocial workers have received training and 8,660 people’s

psychosocial needs have been supported.

The Chief Guest Rev. Fr. Damian Fernando, National Director of CSL – SEDEC addressing the event, said, “Though these psychosocial workers have weathered many problems themselves, they are committed to uplift the downtrodden.” He also mentioned that this training programme should be initiated in other dioceses.

Rev. Fr. Francis Xavier – Diocesan Director of Caritas Trincomalee – EHED, Rev. Sr. Fatimanayaki A. C. – National Psychosocial Coordinator, National and Diocesan Staff of the Tsunami Programme, and Dr. E. G. Gnanagunalan – Regional Director of Health Services, were also present for the ceremony.

Nilooa Fernando
Communications Officer
Caritas Sri Lanka - SEDEC



Importance of raising awareness on mental health for communities

Lakmal Ponnampereuma

It is doubtless that the Sri Lankan mental health sector is still in its infancy stage. Psychiatrists and Counsellors are often recognised as representatives in this field. Treatment and interventions are still limited to the hospital setting; community level mental health programmes and interventions are minimal. Few isolated attempts can be seen, but they are not effective enough to raise awareness at the community level.

Most rural communities have their own interpretations of mental disorders and illnesses. Often times, mild psychological problems are highly exaggerated in these cultural settings. Further, their attitudes toward mental health are involved with concepts of insanity/lunacy and asylum.

In most societies, including urban societies, the Angoda Psychiatric Hospital is still recognised as a lunatic asylum. Similarly, people who are differently able are still referred to as disabled people, and children in institutions are often called orphans.

This reflects limitations in awareness raising programmes conducted in various settings. However, it is not justifiable to criticise these attempts. What is needed is to make a model for community mental health awareness programmes.

Further, it is necessary to take into account that most programmes implemented at the community level, including birth contraceptive programmes and women empowerment programmes, have yet not reached their targets. Therefore, these awareness programmes and interventions may not indicate much progress in the beginning.

Before turning to the community, it is more practical to start these programmes in schools as other health programmes do. Vaccination pro-

In actual fact, awareness raising is a crucial means to protect people suffering from mental illnesses, since it is also one of the Government policies.

grammes that were implemented at the school level were successful. Also, in school development settings, it is necessary to make teachers aware of developmental psychological aspects through psycho-education in order for them to understand their role in dealing with a child who is in need of protection, a differently able child, or a child with a developmental disorder. This will enable them to manage the problem with assistance from relevant professionals. For example, a child who displays conflict relationships in school may have a good and close relationship with family members.

However, the Sri Lankan schools are on the verge of excluding these children from school. Sometimes parents who lack psycho-education often tend to accept the decision of the school authority. Starting psycho-education in schools, and then gradually moving it to families, would be a better way to initiate mental health awareness among Sri Lankan communities.

This is no easy task as it deals with changing the attitudes of the Sri Lankans. However, as stated earlier, it is

worth highlighting communities' own interpretation towards mental health and mental illnesses rather than forcing external frameworks on communities.

Moreover, Sinhalese mental health vocabulary is still not strong enough to conduct community awareness programmes and it has to be improved within the vocabulary for use of the ordinary people. Most terms on mental illnesses are far beyond their understanding.

In this issue, mental health professionals and volunteer organisations could play a key role in collaboration with relevant Government authorities. In actual fact, awareness raising is a crucial means to protect people suffering from mental illnesses, since it is also one of the Government policies.

Depression is the Impression left by Fear

By Nileshe Goonesekera

*Nothingness is what I feel,
Emptiness in my soul,
It's like a plague that never goes away...*

*Does anyone care?
A thought that pierces my heart and mind,
This is not a life I want to live*

*You thought your life is good,
And it's torn away,
It's so dark, oh what a curse!*

*Being depressed is a state of mind,
One that can be overcome,
With prayers and concern*

*So let's not wait for a predicament
To lend a hand to those depressed,
For life may be swept away,
With just a single mistake*



Sub-Committees contribution towards psychosocial work in Vavuniya District

One of the sub-committees of the NGO Consortium in the Vavuniya District, namely the Sub-Committee for Psychosocial Work, has been functioning successfully.

The Sub-Committees' objectives include the following:

- to strengthen integration among member organisations;
- to avoid duplication;
- to assist in successfully imple-

menting programme activities;

- to build up a network at the district level and outside the district; and
- to enhance capacity building.

The Sub-Committee for Psychosocial

Date and Time	Participants		Subject	Resource Person(s)	Venue
12.01.07 9.00am- 5.00pm	Non-Governmental Organisation (14)	29	Alcoholism, suicide, mental affliction	Dr. Suthakaran	RDF – TRC
			Mental health	Mr. M. Kalanithi	
			Social support	Mr. N. Ketheeswaran	
08.03.07 9.00am- 5.00pm	GSO, SDO, GN, DA	27	Alcoholism, suicide, mental affliction	Dr. Suthakaran	Chettikulam District Secretariat
			Social support	Mr. N. Ketheeswaran	
20.03.07 8.00am- 3.00pm	ISA, PHI, Principal, Teacher Counsellors	25	Suicide	Dr. Suthakaran	RDF – TRC
			Child abuse	Mr. N. Ketheeswaran	
22.06.07 30.06.07 01.07.07	Non-Governmental Organisations	30	Project proposal, budget preparation, and preparation of work schedule	Mr. K. Swarnarajah Mr. S. Paramanatham	RDF – TRC
27.06.07	Vavuniya National College of Education	41	Child abuse, child rights	Mr. N. Ketheeswaran Mr. J. Kennedy	Hall, Vavuniya National College of Education
27.07.07 28.07.07	Non-Governmental Organisations	25	Strengthening the network of education work among Non-Governmental Organisations in the Vavuniya District	Mr. Peter Sinclair	RDF – TRC
21.12.07 22.12.07	Non-Governmental Organisations	40	Strengthening the network of education work among Non-Governmental Organisation of Vavuniya District	Mr. K. Swarnarajah Mr. S. Paramanatham	RDF – TRC

Work integrates organisations involved in psychosocial activities and functions as one body. It identifies drawbacks related to psychosocial issues of war affected persons, displaced, and resettled persons, in addition to holding monthly discussions on activities undertaken by member organisations involved in the recovery process and obstacles they face. The Sub-Committee has a membership of 17 NGOs and five Governmental organisations as Observers. Monthly reports of these discussions are being prepared and submitted to the Executive Committee.

Following a voluntary offer from UNICEF to assist in strengthening the Sub-Committee, the latter put forward a proposal to integrate and strengthen the psychosocial network in the Vavuniya District. This was accepted by UNICEF and it has been operation since October, 2006. The key activities of this proposal are:

- to organise workshops to provide training on psychosocial approaches to particular psychosocial workers;
- to conduct psychosocial training and awareness programmes and workshops;
- to observe internationally important days (World Mental Health Day);
- to strengthen relationships with psychosocial organisations in other districts;
- to monitor psychosocial activities in Vavuniya District;
- to conduct monthly meetings pertaining psychosocial work;
- to identify activities of psychosocial Resource Persons; and
- to collect information on psychosocial work of NGOs in the Vavuniya District and compile into a directory.

The Sub-Committee for Psychosocial Work conducted the following work-

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by them.*

shops as a part of its planned activities; workshop details are as follows:

- **Workshop on Awareness Raising** – The workshop specifically focused on child abuse, child rights, suicide attacks, and the psychological impact.
- **Workshop on Strengthening the Network among NGOs in the Vavuniya District** – Training on ways to strengthen the network between the Government and Non-Governmental Organisations in the Vavuniya District.

- **Workshop on Proposals and Budgeting** – Useful training was provided on how to present proposals, and prepare budgets and work schedules.

These trainings and awareness raising programmes have resulted in better achieving goals.

World Mental Health Day

This year's World Mental Health Day was celebrated well. The theme for this celebration was 'Impact of culture and diversity on Mental Health in the Changing World'. This was a school based celebration. Manuals and badges prepared with the assistance of the Mental Health Unit of the Vavuniya District General Hospital, to celebrate World Health Day, were distributed to all schools in Vavuniya North and Vavuniya South zones. These badges were also distributed to Government and Non-Governmental Organisations in the Vavuniya District and a workshop was also conducted to celebrate this day.

Dance Therapy

Nileshi Goonesekera

Dance, movement and rhythmic behaviour are psycho-therapeutic. Its use can assist emotional, cognitive, social and physical integration of the individual. It does not necessarily require music.

Movement therapy involves moving the body, in order to release past traumatic experiences that have affected the individual's present state and allows knowledge of self-acceptance.

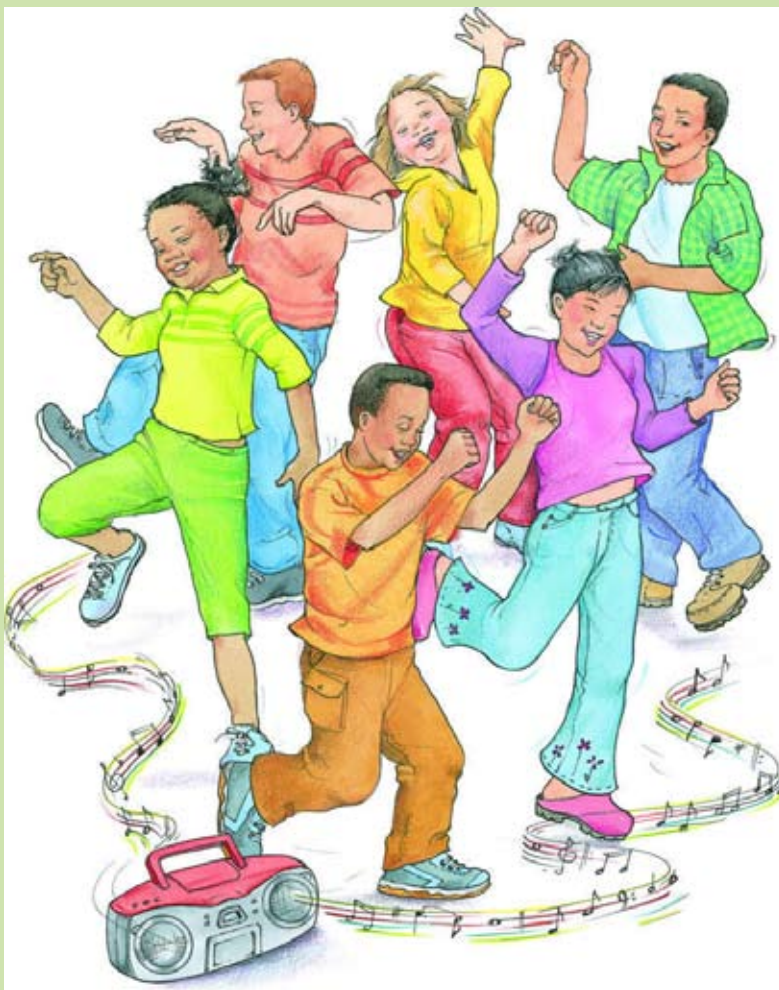
Dance and movement therapy is designed to increase energy and vitality both mentally and physically and is a creative arts therapy.

Therapists who are helping employ themselves in areas of psychiatry, correctional facilities, development centres, special schools and centres, and rehabilitation facilities.

Clinical reports of individuals, who suffer from stress, anxiety and depression, insecurity with isolation, chronic pain and body tension, and diseases such as diabetes, insomnia, asthma, arthritis, and AIDS amongst others, reveal that dance therapy helps. It develops body image, improves self-confidence and reduces stress. It can help bring on a feeling of wellbeing which helps in increased desire for interaction and communication skills.

It is true that our five senses send mes-

sages to the brain through our nerves and a specific reaction takes place. Our body language reveals our mood or emotion. When the body does not react to the messages it seems that it has blown an emotional fuse and retreated.



Dance and movement therapy is designed to increase energy and vitality both mentally and physically and is a creative arts therapy.

In dance therapy patients are taught to act out hidden hurts. By doing so the patient is able to come to terms with

the issue and learn to deal with the emotional problem.

Dance therapy is useful as a form of exercise. It improves self-awareness emotionally and is a form of communicating feelings. It also enhances the circulatory and respiratory systems of the body. Dance therapy uses movements, props, variation of rhythm, gestures, and improvisation stimulates emotional change.

For children, it helps to develop spatial awareness, memory, sequencing skills and team work. Dancing in groups increases self-confidence and self-esteem, while creating opportunities to share ideas and stories, through the use of body movements.

An example of dance therapy was used on a group of teenagers suffering from emotional and physical abuse. They were asked to sit in a group; note that these teenagers were not talkative to say the least. Hence, they were asked to hold hands and take slow turns to music, as this was a non verbal

form of therapy, which helps them interact with others and free themselves in music and dance.

Each person's reaction to the therapeutic form differs, but the majority expresses that dance therapy is an immense stress reliever. It is more than an exercise; it can store equilibrium within mind, body and spirit.

Alcohol and Drug Prevention for Psychosocial Workers...

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media can also play a critical role in this regard. The coalitions need to work for community action and advocacy. Organisations, institutions, groups, and individuals need to work with a common vision, when coupled with leadership and a clear agenda, could mobilise partners for alcohol and drug prevention more effectively.

Determinants of the problem

It is important to better understand reasons and mechanisms that trigger alcohol or drug consumption, which gradually increase, in order to identify effective interventions. Factors that control or influence the use are called determinants. These could be social, cultural or environmental, biological, and psychological determinants. Substance, Trade, Environment, Person (STEP) Model, illustrates determinants of alcohol and drug use.

Substance refers to characteristics of substances such as intoxication, dependence, and other attributes. Trade involves the economical aspects of substance abuse that include vested interests in production and distribution of alcohol and drugs, price of substances, purchasing power, and others. Environment refers to the social context, including factors such as values, traditions, norms, and peer pressure. Person refers to the personal characteristics of the user. An assessment of the influence and importance of determinants are helpful in determining suitable strategies and interventions.

Strategies and interventions

Among many things done with good intentions, some undoubtedly improve our world whilst a good part of our effort goes waste. This is mainly due to the lack of a clear enough idea how

best to get the required results. Hence, choosing correct strategies and interventions is crucial. The right choices must be made with the objective to achieve maximum results with minimum resources.

Professor Diyanath Samarasinghe, in “Strategies to Address Alcohol Problems”, guides to design effective strategies for intervention: www.add-resources.org/tools. Control policies, education, and mobilisation are major components of strategies to deal with alcohol problems. *Control policies* refer to interventions by governments to re-

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duce availability of a substance, from a health and social point of view. *Education* involves training professionals, educating consumers, parents, youth, and others. It also includes campaigns to raise awareness, challenge, and advocate on the need for control policies. *Mobilisation* makes alcohol and drug prevention a part of the agenda for social and political movement. In addition, it links the issue to other key policy issues and involves the leadership and members in practical activities.

Thomas Babor et al, in a WHO-sponsored study “Alcohol – No Ordinary Commodity”, had evaluated and suggested ways to select effective policy interventions based on scientific evidence: www.add-resources.org/publications.

Ironically, more effective measures based on science, such as restrictions on availability, are less popular. On the other hand, most popular interventions like providing information on alcohol and drug problems are least effective. Coordinated interventions are more effective than single and isolated activities.

Integrate

Support is needed, both from within the organisation and from external sources, in order to make alcohol and drug prevention activities successful. Alcohol and drug prevention activities need to have some relevance to mainstream programmes and activities of the organisation. It will draw more effectively on the already existing competence within the organisation. Linking up with other organisations for alcohol and drug prevention related issues, such as Gender Based Violence or Violence against Women and Children, is also important.

Advocating with decision makers of organisations will be required to get their support. Potential parties implementing alcohol or drug interventions need to be trained. Persons within the organisation with a basic knowledge and skills could be trained in alcohol and drug prevention. Specialised knowledge and expertise is not always needed. Commitment and correct attitudes are as important as knowledge and skills.

The challenge of working with persons and families affected by alcohol and drug abuse problems, the experience gained from it, and the reward you get having put a smile on their faces are all worth the effort.

The writer is the Coordinator for Alcohol, Drugs and Development at FORUT Sri Lanka, a resource center for alcohol and drug prevention for the Psycho-Social Forum. For comments and discussion: ravi@forut.lk

• Jaffna District

Jaffna Psychosocial Forum
Meetings are held monthly (3rd week of the month Thursday)
Venue: RDHS office Jaffna
Contact Point: Mr. Krishnakumar on 021-222 2278 Direct line - 021-2223911
Email: gkrish26@gmail.com

• Mannar District

Mannar Psychosocial Forum Meeting
Meetings are held monthly
Venue: RDHS Office (facilitated by Sewa Lanka Foundation)
Contact Point: Dr. Sujatha, MH Unit, General Hospital, Mannar on 023-2222261

• Trincomalee District

Community Empowerment Network - Trincomalee (CENT)
Meetings are held every other week on Fridays at 10.00 A.M.
Venue: MH Unit, General Hospital, Trincomalee
Contact Point: Mr. A. Anantharasa on 077-6014739
Email: centcoord@gmail.com

• Ampara District

Meetings are held monthly (last Thursday of every month at 10.00 A.M)
Venue: Auditorium, RDHS Office, Kalmunai
Contact Point: Dr Nazeer on 077-3076205 / 067-2222711
Email: dpdhska@sltnet.lk

• Hambantota District

Contact person : Mr. Ranjan Prasanna, CHA Psychosocial Officer on 047-2220367
Email: psfo-ham@cha.lk

• Matara District

The Psychosocial Forum (last Thursday of every month at 10.30 a.m.)
Venue: Auditorium of Matara CHA District Office
Contact Point: Ms. Niruka Sandarani, Psychosocial Officer of Matara on 0412231521
Email: psfo-mtr@cha.lk

• Galle District

The Psychosocial Forum (last Wednesday of every month at 10.30 a.m.)
Venue: RDHS Office, Galle
Contact Point: Mr. Subodha Kalupe, Psychosocial Officer of Galle District on 091-2226477
Email: psfo-gal@cha.lk

• Moneragala District

Contact Point : Mr. K.B Rathnayaka on Tel: 055-2273857
Email: kbrwelldev@sltnet.lk

• Puttalam District

Venue: Conference Hall, District Secretariat – Puttalam (facilitated by Child Vision)
(Please contact the contact point to get information about time and dates)
Contact Point: Mr. Ejaz Abuthahir on 0785-389056, 032-2267457
Email: childvision@sltnet.lk

• Anuradhapura District

Venue: District Child Development Committee (DCDC) (facilitated by Child Vision)
(Please contact the contact point to get information about time and dates)
Contact Point: Mr. Ejaz Abuthahir on 0785-389056
Email: childvision@sltnet.lk

• Vavuniya District

Meetings are held monthly on 1st Tuesday at 2.30pm
Venue: NGO Consortium, Vavuniya
Contact Point: Ms Vasuki Shanmugaligam on 024-4589290
Email: vanco@sltnet.lk

• Batticaloa District

Venue: CHA, 421, Trincomalee Road, Batticaloa
Contact Point: Dr. Dr. K. Arulanandem on 065-2222267, 065-2222261 Mobile: 077-4405511
Email: arulanandem22@yahoo.com

REFLECTIONS TEAM

Ms. Nisansala Gamage Gunasekara
PSF Coordinator

Ms. Judith Jayaratnam
District Liaising Officer

Dr. Gadambanathan
Psychiatrist

Mr. Nilanga Abeysinghe
Programme Development Officer
- Mental Health

Disclaimer:

The 'REFLECTIONS' Team cannot be held responsible for the views presented in the newsletter.

THE PSYCHOSOCIAL FORUM OF CHA

Our Vision is to enhance psychosocial wellbeing within Sri Lanka by strengthening the psychosocial sector by promoting the psychosocial sector.

Our Mission is to enhance quality, competence and accountability in the psychosocial work of individuals organisations/institutions.

The Objectives, outputs and activities of the Forum are determined by the Forum at strategic planning sessions, which it holds from time to time.

Functions of the Forum

It is a forum for open discussions, strategic action and the sharing of information on organisational activities on psychosocial work. The Psychosocial Forum of CHA has a membership comprising likeminded organisations. The participants meet periodically to discuss psychosocial issues. The forum assists networking on psychosocial programmes among local and international NGOs.

Have your say!

We welcome any articles with regard to pressing issues in the psychosocial sector in Sri Lanka, written by you. Let's make this newsletter a tool through which we can address issues penetrating our society.

*To receive copies of publication/
submit articles contact:*

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