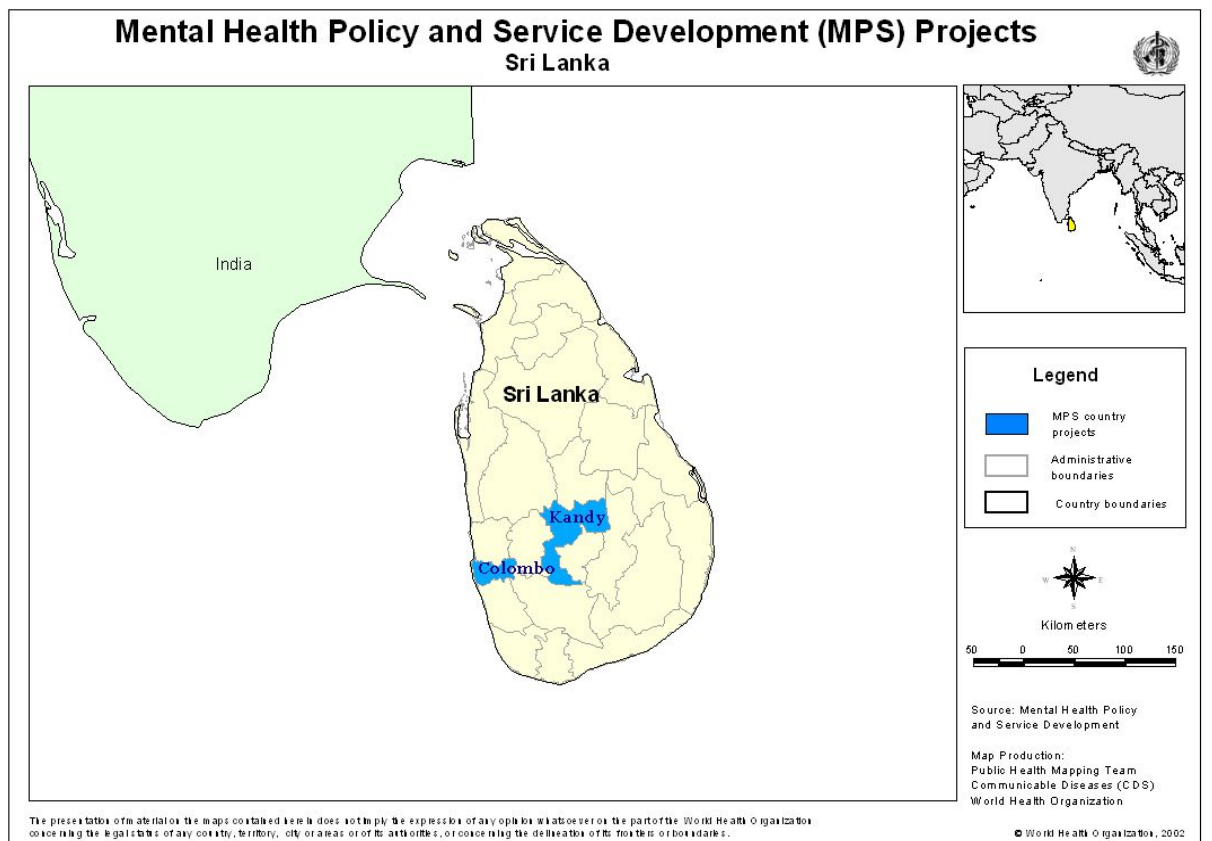


# Sri Lanka



## Project goal

*To encourage a process of de-institutionalization of psychiatric patients and promote reintegration in the community.*

## Project objectives

- **To reduce** the number of admissions and re-admissions to the Angoda/Mulleriyawa/Hendala Hospital complex.
- **To establish** a supportive infrastructure, including follow-up care, based on the existing primary health care infrastructure and with the involvement of NGOs active in the field of mental health and well-being.

## Implementing institutions

- Ministry of Health, Colombo
- Angoda (Teaching) Mental Hospital, Colombo, Western Province
- Nivahana Society of Kandy (NGO), Central Province

## Background

Sri Lanka is an island nation with a population of 18.5 million. The population is made up of mostly Sinhalese (74%), Sri Lankan Tamils, (12.6%) Indian Tamils (5.5%) and Muslims (7%), as well as other minorities such as Moors, Malays and Burghers. The country is divided into eight provinces. Each province has an elected Provincial Council. There are around 300 Local Councils across the island. For the last 20 years, there has been political unrest and an ongoing civil war in the north and east of the island between Tamil separatists and the government. As a result, there has been substantial migration of Tamils from the north and north-east to the south as well as from Sri Lanka itself.

## Health services

The Central Ministry of Health is responsible for funding public health services through provincial departments of health and divisional health services. Preventive health services are provided through primary care facilities, by public health midwives and nurses, and public health inspectors. The Central Ministry of Health remains responsible for human resource development, personnel posting and discipline, bulk purchasing of drugs and allocation of capital expenditure.

Each province has a department of health led by a Provincial Director of Health Services who reports to the Provincial Minister of Health and the Central Ministry. The provincial director is responsible for hospitals as well as primary and secondary health care facilities. The provincial Ministry of Health is responsible for policy-making, planning, monitoring, coordination of provincial health activities, procurement of

supplies and managerial and technical supervision of divisional health teams.

Each province consists of approximately three districts and 30 divisions. Each district has a Deputy Director of Health Services. At the divisional level, a group of Divisional Directors of Health Services (DDHS) has been created. These Directors have been appointed by the Central Ministry of Health. They are responsible for coordinating all curative and preventive health activities as well as for the management of facilities, including district hospitals. This has further helped to devolve power to divisional levels.

## The state of mental health

Between 5% and 10% per cent of people in Sri Lanka are known to suffer from mental disorders that require clinical intervention. Nearly 70% of patients seen in clinical practice are diagnosed with psychosis or mood disorders. Among the most common conditions seen in clinical practice are psychosis, mood disorders, dementia, anxiety disorders, somatoform disorders, substance abuse, stress disorders, and adjustment disorders. Psychiatric practice tends to be based on the biomedical approach and relies mainly on the use of drugs and electro-convulsive therapy. Patients who need or seek other treatments are referred to non-medical mental health professionals (Paper given at WHO Expert Committee Meeting, SEARO, 2000).

An estimated 70,000 Sri Lankans suffer from schizophrenia. This figure is expected to rise with the increase in the number of young adults. It is estimated that 5-10% of the population over 65

years of age suffers from dementia. The suicide rate in Sri Lanka is said to be the highest in the world at 49 per 100,000 (local NGO information leaflet).

### Mental health services

At the time of writing there are an estimated 38 psychiatrists for the whole country (not all of whom are with the Ministry of Health). There are also 17 occupational therapists medical assistants and others, 410 psychiatric nurses, and 9 social workers attached to the in-patient units (ATLAS project, Department of Mental Health and Substance Dependence, 2001, WHO).

In Colombo and its environs there are three large mental health hospitals.



These include, Angoda, which takes new admissions from any part of the country; Mulleriyawa, which is primarily for long-stay female patients; and the mental health hospital at Hendala, for long-stay male patients who have been transferred from Angoda. In addition, a few provincial "Base" (general) hospitals provide outpatient services. The Central, Northern and Southern Provinces have psychiatric units or "Teaching Units" with beds in general hospital settings as well as effective outpatient services. The three psychiatric hospitals as well as the Teaching Units are under the control of the Central Ministry of Health in Colombo.

General hospital units are only permitted by law to admit voluntary (informal) patients. However, there is some question about whether this does in fact happen in all cases. To admit patients to Angoda and Mulleriyawa requires an order from a Magistrate. If this is bypassed, and patients are admitted involuntarily, they have no legally enforceable rights.



*Community mental health team members in Angoda hospital.*

Outpatient clinics are run in most Base hospitals when psychiatrists are available. While, there are many vacancies among posts for psychiatrists, there is, however, a scheme currently being put in place by the Department of Health to strengthen mental health services around the country which consists of training District Medical Officers in mental health. A total of 31 District

*Mental health problems are common in Sri Lanka.*

*Doctors are being trained to provide outpatient care at Base hospitals.*

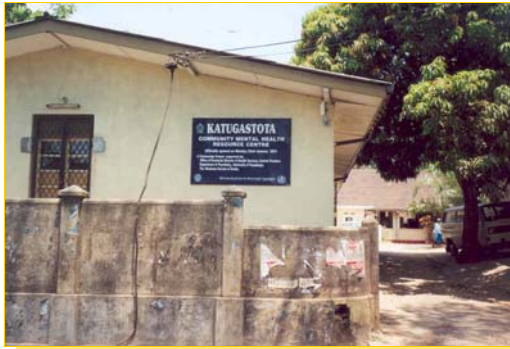
*Source: WHO*



Medical Officers are being trained and will eventually be assigned to Base hospitals across the country to run psychiatric clinics. There are also plans afoot by the Ministry of Health to relocate patients requiring long-term care to community-based facilities.

### Private sector

There are several private practices in the capital run by psychiatrists who are employed by the statutory services but work part-time in private hospitals. District Medical Officers at Base hospitals also sometimes see private patients. There are numerous general practitio-



*Katugastota community mental health resource centre.*

*Mental health facilities are often rudimentary and basic.*

*Psychosocial rehabilitation can be improved and expanded.*

*Source: WHO*

ners who see patients privately since general practice is not part of the government's free health service. A few consultant psychiatrists are believed to run large practices in Colombo.

Counselling services for people with suicidal behaviour, interpersonal problems, stress-related health problems,



and psychosocial problems are provided by non-medical mental health professionals in the non-governmental sector. Some non-medical mental health professionals also provide psychological services that are based on cognitive behaviour therapy and other psychological models.

### Ayurvedic services

Throughout south Asia, religious healing and forms of indigenous medicine such as Ayurveda have traditionally dealt with mental health problems. There is a large government Ayurvedic hospital with an Ayurvedic college and research centre that trains physicians. However little is known about their work among mental health professionals. Administratively, Ayurvedic medicine does not come under the Ministry of Health, but under the Ministry of Indigenous Medicine. There is also a Buddhist temple some 20 miles from Colombo that has been using Ayurvedic treatment for *unmada* (equivalent to mental illness) for many years.



### NGOs

There are five NGOs working in the field of mental health. The oldest started in 1987 as a befriending scheme for patients in one of the three mental hospitals (Mulleriyawa). Three of these organizations now run rehabilitation programmes for people with mental health problems. One is a community-based programme and the other two take the form of residential programmes where services are provided for the long-term mentally ill.

Generally speaking, the current range of mental health services, service delivery models, facilities, personnel, funding,

organization of services and priority-setting processes are totally inadequate to meet the present and emerging mental health needs of the community. Services are not evenly distributed and there are problems with access, particularly to community-based care. Most of the available services are concentrated in Colombo and other urban areas,

leaving the rest of the country largely devoid of services. Hopefully, the situation will improve as medical health officers are trained to work in the Base hospitals. As the project becomes more established, there will be a network of primary care services in some areas; however, much needs to be done across the country as a whole.

## Project description

To reduce the number of admissions and re-admissions to the Angoda/Mulleriyawa/Hendala Hospital complex.

The aims of the project are the same in both the Gampaha district of the Western Province and in the Central Province. The main objectives of the project are to reduce the number of admissions and re-admissions to psychiatric hospitals in Colombo, and to establish an infrastructure of support, including follow-up care, based on the existing primary health care infrastructure. However, the approach has differed somewhat in the two project areas. This is largely because of the differing mental health services available (or lacking) in the two areas, as well as the availability of human resources in each.

Work in the Western Province is being carried out by a team of social workers attached to one of the main mental hospitals in the capital (Angoda). This is being done in collaboration with one of the few psychiatrists to conduct clinics in the community.

In the Central Province, work is being carried out by an NGO active in the field of mental health and well-being (Nivahana Society of Kandy (NSK)), based in the capital town of the Central Province. This NGO was established in 1985 when a group of concerned individuals, with a shared interest in mental

health issues, came together to advocate for improved mental health services within the Province. The director of this NGO is also a consultant psychiatrist at the teaching hospital in the Province. He has been able to engage the Central Province Ministry of Health and the Department of Psychiatry of the University of Peradeniya in pursuing the aims of this project.

## Central Province

State psychiatric services in the Central Province are provided by general and specialist psychiatric clinics in the two main teaching hospitals in Kandy and Peradeniya, as well as by a 20-bed medium-stay unit in one of the districts. There are no other formally recognized state-funded psychiatric services.

The main thrust of the project in the Central province is to supplement current mental health services by providing care in the community to those patients recognized as suffering from mental health problems as well as to their families. The baseline philosophy of the project is to work with patients to maximize their ability to live independently and to facilitate and promote the development of cost effective, accessible, and quality mental health services. This is being implemented through the various activities described below.

*Raising awareness among policy-makers and planners about the need for more sensitive community mental health systems*

In order to ensure support for the project and to facilitate links with current services, the project staff have organized meetings both within the Central Province and with senior personnel from the Central Ministry of Health in Colombo. In the Central Province, project staff have met with local policy-makers and now take part in Provincial community health meetings, which are chaired by the Provincial Director of Health. This has meant that the project is now seen as integral to the

the specialist services, supporting hospitals, community staff, and other centres and community workers.

- Monitor and evaluate service delivery effectiveness/efficiency and revise as appropriate to improve them.
- Act as a resource centre to provide workers with information on mental health issues, house up-to-date journals and books, and provide Internet services.

*Relocating people recently discharged from mental hospitals in Colombo to the Central Province*

A register of all patients from the Central Province who were eligible for discharge from mental hospitals was compiled and attempts were made to contact their respective families. Assessments were done with patients, and relatives who could be found were questioned about their willingness to take in family members who had been recently discharged from hospital. Based on the responses from relatives, it emerged that because of the length of stay of some persons in mental hospitals in Colombo, and the loss or weakening of family ties, of the original 150-200 persons who could be relocated, only an estimated 15% could be reintegrated in their families. It became clear that different types of accommodation would need to be established to house patients following their discharge from hospital.



Having "Open Days" helps to open minds.

Source: WHO

development of mental health services for the Province and it has therefore secured the support of the Provincial Department of Health. Project staff now take part in regular mental health divisional meetings with the Director General of Health.

*Establishing community mental health resource centres*

As part of the project, there is a plan to set up three community mental health resource centres in each of the districts of the Province. The first centre was established during the second year of the project and training manuals and journals on mental health and addictions have now been purchased. It is located within the grounds of the district hospital. The main roles of the current centre are to:

- Coordinate service delivery between

The project is therefore working to establish medium- and long-term accommodation for patients within the community. To this end, 20 beds were added to a medium-stay psychiatric unit in the district of Deltota to accommodate 40 people (roughly equal numbers of men and women). The average length of stay is about 18 months. The Provincial Department of Health has provided extra staff to cater for the increased number of patients. In turn, the staff have been trained by the project to undertake psychosocial rehabilitation with

patients who have been discharged from the Angoda mental hospital in Colombo. As part of the process of rehabilitation, the women residents are engaged in craftwork (batik, needlework, soft toys, embroidery and making utensils out of local materials such as coconut shells), while the men are employed in animal husbandry and gardening. The plan is to make products that can be sold at the local market. Arrangements are made for this to happen.

The project also plans to convert an old hospital site, owned by the Provincial Department of Health, into a long-stay unit. This unit will house patients who have been discharged from the Angoda hospital complex in Colombo and who have little chance of returning to their families in the Central Province. The provincial government has given its approval and support for the establishment of this long-term rehabilitative facility. Funds are currently being sought to undertake refurbishment. The facility will offer different levels of sheltered accommodation, according to the different needs of individuals.

*Establishing effective systems, policies and procedures to support the emerging community mental health care services*

A number of activities have been undertaken to fulfil this objective. These include, training different categories of staff; establishing clinics where none previously existed; ensuring adequate drug distribution; and establishing effective methods of recording, storing and analysing services' data.

As far as training is concerned, five groups of professionals have been targeted: Base hospital doctors (in five Base hospitals), Divisional Directors of Health Services (DDHS), public health nursing sisters (PHNS), public health midwives (PHM) and public health inspectors (PHI). A training manual has been compiled for teaching public



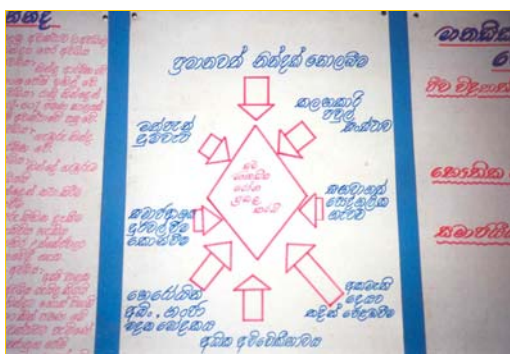
health midwives. The manual covers basic information on mental illness, medication and communication skills.

In the second year of the project, weekly psychiatric clinics were introduced in two of the five Base hospitals. These clinics act as a gateway to the main psychiatric clinics in the two local hospitals. The DDHSs currently specialize in child and maternal health and are responsible for community and preventative services. With training, their role has been extended to incorporate mental health. They will in turn support the public health nursing sisters by providing care to people living in the community and suffering from mental health problems. A link has also been made between trainee doctors at the University of Peradeniya and doctors at the Base hospitals in order to offer training in mental health as part of training in community medicine.

Of the 800 public health midwives and public health inspectors in the 33 divisions of the Central district who offer community preventative services, over

*Raising awareness of mental health disorders is of paramount importance among young people. Schools have begun projects to do this.*

*Source: WHO*



## Rehabilitation in the community: some success stories



*The garment factory where Raj and his wife work.*

*The house he has bought.*

*The plot of land he cultivates to supplement the family food supplies.*

*Source: WHO*



Raj has a history of mental illness that has led to several admissions to psychiatric hospital. He was diagnosed as suffering from schizophrenia and prescribed medication. Although he had been discharged back to his family, he found it difficult to both find and maintain employment because of recurrent bouts of illness. As part of the project for the reintegration of people back into the community, Raj was able to benefit from a programme of support which included help with finding employment. Through negotiation with the



manager of the local garment factory where his wife worked, Raj was also able to find gainful employment. In addition, he was given support through home visits that provided both counselling and help in understanding the importance of staying on his medication. At times of crisis, his social worker liaised with his employer and provided additional support. As a result, Raj was able to save

money and buy a small house and a plot of land and so move his wife and daughter out of the dilapidated house, which they formerly inhabited. He is now able to help support his family financially as well as cultivate a small plot that helps to supplement their basic food supplies. The whole family has benefited from Raj's improved situation. This is a prime example of how rehabilitation within the community can improve both the quality of life and future prospects not only for individuals but for their families as well.

## Rehabilitation in the community: some success stories



One of the most important ways of helping people in the community after discharge is to provide a means of employment. By the use of simple technology, such as a weaving machine, items such as rugs and rope can be made for sale in small local markets and thereby supplement the family income. The ability to earn money and be seen as a useful member of society is an important feature of rehabilitation, especially in low-income countries.

*All these people have been helped upon their discharge into the community by a means of employment. They are engaged in weaving or growing of plants for sale in the local market.*

*Source: WHO*



half have already been trained and it is anticipated that training will be completed by the end of the second year of the project.

As far as drug distribution is concerned, the project manager was involved in writing a paper, which was submitted to the Director General of Health Services, and proposed that key psychiatric medications be made available in the district. Historically, patients requiring psychiatric treatment travel to Kandy General Hospital. This involves long journeys at a time when patients are unwell. This may be one

of the reasons why large numbers of patients who do not attend outpatient clinics, and therefore cease to take their medication,

subsequently suffer a relapse. A recent ward survey in the teaching hospital showed that 50% of all admissions to the wards were people who had discontinued their medication. The project therefore proposed that psychiatric medication be made available in all Base hospitals, in all district hospitals and to all Divisional Directors of Health.

A data collection system and a system of psychiatric referral are being piloted. In addition to patient records held in Base hospitals, these include: referral forms to and from the divisional psychiatric service; home visit forms; two monthly psychiatric forms completed by public health nurses and doctors; quarterly forms from the medical health officers to consultant community physicians. Their use is being monitored and teething problems are being addressed.

## Western Province Gampaha District

The Angoda/Mulleriyawa/Hendala mental hospital complex houses approximately 2900 inpatients. Of those, around 1500 are long-stay patients with little access to psychosocial rehabilitation or specialist nursing care. The only provision of statutory community care is through a team of 6-8 psychiatric social workers (the numbers have varied over time) attached to the Angoda hospital, and one active consultant community psychiatrist (who is one of the project managers).

A lack of infrastructure for follow-up and family support has led to frequent re-admissions and a heightened risk of rejection by the family, as

well as burnout. The project aims to address these issues by locating families and preparing and supporting them to receive their relatives. It also plans to train primary health care workers to identify individuals in need of help and carry out basic follow-up in the community.

The main efforts so far to reduce the number of admissions and re-admissions to hospital, have been through the provision of targeted ongoing support in the community, and through building a wider network for support through the primary health care teams who were equipped to both identify cases and provide follow-up care. Unlike the Central province, most of the patients discharged to the community, have been sent back to their families. The emphasis on reintegration therefore



*Patients waiting at an outpatient facility to consult a doctor.*

Source: WHO

has focused on working not only with patients in the community but also with their families. A small number of people have been referred to non-governmental community facilities because there are no statutory facilities in the district.

**To establish a supportive infrastructure, including follow-up care, based on the existing primary health care infrastructure**

*Reducing re-admissions to mental hospitals and establishing effective support systems in the community.*

The project has sought to achieve these objectives by increasing the level of support in the community to persons discharged from hospital;



training different categories of staff to identify cases and conduct follow-up; placing patients who have been discharged but who cannot be returned to their families in community-based rehabilitation facilities.

As a starting point, the project identified all the patients who lived in the five divisions of the Gampaha district and who had been admitted to hospital more than two or three times in the preceding two years. A range of demographic and diagnostic data was collected on all patients discharged from the Angoda and Mulleriyawa hospitals. Patients were then assessed in terms of the degree to which they were deemed to be at a minimum, low or high risk of relapse after discharge. Diagnosis, family situation, previous number of admissions, history of violence at home,

suicide attempts and other factors were taken into account in these assessments. This in turn determined the frequency with which community visits were organized not only by project staff, but also with the participation of newly trained primary health care staff.

Follow-up visits were then undertaken by the project team. The team consisted of psychiatric social workers and a consultant community psychiatrist who runs three to four clinics a week within a 75-kilometre radius of the hospital, as well as the follow-up visits carried out

as part of this project. It was found that visits by the psychiatric social worker helped family members to better understand persons suffering from mental disorders and

helped them to rebuild their personal social connections.

The psychosocial intervention provided by the project includes not only counselling and supervision of medication, but also other types of support such as assistance in finding employment. If patients are unable to find employment, they are encouraged to become self-employed by making handicraft items for sale in local markets.

As in the Central Province, the emphasis in staff training has been on training primary health care professionals such as medical officers of health (MOH), public health midwives, public health nursing sisters and public health inspectors. The project team has conducted training sessions in all five divisions of the Gampaha district and has trained all

*Treating patients within the community reduces the burden on mental hospitals.*

*Source: WHO*

167 primary care staff (14 medical officers of health and 153 public health nursing sisters, public health midwives and public health inspectors). Ongoing support is provided to primary health care staff through monthly case conferences.

Referral systems are not as advanced as in the Central district, but as part of the training primary health care staff were made aware of the need to fill out basic referral forms used by the MOH. There is also a system in place whereby patients picked up in the community will first be referred to the MOH. Only in

cases where the MOH does not feel able to offer the scope of assistance needed, will the patient be referred to the psychiatric social worker responsible in that particular division.

Another recent activity has been the establishment of carer support meetings in each of the five divisions. Meetings are held in the building in which the medical officers of health and their teams are housed. Transport is provided by the project to encourage as many relatives as possible to attend. In addition, meetings are held on Saturday mornings to enable those relatives who work during

#### **Future activities planned in the Central Province**

- *Continuing to strengthen systems, policies and procedures to support the emerging community mental health service network.*
- *Establishing two more resource centres in the Central province.*
- *Completing the training of staff in the Central province to provide community-based rehabilitation to selected individuals discharged from Angoda.*
- *Completing the training of primary health care staff in both the preventive and curative services.*
- *Extending the range of psychiatric clinics to the three remaining Base hospitals.*
- *Establishing long-term residential rehabilitation centres in the Province.*
- *Promoting and facilitating activities undertaken by other governmental and non-governmental agencies that provide mental health services that are not available in the public sector.*
- *Continuing the integration of the project into existing mental health services while at the same time seeking to extend and strengthen those services.*

#### **Future activities planned in the Western Province**

- *Continuing to conduct seminars for community leaders to raise the level of awareness about mental health and to involve them in forming links with carers to provide ongoing support.*
- *Intensifying the level of support to further reduce re-admissions to hospital.*
- *Strengthening formal referral systems between primary health care workers and tertiary services through designing and testing various types of referral forms.*
- *Continuing to strengthen the provision of community care services through collaboration with primary health care teams.*
- *Conducting community awareness activities to increase the level of understanding about mental health issues.*

the week to attend. All meetings are organized and attended by the social worker responsible for the division, the senior psychiatric social worker (also one of the project managers) and the project psychiatrist. An officer from the social security office is always invited to attend to hear the problems of relatives first hand and to facilitate the offers of social assistance to those relatives in need.

Some of the main areas of concern voiced by relatives were the following:

- The negative side effects of medication which affect individuals' ability to function normally.
- Fears for personal safety due to aggressive behaviour of discharged patients (leading to relatives asking for the patient to be kept in hospital).
- Non-compliance with medication (leading to relapses, aggressive behaviour) and concerns about how to respond to this.
- Worries about their sons'/daughters' not finding marriage partners because of the illness and what can be done to reassure prospective spouses.
- Queries about whether mental illness is hereditary.

- Queries about their own mental health (signs and symptoms).
- Queries about the relationship between smoking and mental illness.

#### Providing social service assistance using a discretionary fund

The project has established a small fund to offer social support to needy families since many of the persons discharged from hospital and their families are very poor. This fund is therefore used to offer support for housing and employment when patients are discharged from hospital.

#### *Raising awareness in the community*

The project considered it important to combine medical, social and spiritual services for patients' full recovery by maximizing the existing potential in the community. Seminars have therefore been organized involving 53 members of the various social welfare organizations in three of the five divisions. It is intended to examine the welfare requirements of people with mental health problems more closely so that the relatives can link up with these social welfare organizations and obtain more support.

#### Key Results to Date

- *A strengthening of the network of psychiatric services in the Central and Western Provinces by the establishment of new clinics and by the extension of the range of community-based care and support.*
- *Training of primary health care workers, medical health officers and divisional directors of health services to provide community-based care thus strengthening the integration of mental health in primary health care.*
- *Raising the level of awareness in the community and among policy-makers and securing their support.*
- *Decreasing the number of re-admissions to psychiatric hospitals (approximately 70% of patients in the Gampaha district).*
- *Establishing forums for carer groups to express their needs and concerns.*
- *Establishing rehabilitation facilities in the community.*

For further details about the project coordinators or additional sources of information, please go to the section on Focal and Resource Persons in the Appendix.

## *Sri Lanka*

### *Project Goal*

**To encourage a process of de-institutionalization of psychiatric patients and promote reintegration in the community.**

### *Project Objectives*

- **To reduce** the number of admissions and re-admissions to the Angoda/Mulleriyawa/Hendala Hospital complex.
- **To establish** a supportive infrastructure, including follow-up care, based on the existing primary health care infrastructure, and with the involvement of NGOs active in the field of mental health and well-being.

### *Implementing Institutions*

- Ministry of Health, Colombo
- Angoda (Teaching) Mental Hospital, Colombo, Western Province
- Nivahana Society of Kandy (NGO), Central Province

### *Project Description*

In October 1999 the World Health Organization approved a project proposal submitted by the Nivahana Society of Kandy. The project has been implemented in two areas, the Gampaha District and the Central Province.

The aims of the project are the same in both the Gampaha District of the Western Province and in the Central Province, that is, to reduce the number of admissions and re-admissions to psychiatric hospitals in Colombo, and to establish a supportive infrastructure, including follow-up care, based on the existing primary health care infrastructure. However, the approach has differed somewhat in the two project areas. This is largely because of the structure of mental health services available (or lacking) in the two areas, as well as the availability of human resources in each.

Work in the Western Province is being carried out by the team of social workers attached to one of the main mental hospitals in the capital (Angoda). It is being done in collaboration with one of the few psychiatrists to conduct clinics in the community.

In the case of the Central Province, work is being carried out by an NGO active in the field of mental health and well-being (Nivahana Society of Kandy (NSK)), based in the capital town of the Central province. The director of this NGO is also a consultant psychiatrist at the teaching hospital in the province. He has been able to forge links between the Central Province Ministry of Health and the Department of Psychiatry of the University of Peradeniya.

The main thrust of the project in the Central Province has been to supplement current mental health services by providing care in the community to those patients recognized as suffering from mental health problems as well as to their families. The baseline philosophy of the project is to work with patients to maximize their ability

to live independently and to facilitate and promote the development of cost-effective, accessible, and quality mental health services. This is being done through various activities described below:

- Raising awareness among policy-makers and planners about the need for more sensitive community mental health systems.
- Establishing community mental health resource centres.
- Relocating people recently discharged from mental hospitals in Colombo to the Central Province.
- Establishing effective systems, policies and procedures to support the emerging community mental health care services.

In the Gampaha District of the Western Province this has been achieved through:

- Reducing re-admissions to mental hospitals and establishing effective support systems in the community.
- Providing social service assistance using a discretionary fund.
- Raising awareness in the community.

#### ***Key Results to Date***

- A strengthening of the network of psychiatric services in the Central and Western Provinces by the establishment of new clinics and by the extension of the range of community based-care and support.
- Training primary health care workers, medical health officers and divisional directors of health services to provide community-based care thus strengthening the integration of mental health in primary health care.
- Raising the level of awareness in the community and among policy-makers and securing their support.
- Decreasing the number of re-admissions to psychiatric hospitals (approximately 70% of patients in the Gampaha district).
- Establishing forums for carer groups to express their needs and concerns.
- Establishing rehabilitation facilities in the community.

