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Eminent Personalities in the Field of Psychiatry in Sri Lanka

Emeritus Professor Nalaka Mendis interviewed by College President Dr Sajeewana Amarasinghe

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Professor Nalaka Mendis

This is the third interview in the series conducted by the Sri Lanka College of Psychiatrists for the *Sri Lanka Journal of Psychiatry* titled eminent personalities in the field of Psychiatry in Sri Lanka, we are honored to have with us none other than Prof. Nalaka Mendis, Emeritus Professor of Psychiatry, Faculty of Medicine, University of Colombo. Prof Mendis is interviewed by the College President, Dr Sajeewana Amarasinghe.

SA: I'd like to start by asking a question, I'm sure many of our trainees would be eager to hear your thoughts on. You took up psychiatry at a time when it wasn't a popular postgraduate choice. Could you share with us why you chose this field and a little bit about your training in psychiatry?

NM: Well, we were the first batch of students under Prof. C. P. Wijesinghe. This was in 1968-69, and psychiatry was introduced for the first time in medical school. We had two-week appointments, but Ward 59 wasn't established yet. So, our discussions mainly took place in the medical school. He was an incredibly intelligent, bright, and knowledgeable person, and his expertise in psychiatry at that stage inspired me and drew me toward the field.

Around that time, there was a vacancy for a temporary lecturer in psychiatry in Prof. Wijesinghe's department. When I approached him about it, he encouraged me to take it up just like one would with any other appointment, like ophthalmology or ENT. And that's how I entered psychiatry, drawn in by a mentor who showed me there was more to medicine than just the disease-oriented model. Psychiatry offered a different, more humane approach, which I found incredibly appealing.

SA: Could you tell us about your training in psychiatry?

NM: After joining the Department of Psychiatry in Colombo, I worked there until September 1976. When Prof. C. P. Wijesinghe left in 1975, the department faced a significant gap. We had occasional visits from Dr. Christopher and Dr. Riley Weerasinghe from Angoda, but there was no consistent leadership.

Despite these challenges, I continued working. Around this time, Patrick Fernando, a good friend and lecturer at the medical school who was in England, suggested I apply for a post under Sir Martin Roth, a renowned professor of psychiatry in the UK. I was fortunate to secure the job and worked with Sir Martin Roth for six months.

However, my wife was in London, and the distance and difficulty in communication made things quite challenging. That's when I met Prof Lynford Rees a close friend of Prof. Wijesinghe, who frequently visited Sri Lanka. He invited me to join his research on monoamine oxidase inhibitors with Michael Pearce in London. I accepted the opportunity, completed the research, and finished my exams before returning to Sri Lanka in 1979.

SA: It's probably the time before the PGIM?

NM: Yes, the PGIM was reorganized in 1980.

SA: What do you think about current training in Psychiatry ? any contrast or anything you see differently from your time as a trainee ?

NM: I think this needs to be viewed in the context of my experiences, both here and abroad. After completing my medical degree at the University of Colombo in 1971, I underwent my professional training in Psychiatry, both in Sri Lanka and the United Kingdom, where I obtained membership and later Fellowship of the Royal College of Psychiatrists in 1978 and 1987.

When I returned to Sri Lanka, I quickly realized that many patients were unaware of their illness. They often came to me at a very late stage, and many physicians, surgeons, or other doctors couldn't recognize these conditions. There was also a lot of stigma, and facilities were limited. My initial five years of training did not fully prepare me to work as a psychiatrist here. I thought to myself, "I'm not going to continue like this. I need to learn more."

I was fortunate to have the opportunity to attend some of the best centres in the world, which were far superior to what was available in England. These included places like Harvard Medical School, the Centre for Addiction and Mental Health in Toronto, the University of Connecticut, and several other leading institutions in various countries. This exposure gave me the chance to broaden my academic and professional work.

People like Bennet Jayaweera, a professor at the University of Peradeniya, stressed the importance of a broader, more holistic approach to psychiatry. This helped me realize that I couldn't bring about the changes I wanted within the Department or the Ministry. I needed a platform, so in 1982, I formed the National Council for Mental Health. Although we were still disease-oriented at the time, the council allowed me to start making meaningful changes. Influential people like Prof. Daphne Attygala, The Dean of the medical school, and Prof. Fonseka, the subsequent dean, joined as vice presidents, and advocacy groups supported our work. From there, I began to make significant progress in my efforts.

SA: Before we move on to Sahanaya I'm interested to know the status on mental health services at the time. You returned to Sri Lanka as a young consultant in Colombo as one of the handful of psychiatrists in Sri Lanka. What was the actual situation of psychiatry or mental health in Sri Lanka at that time?

NM: At that time, psychiatry was very much asylum-oriented, disease-focused, and based on a biomedical model. The majority of patients who came to the hospital received medical treatments, primarily antidepressants and antipsychotics. There was very little follow-up and practically no other therapeutic activities were involved. There were a few individuals trying to make a difference, such as Dr. Kulanayagam in Badulla, Dr. Prematilaka in Kurunegala, and Dr. Waidyasekara. They were working in general hospital units, but these units often lacked proper wards and staff. Additionally, the most pressing issue at that time was the severe shortage of psychiatrists. There were only 13 psychiatrists for a population of about 20 million people.

SA: When you started the National Council for Mental Health, you did various activities to improve mental health in Sri Lanka. Could you describe some highlights and a few achievements during your career, including improving services in Sri Lanka?

NM: Yes, I approached mental health with a holistic perspective. Influential figures like Leon Heisenburg, a genius in the field at Harvard, and Vivian Rakoff, inspired me. Vivian Rakoff produced a film on schizophrenia, which he broadcasted on state TV. I was surprised, as at that time in Sri Lanka, no doctor appeared on television. I asked him how he did it, and he replied, "My job is to develop practitioners, and this is part of it. It's not only about giving lectures to undergraduates."

We obtained the video, translated it into Sinhala, and aired it on our television. This was the beginning of educating the public about mental health. Christopher Murray and Lopez highlighted a global issue, stating that five out of the ten most disabling conditions are psychiatric. The World Mental Health Report, produced by Dr. Heisenburg and the UN in 1985, emphasized the importance of mental health. However, it also pointed out the mismatch between the world's mental health needs and the available services.

As a solution, the UN suggested that psychiatric services and mental health management should be moved out of the Ministry of Health, with psychiatrists needing a broader scope. It also introduced the Sustainable Development Goals, with mental "well-being" as a central focus. During the World Economic Forum in Laos in 2007/ 2008, mental health became a significant topic for many world leaders. This gave mental health a substantial lift, but unfortunately, the governments and professional associations in Sri Lanka were not ready for this.

To address this gap, we pushed for initiatives through organizations like "Sahanaya" and the National Council. We organized the SAARC meeting in 2001 to develop mental health policies, bringing together key people, including those from India. In 2002, we held a large-scale meeting focused on advocacy to raise awareness. Through "Sahanaya," we introduced the Medical Officer of Health (MOH) group, a term introduced by Dr. Thilak Munasinghe, Director of the Health Education Bureau. Additionally, Dudley Dissanayaka contacted me one day, offering World Bank funding for mental health, asking me to submit a proposal in three days. I wrote and sent it, and through this, we received World Bank funding, which was allocated to the National Council and the Ministry of Health.

With regard to the MOMH program, we started with seven participants, and by the second batch, it grew to thirty five. It was a wonderful program, and it was highlighted in a World Bank report for its innovation. For the first time, we sent medical officers to divisional and district hospitals to learn about mental health promotion, empowering primary care levels to deliver mental health services.

SA: When I was a young post-intern medical officer in psychiatry under Prof. Hemamali Perera at LRH, and I had the opportunity to attend the South Asian Forum for Mental Health, where many giants of psychiatry also participated. Could you elaborate on that experience and the work done by "Sahanaya"?

NM: To mobilize resources, you have to involve people with influence and those with power, strong opinions, and the general public. My whole idea was to bring these groups together. By doing that, I believed we could better support people with mental illness here. Academics, professionals, and practitioners all came together for this project.

We had three presidents participating, and this was the best conference I've ever attended. One of the most remarkable aspects was getting patients and volunteers to talk about their own experiences and struggles. That gave a voice to those directly affected by mental health issues and helped us learn from their perspectives. Following this, we had the SAARC meeting, which strengthened our collaborations even further.

We also established a community mental health center through "Sahanaya", where individuals with long-term mental illnesses could come, engage, and develop their skills. Medical students were an important part of this initiative, they spent about three weeks there, but more importantly, I sent them to patients' homes. That home based exposure taught them to understand real life challenges patients face, rather than relying only on what's described in clinical settings.

Our approach aimed to popularize mental health and encourage more involvement from different sectors. It was very successful, many participants came from India, and several Sri Lankan psychology graduates received their first formal training through this initiative. This work eventually caught the attention of the University of Colombo.

With that momentum, I was able to bring in Professor Roland who played a key role in helping us establish the Department of Psychology at the university. His recommendation laid the foundation for this. Unfortunately, though, the Department of Psychology is still part of the Department of Sociology, and we haven't yet seen it grow into a fully independent department. But I still see this as a significant step toward integrating mental health into the academic landscape of Sri Lanka.

SA: Isn't there a faculty of graduate studies which conducts a MSC in psychology?

NM: That is the Faculty of Graduate Studies, which was established by Prof. Wijesundara during that time. It was originally set up to grant PhDs mainly in biomedical sciences or basic sciences such as chemistry, physics, and the like. However, people preferred to go abroad, and there weren't many students. To survive, they started offering other courses. One such course was the Clinical Psychology course established by the Department of Graduate Studies.

SA: I know that "Sahanaya" mental health centre pioneered mental health services in Sri Lanka, and we found many psychiatrists were trying out that model in other regions, starting community mental health centres, doing home visits, making it a very successful model. What were the challenges faced by mental health services? Was there any support from the government or the professionals? What are the challenges you faced at that time?

NM: As in any programme, when you start doing something new there will always be resistance, opposition, and such difficulties. But I was very lucky to have support from people who were not even in the system.

"Sahanaya", the word was given by Ms. Irine Siriwardhana, the principal of Visakha Vidyalaya at the time. It wasn't a name given by me. The symbol of two birds coming from darkness to light was created by Sally Hulugalla. All I could do at that time was facilitate these people to get them together as much as possible.

People such as Justice Mark Fernando, Justice Sarath Silva, Sally Jayawardhana, and others who had an inclination towards mental health, but couldn't open up due to various social reasons, said they would help. Hector Abeywardhana, the MP of Borella at the time, and his wife, a volunteer at the second building of "Sahanaya," talked about the work being done. He said, "They are doing some good work, I must send some money."

We also received ten million rupees from the Norwegian embassy, which was a huge amount of money. We must have spent about 5 or 6 million rupees because Mr. U.N. Gunasekara did most of the work free of charge. We saved the rest of the money in the bank fund. Likewise, many people came forward to help, which is why we say this belongs to a large group of people. Without them, we wouldn't be here.

SA: Sri Lanka is probably the only country in Asia where psychiatry is a final year medical school subject. You are one of the pioneers at the Colombo Medical Faculty who started psychiatry as a final year subject, after which other faculties followed. Today, all medical schools in Sri Lanka offer psychiatry as a final-year subject, which is a major development compared to other South Asian countries. Can you describe a little bit about how you set the boundaries and the challenges you had to face?

NM: It was easier for me as I had access to medical students since they were already doing a two-week or one-month attachment. During this time, there was a transformation in medical education called ROAM, the "Reorientation of Medical Education," introduced by the World Health Organization. The Medical Council was very much involved in that.

I was the chairman of the curriculum development committee at the Medical School of Colombo. The departments were categorized into basic sciences, applied sciences, clinical sciences, and behavioral sciences, with the help of Raju Bandaranayake, who was involved in medical education.

We didn't just introduce a two-week attachment for a mental health module; it wasn't even called psychiatry initially, but a "mental health" module. We then brought in attachments that gave mental health more power and recognition within the medical school. This helped establish respect for the subject, and over time, other teachers also started to value it.

At that time, the focus on mental health was not just psychiatry. Psychiatry was often looked down upon. When you said psychiatry, people often thought it was just about doctors and hospitals, missing the larger mental health issues. We had to transform the department, which was initially called the Department of Psychological Studies. Everyone accepted this broader approach, as it aligned with the larger agenda we had.

We got medical students to work outside the two-month attachment at hospitals, such as in psychiatry and child psychiatry with Professor Hemamali Perera and even visit patients' homes. By doing this, we tried to bring in the changes we wanted in the world to benefit the people and meet their needs. It is our responsibility, as psychiatrists, to provide modern services that are relevant and effective.

SA: With all these developments brought in as a young psychiatrist, what was the reaction of the senior psychiatrists and trainees to this model? Were they supportive, or were there obstacles?

NM: There were both reactions. I knew all the psychiatrists, such as Dr. Siriwardhena, Dr. Samaraweera and Dr. Channa Wijesinghe, and others who were more open-minded and understood that this was necessary. They saw the value in broadening the scope.

However, in Sri Lanka, as you know, there are personality issues, and there were some who didn't support the change. But the people who thought more broadly recognized that this was good for Sri Lanka.

There were difficult times, of course. Even when we were conducting meetings, there were challenges. But despite these challenges, we had the support of the ministers, the government, and everyone involved. This support helped us push forward with the changes.

SA: Would you like to comment on the state of mental health services in Sri Lanka at the moment? Do you have any misgivings about the current status or any regrets?

NM: Well, that is a very complex question. I always work on the assumption that psychiatrists, the system, and other mental health professionals need to meet the needs of the people and provide the best possible services. I don't know much about what is going on in the country at the moment, but I am certain that some elements of modern mental health services, such as population mental health or public mental health, are being introduced. For instance, community support workers in Kilinochchi and Mullaitivu and other places are part of the public mental health programme. Regional, divisional, or district services and accessible groups are also being worked on, which is positive.

However, the challenge is that we are still confining ourselves to the disease model, which is inadequate to reduce the mental health burden. To reduce the mental health burden and improve the quality of life for those with mental health issues, we need to do much more. It's not only psychiatrists or other mental health professionals who are involved, but also legal and judicial processes, social services, and school services. For example, I recently met the principal of Gateway College who mentioned that they have introduced "wellbeing" in their curriculum as a subject. This new approach emphasizes the importance of wellbeing in the modern agenda.

We are realizing that flourishing and languishing are crucial concepts. Statistically, languishing is more significant than mild to moderate depression, as it leads to considerable loss of productivity, unhappiness, and eventually the development of mental health problems. So, I feel that Sri Lanka needs to transform its approach to mental health, looking at it in a more holistic way in terms of "public mental health." For instance, in hospitals, we do assessments, make diagnoses, and give treatment. However, we cannot always be certain if people follow through with the treatment, and many in the community never seek help. In a fair and equitable society, we should aim to provide access to mental health

services for everyone, whenever they need it, whether for emergencies or otherwise.

SA: The new mental health policy, which was introduced, included the formation of district mental health committees with all stakeholders. It also proposed the lowest level of the community mental health centre, manned by the community mental health nurse and a Medical Officer of Mental Health, with base hospitals and district general hospitals manned by psychiatrists and MOMH. There was supposed to be some sort of system in place. But unfortunately, we are having difficulties in implementing it. It all depends on individual psychiatrists and the regional directors. In certain areas, things have worked a little bit, but in other areas, they are lagging behind. Would you like to make any suggestions on how to bring this forward?

NM: I think the issue is that resources need to be developed. You can't expect psychiatrists, Medical Officers in mental health, or senior registrars to go and start centres without proper facilitation. You need infrastructure in place, and unfortunately, that is lacking. Without this, even though efforts have been made, such as Dr Kala Fernandopulle starting a day care centre in Palmadulla, or Dr. Perera, who is now in Colombo, starting a day care centre in Diyathalawa which has now improved into "Samanala Piyasa," it still requires support. Similarly, Dr. Upul Ranasinghe in Bandarawela raised 1 million rupees to start a day care centre, but unfortunately, it was taken over by the people for COVID treatment.

I believe that 30-40% of the population is made up of very creative and innovative people who have the potential to drive these initiatives forward. If they are selected and given the right opportunities, they can make significant contributions. However, the mental health policy, while it has incorporated elements from the WHO document, seems to lack the implementation that is necessary for success. It's very difficult to make real progress without the right resources and infrastructure.

SA: We have a National Directorate of Mental Health at the ministry and it is governed by the Director, Mental Health who is given the job of improving mental heath care services in the country. I don't think he has any administrative powers. What do you think about this role and do you think we can improve?

NM: I think our institutions are about 50 years behind times. We have just incrementally improved certain areas. The Directorate of Mental Health has just got a few doctors in it. That's all that is there. But your attitudes, values, practices, goals will have to be changed. That has not happened, not only in the ministry but in all other institutions as well. For example, the general hospital psychiatry clinic was started in 1948 as a memorial ward, just behind ward 59. So, these institutions continued to work for the last 50 years. General hospital psychiatry is only one of the components of mental health care. It has gone from there into the community. It has gone from the community to the domiciliary services. To introduce that we have to transform the system and provide resources. That's the problem that we are facing in Sri Lanka.

SA: You had your entire training in the UK, and our PGIM training programme, unlike in India, involves training in Sri Lanka followed by 2 years of overseas training, which is both a strength and a limitation. The strength lies in the exposure to good centers abroad, allowing trainees to bring back new ideas, but it has also led to Sri Lankan graduates having an advantage over Indian and other South Asian colleagues, easily finding jobs in the Western world. As you know, migration has always been a problem in psychiatry in Sri Lanka, but now it has become extremely prevalent. Almost 90% of those who go for foreign training come back, get board certified, and then leave again. Even some senior psychiatrists working at major stations like NHSL are leaving, and the number of psychiatrists has decreased. Do you think there's anything we can do to prevent this, or do you have any suggestions on this topic?

NM: Well, it is an extremely difficult and complicated issue, not only for psychiatrists but for a wide range of professionals here. You know, even within this group, there will be about 20-30% who are committed to staying and providing services. At least we should support them and give them leadership. I, myself, had two permanent jobs, one as a consultant in England and another in New Zealand. I left both of those positions and chose to stay here. Because I believed I could have the same quality of life and professional life here, and I know that many others feel the same way.

Socioeconomic situations are hard to address, but at least we can select people who are willing to stay here and support them as much as possible. We should give them leadership roles and encourage them to take charge of specific areas. However, this is not happening at the moment. Right now, someone is assigned to a place like the general hospital psychiatry unit, and they stay there until they retire, expected to care for patients. I think they should be moved from their current positions and sent to other regions. For example, can you help develop mental health services in the Eastern Province or the Southern Province? What specific resources are needed there? This should be aligned with the National Mental Health Policy.

SA: After the war, many people returned, and we had an influx of psychiatrists to Sri Lanka. Most base hospitals and district general hospitals were filled with psychiatrists. However, recently, we've seen a drop in numbers, and it's become a major challenge. Currently,

there are many units that we started, but they lack psychiatrists. In this context, perhaps the MOMH programme and the Diploma in Psychiatry programme you initiated might be helpful. Do you have any ideas on how we can manage this situation?

NM: I think the fundamental issue is that we need to transform the way we think about this. If an MOMH is going to work, we need to reward them. They must be able to see that in 5 years, they will be in a better position with financial stability. Otherwise, it won't work. We can't rely on the routine transfer systems alone, we need to be more thoughtful about where we place people if we want to retain 20-25% of those who are committed to staying.

SA: When a young psychiatrist returns to Sri Lanka, they are typically appointed based on seniority to a remote location, far from their families, with no opportunity for private practice. This can often lead them to return abroad.

NM: Yes, something I've learned over the past 10 years, especially through my work with Uva hospitals, is that the people who work in these areas are committed, but they often feel stuck. They enjoy their work, but they face challenges. They say, "What can I do now?" They are too young to retire, but if they stay, they will face limitations in their personal and professional lives. The government has to find creative solutions for these individuals.

SA: Even the Diploma in Psychiatry programme, which was started to help address this gap, has seen very few candidates in recent years. Last time, only ten people sat for the exam, and this time, only about twelve did. One reason is that there's no progression in the field. They are stationed in a mental health facility for four years without seeing a clear future in this area. Do you have any thoughts on that?

NM: You've hit the nail on the head with the word "future." People need to see a future for themselves in the profession. If we don't provide that, why would they stay and work? The government must be creative and visionary. They need to say, "We want you to stay, and in return, we will offer these opportunities." Creating this culture is essential. That's what Bennett Jayaweera did when I was working with him. He called me and said, "Why are you wasting time? Go learn something and contribute back to Sri Lanka." He sent me to the best fellowship programs, and we expanded the department with help from the vice chancellor and the dean. They were committed to expanding the program and creating opportunities for growth.

SA: Let us talk about the National Institute of Mental Health (NIMH), which, as we know, started as an asylum in 1926. I was a trainee when Dr. Jayan Mendis helped transform it from an asylum to the National Institute of Mental Health. It reached a certain high level under his leadership. I've personally worked there, but it doesn't seem to have progressed much beyond that point. Although Dr. Mendis elevated it beyond the level of an asylum, we still see remnants of that era. What direction do you see the National Institute of Mental Health taking in Sri Lanka?

NM: I think the future of NIMH really depends on our policies. The National Institute of Mental Health is based on an old concept. It was first established in Washington, D.C., in 1946 to manage asylums across the United States. The concept was then adopted by the British, who referred to it as a "psychopathic hospital." We copied that model, and Mulleriyawa became known as the psychopathic hospital. In fact, the board still refers to it as such in certain contexts. It was originally focused on intensive care for mental illnesses. Over time, Angoda evolved from an asylum to a mental hospital, and in the 1980s, it became home to various units that made significant improvements in the quality of life and care for patients.

But what exactly is the role of the NIMH should be is something I can't decide alone. That's a decision that must come from the government. Back in 1955, a WHO committee visited and proposed that Angoda should become a national center. This national center should be linked to a university or a teaching facility where mental health policies, programs, and training could be developed.

SA: You have had a long and successful career in psychiatry, serving as a medical teacher, post-graduate teacher, mental health professional, and researcher. Looking back, are you happy with everything that happened? Do you have any regrets or anything you think you could have done better? Reflecting back on your career, what are your thoughts?

NM: That's a very difficult question. What comes to my mind is an interview with Indira Gandhi that was conducted by David Frost when she was criticized for her actions in India. Frost asked her, "Are you happy, madam, after everything that has happened?" And she responded, "What is happiness? Happiness is a state of mind, irrespective of what's happening around." Now, I'm not comparing myself to Indira Gandhi, but it's a similar idea. Many people have passed through my life, some of them have done great things for mental health, and others may not have done exactly what I envisioned for them. They have chosen their own paths, but I've always tried not to let that affect my own peace of mind.

I've had people who were not really involved, even with something like "Sahanaya," but when they went to Australia, they wanted a letter confirming their work with community mental health. I gave it without hesitation. So, when I look back, it's a mixed feeling. I'm happy with the progress I've seen, and I'm glad to see people

develop. Some of my former colleagues, like Dr Jayan Mendis, we're still friends; we continue our relationships as equals, not as students or mentors. Some others may not have that type of relationship, for various reasons, but that's how life is. In the end, I have no regrets, but I would have been happier if more people had become more involved in addressing mental health problems.

SA: One final question sir: In Sri Lanka, many professionals, not just politicians, find it difficult to leave their professions and retire gracefully. For instance, in the Sri Lanka Medical Association, the biggest competition is often for the over-80 council member's post. But you have taken a different path, leaving Colombo to go to Diyathalawa and now spending a relaxed, retired life. What advice would you give to young psychiatrists and others currently working in this important aspect of life?

NM: Giving advice is a very dangerous thing, but I can share my experience. I retired in 2011, and honestly, my happiest time has been after that. I've tried my best to learn the concept of detachment. Since I left, I've never set foot in Ward 59. I realized that when there are people who are capable of doing things, I should allow them to do what they want.

So, I've learned to detach and focus on bigger, better things. That's why I'm now interested in areas like well being. My wife was attached to the World Health Organization, and when they retire, they have a one-week program to help them transition. Retirement isn't the end, it's the beginning of a new and very interesting life. It involves changes in finances, social relationships, and perspectives.

Unfortunately, many people don't have this understanding. They become so attached to their professions or things they can no longer do. I had to accept that there are things I can't do anymore, but I also realized that there are other things I can focus on. I can look at history, share wisdom, and focus on broader issues. And I'm content with that. What I do in Diyathalawa, Uva, or wherever I am gives me joy and gratitude. That's what I try to develop as I go along.

SA: Thank you sir for taking your time to share these valuable insights with our membership.

With special thanks to ***Dr Theekshana Abayawickrama*** for support with interview.