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The Mind's Sanctuary

The Journey of the National Institute of Mental Health, Sri Lanka: 1926 – 2026

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Introduction

Mental Health is an integral part of the Health and Well-being of Humanity. The National Institute of Mental Health, Sri Lanka, remains a beacon of hope and a leader to the nation in the provision of Mental Health Services. The World Health Organization (WHO) conceptualizes mental health as a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

History reveals that therapeutic measures for mental illness were practiced in Sri Lanka in the 4th century BC. The new medical treatment began in the 1800s in hospitals. The laws related to involuntary treatment is under the "Lunatic Ordinance of 1873", which was amended nine times till 1956, when the wording was substituted as "Mental Diseases Act – Act no 27 of 1956".

January 31, 2026, marks a profound milestone in Sri Lanka's healthcare history: the centenary of the National Institute of Mental Health (NIMH). From its origins as the **Mental Asylum, Angoda** in 1926, this institution has navigated a remarkable evolution, transitioning from an asylum model to a leading national institute for mental healthcare.

This pictorial essay, drawing insights from the recently compiled Sinhala history book, traces its journey, reflecting shifts in societal understanding, medical advancements, and the unwavering dedication of those who have championed mental well-being in the nation.

Beginning of allopathic medical care in Mental Health

The first mental asylum was the Leprosy Hospital, Hendala, a hospital for leprosy patients, and an area had been separated for the mentally ill. Then, as the inpatient count had gone up markedly, the services were expanded to asylums in Borella and Jawatta.

In 1917, to expand the in-patient space for the mentally ill, it was decided by the then government to build another hospital in Angoda to accommodate 1800 patients. The Angoda Mental Asylum was declared open on 31st January 1926 for 1728 patients. In April 1942, during the Second World War, the Angoda Mental Asylum was bombed by the Japanese by mistake. Seventy patients were injured, while ten died. As compensation, they decided to build a hospital in Mulleriyawa. As the patient numbers were rising heavily, the bed strength was upgraded from 1800 to 2125 in 1954. Mulleriyawa Unit 1 was opened to host less disturbed patients with open wards of 840 bed capacity and another hospital was opened in Pelawatta of 3507 bed capacity. Mulleriyawa Unit 2 was open for patients with chronic mental illness who stayed longer and in 1962, 284 patients were there.

Figure 1: Mental Health Treatment before the Allopathic Era

Figure 2: Modern Day Arcade was once a Mental Asylum

Figure 4: Iconic Main Building in Early Days

Figure 5: Closed Ward setup with a garden in the middle!

Figure 7: Agricultural Fields

Figure 9: Ward-Based Gardening

Figure 3: The First Medical Superintendent

Figure 6: Agricultural Fields

Figure 8: Bakery

Figure 10: Old Name Board of Mental Hospital

The Early Years: Asylum and Custodial Care (1926 - Mid-20th Century)

Formal mental health services in Sri Lanka saw a significant development with the completion of the Mental Hospital Angoda in 1926. Established to alleviate overcrowding in earlier, smaller asylums under the Lunacy Ordinance of 1839, it was designed with a capacity of 1728 beds, making it one of the oldest psychiatric hospitals in South Asia. The initial focus was custodial, providing inpatient care for a growing number of mentally ill patients. Drawing from the NIMH's historical records, we understand the challenging conditions of the time, marked by overcrowding and limited treatment modalities, often focused on sedation and recreational therapy. Despite these limitations, it represented a centralized effort to address mental illness on a larger scale. Vocabulary from this era include "රාළහාමි" for Male Care Givers and Health Service Aids, "හාමිනෙ" for Female Care Givers and Health Service Aids, heard in the speech of the older long-term patients to this day, referring to the police like control they had over the patient during this custodial care era. Till around 2015, the concept of "පාටි යනවා" was in existence, referring to the rewarding of patients with "good behavior" by allowing them to leave the closed wards in party of workers deployed to work in the fields, bakery, pottery shop, carpentry shop, or the kitchen. The H8 Docket Form, which is the Admission Bed Head Ticket of the Hospital, is still in use, and the very first docket is still available in the record room as each of these BHTT are considered a medico-legal form and thus cannot be condemned or destroyed, similar to court documents.

Figure 11 An old cricket team made up of staff

Figure 12: Iconic Entrance to the Hospital after the Buddha Statue was installed

Figure 13: Water Purification System built by the British Engineers is still functional

Figure 14: Children under the care of staff

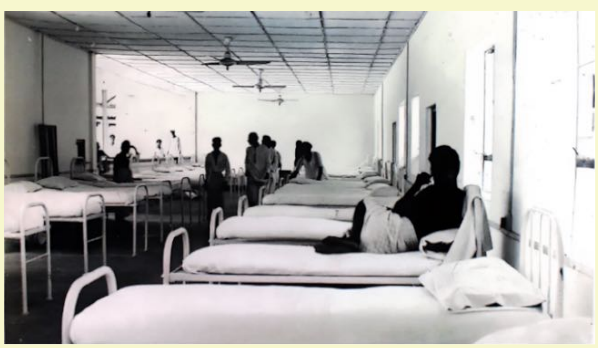

Figure 15: Crowded Ward setting

Figure 16: Earliest provision of Electro Convulsive Therapy

Emerging Therapies and Shifting Paradigms (Mid-20th Century - Early 21st Century)

The mid-20th century brought gradual, significant changes to the Mental Hospital Angoda. By the 1940s, newer forms of treatment began to emerge, moving beyond purely custodial care. The establishment of the first neuropsychiatric clinic at the Colombo National Hospital in 1943, and later, the development of regional mental health services, signaled a broader shift away from purely institutionalized care. However, the Angoda facility continued to be the primary hub, often bearing the stigma associated with mental illness. Challenges such as persistent overcrowding were highlighted in various reports. Nevertheless, the hospital remained critical, incorporating a wider range of therapeutic interventions and a comprehensive approach to patient management, details of which may be elucidated in the historical records. Chlorpromazine (Largactil) was the first Antipsychotic that came into regular use in 1950's. The infamous quotation "අපිට ලණුයි ලාගැක්ටිලුයි නිබ්බාම ඇති" among more senior nursing and supportive staff was a common sentiment whenever newer therapeutic measures were introduced. The earliest integration of Occupational Therapy and Psychiatric Nursing Care is also noted in this era.

Figure 17: Insulin Therapy Ward/ ECT Ward

Figure 18: Group Activities in Occupational Therapy Unit

Figure 19: Group Activities under OT care

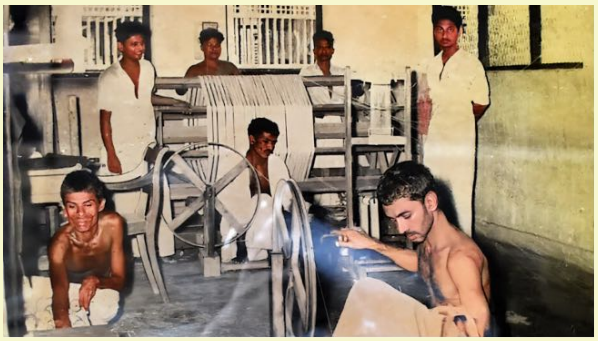

Figure 20: OT based care

Figure 21: OT based care

Figure 22: Recreational Activities

Transformation of Mental Health Care

A Mental Health Policy was drafted in collaboration with the Sri Lanka College of Psychiatrists and approved by the Government in 2005. Then, the mental health services were decentralized, and community psychiatry services were established, and the establishment of a National Institute for Mental Health was proposed. Angoda Mental Hospital was upgraded to National Institute of Mental Health, Sri Lanka, to be the nerve centre for clinical care and for specialized services and training & and research in mental health by a Cabinet decision on 31st October 2008, and was published in the health sector with a letter by the Director General of Health Services in January 2009. The Mulleriyawa Unit 2 was renamed as "Halfway Home" in 2008 and

restructured to host clients for rehabilitation and social reintegration. Then over the years inpatient total was taken down from 2000 to around 400 by reintegrating them into society.

The current Vision and Mission and the strategic framework were developed by the representation of all the staff categories in 2017 and approved by the Director General of Health Services. The institution has also developed internal policy guidelines with regard to patient safety and quality of care since 2009. This is in line with the international recommendations as per the "Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care" adopted by UN General Assembly resolution 46/119 of 17 December 1991. It also stems from the statutory requirements of care as per the Mental Diseases Act.

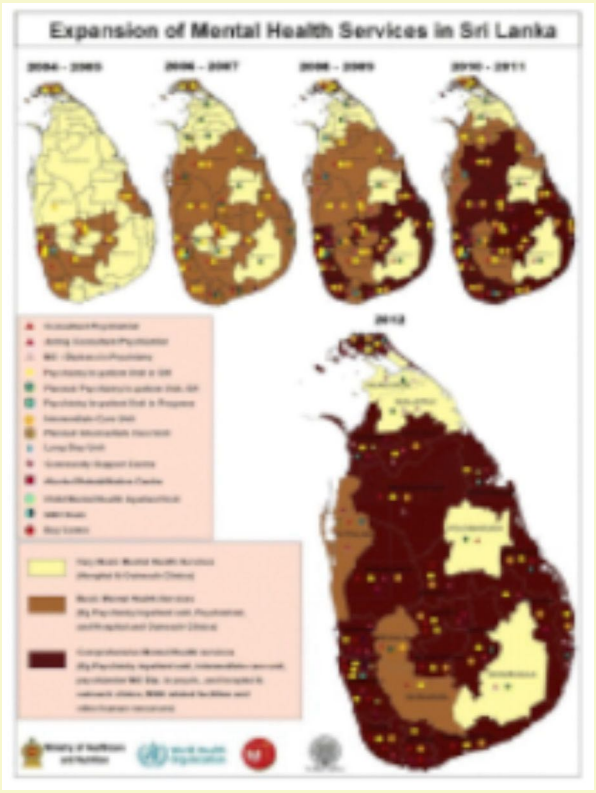

Figure 23: Decentralization of Mental Health Care

Figure 24: Upgrade as a National Institute

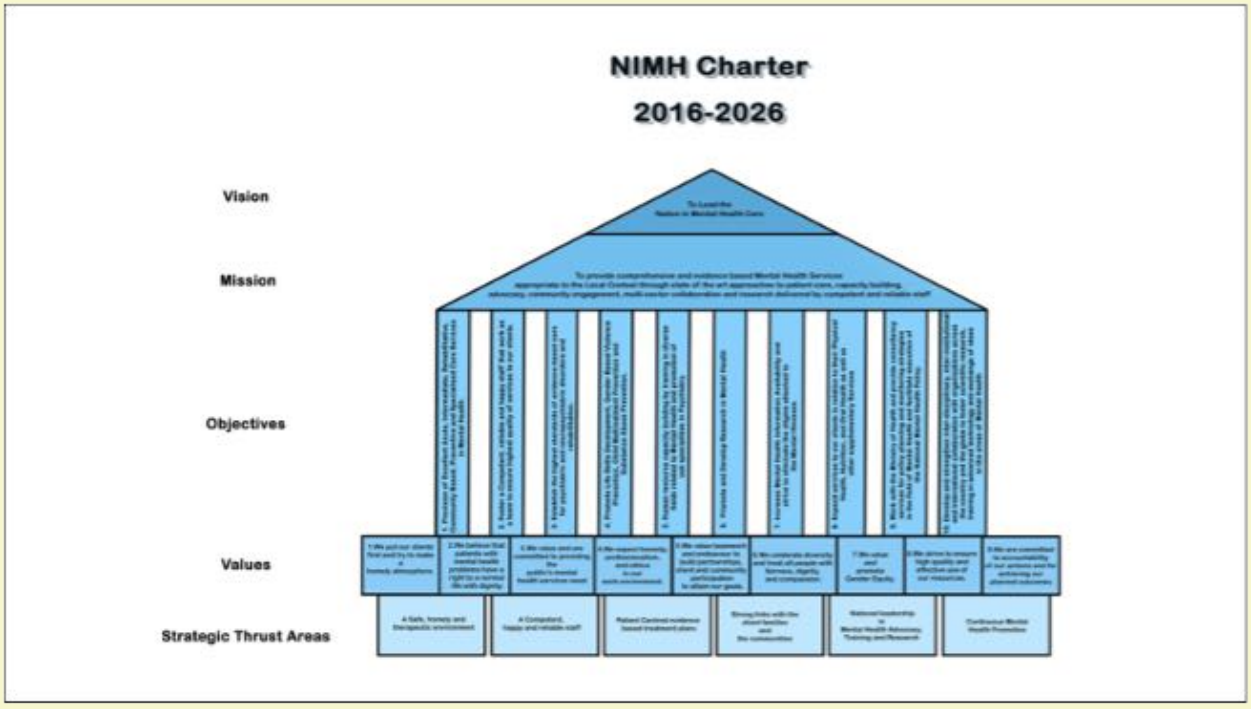

Figure 25: NIMH Charter

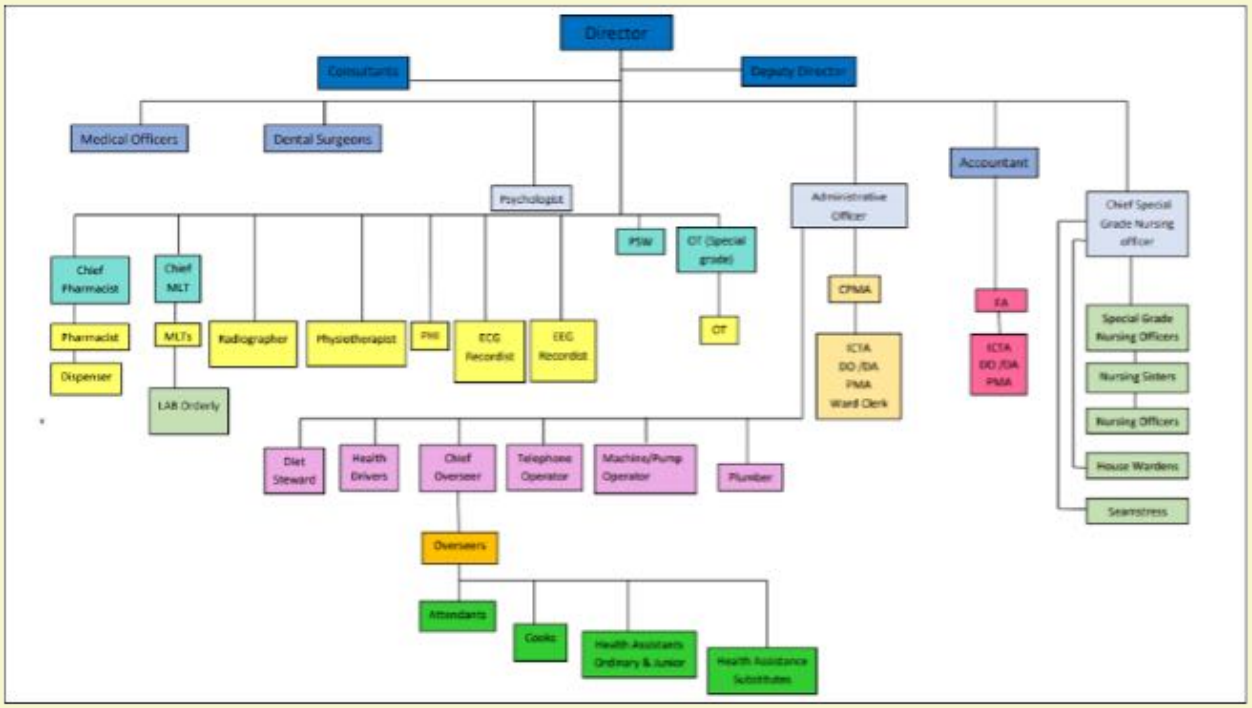

Figure 26: NIMH Organogram

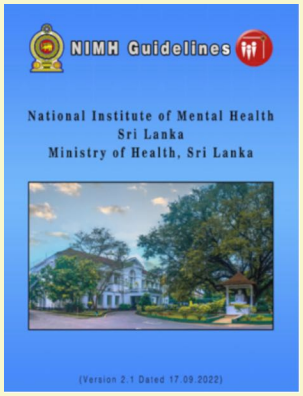

Figure 27: NIMH Internal Guidelines Cover Page

Figure 29: NIMH Logo

Figure 28: NIMH Angoda Survey Plan

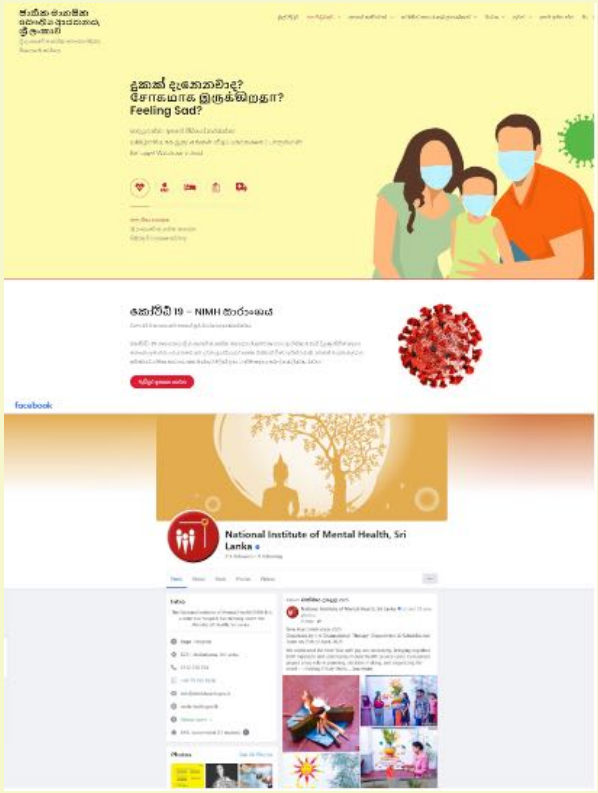

Figure 30: NIMH has an active presence in social media with a website, Facebook® page, and YouTube® channel.

Figure 31: NIMH Staff Training

Figure 33: Planning & Development Unit, 2016 to 2023

Figure 35: Launch of 1926 - National Mental Health SMS Line, 2020

The National Institute of Mental Health: Modernization and Integration (2008 - Present)

A pivotal moment arrived in October 2008 when the former Mental Hospital Angoda was upgraded and officially designated the National Institute of Mental Health (NIMH). This marked a profound institutional and philosophical transformation, signifying a national commitment to advanced mental healthcare. Under this new mandate, NIMH became the largest tertiary care hospital for mental illness in Sri Lanka, focusing on acute, intermediate, and long-term care, alongside specialized services. Its role expanded to become the main training center for undergraduate and postgraduate psychiatry, as well as allied health fields. In recent years, NIMH has embraced community-based care, established specialized units (e.g., peri-natal, psycho-geriatric, adolescent, learning disability, forensic psychiatry, gender-based violence prevention), and significantly improved infrastructure, laboratory capabilities, and overall patient environments. The ongoing efforts reflect a continuous drive towards modern, compassionate, and evidence-based mental healthcare, achievements likely detailed and illustrated in the written history books regarding the institution. Establishment of a Planning and Development Unit in 2016 and the launch of Health Information and Management System (HIMS) in 2019 are major milestones in the development of the institute.

Figure 32: Opening of Planning & Development Unit, 2016

Figure 34: Launch of 1926 - National Mental Health Helpline, 2019

Figure 36: ECHO eLearning agreement with the University of New Mexico, Health Sciences Center

Figure 37: Celebrations of World Mental Health Days, 2017 to 2024

Figure 38: Launch of NIMH History Book, 2018

Figure 39: Launch of NIMH Flag and Anthem 2024

Figure 40: Places of Worship for all major religions are present at NIMH

Figure 41: New Year Celebrations, 2024

The COVID-19 Pandemic brought unprecedented challenges to the NIMH. During COVID-19 NIMH was recognized as the National Quarantine Center for Psychiatry Patients; thus, a well-organized, near-standard Isolation facility was established by converting an existing old building through the Sri Lanka Army. With the increase in cases, NIMH also had to create Mental Health COVID Treatment Units to care for patients having the dual burden of COVID-19 infection and active psychiatric illness. This was a time of great peril, and the perseverance of the staff and leadership of the management navigated this institute through this pandemic whereas international scenarios in similar settings speak of a much grimmer tale.

Figure 42: NIMH Kitchen serves ~3500 meals per day; is renovated & refurbished as a modern kitchen

Figure 43: NIMH regularly holds religious activities

Figure 44: Covid-19 & Mental Health

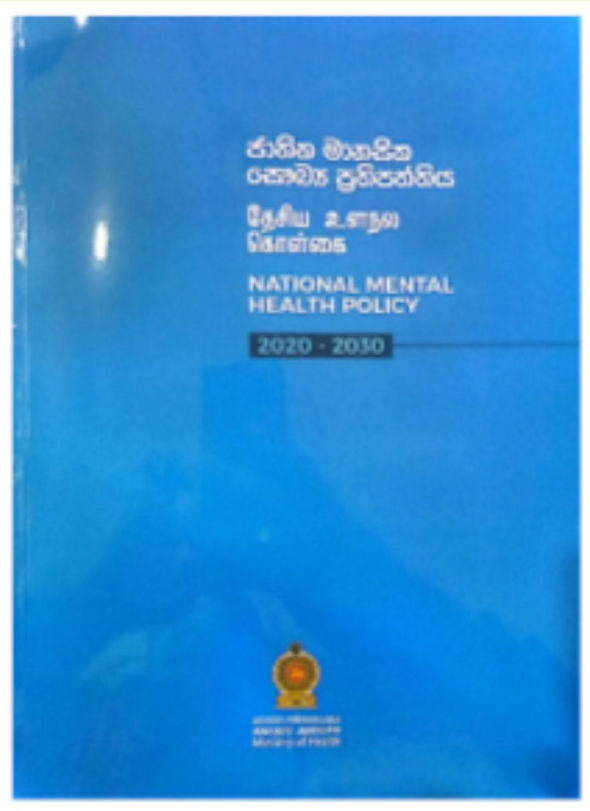

Figure 45: Mental Health Policy Book, 2020 - 2030

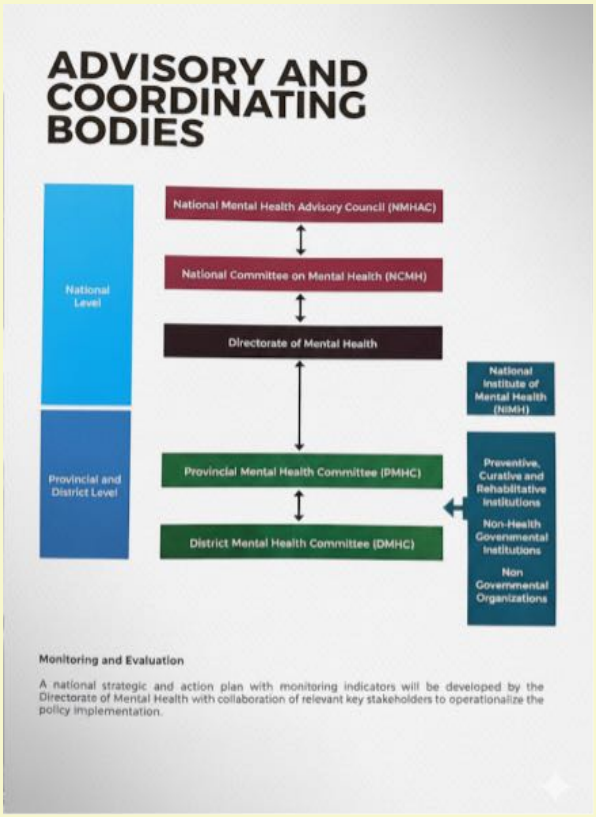

Figure 46: NIMH as the National Level Center of Care

In 2020 the Ministry of Health, Sri Lanka, launched a new Mental Health Policy. Within the Nation's march for better Mental Health Services the National Institute of Mental Health, Sri Lanka remains a steadfast pillar of strength with engagement in tertiary level care services including focus on Patient Safety and Innovative Patient Management, Specialized Care, Community Engagement, Rehabilitation and Social integration, Presence in the digital platform and as a national center for Training and Research in Mental Health.

Conclusion: A Legacy of Healing and Hope

For a century, from the Mental Asylum, Angoda to the esteemed National Institute of Mental Health, this institution has been central to the nation's mental health journey. Its evolution, meticulously documented in its history, mirrors the broader societal shift from stigmatized isolation to integrated, holistic care. As NIMH celebrates its centenary, it stands as a profound testament to progress, resilience, and the unwavering dedication to fostering mental well-being for all Sri Lankans. Its legacy of healing continues to inspire, pointing towards a future of even greater understanding, compassion, and innovation in mental healthcare.

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