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The Gazette of the Democratic Socialist Republic of Sri Lanka

EXTRAORDINARY

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PART I : SECTION (I) — GENERAL

Government Notifications

NATIONAL MENTAL HEALTH POLICY OF SRI LANKA 2020-2030

The current National Mental Health Policy of Sri Lanka 2020-2030 approved by the cabinet on 21.12.2020 provides guidance to meet the current need by restructuring and expanding the capacity to deliver mental health services at all levels. The new policy further recommends the development of mental health services for the treatment, rehabilitation, prevention of mental health conditions and promotion of mental health.

Since the need for expansion and development of services has increased, the previous Mental Health Policy of Sri Lanka which was published in the *Gazette* No. 1418/33 dated 11.11.2005 is revised by the current policy for 2020-2030 enabling the country to successfully address the socio-cultural and economic determinants which affect the mental health of the people.

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National Mental Health Policy

2020 - 2030

Ministry of Health
Sri Lanka

Preamble

Mental health is not merely the absence of mental illness. The World Health Organization defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”(World Health Report, 2001).

Globally, the burden of mental disorders continues to grow, with significant impacts on health leading to major social and economic consequences (WHO, 2015). Mental, neurological and substance use disorders are common in all regions of the world, affecting every community and age groups across all countries. Fourteen percent of the global burden of disease is attributed to these disorders.

In Sri Lanka, lifetime prevalence of Depression was 6.6 % of people over 15 years of age (Ball et al, 2010). Nearly 4% over the age of 65 was suffering from Dementia (de Silva et al, 2003). There is a wide gap in provision of mental health services based on the disease burden and mental health needs of the population. Moreover high rates of suicide, alcohol and substance abuse and psychosocial consequences due to decades of conflict and war, emergencies and natural disasters remain as main mental health challenges.

The previous Mental Health Policy of Sri Lanka was formulated more than ten years ago. Since then the need for expansion and development of services has increased. New policy recommends the development of mental health services for the treatment, rehabilitation, prevention of mental health conditions and promotion of mental health, as it is a necessity. This policy provides a strategic framework and action plan to meet above needs by restructuring and expanding the capacity to deliver mental health services at all levels.

The health sector alone cannot work towards improvement of mental health of people. Many other sectors such as education, social services, youth affairs, child and women’s affairs, justice and other government and non-governmental organizations have a significant role. Hence, this revised policy emphasizes the importance of multi-sectorial involvement and cooperation.

This Mental Health Policy document consists of a main body and the details in 9 annexures.

Vision

All Sri Lankans shall have optimal mental health and psychosocial wellbeing

Mission

Establish an enabling environment for enhancement of mental health and wellbeing for all, through mental health promotion, prevention of mental health conditions, treatment and rehabilitation, psychosocial care, protection and promotion of human rights

Guiding Principles

The policy is based on the following principles:

1. Promotion of mental wellbeing of all and protection of human rights of the persons with mental disorders and their caregivers
2. Provision of quality-assured services which are person-centered, cost effective, equitable, efficient, safe, accessible and affordable by:
 - ensuring universal health coverage for people with mental disorders and all Sri Lankans
 - adoption of evidence-based policies and practices appropriate to the local context having a comprehensive, holistic, life course approach to ensure optimal mental health
 - Developing multi-agency, multidisciplinary and multi-sectoral collaboration at all levels
3. Empowerment of and ensure full participation by community including persons with mental disorders and psychosocial disabilities as well as caregivers by developing context-appropriate, culturally and socially sensitive approaches to mental health promotion, illness prevention, treatment, rehabilitation and psychosocial support
4. Ensure consistency with the national health policy and other related existing government policies and practices

Objectives

1. To strengthen leadership, legislation, stewardship, research and management functions of the mental health services
2. To strengthen the delivery of comprehensive, socially and culturally acceptable mental health services and support, in order to reduce the burden of mental disorders and promote mental health
3. To strengthen human resources, infrastructure and financing for mental health services
4. To empower communities in promoting their mental wellbeing and reducing stigma and discrimination

Strategies

The following strategies are identified for achieving each policy objective.

Objective 1. To strengthen leadership, legislation, stewardship, research and management functions of the mental health services

The promotion of mental health and the provision of mental health services should maximize efficiency, quality and equity, be transparent and accountable to the public and be responsive to the needs of service recipients and service providers. A comprehensive mental health programme on promotion, prevention, treatment and rehabilitation has to be achieved by the Ministry of Health with proper leadership, governance and multi-sectoral approach.

At the national level, the National Mental Health Advisory Council (NMHAC) chaired by the Secretary of Health is the main advisory body and will provide the policy direction. The National Committee on Mental Health (NCMH), chaired by the Director General of Health Services (DGHS) will provide the administrative and technical guidance for implementation of the strategies of the National Mental Health Policy. The Directorate of Mental Health under the Ministry of Health takes the role of coordinating and collaborating with all stakeholders in the policy implementation. At the provincial level, Provincial Mental Health Committee (PMHC) will be established with the chairmanship of Provincial Director of Health Services (PDHS), with technical leadership from the provincial Consultant Psychiatrist. At the district level, the District Mental Health Committee (DMHC) will be established with the chairmanship of the Regional Director of Health Services (RDHS) and co-chaired by the district Consultant Psychiatrist, who will give the technical leadership (refer annexures 1 to 4 on the establishment and composition of national and subnational advisory and coordinating bodies).

- 1.1 Strengthen leadership, governance and inter-sectoral collaboration for mental health service at national and subnational levels
- 1.2 Protect and promote human rights of persons with mental disorders, psychosocial disabilities and vulnerable groups including people with intellectual /cognitive disability, people in custody and institutionalized persons
- 1.3 Strengthen the mental health management information systems
- 1.4 Monitor and evaluate status of mental health service delivery at all levels
- 1.5 Promote research in the field of mental health to generate evidence for advocacy and facilitation of best practices

Objective 2. To ensure delivery of comprehensive mental health services in order to reduce the burden of mental disorders and promote mental health

This policy ensures increased accessibility for mental health services at all levels, starting from integration of mental health services at the primary health care level.

The Medical Officers in Primary Medical Care Institutions (PMCI-Divisional hospital and below) will be trained according to the standard package for mental health care, to manage the persons presenting with mental health conditions at the first health contact level.

At the divisional level, mental health services will be delivered by the Medical Officer/Mental Health (MOMH) or Medical Officer/ Psychiatry (MO/Psychiatry) under clinical supervision of the consultant psychiatrist and will act as the first level of contact to specialized mental health services. The Primary Mental Health Care Centre (PMHCC) will be established at a Divisional Hospital in each Medical Officer of Health (MOH) area and shall be manned by the MOMH or MO/Psychiatry and will closely collaborate with the Medical Officer of Health (MOH) and public health team, primary medical care team and other relevant officers. Community Support Centres (CSC) will be established at each MOH level (Annexure 6).

It is envisaged that the secondary level shall consist of Base Hospitals-Type A & B with a consultant psychiatrist and mental health team. Base Hospital-Type A and above will have acute inpatient psychiatry units which will be supervised by a consultant psychiatrist and outpatient care facilities. Mental health units with outpatient care facilities will be established at each Base Hospital-Type B. Day centres will be established attached to each Base Hospital-Type B and above (Annexure 5).

The tertiary level includes Teaching, Provincial General, District General, University and Specialized Hospitals with general and specialized mental health services and will act as referral centres. For forensic psychiatric care, one central High Secure Unit will be established at the National Institute of Mental Health (NIMH) and five Medium Secure Units for minor offenders will also be established at selected strategic locations to cover whole country.

Medium stay mental health rehabilitation units will be established in each district. Further, Long stay residential facilities will be established in each province (Annexure 7). Alcohol and drug rehabilitation centres will be established in each district.

Expert committees will be established under the NMHAC to address following priority areas for prevention and mental health promotion;

- Alcohol and other substance use prevention (in accordance with the National Policy on Alcohol Control)
- Child and adolescent mental health
- Maternal mental health
- Suicide prevention
- Prevention of violence
- Forensic and correctional mental health including prison mental health
- Elderly mental health
- Occupational mental health
- Mental health and psychosocial support in disasters and emergencies

According to future mental health needs, further relevant expert committees will be established.

- 2.1 Promote mental wellbeing and strengthen preventive strategies based on evidence based best practices
- 2.2 Provide best available, and locally adaptable treatment and rehabilitation services at all levels of care to all persons with mental disorders at earliest possible time
- 2.3 Reduce rates of suicide and deliberate self-harm
- 2.4 Strengthen services for prevention, treatment, and rehabilitation of those with alcohol and other substance use disorders
- 2.5 Facilitate optimal mental health care for people in custody, institutionalized persons and vulnerable groups, such as people with intellectual disability (Annexure 8)
- 2.6 Develop mechanisms to provide mental health and psychosocial support in disasters and emergencies and to enhance resilience

Objective 3. To strengthen human resources, infrastructure and financing for mental health services

Securing and maintaining adequate resources is critical for the Mental Health Policy to be realized. This includes, but is not limited to, adequate financial allocations, provision of infrastructure, medical supplies, human resources, teaching and training.

- 3.1 Provide human resources(Annexure 9), medical supplies and infrastructure for multidisciplinary care to deliver quality mental health services at all levels of service provision
- 3.2 Govern and expand the financial allocations to mental health services at national, provincial and district level

Objective 4. To empower communities and settings in promoting mental wellbeing and reducing stigma and discrimination

Mental health promotion requires collective efforts of all organizations and sectors that may have a direct or indirect impact on mental health. Developing knowledge and skills to promote mental health of communities bare a vital place in changing lifestyles for mental health promotion.

Most of the persons with mental disorders in Sri Lanka are being cared for and supported by their families. Such families need to be supported in the form of knowledge, skills, respite care, housing and financial assistance. Enhancing community dialogue on mental health and its promotion will further facilitate alleviation of stigma towards mental disorders and discrimination of persons with mental disorders in the community.

- 4.1 Empower communities in optimizing their own mental wellbeing by improving mental health literacy, specially by addressing commercial determinants of mental health and development of skills for promotion of mental health
- 4.2 Empower service users, families, carers to ensure their fullest participation in policy development, implementation, service development, provision and reception of care
- 4.3 Engage multiple sectors to improve dignity and reduce stigma and discrimination among persons with mental disorders
- 4.4 Enhance the capacity of persons with mental disorders to achieve financial stability and be inclusive to the society

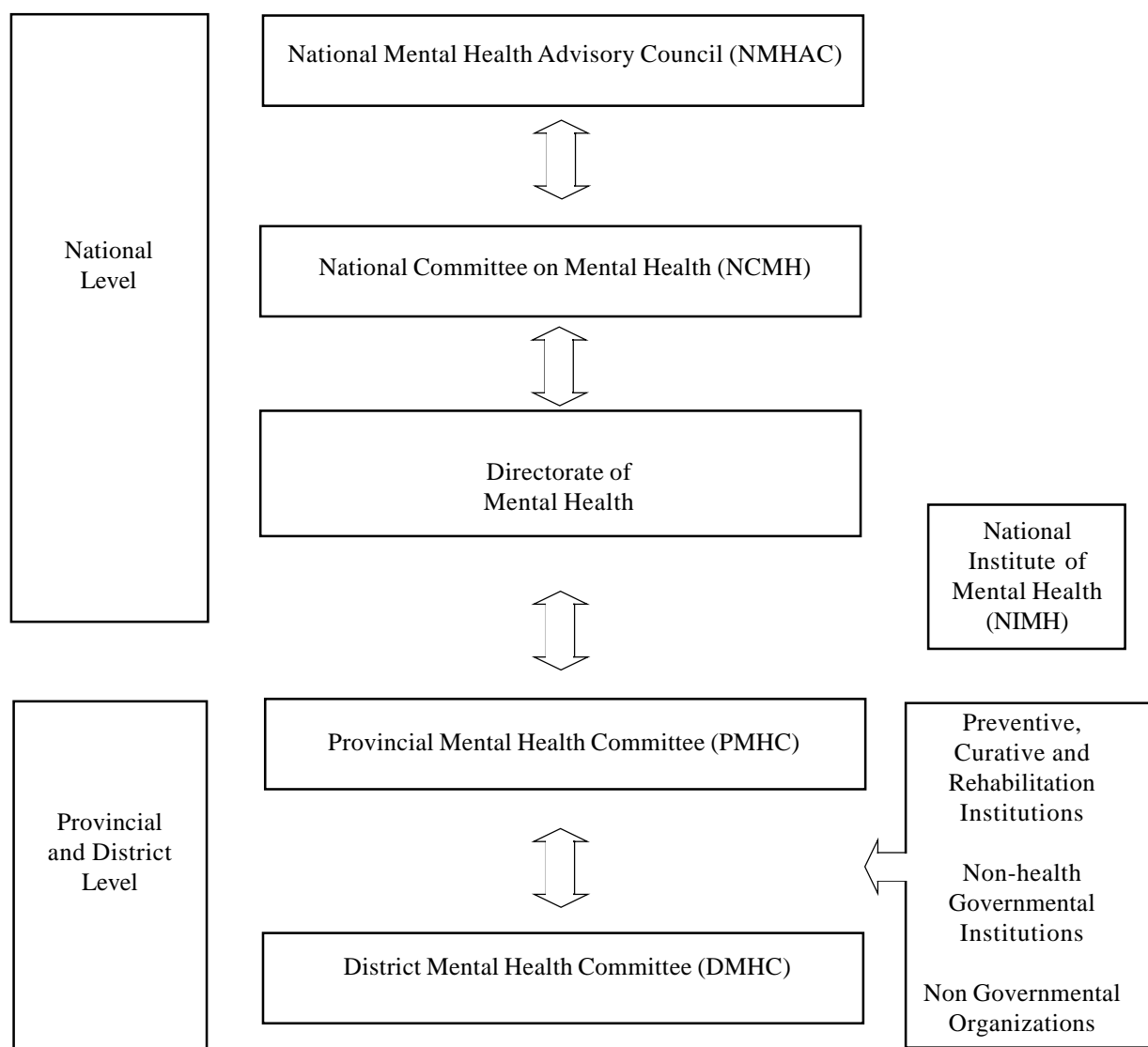
Policy Implementation

The Ministry of Health and the Directorate of Mental Health within the Ministry hold primary responsibility for ensuring the complete and timely implementation of the National Mental Health Policy.

At provincial and district levels, Mental Health Committees chaired by Provincial Directors of Health Services and Regional Directors of Health Services are responsible for ensuring the complete and timely implementation of various strategies and activities as guided by the National Mental Health Policy.

The availability of a skilled mental health workforce at the provincial, district and divisional level and liaising them with the Directorate of Mental Health accordingly are critical to ensure complete and timely implementation of the National Mental Health Policy.

Advisory and Coordinating Bodies



Monitoring and Evaluation

A national strategic and action plan with monitoring indicators will be developed by the Directorate of Mental Health with collaboration of relevant key stakeholders to operationalize the policy implementation.

Annexures

Annexure I: National Mental Health Advisory Council (NMHAC)

The National Mental Health Advisory Council, chaired by the Secretary of Health is the main advisory body, which will provide the policy direction. The Director/Mental Health will be the secretary to the Council.

This NMHAC shall have the following composition:

- Secretary/Ministry of Health(Chairperson)
- Secretary/Ministry of Justice
- Secretary/Ministry of Education
- Secretary/Ministry of Public Services, Provincial Councils and Local Government
- Secretary/State Ministry of Women and Child Development, Preschool and Primary Education, School Infrastructure and School Services
- Additional Secretary/Medical Services
- Additional Secretary/Public Health Services
- Director General of Health Services
- Director/Department of Social Services
- Director General/Finance, Ministry of Health
- Deputy Director General/Non Communicable Diseases
- Deputy Director General/Medical Services I
- Deputy Director General/Medical Services II
- Deputy Director General/Public Health Services I
- Deputy Director General/Public Health Services II
- Deputy Director General/Education, Training & Research
- Director/Mental Health (Secretary)
- Chief Legal Officer/Ministry of Health
- Chief Judicial Medical Officer/Judicial Medical Officer's Office, Colombo
- Provincial Directors of Health Services
- Provincial Consultant Psychiatrists to represent each Provincial Mental Health Committee (PMHC)
- The President and Secretary from the Sri Lanka College of Psychiatrists
- The President of the College of Child and Adolescent Psychiatrists
- A representative from psychiatry subspecialties including Forensic Psychiatry, Old Age Psychiatry, Addiction Psychiatry
- Two nominees to represent University Psychiatry Units
- President, College of Community Physicians of Sri Lanka
- Director/National Institute of Mental Health
- Director/Maternal & Child Health
- Director/Nursing (Medical Services)
- Director/Nursing (Public Health Services)
- President/Sri Lanka Psychology Association
- Two representatives from Consumer and Carer Organizations
- Two representatives from Private Health Services
- Two representatives from registered Non Governmental Organizations (NGOs) providing mental health care

Observers: World Health Organization, UNICEF and World Bank

The NMHAC shall hold meetings every six months.

Annexure 2: National Committee on Mental Health (NCMH)

The National Committee on Mental Health chaired by the Director General of Health Services (DGHS) will provide the administrative and technical guidance for the implementation of the strategies of the National Mental Health Policy along with the respective Deputy Director Generals, Directorate of Mental Health, relevant professional bodies and all stakeholders.

The NCMH shall have the following composition:

- Director General of Health Services (Chairperson)
- Deputy Director General/Non Communicable Diseases
- Deputy Director General/Medical Services I
- Deputy Director General/Medical Services II
- Deputy Director General/Public Health Services I
- Deputy Director General/Public Health Services II
- Deputy Director General/Education, Training & Research
- Director/Mental Health (Secretary)
- A representative from each Provincial Mental Health Committee (PMHC)
- The President and Secretary from the Sri Lanka College of Psychiatrists
- The President of the College of Child and Adolescent Psychiatrists
- A representative from psychiatry subspecialties including Forensic Psychiatry, Old Age Psychiatry, Addiction Psychiatry
- A nominee to represent University Psychiatry Units
- Director/National Institute of Mental Health
- Director/Maternal & Child Health
- Director/Nursing (Medical Services)
- Director/Nursing (Public Health Services)
- A representative from Medical Officers/Mental Health (Focal Point), Medical Officers/Mental Health, Medical Officers/Psychiatry, Clinical Psychologists, Psychiatric Social Workers, Community Psychiatry Nurses, Occupational Therapists
- Two representatives from Consumer and Carer Organizations
- Two representatives from registered Non Governmental Organizations (NGOs) providing mental health care

Observers: World Health Organization

* Other members may be co-opted as necessary depending on programme needs.

The NCMH shall hold quarterly meetings.

Annexure 3: Provincial Mental Health Committee (PMHC)

At the provincial level, Provincial Mental Health Committee (PMHC) will be established with the chairmanship of Provincial Director of Health Services (PDHS), with the participation of Regional Directors of Health Services (RDHS) and Consultant Psychiatrists of the province including university psychiatrists.

Administrative duties will be led by the PDHS, with clinical and technical leadership from the provincial Consultant Psychiatrist. At the inaugural PMHC meeting, the PDHS will nominate the most senior Consultant Psychiatrist as the provincial Consultant Psychiatrist. The PDHS will nominate a secretary to the PMHC among the Medical Officers/ Mental Health (Focal Point). The PDHS will be supported by the Consultant Community Physician (CCP) at the provincial level by coordinating prevention, promotion activities and intersectoral collaboration related to mental health.

The PMHC will be responsible for planning, delivering and monitoring the mental health activities of the province according to the National Mental Health Policy.

The PMHC shall have the following composition:

- Provincial Director of Health Services (Chairperson)
 - Provincial Health Secretary or nominee
 - All Regional Directors of Health Services of the province
 - Consultant Psychiatrists from the province including university psychiatrists
 - All Consultant Community Physicians of the province
 - The District Medical Officers/Mental Health (Focal Point) in the province
 - Directors/Medical Superintendents of Provincial General Hospitals/District General Hospitals in the province
 - A representative each from the Medical Officers/Mental Health, Medical Officers/Psychiatry, Clinical Psychologists, Psychiatric Social Workers, Community Psychiatry Nurses, Occupational Therapists and Counselors of the DMHCs in the province
 - A representative from other specialties, nominated by PDHS: Consultant Paediatrician/Community Paediatrician, Consultant Physician, Gynaecologist and Obstetrician, Consultant Judicial Medical Officer
 - A nominee from university Public Health/Community Medicine Department
 - A representative from relevant Provincial Ministries and Departments, Non- Governmental Organizations (NGO) and other stakeholders nominated by PDHS
 - Two representatives from Consumer and Carer groups
- * Director/Mental Health or Consultant Community Physician from the Directorate of Mental Health will participate to provide national administrative and technical guidance.
- * The PMHC shall hold meetings once in six months

Annexure 4: District Mental Health Committee (DMHC)

The District Mental Health Committee (DMHC) will be established with the chairmanship of Regional Director of Health Services (RDHS), and co-chaired by the district Consultant Psychiatrist.

Administrative duties will be led by the RDHS, with clinical and technical leadership from the district Consultant Psychiatrist. At the inaugural DMHC meeting, the RDHS will nominate the most senior Consultant Psychiatrist as the district Consultant Psychiatrist. The Medical Officer/Mental Health (Focal Point) will be the secretary of the committee. RDHS will be supported by the Medical officer/Mental Health (Focal Point) at the district level by coordinating prevention, promotion and curative activities and inter-sectoral collaboration, in consultation with the district Consultant Psychiatrist.

The DMHC will be responsible for planning, delivering and evaluating the mental health services within the district. The DMHC will develop a district mental health plan in line with the unique needs of the respective district.

The DMHC will have the following composition:

- Regional Director of Health Services (Chairperson)
- District Secretary or a representative
- All Consultant Psychiatrists from the district, including from the Universities and from all subspecialties in the district
- Medical Officer/Mental Health (Focal Point) (Secretary)
- A representative each from Medical Officers/Mental Health, Medical Officers/Psychiatry, Clinical Psychologists, Psychiatric Social Workers, Community Psychiatry Nurses, Occupational Therapists and Counselors
- A representative from other specialties, nominated by RDHS: Consultant Community Physician, Consultant Paediatrician/Community Paediatrician, Consultant Physician, Gynaecologist and Obstetrician, Consultant Judicial Medical Officer, Medical Officer/Planning and Medical Officer/Maternal & Child Health
- A representative from relevant Ministries and Departments, Non-Governmental Organizations (NGO), and other stakeholders nominated by RDHS
- Two representatives from Consumer and Carer groups

The DMHC shall hold meetings once in three months. Review of the previous year's performance should be done at the first committee meeting of each year.

Annexure 5: Mental Health Services at Tertiary and Secondary Level

The tertiary level includes Teaching, Provincial General, District General, University and Specialized Hospitals with general and specialized mental health services and will act as referral centres. Secondary level shall consist of Base Hospitals-Type A & B with a consultant psychiatrist and mental health team.

Acute Inpatient Psychiatry Ward will be established at least one per district in Base Hospital-Type A and above. It will be manned by a Consultant Psychiatrist and a multidisciplinary mental health team.

Day centre facilities will be available at Base Hospital-Type B and above to manage common mental health conditions and rehabilitation. Multidisciplinary mental health team will visit the centre and support from other relevant ministries will also be obtained.

Outpatient mental health clinics will be established in Base Hospitals-Type B and above. These clinics will be conducted by Consultant Psychiatrist/Medical Officer(Mental Health)/Medical Officer(Psychiatry) and the team. A separate Nursing Officer and a health assistant will be allocated to the clinic.

Annexure 6: Mental Health Services at Divisional Level

At the divisional level, mental health services will be delivered by the Medical Officer/Mental Health (MOMH) or Medical Officer/Psychiatry under administrative supervision of the Regional Director of Health Services (RDHS) and clinical supervision of the Consultant Psychiatrist. A MOMH or Medical Officer/Psychiatry will be appointed to a clinical care institution to cover each Medical Officer of Health (MOH) area. The MOMH or Medical Officer/Psychiatry will also closely collaborate with the MOH and Public Health team, Primary Medical Care team and other relevant officers. Consumer groups and civil society participation will also be necessary.

Outreach Mental health clinics will be conducted by Medical Officer/Mental Health or Medical Officer/Psychiatry under clinical supervision of Consultant Psychiatrist. District mental health team in collaboration with MOH will engage in mental health promotion and illness prevention focusing on all target groups at divisional level. Special emphasis will be paid on prevention and control of substance use, suicide prevention, maternal and child mental health promotion, preventive and promotive interventions in schools and work places and psychosocial recovery from disasters.

Primary Mental Health Care Centres (PMHCC)

Primary Mental Health Care Centres (PMHCC) will be established at a Divisional Hospital in each Medical Officer of Health (MOH) area and shall be manned by the Medical Officer/Mental Health (MOMH) or Medical Officer/Psychiatry as the first level of contact to specialized mental health services. One Community Psychiatry Nurse (CPN) and one Community Support Assistant (CSA) will be attached to the PMHCC. The CSA will work mainly in the community, for active case finding and follow up. The PMHCC will be under direct supervision of the consultant psychiatrist in charge of the area and will also be supported by the *multidisciplinary mental health teams of acute inpatient psychiatry wards/mental health units. The consultant psychiatrist will visit the PMHCC periodically.

The services provided by the PMHCC will be to increase community awareness, early detection of cases and provision of continuing care to minimize relapses of mental disorders. The relevant psychiatrist and staff of the PMHCC will also closely collaborate with the MOH and the Public Health team, and other relevant personnel, with regards to mental health promotion.

Community Support Centres (CSC)

Community Support Centres (CSC) will be established at Medical Officer of Health (MOH) area level with community, family, consumer participation and in collaboration with other ministries and organizations whenever possible.

The main objective of establishing these centres will be promotion of mental wellbeing of individuals and community, provision of psychosocial support and rehabilitation services for needy population groups. These centres will provide locally accessible and culturally appropriate services. Furthermore, CSC ensures mental health services will be linked to preventive, curative and rehabilitative health services as well as to other sectors, and protects human rights and dignity of people with mental disorders. Community Support Centres will act as liaison centres between other mental health stakeholders/other ministries/Non- Governmental Organizations (NGO) and the general public.

Consultant Psychiatrist in charge of the area and Medical Officers (Mental Health)/Medical Officers (Psychiatry) will provide technical guidance to the Community Support Assistant (CSA) who will be attached to the CSC. Operational Guidelines for establishing and maintaining CSCs are already available to facilitate smooth functioning of these centres.

Annexure 7: Community Rehabilitation Services

Medium stay mental health rehabilitation units

These services will be conducted in partnerships with families of the persons with mental disorders, the Departments of Social Services, Small Industries, Vocational Training Institutes, Consumer & Carer Groups, and Samurdhi Services.

The medium stay mental health rehabilitation units in each district will be supervised by the relevant consultant psychiatrist of the catchment area, with the assistance of the Primary Mental Health Care Centre (PMHCC) staff. Community Psychiatry Nurses (CPN), Occupational Therapists (OT) and Psychiatric Social Workers (PSW) shall provide services for these rehabilitation units. The Regional Director of Health Services (RDHS) will be responsible for the administration of the unit. Care and support in the community will be provided by the PMHCC team under the guidance of the relevant Consultant Psychiatrist. Operational Guidelines for establishing and maintaining medium stay mental health rehabilitation units are already available.

Long stay residential facilities

Persons who have been treated for serious mental disorders and have residual disability and who do not have family or carers for support shall be provided dignified homely living facilities in the community.

There shall be a minimum of one such unit per province, with the necessary supportive staff. The necessary clinical care will be provided by the Medical Officer/Mental Health (MOMH) or Medical Officer/Psychiatry in the locality under the supervision of Consultant Psychiatrist of the area. Operational Guidelines for establishing and maintaining long stay residential facilities will be available.

Annexure 8: Provision of Mental Health Care for Vulnerable Groups

Services for children and adolescents

Mental disorders in children and adolescents cause a significant impact on their academic and social functioning, effect the whole family and increase the risk of adult mental disorders. Childhood mental health problems are multifaceted and collaboration with services from other sectors is needed to provide comprehensive care. These collaborations include, but are not limited to the Department of Child Probations, Ministry of Education, Department of Social Services, State Ministry of Women and Child Development, Juvenile Justice, and the National Child Protection Authority (NCPA) as well as relevant non-state and community organizations.

The national strategy and action plan for children with special needs developed by the Family Health Bureau with all relevant stakeholders should be implemented as a priority need of the country. The District Mental Health Committee (DMHC) and the Regional Director of Health Services (RDHS) shall be responsible for collaborating and facilitating such services. Child and adolescent mental health promotion, life skill building, prevention of substance use and violence are important areas to be addressed through regular mental health promotion programmes in schools and other relevant educational settings. Special attention should be given to mental wellbeing of children in institutional care.

Services for mentally ill offenders & other institutionalized persons

With the development of community mental health services, forensic psychiatric services also need to be decentralized. One central High Secure Unit will be established at the National Institute of Mental Health (NIMH). Five Medium Secure Units will also be established at selected strategic locations to cover whole country.

Multidisciplinary mental health team working in the relevant district shall provide treatment, mental health promotion and rehabilitation services for the prisons and other custodial institutions. The relevant provincial Forensic Psychiatrist shall collaborate with the psychiatrists in the district in the provision of care and optimize their rehabilitation.

Services for elderly

The Sri Lankan population is ageing and the proportion of older population is rising gradually, with increasing associated health related problems and demands on health services. Mental health promotion should be included in healthy ageing and pre-retirement programmes carried out by relevant stakeholders.

Services for pregnant and postpartum mothers & their families

Pregnant and postpartum mothers are high risk groups who need special care. Specialized psychiatric care will be provided through establishment of designated mother baby care facilities in every acute inpatient psychiatry ward. The linkage with Medical Officer of Health (MOH) and Public Health team will be strengthened for detection of high risk mothers, referral, and follow up care.

Services for trauma affected individuals

Sri Lanka has been affected by numerous disasters, both manmade and natural. These situations have resulted in many individuals having to deal with effects of trauma, grief, ambiguous loss and physical and mental disability. Comprehensive mental health services will address the needs of those affected.

Services for LGBT(lesbian, gay, bisexual, transgender) communities

This group is underrepresented in the area of civil rights. Empower them and provide support, psychosocial development and address stigma and discrimination is essential.

Services for migrant workers & their families

Migrant workers are at risk of abuse and even being trafficked. Psychosocial and mental health needs of migrant workers and their left behind families will be addressed.

Annexure 9: Human Resource Norms for Mental Health Services

<i>Category</i>	<i>Norm</i>
General Psychiatrist	Minimum of one per Base Hospital-Type B and above
Child and Adolescent Psychiatrist	Minimum of one per district
Forensic Psychiatrist	Minimum of one per province
Old Age Psychiatrist	Minimum of one per province
Addiction psychiatrist	Minimum of one per province
Medical Officer/ Mental Health (Focal Point)	One per district
Medical Officer/ Mental Health or Medical Officer/ Psychiatry	Minimum of one per Medical Officer of Health (MOH) area
Community Psychiatry Nurse	Minimum of one per acute inpatient psychiatry ward/mental health unit; one per medium stay mental health rehabilitation unit and Primary Mental Health Care Centre (PMHCC)
Clinical Psychologist	Minimum of one per District General Hospital and upwards
Psychiatric Social Worker	Minimum of one per acute inpatient psychiatry ward/mental health unit; one per medium stay mental health rehabilitation unit
Occupational Therapist	Minimum of one per acute inpatient psychiatry ward/mental health unit and one per medium stay mental health rehabilitation unit
Counselor	Minimum of one per acute inpatient psychiatry ward/mental health unit
Community Support Assistant	Minimum of one per Primary Mental Health Care Centre (PMHCC) and minimum of one per Community Support Centre (CSC)
Volunteers	Every Medical Officer/Mental Health to have at least one group of volunteers in relevant MOH area

***Multidisciplinary Mental Health Team**-Consultant Psychiatrist, Medical Officer/ Mental Health/Medical Officer/ Psychiatry, Clinical Psychologist, Community Psychiatry Nurse/Staff nurses, Psychiatric Social Worker, Occupational Therapist, Speech therapist, Counselor, supportive staff