


THE EVOLUTION OF MENTAL HEALTH FACILITIES AND TREATMENT IN SRI LANKA**Adhiga Manik Jayasundera**,  <https://orcid.org/0009-0004-9635-8599>

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Corresponding author: Adhiga Manik Jayasundera, manikjayasundera@gmail.com**Type of manuscript:** review paper

Abstract: *The historical events reveal that therapeutic measures for mental illness were practised in Sri Lanka since the 6th century BC. The Indian Prince Vijaya suffered with mental illness. He got married to local princess named Kuweni and was treated with native medicine according to her tribal relatives. This was the most prominent incident in Sri Lankan history. The Western treatment was introduced in the early 19th century AD with arrival of European colonists. Further, to develop the treatment under law, the Lunatic Ordinance of 1873 Act was amended in 1956 as Mental Diseases Act No. 27 by the independent government of Sri Lanka. The mental disorder was not much familiar among Sri Lankans till then. The first mental asylum was established in Hendala, Gampaha District for patients who suffered from mental disorder due to leprosy. There are no records of diseases in Sri Lanka till Europeans landed in. During the British ruling period, two other asylums for mentally ill were established in Borella and Jawatte, Colombo District when the in-patient count went up. This proves that ill treatment and harsh policies of colonists have made locals to suffer from mental disorders in the past (before Sri Lanka gained independence in 1948). The most recognised non-profitable organisation Sumithrayo situated at Horton Place, Colombo, was introduced in 1974 to provide an emotional support to those who are at risk of suicide in Sri Lanka. There are ten Sumithrayo centres across the island with some special volunteer officers. These services are free of charge and function as independent organisations without any barriers. Workshops, awareness programmes, webinars provide emotional support for people who are stressed and strained of life everyday under the motto "There is a help – there is a hope". Sumithrayo also focuses on supporting those who are going through difficult times in life, assuring confidentiality as well as acceptance with respect and care through their consultations to reduce mental illness. Another goal is to provide emotional support for school children to develop skills and how to deal with everyday stress before they face the society as adults. Due to psychological, social, biological and cultural factors without racial or class distinction, persons can be depressed and feel isolated with own problems. Sumithrayao takes care of them with non-judgemental approaches. Also, they are accepted by listening and befriending.*

Keywords: mental health hospitals; hospital facilities; health policies; symptoms of mental illness; child mental health and care; economic crisis; causes for mental illnesses; mental health awareness.

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Start of mental health policy in the independent Sri Lanka

After Sri Lanka (Ceylon) became a British colony in the second part of the 18th century AD, the count of mental patients became high. The government made measures to expand mental health hospital in Angoda, Colombo District to reside 1728 patients (The National Institute of Mental Health, 2023).

This asylum was declared open on the 31st January 1926, which was unfortunately bombed by the Japanese during the Blitzkrieg (World War II) in 1942. Thereafter, the British built another hospital in Mulleriyawa, Colombo District with a bed strength of 1800-2125 in 1954. It was created for patients with chronic mental diseases who stayed for a longer period (The Colombo East Base Hospital – Mulleriyawa, 2023).

Emergence of modern mental health facilities in Sri Lanka

In the past few decades, there have been extensive efforts to raise public awareness over the mental health problem with a goal of reducing and preventing systems across the population. Despite the effort, reported rates of mental health problems have increased mostly among youngsters.

After Tsunami disaster in 2004, the Mulleriyawa Hospital was developed even further with international aid. Therefore, a new Mental Health Policy was introduced in 2005 (The World Health Organisation, 2005).

This new policy is based on collaboration of the Sri Lanka College of Psychiatrists (2023). All services are decentralised with the Hendala, Mulleriya and Colombo General Hospitals.

The Angoda National Hospital for Mental Health was upgraded to the National Institute of Mental Health (2023). It is the nervous centre for clinical care, training and research by 2008. It was remarkable that psychiatry, therapeutic care, rehabilitation and fight against social stigma have developed over years. On the contrary, infrastructure and human resources were slowly rising. In order to support this development programme, there are one hundred and ten special psychiatrists. They are actively involved and registered with the National Institute of Mental Health in Sri Lanka (2023).

The above-mentioned features of mental health policy were considered by researchers. Their works can be found in such periodicals as the Medico-Legal Journal of Sri Lanka (2023) and the South Asian Journal of Psychiatry (2023).

Mental care for children in Sri Lanka

A special attention should be paid to the problem of children's care in Sri Lanka. A range of latest studies were dedicated to problems of mental health among kids and adolescents (Perera et al., 2022; Shoib et al., 2022; Rasalingam et al., 2022; Rohanachandra, 2023; Shah et al., 2023).

Mental problems among kids and adolescents usually happen due to many reasons. They are: parents' negligence, childhood abuse, trauma, social isolation, loneliness, discrimination, stigma, racism, poverty and debt, losing someone close to you, severe stress, long-term health conditions, genetic history, family conflicts, food insecurity, exposure to smoking, physical fights and bullying.

Stigma is the most typical mental condition due to family prejudice and discrimination. The main cause of stigma in mental illness is lack of understanding and fear of disease itself. According to reviews, though the public accepts the mental health treatment, many people still have a negative view of those with mental illness.

According to recent researches, it was revealed that one in three Sri Lankan adults have noted negative changes in their kids' behaviour, which was caused by severe economic collapse (Save the Children International, 2023; Shoib et al., 2022).

Besides, most families show signs of distress and emotional feelings because of fuel, food or medicine lack; daily power cuts; soaring inflation. Such challenges are stretched beyond their ability to cope. As a result, children eat less and get more aggressive (Save the Children International, 2023; Shoib et al., 2022; Rohanachandra, 2023).

Extreme dieting of a person may indicate an eating disorder (especially, among females as they are much more figure-conscious). Hearing different voices that no one can hear could be a sign of psychosis. Also, hopelessness after childbirth reflects postnatal depression (Devakumar et al., 2021; Healthdirect, 2023).

Long lasting sadness or pale mood can happen without any apparent reason. Drastic changes in person's thoughts or behaviour can be a sign of mental illness. These changes may occur suddenly or gradually due to often excessive worry and fear (Devakumar et al., 2021; Healthdirect, 2023).

A great number of schools, religious organizations and Dhamma schools (Sunday religious schools) provide counselling services free of charge for their students for all ages. Among them, we can mention the Siri Vajirarama Dhamma School (2023) whose medical aid is relevant.

Reasons and signs for mental illness

A sharp anxiety affects ability to concentrate, sleep and carry out ordinary tasks. Anxiety disorders concern generalised anxiety disorder, social phobia, panic disorder, agoraphobia, obsessive compulsive disorder and post-traumatic stress disorder. Treatments are needed for these conditions through psychological therapy and medicines. Researchers are still trying to understand what really causes mental illness. Often, it is a complex mix of factors. They can include genetics and social learning, upbringing, environment, interaction, inculcated culture, life experience (Rohanachandra, 2023; Shah, 2023).

Other reasons and signs for mental illness are represented in Table 1.

Table 1. Reasons and signs for mental illness

Name of mental illness features
1. Unusual or illogical thoughts
2. Unreasonable anger or irritability
3. Poor concentration and memory
4. Not being able to follow a conversation
5. Increased or decreased sleep
6. Preoccupation with control over food, exercise
7. Lack of motivation
8. Withdrawing from people or gathering
9. Drug use
10. Feeling that life is not worth going on
11. Becoming obsessed with topics: death, religion, etc.
12. Neglecting personal hygiene
13. Neglecting responsibilities
14. Not attending to usual way of working at school or work place

Source: Based on researches by Perera et al. (2022); Shoib et al. (2022); Rasalingam et al. (2022)

Principles of mental aid provision in Sri Lanka

There are special services available in Sri Lankan mental health hospitals: out-patient departments, community psychiatry programmes, Colombo outreach ambulance services, dental units, gender-based violence prevention units. The main goal of mental health services is psychiatric rehabilitation to help individuals with persistent problems and to develop emotional-social and intellectual skills for living (Dsouza et al., 2021).

Special customers need to stay for about at least two months for residential treatment and they should enrol the relapse prevention programme for recovering process to get away with uncomfortable feelings. The research by Dsouza et al. (2021) says that 19.4% of total population of Sri Lanka is suffering from depression due to various issues. Therefore, treatment activities are conducted for individuals, groups or families through counselling programmes. All rehabilitation centres should have special counselling rooms, vocational training units, kitchens, dining halls, gardens, clean and hygienic accommodation, balance diet and a skilled staff.

A list of treatment and rehabilitation programmes is wide. The most typical programs for Sri Lankan mental patients are given in Table 2.

Table 2. Treatment and rehabilitation programmes for Sri Lankan mental patients

Types of health programmes		
Education	Psychoeducation	Music therapy
Art therapy	Entertainment	Physical exercise
Meditation	Yoga	Indoor recreation
Vocation	Agriculture	Spirit

Source: Based on research by Raja et al. (2008)

Moreover, mental aid can be provided in Sri Lanka for drug addicts. There are eleven special designated treatment centres for individuals who are convicted as dangerous drug addicts and seek inner peace rehabilitation. The National Dangerous Drugs Control Board (2023) provides drug treatment and rehabilitation. Substance use is a critical dilemma. 16% of young people had used illegal substance to get rid of life struggling. They are still suffering from mental disorders and illnesses.

The same concerns the Alcohol & Drug Information Centre of Sri Lanka (ADIC, 2023). Established as an independent organization in 1990, it promotes mental aid for addict patients as well.

Another aspect is aid provision for prisoners. When persons are convicted of drug offenses, they will be imprisoned and provided with mental health treatment as usual at special facilities. Their full list is given in Table 3.

Table 3. Facilities for prisoners' aid provision

	Facility title
Ambepussa Prison	Meth Sarana Treatment and Rehabilitation Centre
Weeravila Prison	Weeravila Open Prison Camp
Kalutara Prison	Kalutara Prison Camp
Pallansena – Negombo Prison	Pallansena Correctional Centre for Youth Offenders
Watareka Prison	Watareka Prison Camp
Anuradhapura Prison	Anuradhapura Prison Camp
Meethirigala Prison	Meethirigala Open Prison Camp
Thaldena – Badulla Prison	Badulla Open Prison Camp
Pallekele – Kandy Prison	Kandy Open Prison Camp
Kandakadu Prison	Kandakadu Treatment and Rehabilitation Centre
Polonnaruwa Prison	Polonnaruwa Treatment and Rehabilitation Centre

Source: Based on the Department of Prisons in Sri Lanka (2023)

Apart from the above-mentioned facilities, there are private treatment centres in Sri Lanka for drug addicts with the volunteer aid opportunity (Sri Lankan Mental Health Volunteers, 2023; Private Hospitals in Sri Lanka, 2023). They are situated in Kochchikade, Pelmadulla, Kuruwita, Piliyandala, Gqampaha, Horana, Wattala, Bandaragama, Colombo, Awissawella, Badulla and Batticaloa with a charge of low rate.

On the other hand, there are 1,500 beds at the Mulleriyawa Mental Hospital. Also called the Colombo East Base Hospital (2023), it provides mental care for over 8,000 patients annually. Constantly, 500 employees work here.

The Mulleriyawa Mental Health hospital is surrounded with residential areas of Kolonnawa, Kaduwela, Kelaniya and Kotikawatte. The hospital is merged with the Nurses' Training School in Colombo (2023). There two main units at this hospital for males and females separately. This facility has a comprehensive range of special units including respiratory medicine and transfusion medicine. Full list of departments is given in Table 4.

Table 4. Departments of the Mulleriyawa Mental Health (Colombo East Base Hospital)

Department type			
Anaesthesiology	Dentistry	Diagnostic radiology	ECG
Ultrasound	X-ray	Emergency medicine	Medico-legal services
Family medicine care	Gastroenterology	Laboratory	

Source: Based on the Colombo East Base Hospital – Mulleriyawa (2023)

The Teaching Hospital for Mental Health in Peradeniya, Kandy (2023) was established in 1971 by Professor M.A.A. Rodrigo which is affiliated with the Department of Psychiatry. This unit is actively involved in teaching, researching and clinical work. Besides, they participate in research programmes to study alcohol and dangerous drug consumption. They are interested in suicide patterns and preventions; community mental health interventions and outcome; sex therapy; child psychiatry and mental retardation. The Peradeniya Hospital provides acute care, community and rehabilitation aid. There are five special consultants in the psychiatrist team at Peradeniya hospital with post graduate trainees, a senior registrar, two senior nursing sisters, thirty nursing staff employees, twenty nursing staff assistants, one social worker with assistants, two occupational therapists and counsellors.

The services provided by Peradeniya experts are stated in Table 5.

Table 5. Services for patients at the Teaching Hospital for Mental Health in Peradeniya, Kandy

Service type
Rehabilitation for alcohol addicts
Group therapy for social phobia and mental illnesses
Cognitive behavioural therapy for obsessive compulsive disorders, depression and personal disorders
Developing occupational skills for patients on day-to-day activities
Providing clinical services in all seven days

Source: Based on the Teaching Hospital for Mental Health in Peradeniya, Kandy (2023)

A special hospital for children was opened in 1910 by Lady Ridgeway (the former governor’s wife) and Dr. L.O. Abeyratne (pediatrician). It is the Lady Ridgeway Hospital for Children in Colombo (2023).

Today, there are many qualified and experienced psychiatrists and counselors who are enrolled with this facility. Here services are provided for children and adolescents with emotional and behavioural problems, disorders, learning difficulties, autism spectrum disorder. The bed amount is over 900 and considered to be one of the best children’s hospitals in the world. Ward 23 is the only unit for child mental health with in-patient equipment, day hospital, consultation and liaison unit.

The Lady Ridgeway Hospital also focuses on psychological therapies, parenting skills, behavioural interventions with follow-up for children and support for their family members. There is a multidisciplinary team that consists of consultants, child and adolescent psychiatrists, medical officers, nursing officers, psychiatric social workers, speech therapists and occupational therapists. Children are the country’s future. Studies have shown that the prevalence of child mental health problems are high in Sri Lanka.

This institution also provides pharmacological and non-pharmacological management (including psychological therapies and group play therapy). Therefore, problem children are recognized early and referred to health units without delay. Further, they manage patients with legal problems along with the National Child Protection Authority (2023) and the Social Services Department (2023) when it is necessary. Lady Ridgeway hospital is actively involved in teaching and training medical undergraduates and postgraduates. They also cooperate with the Sri Lanka College of Psychiatrists (2023) to conduct awareness programmes for public and allied mental health staff members.

The prevalence of depression in Sri Lanka is notably higher. Depression, anxiety, stress and other mental disorders starting from mild to severe are common in Sri Lanka, which is the rising social problem. Even today, talking about mental health treatment is in utter secrecy. Such people are perceived as being “something wrong”. Therefore, it is highly crucial to educate the general public about mental health just as they study for physical health. For the last 4-5 decades, people have undergone drastic changes in life style with the competitive economy and complicated educational systems. Its rat race for results, thinking patterns, similarity and dissimilarity between school individuals has directly affected the psychology of the society.

The stress is an inevitable result. Unrealistic and high hopes in life, broken human relationships, materialistic ideas, competitive manners in jobs (movable properties), popular schools (private tuition classes) cause many mental illnesses due to lack of mental health of adults. These unaddressed issues grown into severe situations that are contagious among society. The general public is also reluctant to seek mental assistance: a counsellor or psychiatrist visit is considered as doomed or unfortunate family and tagged as “mad or cracked”. Patients tend to keep their worries as secrets and suffer more.

Therefore, mental health education would broaden people’s perspectives about mental health. It would promote well-being and eventually contribute towards a healthy community. Common disorders that need more awareness include anxiety disorder, post-traumatic stress, bipolar disorder.

Children who grew up in abusive family backgrounds tend to be abusive parents for their successors due to mental conditions. The process of ragging in Sri Lankan universities is a major issue that could lead for a poor personality and mental disorder. Suffering silently with stress and depression can cause suicide (if not treated on time). To ensure mental health in Sri Lanka, the government has introduced a corresponding policy in 2005 (The Sri Lankan Mental Health Policy, 2023). Its aim is to be an essential instrument in ensuring clarity of vision and purpose as to improvement of mental health and psychological well-being of Sri Lankan citizens. The main principles of the Sri Lankan Mental Health Policy (2023) are mentioned in Table 6.

Table 6. Main principles of the Sri Lankan Mental Health Policy

Principles of Sri Lankan Mental Health Policy

- To provide mental health services at primary, secondary and tertiary levels
- To provide services of good quality where and when they are needed
- To provide services that will be organized at community level with general public, family and consumer participation
- To ensure mental health services will be linked to other sectors
- To ensure mental health services will be culturally appropriate and evidence based
- To protect the human rights and dignity of people with mental illnesses

Source: Based on the Sri Lankan Mental Health Policy (2023)

The Sri Lankan government has also made measures to ensure mental health for prisoners. Over 70% of prisoners in Kandy, Wariyapola and Anuradhapura suffer from mental illnesses. Most of them are clinically depressed. It is also disheartening to notice that patients are mentally ill due to overcrowding situations.

Doctors have added that it is vital for all clients to undergo a psychiatric assessment prior to getting sentenced for capital punishments. Therefore, they had begun care at Bogambarea, Anuradhapura and Wariyapola Prisons with special psychiatrists to treat mentally ill. The State Ministry of Prison Management and Prisoners Rehabilitation Affairs (2023) has converted the Dumbara Prison Hospital into a mental treatment centre with high security. Its clientele is over 1450 persons.

The above-mentioned is tightly connected with the main objective of the Department of Prisons in Sri Lanka (2023): “Social reintegration of inmates as good citizens through rehabilitation (even prisoners are humans)”.

Moreover, there are other counselling centres in Sri Lanka. The full list of them is given in Table 7.

Table 7. Counselling centres in Sri Lanka

Counselling centre title
Suwasevana Centre – Ampara District
Professional Psychological Centre – Batticaloa District
Sahanaya National Council for Mental Health – Colombo 8
Family Rehabilitation Centre – Colombo 5
Individual Counselling Group – Colombo 7
Institute of Mental Health – Colombo 4
Women in Need – Colombo 8
Arnaaha Centre for Wellbeing – Dehiwala, Colombo District
National Association of Counsellors – Narahenpita, Colombo District
Child, Adolescent & Family Services – Nugegoda, Colombo District
Suwa Madura & Sithpahan Piyasa – Panadura, Kalutara District

Source: Based on Counselling Centres in Sri Lanka (2023)

The psychiatry service is available in teaching hospitals, provincial hospitals, general hospitals, university units. They are based in Lady Ridgeway, Colombo South, Colombo North, Karapitiya, Peradeniya, Anuradhapura and Jaffna. Currently, Sri Lanka has recorded one of the highest suicide rates in the world due to mental illnesses. The reasons are low education, family disputes, unemployment, debts, ending emotional relationships.

The counsellor will always avoid arguments, dismissing problems, comparing with others, interruptions, negative attitudes, challenges, threats, criticism, raise of voice, sarcastic jokes, etc. with ill persons. The counsellor will be a good listener with response. He will make eye contacts by asking appropriate questions.

Conclusions

Today, mental health disorder is still regarded as a cause of shame among ordinary people. That is why they may avoid mental aid. However, surveys disclose that positive reactions hint at a more accepting environment for those with mental health issues: they do not have to be embarrassed, ashamed or silent. Reducing the mental health stigma can be a vital step towards seeking individual treatment.

A greater understanding of mental illness can allow people to recognize those in their lives who may be dealing with anxiety and depression or any other condition. However, only half of those affected receive treatment because of stigma and unawareness of their own mental condition or physical illness of brain.

The mental health awareness is aimed at helping people with mental illnesses to understand that they are not alone in their struggles and that getting treatment can make all the differences.

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References

1. Counselling Centres in Sri Lanka (2023). Retrieved from: [\[Link\]](#)
2. Devakumar, D., Palfreyman, A., Uthayakumar-Cumarasamy, A., Ullah, N., Ranasinghe, C., Minckas, N., ... & Mannell, J. (2021). Mental health of women and children experiencing family violence in conflict settings: a mixed methods systematic review. *Conflict and health*, 15(1), 1-19. [\[Google Scholar\]](#) [\[CrossRef\]](#)
3. Dsouza, S. M., Saran, A., & Krishnan, J. B. (2021). PROTOCOL: Social interventions to improve well-being of people with mental disorders: Global evidence and gap map. *Campbell Systematic Reviews*, 17(3), e1182. [\[Google Scholar\]](#) [\[CrossRef\]](#)
4. Healthdirect (2023) Retrieved from: [\[Link\]](#)
5. Nurses' Training School in Colombo (2023). Retrieved from: [\[Link\]](#)
6. Perera, B. P. R., Caldera, A., Godamunne, P., Stewart-Brown, S., Wickremasinghe, A. R., & Jayasuriya, R. (2022). Measuring mental well-being in Sri Lanka: validation of the Warwick Edinburgh Mental Well-being Scale (WEMWBS) in a Sinhala speaking community. *BMC psychiatry*, 22(1), 569. [\[Google Scholar\]](#) [\[CrossRef\]](#)
7. Private Hospitals in Sri Lanka (2023). Retrieved from: [\[Link\]](#)
8. Raja, S., Boyce, W. F., Ramani, S., & Underhill, C. (2008). Success indicators for integrating mental health interventions with community-based rehabilitation projects. *International Journal of Rehabilitation Research*, 31(4), 284-292. [\[Google Scholar\]](#) [\[CrossRef\]](#)
9. Rasalingam, G., Rajalingam, A., Chandradasa, M., & Nath, M. (2022). Assessment of mental health problems among adolescents in Sri Lanka: Findings from the cross-sectional Global School-based Health Survey. *Health Science Reports*, 5(6), e886. [\[Google Scholar\]](#) [\[CrossRef\]](#)
10. Rohanachandra, Y.M. (2023). Child and adolescent mental health services (CAMHS) in a lower-middle income country: A survey from Sri Lanka. *International Journal of Social Psychiatry*, 69(2), 514-515. [\[Google Scholar\]](#) [\[CrossRef\]](#)
11. Save the Children International (2023). Retrieved from: [\[Link\]](#)
12. Shah, M. H., Roy, S., & Ahluwalia, A. (2023). Time to address the mental health challenges of the South Asian diaspora. *The Lancet Psychiatry*, 10(6), 381-382. [\[Google Scholar\]](#) [\[CrossRef\]](#)
13. Shoib, S. et al. (2022). Children, adolescent and youth mental health in Sri Lanka in the context of recent violence, COVID-19 and economic crisis: A call for action. *The Lancet Regional Health Southeast Asia*, 8(2), 100021. Retrieved from: <https://doi.org/10.1016/j.lansea.2022.100021>.
14. Siri Vajirarama Dhamma School (2023). Retrieved from: [\[Link\]](#)
15. Sri Lankan Mental Health Volunteers (2023). Retrieved from: [\[Link\]](#)
16. The Alcohol & Drug Information Centre of Sri Lanka – ADIC (2023). Retrieved from: [\[Link\]](#)
17. The Colombo East Base Hospital – Mulleriyawa (2023). Retrieved from: [\[Link\]](#)
18. The Department of Prisons in Sri Lanka (2023). Retrieved from: [\[Link\]](#)
19. The Lady Ridgeway Hospital for Children in Colombo (2023). Retrieved from: [\[Link\]](#)
20. The National Child Protection Authority (2023). Retrieved from: [\[Link\]](#)
21. The National Dangerous Drugs Control Board (2023). Retrieved from: [\[Link\]](#)
22. The National Institute of Mental Health (2023). Retrieved from: [\[Link\]](#)
23. The Social Services Department (2023). Retrieved from: [\[Link\]](#)
24. The Sri Lanka College of Psychiatrists (2023). Retrieved from: [\[Link\]](#)
25. The Sri Lankan Mental Health Policy (2023). Retrieved from: [\[Link\]](#)
26. The State Ministry of Prison Management and Prisoners Rehabilitation Affairs (2023). Retrieved from: [\[Link\]](#)
27. The Teaching Hospital for Mental Health in Peradeniya, Kandy (2023). Retrieved from: [\[Link\]](#)
28. The World Health Organisation (2023). *The Mental Health Policy of Sri Lanka: 2005-2015*. Retrieved from: [\[Link\]](#)