CASE REPORT

# A Case Study, May 2016: A Snapshot of Psychosocial Issues in Camp Living - A Sri Lankan Landslide in the Kegalle District

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**Abstract:** This paper seeks to explore the aspects of being made homeless or internally displaced person (IDP) and how the team attempted to assess this. The team of 10 psychological researchers and statisticians spent a day at five camps in four locations within Kegalle, Sri Lanka. The languages within the team are Tamil, English, and Sinhalese. The aim to find out if depression, anxiety, and trauma symptoms are evident within child, adolescents, and adults categories, 3 months after the landslide triggered by the Storm Roanu, May 2016. The participants volunteered to be interviewed using self-report measures. The psychological researchers did have undergraduate and postgraduate degrees in psychology. While the project lead had clinical experience, the researchers did not and so this was their first field trip. The research was granted ethical clearance by the ethics board at the Cooperative Institutional Research Program (CIRP), Colombo. Unfortunately, due to low numbers, a significance is problematic and so this paper addresses the experience and lessons learned by implication for professional growth and future research with IDP. However, the impact on men's health becomes clear as the team discovers the psychosocial aspects of being homeless. Purpose – This paper seeks to explore the aspects of being made homeless or internally displaced person (IDP) and how the team attempted to assess this. Design/methodology/approach – The team of 10 psychosocial researchers headed up by Matt Broadway-Horner, Consultant Nurse in Mental Health and Learning Disabilities, spent a day at five camps in four locations within Kegalle, Sri Lanka. The languages within the team are Tamil, English, and Sinhalese. The aim was to find out if depression, anxiety, and trauma symptoms are evident within child, adolescent, and adult categories, 3 months after the landslide triggered by the Storm Roanu, May 2016. The participants volunteered to be interviewed using self-report measures. The research was granted ethical clearance by the ethics board at CIRP, Colombo. Findings – unfortunately, due to low numbers, a significance is problematic for child and adolescents. The significance is seen in the adult population and so this paper addresses the experience and lessons learned by implication for professional growth and future research with IDP. However, the impact on men's health becomes clear as the team discovers the psychosocial aspects of being homeless. Research limitations/implications – due to the unpredictability of IDP, the numbers were less than what was predicted by the Red Cross and UNICEF. Furthermore, we were not allowed a second visit and so could not compare and contrast data. Originality/value – much is written on IDP, but this is the first paper on this specific landslide and so adds to the knowledge base.

***Keywords:*** Human Rights; Disaster Management; Internal Displacement; Homeless; Disaster Relief; Masculinity

## 1. Background

Tropical Storm Roanu that struck Sri Lanka on May 2016 caused severe flooding and numerous landslides, particularly in the west of the country destroying homes and submerging entire villages. The research team acted the commission received


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from UNICEF dated August 12 on immediately, with the visit-taking place on August 18, 2016. The aim of the visit was to act on the request of UNICEF who wanted an assessment of the need to be carried out within this IDP, with the possibility that UNICEF would provide psychological intervention support. We carried out an outcome study interviewing those who volunteered to be interviewed using reliable and valid questionnaires. The results summarize the need assessment carried out on victims from five different camps based in Kegalle, Sri Lanka. The camps visited for the study were Kalupahana Estate, Bulathkohupitiya DS division; Podape camp, Aranayake DS division; Viyaneliya camp, Aranayake DS division; and Moragama Camp, Aranayake DS division. The ethics approval was granted by Colombo Institute of Research and Psychology.

Literature shows since 1990 that landslides are common in Sri Lanka and, to date, 1324 families have died. The economic cost is huge when considering the loss of housing, jobs, and rehabilitation cost in providing food, shelter, clothing, and medicine (Bandara 2005). Government fails to invest in geophysicists to investigate the structure and foundations of the land, thus showing that the problem will continue. Bandara[1] suggests that the land has been heavily misused and this combined with heavy rainfall triggers landslides.

What about the impact on health? Well, the estimated figures according to research[2] in 2006 show that 24.9 million people worldwide have been internally displaced, but no parameter has been offered,[2] so it is difficult to know the exact time period. However, what Chan and Kim[2] do suggest is the high level of disease, illness, and mental distress that does occur within a camp situation. Also in addition is the stigma of being homeless adding shame to their predicament.[3]

Hypothesis to be tested is as follows:

H1: There is evidence of mental illness within children in the IDP in the camps H0: There is no evidence of mental illness within children in the IDP in the camps.

H2: There is evidence of mental illness within adolescents in the IDP in the camps H0: There is no evidence of mental illness within adolescents in the IDP in the camps.

H1: There is evidence of mental illness within adults in the IDP in the camps H0: There is no evidence of mental illness within adults in the IDP in the camps.

# 2. Methodology

## 2.1. Procedure

The participants were clustered into three different groups, which were divided according to age (children, adolescence, and adults). The assessments utilized in the study were Kessler Psychological Distress Scale (K10+), Child Psychosocial Distress Screener (CPDS), The Children's Revised Impact Scale 13 (CRIES 13), and Patient Health Questionnaire 9 (PHQ 9). The sample consisted of 12 children, 13 adolescents, and 51 adults in total. Interviews were mainly carried out in the language of Tamil and Sinhalese.

## 2.2. Ethical considerations

Ethical approval was gained by the Colombo Institute of Research and Psychology. Written informed consent was gained from both UNICEF, who instructed the study and Cooperative Institutional Research Program won the bid. And Red Cross gave a global consent on behalf of the camp dwellers. They were informed about the choice to withdraw from the study at any time and the data would be destroyed.

## 2.3. Design

Structured interviews were carried out using established self-report measures. The measures Kessler Psychological Distress Scale (K10+) and CPDS had been translated, reliable, and validated before the project taking place. A pilot had been carried out on 10 members of the respective populations in Colombo and was found to be valid and reliable translated questionnaires.

## 2.4. K10+

To assess the levels of psychological distress based on anxiety and depressive symptoms in the most recent 4 weeks' period, the K10+ was used. The maximum score to be obtained for this scale is 50, for the first 10 questions. Four extra

questions have been designed to assess the impact on social and occupational dysfunction and the duration of it. For children, the social and occupational dysfunction question was adjusted to include their school and playtime activities. Scores under 20 are those who are likely to be well. 20–24 are likely to have a mild mental disorder; 25–29 are likely to have a moderate mental disorder, and 30 and over are likely to have severe mental disorder.

## 2.5. CPDS

CPDS is a tool used for preliminary detection of psychosocial distress in children. It uses broad, non-specific questions pertaining to three main factors; distress, resilience, and school. It contains seven items, for which the first four are to be answered by the child and the other three are for a teacher. For the purpose of this particular study, the school section, to be filled by a teacher, was changed to asking a parent about the child's experience. Each response is worth up to 2 points with 14 possible points for the entire scale. The higher the score, the higher the distress. Cutoff scores have been generally defined as follows: −0–4 points is low psychological distress, 4–8 was mild-to-moderate distress, and 8 and above would be high psychological distress. The CPDS was used for data collection as it covers both the psychological and social aspects. It is not only a self-report measure as it includes items for the parents as well, hence providing a complete perspective of the child.

## 2.6. The children's revised impact of events scale

The Children's Revised Impact of Events Scale is a reliable and valid measure that was utilized to assess reactions to traumatic events among adolescents. Past research states that post-traumatic stress disorder (PTSD) symptoms were pervasive among children and adolescents after experiencing or exposure to traumatic events. Screening and diagnosis of PTSD symptoms are crucial in trauma-related research and practice. The 13-item CRIES has been demonstrated to be a valid and reliable tool to achieve this goal. CRIES-13 items constitute of three subscales: intrusion, avoidance, and arousal. Items are scored on a non-linear scale as follows: 0 (not at all), 1 (rarely), 3 (sometimes), and 5 (often). Scores range from 0 to 65 for the CRIES-13, and higher scores indicate more PTSD symptoms.

## 2.7. The PHQ-9

The PHQ-9 was used to assess the mental well-being of the adults. This instrument is used for screening, diagnosing, monitoring, and measuring the severity of depression. The data were interpreted based on five categories: Minimal depression, mild depression, moderate depression, moderately severe depression, and severe depression.

# 3. Results

## 3.1. Findings of the scales used for children

In **Figure 1a**, the K10+ administered on children and adolescence demonstrated that 44% were likely to be well, 24% have a likelihood of mild mental disorder, 28% have moderate levels, and 4% have severe levels of mental disorder. In **Figure 1b**, the CPDS administered on children demonstrated that 16.67% of the children were likely to be well, 33.33% had mild-to-moderate levels, and 50% reported high levels of psychosocial distress. In **Figure 2b**, the CRIES 13 adminis-tered on adolescence showed that nearly 31% of the sample showed a high risk of PTSD.

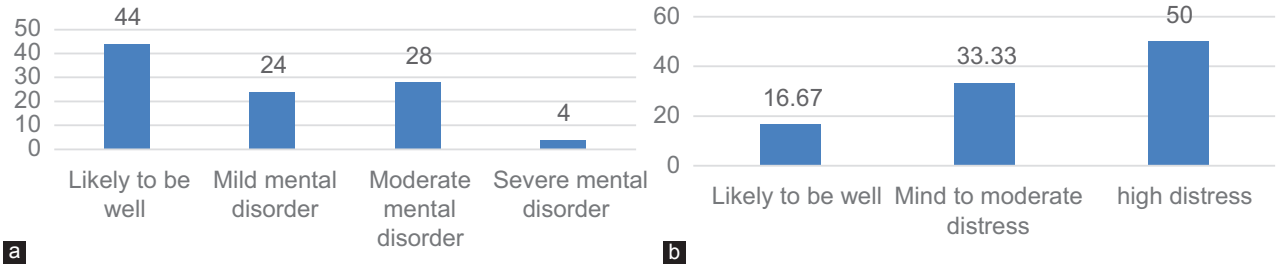


**Figure 1;** (a and b) Results of K10+for children.

H1/H2 is rejected and null hypothesis 1 and 2 to be accepted as numbers were not high enough to be of significance for both children and adolescents.

In **Figure 3a**, the data collected from the K10+ scale for adults demonstrate that 52.17% of adults are likely to have a severe mental disorder. This followed by 19.57% of adults who are likely to have a mild mental disorder and 15.22% who are likely to be well. It was also revealed that 13.04% would likely to have a moderate mental disorder. In **Figure 3b**, the data collected from the PHQ-9 scale for adults demonstrated that 24.49% were experiencing mild depression and 22.45% were experiencing minimal depression as well as moderate depression. Around 18.37% of adults were experiencing moderately severe depression. It was also found that 12.24% of adults were experiencing severe depression.

H3 is accepted and null hypothesis is rejected to show that there is a significance in the adult population that mental illness exists.

# 4. Discussion

In many cases, the Buddhist temples helped by providing shelter with basic resources like water and food. It's difficult to relax and be free in crowded conditions. In other cases, the homeless were in tents or crowded rooms with both adults and children sharing. Conditions were crowded with little personal space, and initially on face value, the children appeared to be coping well. However, aggression was reported by a few of the adults, stating that they did not know how to help their children, especially the male teenagers, as they had not experienced aggression before the disaster. In this situation, it was difficult to monitor movement and safety of children, and according to UNHCR,[4] the camp can create the right conditions for rape and abuse to occur. According to Tribe,[5] IDP may have less rights than those of refugee status, resulting in feeling trapped and experiencing high levels of stress. Indeed, the UNHCR[4] indicates that all attempts should be made to maintain the human rights of all individuals, both adults and children. As the team went from one camp to another, they were not only struck by the friendliness of IDP persons but also touched by the sorrow as many, especially the men, were hoping to leave and find alternative accommodation. A local politician told us that plans are in process to build new homes and so will be rehoused soon, but a date was not set.

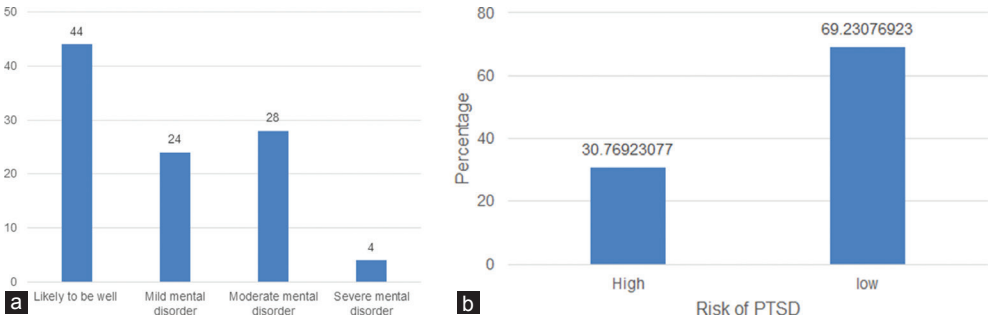


**Figure 2;** (a) Results of K10+ for children. (b) Results of Children's Revised Impact Scale-13.

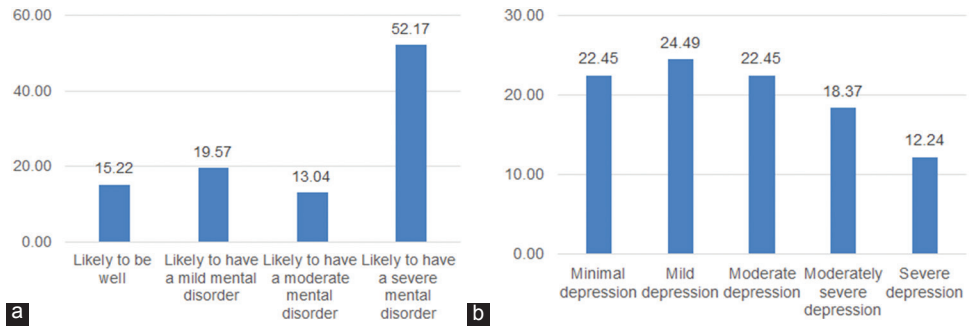


**Figure 3;** (a) Results of K10+for adults. (b) Results of Patient Health Questionnaire-9 for adults.

## 4.1. Stressors in being homeless and the effect on masculinity

Interviewers reported that some of the male participants felt disempowered and helpless in front of their children, often feeling ashamed. According to Tribe aggression in children living within camps is common but on this ocassion the research team did not witness this to be the case. However, the group appeared to be strongly connected and this can act as a buffer against negative life experiences that impact on mental health.[6-8] According to some researchers[9] the Sri Lankan culture is based on the macho male persona with little room for an alternative. Coming to terms with sexuality is one that is limited to binary notions of gender, and the gender roles are strongly prescribed by religion and an antiquated view of culture. The cultural view appears to blank out the colonial legacy toward a political stance about returning to "family values." A return to family values is a well-trodden path following a long period at war. The view of manhood viewed as muscle and the breadwinner triumphs every time according to Frosh.[10] As researchers[11] point out that, after a terrorizing and traumatizing wars, they have left an indelible legacy of instituting across a nation, the nuclear family with static gender roles. This is because, in times of uncertainty, we as a species return to the familiar routines before the outbreak of war to experience peace.

Another aspect reported by the men and women was a sense that life stopped. No one was able to offer practical help when the disaster occurred. Many men reported that their employment was affected due to the time needed to recover, with some losing their jobs all together. Normal routines for children, were interrupted, who would otherwise be attending schools and making friends with no opportunities for home schooling to take place. Those who did attend school, some children reported that they had experienced bullying by their peers. The peers who were not been affected by the landslides took to humiliating behaviors, i.e. public shaming. In the child age group, it was noticed that the children were significantly distressed at the thought of going back to their homes. Many interviewed stated that they could not work initially due to difficulties in sleeping because they experiencing nightmares. Many reported the nightmares subsiding with time but that it was difficult to go out and socialize, as they did not have a home to return to and so could be signs of resilience.[12] Frustration was evident as was the feelings of being trapped by remaining in the camp, while others were receiving instrumental support from families and found leaving the camp a necessary and important self-help exercise in maintaining sanity.

The studies on men's mental health and sexual differences found that men emphasized the importance of instrumental or practical help. Whether as their female counterparts preferred receiving emotional support.[13-15] However, here, at the camp, men appeared to value a discussion about emotions and talking about their current struggles. However, when certain people visited the camp, the team noticed a change in some men and the positioning they took within the moment. The positioning theory explains how the man actively juggles between the forces of actively being dominant in favor of passive roles to survive in the local political environment.[16] In other cases, within the multifaceted range of masculinities, i.e., hegemonic masculinity, is according to theorists the priviledged version. Is culturally dominant but legitimates the various levels of gender narrative between men as well as negotiating a place for women.[17]

Hence, in part, they appeared to break away from a biological construction of gender that one might assume that they lived under when looking through a western psychosocial lens. And in the social construction of gender in this culture to explore options with an elder or a person of expertise.[18,19] The tendency in the west is to define culture through skin color and ethnicity, and "being different" has plagued psychiatry and psychology for many decades according to Fernando[19] leading to institutional racism in the UK. Moreover, in the west and indeed Europe, the area of understanding culture is in crisis, jumping back in time to popularist notions of culture through patriotism.

But is there a way forward in understanding? Critical psychology and Queer theory would offer an exploration of gender politics, by looking at the roles, ideas, and attitudes about gender with the aim to develop a greater understanding. Critical psychology and Queer theory arose from the post-structural work of Foucault[20] and Derrida[21] in combination of Lacanian psychoanalytic stance.[22] The prominence of Queer theory was in response to post-AIDS/HIV epidemic, politics of the mid to late 1980's, when Butler[23] and Sedgwick[24] who brought it to the fore when they were debating with the construction and monitoring of gender roles and identities. Can this be extended to cultural understanding of roles too? Indeed, Bhugra and Gupta[25] go a step further and suggest that culture may be defined by its own ideas of mental

health and illness. How they define causes, seeking help strategies, and treatment ideas for recovery. Tribe[26] advises that health-care workers should not assume that a person will make certain choices due to their background but instead ask the question and allow them to answer, making choices for themselves.

## 4.2. Limitations

The team had limited access to the individuals from the four camps as many had left the camp to reside with their friends and relatives, some were visiting friends, and most of them (especially the three camps in Aranayaka) were preparing for 3-month alms giving for the deceased, leaving only a handful of victims in the camps. We can assume that our sample does not represent the victims who might have lost their loved ones due to the hazard and they potentially maybe more prone to experience psychological distress. Furthermore, pre-existing conditions cannot be ruled out and so a link cannot be assumed or utilized for a political agenda.

## 4.3. Implications for practice

Assessing for child protection issues is problematic when visiting an IDP camp. To carry out an assessment of child protection issues straight away on one visit could be viewed as intrusive with the possible repercussion of being banned from the campsite. It would need constant contact so that the victims can build trust, feeling a sense of security before divulging personal information. By observation, we could see the overcrowding conditions and made an inquiry to the support agencies UNICEF and Red Cross to look into this and follow-up. Huge importance on using the elders and honorable figures in the group as a means of accessing populations for assessment was valuable. Many of IDP had not heard of psychiatrist or a psychologist but would receive help from elders within their own community such as priests or local politicians. Therefore, knowing the customs and beliefs helped us to a certain extent to gain access to carry out the questionnaires as well as feel accepted by the community. However, one aspect of custom that we were not familiar with was alms giving. In the Sinhalese Buddhist tradition after 3 months, it is expected that community members give alms to the dead, but unfortunately the support agencies did not know and so they could not inform us of this fact. With so many leaving the camp the numbers assessed were a lot smaller than anticipated. However, religious customs like this help promote and maintain familiarity in this unpredictable situation, which is paramount for ensuring normality and reduced distress.[5]

Within the team, we had three languages of English, Sinhalese, and Tamil, but problems arose. Like for the translated reliable and valid questionnaires, there were still terms that needed to be explained as they were seldom used within the IDP. Moreover, finally, privacy is scarce when conducting interviews within a camp that has limited shelters and buildings, so be prepared to use what is available, for example, a tuk-tuk or grasslands, within visibility of the community and colleagues so that safety is assured for all concerned.

## 4.4. Using interpreters

The idea of evidence-based practice may come easy to many and less so to others who have good intentions but are not necessarily helpful. Interpretation is one such area that often lacks scrutiny but if handled right can be a useful and important aid to the researcher or health-care professional. Hence, here are some general rules to follow according to Ravel and Tribe: [27]

- Do not use family members or friends, i.e. interpersonal family violence
- Use a legitimate service
- Letter to obtain informed consent from participant rather referrer
- Be aware of country factors, interpreter may be also a survivor of the same disaster/conflict
- Spend 30 min before each meeting to go over some words and forms
- Check writing ability as well as speaking level
- Speak one sentence at a time
- Remind the interpreter to use word for word and not in 3$^{rd}$ person
- Possible debrief after session
- You are responsible for the interpreter's well-being

Not using family members is crucial because as a researcher you may not be aware of the dynamics within the group being studied. Moreover, if you use a family member or a friend, you may indirectly be supporting or promoting violence.[27]

## 4.5. Trauma and the language of mental health

Using psychological first aid has proved to be more effective than receiving therapy talk or psychology jargon according to Jacobs and Meyer.[28] The language used can make the difference between a person feeling helped and another feeling hopeless and alienated.[3] Many at the camp had not heard of psychological researchers and so used the explanation the researchers used, "We are from the Colombo Institute for Research and Psychology and are here to assess your needs." Many were hoping to receive food and found it confusing that we just wanted to talk. Many times we were asked, "Is this normal?" and the response was to listen and confirm the normality of the feelings they are experiencing due to an extraordinary and unpredictable situation.[5] Moreover, finally, a note about ethics and carrying out research, which needs to be carried out with the upmost care and attention as outlined by Leaming.[29]

Guidelines proposed by Leaning[29] for research into internally displaced populations

- Carry out research that is necessary for the well-being of the population and to whom will receive the benefit – For this research, it was an assessment of need for UNICEF.
- Only address questions that otherwise cannot be answered using another way or method – It was preferred and needed to visit their camps and could not ask them to visit team in Colombo.
- Choose the study design with the lowest risk – Structured interviews using questionnaires in pairs as most of the team had not conducted interviews before. This appeared to be the safest option to ensure safe practice
- Use scientific procedure for recruiting participants to the study and do not let other factors influence the procedure – A convenience sample was used
- Establish individual consent through scientific procedure – Consent was gained from the camp organizers and from the individual persons living in the camp
- Carry out health and safety checks and promote well-being for all concerned in the research – Acted as a group and allowed persons living in the camp to witness our procedure, transparency was important to the team

## 4.6. Summary

This paper has described an attempt by psychosocial researchers to assess at the point of need and in the process learned some key ideas. The issues of being homeless due to a disaster like a landslide can have an impact, and at a snapshot, the graphs in our research show that something is happening but statistically could not be measured due to low numbers for child and adolescents. The camp is a designated safe place designed by the support agencies and it is their hope that it helps to alleviate distress. However, the experience of the camps shows intricate issues like school bullying and a felt sense of shame by parents, especially the men, for not being able to provide and protect their children. Moreover, the victims are coming to terms with loss of their home but also a loss of personal dignity to be able to protect and provide security for the family

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