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ABSTRACT

Serving in the armed force is recognized as an occupational hazard to the mental health and literature states that the stresses involved in serving in military promotes the onset of the mental illnesses. Mental health disorders have accounted for significant morbidity, healthcare utilization and disability from military services around the globe and Sri Lanka Air Force is not an exception for it. This study was conducted as cross sectional descriptive study attempting to understand the psychiatric profile in the post conflict period in comparison to psychiatric disease distribution during the conflict period. Special references were made to identify the socio economic factors which replaced the combat stresses and to evaluate the gaps in the psychiatric care both in curative and preventive aspects. Psychiatric profile at present comprises 28 disease categories and the total number of patients attending to psychiatric clinic at SLAF Hospital Guwanpura is gradually reducing over the last three years. Further, mainly six disease entities including depression, adjustment disorders and anxiety disorders account for more than 50% of the diseases in post war period. Depression represent 24.7% as the most prevailing illness in post conflict era replacing the adjustment disorders which account for 50% during conflict period. In both era majority of the patients are having the service less than 5 years and in the post conflict period married servicemen representing majority but vice versa in the conflict period. Further location of the onset of psychiatric diseases significantly shifted to the urban establishments during last decade. In addition chronic psychiatric illnesses had significantly reduces compared to conflict period probably due to screening at the recruitment, counselling services and improvement of the detection mechanisms during the post conflict era. With the findings, it was observed that the existing system is not directly focusing to address the causative factors and a better organized and coordinated service is required to manage psychiatric related issues. Main attention should be focus to validating the screening tools, early identification, prevention and awareness extending to the grass root level of the organization. Designing a new preventive and screening mechanism addressing all the layers required to cover above gaps. The findings and recommendations of this study will have a particular appeal to officers of all levels in the Air Force, especially to those who are at policy making level. This research will also provide incentive for further research in the area of psychiatric & psychological care in the SLAF.

Key words: Psychiatric disorder profile, Cross sectional descriptive study, Conflict period, Post conflict period, Sri Lanka Air Force.