

Mental Health Services

Sri LankaSri Lanka
GANESAN Mahesan

Organization type:

government
Project Stage:
Established

Budget:

\$50,000 - \$100,000

 SHARE

- [Abuse & violence](#)
- [Disability rights](#)
- [Mental health](#)

Project Summary

Elevator Pitch

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

We provide low cost high quality mental health services at population level using innovative interventions and by instilling hope.

About Project

Problem: What problem is this project trying to address?

In Batticaloa in 1999, I was the only psychiatrist for a population of 1.4 million. No specific funding was provided by the Ministry to develop services. People did not know who a psychiatrist was and they spent money on traditional healers. The mental health needs of this population were many, made worse by war, poverty, poor health and social services. Very often we separate the client from the community and family they live in. I try to keep the community & family involvement to the max & use them as part of the therapeutic team. In most mental health services the staff is tired and burned out. I created a team of professionals that were motivated, interested and client centered. I wanted to set up a different type of service that will be more acceptable to all with very little resource

Solution: What is the proposed solution? Please be specific!

- Develop an accessible & friendly service to meet the mental health needs. Access refers to distances & to accessing services. Even though the services themselves are free, no subsidy is provided for the travel to the clinic. We want to minimize this expense & time. The other factor is to reduce the red tape involved in getting access to the service. We also focus on friendly service especially since we're in an area where people are not familiar with psychiatry
- Development is driven by feasibility, interest shown by partners, equity. We had to depend on NGOs who often had their own agenda. We had to negotiate to keep our goals in the focus and to not include patients from adjacent districts to avoid over-loading and poor care.
- Providing services for the seriously mentally ill was a priority. But over time we included child protection, gender based violence, conflict resolution, services for the intellectually disabled children etc.

Impact: How does it Work

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

In-patient care is a necessary part of any treatment system for mental health problems. However, we try to manage them in the community as much as possible. A doctor & a nursing officer jointly assess all admissions and this team continues to care for the patient & family. In some sensitive cases or at the request of client we don't involve the family. During the stay in the hospital, a family member is with the patient at all times so the patient doesn't feel abandoned. Very often, a negative incident at home or community would have preceded the admission. This would have caused a great deal of anxiety and consternation to the family. After the admission with treatment the disease and behaviour associated with it improves. If the family is not with the client, they will no be able to see this improvement and their opinion of the client will be dominated by the negative incident that happened at home. Due to the stigma the family is often in the dark about mental illnesses. So when a family member is affected they have lots of worries and concerns. In the ward they have an opportunity to interact with family members of other clients. This helps them to realize that there are others with similar problems and alps have hope as they see others recovering and going home. There is also sharing of tips as to mange issues. We were also the first unit in Sri Lanka to offer a phone facility for clients to call and receive calls from 2002 onwards. Now this has been replicated in five units around the country.

Sustainability

Marketplace: Who else is addressing the problem outlined here? How does the proposed project differ from these approaches?

There are many systems of mental health care around the world. In the beginning, they were cared for in the community and then the asylums started and then care was moved back into the community. In-spite of the many systems around the world almost none has proved satisfactory in spite of the large expenditure. The consumer movements are very critical of most services. Aggressive advertising by the drug companies and the training of psychiatrists have contributed to this. The "Soteria" movement that started in US comes to close to what we are trying to offer. This is

practiced in a modified form in Europe after its death in US. In none of these places, they take responsibility to offer care for a population, instead carefully select a few clients for their programs.

Team

Founding Story

When I was a medical student in 1987, as part of our training in mental health we visited the large mental hospital in Colombo for a day. The horrible situation there really struck me and I decided to become a psychiatrist to try to correct it though at that time I had no clue as to how to provide better care. Then during my postgraduate training in psychiatry, I was working in an organization that provided domiciliary visits to client's houses. This was the time I realized the importance of homely environment both in the physical and emotional sense and the importance of investing time in developing long-term relationships. This is when I started thinking of transferring this concept on a large scale to a population. I started to look at different models in a critical manner. Very often there is big difference between the rhetoric and practice.

About You

Organization:

Ministry of Health, Government of Sri Lanka

About You

First Name

GANESAN

Last Name

Mahesan

Twitter URL

Facebook URL

About Your Organization

Organization Name

Ministry of Health, Government of Sri Lanka

Organization Country

Country where this project is creating social impact

How long has your organization been operating?

More than 5 years

The information you provide here will be used to fill in any parts of your profile that have been left blank, such as interests, organization information, and website. No contact information will be made public. Please uncheck here if you do not want this to happen..

Innovation

How long have you been in operation?

Operating for more than 5 years

Which of the following best describes the barrier(s) your innovation addresses? Choose up to two

Quality, Equity.

Social Impact

Please describe the goal of your initiative; outline what you are trying to achieve

The goal is to provide a mental health care package at low cost and acceptable to the client, family and community. This will be done through a humanistic approach by developing a long-term partnership with client and the family, and involving the family as part of the therapeutic team while valuing the client's independence.

We do not accept that chronic mental illnesses like schizophrenia invariably lead to deterioration of function and life long medication. We hold the patient responsible for his/ her behaviour and encourage them to be empowered to take control of their own recovery process. We do accept that a few of the clients will need long-term support and rehabilitation. However, we believe this to be a very small population.

What has been the impact of your solution to date?

We started this program in Batticaloa (population 550,000) then we extended it to Ampara (population 450,000). Now, this model with slight modifications is being used to provide care for over 2 million in North & East Sri Lanka. Over 7 small acute in-patient units (bed strength 12 in each) provide care close to their homes. Out-patient services are provided for the whole population within 5 -6 Km from their homes with easy access. While the rehabilitation facilities in the South are overflowing with high demand, the 3 facilities in the region are under-utilized due to lack of demand. This is because most of our clients are leading productive lives in their own communities.

We were the 1st to start services for survivors of Gender based violence & now there are these facilities in 8 hospitals. With our support in the east, over 500 children with intellectual disability who were staying at home with their right to education denied are attending schools / centres like their siblings.

What is your projected impact over the next five years?

Thousands of persons suffering from mental health problems will receive care in a friendly, respectful manner. Over 400 children with intellectual disability will get their right to education met. Over the next five years, I want to get the message to the rest of the country. The complex health system makes learning within the system very difficult.

What barriers might hinder the success of your project? How do you plan to overcome them?

Nursing & medical professionals are interested but find it difficult to grasp as it goes against their professional training. Traditional model of mental health is based on the medical model. These professionals are not really interested to see the differences; they would rather attribute this to different patient groups and funding support from NGOs rather than try and understand the subtle differences. This is what happened to Soteria model in USA.

Due to funding we have failed to document the process. This too has contributed to the difficulty in getting the message across. Gradually the consumer groups mushrooming around the country could force the administrators to look hard at the model. However, these organizations are in a nascent state and it will take a while for this to happen.

Winning entries present a strong plan for how they will achieve and track growth. Identify your six-month milestone for growing your impact

Identify three major tasks you will have to complete to reach your six-month milestone

Task 1

Identify key stakeholders to implement the project in both the districts where I plan to expand into

Task 2

Identify the space and the manpower necessary to implement the project in the area

Task 3

Sell the idea to funding agencies, ensure implementation & provide support to key personnel delivering services to the consumers

Now think bigger! Identify your 12-month impact milestone

extend the project to other developing countries / middle income countries where input to mental health services is poor

Identify three major tasks you will have to complete to reach your 12-month milestone

Task 1

share the model with examples and the rationale to other countries / regions that could benefit

Task 2

arrange visits to see working model so they can see the feasibility in their home country or how it could be adapted

Task 3

Offer advice and support to set-up similar or modified services in other countries

Sustainability

Tell us about your partnerships

We have partnership with many different organizations. Some are WHO, CAMH, UNICEF, World Vision, IMHO, Basic Needs, VSO, Swiss Red Cross, CARE international, Kinderburg, American Jewish World Service and some local organizations.

Are you currently targeting other specific populations, locations, or markets for your innovation? If so, where and why?

I am targeting two districts that were badly affected by the recently ended civil war in Sri Lanka. These are Killinochchi and Mullaitivu districts in the Northern province.

What type of operating environment and internal organizational factors make your innovation successful?

A Space for innovation within the ministry of Health in Sri Lanka and support from local health administrators help to implement the project. We try to create a non-hierarchical team of workers who are motivated to help this marginalized group of people. Capacity building through experiential learning, limited didactic teaching and continuous support help build capacity.

Please elaborate on any needs or offers you have mentioned above and/or suggest categories of support that aren't specified within the list

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