Mental Health Status of Adolescents in Sri Lanka: Evidence for Action (Part I)

This is the first in a series of two articles on mental health status of adolescents in Sri Lanka.

Adolescence, usually defined as the period between 10 and 19 years of age, is the phase of transition from a "child" into an "adult". These are the formative as well as impressionable years when substantial physical, psychological and behavioural changes take place. Adolescents constitute an important social and demographic group accounting for almost one fifth of the total population in Sri Lanka. The multi-directional linkages between mental health conditions and other health, educational, social and development problems call for evidence for action.

Mental health problems are estimated to affect 10–20% of children and adolescents worldwide, accounting for 15–30% of Disability-Adjusted Life Years (DALYs) lost during the first three decades of life. Suicide or self-harm, itself, accounts for an estimated 6% of all deaths among 15–29 year olds population and is the second leading cause of death in this age group after road-traffic injuries. The estimated suicide rates per 100,000 populations in this age group is 23.7 (2012) in Sri Lanka. However, the 'reported' suicide rate may be much lower due to stigma, social taboos, and legal issues around reporting of suicide, and hence may significantly underestimate the problem.

The physical, psychological, and behavioural changes taking place during adolescence contribute to many of these mental health problems.

These mental health disorders first emerge in late childhood and early adolescence and may continue into adulthood. However, mental health disorders such as anxiety and depression in early adolescence often go undiagnosed and untreated, especially in developing countries, due to limited access to psychological and psychiatric services and substantial social stigma attached to mental health issues.

Mental health issues such as depression, anxiety, or other conditions may lead to behavioural problems at home and school, increased participation in risk-taking behaviours, such as tobacco, alcohol and drug use, and underachievement in schools. However, these sensitive issues are rarely addressed in schools and within families. The failure to recognize and address mental health problems in children and adolescents is a serious public health issue with important consequences on the achievement of basic development goals in low and middle-income countries.

Global school-based student health surveys (GSHS) were implemented in the Member States of the WHO South-East Asia Region in 2016. These surveys provide evidence on mental health status of adolescents from a nationally representative sample of school children. It also aims to show associations of suicidal behaviours and mental health symptoms with potential protective factors (e.g. parental engagement) and risk factors (e.g. bullying) that may help to inform public health interventions to address this impor-

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tant issue. Finally, it assesses the co-morbidity of substance use and mental health problems.

The GSHS was carried out in Sri Lanka among 3157 school children (1391 boys and 1766 girls) of 13–17-year-old age group. Data had been collected anonymously using self-administered questionnaires in a nationally representative sample of schools. Adolescents aged 13-17 years have accounted for 7.9% of total population of Sri Lanka in 2016 (1.6 million).

Parental engagement as a protective factor

Evidence shows that a healthy parental engagement protects adolescents from substance use and mental health problems. A significant number of students (15%) reported low levels of parental engagement in Sri Lanka. It was also found to significantly increase the risk of suicidal attempts, feeling lonely or feeling anxious as well as substance use with poor parental engagement. Stated otherwise, the higher level of parental engagement seems to be protective against mental health problems and substance use. The relationship was significant among both boys and girls.

A higher level of parental engagement was found to be consistently protective against both mental health problems including suicidal behaviours as well as substance use. This relationship is observed in the South East Asian Region as well as elsewhere in the world.

The public policies, the youth programmes and schools should involve parents and emphasize the need for them to better engage with their adolescent children in meaningful ways.

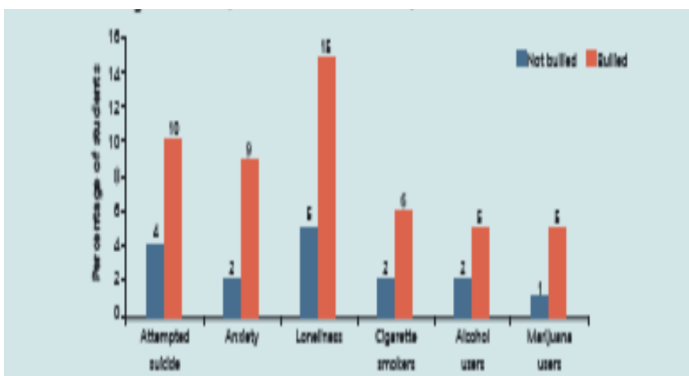### *Experience of being bullied as a risk factor*

Figure 1: Association of being bullied with mental health problems and substance use.

A significant proportion of students (39%) in Sri Lanka has reported being bullied on one or more days in the past 30 days. In general, boys (49%) were more likely to report being bullied than girls (29%).

Figure 1 shows association of being bullied with mental health problems and substance use. Being bullied was associated with significantly higher reporting of mental health problems (attempting suicide, loneliness, or feeling worried) and substance use. The number of students who have reported being bullied were almost five times more likely to report anxiety in the past 12 months than students who were not bullied. Similarly, students who have reported being bullied in the past 30 days were almost three times more likely to smoke cigarettes, almost three times more likely to use alcohol.

From the programme managers' and policy makers' perspective, the results related to adverse relationship between bullying and mental health problems and the protective relationship with parental engagement suggest that schools and families may be the important entry points for programmes and interventions aiming to improve adolescent mental health problems.

The high level of bullying in in Sri Lanka, more than one third of students, with strong adverse association between bullying and poor mental health and substance use in all the countries examined in the GSHS emphasizes the need to develop and implement strategies for reducing bullying among children in schools.

The results in this study are consistent with previous literature suggesting that victims of bullying have increased stress and a reduced ability to concentrate and are at increased risk for substance abuse, aggressive behaviour and suicide attempts.

Most schools place great emphasis on academic achievements, perhaps at the expense of the social climate of the school. It may be necessary to implement changes to the school climate to reduce the extent of bullying in schools and to create a positive school.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health   06th – 12th May 2017 (19thWeek)

RDHS Division	Dengue Fever A	Dengue Fever B	Dysentery A	Dysentery B	Encephalitis A	Encephalitis B	Enteric Fever A	Enteric Fever B	Food Poisoning A	Food Poisoning B	Leptospirosis A	Leptospirosis B	Typhus Fever A	Typhus Fever B	Viral Hepatitis A	Viral Hepatitis B	Human Rabies A	Human Rabies B	Chickenpox A	Chickenpox B	Meningitis A	Meningitis B	Leishmaniasis A	Leishmaniasis B	WRCD T*	WRCD C**
Colombo	772	11220	0	36	0	1	1	17	0	6	1	39	0	1	0	6	0	0	2	160	0	14	0	1	63	88
Gampaha	567	8184	0	15	0	11	0	12	0	8	0	26	0	8	0	7	0	1	2	137	0	15	0	4	27	67
Kalutara	208	3054	1	23	0	3	0	4	0	18	3	114	0	3	0	2	0	0	9	260	1	61	0	0	71	86
Kandy	191	1623	0	37	0	4	0	4	8	8	2	22	4	66	1	9	0	1	2	131	0	17	1	7	83	96
Matale	48	560	0	8	0	0	1	1	0	0	0	20	0	2	1	5	0	0	0	21	0	25	1	3	62	92
NuwaraEliya	13	181	0	12	0	2	0	12	0	0	0	17	1	83	0	7	0	0	16	133	1	22	0	0	85	100
Galle	76	2292	0	20	0	5	0	5	1	10	2	86	0	21	0	0	0	1	9	155	1	29	0	0	55	75
Hambantota	46	1309	1	15	0	5	0	7	0	15	0	19	0	24	0	6	0	1	2	104	0	10	11	156	75	100
Matara	107	1715	0	17	0	6	0	0	0	2	1	43	1	13	0	3	0	1	8	94	0	4	3	52	94	100
Jaffna	73	2617	2	105	0	9	0	19	0	37	0	22	2	344	0	4	0	0	3	150	0	21	0	0	100	100
Kilinochchi	4	230	0	8	0	0	0	4	1	1	0	3	0	9	0	2	0	0	0	0	2	4	0	3	25	50
Mannar	10	425	0	4	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	6	0	0	0	0	80	80
Vavuniya	15	393	0	8	0	0	0	13	0	2	1	16	0	6	0	1	0	0	0	18	0	0	0	8	75	100
Mullaitivu	0	114	0	6	0	1	0	3	0	1	0	8	0	4	0	1	0	1	0	8	0	5	0	2	60	60
Batticaloa	209	3130	2	57	0	8	0	11	1	8	0	10	0	0	0	4	0	0	5	95	0	17	0	1	29	86
Ampara	23	275	0	9	0	2	0	1	0	0	0	7	0	1	0	3	0	0	4	88	1	16	0	2	43	86
Trincomalee	47	4199	0	8	0	1	0	3	0	3	1	9	0	7	1	14	0	0	0	61	0	15	0	1	46	77
Kurunegala	247	2405	1	26	0	3	0	0	0	2	0	35	0	20	1	12	0	1	10	289	0	19	7	63	59	93
Puttalam	127	1128	0	20	0	2	0	2	0	1	0	6	0	10	0	1	0	0	1	87	0	16	0	2	50	71
Anuradhapur	66	894	0	15	0	1	0	1	0	5	1	32	0	11	0	8	0	0	3	196	0	21	6	123	42	63
Polonnaruwa	34	1520	0	9	0	4	0	5	0	0	0	20	0	3	1	4	0	0	0	108	0	7	0	55	57	100
Badulla	32	474	2	41	0	6	0	6	0	1	0	39	2	39	2	26	0	1	13	152	0	69	0	10	76	88
Monaragala	19	744	1	24	0	3	0	0	0	2	1	49	1	63	1	12	0	0	3	46	0	21	0	4	100	100
Ratnapura	23	481	0	80	1	55	0	4	0	4	8	220	0	16	0	31	0	0	2	172	2	95	3	8	61	83
Kegalle	186	2201	0	24	0	5	0	3	0	14	0	22	0	38	0	8	0	0	13	123	3	39	0	4	73	91
Kalmune	93	1375	0	24	0	4	0	1	0	275	0	4	0	0	0	0	0	0	0	98	0	8	0	0	38	85
SRILANKA	**3255**	**52743**	**9**	**651**	**2**	**141**	**2**	**139**	**11**	**422**	**21**	**888**	**11**	**794**	**8**	**176**	**0**	**8**	**107**	**2892**	**11**	**570**	**32**	**509**	**63**	**86**

Source: Weekly Returns of Communicable Diseases (WRCD).

T=Timeliness refers to returns received on or before 12th May , 2017 Total number of reporting units 337 Number of reporting units data provided for the current week: 300 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP　　06th - 12th May 2017 (19th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2017	Number of cases during same week in 2016	Total number of cases to date in 2017	Total number of cases to date in 2016	Difference between the number of cases to date in 2017 & 2016
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	00	32	19	68.41%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	02	00	00	01	00	00	02	00	00	05	08	121	163	- 25.7%
Measles	00	00	00	00	00	00	00	01	00	01	04	113	252	- 55.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	06	06	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	08	03	166.6%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	21	00	0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	06	28	- 78.5%
Tuberculosis	01	22	05	13	02	07	17	02	17	86	209	2827	3384	- 16.4%

Key to Table 1 & 2

Provinces:　　　　**W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions:　**CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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