“I want to get back to my job at the bank,” says Tisaranee (name changed), a 40-year-old woman living in Navamangai Nivassam, a community centre for mentally-ill women in Sri Lanka’s Jaffna District.

Tisaranee was abandoned by her family, including her husband and two daughters, when she was diagnosed with schizophrenia almost six years ago. Like the other women at the Nivassam, she was rescued from the street by social workers and is now recovering. She aims to integrate back into society at the soonest.

With the right care, this is possible, says Natarajan Gnanasooryan, a senior psychiatric social worker at Nivassam. “We want the women at Nivassam to become self-reliant. Here they have the basic security of being in a community centre. As they settle down, they are allowed to cook in their rooms, help in the community kitchen and take medicines on their own. Some of them have recovered to the extent that they visit the mental health unit in Jaffna hospital on their own. They realise the importance of regular medication.”

Navamangai Nivassam, built in 2009 with the help of the community, is an example of how community-based mental health initiatives can steadily transform the lives of the mentally ill. Centres similar to Navamangai Nivassam are also found in Jaffna, Kilinochchi, Mullaitivu, Mannar and Puttalam districts.
The need for quality mental health services that take a community-based approach can be well understood in light of Sri Lanka’s recent history. In 2004, Sri Lanka was hit with the full force of the Indian Ocean tsunami, while in 2009 the country’s 26-year-long civil war came to a bloody end. By developing and implementing effective policy solutions to mental health issues, Sri Lanka’s health authorities have charted a bold new course that deserves commendation.

Dr Jacob Kumaresan, WHO Country Representative to Sri Lanka, says, “Sri Lanka’s 2005-2015 mental health policy made the mental health sector a national priority, and decentralized the system so that it could provide community-oriented care effectively. Mental health services which were earlier concentrated at tertiary-level hospitals in major cities, are now available at local levels. This has resulted in tangible gains for patients.”

Amanthi*, a 38-year-old woman in Puttur East, also in Jaffna District, can attest to this. After six months of community-based rehabilitation to treat her schizophrenia, she was able to regain custody of her two teenage boys. With the help of local NGOs she has also been able to find work and secure accommodation. “Once a month I visit the Jaffna Hospital,” she says, adding, “My sons are with me and I feel happy. I am able to get work on daily wages and am taking care of my sons.”

The country’s Mental Health Policy 2015-2025 and the National Mental Health Action Plan 2015-2020 aim to build on these successes and enhance the quality of care provided. According to Dr Kumaresan, further customizing local services will ensure success in the years ahead. “We are witnessing a high demand for mental health services and there is a clear need for innovative approaches to reduce the mental health treatment gap,” he says. “Every province is discovering its own formula for success in terms of matching service-types to patient needs. This must be further encouraged.”

Dr Kumaresan’s optimism and drive is shared by Dr S Sivayokan, a Sri Lankan psychiatrist dedicated to making lasting change. Sharing the secrets of Sri Lanka’s success, he says, “The solution to mental health problems must be directed from the hospital, but they must involve the family and community. This is how we see psychiatry moving ahead in Sri Lanka: from the clinical hospital to the community.”