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Original Article

Psychosocial Determinants of Child Mental Health in Sri Lankan Suburban Communities: A Narrative Review

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Abstract

The research examines psychosocial factors which impact child mental health in Sri Lankan suburban regions because scientists have not conducted sufficient academic or policy-based studies on this topic. The suburban areas of Colombo, Gampaha, and Kalutara experience rapid urban expansion, but their social bonds weaken, their economic security remains unstable, and their fundamental infrastructure remains underdeveloped. Children who reside in these areas encounter various safety threats because they must face parental control, schoolwork, poverty, violence, discrimination, institutional care, and the effects of their parents leaving or becoming homeless. The review uses 34 sources from 2010 to 2025 to analyse the determinants of child mental health, drawing on Bronfenbrenner's Ecological Systems Theory and the World Health Organisation's social determinants of mental health framework. The review demonstrates that these risk factors accumulate together and affect children through their family environment, school experience, and community surroundings. The review examines three concealed threats which impact children in state care and migrant families, and those who have depressed mothers and experience gender-based discrimination. The review shows that mental health services in these areas require improvement because schools do not have adequate counselling programs, and community mental health services operate without organisation. There are no suitable intervention models for local populations. The review identifies two main research gaps: children remain underrepresented in studies, and scientists need new methods to track long-term development while working with local communities. The narrative review shows that mental health needs urgent implementation of trauma-sensitive methods which use local customs and operate across different sites to address individual symptoms and community inequalities. The review also integrates research data with environmental studies to develop mental health programs for children living in Sri Lankan suburban areas that are undergoing rapid urbanisation.

Keywords: *Child mental health, Community-based interventions, Psychosocial determinants, Sri Lanka, Suburban communities*

Introduction

National development, social equality, and public health initiatives depend on child and adolescent mental health as their core foundation. According to the World Health Organisation (2021), mental health disorders impact 5% of children globally who start showing symptoms before reaching their 14th birthday. The combination of underdiagnosed mental health problems, insufficient treatment, and social discrimination against mental health issues in Low- and Middle-Income Countries (LMICs), including Sri Lanka, results in prolonged psychosocial distress which persists into adulthood (Kohrt et al., 2018).

The failure to detect mental health issues at an early stage creates two significant problems, which negatively affect child development and academic performance, and generate extended healthcare expenses, welfare needs, and criminal justice system expenses.

Children in Sri Lanka face unique social and historical factors, including the civil war, natural disasters, migration, and changing family patterns, that affect their emotional development. The national effort to develop mental health policies has not provided sufficient funding for child mental health programs because these programs lack adequate research and experience, and their implementation is irregular (Rohanachandra, 2023; Hettiarachchi, 2021). Existing empirical studies have concentrated on mental health issues affecting urban and rural populations yet have not investigated the psychological needs of children residing in suburban areas between urban and rural areas.

The western province of Sri Lanka, which includes the Gampaha, Colombo, and Kalutara districts, is experiencing rapid population growth driven by urban development and new residential projects. The two regions follow different paths of development, yet their native inhabitants face discrimination from society. Children in these communities encounter multiple psychosocial threats because they must handle their academic work and financial difficulties, follow social norms based on gender, deal with absent parents and institutional prejudice, and witness violent incidents (Karunanayake et al., 2020). The academic field, together with government organisations, has not recorded the mental health needs and individual experiences of this specific population segment.

The World Health Organisation (2014) defines psychosocial determinants of child mental health as the social, cultural, economic, and relational elements which affect psychological health. Mental health affects people beyond their individual traits as it interacts with various structural factors, which include poverty levels, discrimination practices and healthcare service accessibility and cultural attitudes toward help-seeking. The Sri Lankan suburban setting generates psychosocial elements because of changing family dynamics, insufficient educational access, unequal healthcare delivery, and past discrimination against mental illness (Deivanayagam et al., 2024; Knipe et al., 2021). Research has not established a clear understanding of how psychosocial determinants affect suburban areas through specific intervention studies. The absence of research evidence makes it impossible for psychologists, educators, and public health professionals to develop effective interventions which fulfil the cultural requirements of their communities.

The research synthesizes peer-reviewed academic literature alongside high-quality grey literature from 2010 to 2025 to comprehensively evaluate child mental health challenges in suburban Sri Lanka. The review uses Bronfenbrenner's Ecological Systems Theory and the WHO social determinants of mental health framework to analyse how different levels of influence affect child mental health in suburban Sri Lankan communities.

The review aims to determine vital psychosocial elements which impact child mental health in Sri Lankan suburban areas and to choose evidence-based interventions for these factors. The

review organises its content into seven sections that examine family and parenting factors, educational stress, economic inequalities, gender-based discrimination and exposure to violence, institutional care, mental health service availability, and the effects of displacement and migration. The review concludes with policy and practice recommendations following its thematic analysis.

The analysis of child mental health psychosocial determinants needs to consider their relationship with Sri Lanka's suburban areas through their economic, political, and socio-cultural frameworks. Research studies across the world recognise child mental health as a critical public health matter because early childhood problems affect children's development, their academic success, their social bonds, and their future mental wellness (WHO, 2014; Kohrt et al., 2018). The majority of worldwide research about child mental health has focused on wealthy cities and towns. However, researchers have not studied children living in low-income, developing suburban areas of low-income countries enough.

The term "suburban" in Sri Lanka refers to areas undergoing rapid urbanisation located outside major cities, including Colombo, Gampaha, Kalutara, Kandy, and Jaffna. The areas exhibit dual characteristics of rural traditions and new urban problems, including land division and unregulated housing, dense population growth, and insufficient basic services (Siriwardhana & Wickramage, 2014). The social structure of suburban areas differs from that of rural areas because residents there experience social disconnection, limited family support, and insufficient public service resources. Children in these communities face multiple psychosocial threats because they experience poverty, their parents work abroad, face school pressure, experience violence, and experience community relocation and lose their traditional support networks (Karunanayake et al., 2020).

The country of Sri Lanka demonstrates better outcomes in child survival and primary school enrollment, yet its public health system lacks sufficient mental health treatment services (Perera, 2009; Engelgau et al., 2010). The Sri Lankan mental health system bases its operations on institutional psychiatry and centralised service delivery, which prevents the growth of community-based prevention programs and school-based initiatives (Rohanachandra, 2023). The National Institute of Mental Health (NIMH), along with district hospitals, operate as the leading provider of psychiatric care. The facilities lack child-friendly infrastructure and insufficiently trained child psychologists, while being located in distant areas from suburban neighbourhoods, which creates barriers for early intervention support to reach vulnerable populations.

The ongoing mental health discrimination which targets children and teenagers creates additional challenges for service delivery. Children develop psychological problems which remain undiagnosed because their caregivers and teachers incorrectly identify their issues as behavioural problems or spiritual matters, thus choosing religious or traditional care instead of medical treatment (Deivanayagam et al., 2024; Daluwatta, 2024). Children struggle to express their emotions because society enforces gender-based rules which stop girls and gender-nonconforming youth from seeking help for their mental health problems (Knipe et al., 2021).

The review draws on two fundamental theoretical frameworks to analyse the multiple dangers that affect children. According to Bronfenbrenner's Ecological Systems Theory (1979), children develop within multiple environmental layers, beginning with their family, peers, and school, and expanding to cultural and economic systems. The model shows how daily experiences in home conversations, school environments, and playground activities connect to national economic factors and educational system stability, which, in turn, affect children's mental health through direct and extended effects.

The World Health Organisation (2014) Social Determinants of Mental Health Framework demonstrates that mental health outcomes result from social conditions, which include income differences, housing standards, educational opportunities, and social network strength. The framework identifies three categories of determinants: structural elements (e.g., economic and political factors), intermediary factors (e.g., material conditions), psychosocial elements, and health system elements. The model allows researchers to analyse how social inequalities affect child mental health in Sri Lankan suburban areas using a public health framework.

The review combines these frameworks to create a complete understanding of psychosocial elements which affect children's mental health in Sri Lankan suburban areas. The review shows that mental health services need to begin right away with local changes through community-based facilities which support children.

Methodology

The research design uses a narrative review to examine complex psychosocial events by combining methods, yielding an interpretive analysis (Greenhalgh et al., 2018). The review focuses on essential research findings which explain how psychosocial factors affect children's mental health in Sri Lankan suburban areas.

Search Strategy

The research team performed a multi-stage electronic search across five major databases (PubMed, PsycINFO, Web of Science, Scopus, and Google Scholar) from January to May 2025. The team used multiple keyword combinations to search PubMed, PsycINFO, Web of Science, Scopus, and Google Scholar for studies that matched their criteria. The search strings required multiple modifications using Boolean operators and truncation with primary search strings such as 'child mental health', 'suburban', and 'Sri Lanka to achieve the desired level of inclusion in search results.

The research team conducted additional searches across Sri Lankan academic journals and university repositories, government and non-governmental organisation reports, and UNICEF and WHO publications specific to Sri Lanka. The research team conducted manual searches of the reference sections of key studies to identify additional relevant studies.

Inclusion and Exclusion Criteria

The review included research studies which fulfilled these specific requirements.

1. The research studies investigated children and/or adolescents between 0 and 18 years old and their families, caregivers, and service organisations which support this age range.
2. The research studies took place in Sri Lanka with special emphasis on suburban, peri-urban, and urban-fringe areas. The review included national studies which provided specific data about suburban populations.
3. The study examined mental health factors by studying how parenting methods, family bonds, school stress, economic conditions, violent exposure, migration events, detention, and access to services affect individuals.
4. The research included quantitative, qualitative, and mixed-methods studies together with narrative, theoretical, and policy analyses and high-quality grey literature.
5. The research spanned from 2010 to 2025 to analyse mental health changes after the war and tsunami disasters.
6. The research publications needed to be written in English for inclusion.

The research team excluded studies that (a) studied only adult participants who did not interact with children or adolescents, (b) used mental health data from clinical groups that did not represent community populations, and (c) failed to provide essential methodological information for assessment.

The research team selected 34 studies which met the inclusion criteria for analysis.

Study Selection and Data Extraction

The research team conducted title and abstract assessments to identify suitable studies for their investigation from the search results. The research team retrieved full versions of potential articles to confirm their eligibility through established inclusion and exclusion criteria. The research team extracted essential data from each included study, including study design information, participant demographics, research location, key psychosocial factors, and primary results on child mental health.

The review used narrative evaluation rather than standardised risk-of-bias assessment tools. The research team evaluated study quality by assessing participant numbers, measurement precision, and the appropriateness of statistical methods. The research team evaluated conceptual and policy papers based on their ability to present simple arguments applicable to Sri Lankan suburban areas.

Synthesis Approach

The research team used thematic synthesis to merge findings from different studies. The research team started by organising the extracted data into five main categories: family and school; socioeconomic status; gender expectations; violence exposure; institutional care; displacement; migration; and service delivery. The research team performed multiple rounds of analysis to convert the first domains into core themes, which serve as the foundation for this review.

The researchers applied Bronfenbrenner's Ecological Systems Theory and the WHO Social Determinants of Mental Health framework to examine how different environmental levels interact. The review used interpretive methods to analyse existing evidence by identifying patterns, contradictions, and missing information.

Thematic Sections

Research about child mental health in Sri Lankan suburban areas shows that multiple psychosocial factors work together to affect children's mental health status. The determinants that affect psychological well-being operate at multiple levels, from the individual to the family, school, and community, before influencing cultural and structural systems. The research literature identifies eight fundamental themes, organised into two categories that highlight risk factors and institutional system vulnerabilities.

Family Environment and Parenting Practices

Children reach their best mental health development when they remain in their original family environment. The parenting style in Sri Lankan suburban homes develops because of economic difficulties, cultural gender expectations, and past family trauma. The combination of strict discipline, unresponsive emotions, and demanding behaviour in lower-income families leads to depression, anxiety, and decreased self-esteem in their children (Vithana et al., 2023; Wijesekaea, 2022; Knipe et al., 2021).

Children who experience insecure attachment develop from families that face marital problems and financial challenges and have parents with mental health issues. Karunanayake et al. (2020) studied preschool children from low-income suburban Colombo families who showed emotional control problems and social conflicts with peers and conduct disorder symptoms.

The condition of maternal depression exists as an unaddressed factor which affects children's development. Social discrimination against mothers, together with insufficient mental health services, prevents numerous cases of maternal depression from obtaining appropriate treatment. According to Palfreyman (2021), children who experience their mother's mental illness during their early development period will develop emotional and cognitive problems.

According to Siriwardhana et al. (2015), the Middle Eastern migrant workforce in Sri Lanka poses special challenges for family relationships in the suburban areas of Gampaha and Kalutara. Children who stay home after their fathers depart for work abroad must handle changing family responsibilities, financial worries, and emotional challenges under the care of their mothers or grandparents. The children face increased risks of behavioural problems, school failure, and identity issues because their home environment remains unstable. Lakshman (2018) notes that corporal punishment continues to function as a child abuse tool, which affects disadvantaged families because it exists outside of current legal systems. Children who experience punitive discipline develop aggressive behaviour and withdraw from social interactions while experiencing ongoing fear, which directly results from a lack of emotional support in their home environment.

The research evidence demonstrates that suburban communities need parenting education programs and mental health services for parents, and mental health awareness programs to raise awareness about mental health issues.

Education and School-Related Stress

The educational system of Sri Lanka operates through a competitive framework which focuses on examination results. The academic pressure in suburban areas reaches extreme levels because these schools receive less funding than urban schools, which have access to better resources. Schools protect students through their proper psychosocial structure, but they create major student stress when this structure breaks down.

Manori et al. (2025) demonstrated that Grade 10 students in suburban Gampaha developed somatisation and depressive symptoms and school refusal because of their heavy academic responsibilities, strict rote-learning methods, and extreme examination stress. The research by Wijesekaea (2022) and Deivanayagam et al. (2024) demonstrated that students encountered two significant obstacles to receiving psychological help because they lacked access to trained counsellors, and there were no specific areas for students to share their mental health issues.

The schools based in suburban locations experience ongoing difficulties because of bullying and peer aggression problems. According to Daluwatta (2024), students at co-educational suburban schools in Colombo faced bullying because of their social position and physical looks, and their failure to fulfil traditional gender expectations. Students who faced continuous bullying developed persistent absences from school, thoughts of suicide, and severe social isolation, which became worse when their problems received no attention.

Teachers who work long hours without psychosocial training develop disciplinary methods which increase student academic stress levels. The research by Rajasuriya et al. (2021) showed that teachers who lacked mental health training would ignore student emotional problems through psychological discipline practices. The practice of corporal punishment persists in schools because it erodes students' trust in educational institutions (Lucas, 2025).

Research shows that schools that build strong bonds between teachers and students and offer extracurricular activities and peer-mentorship programs experience lower rates of behavioural issues and emotional problems (Vithana et al., 2023). The majority of these interventions are in urban and private educational institutions, leaving suburban schools without access.

Socioeconomic Disparities and Material Hardship

The three main factors which lead to poor child mental health in suburban areas include poverty and income inequality, and insufficient housing security. The rapid urban expansion of Colombo's districts has led to the development of numerous unauthorised residential areas

and affordable housing projects that lack vital services and secure play areas (Dayaratne, 2010; Van Dort, n.d.).

Children who experience food insecurity in crowded homes with unemployed parents develop chronic stress, which leads to behavioural problems, sleep problems, and increased irritability (Deivanayagam et al., 2024). According to Vithana et al. (2023), the Western Province cohort study found that children from low-income families had lower health-related quality of life. Various educational obstacles are encountered by Students from low-income backgrounds as they attend underfunded schools, experience social discrimination at school, and miss school time to work or take care of their families (Vithana et al., 2023). The two main barriers to child development stem from insufficient resources, which negatively affect academic achievement and self-esteem.

The expensive nature of mental health services creates an obstacle which prevents people from obtaining their required treatment. The high costs of private psychiatric care stem from public mental health facilities being located far away, which makes it difficult for patients to get necessary family support. As mental health care remains unavailable to them, Children experience worsening mental health problems.

Gender Norms and Cultural Expectations

As in many other areas, the social norms of suburban Sri Lankan communities demand that girls remain humble while following rules, while boys must hide their emotions to demonstrate leadership and strength (Knipe et al., 2021; Wijesekaea, 2022). Children express their distress through specific communication methods, which adults use to understand their behavioural responses. Girls tend to hide their problems inside their minds, which results in developing anxiety, depression, and psychosomatic symptoms. Boys tend to show their distress through aggressive behaviour, drug consumption, and rule-breaking at school (Siriwardhana & Wickramage, 2014).

People face additional challenges when managing their mental health issues because public discussions about these problems remain absent. People tend to explain mental health issues through spiritual weaknesses, supernatural forces, or karma, which creates feelings of shame and forces people to hide their problems until treatment becomes necessary. According to Daluwatta (2024), the social discrimination against LGBTQ+ individuals and gender-nonconforming people leads to higher rates of bullying and family rejection.

The practice of social exclusion creates two major problems which prevent people from seeking help for their mental health issues while maintaining a culture of hidden problems and unmet needs.

Exposure to Violence, Abuse, and Neglect

The suburban environment exposes children to multiple types of violence, which occur inside their homes and schools and throughout their communities. Financial difficulties, together with relationship problems, lead to domestic violence, which expresses itself through emotional mistreatment and physical harm (Catani et al., 2008). The practice of corporal punishment continues because parents and teachers use it as their primary disciplinary tool even though it is officially banned (Lucas, 2025).

Children who experience continuous violence develop multiple trauma symptoms, which include post-traumatic stress disorder, dissociation, and constant alertness. Wijewardana (2024) studied street-involved girls in Colombo's suburban areas to show that sexual abuse within homes and institutions results in major trauma symptoms and emotional instability. Schools and law enforcement need to identify and manage these situations appropriately, as the combination of social discrimination, violence acceptance, and insufficient child protection education makes it difficult. Girls develop severe emotional problems because they need to

support their families while facing higher sexual violence threats, which results in ongoing mental health problems (Karunanayake et al., 2020; Ranasinghe & Wickramasinghe, 2016).

The combination of gang violence and alcohol-fuelled fights and drug-related problems in peri-urban areas creates excessive psychological tension for young people.

Community Mental Health Services and Accessibility

The national mental health policy of Sri Lanka has shown progress, but suburban areas continue to face challenges in accessing mental health services. The current healthcare system relies on institutional care but lacks adequate connections between these facilities and basic healthcare services and educational programs (Rohanachandra, 2023).

Community members seek help from religious leaders and ayurvedic practitioners before accessing professional mental health services (Deivanayagam et al., 2024). Support systems provide emotional comfort to children, but they prevent children from receiving evidence-based treatment while continuing to spread false information about mental health conditions.

The study by Manori et al. (2025) found that suburban public schools lacked established procedures for obtaining psychological support services. The shortage of trained school counsellors exists alongside teacher shortages for psychological first aid and mental health promotion training.

The National Institute of Mental Health (NIMH), considered the central institute for mental health in Sri Lanka, is located in Mulleriyawa. However, NIMH's central location makes it difficult for suburban families to access, as they must travel long distances at high cost. The health system encounters various obstacles because community health officers experience excessive workloads while psychiatric units operate with insufficient staff and absent culturally appropriate intervention approaches (Rajasuriya et al.,2021).

Institutionalisation and Alternative Care Arrangements

The state operates multiple children's homes, which house orphaned and abandoned children and at-risk youth in suburban areas near urban areas. The protective environment of institutions fails to prevent children from experiencing emotional abandonment and social discrimination, and strict rules which block their normal psychological growth (Karunanayake et al., 2020).

Children who reside in institutions develop depression and behavioural problems and attachment issues at higher rates than children who live with foster families or relatives. The facilities face a staffing problem because they lack sufficient trained mental health professionals who can provide suitable trauma-focused treatment for children (Samaranayake, 2015).

The majority of alternative care arrangements exist outside official regulatory systems because people question foster care methods, and the systems fail to provide adequate monitoring (John & Mendis, 2017). Institutionalised children or those who receive informal care experience social exclusion, which leads to identity problems and prolonged mental health issues.

Displacement, Natural Disasters, and Migration

Children in Sri Lanka continue to develop psychologically because of previous civil war conflicts and natural disasters, which include the 2004 tsunami and flooding in resettlement areas and peri-urban relocation sites. The combined effects of conflict-related displacement and recurring natural disasters leave many families facing unstable housing, disrupted schooling, and persistent financial insecurity (Siriwardhana & Wickramage, 2014).

Children who reside in these homes experience two forms of trauma because they carry inherited ancestral pain and directly witness violent events and experience loss. Children who experience these events develop sleep disorders and have recurring nightmares while their schoolwork declines and they withdraw emotionally (Deivanayagam et al., 2024). The short-term nature of most mental health interventions in these areas, combined with insufficient local system integration and external funding restrictions, results in poor sustainability.

Domestic workers who spend time abroad are away from their children, which creates particular risks for these women. The research by Senaratne et al. (2011) shows that children of migrant mothers experience behavioural and emotional problems because their caregivers are absent, their homes are unstable, and they face social discrimination because of their mother's migration.

The combination of disaster-prone areas with high migration rates in suburban regions results in insufficient funding and short-term NGO programs that dominate the area. The programs lack an understanding of local cultural requirements, leading to lower program success and fewer participants.

Discussion

The research data reveal that Sri Lankan suburban children face multiple interconnected psychosocial factors which affect their mental health. The studied determinants, which include family dynamics, school stress, poverty, gender norms, cultural stigma, violence exposure, institutionalisation, and service access gaps, function as interconnected elements that create multiple barriers to child development.

Children residing in Sri Lankan suburban areas face a distinct psychosocial environment because community support is unpredictable. However, they do not have enough money to access the required services. The social environment of these communities remains at risk because they lack strong social connections, their social systems are fragmented, and their policies are inconsistently delivered (WHO, 2014; Siriwardhana & Wickramage, 2014).

Multi-Level Interactions and Cumulative Risk

Research studies demonstrate that poverty, together with authoritarian parenting and academic pressure, creates a chain of adverse effects which result in enduring damage. Children receive harsher discipline and diminished emotional support from their parents when their parents experience stress and live in poverty. Children who live in these settings must deal with two types of difficulties because they experience both family relationship trauma and schoolwork pressure while facing obstacles to receive professional counselling and peer support (Vithana et al., 2023; Daluwatta, 2024).

Ecological Systems Theory, developed by Bronfenbrenner, enables researchers to analyse how the different elements of the system interact. The microsystem of family, school, and peer groups in many suburban areas is under strain, while the exosystem and macrosystem fail to provide sufficient protective measures. Children who experience fast cultural and family changes develop internalising behaviours such as anxiety and depression, and externalising behaviours including aggression and risk-taking because their protective structures fail at multiple levels.

Hidden Epidemics and Data Gaps

The research shows that psychosocial stressors function secretly because of social discrimination, inadequate monitoring systems, and established cultural practices. The public fails to identify maternal depression and children's behavioural issues and child abuse because these problems get mistaken for spiritual issues or regular disciplinary practices (Deivanayagam et al., 2024; Ranasinghe & Wickramasinghe, 2016). The national policy discussions fail to address the

experiences of children who live in institutions and children who stay behind when their parents work abroad and LGBTQ+ youth (Daluwatta, 2024; Wijewardana, 2024).

The research fails to provide vital information about the psychosocial development of suburban Sri Lankan children over time because no longitudinal studies exist, and most research relies on teacher or parent reports rather than direct child participation. The research lacks data about children who live in alternative care facilities and displaced communities, and those who belong to marginalised identity groups.

The Sri Lankan context lacks standardised assessment tools which were developed to measure child mental health. The existing assessment tools do not enable practitioners and researchers to distinguish between typical child development and psychiatric disorders, which prevents them from providing appropriate interventions at the correct time. The development of trained personnel among educators, healthcare staff, and community-based organisations represents an essential requirement.

Structural Blind Spots in Mental Health Policy

The research findings demonstrate that national mental health policies lack sufficient local-level implementation plans. The National Mental Health Policy of Sri Lanka established community-based care models, but these initiatives have not been successful in suburban areas. The current number of trained school counsellors remains insufficient, while teachers receive inadequate education to detect or manage student mental health problems. The shortage of mental health professionals in communities, together with psychiatric service concentration in central areas, makes it difficult for low-income families to obtain mental health services (Manori et al., 2025).

Children in post-disaster areas and institutionalised settings face two main problems which affect their current situation. Children who live in care facilities or experience disasters receive short-term psychosocial help, but they usually do not get ongoing support, complete reintegration services, and extended medical services. The financial stability of NGO services remains precarious because they rely on donations and short-term programs that do not connect with state systems and neglect local cultural needs (Karunanayake et al., 2020; Siriwardhana & Wickramage, 2014).

The research findings indicate that suburban children need psychosocial support, which current planning efforts at the national and local levels do not address. Research must identify and address existing knowledge gaps to demonstrate that mental health equality can become a reality.

Towards Multi-Sectoral, Culturally Grounded Interventions

The solution to this complex problem requires targeted intervention approaches and partnerships across sectors to address multiple psychosocial threats. The solution to this problem needs multiple sectors to unite through partnerships between schools, community health officers, religious leaders, child protection services, and NGOs.

The development of interventions requires cultural awareness and local adaptation, as people seek help through their religious faith, traditional childcare practices, and personal experiences with discrimination (Wijesekaea, 2022; Deivanayagam et al., 2024). The organisation needs to start working on these areas right away. Schools need to create mental health education programs that align with their students' developmental needs.

The training program needs to teach frontline workers, including teachers, primary healthcare staff, and community volunteers, to identify mental health signs and deliver basic counselling and psychological first aid techniques. The creation of accessible community referral systems needs official mental health services to establish respectful partnerships with traditional support networks.

Research programs need to include children because this method enables policymakers to develop solutions that fulfil children's needs at different stages of development.

The implementation of trauma-informed care approaches should focus on areas with conflict and disaster zones and institutional settings to prevent re-traumatisation while helping children build resilience.

Conclusion

The review aims to determine vital psychosocial elements which impact child mental health in Sri Lankan suburban areas and to choose evidence-based interventions for these factors. The research shows that child mental health suffers from adverse effects when children experience authoritarian parenting, poverty, school pressure, social demands, violence exposure, institutional care, and insufficient mental health services. The Sri Lankan suburban areas experience high child mental health risks because their social system continues to change without proper research or support infrastructure.

The current treatment models, which focus on individual patients, need to be replaced with preventive methods that create systemic change through community-based initiatives. The interventions need to recognise how trauma impacts people while using evidence-based methods that preserve cultural practices through family and child real-life experiences. Schools have not achieved their full potential to enhance mental health because they can identify student mental health problems at an early stage and provide vital support services.

Sri Lanka must establish mental health as a social justice priority to achieve equal mental health results for children. The country needs ongoing research funding, together with policy changes and multiple institutional partnerships, to enable meaningful and developmentally appropriate child participation within community-based mental health initiatives. Sri Lanka should develop a future in which every child-centred approach helps all children achieve mental and emotional well-being by addressing psychosocial challenges.

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Conflict of Interest Statement

The authors declare that there are no conflicts of interest related to the content, authorship, or publication of this manuscript.

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This manuscript is the authors' original work. No part of the content has been generated or written by artificial intelligence tools.

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