



Mental Health Update

June 2008

More than three decades of conflict and the effects of the Tsunami are having a strong impact on the mental well-being of the Sri Lankan population, very especially, on its most deprived sectors. Mental health data from Sri Lanka shows an increase in severe and common mental disorders, in times of armed conflict. This country has one of the highest suicide rates in the world. Further, misuse of alcohol is frequent, especially in areas affected by disaster. It is estimated that 3% of the Sri Lankan population suffer from some kind of mental disease.

At the same time, mental health services have hardly developed in the conflict affected areas and other areas such as Nuwara Eliya, Puttalam, Kegalle, etc. Thus, access to mental health services is extremely limited and grossly disproportionate from one area of the country to another.

Mental health care is still mainly concentrated and provided in large psychiatric hospitals in Colombo and the areas surrounding. Very frequently, big psychiatric institutions have been a major issue for human rights concerns. In spite of this grave situation, insufficient attention is given to the mental health sector, and, at times, it is even forgotten.

Improving people's mental health and the psychosocial well-being is one of the priority objectives of WHO Sri Lanka 2006-2011 Country Strategy. Therefore, WHO is working closely with the Ministry of Healthcare & Nutrition, on the development of a Mental Health assistance program, that would provide especial attention to the most underserved sectors of the population. A survey of 152 low to middle income countries, show that only three countries in the world, namely, Sri Lanka, Chile and Brazil, have shown a national level of success with mental health interventions.

One of the biggest developments in Mental Health in Sri Lanka was the government's approval of the Mental Health Policy in 2005, with technical support from WHO. This policy, prioritized among other things, the development of community-based mental

health services and the decentralization of services involving the downsizing of big mental hospitals with the provision of local mental health facilities. Therefore, in line with the 2006-2011 WHO Sri Lanka Country Strategy and in its support to the government of Sri Lanka, the WHO Mental Health Team has identified two priority areas of work:

- Development of community-based mental health services, and the
- Decentralization of mental health services.



Vocational training activity with patients of Angoda Hospital.

Development of Community-Based Mental Health Services

Thanks to the support of World Vision Australia, and the Governments of Finland and Ireland, since 2006 WHO Sri Lanka has been successfully implementing community-based mental health services in seven districts of Sri Lanka, namely, Jaffna, Kalmunai, Kalutara, Hambantota, Batticaloa, Matara and Galle.

These services are:

- Provision of acute in-patient care through general hospitals: In most districts, no separate wards are available,

thus most people are admitted to mental hospitals, which are limited to urban settings in Colombo. Construction of acute units for people has become a top priority.

- Establishment of outreach clinics: these are easily accessible to the entire population of a district, and are crucial to reach total coverage of mental health services.
- Establishment of community-based workforces to identify and follow-up on persons with severe mental disorders in order to ensure continuity of care.
- Support multi-sectoral collaborations within districts to establish Community Support Centers which promote community-based rehabilitation, support in finding employment, and/or in engaging in appropriate livelihood activities.

These services are aimed to ensure that individuals suffering from mental illness receive treatment and follow-up care in their communities, to protect them from human rights abuses, and, at the same time, to enable them to engage in meaningful activities within these communities. WHO's Mental Health Program has special focus on the most vulnerable individuals of the Sri Lankan Society, who cause the highest burden of disease.

Decentralization of mental health services

In Sri Lanka around 3,000 patients live in Mental Hospitals around Colombo, including about 800 female patients in Mulleriyawa mental hospital most of whom are not longer mentally ill. Many of them have stayed in these hospitals over several years, and have lost contact with their families and communities. Over 70% of these persons have the potential to be reintegrated into society. To do so, it is necessary to provide conditions that would adequately facilitate and supplement patients' economic self-reliance and ultimately their integration into the Sri Lankan social structures and prevent eventual stigmatization. This involves the implementation of activities such as, vocational training and the creation and establishment of networks with patients' families.

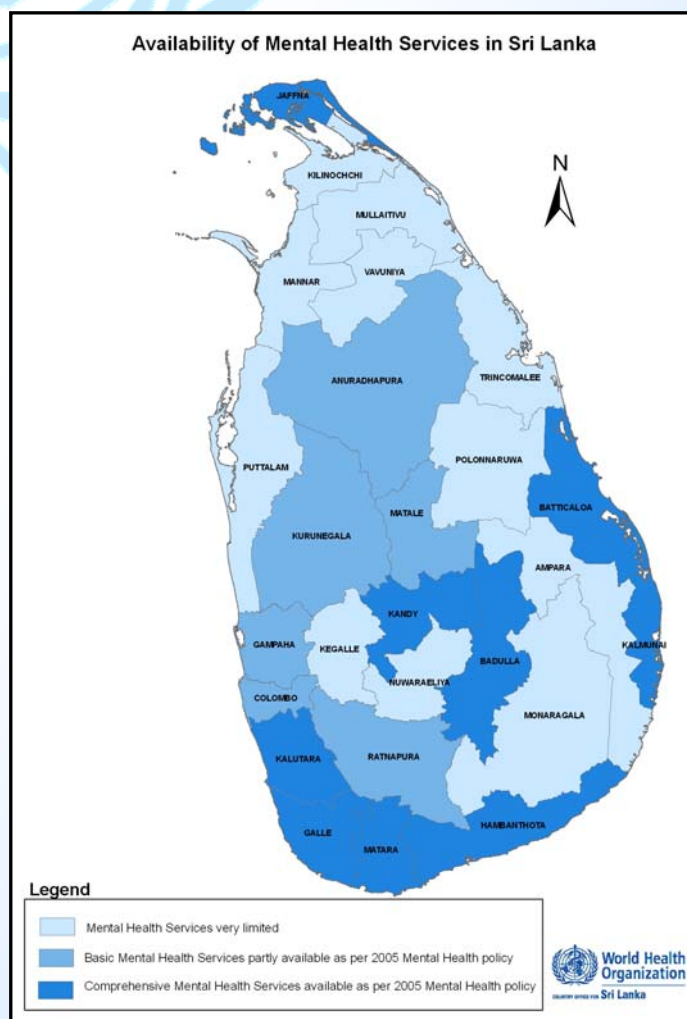
Need of support

With assistance received from international donors since 2006, WHO Sri Lanka will be able to support the Ministry of Health Care & Nutrition in providing Mental Health Services to seven districts of the country, which are mainly Tsunami affected areas, until the end of 2008. However, a further eleven districts of the country have very limited Mental Health Services.

It is estimated that each district will require approximately USD 180,000 over a two-year period. Therefore, to fully implement the mental health policy in Sri Lanka (by Year 2011), would entail the requirement of USD 2,000,000 approximately. Some 400,000 people would be direct beneficiaries, and, many others such as families, careers, etc. would benefit indirectly. If funds can be secured for the period 2009-2011 there is a unique opportunity for Sri Lanka to extend community Mental Health Services to encompass the whole country and eradicate the dependence on the three large mental institutions in Colombo. The success of WHO's programs, in areas such as, Jaffna (North of Sri Lanka), are proof that WHO's Mental Health programs should be applied to other needy areas of the country, as well.

Additionally, and perhaps more importantly, the experiences and lessons learned from the Mental Health activities implemented in Sri Lanka, could also provide a model to be emulated by other low and middle income countries.

The map below shows the current availability of Mental Health Services in Sri Lanka.



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