

Mental Health Problems
Community Perceptions
in
SRI LANKA

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Study Location

- **Peraliya North**

Tsunami affected – 241 families

- **Monroviawatte**

Post-Tsunami re-settlement - 450

families

Research Methodology

- **Focus groups**

Men, women, youth & children separately

- **Participatory Rural Appraisal**

Wealth ranking & matrix ranking

- **Interviews with families of ‘mentally ill’ people**

**Identifying PEOPLE
“DIFFERENT” to NORMAL
PEOPLE**

**Sinhala, Tamil, English and Portuguese
words used**

- ***Pissu, mole aul , olmada, vikara***
- ***(Sinhala)***
- ***Kolam, kalla, kachal, Paiththiyan***
- ***(Tamil)***
- ***Loose, mental, mongol, upset,***
by-force, pissu double
- ***(English)***
- ***Magnnagnan*** - ***(Portuguese)***

**Possible Psychiatric
Equivalents of People with
Mental Health Problems**

- ***Pissu, Olmada, Vikara :***

- **Mania**

- **Psychosis**

- ***Mongol, Mandayo :***

- **Mental retardation**

- **Learning difficulties**

- ***Kalla pissu, By-force pissu :***

- **pretending to have mental illness for own benefit**

- ***Genu pissa, Kamuka pissa,***

- Mandana pissa, Manamala pissa :***

- **people with frustrations**

- **sexual deviations**

- *Chitrapata pissu, Hindi pissu, Phone pissu, Kudu pissu, Ganja pissu, Race pissu:*
 - **People with various addictions**
- *Ugath pissu :*
 - *Pathological studying*

- **People with different views, beliefs and behaviour :**

- **Delusional states**

- **Paranoid Personality**

- **Irrational Behaviour**

***Pissu* denotes inability to think
rationally**

NOT MENTAL ILLNESS

- ***Oluwa awul, Mole aul: - “Muddled Mind”***
 - **Stress reactions, Anxiety states, Mild depressions**
- **but view of life is rational**
- **commonly seen in day to day life**

NOT MENTAL ILLNESS

- **Trance states and possession states**
 - Temporary states relieved by traditional healing practices
- If persistent, acquires status

Causes of Mental Problems

- **Family transmission**
- **Adverse life experiences**
- **Natural or man-made disasters**
- **Socio-economic factors**

- **Physical factors**
- **Addictions**
- **Supernatural powers and curses**
- **Excessive studying and inappropriate dedication to education**
- **Changing religion**

- **Excessive thinking and straining of brain / mind**
- **Rabies**
- **Not able to get 'varam' from a deity**
- **Complete cure of '*rakthaya*'**

BUT

- **Evil-eye / evil-mouth (*as-vaha* / *kata-vaha*) does not cause mental health problems**

Supernatural Influences and Mental Health Problems

- **Malevolent charms done as**
 - Acts of revenge
(Huniyam, Kodiwina)
 - Attract / bind someone
(Ina beheth, Vashee gurukam, Bandana)
- **Return effects on person who did the above**

- **Effects of planets & zodiac system**
 - *Rahu, Kehetha, Senasuru, Chandraya*
- **Effects of evil spirits**
 - *Kalukumara, Mohini, Thanikandosa or dead relatives*
- **Karmic forces**

**Characteristics of People
Seen as “Mentally Ill”
(Symptoms)**

- **Inappropriate behaviours**
 - laughing to oneself, wandering,
bad language, violence, muteness
- **Poor self-care**
 - lack of cleanliness, over-dressing
- **Poor sleep**
- **Lack of energy**

- **Feeling worthless**
- **Extreme emotion**
 - **happiness, sadness, irritability**
- **Lack of concern for self or others**
- **Interpret actions of community in adverse manner**
- **Memory impairment**

- **Sexual disinhibition**
- **Excessive washing**
- **Grandiosity -**
- **Bizarre behaviours**
 - **Burning household items**
 - **Damaging property**
 - **Spitting indoors**
- **Suicidal behavior**

**Family Responses to People
Seen as
“Mentally Ill”**

Responses:

- **Isolation within family**
- **Excluded from family gatherings**
- **Given adequate care and affection**
- **Not evicted from the household**

Depends on:

- **Importance of person within family**
- **Relationship before 'illness'**

***Aggressive people more likely to be
ill treated**

**Community Responses to
People Seen as
“Mentally Ill”**

- **General attitudes of community towards people seen as ‘mentally ill’**

- *Marriage* discouraged unless seen as fully recovered

- Excluded from *employment* in responsible jobs

Attitudes continued

- **Not punished for misdeeds**
- **Families find community helpful
and caring especially in emergencies**

Community reactions...

- **Depend on whether aggressive or calm (non-violent)**
 - **Hostility to aggressive people**
 - **Sympathy towards non-aggressive**

Community reactions...

- **Depends on extent of family support**
 - Those without support get mocked, provoked and isolated, stigmatized as lunatics, excluded from social gatherings (sometimes with family)

Types of Interventions for 'Illness' and other Similar States

Approach of communities and families

- 1. Religious activity is first consideration**
- 2. Look for options near-by**
- 3. Look for options further afield**

4. *Bali Thovil* infrequent now because:

- Identified as not very effective**
- Expensive**
- Difficult to find reliable '*Adura*'**
- Requires lot of man power**

**Types of Interventions
Available to
Communities**

- **Bali thovil**
- **Seth shaanthi**
 - Lime-cutting
 - Tying chanted thread
- **Religious**
 - Bodhi pooja
 - Pilgrimages

Adura's positions

- Diagnosis based on a) physical behaviours and b) time of the incident.
- Identifies specific supernatural influences e.g. riri yaka, mahasona
- Performs rituals - screening for susceptibility
- May/may not accept to treat

- **Ayurvedic medicine**
 - **Isakudichchi**
 - **Vireka**
 - **Kasaya**

- **Western (Allopathic) medicine**
 - **Oral**
 - **Injections**
 - **ECT**
 - **Hypnosis**

Choice of Intervention

Sequence of Choice

1. Religious activity at home/temple

pirith, rituals

2. Read horoscope (Astrologer)

3. Lime-cutting or thread with

turmeric (maturanawa)

4. *Thovil* - if possible

**5. Private (Allopathic) doctor by
channelling**

6. Government hospital

- as last resort

Both villages similar

- **Women had more knowledge and interest in these issues**
- **Religious activity and astrology important**
- **Cutting lime and tying thread is routinely carried out.**

- **More faith in western than Ayurvedic interventions**
- **In spite of knowledge about places there was marked lack of knowledge about allopathic therapies themselves**

Factors Involved in Choice

- **Getting patient cured**
- **Trust and confidence in place if intervention**
- **Popularity of place of intervention**
- **Advice received from others**

- **Expenditure to be incurred and distance to travel**
- **Belief that admission to hospital is required**
- **Need to show others their concern for patient**

Perceived Effectives of Interventions

- **Majority believed western medicine (oral and injections) had best effect**
- **Ayurvedic treatment received low priority**
- **Majority considered exorcist ceremonies do not have much effect (on what they see as mental illness)**

- ***Bodhi pooja* seen as having high effect**
- **Lime cutting and thread tying believed to bring relief**

Implications of Study

- **‘Illness’ and possession states seen as very different entities**
- **Depression is **not** perceived as a “Mental Illness – *Pissu*”**
- **Somatic symptoms were not taken as symptoms of depression**

- **Family / community attitude is sympathy unless there is violence**
- **Family and community motivated by wish to get help**
- **Various places identified for interventions for illness**

- **Variety of causes recognised but dealing with illness is seen pragmatically in terms of place that provides effective interventions.**

- **Why no attention to reversing causes – i.e. prevention?**
- **Aggressive behaviour is least tolerated by community**
- **Barriers to marriage and stigma not applicable if ill person recovers**

Thank

You!