

Integrating Mental Health into Primary Care for Post-Conflict Populations in Northern Sri Lanka (COMGAP-S)



Faculty of Medical Science
Global Public Health



Dr. Chesmal Siriwardhana

- Born 1978, in Kurunegala District, Sri Lanka
- Studied medicine in Moscow and Belarus
- Wellcome Trust Masters Fellow in Tropical Medicine and Public Health at King's College
- PhD in psychiatric epidemiology at King's College
- Senior lecturer in Public Health at Anglia Ruskin University
- Associate Professor at LSHTM
- Work on armed conflict, migration and mental health, ethics in humanitarian crisis settings



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Sri Lanka Conflict

- Ethnic tensions between majority Sinhalese and minority Tamils
- Janatha Vimukthi Peramuna (JVP)
 - Leftist organization involving mainly Sinhalese youth
 - First insurgency in 1976
 - Second insurgency between 1987-1990
- Liberation Tigers of Tamil Eelam
 - Sought autonomous Tamil state in Northern and Eastern Provinces
 - Civil conflict between LTTE and Sri Lankan Government
 - 1983-May 2009
 - Estimated over 100,000 people killed

Displacement

- Northern and Eastern populations displaced throughout conflict
- Northern Muslim minority displaced in 1990
- Sinhalese and Tamil populations displaced in last stages of conflict in 2009
- Approximately 800,000 people displaced
- Estimated 90,000 internally displaced from Northern and Eastern Provinces

Up to 36,251 IDPs

JAFFNA

2,457 IDPs

KILINOCHCHI

821 IDPs

MULLAITIVU

NORTHERN

620 IDPs

MANNAR

Up to 16,483 IDPs

VAVUNIYA

ANURADHAPURA

3,155 IDPs

TRINCOMALEE

NORTH CENTRAL

Up to 12,965 IDPs

PUTTALAM

NORTH WESTERN

887 IDPs

BATTICALOA

EASTERN

CENTRAL

AMPARA



July 2015

Internal displacement in Sri Lanka

Legend

- Capital
- Provincial boundary
- District boundary
- Up to 36,300 IDPs
- Up to 16,500 IDPs
- Less than 3,200 IDPs
- Less than 1,000 IDPs
- IDPs with host communities
- IDPs in camps
- Locally integrating IDPs
- District with military-occupied zones
- Newly opened areas for return
- Keppapilavu relocation village

Sources: Ministry of Resettlement, Reconstruction and Hindu Religious Affairs, Resettlement Figures as of 30 April 2015; Table dated October 2013: Valikamam North population to be resettled (on file with IDMC); Table dated 31 October 2013: Details of Valikamam North, Tellippalai IDPs in Welfare Centres (on file with IDMC); IDMC interviews, December 2013, January to June 2015; Table dated 3 October 2014: Muthur DS Division: Families staying in welfare centres and with friends and relatives (on file with IDMC); UNHCR compilation of government data, 31 December 2012 (on file with IDMC)

The boundaries, locations and names shown and the designations used on this map are indicative and do not imply official endorsement or acceptance by IDMC.

Return Migration

- Since 2009, estimated 480,000 IDPs returned to areas of origin in former conflict areas
- Some had been in displacement almost 30 years
- Primary care functioned in a sense throughout the conflict
- Infrastructure, homes, schools destroyed or in unsafe conditions
- Many unexploded landmines

Research Context

- Negative impacts on mental health due to forced migration (internal displacement), experiences of traumatic events due to conflict
- Mental disorders associated with forced displacement include post traumatic stress disorder (PTSD), depression, anxiety and substance use disorders
- If disorders are not detected or treated then there can be increased costs in primary care (e.g. people may be admitted to hospital)
- Many people do not receive treatment due to lack of knowledge, stigma or because services are not available

Mental Health and Primary Care

- Sri Lanka has a very effective primary care system, but treatment gap is still large
- Current approach to providing mental health care is through Medical Officers of Mental Health (numbering 1 MOMH to 30 villages or more)
- Mental disorders often present in primary care settings
- Primary care practitioners (PCPs) at government and public facilities are probably the most ideal health care workers to deliver mental health services, but require training

COM-GAP (2014)

- *An intervention to improve mental health care for conflict-affected forced migrants in low-resource primary care settings: a WHO MhGAP-based pilot study in Sri Lanka* ⁴
- Aim
 - Integrate mental health care for conflict-affected forced migrants through providing training to primary care practitioners who deliver care to internally displaced people⁴

COMGAP-S (2015)

- 5-Year project
- Funded by Centers for Disease Control and Prevention, US
- Year 1 – Cross-sectional survey
- Years 2 & 3 – Integration through mhGAP training
- Years 4 & 5 – Evaluation and monitoring, dissemination

COMGAP-S (2015)

- Objective 1: Conduct an epidemiological survey at primary care level to understand the prevalence and burden of common mental disorders
- Objective 2: Integrate mental health services into primary care facilities by providing training to primary care practitioners, public health professionals and community representatives (scaling up COMGAP)

Objective 1: Cross-Sectional Survey

- Participants: primary care attendees aged 18+ (N=1,013)
- Setting: 25 randomly selected clinics in all five districts of Northern Province
 - Jaffna
 - Mannar
 - Mullaitivu
 - Vavuniya
 - Kilinochchi

Objective 1: Cross-Sectional Survey

- Method: Structured interview consisting of screening questionnaires for:
 - Depression, somatoform disorders, PTSD, psychosis, suicidal ideation and behaviour, alcohol use disorder, stressful life events, social networks and support, disability, quality of life, resilience, health service use
- Electronic tablets
 - Developed Kobo toolbox app

Objective 1: Facility Survey

- Aim: to understand primary care staff capacity and ability to deliver mental health services
- Participants: primary care staff including doctors, nurses, public health workers (N=242)
- Same setting as cross-sectional survey
- Method: Structured interview to understand the primary care staff access to medication, ability to delivery mental health care and staffing issues

Cross-Sectional Survey: Results

Variable	Weighted Percent	95% CI
Any mental health disorder	58.76	(53.79-62.35)
Co-morbid mental health disorders	42.37	(38.60-46.13)
Depression	41.59	(38.69-44.50)
Anxiety	46.69	(41.90-51.48)
PTSD	13.71	(10.65-16.76)
Somatic disorder	27.56	(23.58-31.54)

Cross-Sectional Survey: Results

Variable	Weighted Percent	95% CI
Psychosis/Anxiety	32.10	(25.49-38.70)
Psychosis/Depression	25.23	(20.20-30.27)
Anxiety/PTSD	27.03	(23.08-30.98)
Anxiety/Somatoform disorder	57.65	(52.28-63.01)
Depression/PTSD	30.94	(24.83-37.05)
Depression/Somatoform disorder	57.65	(52.28-63.01)

Cross-Sectional Survey: Results

Variable	Depression	
	OR	95% CI
Female	1.965	(1.479-2.611; p<0.0001)
Aged 50-64	1.103	(0.613-1.986; p<0.0001)
Unemployed/Off sick/Disabled	2.606	(1.750-3.880; p<0.0001)
Displaced to IDP camp	3.482	(2.810-4.315; p<0.0001)
Loss of family to conflict	2.415	(1.836-3.177; p<0.0001)
Low available social support	2.637	(1.634-4.256; p<0.0001)
Inadequate social networks	2.67	(1.872-3.809; p<0.0001)
Saw mental health specialist	0.099	(0.046-0.215; p<0.0001)

Cross-Sectional Survey: Results

Variable	Anxiety	
	OR	95% CI
Female	2.602	(1.702-3.977; p<0.0001)
Aged 50-64	1.046	(0.676-1.619; p<0.0017)
Unemployed/Off sick/Disabled	2.328	(1.458-3.715; p<0.0001)
Displaced to IDP camp	2.663	(1.421-4.991; p<0.0022)
Loss of family to conflict	1.95	(1.481-2.568; p<0.0001)
Low available social support	4.067	(2.482-6.665; p<0.0001)
Inadequate social networks	2.58	(1.776-3.749; p<0.0001)
Saw mental health specialist	0.122	(0.058-0.254; p<0.0001)

Objective 2: Integration through Training

- Findings from Year 1 cross-sectional study will be used to tailor mental health modules
 - Depression
 - Anxiety
 - PTSD
 - Psychosis
 - Somatoform symptoms

Objective 2: Integration through Training

- 25 clinics have been randomly selected in all five districts of Northern Province
- Stepped wedge cluster design
 - All selected facilities will be monitored for 1 month to understand standard of care
 - Every 2 weeks a facility will be enrolled in training
 - After training facilities will be monitored for 1 month to monitor and evaluate training implementation

Thank you!

Email: giss.dass@gmail.com

Website: globalhme.org

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