

Provision of Mental Health Services through Community Partnership

Neil Fernando¹, Arosha Wijewickrama², Nirupa Hettige³, WLDG Samanthi⁴, Nishantha Rajapakshe⁵, Kalyani Kumarappeli⁶, Rajitha Priyadarshani⁷

¹ Sir John Kotelawala Defence University, ^{2,4,5,6,7} National Institute of Mental Health, Angoda,

³ RDHS, Mulleriyawa

¹ nfjfernando@gmail.com, ² arosha24@gmail.com

Abstract—

Background -The World Health Organization signalled the urgent need for provision of community mental health services at its Global Forum for Community Mental Health. This project was innovated to utilise the already available state services to provide better mental health services through community partnership. Project was carried out in the catchment area for admissions to Unit 06 of National Institute of Mental Health (NIMH), Angoda from the Colombo District.

Aims- The aim of this project was to minimize treatment gap that is rampant in provision of mental health care services. Deinstitutionalization of the mentally ill is also intended.

Methods- A community mental Health team is established under the Consultant Psychiatrist consisting of Medical Officer-Mental Health (MOMH), Community Psychiatric Nurse (CPN), Psychiatric Social Worker (PSW) and Occupational Therapist. The community is involved in planning, implementation, monitoring and evaluation of the programme. Community meetings were held in selected areas. Community Volunteers were recruited and a training done. The Volunteers went into the community and started active case detection. Upon new case detection the team consisting of above, visited to evaluate and plan treatment. The multitude of satellite clinics established are used to provide treatment and where necessary Depot injections are provided monthly at home. All patients are reviewed periodically by the MOOMH. CPNN and PSWW ensure tracking of all follow up patients with the aid of the volunteers. Volunteers themselves are assembled periodically for feedback and appreciation.

Results- Feedback from the community and clients indicate satisfaction. Clients are functioning in the community while on treatment and unnecessary

admissions have been prevented. Community Volunteers are bringing in new clients to NIMH and other clinics for receiving of treatment.

Conclusions- Such a community partnership in provision of mental health care is greatly serving to reduce the treatment gap.

Keywords— Mental Health, Community Partnership, Community Psychiatry

I. INTRODUCTION

Traditionally, mental health services are provided through centralised health care services which are hospital based, disease oriented and provided by medical professionals on a one to one basis.

According to the World Health Organisation mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group across all income countries. While 14% of the global burden of disease is attributed to these disorders, most of the people affected - 75% in many low-income countries - do not have access to the treatment they need (WHO). This indicates a significant treatment gap.

An innovative approach is needed to deal with this treatment gap. The Declaration of Alma Ata in 1978 states the following; "People have the right & duty to participate individually & collectively in the planning & implementation of their health care". This indicates the need for community partnership in developing a health care plan.

Considering the need for a new initiative the Consultant Psychiatrist and multi-disciplinary mental health care team of Unit 06 of the National Institute of Mental Health Angoda developed a project with the hope of reducing the treatment gap in the catchment area for admissions to the unit from the Colombo District.

The Objectives of this project was,

- To decentralize a centralized mental health service
- To provide a community based service
- To ensure a patient friendly service
- To foster community partnership

The team was keen to use the existing resources of the ministry of Health for this purpose and not to spend any extra expenditure for this project.

II. METHOD

The initial pilot project was done in the Kaduwela Medical Officer of Health Area. Five villages under this area were selected initially. These five villages were recommended by the Medical Officer of Health, Kaduwela.

The five villages selected were,

- Dadigamuwa
- Thunandahena
- Singhapura – Hokandara
- Heenatikumbura – Thalangama North
- Weliwita

A team from the Unit 06 of the National Institute of Mental Health initially visited the five villages and they had consultative meetings with the villages. These were done with participation of many formal or informal village representatives. The needs of the villages were assessed through focus group discussions.

From each village Community Volunteers were recruited to undergo a capacity building training programme with regard to Mental Health. Five groups from the five villages were selected and each group underwent five days of training at the National Institute of Mental Health. Five Main topics which the World Health Organisation has endorsed as significant in Community Mental Health were discussed in detail. The five topics are,

- Dementia
- Alcohol and Substance Abuse
- Depression
- Psychotic disorders
- Somatoform disorders

Some other topics included side effects of drugs used in Psychiatry, Violence prevention, Use of Activity in mental illness treatment and horticulture therapy.

The training was mainly done by Consultant Psychiatrist of Unit 06. Teaching and Training methods included lectures, presentations, practical sessions and field visits. 58 volunteers completed the capacity building.

They are functioning as community level workers to provide basic mental health care in a supportive role.

Community Volunteers detect potential new cases in the community and refer them to the mental health team. They also follow up on patients who are already on treatment and try to prevent defaulting. They become supporters to the care givers of the mentally ill at times, providing the care givers with much needed respite.

To link with the community, the unit has developed a Community Mental Health Care Team which can work with the volunteers to provide community based care. The team is made up of Medical Officer- Mental Health (MOMH), Community Psychiatric Nurse (CPN), Psychiatric Social Worker (PSW), and Occupational Therapist (OT)



Figure 1: Community Mental Health Care Team

The Care team with the Community Volunteers organised Mental Health Camps in the selected areas and these camps were focussing on issues such as Untreated Mental illness, Problems due to substance abuse and prevention of domestic violence.

The Community Mental Health Care Team also does domiciliary visits. These visits are done for

- Tracing new patients for diagnosis and treatment initiation
- Tracing defaulters
- For routine follow up
- Giving IM Depot medication monthly

Currently over five domiciliary visit programmes are done for relevant catchment areas by the team. Each programme caters for around 30 clients. We also use this project to train all categories of health staff in mental health as well.

Further partnerships are also developed with other key stake holders in community mental health care. Links are established with Public Health Midwives of the area, Divisional Hospitals of the area as well as the Police.

In addition school mental health camps are conducted in collaboration with the Medical Officer of Health Office.

To ensure continuation and further development the Volunteer groups are assembled at NIMH

regularly to appreciate their service as well as to provide feedback.

The Volunteers also get an opportunity to communicate their observations and ideas regarding the programme.

This is an ongoing project with further development and newer initiatives being explored.

III. CONCLUSION

There is no funding involved as the programme is conducted using the existing health services in the area. This programme is serving immensely to reduce the treatment gap and undue admissions to the tertiary care wards and undue stay in hospital has being reduced.