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இலங்கை மனித உரிமைகள் ஆணைக்குழு
Human Rights Commission of Sri Lanka

Message of the Chairperson of the Human Rights Commission of Sri Lanka on World Mental Health Day – 10 October 2026

The World Health Organization’s theme for World Mental Health Day 2026, “Lived experiences heard: real voices, real change,” highlights the importance of listening to and meaningfully engaging with people with lived experience of mental health conditions. Their experiences, knowledge and perspectives constitute an essential form of expertise and must inform the policies, services and decisions that affect their lives.

Meaningful participation must extend beyond simply sharing experiences. It requires opportunities for people with lived experience to influence decisions, co-design mental health services, strengthen peer-led initiatives, challenge stigma and contribute to accountability. Mental health systems are more likely to be person-centred, rights-based and responsive when those directly affected are enabled to shape them.

A key human rights priority is the transition from long-stay psychiatric institutions towards community-based, person-centred and rights-based mental health care. Institutionalisation can result in isolation, loss of autonomy, coercion and human rights violations. Deinstitutionalisation must therefore be accompanied by adequate community services, housing, social protection, rehabilitation and other forms of support that enable people to live with dignity in their communities.

Through its monitoring of places where people are deprived of their liberty, the National Preventive Mechanism (NPM) of the Human Rights Commission of Sri Lanka has encountered people with lived experience of mental health conditions in different forms of detention and residential care. The NPM has identified concerns relating to inadequate material resources, shortages of trained personnel, insufficient access to appropriate medication, and limited availability of professionally supported rehabilitation programmes in some care settings. The absence of effective regulatory and monitoring arrangements in certain residential care settings also raises concerns about the protection of individual rights and dignity. These challenges are compounded by the financial burdens on families and the limited or absent family support available to some individuals.

Sri Lanka must strengthen its mental health and care systems through a multidisciplinary and community-based approach involving psychiatrists, clinical psychologists, psychologists, psychiatric social workers, social workers, occupational therapists and other relevant professionals. Government institutions, private-sector service providers, voluntary organisations,

civil society and community-based initiatives must work together under appropriate State support and oversight to ensure accessible, appropriate and rights-based care.

These issues are particularly important in the context of Sri Lanka's ageing population, changing family structures and significant internal and external migration. Older persons with mental health conditions may experience prolonged periods without close family support, increasing their need for appropriate long-term care, community-based services and social protection. Such support must respect their dignity, autonomy, equality and meaningful participation in society.

The Human Rights Commission of Sri Lanka has received the revised draft Mental Health Act from the Ministry of Health and has engaged in discussions with the Drafting Committee and relevant stakeholders. The Commission emphasises the importance of a transparent, inclusive and participatory legislative drafting process that provides meaningful opportunities for stakeholders, particularly people with lived experience, to contribute. The HRCSL is reviewing the revised draft and will submit its observations and recommendations in due course. The proposed legislation must be consistent with Sri Lanka's international human rights obligations and relevant standards, particularly the principles of equality, non-discrimination, dignity, autonomy and informed consent, and the protection of the rights of people with lived experience of mental health conditions.

The HRCSL recognises that mental health programmes and services are provided by government institutions, private-sector providers, voluntary organisations and individuals. However, their effectiveness must ultimately be assessed by their contribution to the well-being, dignity, rights and meaningful participation of people receiving care. In this regard, the Commission urges the Government to establish an independent and effective regulatory mechanism with a clear mandate and sufficient powers to regulate and monitor mental health and residential care services. This mechanism should ensure appropriate standards of care, protection from abuse and neglect, access to medication and professional treatment, rehabilitation and community-based support, and effective complaints and accountability procedures.

On this World Mental Health Day, the Human Rights Commission of Sri Lanka calls for the voices of people with lived experience of mental health conditions to be placed at the centre of mental health policy, legislation and service development. Their experiences must not merely be heard; they must inform decisions and bring about meaningful change. A rights-based mental health system must ensure that every person, regardless of their mental health condition, can live with dignity, autonomy and safety, receive appropriate care and support, and participate fully in society, free from discrimination, neglect, abuse and degrading treatment.

Justice L. T. B. Dehideniya
Chairperson
Human Rights Commission of Sri Lanka

10th October 2026