Mental Health Problems
Community Perceptions in SRI LANKA

Dr. Rasitha Perera
Dr. Lushan Hettiarachchi
National Institute of Mental Health
Angoda
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)*

• *Magngnan*
  - *(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
- People with various addictions

- 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 behaviour
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!