



# WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

231, de Saram Place, Colombo 01000, Sri Lanka  
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk  
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk  
Web: <http://www.epid.gov.lk>

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

This is the second in a series of two articles on mental health status of adolescents in Sri Lanka. This article is based on the data collected in the Global school-based student health surveys (GSHS) in 2016.

### **Burden of adolescent mental health issues and substance use in Sri Lanka**

#### Suicidal ideation, plans and attempts

The data shows that suicidal behaviour, namely, suicidal ideation, plans, and attempts, is a serious problem among adolescents in Sri Lanka. The percentage of adolescents that reported attempted suicide at least once in the past 12 months was (one or more times) 7% (boys: 7%, girls: 7%) while suicidal ideation (considered attempting suicide) was 9%. (boys: 10%, girls: 9%). Appropriate measures need to be taken to prevent suicides by observing the factors significantly linked to suicidal behaviour. Steps can then be taken to identify adolescents who have serious suicidal ideation so that interventions can be taken to reduce the suicidal rate.

#### Loneliness and feeling anxious

The percentage of students who have reported feeling lonely most of the time or always in the past 12 months was 9% (boys: 7%, girls: 10%) and anxiety (could not sleep because of being worried) was reported by 5% (boys: 4% girls: 5%).

Unfortunately, a substantial proportion of students also have reported having no close friends (boys: 5% girls: 6%). Female students were more likely to report feeling lonely, anxious and not having close friends than male students.

This data shows that a significant proportion of children had the warning signals of mental health problems highlighting need for early intervention.

#### Substance use

The GSHS examined the current use of smoking cigarettes as well as the use of any other form of tobacco (smoked and/or smokeless), alcohol and drug use among the students in 13-17 year age group.

Current tobacco users (used any tobacco product – smoked and/or smokeless on one or more days in past 30 days) was 9% (boys: 16%, girls: 3%) while current cigarette smokers were (smoked cigarettes on at least 1 day in past 30 days) 4% (boys: 6%, girls: 1%).

The study shows 3% of students were current alcohol users who had at least one alcoholic drink on one or more days in the past 30 days (boys: 6%, girls: 1%) while 3% of the students were current marijuana users (boys: 4% girls: 1%). Overall 10% of the students in Sri Lanka use multiple substances or one of these substances in the past 30 days.

The reported prevalence of current cigarette smoking and the use of other tobacco products is considerably high while alcohol use is also remaining high.

Even though, Sri Lanka restricts the supply (including sale) of tobacco and alcohol to people underage and completely ban the supply and sale of drugs such as marijuana the results show their use remains high among 13–17 year old students. Evidence shows that almost one in 10 adolescents in the age-group 13–17 years of age used tobacco products, alcohol or other

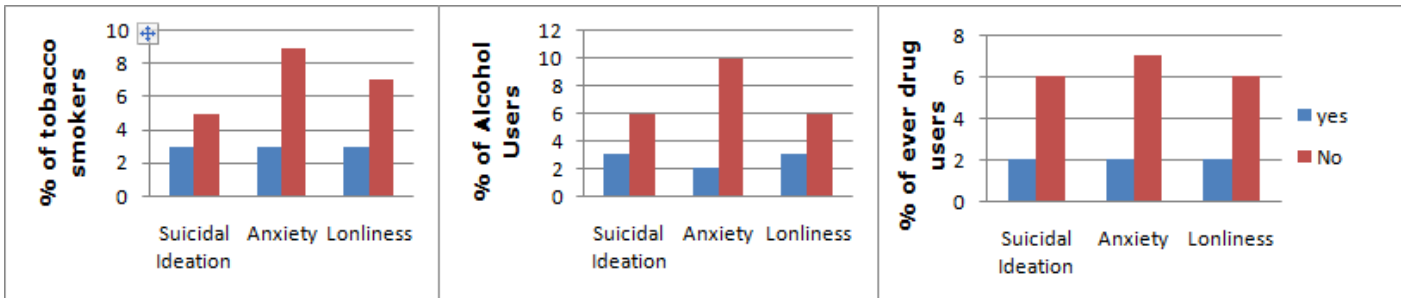
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### Contents

### Page

- |  |   |
|--|---|
| 1. Leading Article – Mental Health Status of Adolescents in Sri Lanka-Evidence for action (Part II).   | 1 |
| Summary of selected notifiable diseases reported - (13 <sup>th</sup> – 19 <sup>th</sup> May 2017)      | 3 |
| 3. Surveillance of vaccine preventable diseases & AFP - (13 <sup>th</sup> – 19 <sup>th</sup> May 2017) | 4 |

Figure 1: Association between mental health problems and substance use



substances. The actual prevalence may even be higher, as the current estimate is based only on school-going adolescents, and the non-school-going adolescents may involve in substance use more often. Further, evidence shows the age of initiation of use of alcohol and tobacco is decreasing. This is of great concern from the public health point of view, as the lower the age of initiation, more the risk of developing addiction and dependence on these substances.

High substance use among adolescents despite underage laws and complete ban, calls for more efficient implementation of strategies known to reduce consumption of these substances such as controls on availability, restrictions on advertising and promotions as well as exploration of alternative strategies to control substance use.

Co-existence of substance use and mental health disorders demands for combined strategies and programmes to deal with both issues and an acknowledgement of the fact that adolescents using substances may be highly vulnerable to developing mental health disorders and vice versa.

Action is imperative to reduce the burden of mental health problems in future generations and to allow for the full development of vulnerable children and adolescents worldwide. More research may be required to further understand the dynamics of circumstances surrounding mental health issues and initiation of substance use.



Explanation of the artwork by the young artist:

“It is difficult to help those who don’t admit they are hurting. Losing self-esteem every day, they fail to make space for themselves in this colourful world. They need to open-up to someone, talk their way out of the dark world. A little bit of nurturing and a whole lot of

love and attention can do wonders for them!”

Source: Mental health status of adolescents in South-East Asia: Evidence for action. New Delhi: World Health Organization, Regional Office for South-East

Table 1 : Water Quality Surveillance Number of microbiological water samples April 2017

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	80
Gampaha	15	90	70
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	NR
Nuwara Eliya	13	78	NR
Galle	20	120	14
Matara	17	102	41
Hambantota	12	72	46
Jaffna	12	72	163
Kilinochchi	4	24	27
Manner	5	30	NR
Vavuniya	4	24	47
Mullatvu	5	30	NR
Batticaloa	14	84	49
Ampara	7	42	42
Trincomalee	11	66	NR
Kurunegala	29	174	16
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	64
Badulla	16	96	87
Moneragala	11	66	91
Rathnapura	18	108	60
Kegalle	11	66	18
Kalmunai	13	78	NR

\* No of samples expected (6 / MOH area / Month)  
NR = Return not received

Asia; 2017.

Compiled by Dr. K.A. Tharanga Navodani

Table 1: Selected notifiable diseases reported by Medical Officers of Health 13<sup>th</sup> - 19<sup>th</sup> May 2017 (20<sup>th</sup> Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	845	12065	0	36	0	1	0	17	0	6	0	39	0	1	1	7	0	0	4	168	0	14	0	1	81	100
Gampaha	820	9004	0	15	0	12	0	13	0	8	0	29	0	8	0	7	0	1	0	144	0	17	0	4	0	33
Kalutara	282	3336	1	24	0	3	0	4	0	18	3	117	0	3	0	2	0	0	5	268	0	62	0	0	36	64
Kandy	250	1873	0	37	0	4	0	4	0	8	0	22	1	67	0	9	0	1	5	137	1	18	0	7	78	100
Matale	56	616	0	8	0	0	0	1	0	0	0	20	0	2	0	5	0	0	0	24	0	25	0	3	38	92
NuwaraEliya	20	201	1	13	1	3	1	13	0	0	0	17	7	90	3	10	0	0	6	141	0	22	0	0	92	100
Galle	101	2393	1	21	0	5	0	5	0	10	1	87	0	21	0	0	0	1	1	159	1	30	0	0	45	65
Hambantota	93	1402	0	15	0	5	0	7	0	15	0	20	2	26	0	6	0	1	4	108	0	10	7	163	92	92
Matarata	157	1872	1	18	0	6	1	1	0	2	5	48	1	14	0	3	0	1	6	101	0	4	2	54	94	94
Jaffna	80	2697	5	110	0	9	0	19	1	38	0	22	1	345	0	4	0	0	0	150	3	24	0	0	86	93
Kilinochchi	7	237	0	8	0	0	0	4	0	1	0	3	0	9	0	2	0	0	0	1	0	4	0	3	50	75
Mannar	19	444	0	4	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	6	0	0	0	0	60	100
Vavuniya	17	410	0	8	0	0	2	15	0	2	1	18	0	6	0	1	0	0	0	18	0	0	0	8	10	100
Mullaitivu	10	124	0	6	0	1	0	3	0	1	0	8	0	4	0	1	0	1	0	8	0	5	0	2	40	50
Batticaloa	217	3347	1	59	0	8	0	11	1	10	0	11	0	0	0	4	1	1	1	99	2	19	0	1	36	93
Ampara	18	293	0	9	0	2	0	1	0	0	0	7	0	1	0	3	0	0	3	97	0	18	0	3	29	86
Trincomalee	35	4234	2	10	1	2	0	3	0	3	1	10	0	7	1	15	0	0	9	70	1	16	0	1	69	77
Kurunegala	526	2931	1	28	0	4	0	0	0	2	0	35	0	20	0	12	0	1	14	305	1	20	6	71	59	90
Puttalam	154	1282	0	21	0	2	0	2	0	0	0	6	0	10	0	1	0	0	0	90	1	18	0	2	50	79
Anuradhapura	61	955	0	17	0	1	0	1	0	5	0	33	0	11	1	9	0	0	2	203	0	21	0	126	11	58
Polonnaruwa	43	1563	0	9	0	4	0	5	0	0	1	21	0	3	0	4	0	0	1	118	0	7	1	57	43	100
Badulla	25	499	3	44	0	6	0	6	0	1	2	41	0	39	1	27	0	1	13	169	1	71	0	11	47	88
Monaragala	62	806	3	27	0	3	0	0	0	2	1	50	1	64	0	12	0	0	1	47	1	22	1	5	73	91
Ratnapura	69	550	2	82	0	55	0	4	0	4	11	232	0	16	2	34	0	0	10	183	2	97	0	8	56	89
Kegalle	451	2652	0	24	0	5	1	4	0	14	1	23	2	40	0	8	0	0	9	132	2	41	0	4	45	82
Kalmune	241	1616	0	24	0	4	0	1	0	275	0	4	0	0	0	0	0	0	4	104	0	8	0	0	38	69
<b>SRILANKA</b>	<b>4679</b>	<b>57402</b>	<b>21</b>	<b>677</b>	<b>2</b>	<b>145</b>	<b>5</b>	<b>145</b>	<b>2</b>	<b>425</b>	<b>27</b>	<b>923</b>	<b>15</b>	<b>809</b>	<b>9</b>	<b>186</b>	<b>1</b>	<b>9</b>	<b>98</b>	<b>3050</b>	<b>16</b>	<b>593</b>	<b>17</b>	<b>534</b>	<b>55</b>	<b>83</b>

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 19<sup>th</sup> May, 2017 Total number of reporting units 337 Number of reporting units data provided for the current week: 289 C\*\*=Completeness

**Table 2: Vaccine-Preventable Diseases & AFP**

**13<sup>th</sup> – 19<sup>th</sup> May 2017 (20<sup>th</sup> 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	01	00	00	00	01	01	33	20	65%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	00	01	00	00	00	01	01	03	05	128	169	- 24.3%
Measles	01	00	01	00	00	00	00	00	01	03	03	156	257	- 39.2%
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	29	- 79.3%
Tuberculosis	157	17	17	12	37	27	13	09	23	312	217	3139	3601	- 12.8%

**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

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Received	Total Tested	Infl A	Infl B	Pooled samples	Serum Samples	Positives
April	5053	1492	488	44	629	520	0

Source: Medical Research Institute & Veterinary Research Institute

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**Dr. P. PALIHAWADANA**  
 CHIEF EPIDEMIOLOGIST  
 EPIDEMIOLOGY UNIT  
 231, DE SARAM PLACE  
 COLOMBO 10