Community psychiatry service in Sri Lanka:a successful model

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Summary

In the current practice of psychiatry there is a shift from hospital to community based care. Different models of community psychiatry have been tried in different countries. Though this concept is based on several core principles, each country has to find what is best suited for its population. In Sri Lanka too, community psychiatry projects have been initiated by psychiatrists. We describe below one such project started in a postal area in the capital, Colombo, by one of the authors. The project began in late 2008 and by 2010 was functioning independently and fulfilled the criteria for a community based mental health service.

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Introduction

In the developed world there has been a rush towards community psychiatry. The English word 'community' used as a noun or adjective in the context of healthcare denotes a whole range of health care services. It is often employed in conjunction with concepts such as 'prevention' and 'health promotion'. These ideas are linked with a 'primary health care team', the development of which is seen as the way forward to improve the health care system. In countries such as the United Kingdom (UK) this has been at the cost of reducing secondary hospital based services.

Different models of community psychiatry have been tried in different countries with varying degrees of success. What is apparent is that there is no ideal model. Each country has to develop its own model depending on the needs of its population, health services structure and available resources. However the current accepted definition of community psychiatry would be the provision of mental health services outside the hospital to a well-defined catchment area demarcated geographically and administratively (1). In 1967 Caplan and Caplan proposed six principles of community psychiatry (2). These are listed in Fig. 1.

Though Sri Lanka has a free national health service the main reason for inadequate mental health care has been the shortage of mental health specialists. The number of psychiatrists per 100, 000 is 11 in the UK and 13.7 in the United States whereas in Sri Lanka it is only 0.2. In neighbouring India it is 0.2 as well; however, in Singapore it is 2.3(3). At the time of writing Sri Lanka had 49 fully qualified specialist psychiatrists most of whom work in the Western Province. It has been estimated in a recent World Health Organisation bulletin that Sri Lanka requires 251 psychiatrists to fulfil her mental health needs (4). The government has trained a substantial number of psychiatrists (88 from 2002 to 2009) but many have migrated to higher income countries after their postgraduate training (5). Though Sri Lanka boasts of a lesser number of specialists in psychiatry than in most other specialties, this does not make a case to abdicate that role to others, when, the world over, this is a position served primarily by them 6). The dedication of those psychiatrists remaining in the country and the number of psychiatrists returning to the country after training have enabled Sri Lanka to have a psychiatrist providing care to 22 of her 25 districts.

Sri Lanka is also moving towards the establishment of comprehensive community psychiatry services based on the Caplan principles. This has been initiated by psychiatrists themselves who have recognised that purely hospital based psychiatric services are insufficient for the comprehensive treatment of patients with mental health problems. In this article we describe the successful establishment of such a service.

Methods

The Western Province has the highest population density in Sri Lanka with a population of 5.4 million in an area of 3681 km2. It has three districts, Colombo, Gampaha and Kalutara. The Colombo district has five Municipal Councils of which the largest is the Colombo Municipal Council (CMC). The CMC is divided into 15 postal zones.

The community mental health service was initiated through the National Institute of Mental Health (NIMH) by the second author (JM) in December, 2008. The NIMH has eight in-patient units each supervised by a consultant psychiatrist. The consultants are expected

Table 1- Principles of community psychiatry - Caplan
1.Responsibility to a geographically defined population
2.Treatment close to a patient's home
3.Multidisciplinary team approach
4.Continuity of care
5.Patient participation
6.Comprehensive services