

**Assessment of service delivery at community support centers in Kalutara District  
MSc. ( Medical Administration) - 2009 D 2295**

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 multi sectoral 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. 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 .. Study population consisted of 53.5 percent (145) females and 46.5 percent (126) males. More than 90 percent of clients who utilized the Community Support Centers were Sinhalese, 87.1 percent were Buddhist and 56.8 percent of them were married with family income of Rs.9001-12000 per month. 77.9 percent of clients were in the unemployed category. 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. 36.5 percent of them had consultation with medical professionals prior to come to CSC and 63.5 percent of clients came without professional advice. 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. Intersect oral coordination should be strengthened. Monitoring and supervision of activities of CSC by the health administrators should be strengthened.