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Adolescent psychiatry inpatient services in Sri Lanka: Present status and future directions

Yasodha Maheshi Rohanachandra

Department of Psychiatry, University of Sri Jayewardenepura, Sri Soratha Mawatha, Nugegoda, Sri Lanka

Sri Lanka is a lower-middle income country (LMIC) in South Asia with a population of 21.3 million (World Health Organization, 2015). Adolescents account for 7.9 % (1.6 million) of the population. In 2016, 6.9 % of adolescents in Sri Lanka had suicidal attempts, 9.5 % had suicidal ideation, 5% had anxiety symptoms and 63.6 % had used illicit drugs before the age of 14 years (Ministry of Health, 2016).

Child and adolescent mental health services (CAMHS) in Sri Lanka are still at the primitive stage, with only nine Child and Adolescent Psychiatrists in the country. This accounts for 0.03 child and adolescent psychiatrists per 100,000 population (World Health Organization, 2017). Therefore, the great majority of children and adolescents in Sri Lanka are under the care of adult psychiatrists.

At present, CAMHS in Sri Lanka comprises of predominantly outpatient services. Two inpatient units for children under 12 years are available in Colombo, which functions under the supervision of child and adolescent psychiatrists. The first and only adolescent psychiatry inpatient unit in Sri Lanka was established in 2015 at the National Institute of Mental Health (NIMH), Colombo. The unit can accommodate 12 patients and is equipped with a library and facilities for sports and education (National Institute of Mental Health, 2017). The patients in the unit were under the care of adult psychiatrists until a child and adolescent psychiatrist was appointed to the unit in 2019. The unit is supported by nurses and supportive staff, but lacks a social worker and psychologist (National Institute of Mental Health, 2017).

All children less than 12 years requiring inpatient treatment in Sri Lanka are transferred to specialized child inpatient units, or managed in general paediatric wards. However, it is impossible for all adolescents needing inpatient treatment to be accommodated in the specialized adolescent unit, due to higher numbers needing inpatient care compared to children. Hence, managing adolescents requiring inpatient care in adult units is the current practice in Sri Lanka. Managing adolescents in adult units is also practiced in several other LMIC (Khan et al., 2008; Kunwar et al., 2020).

However, the development needs of adolescents cannot be met in adult ward environments. Adolescents report less satisfaction, less confidence in staff, less security and having no access to age appropriate leisure facilities when in adults wards (Viner, 2007). Adolescents also report being bored, lonely, angry, frightened, out of place and found to have minimal social interactions when in such environments (Smith, 2004). Therefore, the World Health Organization has recommended that there should be separate inpatient facilities for children and adolescents (WHO, 2015). The Royal College of Psychiatrists recommends that between 16 and 24 beds per million population is needed for adolescents (Royal College of Psychiatrists, 1999; 2005a).

Records show that the average number of patients who have received inpatient care at the adolescent ward at NIMH is 59 (4.92 per month) in 2017 and 90 (7.5 per month) in 2018 (NIMH Annual Report 2018). This shows that the adolescent inpatient unit is being underutilized. It is likely that since the adolescent unit is located in Colombo, it may be practically difficult to transfer patients to this unit from other regions of the country. In addition, clinical experience suggests that adolescent and their families often do not consent to be transferred to the NIMH due to the associated stigma. NIMH was first established as an asylum in 1926 and at present offers both inpatient and outpatient services. However, it is still considered as a “mental hospital” among the general public, which leads to significant resistance in transferring to this hospital. The lack of awareness among the adults mental health specialists about the benefits of managing adolescents in a specialized units, may also contribute to adolescents being managed in adult units without being transferred to the adolescent unit.

Therefore, service development should aim to establish at least one adolescent inpatient unit per province, in teaching hospitals where consultant child and adolescent psychiatrists are available. This will enable adolescents to receive inpatient care in centers close to their family. Establishing adolescent inpatient units in teaching hospitals will cause less stigma, making it a more acceptable form of inpatient care to adolescents and their families. These adolescent inpatient units should be equipped with a multidisciplinary team including a social worker, psychologist, activity/recreation worker, physiotherapist and teacher (Smith, 2004). Recognizing the developmental needs of adolescents, India has recently established a separate inpatient unit for older adolescents aged 16–18 years (Yadav et al., 2019), which also allows provision to accommodate the family, in order to address the ongoing family stressors. This unit is recommended as a model for the development of other similar centers and could be useful as a model for developing adolescent inpatient services in Sri Lanka.

Staff dealing with adolescents requires special communication skills that are age and developmentally appropriate. Therefore the knowledge

E-mail address: yasodha@sjp.ac.lk.

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of adolescent development and the psychodynamics of adolescence are essential (Smith, 2004). Therefore, training of staff on adolescent development and coping strategies needs to be done in parallel with establishing inpatient units. The specialized adolescent inpatient units can provides a novel training environment for nurturing future mental health professionals to deal with adolescent-specific developmental issues, conflicts with family and the legal system (Yadav et al., 2019).

Creating awareness among adult mental health specialists on the benefits of having specialized wards for adolescents is also needed to ensure a change in the current practice of managing adolescents in adult wards.

Finally, development of human resources, especially child and adolescent psychiatrists, is essential to ensure that the adolescent inpatient with complex needs receive the best care possible.

Author declaration

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I wrote the article, revised the article critically for important intellectual content and am responsible for the final approval of the version to be submitted. I confirm that there are no other persons who satisfied the criteria for authorship but are not listed.

I confirm that I have given due consideration to the protection of intellectual property associated with this work and that there are no impediments to publication, including the timing of publication, with respect to intellectual property. In so doing I confirm that I have followed the regulations of our institutions concerning intellectual property.

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References

Cotgrove, A., 2001. The adolescent unit. Adol. Psychiatry Clin. Pract. 321–345.
Khan, F., Shehzad, R., Chaudhry, H.R., 2008. Child and adolescent mental health services in Pakistan: current situation, future directions and possible solutions. Int. Psychiatry 5 (4), 86–88.
Kunwar, A.R., Dhonu, G., Karki, U., 2020. Child and adolescent mental health in Nepal. IACAPAP Bull. 57 Accessed through. https://iacapap.org/child-and-adolescent-mental-health-in-nepal/.
Ministry of Health, Nutrition and Indegenous Medicine. Accessed through. https://mentalhealth.health.gov.lk/index.php?option=com_content&view=article&id=9&Itemid=220&lang=en.
National Institute of Mental Health, Annual Report 2017–2018. Accessed from. http://nimh.health.gov.lk/en/downloads/.
Smith, S., 2004. Adolescent units—an evidence-based approach to quality nursing in adolescent care. Eur. J. Oncol. Nurs. 8 (1), 20–29.
Sri Lanka - Global School-Based Student, Health Survey. Ministry of Health, Sri Lanka ISBN: 978-955-3666-00-0. https://nada.searo.who.int/index.php/catalog/8.
Viner, R.M., 2007. Do adolescent inpatient wards make a difference? Findings from a national young patient survey. Pediatrics 120 (4), 749–755.
World Health Organization, 2015. Sri Lanka: WHO Statistical Profile. World Health Organization, Genevahttp://www.who.int/gho/countries/lka.pdf?ua=1.
World Health Organization, 2017. Mental Health Atlas. ISBN: 978-92-4-151401-9. .
Yadav, A.S., Madegowda, R.K., Sharma, E., Jacob, P., Vijaysagar, K.J., Girimaji, S.C., et al., 2019. New initiatives: A psychiatric inpatient facility for older adolescents in India. Indian J. Psychiatry 61 (1), 81.