Abstract

Sri Lanka is a lower middle-income, small island nation in the Indian Ocean, with a multi-ethnic population of 22 million. The healthcare system of the country is well established and relatively advanced, the delivery of which is free to the consumer. The health indicators of the country are impressive compared to regional figures. Psychiatric care in Sri Lanka has witnessed a rapid development over the last four decades, as the care model transformed from an asylum-based model, established during the British colonial times, to a district-wise hospital-based, care delivery model. Gradually, the teams that provided inpatient and outpatient services at the hospitals also started to provide community-based care. The newly added community-based services include outreach clinics, residential intermediate rehabilitation centres, home-based care, community resource/support centres and telephone help lines. There is no or very little funding dedicated to community-based care services. The teams that deliver community services are funded, mostly indirectly, by the state health authorities. This is so, as these community teams are essentially the same psychiatry teams that are based at the hospitals, which are funded and run by the state health authorities. This lack of separation of the community and hospital teams without separate and dedicated funding is an impediment to service development, which needs to be addressed. However, paradoxically, this also constitutes an advantage, as the provision of care delivery from the hospital to the community is continuous, since the same team provides both hospital- and community-based care. In addition to the essential mental healthcare provision in the community with this basic infrastructure, each community service has improvised and adapted the utilization of other resources available to them, both formally as well as informally, to compensate for their financial and human resource limitations. These other resources are the community officials and the community services of the non-health sectors of the government, mainly the civil administration. Although sustainability may be questionable when services involve informal resources from the non-health sectors, these have so far proven useful and effective in a resource-poor environment, as they bring the community and various sectors together to facilitate services to support their own community.