PROPOSAL FOR BUDGET ALLOCATIONS TO REFORM SRI LANKA'S MENTAL HEALTH LEGISLATION AND SERVICES

ABOUT THE SUBMITTER

Name/Institution: Capsaicinaz LM Foundation

Capsaicinaz LM Foundation (CLM) is a trilingual Medico Legal Non-profit - youth led organization advocating for Healthcare, Legal Advocacy and Humanitarian Services in Sri Lanka. The organization mission is embedded with the aim of fusing sectors of Medicine and Law to give back to the community. The foundation is equipped with a Directory Panel of Experts and Consultants for the respective sectors, Mental Health, Cardiac, Cancer, Nutrition and Wellbeing, Leadership and Career growth and Law. In the fusion of Humanitarian along with fostering academia and career growth, CLM strives with the goal of **C**hanging **L**ives **M**atter capsuling extensive Research, Counseling Services, Capacity building Awareness and workshops, Fundraising and First Aid Advocacy through Innovative and Creative Projects.

THE PROPOSAL

This proposal recommends creating explicit budget lines for community psychiatry outreach, legal aid for mental health cases, and workforce development, updating the Mental Diseases Ordinance (1956) into a rights-based, patient-centred Mental Health Act.

(1) Allocate a Breakdown of the Mental Health Budget

The proposal suggests creating explicit budget lines for the following,

i. Community psychiatry outreach.
ii. Legal aid for mental health cases.
iii. Training and human resource development (e.g., Medical Officers of Mental Health, corporate workplace training).

(2) Reform the Mental Health Act

Update the Mental Diseases Ordinance (1956) to establish a rights-based, patient-centered Mental Health Act, including:

i. Community-based services: treatment, prevention, rehabilitation, housing, and vocational support
ii. Legal protections: guaranteed legal representation for patients
iii. Family and caregiver rights: fair process and participation in decisions
iv. Independent review mechanisms: defined timelines for reviews, managed by healthcare bodies rather than solely the courts
v. Mental Health Review Boards: establishment of independent, multi-disciplinary review boards; initially at the national level and subsequently at the provincial level, tasked with reviewing involuntary treatment admissions and safeguarding patient rights.

SHORT ABSTRACT

Sri Lanka's Mental Health system continues to be governed by the outdated Mental Diseases Ordinance of 1956, a law rooted in colonial legislation that prioritizes detention over treatment and lacks provisions for community-based care or patient rights. The burden of mental illness in Sri Lanka is high. An estimated 19.4% of the population lives with depression, with prevalence reaching 39% among youth. A survey conducted by the Family Health Bureau of the Ministry of Health amongst school children aged 13-17 in 2024 revealed = around one in ten participants attempting suicide, . Despite these challenges, mental health services remain underfunded and fragmented, with stigma preventing care-seeking and no dedicated structures for patient protection or accountability. This proposal addresses the gaps; by proposing detailed budget lines for the Mental Health budget and updating the Mental Diseases Ordinance (1956).

TOPLINE VIEW

Objective of the Proposal [tick the applicable]

- ☐ Economic Growth
- ☐ Governance
- ☒ Justice and Rights
- ☒ Social Welfare
- ☐ Other: ……

Implementing Agency: Eg: Ministry of Finance, Board of Investment (BOI)/ Ministry of Industries, Ministry of Fisheries	Ministry of Health, Sri Lanka, Ministry of Health and Mass Media, Parliament of Sri Lanka -Ministerial Consultative Committee of Health, Parliament of Sri Lanka-Sectoral Oversight Committee on Health and Human Welfare, Social Empowerment
Primary Beneficiaries: Eg: Export-oriented industries, foreign and domestic investors, EPF holders, Women etc	General Population of the Country
Cost Estimate (if available):	
Policy Type: Eg: Legislative reform, Expenditure,	Legislative Reform and Expenditure

HOW DOES IT ADVANCE THE OBJECTIVES

Justice and Rights:

A breakdown of the mental health budget promotes justice and rights through three reinforcing mechanisms. First, a dedicated budget line for community psychiatry outreach secures the right to health by taking services to marginalised and underserved groups, especially in rural and estate areas. Decentralizing mental health care reduces discrimination, ensuring equitable access to mental health support. Second, a budget line for dedicated legal aid for mental health cases guarantees representation in matters such as involuntary treatment, discrimination, and unlawful detention, strengthening legal safeguards for people with psychosocial disabilities. Third, a budget line for training equips frontline staff across health, education, justice, and workplaces to provide humane, stigma-reducing support. Such training can embed rights-based practice in public institutions.

Social Welfare:

Updating Sri Lanka's outdated *Mental Diseases Ordinance of 1956* to a modern, rights-based Mental Health Act marks a pivotal step in strengthening the nation's social welfare framework. This legislative reform will reorient mental healthcare from institutionalization towards community-based integration and inclusion, aligning with global best practices and human rights standards.

By prioritizing accessible services such as treatment, rehabilitation, supported housing, and vocational assistance, the Act empowers individuals with mental health conditions to live independently and contribute meaningfully to society. This shift not only reduces long-term dependence on social support systems but also mitigates the progression of mental health issues lessening the burden on hospitals, families, and public resources The establishment of the Mental Health Review Board will ensure that individuals are protected from unjust detention or abuse. These boards, guided by healthcare professionals rather than solely judicial authorities, are expected to ensure timely, medically-informed evaluations of involuntary treatment cases. Together, these reforms lay the foundation for a more humane, inclusive, and dignified mental health landscape; one that upholds individual rights while advancing the broader goal of social justice and welfare in Sri Lanka.

CASE FOR THE PROPOSAL

Sri Lanka's mental health system is underpinned by the Mental Diseases Ordinance of 1956[i], which remains largely unchanged from its colonial predecessor, the Lunacy Ordinance of 1873. This law primarily focuses on detention over treatment. It defines multiple admission categories: voluntary, temporary, emergency, and court ordered but restricts involuntary admissions strictly to the National Institute of Mental Health.

The scale of mental health challenges in Sri Lanka is considerable. An estimated 19.4% of the population lives with depression [ii], with youth showing the highest prevalence (39%).Adolescents are particularly at risk: a 2024 survey revealed that 18% of those aged 13–17 experienced depression or anxiety. Alarmingly, 4.4% reported suicidal thoughts, 9.6% had made suicide plans, and 9.1% had attempted suicide.[iii] Depression, however, is not confined to young people. It also affects 18.4% of older adults, 16.9% of maternal populations, and 8.7% of working-age adults.[iv] These figures highlight that mental health challenges span across all age groups, though their impact is especially pronounced among the youth. The pressures of recent crises and pandemic have further intensified these challenges. A nationally representative survey comparing 2018–19 with 2021–22 found that the prevalence of high mental health difficulties more than doubled from 2.9% to 6.1% underscoring the extent to which social and economic upheavals have deepened distress across the population.[v]

These mental health challenges translate into poor social and health outcomes. In 2022, Sri Lanka's overall suicide rate was 15 per 100,000; with men at 27 per 100,000 and women at 5 per 100,000. The highest-risk groups were older men (55+) and young women (17–25).[vi]

Despite these worrying trends, treatment and support remain limited. Approximately 13.3% of people live with untreated mental illness, due to a combination of stigma,[vii] underfunding, and lack of services.[viii] Stigma is particularly damaging, with 75% of patients avoiding treatment for fear of discrimination. Structural weaknesses persist as well. The country lacks dedicated forensic psychiatric hospitals[ix] or secure mental health units for patients requiring both care and legal oversight. As a result, mentally ill offenders are frequently held in prisons or general psychiatric units, without the necessary legal or clinical safeguards—leading to poor rehabilitation outcomes and heightened risks of human rights violations.

These realities demonstrate that Sri Lanka's mental health sector cannot be strengthened without urgent legal and institutional reforms.

HOW DOES IT HELP THE COUNTRY

(3) **Allocate a Breakdown of the Mental Health Budget by Sector**

While the current budget includes an allocation for mental health under a broad "medium-term mental health programme," its vagueness limits accountability and makes it difficult to assess how resources are being deployed. Introducing explicit budget lines would bring greater transparency and enable clearer monitoring of progress in strengthening mental health services in Sri Lanka.

International experience demonstrates the value of this approach. In India, the National Mental Health Programme (NMHP) makes specific provisions for community psychiatry outreach through the District Mental Health Programme, alongside dedicated funding for training and human resource development in medical colleges and centres of excellence.[x] Similarly, in Australia, the National Legal Assistance Partnership (NLAP) and the National Access to Justice Partnership (NAJP) provide separate, ring-fenced funding for legal services tailored to people with mental health conditions, such as health justice partnerships and specialized legal support in domestic violence units.[xi]

For Sri Lanka, creating separate budget lines particularly for outreach, legal aid, and workforce development would not only improve clarity but also demonstrate a clear commitment to addressing the country's growing mental health needs.

- **Reform the Mental Health Act**

The current legislation is outdated. The existing Ordinance prioritizes detention and institutionalization, offering no legal or structural support for community care. Other countries provide strong models: In South Africa, Section 15 of Mental Health Care Act provides that a mental health care user is "entitled to representation, including a legal representative", when submitting an application, lodging an appeal, or appearing in court or before the Mental Health Review board.

India's Mental Health Care Act 2017 (India) provides for "legal aid" / free legal services to persons with mental illness to exercise their rights. The concept of a nominated representative for individuals with mental illness is built on demonstrating that caregivers or family play vital roles. India also has Mental Health Review Boards with specified composition, fixed term (5 years), etc. [xii]

United Kingdom, the England & Wales, Mental Health Act 1983, the detained patients have the right to legal representation at Mental Health Review Tribunals. xiii Tribunals are independent, periodic review of detention; ability to challenge detention via tribunal rather than full court; legal procedural rules; timeliness guaranteed by law & human rights obligations.xiv Adapting these models would strengthen patient rights, reduce stigma, and align Sri Lanka with international standards.

HISTORY OF THE PROPOSAL

Sri Lanka's mental health framework is still governed by the Mental Diseases Ordinance of 1956, a statute largely inherited from the colonial-era Lunacy Ordinance of 1873. The law is detention-centred rather than treatment-focused: it provides for voluntary, temporary, emergency and court-ordered admissions, while restricting involuntary admissions to the National Institute of Mental Health. With no substantive modernization for decades, the Ordinance no longer reflects contemporary clinical practice or rights-based standards.

PUBLISHED SUPPORTING ANALYSIS

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