



THE ANNUAL REPORT ON MENTAL HEALTH ACTIVITIES IN KALMUNAI REGION 2009.(ACUTE CUBILE AND KALMUNAI MENTAL HEALTH ASSOCIATION)



“There is no health or development without mental health”. “Mental health and Physical health are either side of a coin”.

In fifteen years time mental illness will be the number one cause of morbidity in the world. Mental disorders are very common among the population. Clients present with multiple somatic complaints to GPs in day to day practice. In Sri Lanka the prevalence is very high.

Depressive disorders are very common with the prevalence of 5% – 10% percentage in primary care settings. They rank fourth as cause of disability world wide and it has been projected that may rank second by the year 2020. The prevalence of depressive symptoms may be high as 30% percentages in the general population with women being twice as likely to be affected as men.

Sri Lanka has some of the best primary care services in the world and the government is committed to achieving equally high standard in mental health care services. The government of Sri Lanka acknowledged that the country has one of the highest suicide rates in the world and increased substance misuse and psychological problems as a result of multiple traumas.

Also after years of civil war, and the tsunami in 2004, an estimated 2 percentage of the population is suffering from serious mental illnesses like schizophrenia and other affective disorders. Kalmunai is a region which is badly affected by manmade disasters and the Tsunami; People here are living with many kinds of mental disorders. Some access multiple interventions whilst others problems are hidden like the tip of the iceberg.

Those disasters affected the families directly and indirectly, The outcomes are widows, children without parents, addiction, poverty, unemployment, nuclear family setting, cultural isolation, road traffic accidents and significant amount of people with mental disorders with reduced functioning, as well as torture survivors.

Almost all families, communities, social, cultural and spiritual structures felt the vibration from the deepest hard core of the Sumatra with 9.4” ret” that causes the Tsunami in 2004. The waves shocked the costal belt of the South Asia causing massive destruction of human being and their properties. Still the scars are there with multiple traumas.

At present the war is over and the resettlement and reconstruction has started slowly. There are people from “Vanni” resettled in Kalmunai Ampara district who have difficulties in the new places to meet their day to day needs. At present 600 families are resettled in Ampara districts, Post conflict and mental health is the challenge to us provide a good quality of life those who were affected by civil conflict otherwise we cannot prevent the deliberate self harm and suicide, addiction, abuses, domestic violence and mental disorders.

THE AIM OF OUR ACTIVITES:



MENTAL HEALTH ACTIVITIES BH-KALMUNAI.

The activities were started in 2000, by a group of Well-wishers in the region. At that time there were no more places to start a clinic inside the hospital

As the child Jesus was born in a place where the cattle's were in, likewise the mental

health activities were started under the "Alamaram" a tree inside the MOH office of Kalmunai .Day by day it grown up steadily and spread the branches very widely and the roots penetrate far deeply into the ground and attached well with soil.



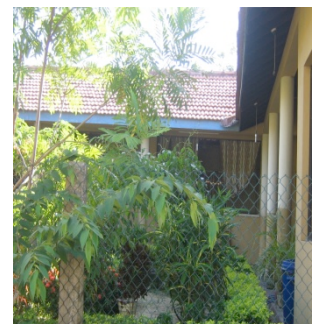
Thousands of thousands of our consumers and their families are under the shadow of the mental health tree in the region.

ACUTE CUBICLE:

The acute cubicle were laid in 2004... inside

*The hospital premises with help of the former medical superintendent and the Pioneer consultant psychiatrist of the East coast **Dr.M.Ganashan** with the help of the north east consultant to the Health ministry **Dr.V.Jeganathan***

The local and the international non government organizations were



supported the projects especially, **International Medical Health Organization (IMHO)** based in USA(www.imhousa.org), To build the community and the clinic unit in Kalmunai.

There after EHED-CARITAS(www.caritaslk.org) funded and constructed the 12 bedded male and the female cubicles. The transfers to other hospitals were stopped after function the in-ward facilities. Dr. M. Ganashan who visited there biweekly and conduct the clinics there. Dr.Mrs.T. Kumuthini is the medical officer in mental health for more than a decade and a well known lady to everyone in the region, called “Amma”(Mother).

“TSUNAMI” AND MENTAL HEALTH:

There were lots of negative sequences following the natural disaster caused by “TSUNAMI” in 2004. At that time mental health issues were tip of the ice berg, but the “Tsunami” waves removed rest of the ice berg and created a massive awareness around the world. There were lots of international organizations marched to Sri-lanka and the experts in different fields also arrived. There were lot of consultant psychiatrists arrived to Sri-lanka and they mainly worked in North and East provinces during the peace amendment period.

The INGO’S and the NGO’S main projects related with psycho social work in the field. Resettlement, Rehabilitation, Reconstruction progressed very effectively. Comparatively the livelihood, living conditions are far better than the war affected community in the East coast.

We cannot forget the dedicated work carried out by various INGO’S in the region. The World Health Organization (WHO) and their main concern in mental health laid a firm network in the region with help of the Health Ministry, Director Mental Health and with Regional Director of Health Services(RDHS).

The Community Support Officers (CSO’S) linked the activities from the acute cubicle to the community. There were many organizations worked directly in mental health and psychosocial work in the region. We thank them and the organizations and the managers who provided very effective support at that time.

Our sincere thanks to the following organizations.IMC, IMHO, EHED-CARITAS,CAMH,WORLD Vision, The acute cubicle is now well equipped with all the facilities. We provide the entire medical and the non medical interventions to needed people, and reduce the transfers to other hospitals especially to Batticoola.

OUT REACH CLINiCS:

The coastal belt of Kalmunai extended from “Thrinellavani” to “Potuvil” of nearly 80km and around 250,000 populations including Tamil,Muslim and a small proportion of singhla community also lived together.



There are 14 out reach clinics conducted biweekly and in some places monthly. The MDT team from Kalmunai mental health unit visited the places with help of RDHS-Kalmunai. There are 4 diploma holders who were appointed in September 2008 attached in BH-Kalmunai,BH-Akkaripatu,BH-Asfrrof Memorial Hospital(AMH), and in BH-Samanthyrai,thereafter the places are divided and covered by the 4 diploma holders. And Kalmunai mental health unit conduct 5 out reach clinics.

PROJECT AREA:

“Navithanvelli” is one of the divisions in Kalmunai region. This is our project area where we focused our mental health activities for research purpose. Majority are Tamils and Muslim along with sinhala community. People are badly affected by manmade disasters, There are widows, often children, elderly citizens without carers. Deliberate Self Harm(DSH) and Suicidility, addiction ,gender issues, school drop outs and child labors are very common in the area.



World Vision-Sri lanka mainly concentrate this area as their project and they do a marvelous job with the people providing health education and health promotion, poverty reduction, alcohol and smoking prevention, micro credit finance, provide agriculture materials and loan system, housing, community centres, infra structure development. Likewise they work there with the people in psychosocial aspects.

Kalmunai Mental Health Association(KAMHA) collaborated with World Vision from December 2009 for one year to study the people and their difficulties in psychosocial needs and our main concern is to prevent the alcohol and tobacco consumption and it is a one year project. We have three phases in the project

- 1. Create the awareness*
- 2. Screening the addicted and admit for detoxification.*
- 3. Rehabilitation of the addicted people in the community level.*

We jointly work with Survivors Associate (SA) for Torture survivors mental health and their rehabilitation

SPECIAL CLINICS:

We established three special clinics in addition to our routine work in mental health in 2009.

- 1. Alcohol and Substance abuse*
- 2. Torture Survivors*
- 3. Self Help Groups (SGH) for terminal ill patients.*



These clinics held bi weekly in our unit. It is a multidisciplinary approach where our MDT team engage with the consumers. Yoga and Relaxation methods are also practiced with them.

KALMUNAI MENTAL HEALTH ASSOCIATION (KAMHA):

There was a unit association functioning since 2005, but it was not a legal body. The main objective focused to promote the mental health in the region. In 2009 the Association was registered under the social service ministry as local NGO. We have the executive committee and a separate bank account and link the world with our official web site. www.kamha.org . The mission vision and the objectives are followed.

VISION

A comprehensive and community based services is to be established which will optimize the mental health in our people in Kalmunai region. This accessible and affordable service will promote the mental well being of the community in large scale and ensure the dignity and rights of all with any barriers

PRINCIPLES

- To provide mental health services at primary, second and tertiary levels.
- To provide services of good quality where and when they are needed.
- To provide services that will be organized at community level with community, family and consumer participation.
- To ensure mental health services will be linked to other sectors.
- To ensure mental health services will be culturally appropriate and evidence based.
- To protect the human rights and dignity of people with mental illnesses.
- To educate the public about the mental illnesses and their outcomes in different levels with different tools.
- Promote the primary prevention of mental disorders by yoga and other cultural methods.

OBJECTIVES

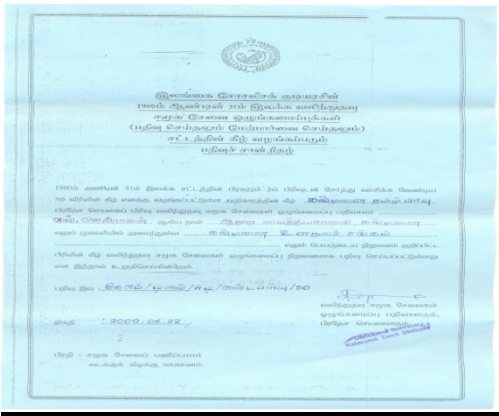
Our mental health association objectives are

- To be an essential instrument to ensure clarity of vision and purpose in the improvement of the mental health and psychological well being of our people in Kalmunai region.
- To treat mental disorder in an efficient and holistic manner.

MISSION

The mission to improve the Kalmunai mental health services is on prevention of mental illnesses; promotion of mental well being and rehabilitation of people to maximize their normal life, where illness does occur. It must provide care where needed for people living at home. Where admission to hospital is necessary this should be as near a person's home as possible. To these ends, more is a need to modernize existing services, create new and additional services recruit and train more skilled staff and volunteers and to link with government and non government sectors.

Based on the assessed needs current services and principles for mental health care, the following seven areas for action have been identified to achieve the vision and objecting of our association.



THE ACTIVITIES ACHIEVED BY KAMHA 2009:

1. *One month celebration of the world mental health day- oct-2009*
2. *Micro credit fund for the consumers.*
3. *Consumers welfare society called “Vsantham”*
4. *Rehabilitation, Day care centre, Addiction rehabilitation will start a unit in Kalmuani in 2010.*
5. *Appointed three therapists in mental health unit.*
6. *Mental health promotion activities in the region.*
7. *Project area in Navithanvelli.*
8. *Street patient’s welfare.*

CONSUMERS MICROCREDIT FUND:

We had a fixed deposit of 1.2 million in Peoples bank Kalmunai. The main donors are
 1. *IMHO USA 10,000\$*
 2. *QUTAR QUANTATY SURVIOURS ASSOCIATION 1,000\$*



The monthly interest of the fixed deposit utilizes for the consumer micro credit to enhance their income upgrade their living condition.

The recovery and their involvement supervised by our social workers and the members of the KAMHA team. It is life long project defiantly.

INTERNATIONAL MEDICAL HEALTH ORGANIZATION AND KALMUNAI MENTAL HEALTH.



"NON PROFIT, NON POLITICAL HUMANITARIAN ORGANIZATION REGISTERED IN THE USA AND CANADA"

IMHO mainly focused their projects in Sri Lanka specially in North and East. Their main concern in psychosocial aspect of the disasters community. (www.imhousa.org)

IMHO did a lot to upgrade our activities in mental health. Last year 2009 their contribution was 16,000\$ for various projects. We give very much thanks to them specially Dr.Mrs.Rajam Theivendaran Hon.Treasurar and Consultant Psychiatrist USA and they will extend their valuable hands to us and our consumers in 2010.



INFRA STRUCTURE DEVELOPMENT WITH THE HELP OF CAMH-CANADA:



Center for Addiction and Mental Health (CAMH) a Canadian organization which is jointly working with us in mental health after the "Tsunami".

Their main concern in capacity building and infra structure development in mental health in North East provinces.

They donated us the following equipments. We express our heart felt thanks to CAMH for their valuable donations to our activities in the region. www.camh.net

1. *Lap top with accessories' -01*
2. *ECT machine with EEG facilities-01*
3. *Multimedia -01*
4. *Camera -01*
5. *Screen -01*

DR.AKIYAMA TAUASKI CONSULTANT PSYCHIATRIST (JAPAN) (www.telljp.com)

*We do not know his face, No face to face contact with
He was introducing via the email by him*

Prof.Parameswara deva.

*He is highly involved our activities and
extends his valuable hands continually
to us. In May 2009 he send to us 500\$
to the traveling expenses of our 3
volunteers for 10 months.*

*He send another 1000\$ to our rehabilitation
unit for the purpose of the consumers computer
and information technology education.*

Our sincere gratitude to him for his continues help and encouragement in MENTAL HEALTH in Kalmunai region.



WORLD MENTAL HEALTH DAY -2009

October-10 the people celebrate the world mental health day. This year the theme was "MENTAL HEALTH IN PRIMARY CARE ENHANCING TREATMENT AND PROMOTION OF THE MENTAL WELBEING.

We did a month activities in Kalmunai.

WORLD MENTAL HEALTH DAY 2009
A MONTH CELEBRATION
OCT 1ST – OCT 31ST

The members of the Kalmunai Mental Health Association celebrate the World Mental Health Day very successfully.

We are linked with inter sectoral and intra sectoral government and non government organizations, and have many activities, community participatory programmes, blood donations, flag week, street march, All island competitions, Release of publications, consumer day with cultural events, sports activities, music programme, launch of our official website, prize giving, etc.

The theme of this year world mental health day "Mental health in primary care, Enhancing treatment and promote the mental well being" we hope that the areas of the theme was fully covered.

1. **Awareness programme to the school students and teachers**

- a. 05 – 10 – 2009 - Vishnu Maha vidyalayam P.Neelavanai
- b. 06 – 10 – 2009 - ST/ Ranamadu Maha vidyalayam
- c. 07 – 10 – 2009 - Vishnu Maha vidyalayam P.Neelavanai
- d. 08 – 10 – 2009 - Wesley high school Kalmunai
- e. 08 – 10 – 2009 - Fatima College Kalmunai
- f. 16 – 10 – 2009 -Uthapuram Maha vidyalayam Kallar

- g. 16 – 10 – 2009 -Annamalai Maha vidyalayam Navithanvely
- h. 19 – 10 – 2009 -Vepayady vidyalayam Central camp
- i. 21 – 10 – 2009 -Al Asraf Maha vidyalayam Mavadipally

1. Blood donation



Flag week

2. Street march



School program



1. All island competition

12. National competition in Essay, Poem, and Art related to mental health part of the awareness creation and mental health promotion.

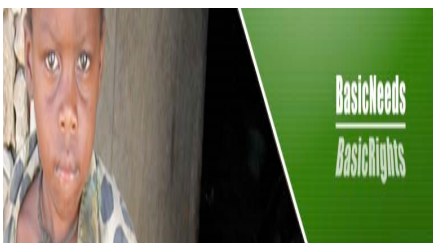
There are thousand of participants participated in the context. One category for school students and another for open to every one.

- 1st prize -5,000
- 2nd prize -3,000
- 3rd prize 2,000

RELEASE OF A PUBLICATION

Title: “DRUG MANAGEMENT IN MENTAL DISORDERS” in Tamil.

Author: Dr.P.Judy Ramesh Jeyakumar



basic needs UK it is free cope. You can download free of our web site (www.kamha.org)
(www.basicneeds.org)



Address:600/03,Navala road,Rajakiriya,Colombo.

12. Consumers Day Celebrations –OCT 31st

- a. Sports events
- b. Lunch
- c. Cultural events



d.  me



STREET PATIENTS WELFARE AND REHABILITATION:

***There** are nearly fifty street patients in Kalmunai region, all are chronic mentally ill patients. Most of the patients haven't any family members and others not care about their relatives. Presently we took patients and they all in normal stage.*



Our main focus their rehabilitation in the day care centre with help of the community, Non government sectors and the police.

Case study:

Mr.Salim (aged 45 yrs), from Kalmunai, had schizophrenia for many years, his family did not care about him and he was in the streets. Recently he met with an accident and has soft tissue injuries with difficulty in walking. Our MDT team brought him to the unit, we contacted the family members but they were reluctant to take him back to their family. We discussed with 'Little Sisters Of Poores', a catholic elderly home where I worked as a volunteer in Batticaloa. Mother agreed to accomodate there and awaiting for a vacant bed. We planned to start a "modicate" programme to the street patients and maintained their personal hygiene and welfare with the help of the community soon after start the rehabilitation in the day care unit. Presently there are about 50 street patients in Kalmunai.

CAPACITY BUILDING TO THE STAFFS:

There are experts in mental health visited to East cost did lot of training programme to our staffs.

Dr.Anula Nikapota Consultant Child psychiatrist who conduct two days training programme in BH-Kalmunai. There were 50 participants got benefit of the programme.



VSO UK team involved in capacity building.



w.vso.org.uk



Volnteer Service Organization(UK) working in mental health in Srilanka for many years. Their main area is capacity building and training to staff. Mr. Darren the first VSO who was work with Kalmunai mental health unit for 3 years since 2004. He did a marvelous job with our staff and luckily our nursing officer who got married to him made a bridge to west and the east.

There after for 3 years we haven't a VSO. We made continuous request to the head office and now Ms.Lynn Freeman a professional Occupational therapist will start to visit two days in week from Batticaloa. Hope we will get her permanently for one year.
We express our heartfelt thanks to the VSO's for their contribution with our MDT team capacity building.

Mc Gill university Montreal CANADA



Dr.Suman Fernando an Emirates Professor of psychiatrist in UK, who is very dedicated and energetic person in the world, wrote lot of books specially in Trans cultural psychiatry. He did lot of work shops in mental health with McGill University in Montreal (www.mcgill.ca) in Angoda.

This was the first time that Dr.Sumab Fernando (www.sumanfernando.com) visits with his team MS.Lynn Nursing officer, Ms. Thobi Social worker from Uk. Conduct 2 days work shop in Batticaloa. Nearly 50 participants got benefit of the programme.



**3 Day Follow-up Training for Mental Health Staff
in Counselling and Psychosocial Support Skills By Dr.Guss Van Der Veer**

Training programme held in Batticaloa from 22nd to 24th November 2009. This training especially organized for personnel associated with government mental health services at Batticaloa, Valachchenai, Kalmunai and Akkaraipattu who participated in a prior training on Basic Psychosocial Skills conducted by Dr. Guus van der Veer in March 2009. This training course is being organized at short notice to make use of the visit of Dr. Guus van der Veer, who is in Sri

Lanka to conduct a number of similar training events. Over the past six months, most participants have been involved in weekly or monthly peer-supervision sessions based on the methodology. There were two sessions conducted by Dr.Guss in March and in November 2009. Ten of our team members got benefits in the psychological field and they are very much involved in counseling.

Dr.sherva Cooray Consultant Child psychiatrist UK.

She was the immediate past President of Sri lankan Psychiatrist Association (SLPA) in UK. She did a quite good work in Srilanka specially in capacity building to doctors.

She conducts a seminar on Special needs mental health in Angoda 2007 where I participated in the work shop.

She is willing to extend her hands in Kalmunai in 2010. We have 13 special needs school in' Kalmunai.

Our Organization named Ampara Special Needs Net work (ASNN) functioning very well in Sri lanka specially with the children and their family (www.asnnsrilanka.com) .I am the treasurer of the organization.

We are very much anticipating your presence here in Kalmunai and extend your hands with our teachers who are working with special needs.



STRESS CONTROL IN PEACE OF MIND, PROMOTION OF MENTAL, PHYSICAL WELBEING

This is a certificate course conducted By our MDT team. Initially we start with all our nursing officers in the hospital. The first batch of 20 nursing officers finished the course which covers the following areas.

- 1. Stress and Management**
- 2. Yoga and Relaxation methods (Training programme nearly 20hrs)**
- 3. Basic Counseling skills.**
- 4. Life skills.**
- 5. Gender based issues.**



We will extend the programme to the teachers and the government and non government sectors in 2010.

GENDER BASED DESK IN KALMUNAL.

We start the gender based desk in July 2009. There are referral from the wards and the community. We closely linked with security personal, legal authorities, women forums and the non governmental organizations to prevent the gender issues and raising awareness in the region. CAMH –Canada helped us in 2009, we want to funds to continue the service without any break.



IN-WARD PATIENTS TURN OVER IN 2009:

It is totally a community model. The patients are admitted with family bystander in cubicle. Minimum of 7 day and the maximum of 14 days depending on the illness and the recovery. There after patients are allowed to go home in leave for two weeks there after patient are discharged and followed up in closed out reach clinic

Admission is very flexible the patient and the family come straight away to the unit and MDT team assess them there after if patient wants to stay in the unit admission will take place.

Management is holistic approach where our MDT team address all the areas. Medical and non medical approach applied for every one it include.

- 1.Psychotropies/ECT
- 2.Psychological/Councelling
- 3Family intervention and family meetings.
- 4.Yoga and Relaxation methods.
- 5.Entertainments.
- 6.Joint prayers.
- 7.Watchig the television
- 8.Play activities
- 9.Occupational activities
- 10.Self help groups. 11.Traditional methods.



THE STATISTICS OF THE IN-WARD,CLINIC AND OUT REACH CLINIC PATIENTS IN 2009:..

Institution :- BH/ Kalmunai

2Clinic /Week

A Out reach clinics allocated:-

1. PU, Central camp

12

2. PU, Thuraineelavanai

12

3. MR School Maruthamunainai

12

C Patient Care

	BH/Kal	Ccm	MRs	TN
1.No. of Clinic sessions	108	12	12	12
2.No. of new patients treated	672	02	06	11
3.No. of follow up patients	5269	297	194	88
4. No. of patients admitted to ward	361			
5.No. of patients discharged	307			
6.No. of patients transferred	01			
7.Referred to other services				
8.Other (Please specify)				

D Referrals (for new patients only)

	BH/Kal	Ccm	MRs	TN
MO. Psychiatrist	190			
Other Specialists	108			02
OPD	117	02		
DDHS/MOH	22		02	
PHM/PHI/PSW	31			
MO/GP	83			07
Self	17			
Family	50		04	
CSO	09			02
School				
Total	672	02	06	11

E Special activities

	BH/Kal	Community Level	Beneficiaries
NO. of Training/orientation session	20	49	2842
Special clinic conducted	15	10	
	BH/Kal	Out Reach Clinic 1	Out Reach Clinic 2
No. of counseling sessions	512	18	
Mental Health promote sessions	05	07	

Occupational Activity	
No of Sessions	No of Beneficiaries

Day Centre Total Clients	1259
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F Disease Diagnosis (for new Patients only)

ICD 10 code	Diagnosis	BH/Kal	Ccm	MRs	TN
F00	Dementia	07			
F05	Delirium				
F10	Alcohol use disorders	48			
F11	Drug use disorders	07			
F17-1	Tobacco use				
F20	Schizophrenia	102			05
F23.1	Acute psychotic disorders	23			
F31	Bipolar disorders	21			01
F32	Depression	126	02		01
F40	Phobic disorders	10			
F41-1	Generalized Anxiety	18			
F41-2	Anxiety and depression	12			
F43	Adjustment disorders	15			
F44	Dissociative disorders	05			
F45	Somataform disorders	58			
F42	OCD	15			
F50	Eating disorders				
F51	Sleep Problem				
F52	Sexual disorders	05			
F70	Mental retardation	05		06	
F90	Hyperkinetic disorders				
F91	Conduct disorders				
F98	Enuresis disorders	08			
F9a	Suicide/Para Suicide	100			
F9b	Epilepsy	11			04
Z63	Bereavement disorders	03			

	Others(specify)	73			
	Total	672	02	06	11

THE COUNSELLING SERVICES:

We haven't any professional psychologists or counsellors in mental health in kalmunai. There is NGO'S working in the field of psychosocial and their main concern is Counselling (Talking Therapy).

Rev.Fr.Paul Satkunanayakam a catholic priest in Batticoloa who is working with people affected by various disasters in the East cost and his "PROFESSIONAL PSYCHOLOGICAL COUNSELLING CENTRE" with nearly 40 counselors work in the field.

The bare foot councilors visited 2 days in a weak and conduct the counseling services along with our nurses and the doctors, social workers are listen the clients empathically.



REHABILITATION IN MENTAL HEALTH IN KALMUNAI 2010

In Mental Health the term rehabilitation denotes support and interventions for helping patients to reach and maintain their best level of functioning. This help may be provided in an in patient unit, day hospital or a rehabilitation centre. The procedures used in rehabilitation are medical, psychological, occupational , social, spiritual, income generation and residential.



We only have a 12 bedded (Male & Female) acute cubicle to serve the entire mentally ill population of the Kalmunai District. The Space is not sufficient and the maximum stay is about two weeks, otherwise we can't help new patients. It is must to establish a Rehabilitation unit inside the hospital premises in order that we can give further support and help to people with mental illness and reduce the re-admission rates to the acute unit. (The Secretary and the Minister of Health visited our hospital and appreciated our work in mental health. We requested them a rehabilitation unit and the minister asked our Hospital Director. He handed over the new renovated building for the purpose of rehabilitation and day care purposes of mentally ill, Director agreed, but they will provide the building and we want to fulfill other needs through well wishers).

Beneficiaries:

There are two thousand patients with chronic mental illness following clinics in Kalmunai region, Thousand out of two thousand need rehabilitation, they are not on regular medication, many of them affected by the drug side effects, poor social skill and, life skills very poor socio economic background, (Family members, wife, kids, husband are indirectly affected by their illnesses), kids gave up their education half way through school due to

poverty. Both adults and children need basic education and training in skilled work like mason work, carpentry, computer and information technology as well as horticulture.

Direct beneficiaries are thousand patients and indirect beneficiaries are four thousand of the family members.

Family members will attend to the rehabilitation unit in day time and they will be occupied there for vocational training like sewing, computer, horticulture, handicrafts, preparing food materials, as well as providing them more education, information and support on how to help their family member with a mental illness. If families are supported more then this will also reduce re-admission rates to hospital.

The following methods will use in the rehabilitation unit.

1. Medical:-

Most patients in rehabilitation programme require medication to control symptoms of schizophrenia and chronic affective disorders. Presently the patients in the acute cubical can remain for 2 weeks, there after they are followed up in the reason for discharge is not that mental health but that there is acute cubicle. Most of the patients are discharged without control their symptoms and no proper training in daily routine life skills, income generation activities.



community. The main these people are in good inadequate space in the

Known patients' already on medication admitted with frequent relapses due to the default and many patients has side affects of the medications. Those patients need to adjust the dosage of the drugs and many needs to switch to new drugs.

The patient's needs minimum of one month in the rehabilitation unit.

2. Psychological:-

Psychological methods include supportive psychotherapy; self help groups (SHG), behavioral programme, social and life skills trainings, and Family interventions, take place during the rehabilitation.



2. Occupational Rehabilitation

Occupational therapy helps to structure the day learn new skills, increase ability, become more effective in managing essential day to day activities like



washing and cooking. Through the development of individual treatment programmes Occupational Therapy can help people to function to the maximum of their ability. Group activities provide an opportunity for interaction and support from other people experiencing the same difficulties. Good results can be a source of self esteem and payment is a further incentive. Occupational therapy can prepare patients for small scale business, industrial work and working in the shops. Unemployment has increased in Sri Lanka around the world and the unskilled jobs has decreased, so that opportunities for employment for people with disabilities have fallen, for this reason rehabilitation programme we decide in horticulture, Gardening, handicrafts, cooking, mason work, carpentry, welding, cycle repair, hair style(these patients will work in appropriate places in the community during the day and night they will stay in the unit). These and other activities can provide a sense of achievement and help unemployment patients use their time constructively. (Currently we send the patients to Mavadvembu in Batticaloa for rehabilitation, family members not involved in the rehabilitation programmes in Mavedivembu, but if we start in Kalmunai the patients and the family involvement will increase)

3. Social rehabilitation

Wherever practical people with disabilities should be encouraged to join social groups attended by the general community. Those who can't achieve this need special clubs and social centers where they can be with other people who have similar difficulties. In



kalmunai we haven't these facilities in the community. We want to take the initiative to provide those opportunities to the patients with mental disabilities. The rehabilitation unit will address those needs in future.

4. Physical rehabilitation

Most of the patients with chronic mental disorders have deterioration in their functional level to meet the day to day requirements. And the physical fitness also not satisfactory. Now we use the yoga exercises to improve their physical fitness and help to them to improve their face the challenge of the side effects of the physical fitness. Part of rehabilitation is through physical rehabilitation as an improvement in physical health can also bring about an improvement in mental health.



quality of life, they can the drugs by improving

3. Alcohol and drug addictions

Following the man made disaster and the tsunami addiction and cannabis consumption increased in Sri Lanka. The government has restrictions in alcohol and smoking and it is hoped that a positive change will occur soon.



The age of group 15 -45 has significant addiction, especially those who are dropouts from schools manual workers drivers farmers etc. We plan to accommodate them who need rehabilitation. Others can be occupied in day time in the rehabilitation centre through self help groups or in Alcohol Anonymous(AA).

Direct beneficiaries are 3000 -5000 in 5yrs time but the overall goal is to provide more comprehensive and holistic support to people with mental illness on a permanent basis, not just for 5 years.

MENTAL HEALTH PROMOTION;

Mental health promotion is our goal in the region. Without proper knowledge and attitude we cannot give a good service to the public.

We start slowly the task but it need very speed.

Part of the activity based in mental health promotion, raising change the attitudes about the mental common hall for that purpose in the programmes will take place. We hope the training and the exposure will reduce the stigma in mental health will make it a positive out come with good awareness in mental health.



another

awareness and the illness. We will use the unit. Where the training

Project start:

Project will start on mid of January 2010 and continue indefinitely. We have doctors, nurses, social workers, attendants with government employment. There is no Occupational therapist in Kalmunai District, but we hope a permanent occupational therapist will be provided by the health ministry soon after the rehabilitation unit starts to function.

Currently we have three volunteers working in the unit as therapists and they receive a small sum of money to meet their traveling expenses.

IMPLEMENTATION:

Kalmunai Mental Health Association (KAMHA)

Mental health Unit

Base Hospital-Kalmunai

Sri-lanka.

www.kamha.org

OUR NEEDS IN MENTAL HEALTH

Staffs.(Man Power)

1. Nurses -03
2. Male attendants-01
3. Occupational Therapists -01

Communication:

Separate SLT line for consumer's hot line and the access of internet.

Transportation

Three wheeler for consumer's transportation in the day care activities.

OUR HEART FELT THANKS TO OUR PARTNERS.

WE ARE VRY MUCH THANKS TO OUR CONSUMERS,DONARS around the world, families our dedicated ,energetic,enthustiatic Multi Disciplinary Team (MDT),Medical supernatant, Acting medical superintant,All the consultants of the Hospital ,Para medical staffs,Dirctor mental health,Dirctorate mental health.Honarabler health minister. Honorable Secretary of Health.

The donors locally and internationally specially we are very much thank to.

1.IIMHO-USA

2. QS Association Qatar

3Dr.Akiyama Tuvaski consultant psychiatrist Japan.

4. World Vision

5. EHED-CARITAS

6. HDO

7.VSO-UK

8. BASIC Needs –UK

9. RDHS-KALMUNAI

10. Focal point –Kalmunai

11. Dr.Anula Nikapota

12CAMH-Canada

13. Dr.Suman Fernando and the team from UK

14.The Teachers of McGill university in Montreal Canada.

15Prof.Daya Somadundaram

16.Prof.Parameswara deva

17.Dr.M.Ganasan

Finally thanks to the god for blessing of us in 2009 and 2010 for all our efforts. I express heartfelt thanks to every one on behalf of our team in mental health in Kalmunai in Srilanka.

Thank you,

Yours truly,

Dr.P.Judy Ramesh Jeya kumar

Incharge/Secretary

MHU-KAMHA –Kalmunai, Sr-lanka.

