

The Mental Health Policy of Sri Lanka

Certification of Authorisation

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Mental Health Ordinance was first enacted in 1873 and amended in 1956, and now replaced by Mental Health Act.

Preamble

In 15 years' time mental illness will be the number one cause of morbidity in the world. Sri Lanka has some of the best primary care services in the world and the government is committed to achieving equally high standards in mental health care services. The Government of Sri Lanka acknowledges that the country has one of the highest suicide rates of any country in the world and increasing substance misuse and psychosocial problems. Also, after years of oval conflict, the 2004 tsunami and an estimated 2% of the population suffering from serious mental illnesses, it recognizes that the need for an effective policy has never been greater.

Vision

A comprehensive and community-based service is to be established which will optimize the mental health of Sri Lanka people. This accessible and affordable service will promote the mental well-being of the community at large, and ensure the dignity and rights of all citizens, especially those in vulnerable or disadvantages circumstances.

Principles

1. To provide mental health services at primary, secondary and tertiary levels.
2. To provide services of good quality where and when they are needed.
3. To provide services that will be organized at community level with community, family and consumer participation.
4. To ensure mental health services will be linked to other sectors.
5. To ensure mental health services will be culturally appropriate and evidence based.
6. To protect the human rights and dignity of people with mental illness.

Objectives

The national mental health policy objectives are:

- To be an essential instrument to ensure clarity of vision and purpose in the improvement of the citizens of Sri Lanka.
- To treat mental disorders in an efficient and holistic manner.

Mission

The mission is to improve Sri Lanka's mental health services and make them locally accessible. The emphasis of the service is on prevention of mental illness; promoting mental well-being; and rehabilitating people and maximizing their normal life where illness does occur. It must provide care where needed for people living at home. Where admission to hospital is necessary, this should be as near a person's home as possible. To these ends, there is a need to modernize existing services, create new and additional services, recruit and train more skilled staff, and link to both other government and non-government sectors. Based on the assessed needs, current services and principles for mental health care, the following seven areas for action have been identified to achieve the vision and objectives of this policy. These areas for action will be implemented to a defined timetable.

1. Management at a National and Provincial Level

- 1.1. A **National Mental Health Advisory Council** will be established to oversee implementation of the mental health policy for Sri Lanka. The membership will comprise of staff from the Ministry of Health and representatives from other ministries including Women Empowerment and Social Welfare, Education and Justice. Professional representation will include the Sri Lanka college of psychiatrists and other representatives of nursing, Occupational Therapy, Psychology and social work. Other representation should include service users, carers, and representatives of relevant institutions as well as registered Non-Government Organization.
- 1.2. The **Directorate of Mental health** at the **Ministry of Health** will be managerially and administratively strengthened to support implementation of the policy. The directorate will:
 - 1.2.1. Manage mental health budgets.
 - 1.2.2. Carry through decisions of the Advisory Council.
 - 1.2.3. Specify strategic targets and outcomes to be achieved at provincial and district level.
 - 1.2.4. Develop a routine management information system to identify resource needs and monitor outcomes of mental health services.
 - 1.2.5. Develop a mechanism regularly to review and implement national guidelines for the management of psychotropic and other medication.
- 1.3. Each province and District Directors will initiate and maintain links at all levels between mental health and other relevant sectors such as education, women empowerment and social welfare, local administration, poverty alleviation, child protection and developmental NGOs.

2. Organization of Services

- 2.1. Mental health services will be reorganized and decentralized and provide care for all age groups. Each district will have the following network of services: Acute inpatient unit(s), intermediate care services, a community support Centre/day Centre/clinic for every MOH area,

- a resource Centre, and other community-based care appropriate to the needs of local communities.
- 2.2. Acute inpatient wards will be established in every district to provide care for the acutely ill who cannot be managed at home.
- 2.2.1. These wards will have beds for the catchment area served although never larger than 30 beds in any one ward, and they will be separate wards in general hospitals.
- 2.2.2. Admission to these wards will need to be made on the basis of an assessment by a psychiatrist, Medical Officer (Psychiatry) or Medical Officer of Mental Health.
- 2.2.3. Each ward will have space for assessment and therapy and include facilities to manage people who are a significant risk to themselves and/or others.
- 2.2.4. Accommodation for male and female patients will be separated.
- 2.2.5. Space will be made available to accommodate patients' families and facilitate open visiting.
- 2.2.6. In addition to nursing and medical treatment, interventions may also include counseling, psychological, relaxation, occupational and other therapies.
- 2.3. There will be a system for **follow up** and continuity of care near their home for patients. Patients will, where appropriate, be supported by disability allowance payments from the Department of women's empowerment and Social welfare.
- 2.4. **Outpatient services** will include regular mental health clinics/outreach clinics provided at an area (MOH) level, for supporting continuity of care, assessment and treatment.
- 2.5. **A broad range of rehabilitation and psychosocial care services** will be developed at district level close to the community to support ongoing rehabilitation. Units will be diverse, depending on identified levels of local need, initially supported by data including the community placement Questionnaire (CPQ).
- 2.5.1. Rehabilitation/intermediate care units will be no larger than 20 beds, and the target duration of stay should not be more than 6 months
- 2.5.2. Staff trained in psychiatric nursing and/or psychosocial rehabilitation will be appointed to work in these units.
- 2.5.3. Focus of care is on psychosocial rehabilitation activities to ensure that patients maintain/develop essential skills to return to society.
- 2.5.4. Family involvement will be required. Where patients cannot be integrated with families and communities a suitable alternative should be found through inter sect oral mechanisms.
- 2.5.5. The CPQ exercise in Western province so far, has shown the need for a range of continuing care accommodation. These include staffed and unstaffed homes, sheltered nursing homes and secure facilities. Health staff will also visit the remaining range of other tyoes of accommodation provided. Many of these facilities will be provided by NGOs, with appropriate funding arrangements.
- 2.6. Brief essential **hospitalization for children** will be in a local pediatric or other specialist mental health children's ward. Children will not be hospitalized in adult wards.
- 2.7. Each District will have one mental health community support Centre (CSC) per <OH area, where all activities for mental well-being can be coordinated. A day Centre will also be

provided. Wherever possible these centers will be developed with other ministries and organizations.

2.8. A significant number of patients will transfer from Angoda, Mulleriyawa and Hendala Hospitals to new district facilities or other provisions in the community, including commissioned care from registered NGOs.

2.9. An independent strategic review of the future of the **hospitals in the western province**, Angoda, Mulleriyawa and Hendala, will be undertaken as part of the development of local services.

2.10. Specialized services will be developed. These will include:

- Alcohol and other substance abuse services
- High secure forensic services
- Specialist child mental health services
- Mother and baby services
- Family services
- Liaison psychiatry

2.11 Mental health care in **prisons** and other state provided facilities will be improved and be included as part of the strategic targets and monitoring activity of the Directorate of Mental Health.

3 Human Resources Development

3.1 **Consultant psychiatrists** will be the technical leaders of each district mental health care network. The Ministry of Health will appoint at least one psychiatrist in every district. Until this is possible, appropriate arrangements will be established, including the proper use of the existing transfer scheme. There will be a lead psychiatrist in every District from which the provincial council in concurrence with the Ministry of health will identify a lead psychiatrist for the province.

3.2 Medical officers of Mental Health (MOMH) will be the focal point for services for each MOH area within districts, coordinating patient care both in hospital and in the community. One MOMH will be appointed for every MOH area by 2010. Until that time MOMHs may be allocated more than one MOH area. Incentives may be provided to attract candidates to apply for posts in hard-to-recruit areas. A career structure will be developed MOMHs.

3.3 In addition to the current establishment of **nurses in hospital units**, further staff will be appointed. All these staff will require in-service training appropriate to a range of care settings, including acute and rehabilitative care. A minimum of two nurses will be appointed to each MOH area to work for MOMHs. Longer-term development of a new cadre of **Psychiatric Nurses** with appropriate mental health training will be implemented.

- 3.4 There will be **Psychiatric Social Workers** (PSW's) or equivalent for every acute ward and intermediate unit.
- 3.5 There will be one **Occupational Therapist (Mental Health)** for every acute ward and intermediate unit.
- 3.6 There will be at least two **Clinical Psychologists** for every district to provide in-patient care and outreach clinics.
- 3.7 Community mental health workforces will be developed, building on the already established voluntary and psychosocial community support staff.
- 3.8 The role of **Primary and Public Health Workers** in mental health activities will be enhanced. Most people with common mental health problems will be treated in primary care.
- 3.9 The Ministry of Women's Empowerment & Social Welfare will train and recruit a cadre of **Counselors**. These counselors will work with mental health services in every MOH area.
- 3.10 A comprehensive training plan will be developed with particular attention to undergraduate and postgraduate medical education and registered nurse training and other groups of staff training, for example PHM's and PHI's. All Mental health professional training will require review and syllabus revision. In addition, in-service training and continuing professional development for all care staff will be provided.
- 3.11 Every District will have a Community Resource Centre to organize and arrange in-service training. The Centre will be amongst other things, the focus for all mental health staff in service training under the technical guidance of the district psychiatrist. Each psychiatrist will be supported by:
- 3.11.1 **Psychosocial Trainers**-who will train a range of staff in the community (Family Health Workers, teachers, village leaders etc.) in basic mental health and psychosocial skills so that they can help most people with common mental health problems in the community; and by
- 3.11.2 **Community Mental Health Education Officers** who will carry out media and community programs to combat stigma and discrimination and to raise public awareness on mental health issues.

4 Research and Ethics

- 4.1 A multidisciplinary research committee will be established. The committee will identify priority areas for research and development. The committee will examine the following issues:
- priority research questions on mental health issues
 - challenges, barriers and incentives to carrying out mental health research
 - potential international support to fund mental health research activities
 - The links between Government agencies, NGOs and the academic community.

4.2 A separate central ethics committee will be established at the Ministry of Health along with representative from appropriate organizations.

5 National Institute of Mental Health

5.1 A National institute for Mental Health in Sri Lanka will be established. The Director of the Institute will be accountable to the director general of the Ministry of health.

5.2 The Institute will manage specialist mental health services determined by the Ministry of Health. Such services are those which will not be provided in more than one location, for example high secure services.

5.3 The Institute will be responsible for the development of special expertise in mental health care, and the provision of training and research. The development of raining will be in collaboration with the post graduate Institute of Medicine and other appropriate bodies.

6 Tackling Stigma & Promoting Mental Wellbeing

6.1 A national strategy will be designed and implemented to reduce stigma and discrimination.

6.2 Promotion of good mental health requires multi-sect oral collaboration and action. The National mental Health Advisory council has as one of its tasks to promote inter-departmental cooperation in this area to improving people' lives and wellbeing. This requires a broad based approach.

7 Mental Health Legislation

7.1 New mental health legislation for Sri Lanka will be prepared and a new Authority establish under the Mental Health Act, responsible for standards of patient care in state run and private sector services. The main components of the new act will be:

- To identify and confirm rights to treatment and care for the mentally ill within both national and district services.
- To safeguard human rights of mental health patients.
- To ensure that informed consent is given.
- To establish procedures for the compulsory detention, treatment and discharge of patients. All compulsory admissions will require two authorized approvals.
- To license wards in general hospital to provide for detained patients.
- To establish a set of minimum standards for patient care.
- To define protocols for detention and treatment in emergency situations.
- To set separate requirements for treatment of children.

7.2 The mental health authority will be responsible for:

- Establishing and monitoring standards of care.

- Establishing committee at a local level independently to monitor standards, review detention orders and hear appeals and complaints.
- Monitoring of standards of privacy, dignity and confidentiality as part of protecting patients' rights.
- Providing yearly reports to parliament.