



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

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Epidemiology of adolescent mental health disorders

Adolescent mental health issues burden

Sixteen per cent of the total population in Sri Lanka belongs to adolescents in the age group of 10-19 years. Adolescence is a transition time between childhood and adulthood. During this time, a child undergoes various physical, mental, and social changes. With the changes in their physiology and exposure to other adverse environmental factors, some adolescents face mental health issues like anxiety, depression, addiction, and behavioural changes during this time.

The mental health needs of adolescents differ from both children and adults. It is found that 50% of adult psychiatric disorders originate during adolescence. Hence, it is important that we give attention to keeping adolescent children free of mental health disorders.

Literature has shown that suicide is the third leading cause of death among adolescents in the world. Moreover, it is estimated that one in seven (14%) adolescents across the world are suffering from some form of mental health disorder. However, most of these disorders remain unrecognized and untreated.

Prevalence of mental health disorders in adolescence

The literature says that one out of every three to four youths is estimated to meet the criteria for a mental health disorder. However, only a small proportion of these youths show symptoms that warrant intervention. Further, about one out of every ten youths is estimated to meet the criteria for a serious emotional disturbance, which could be defined as a mental health problem that can affect his or her ability to function socially, academically, and emotionally. Yet, the evidence says that only one-third of these youths receive the necessary treatment.

Mental health problems are estimated to affect 10-20% of children and adolescents worldwide, accounting for the loss of 15-30% of the disability-adjusted life years during the first three years of life. Nearly 6% of all deaths among adolescents happen from suicide or self-harm. Literature indicates although fifty per cent of all adult psychiatric disorders start by the age of four-

teen, many do not begin treatment till 6-23 years after the onset.

Determinants of mental well-being during adolescence

Adolescence is a critical period for developing habits that are important to the mental health and well-being of an individual. Factors such as having a good sleep, difficulty adapting to abrupt physical and mental changes during puberty, stresses at home and school environment, poverty, peer pressure, exploration of identity, relationship breakdown, exposure to bullying and discrimination, and substance abuse are some of those factors that largely affect the mental well-being of adolescents.

It is also found that depression and anxiety disorders are more prevalent among females compared to males, whereas behavioural disorders like ADHD are seen more among males than in females.

Some adolescents are at greater risk of developing mental health disorders due to their living conditions, exclusion from society, or lack of access to quality support and services. The groups of adolescents who are at greater risk for mental health disorders include; those who live in humanitarian and fragile settings, adolescents with chronic illnesses, those with special needs, pregnant adolescents, those who are in forced marriages, orphans, and those who are being abused or at risk of abuse.

Moreover, it is found that preexisting childhood disorders may predispose or precipitate mental health disorders during adolescence.

Major psychiatric disorders during adolescence

The most common mental health disorders during adolescence include anxiety, mood disorders, attention disorders and behavioural disorders. Out of the above, anxiety disorders are the most prevalent psychiatric disorder among adolescents. One in every eight adolescents is found to suffer from an anxiety disorder.

It is estimated that 3.6% of adolescents across the world, aged 10-14 years and 4.6% of 15-19

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years were suffering from anxiety disorders, while nearly one per cent of 10-14 years and 2.2% of 15-19 years are known to have been diagnosed with depression. Moreover, 40-90% of adolescents with depression are found to have a comorbid psychiatric condition such as anxiety disorders, conduct disorders, personality disorders or a victim of substance abuse. Further 3.1% of 10-14 years and 2.4% of 15-19 years are found to have symptoms of ADHD.

Eating disorders such as Bulimia Nervosa or anorexia nervosa commonly occur during adolescence. These relate to the adolescent child's concern over maintaining body shape. Symptoms of psychosis-like hallucinations or delusions most commonly evolve during late adolescence or early adulthood. It is found that the global prevalence of heavy alcohol use among adolescents aged 15-19 years is 13.6%.

Approximately five per cent of adolescents meet clinical criteria for ADHD. Adolescents with ADHD often have behavioural and educational disorders. They are also more vulnerable to risk-taking behaviours such as substance abuse and risky sexual activities.

Further above, disruptive behaviours such as conduct disorder or oppositional-defiant disorder also occur during this time. Females with conduct disorders are at higher risk of sexual exploitation or trafficking since they try to run away from their homes. These adolescents are often argumentative and resistant to advice from adults.

Borderline personality disorders often affect females and can be seen among 1-3% of adolescents and young adults. However, the disorder is not often diagnosed before 18 years. The disorder is characterized by frequent episodes of anger, depression, and anxiety that lasts only for a few hours and often change.

The situation in Sri Lanka

It has been estimated that 2% of the total population is suffering from mental health disorders in Sri Lanka. Although the exact prevalence of mental health issues among adolescents is not known in the country, the National youth health survey (2012) indicated that nearly one-fifth of the youth were sad or worried which made them stop their routine work at least for a while. Further, 6.4% had seriously thought about ending their lives during the past year. Nearly eight per cent of adolescents felt discriminated against at least once during their life, regardless of their age or sex.

A study carried out in the Jaffna district indicated that 21.5% of the students living in the Jaffna district are having mental disorders. Boys had significantly higher mental problems than girls. Several socio-economic factors such as living with both parents, and the educational level of the parents, were associated with it.

The mental health well-being of adolescents in Sri Lanka was highly affected by the Easter Sunday attack in 2019 and the Covid-19 pandemic in 2020/21. A survey that was carried out among medical students in the year 2021 found depressive symptoms among 40%, anxiety in 34%, and elevated stress levels in 24.7%.

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Table 1 : Water Quality Surveillance Number of microbiological water samples July 2022			
District	MOH areas	No: Expected *	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	NR
Matale	13	78	10
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	NR
Hambantota	12	72	NR
Jaffna	12	72	108
Kilinochchi	4	24	NR
Manner	5	30	0
Vavuniya	4	24	NR
Mullatvu	5	30	NR
Batticaloa	14	84	NR
Ampara	7	42	NR
Trincomalee	11	66	NR
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	0
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	0
Kalmunai	13	78	NR

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 13th- 19th Aug 2022 (33rd Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		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	19	8980	0	4	0	3	0	1	0	6	6	125	0	0	0	3	2	2	2	2	2	28	0	8	0	2	15	96
Gampaha	11	5492	0	5	0	1	0	1	0	12	2	108	0	0	0	8	0	3	0	3	1	32	1	29	0	28	6	73
Kalutara	81	2842	1	18	0	1	0	1	0	6	18	268	1	4	1	3	0	2	0	2	3	53	0	19	0	2	30	100
Kandy	19	3539	0	17	0	0	1	3	0	5	5	113	0	27	0	8	0	0	0	5	5	51	0	6	0	18	12	100
Matale	21	750	2	7	0	0	0	0	0	0	1	75	1	4	0	4	1	1	1	3	27	0	1	11	235	19	100	
NuwareEliya	3	166	0	18	0	0	0	3	0	1	4	55	0	12	0	6	0	0	0	0	31	0	3	0	0	25	96	
Galle	48	2803	0	9	0	1	0	0	0	0	4	292	2	17	3	5	0	0	4	4	53	2	15	0	0	12	100	
Hambantota	81	1231	0	27	0	0	0	0	0	2	11	177	1	32	1	6	0	0	0	1	21	1	8	19	343	15	99	
Matara	33	1217	0	12	0	2	0	0	0	0	4	177	1	9	0	1	0	0	0	2	31	0	6	3	197	30	100	
Jaiffna	53	2440	2	45	0	2	0	58	0	28	0	19	0	410	0	6	0	4	4	2	80	0	10	0	0	65	88	
Kilinochchi	3	97	0	6	0	0	0	1	0	24	0	11	0	9	0	0	0	0	0	0	4	0	2	0	2	28	100	
Mannar	0	177	0	2	0	0	0	0	0	0	4	23	0	3	0	2	0	0	0	0	6	0	15	0	0	18	79	
Vavuniya	1	68	0	3	0	1	0	2	0	0	0	15	0	1	0	0	0	0	0	1	23	0	0	0	4	2	98	
Mullaitivu	0	47	0	4	0	0	0	2	0	3	0	24	0	5	0	0	0	0	0	0	6	0	1	0	1	21	90	
Batticaloa	13	1003	3	48	0	7	0	0	0	20	2	34	0	0	0	1	0	1	0	2	24	3	29	0	1	38	100	
Ampara	4	134	0	10	0	1	0	0	0	17	0	83	0	1	0	1	0	0	0	0	38	0	18	0	12	11	95	
Trincomalee	3	989	0	23	0	0	0	1	0	2	2	22	0	3	0	4	0	0	0	0	32	0	6	0	1	17	88	
Kurunegala	58	2070	1	17	0	2	0	0	0	4	3	110	1	24	0	1	0	1	0	1	13	62	0	29	11	335	9	96
Puttalam	27	1530	0	3	0	0	0	0	0	0	1	20	0	7	0	0	0	0	0	0	9	0	21	0	4	15	90	
Anuradhapur	4	318	0	8	0	2	0	1	0	5	0	127	0	19	0	2	0	1	1	1	39	0	32	4	276	10	86	
Polonnaruwa	5	113	1	6	0	0	0	0	0	1	2	92	0	0	0	3	0	0	0	2	13	0	3	8	328	15	94	
Badulla	24	802	2	18	1	2	0	1	0	13	4	159	2	38	3	104	0	0	0	0	40	0	11	0	17	16	100	
Monaragala	20	365	0	6	0	1	0	4	1	3	4	230	0	20	2	39	0	0	2	44	0	35	3	101	10	100		
Ratnapura	74	2223	3	33	0	6	0	3	0	27	23	691	1	20	0	20	0	0	4	4	59	0	46	7	149	12	94	
Kegalle	12	2093	0	12	1	6	0	1	0	5	9	366	0	17	1	6	0	0	3	73	1	38	1	38	0	16	9	100
Kalmune	34	802	1	25	0	1	0	1	0	6	1	19	0	1	0	1	0	0	3	41	2	31	0	31	0	30	100	
SRILANKA	12	42291	16	386	2	39	1	84	1	190	11	3435	10	683	11	23	3	15	54	920	10	422	66	2072	17	94		

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 19th Aug., 2022 Total number of reporting units 361 Number of reporting units data provided for the current week: 288 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

13th– 19th Aug 2022 (33rd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2022	Number of cases during same week in 2021	Total number of cases to date in 2022	Total number of cases to date in 2021	Difference between the number of cases to date in 2022 & 2021
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	01	00	00	00	00	00	01	01	51	36	41.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	01	00	00	00	00	00	02	02	54	56	- 7.4 %
Measles	00	00	00	00	00	00	00	00	00	00	00	16	11	45.4 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	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	05	02	150 %
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	01	03	- 66.6 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tuberculosis	00	00	01	03	01	13	15	00	22	55	42	3637	3343	8.7 %

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
NA = Not Available

Influenza Surveillance in Sentinel Hospitals - ILI & SARI							
Month	Human				Animal		
	No Total	No Positive	Infl A	Infl B	Pooled samples	Serum Samples	Positives
August							

Source: Medical Research Institute & Veterinary Research Institute

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sitnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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