# Patients' Rights

## *Prioritizing Mental Health*

POLICY BRIEF

The Law and Society Trust undertook a study to explore the impact of the Covid-19 pandemic and the economic crisis in 2022 on people's right to health. They made us aware of the need to revisit the social contract between citizens and the state, as well as among citizens themselves, so that we can collectively contribute in meaningful ways to secure human security, encompassing health, education, livelihoods, peaceful coexistence, and the right to good governance. There is a need for open dialogue and for ideas and strategies on how we can calibrate our human and financial resources to ensure that we all enjoy our basic human rights, including the right to health. This study has yielded insights into a charter on patients' rights, the management of public health emergencies, and the improved recognition and treatment of mental health issues.

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## INTRODUCTION

In 2020, Sri Lanka was unprepared for the Covid pandemic. The government responded reactively, focusing primarily on containing the virus. This approach was successful in mitigating the immediate public health impacts of the virus. Unfortunately, the government failed to consider the psychological harm and mental health challenges which both the public health emergency and the government's response could create. This omission disproportionately affected those with limited social and economic protection – such as daily wage labourers, garment factory workers, members of the LGBTIQ community – placing them at greater risk of experiencing greater mental health challenges. As a result, these groups were pushed into deeper precarity, and more likely to bear the added silent, unseen, long-term mental health cost of the pandemic.

This policy brief draws on findings from 18 focus group discussions and 13 public hearings conducted across 17 districts between 2022 and 2024. It highlights the uneven impacts of the Covid response which could lead to more long-lasting negative mental health outcomes among vulnerable populations and offers recommendations for more inclusive and equitable policymaking in future public health crises.

This policy brief, and others that emerged as a result of the study on the impact of covid on communities should be read together to understand the full and multi-dimensional impact of covid on access to health, on the demands for better protections for patients' rights, livelihoods and mental health and the renewed demands for comprehensive social protection to support vulnerable communities, especially during times of stress.

## AMPLIFIED MENTAL SUFFERING: VULNERABLE GROUPS AMIDST SRI LANKA'S PANDEMIC RESPONSE

The findings clearly demonstrate that specific vulnerable populations experienced intensified harm and suffering during the Covid pandemic, revealing how the government's response was implicitly tailored to the needs of urban, upper- and middle-class, salaried, white-collar employees whose gender identity matches their birth sex. In contrast, communities that were rural, poor, LGBTIQ+, or working in the informal sector were placed at significantly greater risk of suffering long-term mental health challenges.

This section presents findings across five thematic areas, each illustrating the uneven and disproportionate mental health impacts of Sri Lanka's pandemic response on different communities. These themes should not be viewed as distinct or isolated; rather, they are deeply interconnected, operating both independently and simultaneously to shape mental health outcomes that continue to unfold well beyond the initial public health crisis.

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### FEAR, ANXIETY AND PSYCHOSOCIAL DISTRESS

During the pandemic, communities across the social spectrum experienced anxiety and psychological distress. However, fear of the virus was strongly articulated by those families with members who were elderly, or had pre-existing medical conditions, and was compounded by constant media reports of new infections and deaths.

Government decisions also deepened grief and trauma during this time. The government ordered all Covid victims be cremated, despite the World Health Organization guidelines permitting burial. This decision caused significant grief and trauma, particularly among Muslim communities as cremations are anathema to their ritually and spiritually prescribed burial norms. Other communities (Buddhists, Hindus and Christians) also complained that were not permitted the opportunity to perform final rites for their loved ones in a culturally and spiritually meaningful manner. It left them with feelings of guilt in addition to their sorrow. Lockdowns were also a source of anxiety for certain communities. For example, free trade zone workers were compelled to remain in over-crowded boarding houses and were isolated from their families at the peak of the pandemic. These experiences highlight the need for future public health responses which protect emotional and psychological well-being, rather than only controlling the spread of disease.

### RECOMMENDATIONS

- Expand availability, access and acceptability of mental health and psychosocial support services, particularly in high-risk areas and among vulnerable communities.
- Include mental wellbeing experts, psychologists and psychiatrists in bodies responsible for designing national public health response plans.
- Require all national public health emergency response plans to incorporate mental, emotional and psychosocial consideration at the core of its design.
- Require all national public health emergency response plans to conduct emotional and psychosocial impact assessments, particularly among vulnerable communities.
- Promote balanced, transparent and non-sensationalist reporting during public health emergencies.

### COMPOUNDED PHYSICAL SUFFERING

Covid caused direct physical suffering, particularly among the elderly and those with pre-existing conditions. However, the Sri Lankan government's response to the pandemic indirectly deepened physical suffering among those with pre-existing conditions. Patients with chronic illnesses such as cancer, heart issues, diabetes or chronic kidney disease were unable to or scared to attend the clinic for fear of contraction. Moreover, some patients who did

seek care reported that they were not examined properly during the pandemic as doctors would remain a safe distance. The unavailability of medication in some government hospitals also compelled some to purchase their medication from private pharmacies, which often proved to be expensive. Together, these government efforts during the pandemic of prioritizing the containment and treating of Covid over other illnesses were detrimental to the physical well-being of other non-Covid patients, particularly those with pre-existing conditions. More concerningly, such efforts could have compounded physical suffering by causing further mental and psychosocial complications in already vulnerable populations. Future public health responses must strike a balance between emergency containment and the continuity of essential medical care. Ensuring access to routine treatment, especially for high-risk patients, is critical to mitigating both immediate and long-term physical as well as mental health consequences.

## RECOMMENDATIONS

- Train healthcare workers to provide safe, respectful, and patient-centred services during public health emergencies.
- Develop telemedicine and telehealth platforms in all three languages to facilitate patients accessing their doctors and obtaining their medication remotely
- Ensure continued availability of healthcare services for those with pre-existing conditions as a priority.
- Implement mobile and homebased medical and healthcare services for those with pre-existing medical conditions.

## ECONOMIC STRESSORS

The government decision to control the spread of the virus by imposing an island-wide lockdown had limited impact on the economic well-being of urban, white-collar workers—who were able to work remotely and continued receiving their salaries. However, this measure significantly undermined the economic security and stability for informal and mobility-dependant workers.

For example, fishing communities were unable to go out to sea, and even when fishing was permitted, they faced significant challenges in selling their catch due to transport restrictions and closed markets. In Vavuniya farmers explained that loss of income pushed families into indebtedness forcing families to choose between feeding their children or repaying mounting debts.

Being faced with such difficult decisions and profound economic uncertainty in the midst of a pandemic has been recognized as a source of significant mental stress, and if unacknowledged and unaddressed can lead to long term mental health issues among already marginalized groups. These experiences highlight the structural vulnerabilities of Sri Lanka's economy and underscore the urgent need to integrate economic protections into future public health emergency planning in

order protect against long term mental health complications among already precarious groups.

## RECOMMENDATIONS

- Require all national public health emergency response plans to include comprehensive economic and livelihood impact assessments particularly for informal and mobility-dependent workers.
- Recognise that economic crises may affect different demographic groups variably and consequently this applies to the impact of the crises on their mental health as well.
- Create a dedicated national fund to provide direct financial assistance or income substitutes to assist those workers whose livelihoods are adversely affected during public health emergencies to remove mental health stress factors.

## DEVELOPMENTAL AND EDUCATIONAL CHALLENGES

In response to the Covid pandemic, the Sri Lankan government shifted educational instruction online. While this transition affected students across the country, its consequences were far more severe in rural and estate communities. Urban, middle-class families often had stable internet access and digital devices, but students in more remote areas faced significant barriers to participation.

In focus group discussions, parents described how job losses made it impossible to afford phones or laptops. One parent noted that children in their village had to walk up a nearby hill just to find a signal strong enough to join online classes. Parents expressed concern that prolonged screen time was harming their children's mental and social development, and that dependence on mobile devices was leading to behavioural issues. Moreover, parents did not regard on-line education as a substitute for classrooms and interactions with other children as well as teachers. Thus, not only were students' education disrupted during the pandemic, but such experiences were also a source of anxiety and other mental health issues for both children and their caregivers.

While the shift to online learning helped maintain continuity for some, it left others—especially those already economically and socially marginalized—even further behind. Given the central role education plays in the aspirations of many Sri Lankan families, it is essential that future public health responses include measures to protect learning opportunities for vulnerable students. Without such provisions, the mental health toll on vulnerable students and families may deepen, and educational disparities may widen further.

## RECOMMENDATIONS

- Understanding the centrality of education, even in times of crises:
- Expand mobile data coverage and high-speed internet access in remote areas.

- Maintain and strengthen educational programming via radio, television, and printed materials to ensure continuity of learning where internet access is not feasible
- Equip teachers to effectively deliver blended and remote learning with attention to the needs of marginalized students.
- Train teachers to be aware of, and respond to mental health issues among students in times of crises.

## SOCIAL AND CULTURAL ALIENATION

The Covid pandemic gave rise to unforeseen forms of social and cultural alienation. Firstly, the government-imposed lockdown abruptly disrupted social life for all Sri Lankans. Individuals and families were compelled to remain at home, interacting with the outside world through their devices. For some individuals, this social isolation was a source of anxiety and even "mental health illnesses," while for some women, this move led to increased experiences of domestic violence. Secondly, the lockdown also had implications on people's cultural life. With a ban on public gatherings, religious communities across the country could not engage in communal religious practices. Such alienation from deities and religious practices were a source of anxiety for some, as highlighted by a Hindu devotee who was fearful because they felt like they had neglected their gods. Thirdly, in many locations in Sri Lanka, those who contracted the virus had to bear the added burden of being socially stigmatized. Such social stigma was particularly acute among communities living in close quarters where transmission was faster and anonymity scarce, such as garment factory workers living in shared accommodation, the urban poor, or estate workers. These narratives highlight that measures undertaken to curtail the spread of Covid and even social responses to the virus were a source of anxiety for many communities. As such, the lived social and cultural experiences during the pandemic contributed to psychological and mental health consequences that could have lasting impacts. Therefore, future public health crisis responses must take account for the ways in which such crises and their responses are experienced socially and culturally and how such processes could potentially cause psychological and mental harm.

## RECOMMENDATIONS

- Include religious leaders, social scientists, educationalists, and other stakeholders in bodies responsible for designing national public health emergency response plans and communications strategies, thereby acknowledging that the impact of health emergencies go beyond the health sector.
- Design interventions which can mitigate public heath challenge while also permitting core religious and cultural functions to continue with proper health guidelines.
- Conduct anti-stigmatization media campaigns to protect victims of public health crises from social harm.

- Conduct creative media campaigns encouraging communities to come together to support each other through national public heath emergencies.

## CONCLUSION

Sri Lanka's Covid statistics demonstrate that its government responded reasonably well to the unprecedented public health crisis. Sri Lanka has significantly lower Covid infection and death rates compared to more advanced economies. This indicates that though initially unprepared to respond to the challenges of a public health emergency, its decisions such as imposing strict lockdowns, developing quarantine facilities, providing limited welfare packages for COVID patients quarantining at home, airing school classes on national television and radio, and posting medication to clinic patients through the mail minimized the health impact of the pandemic.

However, as this Policy Brief highlights, the lived experiences of vulnerable communities paint a more complex picture. Their stories reveal the government's pandemic response adversely affected vulnerable communities disproportionately. Such experiences could also drive mental health struggles and issues among already vulnerable groups. In these circumstances it would be the vulnerable groups in society who are also then required to bear a greater burden of the mental health consequences of public health emergencies. In the long run, this could drive these groups into deeper precarity as they contend not only with social, political and economic processes, but also their own compromised mental health. Therefore, this Policy Brief makes recommendations to ensure that future Sri Lankan governments will secure public health without compromising the well-being of vulnerable sections of society. It is hoped that this document will support designing a more inclusive, holistic, and nuanced response to future public health emergencies.