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PSYCHIATRY IN SRI LANKA

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SRI LANKA

INTRODUCTION

Sri Lanka is a beautiful tropical island, situated at the southern tip of the Indian sub continent with a population of approximately 20 million. It is a farming country with a land area of about 62,705 square kilometres and it has central mountains surrounded by plains. The average temperature varies from 2[illegible] degrees centigrade to 28 degrees centigrade in costal belts and low lands whereas the average temperature varies from 14 degrees centigrade to 24 degrees centigrade in hilly areas. It has a multi ethnic society and the majority of them are Sinhalese. Sinhalese comprise of about 74 % of the total population. The other important ethnic groups are Tamils, Moors and Burgers. Most of the Sinhalese are Buddhists (70% of the population is comprised of Buddhists) whereas most of the Tamils practice Hinduism.

It's average annual growth rate is about 1.1. Just over 50% of the population is concentrated in the Western, Central and Southern provinces(these three provinces comprise of 23.2 % of the total land area of the country).

BASIC HEALTH INDICATORS

Sri Lanka has a high literacy rate which was about 90.1 for the year 1994 (excluding the Northern and Eastern provinces) and the life expectancy in the year 2001 was 70.7 years for males and 75.4 years for females. Maternal mortality rate was 2.3 per 10 000 live births and Infant mortality rate was 16.3 per 1000 live births. Infant Mortality Rate seems to be related to mother's education , age and the birth order and the birth interval. They have shown a downward trend over the last few decades which is mainly due to high literacy rate and relatively high investments made in health and social welfare services. Education and health care are free in the state sector. However the private sector is also contributing significantly to the both.

MENTAL HEALTH IN SRI LANKA

As in many other developing countries, mental health care has been given a very low priority until recently.

However the situation has been changing since recently. The government and the relevant authorities have paid some attention to the mental health and taken some initiative to uplift the care of sufferers. Stigma attached to the psychiatric illnesses, amongst the public as well as among the medical profession is still a major concern.

Even though the data with regard to epidemiology is scanty, available data suggest a great need for mental health care. Five to ten percent of people in Sri Lanka are known to suffer from psychological problems needing clinical intervention. The total number of patients seeking treatment for mental disorders was 257 per 100,000 population in the year 2001 whereas it was 177 per 100,000 in the year 1970. Majority of the illnesses are psychoses, mood disorders, substance related disorders and neuroses. Problems encountered amongst children and adolescents, and the disorders seen in the old age are other important causes of morbidity. Suicide and deliberate self harm are a major concern in Sri Lanka though the rates have been declining over the last few years. Substance misuse and related problems are increasing and the estimated figure for alcohol related disorders was 25% amongst the illnesses.

The population under 18 years is 32.9% . The separation and divorce rates are increasing which will lead to disruption of family net works. Disturbed family atmosphere can precipitate/contribute to behavioural problems and emotional disorders in children and adolescents.

The old age population is rapidly increasing (projected figure of those over 60 years of age, for the 2025 is about 21%) and this can give rise to many problems in the health care and social services.

TORICAL BAKGROUND

In Sri Lanka (then Ceylon) , British rulers built a large institution in Angoda (a Colombo suburb) opened it in 1926 with 1728 beds to cater for the mentally ill. Those days the main therapeutic egies were good food, exercise ,recreation and occupational therapy for rehabilitation , as there e no other options were available. Subsequently another institution at Mulleriyawa , a few miles y from Angoda Mental Asylum was built. Both places were well maintained and well managed g the initial period. There was a mental health act also which is now seemed to be out dated., y patients with psychiatric problems were referred from all over the island to these mental hospi-
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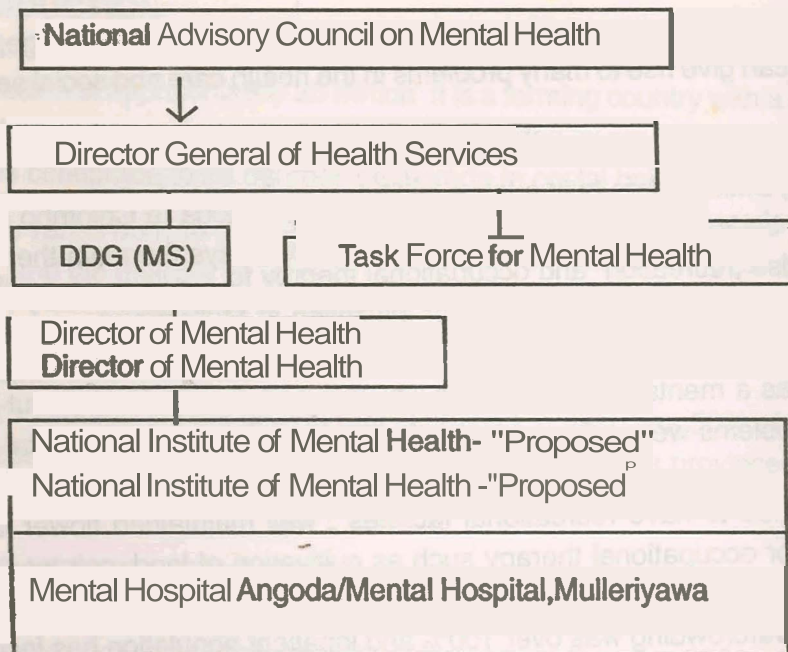
Both Mental hospitals seemed to have recreational facilities , well maintained flower lawns , ctive gardens and facilities for occupational therapy such as cultivation of land, coir work, cloth ving, mat weaving, working in poultry , cattle , piggery farms etc. However the things have been ually deteriorated. By 1964 overcrowding was over 100% and inpatient population has increased 00. A committee has been appointed to look into this matter in 1966. Its' recommendations were n door policies, community care and establishing units in peripheral hospitals.

Next step of care for the mentally ill was to set up units in the general hospitals. Psychiatric Units e opened in Kandy General Hospita , Colombo General Hospital and Jaffna. Gradually psychiatric s were incorporated into the other general hospitals as well. Now all the provincial hospitals have chiatric inpatients facilities and they conduct out patients clinics as well. Several large base hospi- also conduct out patients clinics for the mentally ill patients since recently.

Lady Ridgeway Hospital for children in Colombo has facilities for Child and Adolescent Psychiatry.

MINISTRATIVE STRUCTURE OF MENTAL HEALTH SERVICES

As in many developing countries m Sri Lanka too , Psychiatric care has been under funded and rlooked through out. At national level about 1% of overall health budget is allocated to mental health e. However since recently the relevant authorities have started paying more attention to the care of mentally ill. Available data suggest more than a quarter of the total number of mentally ill patients in Lanka are treated in the Western Province at present. Two large mental hospitals situated in Co- bo suburbs still play a significant role in the mental health care .consuming more than eighty per- t of resources allocated to mental health services. Individual General Hospitals meet their own tal health care costs.



IN PATIENT SERVICES

In addition to the services catered for the mentally ill by the units in the provincial hospitals, so base hospitals, two large mental hospitals situated in Angoda and Mulleriyawa and the university u are playing a major role in the development and continuity of the psychiatric care. Many universi seem to be innovative and having their own models of care. Some university units have close links w NGO funded rehabilitation centres and they work hand in hand particularly in the rehabilitation proce

At present both mental hospitals(Angoda and Mulleriyawa) provide nearly 2500 beds and general hospital units(including teaching hospitals) have a total of, about 5[illegible]0 beds. Mental hosp seem to operate with severe staff shortage compared to the western standards at present. Most of t units are overcrowded. Long stay patients occupy many beds in mental hospitals. Voluntary pati very disturbed patients referred from the other units, court referrals and involuntary patients are m aged at the mental hospitals . The number of mental health professional including psychiatrist grossly inadequate. There are a few trained clinical psychologists , psychiatric social workers a occupational therapists are available, who are also mainly confined to the major cities.

There are no well defined catchment areas in the health sector in Sri Lanka. Hence the pati have the liberty to choose their own psychiatrist , hospital and the nature of treatment(whether western or traditional etc). In addition to the state sector, which is a free service, there is a well de oped private sector. Patients have the choice to seek treatment either from the state sector or from private sector. Patients can be referred from the private sector to the state sector when necess Government employed professionals are allowed to see private patients after working hours at pre

OUT PATIENT CARE AND REHABILITATION

Regular out patients clinics are conducted at the National Hospital, Colombo by the psychi attached to the University Psychiatric Unit, Colombo and the Psychiatrists workingintheh Mental h pitals in Angoda and Mulleriyawa. Also regular out patients clinics are conducted in the other Tea hospitals, Provincial General Hospitals, Some base Hospitals by the relevant professionals(Unive as well as Health Ministry). Specialised clinics are conducted for children and adolescents a children's hospital in Colombo by University staff and the psychiatrists attached to the health mini

ere is another child guidance clinic conducted at the teaching hospital, Peradeniya situated in the hill ital (Kandy) of Sri Lanka. In addition to the care provided by the child guidance clinics conducted at children's hospital in Colombo, and Peradeniya Teaching Hospital ,General Adult Psychiatrists king in the other teaching hospitals and provincial hospitals give a basic care for the behaviourally urbed children and adolescents. Complicated or difficult problems can be referred to the specialised ics.

General Adult Psychiatrists are expected to deal with all the many problems encountered in ical practice as sub specialities are poorly developed at present in Sri Lanka. Liaison care is pro-ed to the other general hospital units by the psychiatrists working in Teaching Hospitals as well as in vincial General Hospitals. Mental Hospital, Angoda has a special Forensic Psychiatric Unit.

The long term plans are to rehabilitate the patients in the mental hospitals and settle them in the mmunity and to develop "intermediate – stay units" at provincial level. At present basic rehabilitation he mentally ill is done at the same provincial general hospitals, teaching hospitals or the mental spitals where the patients are treated for their initial psychiatric ailment. In addition to that a reason-ly well organised centre called "Sahanaya" in Colombo and centres in the Central Province and the rth and Eastern Provinces conduct community based programmes at the moment. They have their n innovative programmes to rehabilitate the needy people. However most of the rehabilitation grammes seem to be poorly developed compared with the western standards and need more ention from the relevant authorities.

NTAL HEALTH ACT IN SRI LANKA

At present we have a old mental health act with several amendments. A few committees have en appointed to look into this important matter. Several new recomniendations have been made and iting for approval. The current draft act tries to incorporate more on voluntary and involuntary ad-ssions, leave, discharge procedure, patient's rights and treatment in the community etc. It also hlights the admission policy to the mental hospitals, referral system and the importance of having ntal health review tribunals.

IN CONCERNS IN SRI LANKA

ICIDE & ATTEMPTED SUICIDE

Suicide rates and attempted suicide rates have been remarkably high in Sri Lanka. Suicide es seemed to be very low (6.9 per 100 000) in Sri Lanka in 1950's. However over the last few ades it has been increased , particularly amongst the youth and Sri Lanka recorded one of the hest suicidal rates in the world. The estimated figure for the year 1991 was 47 per 100 000.The es have started to decline from 1995. The female suicidal rate in Sri Lanka was the highest in the rld by 1980. The figure was 22.3 per 100 000 amongst the females (1985 to 1990). Suicide rates Sri Lanka show two peaks ie. amongst the youth and those over 65 years of age. Deaths due to cide is the fourth common cause of hospital deaths in Sri Lanka. Several studies have been done to d out the causative factors leading to suicide and deliberate self harm. As Sri Lanka is a farming ntry a variety of agrochemicals, which contain lethal chemicals are available. Many youths resort to f harm by taking agrochemicals particularly organophosphates or carbamates when they come oss major problems and stresses in the life. Some really want to attempt suicide. However as a ult of the nature of the substance they are taking , the majority of them end up with completed cide. Still some villagers may eat parts of the poisonous plants like yellow oleander or the tuber of iosa plant in order to kill themselves.

Some research work done in the North Colombo Teaching Hospital in Sri Lanka demonstrated that the overdosing and resorting to violent methods are other major causes of deliberate self harm. Another recent study conducted at the North Colombo Teaching Hospital in Sri Lanka, demonstrated that the childhood environmental factors particularly parental separation during childhood can contribute to subsequent suicidal attempts amongst adults. This is very important in Sri Lanka as many parents particularly mothers seek employment abroad leaving their young children back at home due to financial reasons.

The other major contributory factors identified were undetected depression, alcohol dependence and personality difficulties. Some research work suggest that up to 46.2% of people with completed suicides and 27% to 49% of patients with attempted suicide suffered from a depressive illness. Over 50% of adults who commit suicide in Sri Lanka have history of alcohol dependence.

Research work has been initiated with regard to suicidal ideation in the community. It is important to highlight the belief systems which can contribute to suicide and deliberate self harm in Sri Lanka. Even though Buddhism discourages suicide it is amazing to note that many Buddhists commit suicide in this country (about 90% of suicides are committed by Buddhists).

Attempted suicide is no longer a crime in Sri Lanka. Some steps have been taken to increase the awareness among the medical profession as well as among the public about the gravity of the problem, causative factors and possible remedies.

There was a Presidential Task Force appointed to look into various aspects of this grave problem. The importance of incorporating pesticide control programmes and life skill programmes for school children have been highlighted.

PROBLEMS ENCOUNTERED IN OLD AGE

In Sri Lanka Psychogeriatric population has been rapidly increasing probably due to better health care . In the year 1995, the percentage of the elderly above 65 years of age was 6.2% and the predicted figure for the year 2010 is 8.6%.The elderly population over 60 years of age is about 8% at present and expected to rise to 13% in the year 2010 and 21% in the year 2025.The projected figure for 2025, of those over 60 years is 4.45 million. At the moment many elderly people are cared for and looked after by the families and according to the available figures about 81% those over 65 years live with their children, 10% with their spouses and 5% on their own. The main care givers are females. However our extended, supportive family structure is gradually disappearing particularly in the urban sector. The numbers of care givers are falling as a result of migration to Urban areas , increase in female employment (within the country and abroad). The dependency ratio has been going up with lesser number of care givers. Hence the state has to think about planning of future services in order to cater for the elderly.

The main problems encountered are dementia, mood disorders, psychotic disorders like late onset schizophrenia and delusional disorders, anxiety disorders, adjustment disorders including bereavement reactions and other neurotic disorders. Alcohol misuse mainly amongst men is also encountered as a primary problem or secondary to other psychiatric disorders. Another important aspect is co-morbidity of psychiatric disorders particularly mood disorders with a variety of medical conditions. Hence the other medical colleagues need to be educated with regard to this important issue.

Dementia of Alzheimer type, vascular dementias or mixed forms are commonly encountered dementias. Clinicians also see other forms of dementias like Dementia of Lewy Bodies(DLB), dementia due to excessive alcohol misuse, trauma, fronto-temporal dementias etc.

ocial Model of care has been proposed for the care of the elderly in Sri Lanka by many experts area. One has to make use of the existing family support in the care of the elderly and need to age the relatives as much as possible to look after the elderly, which is particularly relevant in nagement of the elderly with dementia. Clinicians tend to prescribe newer antidepressants like S for depressive disorders, obsessive compulsive disorder etc and atypical antipsychotics for otic disorders more often than earlier.

Electro convulsive therapy is also used when indicated. Well modified ECTS are given in most of ntres. Cholinesterase inhibitors like rivastigmine are prescribed for'affordable patients with De- a of Alzheimer type in the private sector. Rivastigmine is an expensive drug at present in Sri . Vitamin E is also prescribed widely for the patients with failing memory.

There are a number of elderly homes available in Sri Lanka at present. Some of them are funded non governmental organizations. Many interested people have formed various societies to help eedy elderly eg for uplifting the knowledge and the care of the Alzheimer disease.

D AND ADOLESCENT PSYCHIATRY

The population below 18 years of age is about 32.9 % in Sri Lanka . Many children and adoles- s are undergoing adversities of life leading to emotional and behavioural problems. The main iatric problems encountered are developmental problems, behavioural and emotional problems elationship difficulties. In addition to those, child abuse (physical , emotional and sexual) has been gnized and the government has taken steps to establish the National Child Protection Authority in r to look into this important issue and to formulate a legal structure with regard to the,same. Many eness programmes have been launched to educate the public and the relevant professionals.

Another important area needs to be highlighted is psychological , emotional and behavioural lems encountered amongst children and the partners of those who are employed abroad. In Sri a many mothers seek employment abroad (particularly in Middle- East countries) leaving their g children and partn at home, which can lead to many adversities including potential child e, development of emotional and behavioural problems among children and disruption of their ation etc. Studies have demonstrated that the remaining spouse tends to take substances more .

The other important conditions need to be emphasized in child and adolescent psychiatry are sive developmental disorders including childhood autism; and Attention Deficit Hyperactivity der(ADHD). Services are scanty with regard to them at present. However in major centres, in n to behavioural modification techniques, psycho stimulants are used for the Attention Deficit ctivity Disorder. Methylphenidate is prescribed as a psycho-stimulant. Autism and autistic spec- isorders have been recognized. There are a few centres available to train these children at nt. Certainly we need to pay more attention to them.

Eating Disorders including atypical forms of anorexia nervosa have been reported in Sri Lanka. adolescents and youths seem to be concerned about their body image and appearance. Even in nka, thinness is regarded as attractive at present. We need to expect more people with eating ers as a result of changing attitudes and social norms.

Another major area in child and adolescent psychiatry is dealing with learning difficulties and l retardation. Chromosomal abnormalities, genetic factors, peri-natal and post natal adversities ntribute to the development of mental retardation. A variety of cerebral infections can give rise to l retardation and the mothers are encouraged to receive rubella vaccine during pregnancy. The er of children who are suffering from learning difficulties and mental retardation seem to be huh

in Sri Lanka. There are a few centres available, particularly in the urban areas to train these children. However the services seem to be inadequate at present. One has to think about setting up services in each province if possible.

Surveys done with regard to child labour have demonstrated that 21% of all children aged from 5 to 17 years were involved in child labour and 75% of them worked while enrolled in schooling.

Child guidance clinics at the Children Hospital, Colombo and the clinics conducted by the universities cater for the children with psychiatric problems. The adult psychiatrists working in the provincial general hospitals also attend to the needy children as there are no many trained child psychiatrists in Sri Lanka at present. Training of primary care physicians is also encouraged in order to identify the problems early and to make appropriate referrals.

SUBSTANCE MISUSE

In addition to tobacco(which is widely used) alcohol misuse is a major problem in Sri Lanka. Other commonly misused substances are cannabis and heroin. A variety of alcohol preparations are available. "Arrack" is a licensed spirit which is widely consumed. Poor people often resort to locally distilled preparations. "Kasippu" is a locally prepared cheap brand of illicit liquor. Many villagers in rural areas also drink "toddy" which is prepared from the juice seeping from the slashed coconut, palmyra or a local palm tree called "Kithul" flower. The juice is collected into a pot and allowed to ferment in order to prepare "toddy".

Preparation of "toddy" from either coconut , palmyra or "Kithul" flower.
Figure: "toddy tapper"

The percentage of alcohol in "Kasippu" may be variable where as "toddy" seems to contain a low percentage of alcohol similar to bear. Most of the other western brands of liquor are also available in Sri Lanka.

The morbidity and mortality due to alcohol misuse are immense in Sri Lanka at present. Alcohol appears to influence/precipitate other psychiatric conditions like suicide and attempted suicide, depressive disorders, a variety of psychotic illnesses and morbid jealousy etc. Violence towards women particularly domestic violence seems to be an emerging problem in our country. Some studies have demonstrated that many perpetrators were under the influence of alcohol. Alcohol misuse is contributing to increasing number of road traffic accidents.

Also a significant number of patients admitted to Medical and Surgical wards are havin[illegible] related problems.

Educational programmes are conducted to improve the awareness of this grave proble[illegible] the people and school children.

It has been proposed to have detoxification units at Provincial level. Currently detoxi[illegible] done in General Hospitals , other state owned hospitals, private hospitals or in the mental [illegible]. Some of these hospitals conduct rehabilitation programmes on their own or refer the needy [illegible] to centres supported by the Non Governmental Organizations for rehabilitation

There are a few Non Governmental Organizations (eg.Melmedura in Colombo and "Su[illegible]" available far rehabilitation of people with Alcohol and other substance related problems.

Cannabis is misused often by men (particularly the youths). Some erroneously believe [illegible] enhance the sexual potency, and it has been used by the people with sexual difficulties at tim[illegible] believe that it can improve the appetite as well. A variety of herbal remedies seem to contain [illegible] quantities of cannabis. Cannabis misuse can precipitate psychotic illnesses in vulnerable people or can exacerbate existing symptoms.

The other important "hard" drug is heroin which is also misused by many people in Sri Lanka (particularly the youths). At th moment inhalation seems to be the commonest route of misuse. One may encounter parenteral abusers on and off. Substance misuse can be seen in the urban as well as rural areas. However the gravity of the problem is more pronounced in urban areas and psycho – social problems are immense due to that.

Available rehabilitation programmes appear to be grossly inadequate at present. Those people with drug abuse is detoxified in hospitals. Rehabilitation is mainly done by various NGOS. One may occasionally find religious centres where the rehabilitation is done. We have to plan services for drug and alcohol abuse.

Betel leaf and Areca nut have been chewed by people in Sri Lanka for centuries. It is still chewed widely, particularly by the people in rural areas. A recent study conducted in the North Colombo Teaching Hospital has demonstrated that betel chewing is common amongst schizophrenic patients. Many people tend to chew betel leaf , Areca nut, with a small quantity of tobacco leaf and lime which can give rise to problems in oral hygiene including carcinogenesis.

Co morbidity of psychiatric disorders (psychotic illnesses as well as mood disorders) with substance misuse is a common occurrence in Sri Lanka at present. It is important to pay attention to that when we are assessing patients with psychiatric problems or substance misuse.

CULTURAL ASPECTS OF MENTAL ILLNESS IN SRI LANKA

Certainly one's culture can influence the presentation of psychiatric problems as well as the course of the illness. Like in other eastern cultures in Sri Lanka too depressive illness is commonly present with somatic symptoms. Burning sensation of the head, abdomen and the other areas of the body in addition to depressive symptoms is a common presentation. Also conversion symptoms are seen when somebody is depressed. Hence many people see medical or other non psychiatric doctors for their symptoms.

Still one may encounter "possession states" particularly in rural settings. When people are distressed or depressed these states may be observed. Patients may tell that they are "possessed" by evil spirits ,devils or deities/gods and behave accordingly. Local belief systems can influence their behaviour.

Catatonia either due to schizophrenia , depressive disorder or due to other organic conditions is still seen. Viral infections (including neurotrophic) are abound in Sri Lanka , which can give rise to organic psychiatric conditions and catatonia due to organic brain damage. The other possibility of encountering catatonia is delay in seeking treatment. One has to pay more attention to this important area.

Culture bound syndromes like Koro are also reported. Koro as a "primary" syndrome as well as a symptom of a depressive illness has been reported in Sri Lanka. Dhat syndrome is also seen. Many people seem to be preoccupied with "emissions and loss of semen" and believe that it can cause bodily harm or weakness. Patients with depressive disorders, anxiety disorders and somatization disorders may be preoccupied with emission of semen or discharge of semen with their urine. Hence one can argue that "dhat symptoms" may be encountered in other psychiatric disorders.

As mentioned earlier typical as well as atypical forms of anorexia nervosa are seen. Also body dysmorphic disorder is encountered and many youths seem to be suffering from this disorder. Some believe that they have disfigured body parts eg. elongated nose , large breasts etc. Some believe that skin is ugly and others could notice etc. Clinicians often see patients who believe that there is a bad odour emanating from their mouth or body. They tend to avoid social encounters. These patients may

rotate from doctor to doctor seeking some help. Body dysmorphic disorder is often missed in clinical practice.

We are going to see more and more clients with eating disorders as social norms, expectations and attitudes towards the body image and appearance (particularly amongst women) are changing in Sri Lanka.

Still many people attribute the causation of mental illness to supernatural influence and seek help from the traditional healers. Some go for alternative or complementary medicine. Quite a few would seek help from alternative and complementary medicine in addition to western treatment. In other words they resort to both forms of therapies believing that it may enhance the healing process.

WOMEN AND MENTAL HEALTH IN SRI LANKA

Still the women are playing a major role in upbringing children and many females attend to household tasks. More and more women go for the other jobs as well. Hence many women are playing a dual role such as doing a salaried job as well as attending to household tasks which may be further stressful. The role of women seems to be changing particularly in urban settings. Females are involved in earning foreign remittance, particularly by working in Middle East countries, garment factories, tea industry in Sri Lanka. In addition to them many educated females are engaged in both professional and administrative jobs.

Domestic violence (as a result of Alcoholic partners or due to other psychiatric problems like personality difficulties, morbid jealousy amongst the partner) is often seen in clinical practice. Research work with, regard to "domestic violence" has been initiated since recently to find out the gravity of the problem and the underlying causative factors. A pilot study conducted at North Colombo Teaching Hospital with regard to domestic violence demonstrated that a considerable proportion (40.5%) of women who were attending the out patients department reported some form of abuse by their partners. Still many men expect women to play a subservient role.

The whole range of peuperal mental disorders are encountered and most of them are referred to appropriate psychiatric care.

Fortunately substance misuse seems to be uncommon amongst Sri Lankan women at present. Rarely one may encounter women who drink alcohol, smoke or resort to other substances.

Other common psychiatric problems like mood disorders, psychotic illnesses and neurotic disorders are often seen.

Many Sri Lankan women seek employment in other countries particularly in the Middle-East countries leaving their families at home, which can give rise to an enormous amount of psychological problems amongst the children and disruption of the existing family net works and atmosphere. Migration and adopting to a new environment is really stressful to many Sri Lankan women and which can precipitate stress related disorders among vulnerable women.

TRADITIONAL PRACTICES

Sri Lanka has a multi ethnic society with many belief systems. Majority of them are Sinhalese Buddhists. However in addition to Buddhist beliefs many have other beliefs as well. Some still believe in spiritual/supernatural causation of the mental illness. A significant proportion of people tend to believe on supernatural powers and go for traditional healers when they are mentally ill. Some seek help from alternative or complimentary medicine and some get treatment from Aurvedic Practitioners.

It has been shown that many people seek help from the other healers in addition to western treatment when they are ill. Other therapies may vary from applying a chanted thread to exorcism i

rcism healer may wear a mask (may be representing the devil or the spiritual figure supposed to uence or possess the patient) and perform overnight dancing in order to get rid of the suspected evil rit from the patient's soul or body. Dancing is accompanied by drumming and there are drummers o are dressed accordingly (generally wear white clothes, a red belt and a red cap) would perform mming. The whole process can be quite expensive.

Others may perform various religious rituals like pouring water to "Bo trees" with the hope that it l help to enhance the recovery process. Bo tree is regarded as a sacred tree in Sri Lanka as Lord ddha has attained "Nibbana" under a "Bo tree". This ritual is done on a couple of days. These igious rituals are accompanied by offering flowers to "Bo trees" or Buddha statues. Some astrolo- rs and fortune tellers may recommend offering meals or clothes etc to poor people or to temples in der to shorten the "bad period". Some believe that it will help to reduce or minimize the bad influence he spirits of the dead relatives on the patients.

y believe in horoscopes and seek advises from astrologers or go for fortune tellers particu- ronic long lasting conditions. Yet another may believe that all the bad things happened to a result of "bad mysterious things" done to them by their "enemies" and they may seek help from fortune tellers or astrologers in order to get rid of the bad influence. Example of d thing done to them may be a chanted talisman.

asionally one may see patients who were treated in an "inhumane manner" by some tradi- lers with the wrong assumption that it may enhance the recovery process. Eg; Hitting the h coconut leaves and flowers in the wrong assumption that they can get rid of the suspected vil spirit from the patient's body or soul.

ietimes the patients are allowed to drink chanted water. It is note worthy that many herbal ns contain a variety of alkaloids and sometimes cannabis and small quantities of alcohol interact with western medicine. Hence it is important to inquire about alternative and comple- nedicine routinely from psychiatric patients.

etimes the Buddhists would perform an overnight chanting ceremony called "Pirith" in order the patients from the evil spirits and to enhance the recovery process.

e believe that there are special "bad" as well as auspicious days in the week and depending lief systems either they may engage in activities or withhold activities.

sorts of cultural beliefs can influence the psychiatric practice and management of psychiatric n Sri Lanka. Health care professionals must be aware of this important aspect to achieve in their management.

MUNITY PSYCHIATRY

Even though community psychiatry is poorly developed in many areas of Sri Lanka at present rity of practitioners are aware of the importance of community psychiatry. In some places innova- models have been introduced. There are a few organized community centres available, particu- in major cities like Colombo and Kandy. The university psychiatric units are helping them to ize the programmes. They are funded and supported by the Non Governmental Organizations as They conduct educational and rehabilitation programmes. "Sahanaya is such an organization ted in Colombo and "Nivahana" is located in Kandy. Both centres have facilities for day care and cho - education of patients and relatives.

Various community models have been introduced by individual psychiatrists depending on avail- resources and their vision. In some provinces eg. Uva Province "Satellite 'Clinics are conducted in heral hospitals by the provincial psychiatrist and his/her team on regular basis. This will help the

patients to be treated in an environment close to their home In Sri Lanka relatives tend to stay with patients whilst they are hospitalised. This will help already over worked staff in various ways. Generally relatives take turns to stay with their patients. This may be regarded as a locally adopted "community model".

The long term plans are to relocate the long stay patients close to their home environment as much as possible.

Psychiatry component in the Undergraduate Medical Curricula has been increased and the Ministry of Health has taken steps to improve the knowledge of psychiatry amongst interested primary care doctors by conducting educational and training programmes.

PSYCHIATRIC TRAINING

The current thinking is to improve the training programmes for primary care physicians in order to attend to the psychiatric problems at the grass root level. and to pick up them early. Hence the training programmes for the primary care physicians have been initiated and the content of psychiatry and behavioural sciences in the undergraduate medical curriculum has been increased in many medical schools in Sri Lanka. In the Colombo Medical Faculty Psychiatry sessed in the final MBBS as a separate subject and the other medical faculties to follow the same.

POST GRADUATE TRAINING IN PSYCHIATRY

Post Graduate Institute of Medicine attached to the University of Colombo is awarding MD in psychiatry and responsible for organising the training programmes with the help of available resources. Prior to the establishment of the post graduate institute in Colombo many clinicians were trained in the U.K. and the British diplomas eg MRCPsych have been recognized for specialist posts. Now it is compulsory to have MD in Psychiatry awarded by the Post Graduate Institute of Medicine in Colombo and Board certification to become a consultant in the state sector.

In the MD part 1 , knowledge in the basic sciences is assessed and the successful trainees will enrol in the part 2 training programme. This is a rotational clinical training programme, for three years. The trainees are expected to learn General adult Psychiatry as well as other subspecialties during their training programme. In the part 2 , knowledge of whole range of theoretical concepts and the clinical skills are assessed.

After successful completion of the MD (Psychiatry) part 2 the trainees are appointed as Senior Registrars to approved units for another one year. Then the trainees are expected to undergo minimum of one years training abroad in an approved centre. Many trainees o the U.K. or centres in Australia or New Zealand at present. The trainees are also expected to submit a Dissertation before the Board Certification in Psychiatry. After successful completion of all the components of the training programme the trainee will be board certified as a "specialist" in Psychiatry. During the overseas training period trainees are expected to widen the perspectives and learn more about subspecialties which are poorly developed in Sri Lanka at present eg Child and Adolescent Psychiatry, Psychogeriatrics and psychotherapy etc.

Unfortunately many psychiatric trainees who go abroad for the post MD training do not return to Sri Lanka. Hence the number of trained psychiatrists practicing in our country is grossly inadequate.

In the MD (General Medicine) training programme, trainees are expected to complete a psychiatric clinical appointment.

Psychiatry is incorporated in General Nursing Training. There are post basic training programmes as well, in psychiatry for nurses.

SYCHIATRY AND THE MEDIA

The truth can be dispelled or perpetuated by the media. This is particularly important in suicide nd domestic violence. Many suicidal attempts and completed suicide acts seem to be highlighted in inappropriate manner in media , which can have deleterious effects. This important issue has been ghlighted on various occasions. The other important aspect which can be maintained or reduced is tigma attached to the mental illnesses. Media is playing a major role in that depending on the way of ddressing the problems.

Cases of post traumatic stress disorder after watching violent television programmes amongst hildren have been reported in Sri Lanka.

ON GOVERNMENTAL ORGANIZATIONS

There are many non governmental organizations who work hand in hand with the state health ector/government agencies in order to help the needy people. There are other organizations who ork independently.

"Sumithrayo" is concerned with counselling patients with attempted suicide and people with substance related problems etc, There is an NGO called "Melmedura" which is situated in Colombo is ealing with alcohol and drug related problems. A variety of educational and rehabilitation programmes re conducted in this place.

"Sahanaya" is dealing with rehabilitation and it conducts educational programmes for the mentally ill and carers. It is also involved in community care and plays an important role as a day centre. In ddition to that "Sahanaya" plays a major rote in educating and training mental health nd medical students.

A similar organization is situated in the Central Province as well. Which is called "Nivahana". sychiatry department in the Peradeniya Medical School is helping them in various ways. There are ther places like half way homes. Richmond Fellowship Lanka is an example of a halfway home.

In addition to them there are several other places available for rehabilitation of chronically mentally ill and training of mentally retarded children in Sri Lanka.

OST TRAUMATIC STRESS DISORDERS & ADJUSTMENT DISORDERS

As a result of intense traumatic events such as violence , war , rape and accidents etc many icians encounter post traumatic stress disorders often. When it comes to war related problems st traumatic stress disorders are seen amongst the military personal and civilians. Many people xperience adjustment difficulties and various forms of bereavement reactions as a result of loss ents. The clinical presentation of children and adolescents may be variable from that of adults when y come across severe stressful events as they are not cognitivety fully developed. Post traumatic ss disorder is seen not only in the war tom areas, but even in the other areas.

It has been reported cases of PTSD amongst children after watching violent television grammes, in Sri Lanka. Hence the media has the responsibility to censor some of the traumatizing/ nt scenes from the television programmes.

ETHODS OF TREATMENT

Clinicians tend to make clinical diagnoses depending on their skills. However in many centres , e of ICD 10 diagnostic criteria is encouraged. Post graduate trainees are expected to familiarize with ICD 10 diagnostic criteria.

Many clinicians tend to adhere to the medical model in the management of their patients partly due to time constrains (due to high patient turn over rate). Out-patient clinics as well as in-patient units are catering for too many patients. There is hardly any time to do other therapies particularly psycho-therapies. However cognitive behaviour therapy is practised by many clinicians for a variety of psychiatric conditions including anxiety disorders , somatization disorders and depressive disorders etc. Most of the time it is incorporated in the patient's management, m addition to chemotherapy.

Conventional Neuroleptics and Tricyclic antidepressants are still prescribed widely in many state owned hospitals mainly due to the low cost. Fluoxetine (Selective Serotonin Reuptake Inhibitor) is available in some hospitals. Risperidone and Clozapine are available in some of the major hospitals. However most of the SSRI'S , newer antipsychotics , SNRI'S ,MAOI'S and newer benzodiazepines are available in the private sector. If the patients can afford one may use newer antidepressants or atypical anti psychotics. There are relatively cheap brands of newer antidepressants and antipsychotics produced in India, are available in Sri Lanka at present. Many depot antipsychotic preparations are available for the needy patients. Lithium preparations, sodium valproate and carbamazepine are used as mood stabilizers.

Rivastigmine is available in the private sector for Alzheimer dementia. However rivastigmine is an expensive drug at present. Affordable patients can be considered for rivastigmine therapy.

Many rating scales , most of them were developed in the west are available in the assessment and management of the mentally ill patients. Some of them were translated and validated to suite to our setting.

Medication Is generally supervised by the patient's close relatives as our families are still cohesive and caring. However the things are gradually changing as mentioned earlier. Hence one has to think about more innovative techniques of patients managementin the future.

ELECTRO-CONVULSIVE TREATMENT

ECT is widely used to treat a variety of psychiatric conditions including depressive disorder, catatonia , puerperal depression , severe mania and in schizophrenia when the response to drug treatment Is poor. Well modified convulsions are induced in many centres. Informed consent is obtained after explaining to the patient as well as to the guardian about the procedure. ECT is given twice per week or in every other day depending on the centre.

Still many people seem to be frightened of the procedure and tend to refuse the therapy. We need to do more public education with regard to this therapy to minimize the fears/stigma attached to ECT.

PSYCHOTHERAPY

Many clinicians are competent in doing supportive psychotherapy and counselling for a variety of conditions encountered in clinical practice. Cognitive behaviour therapy is an affordable form of psychotherapy which is practised by many psychiatrists for anxiety disorders , depressive disorder and somatization disorders. The principles of cognitive behaviour therapy is incorporated in addition to other therapies in the patients management. Most of the time the techniques need to be modified to suite our clients. Psychoanalytic psychotherapy may be time consuming and expensive. We may find it difficult to afford for Psychoanalytic psychotherapy at present.

Group therapies are conducted for the clients with substance misuse, phobias etc. Groups are conducted in individual hospitals or in the day centres attached to the hospitals or institutions funded by the N.G.O.S.

amily therapy -- Many families are still closely knit in Sri Lanka. In urban settings the family networks eem to be slowly disintegrating. Principles of family therapy are incorporated in a variety of clinical nditions eg dealing with family/marital discord, behavioural problems in children, problems related to bstance misuse etc. Depending on the clinicians training "systemic or structured" family therapy chniques are used. The main emphasis is given to understand the family dynamics which are caus- e a maintaining symptoms/illness. Warm, caring families are protective whereas over-involved, er-protective, critical families are deleterious. Clinicians say that the prognosis of schizophrenia eems to be slightly better in Sri Lanka, perhaps as a result of less critical; caring families.

There are a few clinical psychologists available who are also attached to major centres. Flow- er there are counsellors available in the NGO'S to attend to alcohol related problems, marital prob- ms etc. Some priests are also involved in counselling.

It has been mentioned by some that the principles of Buddhism can also be incorporated in ealir with patients as majority of the people are Buddhists. The Buddhist teaching highlights the portance of changing the way of thinking and our attitudes, to be happy and contended.

Also in the bereavement process, people are encouraged to cry and express their emotions, ich will help to resolve the grief. Rituals are taking place at regular intervals after the death. Many latives and friends vi these rituals Priests will also participate. They recall the deceased, talk out him/her and do chanting or religious activities in order to obtain a better rebirth. The entire ocess will help to resolve the bereavement process.

Art therapy and play therapy are incorporated in child psychiatry in order to understand the dis- bed children and in the therapeutic process.

UTURE NEEDS

We have to improve the man power including psychiatrists, clinical psychologists, social work- s, psychiatric nurses etc. At the moment the numbers are grossly inadequate. As a short term medy interested primary care physicians needs to be trained further.. However the long term goal ould be to train the medical graduates to identify the problems early at the grass root level.

The other important aspect is to reduce the stigma attached to the mental illness, by conducting wareness programmes amongst the public.

Sri Lanka has to seriously consider improving the sub specialties like old age psychiatry, child d adolescent psychiatry, services for substance misuse etc in the future. Community psychiatric rvices and rehabilitation programmes should be developed further.

Newly drafted Mental Health Act may be implemented soon, which has addressed several impor- nt issues including admission policies and "patients rights" etc.

We need to do more research work with regard to epidemiology, cost effectiveness etc in order to planning of services.

References

1. Abeysinghe D.R.(1997) Suicide in Sri Lanka, The Kandy Medical Journal, 6(2), 32-34.
2. Annual Health Bulletin 2001, Department of Health Services, Sri Lanka.
3. Anula D.Nikapota(1991) Child Psychiatry in Developing Countries, British Journal of Psychiatry, 158, 743-751.
4. D'Avanzo C.E., Geissler E.M., Pocket Guide to Cultural Health Assessment, Third Edition, Mosby, St. Louis, Missouri. 2003.
5. de Silva D.(2003) Suicide prevention strategies in Sri Lanka: the role of socio-cultural factors and health services. The Ceylon Medical Journal, 48,68-70.

6. de Silva H.A.,Gunatilake S.B., Smith A.D.(2003), Prevalence of dementia in a semi-urban population in Sri Lanka: report from a regional survey, International Journal of Geriatric Psychiatry, 18, 711- 715.

7. Perera H.(2000) Child and adolescent mental health care; *A priority for Sri Lanka, and we may have to start from scratch,* The Ceylon Medical Journal, 45, 100-102.

8. Karunasekera K.A.W., Kuruppuarachchi K.A.L.A., Gunasekera D.P.S.(March 2000) Psychological impact on children and families of Middle East workers, Annual Academic Sessions, Sri Lanka Medical Association, Colombo, Sri Lanka(abstract).

9. Kiribanda B.M. (2003), Child labour and schooling: Evidence from Sri Lanka, a Developing Country, Sri Lanka Journal of Population Studies, 6, 17-40.

10. Kuruppuarachchi K.A.L.A., Rajakaruna R.R. (1999), Psychiatry in Sri Lanka, Psychiatric Bulletin,23, 686-688.

11. Kuruppuarachchi K.A.L.A.(July 1994), A prospective study on mentally abnormal prisoners, Proceedings of second International Medical Congress, Kandy, Sri Lanka, 94-96.

12. Kuruppuarachchi K.A.L.A.(1994), Community based psychiatric services for Sri Lanka, Kandy Medical Journal, 3(2):37-38.

13. Kuruppuarachchi K.A.L.A. (2000), Need for Psychogeriatric Services for Sri Lanka, Sri Lanka Journal of Medicine, 9(1):14-16.

14. Kuruppuarachchi K.A.L.A., Samaratunge S.R., (March1996) A Prospective study on puerperal mental disorders, Annual Academic Sessions , Sri Lanka Medical Association, Colombo, Sri Lanka (abstract).

15. Kuruppuarachchi K.A.L.A.,Williams S.S.,Gadambanathan T.(2000) Post-traumatic stress disorder after watching violent scenes on television, The Ceylon Medical Journal, 45, 177-178.

16. Kuruppuarachchi K.A.L.A., Ratnayake J.A.W.S., Dasanayake N.A.H., Rajakaruna R.R.(2000) The Koro syndrome, The Ceylon Medical Journal, 45,182.

17. Kuruppuarachchi K.A.L.A., Williams S.S.(2003), Betel use and schizohrenia, British Journal of Psychiatry, 182: 455

18.Kuruppuarachchi K.A.L.A., Wijeratne L.T., Weerasinghe G.D.S.S.K. et al , (April 2003) A survey of domestic violence among females attending an out-patient department, Annual Academic Sessions, Sri Lanka Psychiatric Association ,Colombo, Sri Lanka(abstract).

19. Kuruppuarachchi K.A.L.A., Williams S.(Sept.2003) A study of separation from parents in childhood and suicidal attempts in adulthood, Royal College of Psychiatrists Faculty of Child and Adolescent Psychiatry Annual Conference, University of York, U.K.(abstract).

20. Mendis N.(2004), Mental health services in Sri Lanka, International Psychiatry, 3, 10-12.

21. National Mental Health Plan, Strategy to Strengthen Mental Health Care in Sri Lanka(2001) Ministry of Health, Sri Lanka.

22. Sahanaya ,National Council for Mental Health. , Community Mental Health Care-Issues and Challenges, conference proceedings, International Conference on Mental Health and Psychiatry, Colombo, Sri Lanka.April 2002.

23. Samarasinghe D., Physician's Manual for prevention and management of drug-related problems, World Health Organization, Regional Office for South-East Asia, New Delhi, Dec 1995.

24. World Health Organization, Regional Office for Southeast Asia. Suicide Prevention : *Emerging from darkness*, 2001

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