

COUNTRY PROFILE

SRI LANKA

Analysis for mental health campaigning and advocacy

Authors: Imogen Grant, Pradeep Gunarathne, Onaiza Qureshi

Key Informant Interviews conducted with: Chintha Munasinghe (Inclusive Development Consultant)

THE PURPOSE

of these profiles is to inform effective mental health advocacy by identifying and documenting national priorities for mental health campaigning efforts. This country profile is the culmination of desk research and interviews with experts in Sri Lanka. Based on the PESTLE¹ framework of analysis, covering Political, Economic, Social, Technological, Legal and Environmental factors, it seeks to outline issues relevant to mental health, identifying resource gaps, challenges, opportunities and priorities of people affected, leading to recommendations for key actors working in mental health campaigning and advocacy in Sri Lanka. The development of country profiles was implemented through a partnership between the Speak Your Mind Campaign and the Mental Health Innovation Network.



¹ Perera R. 2017. The PESTLE analysis.



Photo: Galle Fort, Sri Lanka, Travelmag.com. 2015. [LINK](#)

Political Factors

Institutional framework: Sri Lanka is an island country of approximately 21.7 million people in South Asia. It is classed as an upper-middle-income country following a period of economic growth after a civil war lasting nearly 30 years². Sri Lanka's Health Administration was decentralised to nine provinces in 1987 under which there are elected municipal councils and urban councils, responsible for municipalities, cities and village clusters. Dr. Rohan Rathnayake is the current Director of the Directorate of Mental Health within the Ministry of Health and Indigenous Medical Services (As of April '20)³.

Health System: The country's healthcare system follows a pluralistic model comprising western allopathic and traditional Sri Lankan systems of care. In both systems, health care is provided by the government, private sector and very limited services by non-profit organizations. While indigenous conceptions of mental health and illness and traditional forms of health practice continue to be important across Sri Lanka, Western forms of psychiatry and systems of care have become dominant over a long period, particularly during the British colonial era⁴. Since 2000, there has been major shift towards integrating mental health care into primary care⁵ - a positive and

² Gob.pe Plataforma digital única del Estado Peruano. [LINK](#)

³ The World Bank. Sri Lanka Country-level data, 2019.

⁴ Minas et al. Mental Health System Development in Sri Lanka, 2017.

⁵ Fernando N, Suveendran T, de Silva C. Decentralizing provision of mental health care in Sri Lanka. WHO South-East Asia journal of public health. 2018;6(1):18-21.

necessary change to address the major barriers presented by the inaccessibility of centralised service provision.

BREAKDOWN OF MENTAL HEALTH SERVICES AND RESOURCES^{6, 7, 8}

MENTAL HOSPITAL	1 - The National Institute of Mental Health (NIMH) in Colombo 7,900 inpatients with a 1500 bed capacity ⁹
MENTAL HOSPITAL STAFF	1,480 Mental health professionals (private and public staff) 6 Child Psychiatrists (private and public staff)
PSYCHIATRIC UNITS IN GENERAL HOSPITALS	31
MENTAL HEALTH REHABILITATION UNITS	16 ¹⁰
GENERAL MENTAL HEALTH STAFF (RATE PER 100,000 OF THE POPULATION)	Psychiatrists: 0.52 Child Psychiatrists: 0.03 Psychologists: 0.25 Social workers: 0.28 Mental Health nurses: 3.28 Occupational Therapists: 0.39

Economic Factors

In Sri Lanka, public sector health services are financed from tax revenue with a minor contribution from international development assistance. The central government controls health spending (2.97% of the GDP) with assistance from provincial and local governments¹¹. The total expenditure of the mental health budget as a proportion of the health budget is not reported in the WHO Mental Health Atlas (2017). While there exists a task force to guide the allocation of finances towards mental health within the Ministry of Health, a large proportion of this budget goes to maintaining psychiatric services and curative approaches. As of now there is very limited investment in programming focussed on the prevention of mental health conditions and mental health promotion. The task force can work across different groups in the government to adopt an interdisciplinary and cross-sectorial approach for holistic mental health support of the population.

6 World Health Organization. Sri Lanka Mental Health Country Profile. Mental Health Atlas 2017.

7 Jenkins R, et al. Integration of mental health into primary care in Sri Lanka. *Mental health in family medicine*. 2012 Jan;9(1):15.

8 Discrepancies were noted within the data when extracting data from the WHO Mental Health Action Plan (2017). This information gap calls for stronger measures to be employed by multilateral organisations for fact-checking in the reporting of data by National Country Leads.

9 National Institute of Mental Health Sri Lanka. Annual Progress Report, 2017 [LINK](#)

10 World Health Organization. Building Back Better: Sustainable Mental Health Care after Emergencies, 2012.

11 Legido-Quigley H, Asgari-Jirhandeh N. Resilient and people-centred health systems: Progress, challenges and future directions in Asia. WHO, 2018.

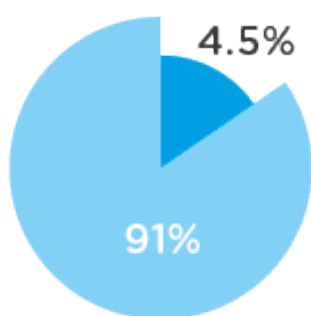
Healthcare spending breakdown:



IN 2013 THE TOTAL HEALTH EXPENDITURE WAS AROUND US\$ 2 BILLION.

WITH THE PUBLIC-PRIVATE CONTRIBUTION RATION BEING **55:45**¹²

*The total expenditure of the mental health budget as a proportion of the health budget is not reported in the WHO Mental Health Atlas.



The **2013** National Health Accounts showed that approximately **91%** of health expenditure is for curative care and **4.5%** for preventive care.

THE BULK OF HOUSEHOLD SPENDING ON HEALTH

36% for fees to private medical practitioners

24% purchase of medical and pharmaceutical items

22%¹³ payments to private hospitals and nursing homes

ONE IN TWENTY HOUSEHOLDS



spent more than **10%** of their total expenditure on health¹⁴

¹² World Health Organization Regional Office for South-East Asia. Health Financing Profile - Sri Lanka, 2017. [LINK](#)

¹³ Ministry of Health, Nutrition & Indigenous Medicine. Sri Lanka National Health Accounts, 2013. [LINK](#)

¹⁴ Department of Census and Statistics, Health Economics Cell. Household Income and Expenditure Survey, 2012-2013. [LINK](#)

International financial assistance: The World Bank has supported Sri Lanka's health sector with technical support and loans since the late 1980s. DFID (UK) contributes to Sri Lanka through the Conflict Prevention Fund and has committed £13.5 million of humanitarian funding to Sri Lanka since September 2008⁶. As a result of active and joint advocacy by World Vision Australia and the Centre for International Medical Health, AusAID donated approximately USD 450k on a project to strengthen the health system community-based programming through the implementation of Sri Lanka's National Mental Health Policy in the Northern Province¹⁵.

Social Factors

Demographics: Population density in Sri Lanka is highest in and around the western province and around the capital city, Colombo. The majority of the population are Sinhalese (74.9%), Tamils (15.4%), Moors (9.2%) and Veddas (0.5%). 70.2% of the population are Buddhist and its related moral values and traditions have had a huge influence on Sri Lankan social structures and culture. Sri Lanka also has one of the fastest growing aging populations in South-East Asia (estimated to rise to 27% in 2040)⁸. Addressing the multidimensional needs of the elderly has posed complex challenges for the country; mental health comorbidities among the elderly (>60 years) add to caregiver burden, is costly and reduces quality of life. There is a rising incidence of suicides among elderly men in Sri Lanka that warrants investigation⁸.

Prevalence of mental health conditions:

Estimates for the prevalence of mental health disorders vary across screening platforms (e.g. primary care) and setting (post-conflict areas) with rates as high as 41.1%, 46.7% and 13.7% for anxiety, depression and PTSD in post-conflict populations¹⁶. Higher rates of mental conditions reflect the experiences of many in the Northern Province who have lived through prolonged displacement and exposure to conflict and natural disasters.

Risk factors: An increase in social risk factors such as rates of early pregnancy, substance abuse, Sexually Transmitted Infections and self-harm have led to a rise in mental conditions among children and adolescents¹⁷. While there is no dedicated national policy targeting the mental health of youth, the National Plan of Action for Children in Sri Lanka (2016-2020) emphasises the importance of nurturing the mental health of children and adolescents in school and providing access to healthcare, education, rehabilitation, recreation and employment for children with disabilities¹⁸.

15 World Vision, Sri Lanka. World Vision Implements Mental Health Initiative in the North. [LINK](#)

16 Doherty S et al. Prevalence of mental disorders and epidemiological associations in post-conflict primary care attendees: a cross-sectional study in the Northern Province of Sri Lanka. *BMC psychiatry*. 2019 Dec 1;19(1):83.

17 Kathirarachchi ST, Seneviratne VL, Amarakoon L. Development of mental health care in Sri Lanka: Lessons learned. *Taiwanese Journal of Psychiatry*. 2019 Apr 1;33(2):55.

18 Ministry of Women and Child Affairs. National Plan of Action for Children in Sri Lanka, 2016-2020.



Photo: Adam Jones, Local women, Mannar, Sri Lanka. 2014 [LINK](#)

Technological Factors

Role of media and arts: Insensitive media portrayal and misrepresentation of mental health has played a key role in perpetuating stigma e.g. sensationalising suicide and homicide incidents. A study of coverage in newspapers found that the majority of articles were noncompliant with guidelines for sensitive reporting¹⁹, implying a need for comprehensive guidelines for the responsible reporting of suicide in the country. Existing campaigning efforts include live theatres where people with lived experience of mental health conditions can enact their life stories and journeys with an audience. Interview participant Chintha Munasinghe, a lived experience advocate and inclusive development consultant demonstrated

how the process helped to ‘humanise’ people with mental health conditions:

“There is still a very high level of stigma of mental health, people consider them [people with mental health conditions] to be violent. Service providers don’t know how to work with them because they consider them violent patients, and not human beings. Forum theatre helps to deliver life stories and it changes attitudes [...] It’s got a strong message because the storylines are based on real life stories. I even saw [public health official] cry once.”

¹⁹ Ministry of Women and Child Affairs. National Plan of Action for Children in Sri Lanka, 2016-2020.

Legal Factors

Mental health legislation: The current legislation dates back to the Lunacy Ordinance of 1873 and was last amended in 1956. Sri Lanka has been in the process of developing a new Mental Health Act since 2000²⁰. A new National Mental Health Policy is under development. Public opinions were gathered in 2019 and consumer groups and activists made contributions towards the proposed objectives. The final version is estimated for public launch in 1-2 years.

Involuntary treatment: The Lunacy Ordinance sanctions involuntary treatment only at the main mental health facility so clients need to be transported from all over the country to the NIMH near Colombo. In practice they are cared for in regional facilities. There are outdated review procedures for involuntary admissions, with an arduous process to appeal conducted through civil courts making it hard for clients already disadvantaged by a lack of awareness, social stigma and financial constraints to fight for their rights in the event of an unfair admission^{8,21}. There have also been incidents reported of termination of employment when employees were diagnosed with a mental health condition [from Chintha Munasinghe's notes].

Legal advocacy: In Sri Lanka the care of persons with psychosocial disabilities is seen as a responsibility of the Health Ministry creating barriers for consumers to ac-

cess Social Services welfare schemes in a majority of districts [from Chintha Munasinghe's interview]. This prevents people with psychosocial disabilities from benefiting from income generating opportunities. People with psychosocial disabilities have also not been represented at the National Council for Persons with Disabilities for the last 10 years²². There is some representation at the level of the Disability Organisation Joint Front, a national advocacy organisation who support Sri Lanka's Cross-Disability Movement with over 30 Disabled Persons Organisations in the country. Popular resources like the Disability Policy Brief have been developed to empower mental health care users, law-makers, administrators and decision makers on how to advocate for more inclusive and substantive policy changes²³.

Environmental Factors

Conflict and natural disasters: Since its independence in 1948, Sri Lanka has experienced three armed conflicts, which resulted in more than 100,000 deaths, left hundreds of thousands injured, and many more displaced in the north-eastern provinces of Sri Lanka²⁴. Children were among those severely impacted, with 92% reported experiencing severely traumatic events²⁵ during the internal conflict and 25% had symptoms of PTSD²⁶. A peace treaty in 2001 marked a more peaceful period, but a Tsunami in 2004 brought devastation to the provinces again causing destruction to human life

20 De Alwis LA. Development of civil commitment statutes (laws on involuntary detention and treatment) in Sri Lanka: a historical review. *Medico-Legal J Sri Lanka*. 2017 Dec 5;5(1):22-31.

21 Weerasundera R. Mental health legislation in Sri Lanka: the time for change is now. *Sri Lanka Journal of Psychiatry*. 2012 Jan 27;2(2).

22 Ministry of Women & Child Affairs and Social Security., Social Security Division. National Council & National Secretariat for Persons with Disabilities [LINK](#)

23 Perera B and Mendis P. Disability Policy Brief for Law Makers, Administrators and other Decision Makers. International Center for Ethnic Studies, 2019.

24 Siriwardhana C and Wickramage K. Conflict, forced displacement and health in Sri Lanka: a review of the research landscape. *Conflict and health*. 2014 Dec 1;8(1):22.

25 Child Soldiers International. *Child Soldiers Global Report - Sri Lanka*, 2008 May 20

26 Elbert et al. Trauma-related impairment in children - a survey in Sri Lankan provinces affected by armed conflict, 2009.

and financial damage exceeding US\$ 1 billion²⁷. There was substantial rebuilding of the mental health system in Sri Lanka following the Tsunami²⁸.

COVID-19 impact and response:

Sri Lanka's Ministry of Health and Indigenous Medical Services is working closely with the WHO Country Office to keep track of COVID-19 monitoring, treatment and preparedness. Strict lockdown procedures led to widespread panic that has impacted on population level health and well-being. While emergency services are still working, many clinics and GPs are closed for visits and the national mental health helpline (1926) has been overwhelmed with calls. Consumer movements have alerted national authorities to the issues being faced and a task force has been developed to ensure the continuity of care for people requiring medication for chronic conditions. In rural settings, village officers coordinate this activity by logging the number of people who require care within their area and mental health clinics are now delivering 2 months' worth of medications to people's doorsteps. The use of postal services to deliver medications is another pathway being implemented to prevent relapses and the deterioration of health in severe cases. Mental health counselling has largely been transferred to tele- and phone-based approaches but the country's uptake in digital solutions has been slow.

27 Ministry of Disaster Management. Sri Lanka Hazard Profile, 2018

28 World Health Organization. Building back better: sustainable mental health care after emergencies. World Health Organization; 2013 Jul 22.



Photo: Patrick Fransoo. Women, Sri Lanka. January, 2020. [LINK](#)

LOCALLY-LED AND
EVIDENCE INFORMED
RECOMMENDATIONS
FOR MENTAL HEALTH
CAMPAIGNING IN
SRI LANKA

1

Strengthen inclusion and participation

a. Enhance the capacities of user groups like the Cross-Disability Movement to advocate for the rights of persons with psychosocial disabilities. Workshops on how to lobby effectively, knowledge sharing on mental health advocacy asks and improving coordination between groups can be held to strengthen these efforts. People with lived experience are also best placed to carry out anti-stigma activities (below).

b. Mental Health advocacy groups have found great success in coordinating with the Ministry of Health but are a long way from establishing a similar level of engagement with economic development, social services and education sectors. There is a huge scope for cross-sectoral collaboration and promotion by utilising the lessons learned with the Ministry of Health to strengthen the livelihood, educational and occupational opportunities for people with psychosocial disabilities in Sri Lanka.

2

Strengthen process of decentralization

The new Mental Health Policy advocates for more comprehensive community care and stronger pathways of care delivered locally. Civil society actors should measure progress in achieving the objectives of the Policy to hold the government to account.

a. Engage in more inter-sectoral collaborative work with the National Mental

Health Task Force to integrate mental health support and well-being with poverty alleviation programmes and social enterprise mechanisms so as to nurture the financial empowerment of persons with psychosocial disabilities.

3

Reframing mental health investment:

Attention needs to be drawn towards investing in mental health beyond financial return, focusing on the return for individuals to be full participants in society and the benefit for society, whether in their social networks, workplaces, schools, communities or families.

4

Invest in preventative and promotional approaches across sectors and health systems

Currently a large proportion of costs are being channelled towards mental health treatment and service delivery, and prevention and promotion approaches have largely been neglected. Engaging with private sectors to develop these programmes has been identified as a critical opportunity given the current focus on building public-private partnerships in the country.

5

Increase investment in child and adolescent care

There is currently work being done to provide mental health treatment and support to children. Strengthening engagement with the Ministry of Youth Affairs, Ministry of Education and the National Child Protection Authority is necessary to build more holistic and integrated promotional and preventative approaches including substance use and mental health education in schools and colleges for children and adolescents.

6

Integrate anti-stigma approaches:

- a.** Existing and upcoming campaigns should prioritise empowerment and enable people with lived experience to represent themselves as the most effective means of tackling stigma.
- b.** Responsible media reporting should be encouraged through training programmes and supporting the development of national guidelines in collaboration with key media partners.
- c.** Campaigning efforts should also identify and engage with national organisations like the Health Promotion Bureau to integrate mental health key messages and advocacy through their Non-Communicable Disease agenda.

d. Social media was identified as an effective route to reaching people to shift attitudes around mental health. Creative methods utilizing story-telling can be scaled up through media networks and in collaboration with leading mental health institutions e.g. like the NIMH by drawing on their existing efforts to promote mental health awareness through Mental Health Walks held by the popular Sri Lanka Association of Singers.