

Reflections

On the Psychosocial Sector

A community based model for mental health services

With the support of international donors such as the Governments of Finland and Ireland and the NGO World Vision Australia, the World Health Organization's (WHO) Mental Health team supports the Ministry of Healthcare and Nutrition to develop community based mental health activities in Sri Lanka. An example of the activities' good results can be seen in Kalmunai, Ampara District.

Kalmunai, June 16 – Lakshmi's mother is a patient at the Mental Health Acute Ward of the Kalmunai Base Hospital, located in the Ampara District in the Eastern Province of Sri Lanka. The district was, one of the most severely devastated areas in the country, by

the 2004 tsunami. Lakshmi's mother is better since she started receiving assistance from the hospital's Mental Health Team, but has yet not recovered completely. "We are very happy because we see our mother improving. Also, my younger sister and I are allowed to stay in the hospital 24 hours and consult nurses any time we need," Lakshmi said. Families of patients staying in this ward are also provided with lodging.

Hameen, one of the three Psychiatrist Social Workers in the Kalmunai District, says, "We consider it really important that patients maintain their family links while staying in the Acute Ward, so we provide them with the possibility to stay in the hospital any time their relatives need to be here." In general, patients stay no longer than two weeks in the Acute Ward of the hospital; they stay there only during the most difficult stages of their mental illness.

Thanks to the support of WHO Sri Lanka, the Kalmunai Base Hospital set up one of the most complete mental health services in the country. Apart from the mental health services at the hospital, there are outreach clinics to reach patient in remote areas of the district, as well as the provision of follow-up mental health care through a group of 43 Mental Health Community Support Officers (CSOs) spread across the district. They regularly visit patients who have been already discharged from the Acute Ward, but are still in need of regular check-ups.

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Dear Reader,

Welcome to the second edition of this year's 'Reflections' newsletter!

The main focus of this edition is 'Capacity Building in the Psychosocial Sector'. The articles 'Psychosocial initiatives in Districts: Puttalam and Anuradhapura' and the news item on the book release of the Trincomalee Psychosocial Network bares witness to the importance given in the District Psychosocial Networks with regard to the aspect of Capacity Building. Thus, quantitatively, activities in the sector may have seen a reduction in terms of implementation, with the focus increasingly shifting to upgrading the quality of service.

'A Successful Community Based Model for Mental Health Services' also fills the space of this quarter's newsletter. The model gives insight as to how the mental health services could be taken to the community and how family members can be involved to support people who need medical assistance.

For those interested in problems prevailing in southern Sri Lanka, 'A Survey on Attempted Suicide in Matara District' and the 'Psychosocial Activities – Criticism and a Success Story' would be interesting topics to explore.

An update on PSF Activities, which reflects on activities of the PSF at the National and District levels, is also provided.

As you are already aware, this newsletter is a platform to share information, new knowledge, ideas, and activities pertaining to the psychosocial sector. The Psychosocial Forum of CHA, therefore, welcomes members and individuals to share their thoughts and views on areas that need improvement.

Further, I extend my gratitude to all those who contributed to this issue by way of articles, translations, and editing.

Nisansala Gunasekara
Editor

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A community based model...

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Mohan, one of the patients discharged from the Acute Ward at the Kalmunai Base Hospital, had shown positive progress during one of the CSOs' follow-up visits. "I feel much better now. I could even go back to my job as a Tailor and I am getting married very soon," Mohan said.

He added, "I am taking my medicine regularly and the CSOs help me in case I need any kind of assistance." A team of experts trained the 43 CSOs working across the Kalmunai division on mental health issues and on the referring cases to specialists in the hospital. Also, they work very closely with communities on the identifying and referring of possible new cases of people in need of mental health assistance.

According to Hameen, "This community based approach is having excellent results and we hope to continue it in the coming months."

He added, "We are extending our services to support patients who no longer need to stay in the Acute Ward, but have no home to go to, or do not have a family member to support them." A new rehabilitation centre will open in July in the Kalmunai Division where approximately 20 former patients of the Acute Ward with no home will be able to stay for a maximum of six months, while acquiring working skills through vocational training. The idea is to prepare them for reintegration into society as self-reliant people.

It is estimated that about three per cent of the Sri Lankan population suffer from some type of serious mental health illness. Poverty, high consumption of alcohol, traumatic effects of the 2004 tsunami, and high levels of violence in the country (Sri Lanka is involved in a three decades long civil war) are



Community Support Officers at one of the trainings in Kalmunai

often causes associated with the high number of people affected by mental illness in the island. As a result, Sri Lanka has one of the highest suicide rates in the world.

Despite this situation, mental health services are very limited and unequally scattered across the country. Most of the services are concentrated in three big mental hospitals in the surroundings of the capital, Colombo. However, mental health services are very limited or are non-existent in other areas of the country, especially in rural areas.

Thanks to the support of the Governments of Finland and Ireland and World Vision Australia, WHO Sri Lanka is supporting the Ministry of Healthcare and Nutrition on the development of mental health services in seven tsunami affected districts of the country (Galle, Hambantota, Jaffna, Kalmunai, Kalutara, Matara, and Batticaloa). Once developed, the Ministry will eventually meet the full running costs.

Approximately 11 districts in the Central, Northern and Eastern Provinces have no mental health services available. According to the WHO Representative in Sri Lanka, Dr. Agostino Borra,

"WHO desperately needs the support of international donors to be able to provide mental health services in these areas."

He added, "The success of mental health services in areas such as Kalmunai Division proves that, with international support, new services could be successfully developed in other needy districts of the country."

A survey of 152 low to middle income countries showed that only three countries in the world – Sri Lanka, Chile, and Brazil – have shown success through mental health interventions at a national level. Dr. Borra concludes by saying, "WHO Sri Lanka's aim is to continue with this trend, establishing models of mental health services to be followed by other middle and low income countries."

(The real names of the patients interviewed have been changed to respect their privacy)

PSYCHOSOCIAL INITIATIVES IN DISTRICTS: PUTTALAM AND ANURADHAPURA

Psychosocial support is an important phenomenon in the current global situation where conflict and natural disasters have become part and parcel of life. It has a dual impact in Sri Lanka where people face enormous problems due to the war, especially in northern and eastern parts of the country, as well as the natural disasters.

The ethnic conflict has resulted in the psychological and emotional breakdown of people. Therefore, it is vital that NGOs implementing community activities collaborate with the Mental Health Unit, wherever possible, to progress towards a common mission and in order to comprehensively and effectively respond to victims of continuing conflict and violence.

It was found that Psychosocial (PS) support and the referral system among target community members are poor. Hence, PS partners and the community at large are very much confused as to how they can access PS assistance at the district level. Therefore, it was suggested to raise awareness among community members with stakeholders formulating the coordination and referral system, in order to ensure that there is a PS response mechanism in the Anuradhapura and Puttalam Districts.

It is vital that NGOs collaborate with the Government, especially the Mental Health Unit, in implementing community activities, in order to provide a comprehensive and effective response to affected communities in Anuradhapura and Puttalam Districts. Additionally, coordination of agencies wishing to implement psychosocial activities is important so that impacts on target beneficiaries are maximised.

Child Vision Sri Lanka, with the sponsorship of UNICEF and in partnership with District Secretariats, NIBM, and DCDC, trained 50 psychosocial support

workers (Government and NGO staff) in Anuradhapura and Puttalam Districts. Subsequently, a District Psychosocial Forum (DPSF) offering psychosocial services was setup in February and April, 2007 to cater to the community with due cognisance of member organisations. At present DPSF in both districts are linked to the national forum (CHA).

The main objectives of District Psychosocial Forum (DPSF) are:

- To strengthen networking and co-ordination among Government and non-governmental organisations, regional groups, international agencies, and projects who are involved in psychosocial activities in Puttalam and Anuradhapura Districts;
- To develop a functional referral and follow-up system for people requiring further specialised support;
- Develop a plan of action to enhance psychosocial wellbeing of people in Puttalam and Anuradhapura Districts;
- To improve information exchange, documentation and dissemination of psychosocial material;
- To provide a platform to discuss and exchange progressive/current ideologies in psychosocial work and interventions; and
- To provide neutral space for participants to share work of organisations and findings of research studies undertaken.

The DPSF in Puttalam and Anuradhapura Districts, which comprises members from various Government and non-government sectors, are working closely on various aspects including:

- Gender based violence;
- Drug abuse;
- Child abuse;
- Child labour and school dropouts – participants considered them a

priority;

- District child protection and development; and
- Community development.

The fora in both districts are also planning to extend their services and provide various support programmes at the community and school levels. Their future plans involve the following:

1. What can be done to help the child at the school level?
2. Community support;
3. What can be done as a social work organisation?
4. Minimising domestic violence and child abuse occurring in the community and protecting women and children from victimisation;
5. Educating children with regard to their basic rights in terms of education, health, proper nutrition, prevention of abuse through DPSF members in schools, communities, amongst others;
6. Extending psychosocial awareness programmes to the community at the grassroots level, in collaboration with DPSF members.

In spite formation and appropriate coordination among DPSF members in both districts, more awareness is still needed to strengthen the forums. They need constant encouragement and facilitation to proactively participate, conduct or organise activities. Child Vision is contributing all its effort to strengthen the DPSF in both districts through various types of activities and workshops through the national PS Forum, with SHADE organisation and Mental Health Unit building and strengthening their capacity in both districts. Child Vision perceives that the Psychosocial Forums in both districts will be strengthened and more functional by establishing an equal and balanced partnership between both Government and non-governmental sectors.

PSF Activities

The General Psychosocial Forum Meetings were held on the 23rd of May and the 20th of June at the Consortium of Humanitarian Agencies (Gte) Limited (CHA). The Bi-Annual Review Meeting of the PSF was also held on the 25th of July, 2008.

In addition, the following Working Group Meetings were held:

- 14th of May, 14th and 15th of June, and 09th of July – Capacity Building Working Group Meeting; and
- 14th of May – Regional Initiatives Working Group Meeting.

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

- **18th of June** – ‘Working Psychologically with the Elderly (Psychological Problems in Older Adults)’ by Dr. Adrienne Little, Consultant Clinical Psychologist – South London and Maudsley Foundation Trust at SAMUTTHANA Centre, Colombo.
- **02nd of July** – ‘Communication Skills in Mental Health Work (Assessments/Counselling and Psychotherapy)’ by Dr. Chris Barker and Dr. Nancy Pistrang, Senior Lecturers in Psychology – University College London, UK, at SAMUTTHANA Centre, Colombo.
- **09th of July** – ‘Dealing with Alcohol and Drug Misuse’ by Dr. Shamil Wanigaratne, Consultant Clinical Psychologist and Senior Lecturer – King’s College London for Psychiatrists and Psychologists, at SAMUTTHANA Centre, Colombo.
- **15th of July** – Talk on ‘Issues in Research into Mental Health Problems of Sri Lankan Housemaids Reintegrating after Working in the Middle East’ by Ms. Susan Salas Management Consultant and Researcher – Susan Salas Consulting Ltd., London at SAMUTTHANA

Centre, Colombo.

- **21st of July** – ‘Dealing with Alcohol and Drug Misuse’ Dr. Shamil Wanigaratne Consultant Clinical Psychologist and Hon Senior Lecturer - King’s College London in Seenigama Exclusive for the Counsellors of the ‘Rebuilding Lives Project’.
- **22nd of July** – ‘Addictions’ by Dr. Shamil Wanigaratne, Consultant Clinical Psychologist and Senior Lecturer – King’s College London, at SAMUTTHANA Centre, Hambantota.
- **25th of July 2008** – ‘Dealing with Alcohol and Drugs Misuse’ Seenigama Exclusive for Shakthi Niketana Counsellors

Contributions were made towards the following programmes to strengthen Regional Initiatives:

Galle

- A programme on ‘How to Work in a Positive Working Environment with Positive Attitudes’ was held on the 06th of July;
- A programme on ‘Alcohol Awareness’ and a street drama were conducted at Karandeniya, on the 09th of July;
- A capacity building programme on ‘Sensitisation on Mental Health’ was held on the 24th of June; and
- The PS Forum was held on the 23rd of July at RDHS – Galle.

Hambantota

- A workshop for pre-school teachers on ‘How to Identify a Child’s Abnormal Behaviour and Child Education Development Methods’ was held on the 28th of July; and
- Hambantota Divisional Level Coordination Meetings were held by the Psychosocial Officer:

- 24th of June – Tissamaharamaya and Lunugamwehera;
- 30th of June – Tangalle, Beliatta, and Weeraketiya; and
- 14th of July – Sooriyawewa, Ambalantota, and Hambantota.



Jaffna

- The second edition of the newsletter is in the process of being compiled and will be published soon.

Matara

- The capacity building programme on 'Identifying Psychiatric Problems' was held on the 31st of July and the 07th of August at 'Samanmal' Hall; and
- The PS Forum was held on the 31st of July at the CHA Matara District Office.

Moneragala

- A team was formed to work on identifying psychosocial workers in the area, in order to start the forum on the 02nd and 03rd of July.

Badulla

- A training programme organised by The White Cross Network, Haldammulla was conducted under the theme 'Team Building in Pre-School Development' for 23 pre-school teachers, on the 05th of April;

- Two training programmes were conducted on the 07th and 03rd of April for 15 pre-school teachers from Hali-Ela and eight pre-school teachers from Bandarawela on 'Early Childhood Development, Children and Development, and Attitudes towards Intelligence Development'. The programme was held jointly with Sama Sewaya;
- A Career Guidance Programme for 20 youth was conducted jointly with Sarvodaya, Badulla on the 10th of May; and
- A Career Guidance Programme, which also included a session on social behaviour and responsibility of being a youth, was conducted for 16 youths on the 31st of May.

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

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

Psychosocial activity - ‘Criticism and a Success Story’

In our present day society, we witness a wake of criticism with regard to the involvement of Governmental and Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs), and religious institutions, in the country’s development programmes.

Despite the nature of this criticism, when one looks at it neutrally, there is definitely a certain amount of truth in it. Highly criticised is the fact that discussions were being held in the five-star hotels in the city of Colombo, which resulted in a colossal waste of money and valuable time, and, the filling of large reports purporting design development programmes for the rural areas, by people who were totally ignorant of the conditions prevalent in those areas.

One of the reasons clearly visible for this criticism has arisen from the inability to implement these plans at the village level successfully and the failure to

generate a significant improvement as projected in the planning stage.

As one of the foreign volunteers pointed out, a number of impractical discussions that are not aimed at realising a practical goal may have contributed to this tirade of criticism that has been voiced in Sri Lanka. Further, he mentioned with a hint of sarcasm, that even if discussions were held to find solutions to identified problems in society, unless they were carried out at some practical level, it is natural that participants at such discussions ended up discouraged and frustrated.

Under these circumstances, people representing Governmental, Non-Governmental, and Community Based Organisations, and residents of the fast developing Hambantota, united to find ways and means as to how the town could be improved. After two rounds of discussions, they were able to list out changes that could be implemented to give the Hambantota town a massive

facelift, thereby, setting an example to other Governmental and Non-Governmental Organisation on how effectively operations could be carried out.

In comparison to the tsunami death toll of 34,000, statistics of the World Health Organization (WHO) in Sri Lanka has revealed that 40,000 people die annually from acute alcohol consumption and cigarette smoking.

This has been linked and identified as one of the major reasons attributed to offences related to poverty, violence against women, child abuse, corruption and amongst others, road accidents. Participants clearly identified these problems, which alone goes to prove that people do suffer from such conditions.

It is not very easy to neglect views of rural activists who point out that persons designing many projects from air-conditioned rooms in Colombo, turn a blind-eye to the annual death toll of 40,000; a major problem in the country. They, too, are indirectly responsible and partly involved in the process in Hambantota.

After two rounds of discussions, a programme was designed and scheduled for implementation in the Hambantota area on 29th of May, 2008 in commemoration of “Global Anti-Smoking Day” of 31st of May, 2008. The aim of the programme was to enlighten inhabitants of the dangers of cigarette smoking and the aftermath of it. In addition, shop and restaurant owners would also be requested to minimise or totally discontinue the sale of cigarettes in their establishments. Also Included in the programme was an appraisal of shops that did not sell cigarettes; the owners of these business places would be awarded certificates for not selling cigarettes to the public or permitting them to smoke within the premises of these places. To such business places, a notice board would





be distributed for display, informing the general public of the non-availability of cigarettes in the shop, with an added precaution regarding the dangers of cigarette smoking. Similarly, business places where cigarettes were available were to be cautioned about 'The bad effects of cigarette smoking and that it would be injurious to health' and they too would be encouraged to refrain from selling cigarettes.

Accordingly, on 29th of May, 2008 by 10.00 a.m. about 100 people representing Governmental, Non-Governmental, and Community Based Organisations gathered at the Hambantota Police Station. The OIC, Hambantota Police, thanked all of them for their presence and wished them good luck in their programme. The programme was launched under the aegis of the Public Health Inspector (PHI) and the Counselling Officer of the Divisional Secretary's Office. A touch of colour was added to the event with the participation of the street drama group of the 'Prayathna' Council.

Within a short time frame of two and half hours, the participating personnel were able to educate people in approximately 35 business places. The locals were most enthusiastic when they saw that 19 shops, which had stopped selling cigarettes, were awarded certificates commending and acknowledging their

good work. The participants were also pleased to see that nearly ten shops in the town area agreed to display 'No cigarettes sold here' notice boards within the shop premises. At the conclusion of the programme, enthusiastic locals had volunteered to educate shop owners in the surrounding areas. The net result was that the programme ended most successfully than anticipated.

Those present realised that the implementation of simple programmes such as these, assisted people in finding solutions to their problems, rather than the preparation of large scale reports stating that finding solutions for the success of psychosocial programmes was not easily determined.

In addition to the PHI, Counselling Officer of the Divisional Secretary's Office, Foreign Voluntary Officer, Sewa Lanka 'Our Home' Psychosocial Service Group, Women's Main Council, Agromat Diri Piyasa, 'Prayathna' Council, Samuththana, Consortium of Humanitarian Agencies, and CARE International, including numerous unnamed persons extended their assistance to make the day's programme an immense success.

Prasad Jayasinghe

Psychosocial Coordinator
(On behalf of the Hambantota -
Community Development Alliance)

Programme to Minimise the Sale and Usage of Cigarettes

Goal:

The number of people consuming drugs is on the rise in the fast developing Hambantota town. Thus a programme was organised aiming to raise awareness among businessmen and to take steps towards minimising smoking cigarettes in the town to curb the threat.

Objectives

- Raising awareness among the town's residents with regard to their right to live without being exposed to second hand smoking;
- Selecting and forming a group of youths from the town; and
- Distributing posters, leaflets, and notices to enhance knowledge.

Methods of the programme held

- Raising awareness among business persons with officers visiting business centres and institutes, and members of other organisations; and
- Forming street drama groups as a means of raising awareness among people.

Following-up

- Monitoring the situation in the town fortnightly;
- Mediating as necessary to get the required participation of the Chambers of Commerce; and
- Involving religious leaders to follow-up on activity as necessary.

Participating institutions

- Divisional Secretary's Office – Hambantota
- Police Stations – Hambantota
- Women's Main Society – Hambantota
- Officers of Sewa Lanka 'Our Home', Hambantota
- CARE Organisation
- 'Prayathna' Society – Hambantota
- Consortium of Humanitarian Agencies (Gte) Limited (CHA) – Hambantota

A survey on attempted suicide in the Matara District

1. Facts on attempted suicide in the Matara District

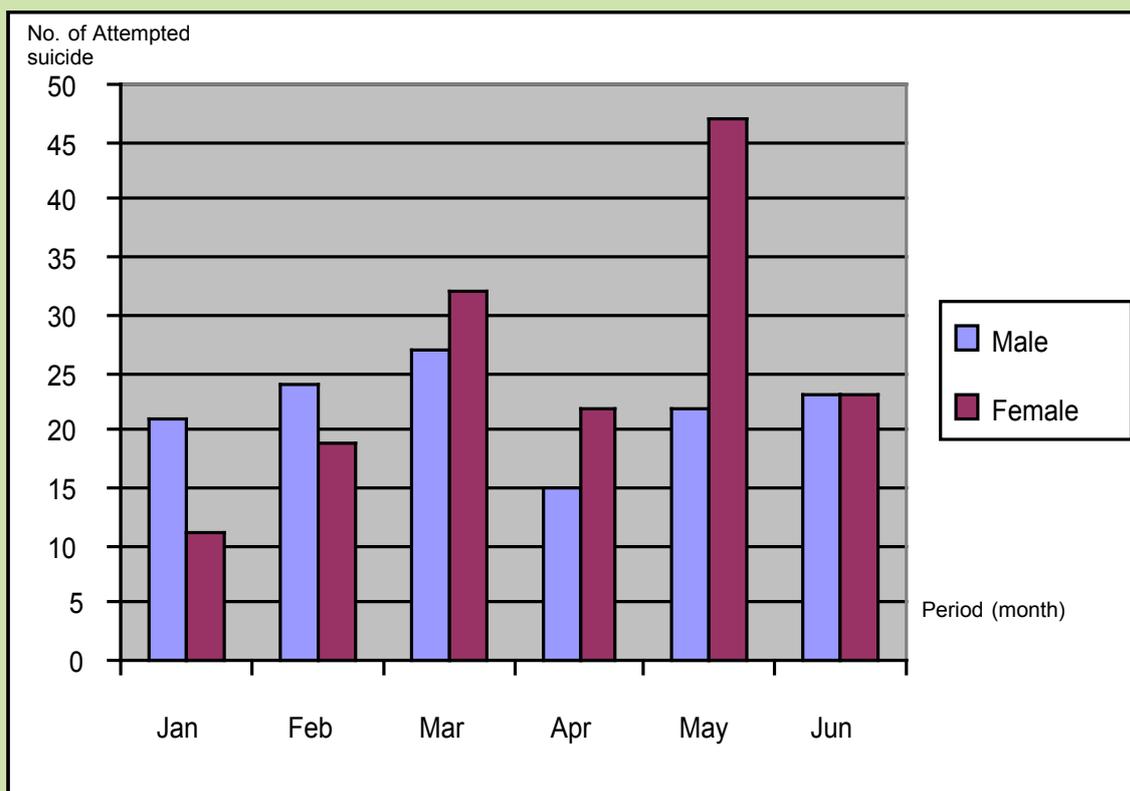
The suicide rate in the Matara District is high as those in other parts of the country. However, there is no clear idea with regard to the magnitude of the problem due to the unavailability of data. Providing mental health services is a challenge without baseline data and had to be found in order to plan and implement preventive programmes.

A basic analysis of the data, which was gathered from ward records of the Matara General Hospital during the first six months of 2007, was done in order to gauge the gravity of the problem.

The following shortcomings were encountered:

1. Not all attempted suicides were admitted to the Matara General Hospital; some were handled at local hospitals; and
2. There was no uniformity in record keeping and, therefore, there were gaps in the information.

However, the graph reveals where the district stands and some points where Medical Officers of Health could intervene and manage.



	Jan	Feb	Mar	Apr	May	Jun	Total
Male	21	24	27	15	22	23	132
Female	11	19	32	22	47	23	154
Total	32	43	59	37	69	46	286

Gender

During the first six months of 2007, admissions consisted of 132 males and 154 females, with a total of 286 admissions.

The ratio of male and female admissions remained, more or less, the same, except in the month of May when the number of male admissions exceeded that of females. The percentage of females attempting suicide was 54 in comparison to 46 for males.

2. Facts on types of poison

- **Female suicide attempts:**

The majority overdosed on drugs that are used for other illnesses;

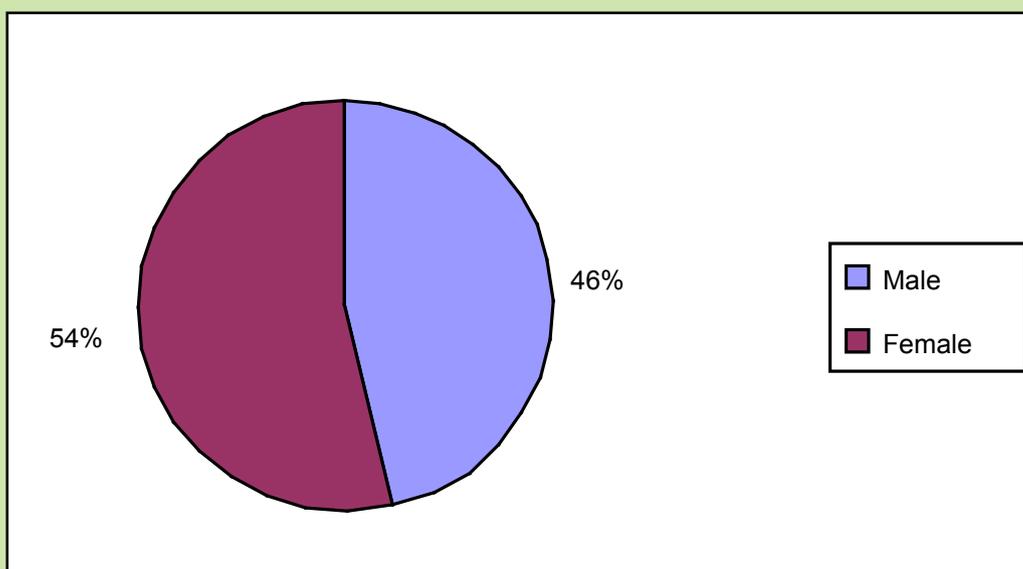
A total of 63 persons took paracetamol;

The type of poison was unknown in 20 persons; and very few persons took agrochemicals.

- **Male suicide attempts:**

The number of males who took agrochemicals is higher than the number of females; and A total of 22 persons took paracetamol.

Male	132
Female	154
Total	286



3. AGA Divisions – Matara, Malimbada, and Devinuwara reported the highest number of admissions.

Age Distribution

Peak age was between 18 to 20 years in females followed by 14 to 18 years.

Next was 20 to 24 year olds.

More male attempts are seen in age group of 20 to 24 years followed by 18 to 20 years.

More older males attempt suicide than older females.

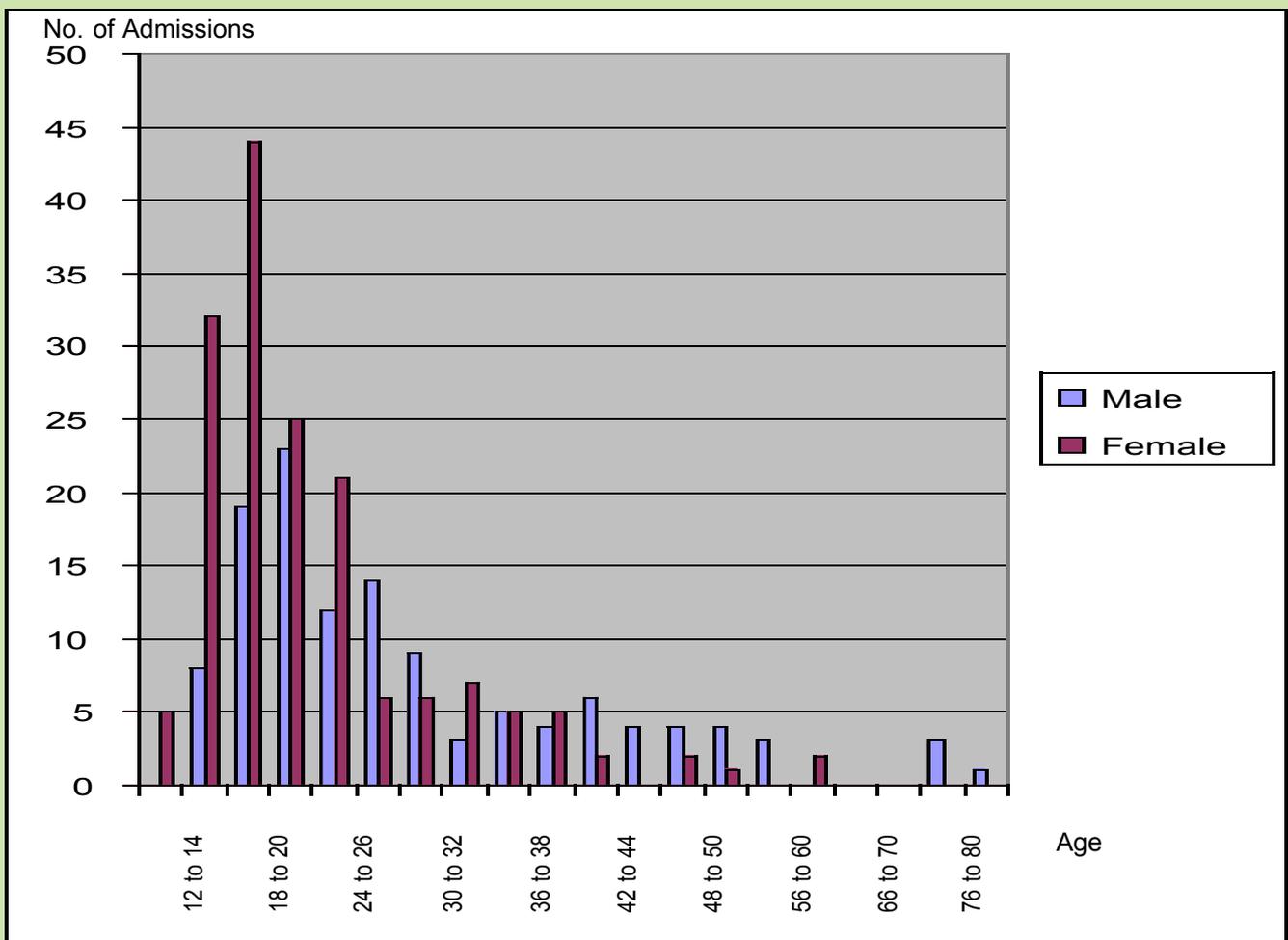
Interpretations

The graph shows that the most vulnerable age group is 16 to 28 years with females being more susceptible than males;

Urban areas report more attempts than rural areas; and

Medication that is freely available in homes is being used most frequently.

In conclusion, programmes on preventive measures with more emphasis on life skills should target school going children, from Grade 9 onwards, and school leavers.



Dr. S. Anura Chandrasena,
Medical Officer – Mental Health,
Matara.

EVENTS

BOOK RELEASE CEREMONY 'EMPOWERMENT: Through Self to Community'

The Book Release Ceremony - 'Empowerment: Through Self to Community' - was held at the auditorium of the Provincial Ministry of Health – Eastern Province. The function was held on the 13th of June at 10.00 a.m. and commenced with the lighting of traditional oil lamps by the Chief Guest Mrs. N. R. Ranjani, Health Secretary, Provincial Ministry of Health – Eastern Province. Representatives from the Department of Social Services, Department of Education, Department of Health, INGOs, NGOs, Consortium of Humanitarian Agencies (Gte) Limited (CHA), and the NGO Consortium participated in the function.

Mr. Anantharasa, Coordinator of CENT, welcomed everyone to the function. Following this, Mr. Mohamed Azad, Psychiatric Social Worker and Co-Editor of the manual, introduced it to the participants and guests whilst highlighting its evolution process, objectives, and special features. Dr. T. Gadambanathan, Co-Editor of the manual and Visiting Psychiatrist, handed over the first copy of the manual to the Chief Guest. This was followed by a speech by the Chief Guest. In her speech she appreciated the effort

by the authors and editors in making this manual a reality and expressed her hopes of it being a useful tool for a wide sector of people, both in the Trincomalee District and outside. She also expressed her best wishes to members of the CENT network. Mr. Mohammed Azad handed over the second copy of the manual to the Guest of Honour Dr. E. G. Gnanakulalan, RDHS Trincomalee.

In his speech, Dr. Gnanakulalan pointed out that this is the first training manual originating from the Trincomalee District and expressed his solidarity with PETRO and CENT. Miss. Anusha Thangakone, Programme Officer in Charge of the Mental Health Sector of VSO (that funded the publication of the manual) appreciated the effort by authors and editors and hoped that VSO could help in future to strengthen mental health services in the district. She also shared information on her



field visit to the proposed site for the 'Intermediate Care Centre' in the Trincomalee District.

The speech by Dr. Sivathas, Psychiatrist attached to the Institute of Psychiatry Colombo, was the main highlight of the event. Dr. Sivathas is the author of many books including 'Angoda-Through my Lens' and 'To be Healthy' (Tamil medium), and a Trainer on psychosocial and mental health themes. He appreciated the authors and editors for the team work involved and the effort and time given for the production of the manual. In his critical perspective, he did not hesitate to pinpoint some of the shortcomings of the manual, which that includes the lack of depth with regard to chapters dealing with self-esteem and social support. Dr. Sivathas enlightened the audience with regard to the place of social support in the empowerment process, especially in developing countries.

A free copy was issued to all representatives of organisations and departments and the ceremony concluded with a vote of thanks by Ms. Sumathy on behalf of PETRO.

Report compiled by: **Mr. Nawaz**, CMHA, PETRO (on behalf of the organising committee)



• Jaffna District

Jaffna Psychosocial Forum
Meetings are held monthly (3rd week of the month - Thursday)
Venue: RDHS Office Jaffna
Contact Point: Mr. Krishnakumar on 021-2222278 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: 026-2222977
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 067-2222711
Email: dpdhskal@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 in Matara on 041-2231521
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 (Wellassa Development Forum - Buttala)
on Tel: 055-2273857
Email: kbrwellid@bellmail.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. A.G. Nisaths, PS Coordinator, DCDC Office,
District Secretariat, Puttalam. Tel: 032-2265257
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: Ms. Dinusha, PS Coordinator, DCDC Office, District Secretariat,
Anuradhapura. Tel: 025-2222235
Email: childvision@sltnet.lk

• Vavuniya District

Meetings are held monthly on 1st Tuesday at 2.30p.m.
Venue: NGO Consortium, Vavuniya
Email: vanco@sltnet.lk

• Batticaloa District

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

REFLECTIONS TEAM

Ms. Nisansala Gamage Gunasekara
PSF Coordinator

Ms. Judith Jayaratnam
District Liaising Officer

Ms. Harshani Wijayathilaka
Monitoring Officer-South

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.

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