

Current Mental Health Issues in Sri Lanka

The government of Sri Lanka is making great efforts to address the mental health needs of its citizens with increased resources and a new focus on mental health. Sri Lanka has long been a country with a big mental health problem. The mental health services had been consistently under-funded and ignored for years and the brutal twenty five-year civil war has caused trauma and anguish. This was a devastating combination which led to the country having one of the highest suicide rates in the world. In 2004 the country suffered still further with the total chaos and destruction wreaked by the tsunami, an event which caused huge amounts of grief and suffering and which people are still coming to terms with.

As is the case with many less socio-economically developed countries, Sri Lankan administrative policy and clinical practice for the treatment of mental disorders has, for decades, relied solely on institutional care. Any money spent by the government on mental health went only to the large centrally located institutions in the bigger cities, forcing people with mental disorders to undertake long, stressful and often expensive journeys in order to obtain the treatment that they needed.

Sri Lanka has three main psychiatric hospitals; the Angoda Mental Hospital built in 1929 is the biggest. These institutions were built to stop patients from escaping, and little thought for the well-being of these patients was included in the design, and as a consequence they lack the friendly and stimulating atmosphere needed to aid recovery. All mental health care institutions have been consistently under-funded and as a result are resource-poor and do not have adequate numbers of psychiatrists. In fact there is currently only one psychiatrist to every 500,000 people in Sri Lanka. There is also a distinct lack of specialist nurses who can provide the right level of care and many non-health care professionals do not have the right training or qualifications to care satisfactorily for people with mental disorders.

Stigmatisation, poverty and the difficulties and expense of travelling to hospitals have caused delays in early diagnosis and treatment. These problems have also often led to families abandoning their relative with a mental disorder at the psychiatric institutions as they can no longer afford to care or obtain treatment for them. In the country's two largest psychiatric hospitals, Angoda and Mulleriyawa, which house over 2000 people there are over 900 destitute men and women, who have been officially discharged but have no way of supporting themselves. Living in institutional care for so long, many inmates 'lose' the ability to attend to the most basic of daily activities, such as taking care of personal hygiene. They also lack confidence in interacting with people outside of the hospital walls. All of this makes it very hard to reintegrate long-term patients into local communities.

The inconsistency of the administrative policy also did not help matters. Whilst a person is ill and a patient of a psychiatric hospital they are under the care of the Ministry of Health. However once discharged from hospital, their care falls to the Ministry of Social Services. This handover in the duty of care has caused the neglect of many stabilised patients on their discharge from hospital.

While the government classified mental disorder as a disability, people with mental disorders did not qualify for state benefits, such as the monthly disability allowance to support living given to other disabled people. This caused families to stop supporting their relatives with mental disorders during their illness, increasing financial strain and stigmatisation.

Fortunately, things are being done to remedy the situation in Sri Lanka. In 2006 the government introduced a new Mental Health Bill which gives clear guidelines and policies for the treatment of mental disorders, as well as setting up a Mental Health Advisory committee. The Mental Health Policy recognises the need for decentralised and community based care. There is now more treatment and free essential psychotropic drugs available at the primary health care level. A network of 53 Community Support Centres (CSC), which coordinate mental health services, have been set up by the Health Ministry. The target is to increase this to 150 CSCs by the end of 2009.

There has also been an increase in the number of psychiatrists and Medical Officers of Mental Health. A travel allowance for these officers has been introduced by the government in order that they conduct outreach clinics. This has allowed more people to access the treatment they so desperately need, without having to travel miles and spend the money they do not have to get it. Developing the systems, mechanisms and skills to provide a good mental health service takes time, but now the first steps on the road to progress have been made and the future of mental health services in Sri Lanka has real potential.