

## **Abstract**

Mental health neglected for far too long and is crucial to the overall well-being of individual, societies and countries. Many of the patients with mental disorders suffer silently and alone. Beyond the suffering and beyond the absence of care lie the frontiers of stigma, shame, exclusion and more often than we care to know death. Depression is now the leading cause of disability globally and ranks fourth in the ten leading cause of the global burden of disease. The present mental health services in Sri Lanka, provide care mainly for people with mental disorders, and that too is confined to the mental health institutions in the country. The Mental Health Directorate of the Ministry of Healthcare and Nutrition has taken action to expand mental health services with an emphasis on promotion and prevention, through the primary healthcare system with multisectoral collaboration, under the leadership of the Medical Officer of Health. Establishment of Community Support Centers to provide support to those in distress in their own community is a new approach to address the increasing burden of the problem.

Community Support Centers, which are being established in Sri Lanka according to the National Mental Health Policy, would play an important role in preventing mental disorders in the community and improve the wellbeing of its people.

The objectives of this study were to assess type and extent of service delivery of Community Support Centers to clients by assessing the type of clients receiving services, the reasons for obtaining services, availability, acceptability, accessibility of service facilities available to the people in the community..

This research was carried out in these Community Support Centers established in the Kalutara district. Study design was a descriptive cross sectional study. The study was carried out from 18<sup>th</sup> December to 8<sup>th</sup> February 2009.

All clients who were registered in these Community Support Centers and attending since 2007 taken as study sample. The demographic and socio-economic characteristics of the clients, the reason for attending the CSC and their attitudes towards the services provided in the Community Support Centers were studied through interviewer administered questionnaire. Infrastructure facilities and activities carried out in Community Support Centers were described with the use of check list and by observation by the Principal Investigator.

Study population consisted of 53.5% (145) females and 46.5%(126) males. More than 90% of clients who utilized the Community Support Centers were Sinhalese, 87.1% were Buddhist and 56.8% of them were married with family income of Rs.9001-12000 per month. 77.9% of clients were in the unemployed category.

Nearly 30% of the clients were children and adolescents. 20.7% of them were in the  $\leq 9$  age group . Majority of clients (77.9%) used public transport, 64.9% of clients came from places of not more than 5km distance.

The main reasons for the clients for attending Community Support Centers were psychosocial problems like failure in school, relationship problems with parents, spouse, friends, school teachers, living in fear, alcoholism, and domestic problems.

Nearly three fourth of Clients in  $\leq 9$  age group and 61.5% of clients in 10-19 age category showed a high percentage of failures in school respectively. More than 10% of clients had problems with alcohol consumption.

36.5% of them had consultation with medical professionals prior to come to CSC and 63.5% of clients came without professional advice.

50.5% of clients among the educational level above grade 6-10 gave positive attitude, when compared with other age groups and it was statistically significant at  $p < 0.05$  level.

More attention should be given to intersectoral coordination. Regular monitoring and supervision of CSC by the health administrators should be strengthened.

Orderliness of Community Support Centers was assessed and it was 60% in CSC Kalutara, while 40% in Panadura and it was statistically significant difference at  $p = 0.04$ .

Attention should be given to physical infrastructure facilities like separate building for CSC with rooms for counselling to maintain privacy of clients and to recruit of suitable staff with proper training on customer care, counselling and other essential skills.

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Health Administrators of Kalutara district should take necessary steps to arrange awareness programmes among health staff and the public regarding the availability of services of Community Support Centers.

A new cadre of Psychiatric Nurse with appropriate mental health training should be appointed to CSC. To motivate and to get maximum service from Community Support Officers, they should be given proper mental health training and should be absorbed to the health service. More awareness programs to be conducted in schools targeting adolescents and youth. Intersectoral coordination should be strengthened. Monitoring and supervision of activities of CSC by the health administrators should be strengthened.