

European Region (EUR)



EUR

Albania

General Information

Albania is a country with an approximate area of 29 thousand sq.km. Its population is 3.113 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.5% (WHO, 2000). The literacy rate is 90.5% for males and 76.2% for females. The life expectancy at birth is 65.1 years for males and 72.7 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent. The mental health policy is in the process of being finalised.

Substance Abuse Policy

A substance abuse policy is absent.

National Mental Health Programme

A national mental health programme is present. Details about the year of formulation of the programme are not available. The Mental Health programme in Albania is now co-ordinated by Swedish consultants. The consultants are responsible for the whole programme. Geneva Initiative on Psychiatry (GIP) is responsible for the implementation of a Community Mental Health structure in Elbasan and Gramsh and a contract between WHO and GIP ensure that the mandate of WHO is implemented. WHO is also in co-operation with UNOPS for the implementation of a Community Mental Health structure in both Vlora and Shkodra. WHO in Albania has the mandate from the Ministry of Health to co-ordinate all the activities in the mental health area. For that reason a special organization has been created and includes the National Steering Committee (NSC) and a support organization – The Albanian Development Centre for Mental Health (ADCMH). ADCMH works with different supports for implementation of the Community Mental Health Centres (CMHC) in different districts and involves technical support, supervision, co-ordination of NGO's activities for mental health, education and training and working with documentation and evaluation, preparing material for the NSC when changes are needed in the health care structure or changes in the legislation. During year 2000 WHO office in Albania has, by financing resources from both ECHO and SIDA, laid the foundation stone for the development process for Mental Health in Albania in close co-operation with the Ministry of Health.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1993.

Mental Health Legislation

There is a mental health act. The latest legislation was enacted in 1996.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 1.65% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Disability benefits are called invalidity benefits and maintain certain criteria. Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Regular training of primary care professionals is not carried out in the field of mental health. There are community care facilities for patients with mental disorders. Community mental health services are being developed and a few centres have recently started functioning. They function under the Ministry of Health with assistance from WHO.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.6
Psychiatric beds in mental hospitals per 10 000 population	2.6
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.8
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	1
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

There are no officially appointed psychologists and social workers in the state or local institutions and the number of neurosurgeons, psychiatric nurses and other type of mental health professionals are not known. The staff consists of just psychiatrists and nurses. There is no special training for nurses working in mental health. There are few outpatient units. The first psychologists to graduate out of the university were in 2000. Psychologists and social workers are not yet involved in the official mental health structures. The resources for health care in Albania are low compared to other countries. The resources are not equally distributed over the country.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and rehabilitation.

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. Only hospital data is reported. The country has no data collection system or epidemiological study on mental health. There are some university and hospital related work.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees and children. Programmes for special populations are mainly provided by NGOs.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	2.75
Ethosuximide	yes	250	7.85
Phenobarbital	yes	60	1.07
Phenytoin sodium	yes	100	1.07
Sodium Valproate	yes	300	24.07
Amitriptyline	yes	25	1.07
Chlorpromazine	yes	100	2
Diazepam	yes	5	0.53
Fluphenazine	yes	2.5	1.54
Haloperidol	yes	1	0.94
Lithium	yes	250	4.9
Biperiden	yes	2	9.15
Carbidopa	yes	25+250	26.82
Levodopa	yes	25+250	26.82

OTHER INFORMATION

There is a lack of resources. The service are mainly institutional, there are few alternatives to the hospital treatment, social support is scarce and a strong stigma is attached to the mentally ill. A modernization of the mental health service with social integration is required based upon the different conditions in Albania. The main advantages of the current mental health scenario are: a very strong support from the Ministry of Health and its representatives; strong organization at national level with high commitment from the professionals; a Mental Health Law that supports the development of community care; the approach to the local level with local steering committee under the responsibility of the Director of Public Health. The main disadvantages being – low access to psychiatric facilities like beds, out patient service, lack of drugs, limited number of professionals for multidisciplinary approach, etc; the poor infrastructure and the high rate of unemployment; an old dated educational system and the difficulties to access the professionals.

ADDITIONAL SOURCES OF INFORMATION

1. Shehu, T. (1993). Lista E Barnave Thelbesore.
2. Unknown author (1996). Per Shendetin Mendor – Kuvendi Popullor I Republikes Se Shqiperise.

Andorra

General Information

Andorra is a country with an approximate area of 0.45 thousand sq.km. Its population is 0.075 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 7.5 % (WHO, 2000). The life expectancy at birth is 75.4 years for males and 82.2 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is absent.

National Mental Health Programme

A national mental health programme is absent.

So far, Andorra does not have a national mental health plan. However, in 1996, a document from the Regional Office for Europe of WHO described the relevant needs, services, and organisational strategies.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation

Currently there is no legislation but there is one related to discapacity in the Parliament. Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 3.9 % of the total health budget on mental health.

The primary sources of mental health financing in descending order are social insurance, private insurances, out of pocket expenditure by the patient or family and tax based.

The primary care and social services budget are not included in the total health budget. Most doctors in the country have an agreement with the government such that the patient pays 25% of the cost of consultation and the rest is covered by the National Insurance System. If hospitalisation is required, the patient pays only 10%.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 42 personnel were provided training.

There are community care facilities for patients with mental disorders. A day care centre with a psychosocial rehabilitation program began 2 years ago. The Mental Health Services that have been developed since 1998 are based on the general principles of "community psychiatry". The services, including child psychiatry and geriatric psychiatry, are available to everyone covered by the National Insurance System (the great majority of the population). These services are concentrated in the general hospital, which is located in an area of the main urban zone of the country and has good communications. The Mental Health Centre offers an outpatient unit with psychiatric and psychological services together with a day unit where psycho-social rehabilitation programmes are offered to patients with chronic severe mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.6
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	1.6
Psychiatric beds in other settings per 10 000 population	0

Number of psychiatrists per 100 000 population	8
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	9
Number of neurologists per 100 000 population	3
Number of psychologists per 100 000 population	30
Number of social workers per 100 000 population	26

There is one occupational therapist and one music therapist. The process of deinstitutionalization has not been necessary in Andorra, since there were no psychiatric institutions till the present time. Several Andorran patients are still resident in private psychiatric institutions, either in France or Spain, as this had been the method of management for chronic psychotic disorders in the past. The mental health team co-operates at different levels with other sectors of health care. It has regular meetings with the Association of General Practitioners, the Social Work Services, and the Nursing Centres Network.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. The information gathering system is being implemented only recently.

There have not been any specific epidemiological studies on mental health, but a National Inquiry on Health has been done.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children.

Specific programmes also exist for eating disorders and alcohol and drug abuse.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	400	13.5
Ethosuximide	yes	200	6.82
Phenobarbital	yes	200	1
Phenytoin sodium	yes	100	2.55
Sodium Valproate	yes	500	13.27
Amitriptyline	yes	75	8.49
Chlorpromazine	yes	25	2.6
Diazepam	yes	5	5.54
Fluphenazine	yes	25	2.55*
Haloperidol	yes	10	10.15
Lithium	yes	400	2.86
Biperiden	yes	2	1.4
Carbidopa	yes	25 + 250	16.9
Levodopa	yes	25 + 250	16.9

*cost of single injectible unit

OTHER INFORMATION

Three greatest matters of concern are: developing the structures and programmes which are still lacking, e.g., a long-stay centre for highly dependent chronic patients, and a drug-addiction programme; promoting among mental health professionals and health professionals in general a sensitivity towards cultural and social factors which are liable to affect the mental health of the population; developing mental health legislation.

ADDITIONAL SOURCES OF INFORMATION

Armenia

General Information

Armenia is a country with an approximate area of 30 thousand sq.km. Its population is 3.525 million. (WHO, 2000).

The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 7.9% (WHO, 2000). The literacy rate is 99.2% for males and 97.3% for females.

The life expectancy at birth is 72.3 years for males and 77.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1994.

The components of the policy are advocacy, promotion and prevention.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1992.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

There is a legislation on compulsory treatment. However, the lack of any specific law on psychiatric intervention creates problems in relation to the rights, duties and protection of both patients and medical staff.

The latest legislation was enacted in 1998.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 4.5% of the total health budget on mental health.

The primary source of mental health financing is tax based.

The treatment of psychiatric patients is financed by the state. However, in the situation of slender budgets for public health care, the funding of the psychiatric service is obviously inadequate.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Chronically mentally ill patients receive monthly payments. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Treatment of severe disorders is carried out at specialized centres.

Regular training of primary care professionals is not carried out in the field of mental health.

There are community care facilities for patients with mental disorders. Each community and locality has its mental health providers.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	4.8
Psychiatric beds in mental hospitals per 10 000 population	4.78
Psychiatric beds in general hospitals per 10 000 population	0.02
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	4
Number of neurosurgeons per 100 000 population	1.2
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	9.8
Number of psychologists per 100 000 population	0.4
Number of social workers per 100 000 population	0.08

Psychiatric provision in Armenia is carried out by two kinds of medical service: outpatient and inpatient. It is represented through the network of dispensaries, hospitals, and health centres within the various communities. In recent years, the policy of reducing hospital beds has been implemented and new day hospitals have been opened; the development of night hostels is proposed. The psychiatric hospitals have been broken up into smaller units; whereas they formerly had 500-1000 beds, at present the greatest number of beds in any one is 400. The treatment of patients is mainly organised near to their home, in close co-operation with the local primary care service.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy and promotion. In 1999, with the assistance of the international organisation Médecins Sans Frontières, it became possible to open a rehabilitation workshop at one of the biggest psychiatric hospitals.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	100	18.52
Ethosuximide	yes	250	
Phenobarbital	yes	25	3.52
Phenytoin sodium	yes	100	
Sodium Valproate	yes	200	
Amitriptyline	yes	25	
Chlorpromazine	yes	25	
Diazepam	yes	5	
Fluphenazine	yes	5	
Haloperidol	yes	5	
Lithium	yes	300	
Biperiden	no		
Carbidopa	no		
Levodopa	yes	500	

OTHER INFORMATION

As a result of a disastrous earthquake, military conflicts, pauperisation of the population, political clashes, and the flooding in of refugees, producing many lonely and homeless people, there has been an increased number of persons in Armenia who need medical and psychiatric help in the last ten years. This has resulted in the need to establish appropriate services, to train specialists, and to develop social psychiatry in a number of directions. Before the earthquake of 1988, the psychiatric services were provided only by psychiatrists to severely ill patients who often required hospitalisation, but after 1988 the services have developed and outreach programmes, spiritual aids provided by churches and screening programmes for school children have been organized. International agencies and developed countries have helped in the process of restructuring.

ADDITIONAL SOURCES OF INFORMATION

1. Goenjian, A. (1993). A Mental Health Relief Programme in Armenia After the 1988 Earthquake. *British Journal of Psychiatry*. 163, 230-239.

Austria

General Information

Austria is a country with an approximate area of 84 thousand sq.km. Its population is 8.177 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 9% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 74.4 years for males and 80.4 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1999. The Federal Minister responsible for health matters reports every 3 years about activities of the Ministry of Health to the Parliament.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1997. Though at the federal level there is no fixed drug strategy, different provinces have adopted their own drug plans based on the traditional Austrian Drug policy (The Narcotic Substances Act, 1997) principles. Details can be obtained from the document (Report on the Drug Situation-2000).

National Mental Health Programme

A national mental health programme is absent. There are some mental health plans at the level of the provinces. Since 1997, there has been a national Hospital Plan, which involves a certain degree of obligation on individual provinces to fulfil its requirements. These include a few pages on psychiatry, with a subsection on community services. This plan is continuously adapted (latest version January 2001) and contains suggestions for the establishment of psychiatric units in general hospitals. However, up to now, only a few such units exist, with some others in the planning stage.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation

Though there is a legislation related to confinement of mentally ill persons in hospitals (1990/1997), there is no comprehensive mental health act or any obligation to provide adequate services. The latest legislation was enacted in 1997.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health. Details about expenditure on mental health are not available. The primary sources of mental health financing in descending order are social insurance, tax based, private insurances and out of pocket expenditure by the patient or family. There are no special allocations for mental health as mental health is a part of the primary health care system.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Different laws are present like Federal Longterm Care Allowance Act, Provincial Longterm Care Allowance Act, Social Maintenance Act and Disabled Persons Employment Act. Patients with mental disorders can receive benefits based on the provisions made by these acts. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Access to specialists at first point of entry or by referral is the general practice. Regular training of primary care professionals is carried out in the field of mental health. There are community care facilities for patients with mental disorders. Responsibility for providing community care lies with the federal provinces. Since the mid 1970s – starting with the WHO/EURO project “Mental health services in pilot study areas” – Austrian psychiatry has gradually moved away from large mental hospitals to community-based services. However, given the federal character of the country, this development has occurred at different speeds in different provinces. Some provinces (Upper Austria, Lower Austria, Vienna, Tyrol) have quite advanced community-based psychiatric services, whilst

others still lag behind. In community-based services like day hospitals, crisis intervention services, and hostels for psychiatric patients, multidisciplinary teamwork prevails. In some parts of the country, there are procedures for the systematic supervision of such teams.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	5.2
Psychiatric beds in mental hospitals per 10 000 population	4.7
Psychiatric beds in general hospitals per 10 000 population	0.45
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	10
Number of neurosurgeons per 100 000 population	1.3
Number of psychiatric nurses per 100 000 population	38.9
Number of neurologists per 100 000 population	7
Number of psychologists per 100 000 population	36.9
Number of social workers per 100 000 population	103.4

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. There are few initiatives to promote mental health in relation to positive or negative factors in society. However, the Austrian Society of Psychiatrists is carrying out a de-stigmatisation project for schizophrenia. Some local anti-stigma initiatives exist (e.g., a school project in the province of Lower Austria).

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Mental health details are mentioned only in hospital discharges and mortality figures.

The country has data collection system or epidemiological study on mental health. Only hospital figures of admissions and discharges are available.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population, elderly and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	15
Ethosuximide	yes	250	14.17
Phenobarbital	no		
Phenytoin sodium	yes	100	2.58
Sodium Valproate	yes	300	24.72
Amitriptyline	yes	25	7.8
Chlorpromazine	no		
Diazepam	yes	5	13
Fluphenazine	yes	1	5.7
Haloperidol	yes	1	10.18
Lithium	yes	300	11.66
Biperiden	yes	2	12.85
Carbidopa	yes	25+250	46.8
Levodopa	yes	25+250	46.8

The drugs are dispensed through pharmacies.

OTHER INFORMATION

The fragmentation of responsibilities at national and local level makes the cooperation between different providers of services and the intersectoral cooperation difficult. The financing of services is fragmented in a complicated way.

ADDITIONAL SOURCES OF INFORMATION

1. Austrian Parliament (1990) Unterbringungsgesetz (Civil Commitment Law). BGBl 155.
2. European Monitoring Centre for Drugs and Drug Addiction and the Austrian Federal Ministry of Social Security and Generations(2000). Report on the Drug Situation. Bundesministerium für soziale Sicherheit und Generationen, Wien.
3. Katschnig, H., Ladinsler, E., Scherer, M., Sonneck, G., Wancata, J. (2001). Österreichischer Psychiatriebericht 2001, Teil 1: Daten zur psychiatrischen und psychosozialen Versorgung der österreichischen Bevölkerung (Report on Psychiatry in Austria). Bundesministerium für soziale Sicherheit und Generationen, Wien (available for download in German: www.gesundheit.bmsg.gv.at)
4. Ludwig-Boltzmann-Institut für Suchtforschung (1999). Handbuch Alkohol – Österreich. Zahlen, Daten, Fakten, Trends (Handbook Alcohol – Austria). Bundesministerium für Arbeit, Gesundheit und Soziales, Wien.
5. Österreichischer Krankenanstalten – und Grobgeräteplan OKAP/GGP (2001). Bundesministerium Für Soziale Sicherheit Und Generationen.
6. Österreichisches Bundesinstitut für Gesundheitswesen (1998). Struktureller Bedarf in der psychiatrischen Versorgung, (Structural Needs for organizing Psychiatric Services), Wien.
7. Sonneck, G (1999). Suizidprävention in Österreich (Suicide prevention in Austria). Bundesministerium für Arbeit, Gesundheit und Soziales, Wien.

Azerbaijan

General Information

Azerbaijan is a country with an approximate area of 87 thousand sq.km. Its population is 7.697 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 2.9% (WHO, 2000). The literacy rate is 99(1989)% for males and 96(1989)% for females. The life expectancy at birth is 67.8 years for males and 75.3 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1996.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1999.

Mental Health Legislation

There is a law on mental health which is under the consideration of the Parliament. Information about any existing older mental health legislation is not available.

Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 1.6% of the total health budget on mental health.

The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family, private insurances and grants.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Disability benefits do not correspond to minimum subsistence levels.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary health care is provided at regional level by psychiatrist but general physicians do not provide that service at the primary health care level.

Regular training of primary care professionals is not carried out in the field of mental health.

There are community care facilities for patients with mental disorders. Currently a community based programme is being developed with the help of NGOs.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	7.3
Psychiatric beds in mental hospitals per 10 000 population	7.1
Psychiatric beds in general hospitals per 10 000 population	0.11
Psychiatric beds in other settings per 10 000 population	0.09
Number of psychiatrists per 100 000 population	3
Number of neurosurgeons per 100 000 population	0.4
Number of psychiatric nurses per 100 000 population	3.9

Number of neurologists per 100 000 population	5.2
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	0.3
Psychologists and social workers are being trained.	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. Annual data on the mentally ill is forwarded to the Central Statistics Department.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees. In the state programme of health of refugees there is a section on mental health assistance.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	8.83
Ethosuximide	no		
Phenobarbital	yes	100	5.3
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	yes	25	3.97
Chlorpromazine	yes	50	0.88
Diazepam	yes	5	3.3
Fluphenazine	no		
Haloperidol	yes	5	3.75
Lithium	yes	300	3.3
Biperiden	no		
Carbidopa	no		
Levodopa	no		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Belarus

General Information

Belarus is a country with an approximate area of 208 thousand sq.km. Its population is 10.274 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.9% (WHO, 2000). The literacy rate is 99.7% for males and 99.4% for females. The life expectancy at birth is 62.4 years for males and 74.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent. Prevention of mental ill-health is a part of national policy, even though there is no national mental health programme for the country. The Health Ministry of Belarus is mainly responsible for developing national policy concerning mental health and the provision of psychiatric health care. Other ministries share this responsibility, e.g., Social Security and Education. They mainly participate in the development of national programmes and the legislative basis related to mental health. The co-ordination of intersectoral activities at a state level is governed by The Interministerial Commission on Drug Abuse and Crime, under the Council of Security, and The Interministerial Commission on Control of Drugs and Psychotropic Substances, under the Council of Ministers. The Health Ministry collaborates actively with NGOs which are working on mental health problems, such as the Belarussian Psychiatry Association (BPA), which includes a section on drug abuse. At a local level, this includes cooperation with executive and administrative bodies on issues of the planning and development of mental health services. Local health bodies, specialized institutions providing psychiatric care, BPA regional branches, and NGOs participate in these activities.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 2000.

National Mental Health Programme

A national mental health programme is absent. There is no national mental health plan in Belarus. Mental health plans are included within the framework of the annually developed Health Ministry plans. Some of the plans are: the development of the anti-alcohol policy, the national programme on prevention and control of alcohol abuse and alcoholism, the national programme of fighting crime for the years 1999-2000, the national programme of comprehensive measures for controlling the abuse of drugs and psychotropic substances and their illegal traffic. The need remains to develop a long-term mental health care plan, and this is a major task for the Health Ministry. But its development is hindered by the absence of an appropriate epidemiological structure. However, some activities are being undertaken by the Health Ministry like the establishment of a legislative basis by amendments to the Law of the Republic of Belarus, "On Health Care", the development of Health Ministry standards on psychiatric care. Some measures have been planned for a transition to the use of ICD-10.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1999.

Mental Health Legislation

There is a legislation on psychiatric care and guarantee of rights of the citizens during its rendering. Providing health care to the population is regulated by the following laws: "On health care", "On social security for invalids", "On psychiatric care and citizens' guarantees for its provision" (1999), as well as by Health Ministry standards. The latest legislation was enacted in 1999.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health. Details about expenditure on mental health are not available. The primary sources of mental health financing in descending order are tax based, social insurance and out of pocket expenditure by the patient or family. Unfortunately, there have been some obstacles in the way of the transition from inpatient to outpatient care: economic problems, peculiarities of the system of budget financing, and traditional methods of providing outpatient care

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Public disability benefits are given to mental health invalids. Mental health patients including working ones are treated free of charge at polyclinics. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Specialised primary health care is rendered at the polyclinic by therapists and neuro pathologists; at the psychiatric and narcologic clinics by psychiatrists and narcologists; at the hospital in cases of psychosis by psychiatrists and narcologists. The national system of psychiatric care has been developed based on the needs of society, as stipulated by the community as a whole and by the consumers of these services in particular. In the past, such care was mainly provided at large psychiatric institutions. At present, it is provided as near as possible to the patient's home, aiming to shift the provision of care from the inpatient to the outpatient level. Establishing a network of outpatient clinics, psychotherapeutic facilities, and socio-psychological care at each area polyclinic, integration of psychiatric care into GP practice, developing cooperation with social services and NGOs are also being planned. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 720 personnel were provided training. There are no community care facilities for patients with mental disorders. Community care services have not yet developed.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	9.9
Psychiatric beds in mental hospitals per 10 000 population	9.6
Psychiatric beds in general hospitals per 10 000 population	0.3
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	13
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	29
Number of neurologists per 100 000 population	14
Number of psychologists per 100 000 population	0.8
Number of social workers per 100 000 population	0

There are no definite staff salaries regarding social workers and psychologists and so it is impossible to use their services widely. Since Soviet times, psychiatric care has been provided at hospitals, but at present, it is being shifted from the inpatient to the outpatient level. Outpatient clinics for psychiatry and treatment of drug abuse, telephone contact for emergency psychiatric care, and facilities for treating neurotic and psychosomatic disorders at local hospitals are in the process of being established all over the country. Treatment by psychotherapy is being introduced at outpatient clinics. Psychiatric outpatient care is provided by child psychiatrists at children's polyclinics. Child psychiatrists also provide psychiatric care at adult polyclinics on a consultative basis. In rural areas, emergency psychiatric care is provided at GP clinics. Simultaneously, the number of inpatient beds is being gradually decreased: the total had been reduced by 11.7% in 1998, compared with 1990. Beds for the treatment of addiction were reduced by 28.1% within the same period. The following specialist workers contribute to the provision of care at psychiatric and addiction institutions: rehabilitation and social care nurses, psychologists, psychiatrists, and social workers. Lawyers are also present in some of them. Multidisciplinary teams with the participation of doctors, psychologists, and social workers are working at some addiction institutions. This early experience is planned to be extended within the mental health services of the country. The number of psychologists and social workers is still insufficient.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has no data collection system or epidemiological study on mental health. Since 1998, the suicidal behaviour of the population of Minsk city has been studied as an indicator of mental health. It is also planned to collect information on suicides and parasuicides throughout the country. Further reform of the psychiatric services is under way.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population and children. The disaster affected population are those affected by the Chernobyl accident.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	6.35
Ethosuximide	yes	250	9.11
Phenobarbital	yes	100	0.63
Phenytoin sodium	no		
Sodium Valproate	yes	300	13.24
Amitriptyline	yes	25	2.46
Chlorpromazine	no		
Diazepam	yes	5	1.28
Fluphenazine	no		
Haloperidol	yes	5	2
Lithium	yes	250	3.88
Biperiden	yes	2	3.12
Carbidopa	yes	250+25	21.32
Levodopa	yes	250+25	21.32

An essential list of drugs is published annually.

OTHER INFORMATION

The scope of current mental health activities are development of outpatient care, establishment of multidisciplinary groups in the services, scientific support of the mental health service, including research in the field, introduction of new technologies, especially for treatment of drug abuse, training of specialists in the field of mental health service provision, establishment of a national legislative basis for the management of mental disorder, transition to the use of ICD-10 in the activities of the service.

ADDITIONAL SOURCES OF INFORMATION

Belgium

General Information

Belgium is a country with an approximate area of 33 thousand sq.km. Its population is 10.152 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 74.5 years for males and 81.3 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1988. A Mental Health Policy has been present since 1988 and was amended in 1990. Now, since both federal government and communities are in charge of different parts of mental health, there is a national and a community mental health policy.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1921. It has been amended several times and is now in the process of being renewed.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1990. Various adaptations have been made over time.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available. There is no list of essential drugs since all officially registered drugs are available.

Mental Health Legislation

There is a Royal decision of May 2000 changing the previous one of 1976 concerning the fixation of maximum number of beds in psychiatric services. The communities are in charge of all non-hospital mental health care such as sheltered housing, centres for mental health, etc. The Federal government is in charge of hospitals, location of psychiatric care, quality of hospital care.

The latest legislation was enacted in 2000.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 6% of the total health budget on mental health.

The primary sources of mental health financing in descending order are social insurance, private insurances, out of pocket expenditure by the patient or family and tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Different parameters like ability to work and measurement of handicap are assessed.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level.

Regular training of primary care professionals is carried out in the field of mental health.

There are community care facilities for patients with mental disorders. The forensic psychiatry services are limited to some experimental areas.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	25
Psychiatric beds in mental hospitals per 10 000 population	16.4
Psychiatric beds in general hospitals per 10 000 population	2.4
Psychiatric beds in other settings per 10 000 population	6.6

Number of psychiatrists per 100 000 population	18
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	1
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in promotion, prevention and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. The document containing psychiatric information is known as the Minimal Psychiatric Dataset.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population, elderly and children. There are services for prisoners too.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	12.55
Ethosuximide	yes	250	7.32
Phenobarbital	yes	100	5.23
Phenytoin sodium	yes	100	3.35
Sodium Valproate	yes		
Amitriptyline	yes		
Chlorpromazine	yes	100	6.9
Diazepam	yes	10	16.74
Fluphenazine	yes	2	10.46
Haloperidol	yes	2	18
Lithium	yes		
Biperiden	yes	2	6.28
Carbidopa	yes	250	29.29
Levodopa	yes		

Drugs are partially or wholly reimbursed.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Baro F., Prims A., de Schouwer, P. (1984). Belgium: Psychiatric care in a Pluralist System. In: Mental Health Care in the European Community, ed:S. P. Mangen. Croom Helm. pp 42-54.
2. Der Minister van Consumentenzaken, Volksgezondheid en Leefmilieu and Aelvoet, M. (2000). Legislation Concerning Mental Health.
3. Simoens-Desmet, A. (1998). Rapport National 1998 du Resume Psychiatrique Minimum. Ministere des Affaires Sociale. Se la Santé, Publique et de l'Environnement.

Bosnia and Herzegovina

General Information

Bosnia and Herzegovina is a country with an approximate area of 51 thousand sq.km. Its population is 3.839 million. (WHO, 2000).

The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 7.6% (WHO, 2000). The literacy rate is 98.31 (1991)% for males and 91.75(1991)% for females.

The life expectancy at birth is 71.2 years for males and 75 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1996.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is absent. Sarajevo and Tuzla (cantons) have developed and approved substance abuse policies.

Recently an Institute for Drug Abuse has been set up.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1996.

The national plan needs are: postdoctoral study seminars on stress, PTSD, trauma psychology, treatment of war trauma; training programmes for staff including doctors, psychologists, social workers, teachers, and students of medicine and psychology; psychiatric and psychological services for individual and group counselling, psychotherapy for psychiatric patients, supervision of staff; mobile professional emergency teams for psychological trauma, with screening for PTSD, depression, suicidal states and other kinds of psychiatric emergencies; institutions for forensic psychiatry; telepsychiatry service for assessment of callers and their reported problems; national plan for mental health care.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1996.

Mental Health Legislation

The Law on the Protection of Mentally Ill People has been prepared in the Federation of the BIH. The document is now in the Parliamentary procedure and it is expected to be approved soon.

The latest legislation was enacted in 2000.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are social insurance and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. The Complete Health Care Insurance takes care of any disability benefits.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary care services are available for some cases.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 200 personnel were provided training. There are training programmes for family doctors and general practitioners.

There are community care facilities for patients with mental disorders. Community care services are partially developed and is in the process of development.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	3.6
Psychiatric beds in mental hospitals per 10 000 population	2.4
Psychiatric beds in general hospitals per 10 000 population	1
Psychiatric beds in other settings per 10 000 population	0.2
Number of psychiatrists per 100 000 population	1.8
Number of neurosurgeons per 100 000 population	0.08
Number of psychiatric nurses per 100 000 population	10
Number of neurologists per 100 000 population	0.4
Number of psychologists per 100 000 population	0.5
Number of social workers per 100 000 population	0.03

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health. There is a need for development at the national level of a data set on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population and children. It is estimated that in the Srpska Republic, there are more than 500,000 refugees (from ex-Yugoslavia, Croatia, etc.) and about 20,000 internal displaced persons (from Kosovo and the Federal Republic of Yugoslavia). These refugees are living in collective shelters, in private accommodation, or with relatives and friends all over the country. The more vulnerable subjects have developed serious psychiatric disorders. In the country, there are only 5 centres for community-based rehabilitation. The main clinical problems which most urgently require attention are: enduring personality change, post-traumatic stress disorder and suicide. Special centres or special programmes within psychiatric clinics are urgently needed to treat existing problems of these kinds. The main goals of projects concerned with psycho-social support and rehabilitation of persons with PTSD are: education and training for nurses, doctors, psychologists, social workers, teachers, and students of medicine and psychology, as well as volunteers; detection of traumatised persons, as a consequence of stressful experiences; development of a programme for the treatment and evaluation of each high-risk group; psychological and psychiatric help, as well as psycho-social support and rehabilitation for psychologically traumatised persons with symptoms of PTSD or anxious-depressive and psychosomatic reactions; prevention of suicide.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	10
Ethosuximide	no		
Phenobarbital	yes	100	5.39
Phenytoin sodium	yes	100	4.78
Sodium Valproate	yes	500	39.8
Amitriptyline	yes	25	3.9
Chlorpromazine	yes	100	2.78
Diazepam	yes	5	2.26
Fluphenazine	yes	5	12.39
Haloperidol	yes	2	3.08
Lithium	yes	300	6.08
Biperiden	yes	5	7.29
Carbidopa	yes	25+100	14.93
Levodopa	yes	25+100	14.93

OTHER INFORMATION

The country comprises of two separate entities – Bosnia and Herzegovina and Srpsca Republic. The information is a combination of information available from both parts.

During the Turkish rule there was no organized medical protection of the mentally ill and no institution existed for treating mental disorders prior to 1640. Severe cases were sent to Turkey for treatment and Christian patients were treated in churches. After occupying the country during the mid 19th century the Austro-Hungarian Monarchy founded the first mental hospital. By the end of the 1st World War there were 113 beds with one psychiatrist. The first neuropsychiatry unit was setup in Sarajevo University in 1947 and since then the psychiatric services have gradually expanded (Ceric et al, 1995).

ADDITIONAL SOURCES OF INFORMATION

1. Ceric, I., Garnovic, M. and Oruc, L. (1995). History of the Neuropsychiatric Health Service in Bosnia-Herzegovina. *Medicinski Arhiv*. 49(3-4), 117-119.

Bulgaria

General Information

Bulgaria is a country with an approximate area of 111 thousand sq.km. Its population is 8.279 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.8% (WHO, 2000). The literacy rate is 98.9% for males and 97.6% for females. The life expectancy at birth is 67.4 years for males and 74.7 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 2001. On the 1st of June 2001 a National Mental Health Policy proposed by the Bulgarian Ministry of Health was approved by the Council of Ministers together with a Plan of Action for the period 2001-2005. This policy incorporates all the relevant elements of the National Health Strategy "Better health for better future".

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 2001. In 2001 a national programme for alcohol and drug abuse prevention, treatment and rehabilitation was approved by the Council of Ministers. Last year Bulgarian government adopted a special law for psychoactive substances and their precursors. There is also a National Drug Service at the Ministry of Health created after the Act of Drugs and Precursors.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 2001. There is a Plan of Action 2001 – 2005 that is in itself a national mental health programme. The main goals are: to substitute for centrally funded, hierarchically administered institutions, a network of client-orientated and market regulated autonomous services with a variety of profiles; to substitute for outmoded psychiatric institutions, a network of comprehensive community-based mental health services; to integrate mental health services in the general health system.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

Bulgaria does not have a Mental Health Act. In Bulgaria, the major legislative acts dealing with psychiatry were passed in the late 1960s and 1970s. There are some provisions in two chapters in the actual Public Health Act (enacted 1973) that postulate rules for involuntary treatment of mentally ill persons. During the last few years, only partial changes have been made in Bulgaria (i.e., exclusion of sections on compulsory admission for alcoholics and drug addicts without psychotic symptoms and compulsory work activity in the course of such treatment; there is also a new option for out-patient and day care treatment under compulsion). However, a considerable amount of work needs to be done in order to make mental health legislation consistent with international standards and principles. In the draft of the new Public Health Act (2000) which is still to be adopted by the Parliament, there are more detailed provisions for patients' rights. There are also special chapters in Bulgarian Penal Code for offenders with mental illness. The year of initial formulation of Bulgarian Penal Code is 1968.

The latest legislation was enacted in 1973.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 2.5% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, social insurance, out of pocket expenditure by the patient or family and private insurances. According to the information provided by the National Health Insurance Fund (NHIF) on the basis of information for the year 1999 the expenditures for inpatient and dispensary mental health care (financed by the municipalities and the state) represent 7.4% from the total health care expenditure in the country. According to one research (Delcheva et al, 1998) in 1996 the nominal hospital and outpatient expenditures for patients with schizophrenia were only 0.08% from the whole public expenditures on health care. Within the above frames Bulgarian Ministry of Health funds 10 large government psy-

chiatric hospitals. There are also hospitals and dispensaries that are financed by the Ministry of Finance and local municipalities. From the 1st of July 2000 with the introduction of the new health insurance system, in-patients services are financed through tax based funding (state budget) and out-patient services have to sign a contract with the National Health Insurance Fund. According to the Health Insurance Law all citizens in the country have a compulsory health insurance. After the introduction of compulsory health insurance system from the 1st of July, 2000 outpatient health services are financed and provided for about 90% of the population in the country. The rest 10% are self-employed who prefer to pay directly (out-of-pocket) for health services.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Severe mental disorders are treated by specialists. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 450 personnel were provided training. There is no specific program designed for training of the GPs in mental health but there is a module within the postgraduate training for GPs which has started three years ago when the institution of GPs was introduced for the first time in the country. The program for training of the GPs in mental health is in its preliminary stage. There are no community care facilities for patients with mental disorders. There are no community care facilities such as day centres, sheltered houses, etc, for the patients with mental disorders. There are only pilot projects for such services which are run by NGO's. With the process of reform in psychiatry the existing system of mental health services will be changed and community based mental health care will be introduced. At present, Bulgarian psychiatrists do not practise the components of modern community-based psychiatry in a way that meets international standards. The implementation of these components would require the setting up of pilot projects and the development of new training programmes based on experiences derived from these pilot services.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	8.3
Psychiatric beds in mental hospitals per 10 000 population	4.1
Psychiatric beds in general hospitals per 10 000 population	1.9
Psychiatric beds in other settings per 10 000 population	2.3
Number of psychiatrists per 100 000 population	9
Number of neurosurgeons per 100 000 population	1.6
Number of psychiatric nurses per 100 000 population	15
Number of neurologists per 100 000 population	15
Number of psychologists per 100 000 population	0.9
Number of social workers per 100 000 population	0.3

The other specialists working in private setups. Mental health needs are defined from a medical point of view. This implies that control of symptoms is the most important service and it underestimates the need for other types of intervention programmes – occupational, psychological, etc. Staffs, mainly composed of psychiatrists, dominate the treatment process and reflect a paternalistic treatment model. Outpatient psychiatric care in Bulgaria is provided by: (i) small outpatient units, which are very few; (ii) outpatient clinics – "dispensaries" – which are either autonomous facilities or attached to general hospitals; and (iii) ambulatory units at general polyclinics and hospitals. The latter provide predominantly consultation and referral to psychiatric clinics and hospitals. Inpatient psychiatric care is provided by large psychiatric hospitals and university clinics and also by psychiatric wards in general hospitals. There are also special residential facilities for chronically mentally ill patients, which are under the social welfare administration. The delivery of outpatient services is based on geographical responsibility. The profile of inpatient services is hardly described and the provision of care is not structured in terms of treatment programmes or protocols. There is a lack of co-ordination between hospitals and outpatient services in terms of procedures for referral and follow-up. Mental health needs are defined from a medical point of view. This implies that control of symptoms is the most important service and it underestimates the need for other kinds of intervention programmes – occupational, psychological, etc. The staff composition, in which psychiatrists dominate the treatment process, reveals the paternalistic model of treating patients.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees and children. Most of the programmes are run by NGOs and have a limited scope of action. There are programmes for women victims of violence. There are well established psychiatric services for children, for alcohol and drug abusers, and for forensic psychiatry. There are also psychiatrists who work predominantly with elderly mentally ill. The country has specific programmes for mental health for minorities, refugees and children and victims of violence. They are run by NGOs and have a limited scope of action. There are also programmes for women victims of violence.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	2.5
Ethosuximide	yes	250	10.36
Phenobarbital	no		
Phenytoin sodium	no		
Sodium Valproate	yes	200	11.23
Amitriptyline	yes	25	3.22
Chlorpromazine	yes	25	0.44
Diazepam	no		
Fluphenazine	yes	25	
Haloperidol	yes	1.5	5.97
Lithium	no		
Biperiden	yes	2	10.24
Carbidopa	yes		
Levodopa	yes		

Some medicines are reimbursed totally or partially by the health insurance system. Only the tablet form of fluphenazine is reimbursed. A combination of Carbidopa and Levodopa is reimbursed.

OTHER INFORMATION

There are no procedures for the cost assessment of psychiatric disability or psychiatric care. The significance of stigmatisation and discrimination because of mental illness is not widely recognized. This leads to a poor quality of life for mentally ill patients and their relatives, as well as to a poor quality of services offered. However, the process of recognition of the importance of patients' participation in the decision-making process has only just started.

ADDITIONAL SOURCES OF INFORMATION

1. Borissov, V., Rathwell, T. (1996). Health Care Reforms in Bulgaria: An Initial Appraisal. *Social Science & Medicine*. 42(11), 1501-1510.
2. Delcheva, et al (1998) Cost of schizophrenia. *Bulletin of the Bulgarian Psychiatric Association*. 3-4, 14-18.
3. Dontshev, P., Gordon, H. (1997). Forensic Psychiatry in Belgium. *Criminal Behaviour & Mental Health*. 7(2), 141 – 151.

Croatia

General Information

Croatia is a country with an approximate area of 57 thousand sq.km. Its population is 4.477 million. (WHO, 2000). The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8.1 % (WHO, 2000). The literacy rate is 99.3 % for males and 96.9 % for females. The life expectancy at birth is 69.3 years for males and 77.3 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Mental health policy and programme components are included under the Law on Protection of Persons having Mental Disorders. There are no separate policies or programmes.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1996. The Commission for Narcotics is a permanent Government body, comprising representatives of all authorities responsible for drug abuse, including the health, education, and social welfare authorities. A strategy on prevention of drug abuse has been accepted by the Croatian Parliament and is currently under implementation.

National Mental Health Programme

A national mental health programme is absent.

Several government bodies have been formed, some of them permanent and others temporary, to improve a particular service or activity, designed for persons already affected by mental disorders. Recently, a Commission has been established to monitor the care of persons with mental disorders. It includes representatives of different government bodies, including the health and social welfare authorities, legal experts, and other professionals dealing with ethics and public relations. One of the tasks of this Commission is to encourage the implementation of mental health promotion programmes. Several mental health programmes have been considered for further development: decreasing stigmatisation of chronic psychiatric patients, particularly of those suffering from schizophrenia; a preventive programme for depression and reduction of suicide rates; de-institutionalisation of long-stay patients.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 2000.

Mental Health Legislation

There is a Law on Protection of Persons having Mental Disorders. The Law on Protection of Persons with Mental Disorders was approved by the Croatian Parliament in 1997, with some revisions in 2000. It defines the rights of those persons to protection and care, and to equality in health services. It also specifies the conditions when these rights can be limited, elaborates the obligatory procedures related to these limitations, and defines the right to protection from mistreatment. According to this law, a patient can be admitted to hospital only on the signing of informed consent. This must be in a written form, confirming understanding of its nature, possible consequences, and types of treatment; its withdrawal is permissible at any time. Compulsory hospitalisation is subject to court supervision. Under this law, a State Commission for the protection of persons with mental disorders was established. Its responsibilities are to elaborate possibilities of further improvements in the status of persons with mental disorders, deal with complaints from psychiatric patients and define mental health promotion programmes. This body was created at the beginning of the year 2000 when detailed mental health promotion programmes were being elaborated.

The latest legislation was enacted in 1997.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are social insurance and tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental illness has the same status as other disabilities, i.e., compensations policy is regulated in a by-law regulating the issue of disabilities.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level.

Regular training of primary care professionals is carried out in the field of mental health. Training is a regular process for primary care professionals. There have been training programmes for professionals to deal with trauma victims.

There are community care facilities for patients with mental disorders. Though there are no specific community based services established for mentally ill individuals, they are provided through primary health care and local centres for social work. In 1999, a joint Committee between the health and social welfare authorities was formed to improve post-hospital social care for hospitalised psychiatric patients, as well as health care for those chronic psychiatric patients who are resident in social institutions, among other tasks. The Croatian Association of Psychiatrists has already elaborated a draft version of a framework for this activity. Community-orientated health services are provided by 120 primary health care centres, through more than 1,500 general practitioners and 21 public health facilities, which are regularly cooperating with local centres for social work and with educational institutions.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	10.2
Psychiatric beds in mental hospitals per 10 000 population	7.9
Psychiatric beds in general hospitals per 10 000 population	1.2
Psychiatric beds in other settings per 10 000 population	1.1
Number of psychiatrists per 100 000 population	8.5
Number of neurosurgeons per 100 000 population	0.9
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	3.2
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

In Croatia, a considerable decrease in the total number of hospital beds took place between 1990 and 1996. While the overall number of hospital beds decreased by 21.3% in that period, the decrease of beds in psychiatric wards was even higher, amounting to 25.3%.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and prevention. The Ministry of Health, like other ministries, is regularly co-operating with and sponsoring activities of various NGOs dealing with mental health programmes, including those of service providers and consumers.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population, elderly and children.

Information about services for minorities and indigenous people are not known.

Several other commissions, with more global tasks, have been formed to examine the possibilities of improvement in the quality of life of particular population groups, e.g., children and the elderly. These commissions include representatives of various government bodies whose scope of work is connected with the target groups. In view of the high incidence of war-related psychological trauma, a Council of Experts was formed to propose, elaborate, and implement psycho-social programmes orientated to war victims. The ward of psychiatry and psychology at the Medical Headquarters of the country and other regional psychiatric services had been specially geared to tackle trauma related disorders. Mobile units had also been setup and particular attention was paid to education and publication of information for the public.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	7.8
Ethosuximide	yes	250	9.53
Phenobarbital	yes	15	1.23
Phenytoin sodium	yes	100	2.1
Sodium Valproate	yes	150	7.58
Amitriptyline	yes	10	1.83
Chlorpromazine	no		
Diazepam	yes	2	2.34
Fluphenazine	yes	1	5.35
Haloperidol	yes	2	8.92
Lithium	yes	300	5.12
Biperiden	yes	2	5.37
Carbidopa	yes	25+250	19.19
Levodopa	yes	25+250	19.19

The drug list is published every year by the Croatian Health Insurance Institute.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Folnegovic, S.V., Jurik, V., Moro, L. and Vidovic, V. (1991). Work at the Department of Psychiatry and Psychology at the Medical Headquarters of the Republic of Croatia. *Lijecnicki Vjesnik*. 113(7-8), 277-280.
2. Kunovich, R.M. and Hodson, R. (1999). Civil War, Social Integration and Mental Health in Croatia. *J Health Soc Behav*. 40(4), 323-343.
3. White, G. (1998). Trauma Treatment Training for Bosnian and Croatian Mental Health Workers. *American Journal of Orthopsychiatry*. 68, 58-62.

Czech Republic

General Information

Czech Republic is a country with an approximate area of 79 thousand sq.km. Its population is 10.262 million. (WHO, 2000).

The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 7.6% (WHO, 2000). The literacy rate is 99.0% for males and 99.0% for females.

The life expectancy at birth is 71.7 years for males and 78.4 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1953.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The mental health policy was formulated in 1953 and the last amendment was in 2001. Policy in the field of mental health is formulated by the Psychiatric Society of the Czech Medical Association. This policy in the form of program document is presented to the Ministry of Health. The goals were published in 1997 and are known as Psychiatric Care in the Czech Republic – program document and mental health care policy. This program defines the status of psychiatry in the health care system and underlines requirements and conditions of modern trends in treatment, rehabilitation and social reintegration of mentally ill people.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1989. The policy in this field was formulated in a law amended in 1989 (Act No. 37/1989).

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1953.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1997.

The national therapeutic drug policy/ essential drug list was formed through the Act No. 48/1997 on Public Health Insurance, which defines 521 groups of pharmaceutical products.

Mental Health Legislation

There is no specific law on mental health. The legislative regulation in the field of mental health is covered by the Law on Health Care for the Population (Act No.20/66 Coll.) This act, adopted in 1966, has been changed and amended by a series of health care reform legislation, most recently in 1999. More details can be obtained from the document: Health Care Systems in Transition – Czech Republic. European Observatory on Health Care Systems, (WHO 2000). There is another civil law bill on Involuntary Hospitalisation and Withdrawal of Legal Disposition, but it is yet to be passed.

The latest legislation was enacted in 1966.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 3% of the total health budget on mental health.

The primary sources of mental health financing in descending order are social insurance, out of pocket expenditure by the patient or family, private insurances and tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. In principle, the primary health care is available for severe mental health disorders, but practically the preferred and common option is to use the services of ambulatory specialists.

Regular training of primary care professionals is carried out in the field of mental health. There are various options of training and education. Mental health care is a part of the training of general practitioners and nurses in primary care.

There are community care facilities for patients with mental disorders. There has been a substantial improvement in the quality of treatment provided in hospitals and also improvement in the living conditions of patients. Despite this positive changes, the current situation in rehabilitation and social reintegration of mentally ill patients is not satisfactory. The current status is partly due to limited financial resources. The costs of treatment are covered by health insurance fund, but for other interventions like social support coverage does not exist. The other obstacle is that the traditional psychiatric treatment facilities are not appropriate to fulfil that task. The majority of work in this field is done by various nongovernmental organizations and in few places by establishments supported by the churches but they are unable to meet the demands. However a number of very promising initiatives in sheltered housing, sheltered work and reintegration to the community have been started.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	11.3
Psychiatric beds in mental hospitals per 10 000 population	9.7
Psychiatric beds in general hospitals per 10 000 population	1.4
Psychiatric beds in other settings per 10 000 population	0.2
Number of psychiatrists per 100 000 population	12
Number of neurosurgeons per 100 000 population	1.5
Number of psychiatric nurses per 100 000 population	33
Number of neurologists per 100 000 population	12
Number of psychologists per 100 000 population	4.9
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. Sheltered housing is also provided by NGOs.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Mental health is reported as a part of the report of the health sector. The country has data collection system or epidemiological study on mental health. The Institute for Health Information and Statistics is responsible for data collection in the health care sector. The information on psychiatric care are systematically collected and regularly published since 1963.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, elderly and children. There are also programmes for patients with eating disorders.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	4.12
Ethosuximide	yes	250	6.66
Phenobarbital	yes	100	4.84
Phenytoin sodium	yes	100	1.94
Sodium Valproate	yes	300	10.65
Amitriptyline	yes	25	1.94
Chlorpromazine	yes	100	3.63
Diazepam	yes	10	1.45
Fluphenazine	yes	25	9.69*
Haloperidol	yes	1	1.69
Lithium	yes	300	3.15
Biperiden	yes	2	5.8
Carbidopa	no		
Levodopa	no		

*cost of single injectible unit

OTHER INFORMATION

Socio-political changes in 1989 have started a process of rapid transformation of the whole society. The system of health care underwent a fundamental reform which affected organisational structure of services as well as the system of funding and management. The major elements of the transformed health care system are 1) compulsory health insurance and establishment of health insurance funds; 2) decentralisation, diversity and autonomy of service providers; and 3) the supervising and regulating role of the government in negotiations between health insurance funds and health care providers on coverage and reimbursement issues. There are different forms of information dissemination among the public regarding mental health like mass media, TV, radio, etc. In the recent years there were positive shifts in the attitudes of the public towards mentally ill persons and this continuing process will contribute to destigmatisation and easier reintegration of patients to the community.

ADDITIONAL SOURCES OF INFORMATION

1. Bastecky, J. and Boleloucky, Z. (1991). Psychosomatic Medicine in Czechoslovakia: History, Present State and Perspectives. *International Journal of Psychosomatics*. 38(1-4): 63-67.
2. European Observatory on Health Care Systems (2000). The Czech Republic. *Health Care Systems in Transition*. WHO, 2000.
3. Kramarova, N. (1995). Legal Regulations on Admission of Patients to In-Patient Care Without Their Consent. *Cesk Psychiatr*. 91 Suppl., 26-31.
4. Redaktor, V. (1997). Ceska A Slovenska Psychiatrie – Supplementum 2, Rocnik 93, Koncepce Psychiatrickè péce v CR (navrh) – Politika Péce o Dusveni Zdravi.
5. Student, V. (1995). Psychiatrists, Lawyers and Shamans in the Care of the Mentally Ill. *Cesk Psychiatr*. 91 Suppl., 35-44.
6. Zdravotnicka rocenka Ceské republiky 1997 [Czech Health Statistics Yearbook 1997] (1998). IZIS CR, Praha.

Denmark

General Information

Denmark is a country with an approximate area of 43 thousand sq.km. Its population is 5.282 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 72.9 years for males and 78.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1991. The components of the policy are prevention, treatment and rehabilitation. The policy has also established a psychiatric consulting group, created an annual report concerning psychiatric facts and conducted yearly economic negotiations concerning psychiatry.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1994.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1997.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation

The most recent legislation is a departmental order concerning imprisonment and other coercion in psychiatry (1998). The other laws are: a departmental order concerning how to carry out compulsory commitments and involuntary hospitalisation; a departmental order concerning the possibilities for complaining in relation to treatment in psychiatric departments; guidance about possible revision of the fundamental law of psychiatry; a departmental order concerning patients' advocates; a departmental order laying down standing orders for patients and their advocates. The latest legislation was enacted in 1998.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. A mental health diagnosis makes it possible to have disability benefits.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Patients are treated by specialists in general practice or by psychiatrists.

Regular training of primary care professionals is not carried out in the field of mental health.

There are community care facilities for patients with mental disorders. There is a decentralised system across the country.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	15.1
Psychiatric beds in mental hospitals per 10 000 population	3.97
Psychiatric beds in general hospitals per 10 000 population	3.6
Psychiatric beds in other settings per 10 000 population	7.5
Number of psychiatrists per 100 000 population	16
Number of neurosurgeons per 100 000 population	2
Number of psychiatric nurses per 100 000 population	59

Number of neurologists per 100 000 population	3
Number of psychologists per 100 000 population	85
Number of social workers per 100 000 population	7

There are 450 occupational therapists and 3000 nursing aides.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. NGOs also carry out research work.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. There are government yearly reports about psychiatric services. The country has data collection system or epidemiological study on mental health. Details can be obtained from the Danish National Board of Health and the Psychiatric Demography Centre in Aarhus.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, elderly and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	8.52
Ethosuximide	yes	250	6.93
Phenobarbital	yes	100	3.52
Phenytoin sodium	yes	100	2.04
Sodium Valproate	yes	300	15.68
Amitriptyline	yes	50	7.16
Chlorpromazine	yes	100	8.86
Diazepam	yes	5	9.32
Fluphenazine	yes	1	8.2
Haloperidol	yes	5	13.86
Lithium	yes	300	4.1
Biperiden	yes	2	4.5
Carbidopa	yes	50+125	11.12
Levodopa	yes	50+125	11.12

OTHER INFORMATION

During the last 10 years, there has been an increasing focus in Denmark on issues concerning mental illness and its care. This includes a growing political awareness of the problem, as well as an increasing political will and commitment in regard to the need for improving mental health services. It has led to the development of two national agreements between the government and the counties, who are responsible for the health care system, including mental health care. The first one was psykiatraftalen in 1997 and the second psykiatraftalen in 1999. Both these agreements represent a nationwide strategy for development and improvement of care and treatment offered to patients suffering from mental disorders. These agreements also contain arrangements for the payment of accepted improvements. The planned improvements include education of doctors, nurses, and other professional workers, new and modern hospital facilities (including single rooms for psychiatric patients), extension of community-based psychiatry, improvement in the treatment of children with mental illness, etc. Intersectoral co-operation is essential at all levels in the system. There is a significant degree of co-operation between the counties' social services and health service departments. Usually, the health department is the responsible authority for mental health care, however, in some counties, the social service department is responsible for the management and organisation of the mental health care system. This arrangement demonstrates the focus of the last ten years on

decentralisation and the social psychiatric services. In respect of the individual patient, the major goal is interdisciplinary teamwork (between psychiatrist, psychologist, physiotherapist, occupational therapist, social worker, etc). The Ministry of Health and the Ministry of Social Affairs regularly sponsor activities concerning mental health. The Ministry of Health co-operates with the National Board of Health regarding mental health issues, as it does for other national health questions. Various consultative groups have been established concerning mental health, e.g., an advisory body with expert members within the framework of the National Board of Health. Statistical reviews and reports about mental illness are prepared continuously, e.g., dealing with objectives and treatment for different kinds of psychiatric problems and quality of care. National objectives in the next few years include: establishing databases of patients to permit quality assurance of psychiatric treatment; improving the conditions for those patients with chronic mental disorders; continuing education of mental health staff; improving the capacity of departments of child and adolescent psychiatry; and improving the quality of hospital accommodation for acute psychiatric patients.

ADDITIONAL SOURCES OF INFORMATION

1. Grønbæk, J.H. (1998). Bekendtgørelse af love om Frihedsberøvelse af Anden Tvang I Psykiatrien.
2. Justitsministeriet, Socialministeriet and Sundhedsministeriet. (1994). Regeringens Narkotikapolitiske Redegørelse Til Folketinget.
3. Socialministeriet. (1999). Regeringens Statusrapport om Tilbuddene til Sindslidende.

Estonia

General Information

Estonia is a country with an approximate area of 45 thousand sq.km. Its population is 1.412 million. (WHO, 2000). The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.4% (WHO, 2000). The literacy rate is 99.0% for males and 99.0% for females. The life expectancy at birth is 64.4 years for males and 75.3 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1997. Details can be obtained about the Drug policy from the website: www.narko.sm.ee

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1996. Details can be obtained from the website: www.sam.ee

Mental Health Legislation

There is a Mental Health Act. The main principles are: (1) Criteria are given for involuntary treatment (dangerousness to self or others due to mental disorder, other means of treatment not being effective). (2) Supervision over involuntary treatment is carried out both by the county medical officer and the administrative court. (3) The Mental Health Act also determines the basic requirements for psychiatric treatment, including responsibilities for the provision of services by the community and the state, the rights of patients, and the basic regulations for forensic psychiatry. The latest legislation was enacted in 1997.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are social insurance, out of pocket expenditure by the patient or family and private insurances.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level.

Regular training of primary care professionals is carried out in the field of mental health.

There are no community care facilities for patients with mental disorders. Community care training for nurses would begin in the near future. Due to the institutionalised model of providing psychiatric care, community psychiatry was quite underdeveloped in Soviet times. There is slow progress in improving this situation. The Estonian Psychiatric Association has developed several proposals for the development of community services. It is expected that with the introduction of the Hospital Masterplan (www.sm.ee/develop.html) for the development of secondary health care services, the government will develop more community-orientated services including services for the long-term mentally ill (see the development of special care: www.sm.ee/devspecialcare.html).

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	10.2
Psychiatric beds in mental hospitals per 10 000 population	8
Psychiatric beds in general hospitals per 10 000 population	2.1
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	13
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	13
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

Psychiatric hospitals and wards provide acute inpatient treatment, but the majority of long-term institutionalised patients are cared for in the psychiatric nursing homes of the social welfare system. The outpatient services are linked either to a psychiatric hospital or to the local general hospital.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, prevention and rehabilitation. There are several NGOs that are active in the field of mental health. Among them are organisations for consumers of the services or their families, professional societies and groups for the protection of consumer rights. At the level of local government, the mental health services are mainly represented by day centres for psychiatric patients, crisis centres, and telephone hotlines.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

There are no facilities for special population groups.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	9.71
Ethosuximide	yes	250	10.84
Phenobarbital	yes	100	9.55
Phenytoin sodium	yes	100	5.5
Sodium Valproate	yes	300	15.1
Amitriptyline	yes	25	3.34
Chlorpromazine	yes	25	1.18
Diazepam	yes	5	5.93
Fluphenazine	yes	2	1.07
Haloperidol	yes	5	15.1
Lithium	yes	300	2.53
Biperiden	yes	5	4.04
Carbidopa	yes	25+250	22.2
Levodopa	yes	25+250	22.2

Details can be obtained about the drug policy from the website: www.narko.sm.ee

OTHER INFORMATION

In Estonia, mental health services are provided by the medical facilities and practitioners, as well as by institutions from the social welfare sector. The state, the local level of services, and private agencies are all represented in this field. Although cooperation between the different sectors is improving, there are still many steps to be taken to provide society with a well functioning network of services. Before the last decade, mental health services were characterised by: centralised provision, large institutions with poor material conditions, underdeveloped outpatient services, weak connections with primary health care, underdeveloped community care services for long-term severely ill patients, split between social and health care services, lack of relevant legislation, medical model dominating over psychosocial understanding of illness, lack of trained personnel (nurses, social workers) and the absence of psychotherapy training. The strategy of the Estonian Psychiatric Association are to: maintain and improve the links with the rest of the health care system, define responsibilities with the social welfare system, develop community services for the long-term mentally ill, link the social services with health care, focus on legislation in order to meet European standards, improve training of mental health specialists and develop new structures for the provision of services like psychiatric wards in general hospitals and outpatient units with multidisciplinary teams.

ADDITIONAL SOURCES OF INFORMATION

1. The provisional development plan of mental health services (in Estonian only):
www.sm.ee/arengukavad/Psuhhiaatria.htm.

Finland

General Information

Finland is a country with an approximate area of 338 thousand sq.km. Its population is 5.165 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.8% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 73.4 years for males and 80.7 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1993. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Finland has a health policy document (Health for All) adopted by the government, where mental health is included as an integrated component, but not a specific mental health policy paper.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1997. The substance abuse policy is known as Drug Strategy. Details can be obtained from the website: www.stm.fi. The policy was reformulated in 2000.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1999.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation

There is a Mental Health Act. An amendment was made in 1997 regarding involuntary treatment of persons with criminal records. The other laws are Specialised Health Care Act, Public Health Act, Social Welfare Act and The Law of Patient's Rights.

The latest legislation was enacted in 1990.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are tax based, social insurance, out of pocket expenditure by the patient or family and private insurances.

One special feature of the Finnish health care system, since the state subsidy reform in 1993, is that its financing is very decentralised. The financial units are the municipalities which total 450, with an average size of 6,000 people. The biggest municipality is Helsinki, with half a million people, but the smallest have only a few hundred inhabitants. Despite this, every municipality has the responsibility to provide all health care, including the most specialised, to their inhabitants, either by organising this themselves or by buying it from health care districts, other municipalities, or private providers. The municipalities have the right to collect their own taxes. The other part of the needed money comes to municipalities as a state subsidy, but without any specific earmarking for health. This has led to increasing regional and local differences in the provision of mental health care, e.g., the differences between health care districts in the rates of psychiatric hospital days were threefold in 1997, and twofold in the annual prevalence of hospital treated patients. The differences between municipalities were even greater. The same is true for the numbers of outpatient personnel: the differences between the districts were greatest in this respect.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level.

Regular training of primary care professionals is not carried out in the field of mental health. Mental health is a part of basic training for physicians and nurses, however systematic further education is not provided to primary care workers in mental health.

There are community care facilities for patients with mental disorders. The whole psychiatry care is community based. According to available data, the deinstitutionalisation process was in the balance during the 1980s. The decrease in the number of psychiatric beds was compensated for by increasing out-patient resources and by developing community-based care, eg. the personnel in outpatient care doubled from 1982 to 1992. The main problem in implementing community care is the scarcity of supporting services for long-term patients living in general communities. There is a need for more supported housing, day centres, support persons, and guided leisure activities; patients' families also need more help and support. In recent years, there has in fact been a slight increase in these services.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	11.6
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	10.4
Psychiatric beds in other settings per 10 000 population	1.2
Number of psychiatrists per 100 000 population	16
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	176
Number of neurologists per 100 000 population	4
Number of psychologists per 100 000 population	76
Number of social workers per 100 000 population	165

In Finland most of the psychiatric wards belong to the administration of general hospitals. Other settings include state hospitals beds for forensic psychiatry, prisoners, military psychiatric wards, psychiatric wards in primary care and in private hospitals. Traditionally, the mental health care system has been hospital-centred, and the deinstitutionalisation process started later than in many other developed countries. At the beginning of the 1980s, Finland still had about 20,000 psychiatric beds, almost all situated in separate psychiatric hospitals. A specific feature of the Finnish situation, however, was that there never were really big hospitals: the 20,000 beds were spread between about 100 hospitals, and in no hospital was the number of beds over 1,000 (korkeila, 1998). The Finnish mental health care system is characterised by teamwork. One pre-requisite for this cooperation is the high standard of training among all personnel, so that all staff groups can participate in this cooperation on an equal basis. For instance, many nurses have received formal training in psychotherapy, especially family therapy. At the municipality level, local mental health work is often organised on a multidisciplinary basis.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. The Finnish Mental Health Association is the world's oldest NGO in the mental health field.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The Ministry of Health biannually sends a social and health report to the parliament and mental health is incorporated in it.

The country has data collection system or epidemiological study on mental health. A large national epidemiological health examination study (Finnish Health 2000) is about to start, where mental health will form a part. Finland has a care register for institutional social and health care including mental health for service data collection.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population, elderly and children. The Finnish National Schizophrenia Project, which was carried out in the 1980s, recommended that "acute psychosis" teams should be established in every catchment area. Their task would be to take care of new psychotic patients in the area by active initial intervention which, whenever possible, includes family participation. The 10-year follow-up of the Project, focusing on the year 1992, verified that most of the catchment areas had established these multi-disciplinary teams.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	13.25
Ethosuximide	yes	250	13.44
Phenobarbital	no		
Phenytoin sodium	yes	100	3.47
Sodium Valproate	yes	300	15.58
Amitriptyline	yes	25	6.84
Chlorpromazine	yes	100	10.53
Diazepam	yes	5	6.48
Fluphenazine	yes	0.25	4.34
Haloperidol	yes	4	28.44
Lithium	yes	300	3.72
Biperiden	yes	2	7.69
Carbidopa	yes	100+25	33.79
Levodopa	yes	100+25	33.79

Medicines are dispensed from private pharmacies and not by the government.

OTHER INFORMATION

Social welfare and health care are integrated at the governmental and also at the provincial level. At the national level, the Ministry of Social Affairs and Health has the highest administrative responsibility, and STAKES (The National Research and Development Centre for Welfare and Health) is the active agent in the field of research and development activities. In every provincial administration, there is a department for social affairs and health. The new governmental Goal and Action Programme for Social Welfare and Health Care, which was adopted in November 1999, requires as one of the goals for mental health care that every municipality must establish a plan for a seamless and comprehensive mental health service at the local level. For the moment, however, the models and degree of cooperation vary between the different municipalities. In some, the social welfare and primary health care services are joined both at the administrative as well as at the practical level. In others, they still work separately from each other, although there has been, especially during the 1990s, an increasing tendency to achieve stronger integration. One practical example of increasing multi-sectoral cooperation in the area of mental health work is the newly established development programme called "Meaningful Life". This nation-wide programme, the aim of which is to improve the quality of life for people suffering from mental disorders or their threat, operates at national, regional, and local levels. It has a genuinely multi-sectoral approach, as almost all ministries are participating in its steering group. The main target areas in the field of mental health promotion have been: enhancement of the value and visibility of mental health; development of mental health indicators; promotion of mental health in children and adolescents; promotion of mental health in old age; promotion of mental health in relation to working life and employment policy and telematics in mental health promotion and substance abuse prevention. At the national level, these same themes have been priority areas, e.g., in the "Meaningful Life" programme. Positive signs are that mental health and its promotion have been stressed both in the new health strategy "Health for 2015", as well in the governmental Goal and Action Plan for Social welfare and Health Care 2000-2003. A special challenge for Finnish society has been the high suicide rate among young men, the increasing drug and alcohol abuse problem, especially among adolescents, the imbalance between very rapid deinstitutionalisation and the relative scarcity of outpatient care facilities and supporting services for community care and the great regional and local differences in mental health care services. The matters of progress are the skilled and well-trained personnel in Finnish mental health care, examples of innovative and good practices in many municipalities and in recent years, the clear priority given to mental health issues.

ADDITIONAL SOURCES OF INFORMATION

1. Finnish Drug Policy Committee. (1997). Act Amending the Mental Health Act.
2. Jenkins, R. et al. (2000). Public Health Approach to Mental Health in Europe – A Report Prepared Within the EU-Funded Project on Putting Mental Health on the European Agenda. (DRAFT)

3. Korkeila, J. (1998). Perspectives on the Public Psychiatric Services in Finland – Evaluating the Deinstitutionalization Process.
4. Lahtinen, E., Lehtinen, V., Riikonen, E. and Ahonen, J. (1999). Framework for Promoting Mental Health in Europe. National Research and Development Centre for Welfare and Health – Finland.
5. Ministry of Social Affairs and Health. (2001). Government Resolution on the Health 2015 Public Health Programme.
6. Ministry of Social Affairs and Health. (1998). Third Evaluation of Progress Towards Health for All – Finland.
7. Ministry of Social Affairs and Health. (1993). Health for All by the Year 2000 – Revised Strategy for Cooperation.
8. Ministry of Social Affairs and Health. (1987). Health for All by the Year 2000 – The Finnish National Strategy.
9. National Board of Medicolegal Affairs. (1997). Act Amending the Mental Health Act.

France

General Information

France is a country with an approximate area of 552 thousand sq.km. Its population is 58.886 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 9.8% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 74.9 years for males and 83.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1960. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Details can be obtained from the circulars of 1960, 1990 and 1992.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1970.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1985.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

The latest legislation deals with admission under constraints in psychiatric hospitals. The latest legislation was enacted in 1990.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 5% of the total health budget on mental health. The primary sources of mental health financing in descending order are social insurance and tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. There are allowances for handicapped people under the law from 1975. There are also some housing benefits for them. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Regular training of primary care professionals is carried out in the field of mental health. There are community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	12.06
Psychiatric beds in mental hospitals per 10 000 population	7.73
Psychiatric beds in general hospitals per 10 000 population	2.26
Psychiatric beds in other settings per 10 000 population	2.24
Number of psychiatrists per 100 000 population	20
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population, elderly and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	26.53
Ethosuximide	yes	250	4.1
Phenobarbital	yes	100	9.68
Phenytoin sodium	no		
Sodium Valproate	yes	500	6.86
Amitriptyline	yes	25	6.15
Chlorpromazine	yes	100	15.26
Diazepam	yes	10	5.5
Fluphenazine	yes		
Haloperidol	yes	5	9.1
Lithium	yes	250	8.1
Biperiden	yes	4	10.8
Carbidopa	yes	10+100	9.1
Levodopa	yes	10+100	9.1

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Jaeger, M. (1995). Inflections in France's Mental Health Policy. *Sante Mentale au Quebec*. 20(1), 77-87.

Georgia

General Information

Georgia is a country with an approximate area of 70 thousand sq.km. Its population is 5.006 million. (WHO, 2000).

The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.4 % (WHO, 2000). The literacy rate is 100(1989) % for males and 98(1989) % for females.

The life expectancy at birth is 69.4 years for males and 76.7 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1999.

The components of the policy are prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1996.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1995.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1995.

Mental Health Legislation

The mental health legislation is known as Law on Mental Health Assistance.

The latest legislation was enacted in 1995.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Actual treatment is carried out in hospitals and outpatient clinics.

Regular training of primary care professionals is not carried out in the field of mental health.

There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.1
Psychiatric beds in mental hospitals per 10 000 population	2
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0.1
Number of psychiatrists per 100 000 population	6
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	24
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health. No epidemiological research has been carried out over the last 6 years due to lack of funds.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	1.32
Ethosuximide	no		
Phenobarbital	no		
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	yes	25	3.55
Chlorpromazine	yes	100	2.54
Diazepam	yes	5	3.55
Fluphenazine	yes	1	2.74
Haloperidol	yes	5	2.54
Lithium	yes	300	2.54
Biperiden	yes	2	2.54
Carbidopa	unknown		
Levodopa	unknown		

The medicines are distributed free of charge under the State Programme on Mental Health Assistance.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Germany

General Information

Germany is a country with an approximate area of 357 thousand sq.km. Its population is 82.178 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 10.5% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 73.7 years for males and 80.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1975. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. There is a model programme for psychiatry of the Federal government. The mental health programme is incorporated into the recommendations of the Expert Commission on the Federal Government Reforms of the Services in Psychiatry, Psychosomatics and Psychotherapeutics.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1990.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1988.

National Therapeutic Drug Policy/Essential List of Drugs

Details about the national therapeutic drug policy/essential list of drugs are not available.

Mental Health Legislation

There is the Health and Social Policy Law of the Federal government and the Psychiatric Diseases Law and Psychotherapeutics Law of the States. The latest legislation was enacted in 1999.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. Details about expenditure on mental health are not available. The primary sources of mental health financing in descending order are social insurance, private insurances, tax based and out of pocket expenditure by the patient or family. The German Social Security System provides coverage for health and there are five types of funding systems. However, long-term treatment for psychiatric patients is not financed by the insurance and social welfare and out of pocket payments have to take care of it.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. There are Disability Cards, disability compensation schemes, compensations for accidents, schemes for reduction in tax, tickets for transportation and other rehabilitation facilities. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Regular training of primary care professionals is not carried out in the field of mental health. There are community care facilities for patients with mental disorders. Community based care is provided as a part of the psychiatric reforms. The crucial step towards it was provided with the creation of the Expert commission on mental health care in 1970 to 1975. This was encouraged further by the recommendations of the Central Institute of Mental Health of Baden-Wurttemberg and the expert commission for the Federal Republic of Germany. Funds were provided by the federal government as well as by states and local bodies. Implementation varies across different regions. The involvement of family members and ex-users, newly organized in groups to design several forms of activity, has proven extremely useful.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	7.6
Psychiatric beds in mental hospitals per 10 000 population	4.8
Psychiatric beds in general hospitals per 10 000 population	
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	7.3
Number of neurosurgeons per 100 000 population	1.1
Number of psychiatric nurses per 100 000 population	52
Number of neurologists per 100 000 population	2.4
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Reporting is under Health Reporting and Data of Health Services. The country has data collection system or epidemiological study on mental health. There is a data analysis system with respect to services provided for chronic mental diseases.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population, elderly and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	17.24
Ethosuximide	yes	250	30.17
Phenobarbital	yes	15	3.45
Phenytoin sodium	yes	100	6.47
Sodium Valproate	yes	300	23.7
Amitriptyline	yes	25	8.62
Chlorpromazine	yes	25	15.08
Diazepam	yes	5	
Fluphenazine	yes	5	56.03
Haloperidol	yes	5	21.55
Lithium	yes	400	18.97
Biperiden	yes	2	10.8
Carbidopa	yes		
Levodopa	yes		

OTHER INFORMATION

In West Germany, "Psychiatric Reform" was launched in the late 1960s. Based on a decision of the German Parliament in 1971, a commission of experts was appointed to report on the situation in psychiatric care. The report, the *Psychiatrie-Enquête*, was published in 1975. Funded by the government, the commission provided the first systematic and comprehensive outline of this situation. It criticized: (i) the inadequate care of mentally ill and disabled persons, often hospitalised for many years; (ii) poorly staffed hospitals with sometimes 2,000 or more beds, too often located in remote areas; (iii) the absence of community-based services, especially for complementary care. It defined the principal conditions for a psychiatric care system, which are still valid. The underlying philosophy was the acknowledgement that mentally ill and disabled

persons have the same right to the greatest possible self-determination, to maintain their centre of living in their personal and private environment outside hospitals, and to take part in social life in their residential area. The main goal of the Psychiatric Reform was a change from the custodial approach of the past with hospitalisation in large state institutions to care based on therapy and rehabilitation in patients' home areas. Hospital treatment has been improved by the *Psychiatrie-Personalverordnung* – a federal staffing directive which has brought an additional 6,500 multidisciplinary staff members for inpatient treatment since 1991. It is essential to improve the co-ordination and cooperation of the various institutions and professionals providing services, including the use of case/care management, improve the integration of mental health care into primary health care, intensify efforts and concerns for children as well as for mentally ill ageing people and old chronically ill patients, strengthen users' organisations, increase efforts at public information to overcome prejudice and the stigmatisation of mental disorder and disability and to enhance public recognition and discussion about the problems.

ADDITIONAL SOURCES OF INFORMATION

1. Aktion Psychisch Kranke. Mental Health Care in the Federal Republic of Germany – Summary of the Report Given by an Expert Commission to Parliament (Bundestag).
2. Hafner, H. (1997). A Quarter of a Century of Rehabilitation of Psychiatric Patients in Germany. *Gesundheitswesen*. 59(2), 69-78.
3. Kallert, T.W., Leisse, M. (1999). Occupational Status of Saxony Social Psychiatry Service Clients as a Result of the Reunification of Germany. *Psychiatrische Praxis*. 26(3), 133-138.
4. Rossler, W., Salize, H.J., Reicher-Rossler, A. (1996). Changing Patterns of Mental Health Care in Germany. *International Journal of Law and Psychiatry*. 19(3-4), 391-411.

General Information

Greece is a country with an approximate area of 132 thousand sq.km. Its population is 10.626 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8% (WHO, 2000). The literacy rate is 98.4% for males and 95.5% for females. The life expectancy at birth is 75.5 years for males and 80.5 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1983. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. There is a ten-year national plan for Mental Health that was submitted for financial assistance to the EU in 1997 (Psychoargos), part of which has already been approved and is now in progress. The main points of this plan are: the continuation of deinstitutionalisation and di-stigmatization; sectorisation of the psychiatric services throughout the country; continuation of the development of primary health care units and psychiatric units in general hospitals; continuation and intensification of the development of rehabilitation facilities; establishment and development of patient co-operatives in order to promote the social, economic, and occupational reintegration into society of patients with severe psychiatric problems; establishment of detailed guarantees and procedures for the protection of patients' rights. During the period 2000 – 2006, there will be special emphasis on the areas of child psychiatry, psychogeriatrics, and the reform of psychiatric hospitals.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1970.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1984.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1998.

Mental Health Legislation

The Act 2716 deals with mental health. The new Mental Health Act (Law 2716/99) is based on and informed by the Mental Health plan. All the essential points are included in the Act; in particular, the sectorisation of Mental Health Services is elaborated in considerable detail. The passing of the Mental Health Act constitutes a comprehensive policy document for the further development of psychiatric services in Greece, including its emphasis on the sectorisation of mental health services and the priority it gives to primary health care and community-based psychiatry. The latest legislation was enacted in 1999.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health. Details about expenditure on mental health are not available. The primary sources of mental health financing in descending order are tax based, social insurance, out of pocket expenditure by the patient or family and private insurances. Under current laws it is forbidden to have separate budget for mental health, but a legislation is in progress to allow a separate budget for mental health starting from 2001.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Special pensions, tax deductions, therapeutic benefits are provided. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary care is available in some areas only. Regular training of primary care professionals is not carried out in the field of mental health. However, for the last three years an annual 3-day seminar on communication and diagnostic skills has been run by psychiatrists for general physicians. There were 30 participants each year.

There are community care facilities for patients with mental disorders. Community care is available through visiting psychiatrists at the health centres, through hostels, sheltered accommodation and sheltered workshops. Community care facilities changed considerably during the period 1981-1996. The developments have changed substantially the pattern of provision of psychiatric services in Greece with more emphasis on care provided through general hospitals and mental health centres. The EU, through the "Psychoargos" programme, has already approved the development of many hostels and rehabilitation centres.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	8.7
Psychiatric beds in mental hospitals per 10 000 population	4.3
Psychiatric beds in general hospitals per 10 000 population	0.3
Psychiatric beds in other settings per 10 000 population	4.1
Number of psychiatrists per 100 000 population	6
Number of neurosurgeons per 100 000 population	2
Number of psychiatric nurses per 100 000 population	3
Number of neurologists per 100 000 population	4
Number of psychologists per 100 000 population	14
Number of social workers per 100 000 population	56

General practitioners spend three months in psychiatry during their specialist training. Training of other primary care professionals is not carried out systematically in the field of mental health.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. The country has no data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, elderly and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	7.2
Ethosuximide	yes	250	4.23
Phenobarbital	yes	100	2.98
Phenytoin sodium	yes	100	2.04
Sodium Valproate	yes	500	13.68
Amitriptyline	yes	25	2.49
Chlorpromazine	yes	100	2.9
Diazepam	yes	5	2.49
Fluphenazine	no		
Haloperidol	yes	5	5.22
Lithium	yes	300	4.98
Biperiden	yes	2	4.48
Carbidopa	yes	25+250	14.93
Levodopa	yes	25+250	14.93

OTHER INFORMATION

There is very close cooperation between the Ministry of Health and the Ministry of Labour and Social Security concerning management and support for the National Mental Health Plan. The Ministry of Health also works closely with the Ministry of Internal Affairs and Public Administration to achieve approval of new posts within the Health Sector in general and mental health in particular. There is variable cooperation at the local level between mental health units and County authorities. Encouraging developments are expected as a result of the 1999 Mental Health Act, which anticipates the establishment by local authorities of mental health units that will participate in the sectorisation of mental health services.

ADDITIONAL SOURCES OF INFORMATION

Hungary

General Information

Hungary is a country with an approximate area of 93 thousand sq.km. Its population is 10.076 million. (WHO, 2000). The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.3% (WHO, 2000). The literacy rate is 99.4% for males and 99.1% for females. The life expectancy at birth is 66.3 years for males and 75.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

A mental health policy constitutes an important chapter of the National Public Health Strategy voted for by the government and to be submitted for the Parliament in 2001.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 2000.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 2001.

Some national mental health programmes have been elaborated during the last five years. Some parts of them have been realised and others reframed. A national programme against drug abuse has recently been elaborated. A new version of the national mental health programme is in preparation, taking into account the shift in the concept of health (see the Ottawa and Jakarta Declarations), and the priorities of the World Health Organisation. The national mental health programme constitutes part of the recently started National Public Health Programme which is to be implemented over the next 10 years. The mental health programme is one of seventeen sub-programmes.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 2000.

Mental Health Legislation

The Health Act (No CL IV) of 1997 relates to mental health. A new Health Act, voted by the Parliament in 1998, came into effect in 1999. There is no special law on mental health, but this Act contains a chapter on mental disorders and their treatment, including hospitalisation and compulsory measures. The legislation on mental health issues, with the protection of human rights of mental patients, conforms to EU requirements. The legislation was modified with more precision on coercive measures in 2001.

The latest legislation was enacted in 1997.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 8% of the total health budget on mental health.

The primary sources of mental health financing in descending order are social insurance and tax based.

The health service is based on insurance system. Due to this, emphasis is more on short term medical treatment and psychotherapy has lost out. As out patient care is financed to a lesser degree than in-patient care, institutions have tended to develop their inpatient facilities to a greater extent.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. There are mental health centres all over the country to cater to primary care.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 500 personnel were provided training. Training facilities for primary care doctors are present.

There are community care facilities for patients with mental disorders. Community care is provided by some mental health centres and universities. Community care and primary care facilities are in the development stage and is dependent on grants.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	9.6
Psychiatric beds in mental hospitals per 10 000 population	2.3
Psychiatric beds in general hospitals per 10 000 population	7.2
Psychiatric beds in other settings per 10 000 population	0.1
Number of psychiatrists per 100 000 population	9
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	19
Number of neurologists per 100 000 population	7
Number of psychologists per 100 000 population	2
Number of social workers per 100 000 population	1

There are 3080 other kind of mental health professionals. There is an insurance-based state or municipality owned psychiatric service system, with a very small private sector of outpatient care. Each psychiatry department of different hospitals have their own catchment areas. There are also psychiatric institutions. Modern forms of out-patient and halfway institutions are few in number. There is a system of psychiatric outpatient services staffed by psychiatrists, clinical psychologists, social workers, psychiatric nurses, etc. Some of them also develop community-based activity. However, the process of deinstitutionalisation is still at an early stage of development. Though the significance of multidisciplinary teamwork seems to be generally acknowledged, the health system is medically dominated, and non-medical professionals play a secondary role. There are very few psychologists and almost no social workers or occupational therapists.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. There are different self-help groups.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Mental health forms part of the statistical reports of the National Institute of Statistics.

The country has data collection system or epidemiological study on mental health. Annual reports of services are collected at the state mental hospitals.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, elderly and children.

Child psychiatry is underdeveloped and dependent on out patient facilities. There are some child and youth guidance centres. Substance abuse, forensic psychiatry are still being developed. There are regional drug outpatient departments all over the country and all psychiatry wards are obliged to admit patients in withdrawal. Churches also help in management of patients of drug dependence.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	6.8
Ethosuximide	yes	250	6.7
Phenobarbital	yes	100	4.6
Phenytoin sodium	yes	100	4.6
Sodium Valproate	yes	300	7.8
Amitriptyline	yes	25	1.8
Chlorpromazine	yes	25	3
Diazepam	yes	5	3.7
Fluphenazine	yes	25	1.26*
Haloperidol	yes	1.5	1.8
Lithium	yes	500	3.24
Biperiden	yes	2	4.68
Carbidopa	yes	100+25	11.92
Levodopa	yes	100+25	11.92

*cost of single injectible unit

The cost of most important drugs are reimbursed by the social insurance.

OTHER INFORMATION

Before the 19 th century there were no psychiatric care facilities and monasteries took care of mentally ill patients. The first psychiatric institution was founded in 1840. From the beginning of the 20th century mental departments were being established in general hospitals and some psychiatric hospitals were being transformed into general hospitals. Psychiatry and neurology remained united till 1960. Psychiatry begun in universities in the middle of the 19th century. Hungary has contributed a lot to the development of psychiatry through the works of many psychiatrists. It developed under the influence of the German school of psychopathology. Psychiatric research is funded by a National Research Fund (Tringer, 1999).

ADDITIONAL SOURCES OF INFORMATION

1. Tringer, L. (1999). Focus on Psychiatry in Hungary. The British Journal of Psychiatry. 174(1), 81-85.

Iceland

General Information

Iceland is a country with an approximate area of 103 thousand sq.km. Its population is 0.279 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 7.9% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 76.1 years for males and 80.4 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. Details about the year of formulation are not available. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1974.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1991. The Icelandic Department of Health and Social Security has drawn up a plan for a health policy extending to the year 2005. This plan emphasises long-term objectives in health. Among the main objectives are the reduction in prevalence of psychiatric disorders and extension of psychiatric services to children and adolescents. The main means of reaching these objectives are: recording of psychiatric disorders, improving education, information, and specialist training of professional staff, increasing public information about psychiatric disorders, facilitating access to the psychiatric health services, co-ordinating school activities and specialist psychiatric health services.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation

Iceland has a number of mental health legislations. The law concerning care, treatment and rehabilitation of mental patients is mainly included in the legislation for health services; the legislation for social security and the legislation for national health insurance is included in the law no 97/1990 relating to health services; law no 59/1992 is related to the disabled; law no 117/1993 is related to social and health insurance; law no 39/1964 is related to treatment of alcoholics and people under the influence of alcohol. There is no separate Mental Health Act in Iceland. The necessary legislation, e.g., for involuntary hospital admission, is included under the law on legal capacity. This ensures, among other things, the rights of patients to an appeal and an independent medical review. The latest legislation was enacted in 1990.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health. Details about expenditure on mental health are not available. The primary sources of mental health financing in descending order are social insurance, tax based, out of pocket expenditure by the patient or family and private insurances. Though there is no official budget line for mental health there are allocations for mental health. The mental health services are funded by government taxation. Inpatient treatment is free, but patients pay a modest fee for outpatient treatment; specialist consultations are subsidised by the Department of Health and Social Security.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. The primary health service is run from health centres and some of them are linked to hospitals. The health centres have no beds and admissions are only at specialist wards in the major hospitals. Treatment in hospitals require a referral from a primary health care physician or a specialist. Regular training of primary care professionals is carried out in the field of mental health. The Ministry of Education is responsible for the training of health care workers. There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	4.2
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	4.2
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	25
Number of neurosurgeons per 100 000 population	2
Number of psychiatric nurses per 100 000 population	43
Number of neurologists per 100 000 population	7
Number of psychologists per 100 000 population	55
Number of social workers per 100 000 population	104

The psychiatric services have been deinstitutionalised over the last three decades and almost all psychiatric beds are now within general hospitals. Psychiatric care is primarily delivered by a multidisciplinary team of professionals. In recent years, there have been a considerable increase in the numbers of psychiatrists, psychologists, and social workers, but there continues to be a shortage of psychiatric nursing personnel. Specialised psychiatric services for children and adolescents need to be developed further, in view of the importance of early assessment, intervention, and treatment as well as a need for a co-ordinated effort by the health, social, and educational systems.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in promotion, prevention and treatment. The local authorities and non-governmental organisations also provide valuable psychiatric services. In addition to residential support and other community services, NGOs have important roles in non-hospital care, as well as promoting mental health and the prevention of psychiatric illnesses.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population, elderly and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	30.75
Ethosuximide	yes	250	21.15
Phenobarbital	yes	25	18.62
Phenytoin sodium	yes	100	10.84
Sodium Valproate	yes	200	23.79
Amitriptyline	yes	25	9.14
Chlorpromazine	yes	25	7.87
Diazepam	yes	5	3.43
Fluphenazine	yes	1	33.55
Haloperidol	yes	1	11.93
Lithium	yes	500	12.78
Biperiden	yes	2	17.24
Carbidopa	unknown		
Levodopa	yes	200	66.89

OTHER INFORMATION

There is considerable intersectoral co-operation at government level, e.g., among the Ministries of Health, Social Affairs, and Education as well as local authorities. Non-governmental organisations and local authorities are gradually developing psychiatric care and other support services in the community, although this development have still not been fully achieved. Community-based services need to be strengthened and psychiatric care requires further integration with primary health care and social services. The role of NGOs is of growing importance, e.g., in terms of residential care, treatment facilities for substance abusers, and as promoters of patients' rights. It is regarded as important to promote mental health and to increase the awareness among the public of the significance of preserving this aspect of life. NGOs, the Surgeon General of Health, and others with the help of the media, have promoted awareness in the public of mental health through publications and other activities.

ADDITIONAL SOURCES OF INFORMATION

Ireland

General Information

Ireland is a country with an approximate area of 70 thousand sq.km. Its population is 3.705 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.2% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 73 years for males and 78.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1984. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1983. Details about the drug-related policy can be obtained from the First and Second report of the Ministerial Task force on Measures to Reduce the Demand for Drugs published in 1996 and 1997 respectively and the Government Strategy to Prevent Drug Misuse (1991).

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1984. Discussions are ongoing about the development of a national policy on child and adolescent psychiatry. Plans are also underway to further develop the community-based services and also organise services for the disturbed mentally ill.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

There are existing mental health legislations. New arrangements should be in place by 2002. Once operationalised it would act as the new Mental Health Act. The Bill provides for establishment of a Mental Health Commission to look into the delivery system of mental health services. It also deals with admission and discharge criteria of patients and defines the powers of different regulatory boards that would oversee the proper functioning of mental health services. The latest legislation was enacted in 1991.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 7.73% of the total health budget on mental health. The primary sources of mental health financing in descending order are social insurance, tax based, private insurances and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary care is provided by general physicians, community care and primary care nurses and family doctors. Regular training of primary care professionals is carried out in the field of mental health. There are community care facilities for patients with mental disorders. There are community psychiatry nursing service, community residences, day hospitals and daycare centres, voluntary nursing associations and other rehabilitation facilities. Details about the services can be obtained from the document- The Psychiatric Services: Planning for the Future. Since the publication of the report - Planning for the Future - in 1984, there has been continued growth of community-based facilities, alongside the provision of acute psychiatric units attached to or associated with general hospitals, to replace services previously provided in large psychiatric hospitals throughout the country. With improvements in treatment programmes, it is no longer necessary for most patients to be hospitalised. Indeed, it is clear that the hospitalised prevalence of serious psychiatric illness has declined greatly in recent years. Patients are increasingly being cared for in settings other than inpatient care. Progress is ongoing with the setting up of new mental health centres, day hospitals, and other day facilities. At the same time, additional community-based residential accommodation have also been made available. Alongside these developments, support and advice is being offered to the carers of persons suffering from mental illness through services such as domiciliary visits and respite care.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	11.49
Psychiatric beds in mental hospitals per 10 000 population	9.79
Psychiatric beds in general hospitals per 10 000 population	1.62
Psychiatric beds in other settings per 10 000 population	0.8
Number of psychiatrists per 100 000 population	5.22
Number of neurosurgeons per 100 000 population	0.24
Number of psychiatric nurses per 100 000 population	86.5
Number of neurologists per 100 000 population	0.38
Number of psychologists per 100 000 population	9.7
Number of social workers per 100 000 population	36.9

There are 371 occupational therapists. The eight regional health boards were established under the Health Act 1970 and charged with responsibility for the delivery of health services. They assumed the functions formerly carried out by local authorities which, under the Mental Treatment Act 1945, had responsibility for mental health services. A majority of the members of each health board are public political representatives. Within each health board, mental health services are organised in catchment areas, of which there are 44 in total. Thus, each health board has from 2 to 11 catchment areas, whose populations range from 40,000 to over 250,000. Catchment areas are in turn divided into sectors. Sectors have a population of 20,000 to 50,000. Each sector has a mental health team, led by a consultant psychiatrist. A Clinical Director – who is a consultant psychiatrist – is responsible for the organisation of mental health services in each catchment area. Psychiatric beds are available for every catchment area in either psychiatric hospitals or in acute admission units attached to general hospitals. Catchments are generally self-contained with respect to community-based services such as day hospitals, day centres, rehabilitation workshops, and community residences. Outpatient care is delivered from mental health centres. To assist service providers in attaining excellence the government has published the document- Guidelines on Good practice and Quality Assurance in Mental Health Services.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. The increase in community-based care requires co-operation and good communication between the many different agencies involved in providing medical care, training and rehabilitation, day care, and accommodation. Much of the success and effectiveness of the policy of successive Governments to deliver mental health services in a more acceptable manner to communities has been and will continue to be dependent on the active involvement of voluntary organisations such as Schizophrenia Ireland, which offers support to both people with schizophrenia and their carers and relatives. Funding has been made available to support groups and organisations such as Schizophrenia Ireland, the Mental Health Association, GROW and AWARE to heighten awareness and develop services which include carers' support groups. This partnership approach has also extended to the provision of extensive rehabilitation programmes including Back to Work Programmes for people suffering from mental illness. It is intended to continue to develop this co-operation and to provide a comprehensive range of services to both patients and their families.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Details can be obtained from the document – Irish Psychiatric Services Activities 1999.

The country has data collection system or epidemiological study on mental health. Details can be obtained from the document – Irish Psychiatric Services Activities 1999.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, indigenous population, elderly and children. Since the publication of the Report of the National Task Force on Suicide in 1998, a Suicide Research Group has been established to tackle the problem facing the country. Child and adolescent psychiatry operates from Child and Family Centres as a separate service from adult psychiatry; it seldom uses beds and is, in the main, not hospital-based. In recent years, significant resources have been made available for this purpose. Every health board region now has a child psychiatric service and the aim is to provide a service in each catchment area. A number of in-patient facilities for children and adolescents under 16 are planned. Attention has been given in recent years to the development of specialist hospital and community services for the care of the elderly mentally ill and infirm. All health board regions now have such a service in their area.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	5.6
Ethosuximide	yes	250	7.91
Phenobarbital	yes	30	1.95
Phenytoin sodium	yes	100	2.14
Sodium Valproate	yes	200	6.45
Amitriptyline	yes	25	0.94
Chlorpromazine	yes	50	1.27
Diazepam	yes	5	0.27
Fluphenazine	yes	25	2.74*
Haloperidol	yes	0.5	1.95
Lithium	yes	400	3.05
Biperiden	yes	2	4.62
Carbidopa	yes	125	12.41
Levodopa	yes	500	30.16

*cost of single injectible unit

OTHER INFORMATION

In 1981, a Study Group was established to draw up guidelines on the future development of the psychiatric services. Its report, Planning for the Future, was published in 1984 and has been adopted as policy towards the mental health services by successive Governments. In line with its recommendations, the objectives are: to provide a comprehensive psychiatric service to meet the individual needs of people in their communities as far as possible, to integrate psychiatric services with general hospital, general practitioner, community care, and voluntary services, to improve the standards of care in psychiatric hospitals, pending the transfer of services to alternative locations in general hospitals and in the community, to replace the Mental Treatment Act 1945 with legislation which gives greater recognition to the rights of detained patients and provides a legislative framework for a modern mental health service. The three main priorities for the mental health services in Ireland over the coming years are: enactment and implementation of the Mental Health Bill 1999, to provide a modern legislative framework for the admission and involuntary detention of persons with a mental disorder; establishment of a Mental Health Commission to promote the development of high standards and best practice in the delivery of mental health services; acceleration of the development of community-based facilities and acute units attached to general hospitals to replace the old model of institutional care.

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General Information

Israel is a country with an approximate area of 21 thousand sq.km. Its population is 6.101 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8.2% (WHO, 2000). The literacy rate is 97.7% for males and 93.7% for females. The life expectancy at birth is 76.2 years for males and 79.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1991. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The national mental health policy is guided by community principles and great efforts are made to expand the network of community-based clinics and rehabilitation facilities. Integration of general health and mental health and constant pursuit of high quality and effective care provision are also a part of the basic principles of the policy.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1999.

National Mental Health Programme

A national mental health programme is absent. A draft national mental health programme was formulated in 1995.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1994.

Mental Health Legislation

There is a law on mental health rehabilitation in the community. The latest legislation was enacted in 2000.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 5.8% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, social insurance, out of pocket expenditure by the patient or family and private insurances. The budget for psychiatric community services is 15.8% of the budget allocated to mental health.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Regular training of primary care professionals is carried out in the field of mental health. There are community care facilities for patients with mental disorders. The rehabilitation facilities include sheltered housing, hostels, vocational rehabilitation units, sheltered workshops, and social clubs. Other areas of community psychiatry (eg. the rehabilitation of deviant youth, care for rape victims) are covered by ministries other than health or by NGOs, which may or may not have governmental financial support. The focus is to reduce the morbidity of special groups of population who are at increased risk of developing psychosocial problems.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	8.8
Psychiatric beds in mental hospitals per 10 000 population	8.3
Psychiatric beds in general hospitals per 10 000 population	0.4
Psychiatric beds in other settings per 10 000 population	0.08

Number of psychiatrists per 100 000 population	16
Number of neurosurgeons per 100 000 population	1.7
Number of psychiatric nurses per 100 000 population	8
Number of neurologists per 100 000 population	6.7
Number of psychologists per 100 000 population	33
Number of social workers per 100 000 population	9.3

There are 1901 occupational therapists and 855 creativity and self-expression therapists. In addition to psychiatric clinics in different settings there are other clinics that provide outpatient care and rehabilitation facilities. Presently, most of the psychiatric care in the public sector is gratis and patients' rights are embodied in special legislation.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has data collection system or epidemiological study on mental health. There is a psychiatric care register that has been in operational since 1950.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, elderly and children. There are community centres and daycare centres for the treatment of autistic children and children with selected developmental disorders. There are psychological services in the school system as well.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	16.26
Ethosuximide	yes	250	25.9
Phenobarbital	yes	15	8.23
Phenytoin sodium	yes	100	8.6
Sodium Valproate	yes	200	33.92
Amitriptyline	yes	25	4.15
Chlorpromazine	yes	25	4.66
Diazepam	yes	5	5.26
Fluphenazine	yes	1	1.82
Haloperidol	yes	5	20.8
Lithium	yes	300	10.39
Biperiden	yes	2	7.6
Carbidopa	yes	25+250	61.49
Levodopa	yes	25+250	61.49

OTHER INFORMATION

The Division of Mental Health Services of the Ministry of Health is guided by two intersectoral advisory boards – one on mental health care and one responsible for psychosocial rehabilitation. Both boards include representatives from users of services and their families. The Division includes a special unit responsible for substance abuse that coordinates activities with the National Council against Drug Use. Since 1950, the Division cumulatively records all psychiatric admissions to inpatient facilities. Intersectoral cooperation has been facilitated by the social welfare orientation of the country. Primarily, the Ministry of Health coordinates with the Ministry of Labour and Welfare, the National Insurance Institute, the Judicial

system, and others. This cooperation operates at both the central and peripheral level. There has been a revamping of mental health services in Israel since the presentation of the Netanyahu Commission (1990) and the report of the State Comptroller's office (1991). Details can be obtained from the document- Mental Health in Israel (2000).

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Italy

General Information

Italy is a country with an approximate area of 301 thousand sq.km. Its population is 57.343 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 9.3 % (WHO, 2000). The literacy rate is 98.8 % for males and 97.9 % for females. The life expectancy at birth is 75.4 years for males and 82.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1994. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The mental health policy is broadly defined in the most recent National Health Plan 1998/2000. A new plan is due very soon. Detailed policies are presented in the Target Project for Mental Health 1998/2000.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1990.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1999.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

In Italy the national laws are generally a wide framework of norms, the application of which is defined at local level by regional laws. Each region has a certain degree of autonomy. The most recent law is the "Target Project 1998-2000" ; the first important approach was included in the Laws No. 180/1978 and No. 833/1978 (articles 33, 34, 35 and 64), the latter included the former.

The latest legislation was enacted in 1998.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family and private insurances.

The amount for mental health budget is defined by each regional program and then more precisely at the level of local health units. Taxes are the primary source of financing for public services and out-of-pocket payments and private insurances for private services.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Mental health services are considered to be primary care services.

Details about training facilities are not available.

There are community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.7
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0.8
Psychiatric beds in other settings per 10 000 population	0.9
Number of psychiatrists per 100 000 population	9
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	26

Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	3
Number of social workers per 100 000 population	2.7

There are 4969 other mental health workers. The figures are representative of only the personnel working in the public sector. The service providing units are the mental health centre, psychiatric services for diagnosis and care, day hospital, day centre, residential facilities. The district services vary from region to region and also from centre to centre.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. Currently mental health is not reported in the annual reporting system, though some data related to services are given. From April 2001 there was supposed to be a better mental health reporting system. The country has data collection system or epidemiological study on mental health. At the national level, there is a deficit of proper data collection system and a comprehensive one is being developed. However, the regional areas have their own proper data collection systems.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, elderly and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	unknown		
Ethosuximide	unknown		
Phenobarbital	unknown		
Phenytoin sodium	unknown		
Sodium Valproate	unknown		
Amitriptyline	unknown		
Chlorpromazine	unknown		
Diazepam	unknown		
Fluphenazine	unknown		
Haloperidol	unknown		
Lithium	unknown		
Biperiden	unknown		
Carbidopa	unknown		
Levodopa	unknown		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

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Kazakhstan

General Information

Kazakhstan is a country with an approximate area of 2717 thousand sq.km. Its population is 16.269 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.9% (WHO, 2000). The literacy rate is 99% (1989) for males and 96% (1989) for females. The life expectancy at birth is 58.8 years for males and 69.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1997. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Providing social assistance and education is also a component of the mental health policy.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1998.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1998.

Mental Health Legislation

The Law of Republic of Kazakhstan on Psychiatric Assistance and Guarantee of Rights of Patients is the most recent legislation on mental health. The law requires the state to establish special production units, shops or sections with easier working conditions for labour therapy, vocational training and employment for persons with mental illness along with mandatory quotas for employment of the mentally ill. The latest legislation was enacted in 1997.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 7% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based and social insurance.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Regular training of primary care professionals is carried out in the field of mental health. Details about community care facilities in mental health are not available.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	6.1
Psychiatric beds in mental hospitals per 10 000 population	5.9
Psychiatric beds in general hospitals per 10 000 population	0.2
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	6
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	8
Number of psychologists per 100 000 population	0.1
Number of social workers per 100 000 population	

There are 393 narcologist. The psychiatric service in the Republic of Kazakhstan is provided through psychiatric hospitals, prophylactic centres and psychiatric departments in general hospitals. In the central regional hospitals, there are outpatient clinics, polyclinics, psychiatric emergency clinics. There are also day hospitals and workshops for treatment and social rehabilitation.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. According to the National Statistics Agency data are being collected on mental disorders.

PROGRAMMES FOR SPECIAL POPULATION

Details about any special programmes in mental health are not available.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	8.8
Ethosuximide	no		
Phenobarbital	yes	10	0.2
Phenytoin sodium	no		
Sodium Valproate	yes	150	4.9
Amitriptyline	yes	25	2.1
Chlorpromazine	yes	25	1
Diazepam	yes	10	
Fluphenazine	yes		
Haloperidol	yes	5	1.9
Lithium	yes	300	8.8
Biperiden	no		
Carbidopa	no		
Levodopa	no		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Kyrgyzstan

General Information

Kyrgyzstan is a country with an approximate area of 199 thousand sq.km. Its population is 4.669 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4 % (WHO, 2000). The literacy rate is 99% (1989) for males and 96% (1989) for females. The life expectancy at birth is 61.6 years for males and 69 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 2000.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Restructuring of the system is also a part of the mental health policy.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1998.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 2000.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1996.

Mental Health Legislation

The Law on Psychiatric Assistance and Human Rights.

The latest legislation was enacted in 1999.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 7.9 % of the total health budget on mental health.

The primary source of mental health financing is tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 350 personnel were provided training.

There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	6.25
Psychiatric beds in mental hospitals per 10 000 population	5.62
Psychiatric beds in general hospitals per 10 000 population	0.63
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	4.5
Number of neurosurgeons per 100 000 population	0.77
Number of psychiatric nurses per 100 000 population	13.7
Number of neurologists per 100 000 population	8
Number of psychologists per 100 000 population	0.4
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. There is a service data collection system.

PROGRAMMES FOR SPECIAL POPULATION

A programme for medical care of children with donor support was started.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	7.7
Ethosuximide	yes		
Phenobarbital	yes	100	4.07
Phenytoin sodium	yes		
Sodium Valproate	yes	300	22.5
Amitriptyline	yes		5.57
Chlorpromazine	yes	100	1.79
Diazepam	yes	15	4.64
Fluphenazine	yes		1
Haloperidol	yes	3	5.8
Lithium	unknown		
Biperiden	unknown		
Carbidopa	unknown		
Levodopa	unknown		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Latvia

General Information

Latvia is a country with an approximate area of 65 thousand sq.km. Its population is 2.389 million. (WHO, 2000).

The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.1% (WHO, 2000). The literacy rate is 99.8% for males and 99.8% for females.

The life expectancy at birth is 63.6 years for males and 74.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 2000.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1998. Details about the drug policy can be obtained from the Latvia Drug Control and Drug Abuse Prevention Masterplan (1999-2003)

National Mental Health Programme

A national mental health programme is present. Details about the year of formulation of the programme are not available.

The adopted State Health Care Programme also includes the Psychiatric Aid Strategy and underlying action plan (national mental health programme) with financial sources and evaluation activities.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1996.

Mental Health Legislation

The most recent legislation on mental health is the Medical Law.

The latest legislation was enacted in 1997.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 5% of the total health budget on mental health.

The primary sources of mental health financing in descending order are tax based, social insurance, private insurances and out of pocket expenditure by the patient or family.

There are state budget allocations for mental health services through the State Compulsory Health Insurance Agency.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Treatment of moderately severe and severe mental disorders is done by psychiatrists.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 160 personnel were provided training. There are training programmes for family doctors and general physicians. Training is provided through seminars, workshops and conferences as well as through general programmes and diplomas. Latvia has a community of well-trained mental health professionals who are committed to the welfare of people with mental illness. Since independence, many staff have received training in psychotherapy and other techniques which were not used before.

There are community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	15.5
Psychiatric beds in mental hospitals per 10 000 population	15.1
Psychiatric beds in general hospitals per 10 000 population	0.4
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	10

Number of neurosurgeons per 100 000 population	2
Number of psychiatric nurses per 100 000 population	40
Number of neurologists per 100 000 population	10
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	0.6

By international standards, the current system is both underfunded and overly reliant on institutional beds. The system remains centred on large underfunded mental hospitals and nursing homes; large institutions consume most of the available mental health budget, while community care is underfunded. The trend in psychiatric institutions in Latvia is now towards the establishment of multidisciplinary teamwork – a process which is still in its infancy. Multidisciplinary teamwork is available in some hospitals. Generally, the multidisciplinary team in Latvia consists of: a nurse, nursing assistant, psychologist, psychiatrist, rehabilitation specialist, and social worker. Occupational therapists help the patient develop and improve their functioning, while observing changes in the patient's state, analysing the results of therapy, as well as assessing the level of current functioning and gradually increasing the complexity of exercises. Rehabilitation specialists help the patients to acquire skills such as drawing, painting, pottery, and flower arranging.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy. Supported by the Soros Foundation, a project has been set up on “Creating positive insight and attitudes in society towards depression as a mental illness”.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. There are accounting information system, report and registers from which data can be collected.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population, indigenous population, elderly and children.

Specialist out patient care, forensic psychiatric services and differentiated in-patient services are available all across the country.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	5.3
Ethosuximide	no		
Phenobarbital	yes	100	2.34
Phenytoin sodium	no		
Sodium Valproate	yes	150	5.27
Amitriptyline	yes	25	1.58
Chlorpromazine	no		
Diazepam	yes	5	2
Fluphenazine	yes	25	1.21*
Haloperidol	yes	1.5	1.06
Lithium	yes	500	2.5
Biperiden	no		
Carbidopa	no		
Levodopa	no		

*cost of single injectible unit

Cyclodol is available instead of Biperiden.

OTHER INFORMATION

The Psychiatry Aid Strategy of Latvia has certain priorities: patients with serious mental disorders, law breakers with mental disorders, children and teenagers, young schizophrenics, patients with comorbidity and elderly. These priorities are organized to develop services for mental health at all levels. The local aid and support services are divided into treatment oriented aid and medical rehabilitation and support services. The psychiatrist at the local level promote networking and support services and support local primary health care specialists. Rehabilitation is provided through employment centres, psychosocial rehabilitation houses. There are also self-aid groups which help. Regional services include inpatient facilities, day hospitals and ambulatory models. The state plans and coordinates activities, ensures psychiatric aid with the highly specialized services and ensures academic training.

ADDITIONAL SOURCES OF INFORMATION

1. National Drug Control and Drug Abuse Combat Coordination Committee and UNDCP (1999). Latvia Drug Control and Drug Abuse Prevention Masterplan for the Period 1999 – 2003.

Lithuania

General Information

Lithuania is a country with an approximate area of 65 thousand sq.km. Its population is 3.682 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.4% (WHO, 2000). The literacy rate is 99.6% for males and 99.4% for females. The life expectancy at birth is 67 years for males and 77.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1993. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1999. There are different policies on substance abuse. The Govt.Commission on Drug Control (1995), State Alcohol Control Programme (1999), National Drug Control and Drug Use Prevention Programme (1999).

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1999. Details are available from the website: www.vpsc.lt. The National Programme for Prevention of Mental Disorders has the following main goals: to stabilise the morbidity of mental disorders by the year 2010, to reduce the rate of suicide by the year 2010, to develop an effective system of rehabilitation and reintegration into society of persons with mental disabilities, to develop a network of municipal mental health centres, to train adult psychiatrists, child and adolescent psychiatrists, psychotherapists, psychologists, social workers, and mental health nurses, to develop programmes for the treatment of the major mental disorders, to improve the mental health facilities, to develop a system of monitoring suicides and mental disorders according to European standards, to develop a system of crisis intervention services and of intersectoral cooperation in the field of mental health by the year 2005, to train professionals representing other medical and non-medical specialities in the field of mental health, to involve non-governmental organisations in the network of community-based services.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1995. Details can be obtained from the State Medicines Control Agency at the Ministry of Health of the country (www.vvkt.lt).

Mental Health Legislation

The Law on Mental Health was passed in 1995. There is also a law on substance dependence – Law of the Control of Narcotic and Psychotropic Substances (1998). Under the Mental Health Act, approved by the Seimas (Lithuanian Parliament) in 1995, each municipality has to establish a mental health centre which is responsible for the outpatient mental health care of its population. In 1997, the process of development of this network of mental health facilities was started. Currently, there are 59 centres throughout the country, and it is estimated that there should be about 100 in the near future. The centres are funded by the National Health Insurance System, which allocates a certain amount of money for each inhabitant for primary mental health. There is an increasing number of municipal mental health centres which are effectively cooperating with local social services, schools, and other services. The latest legislation was enacted in 1995.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 7% of the total health budget on mental health. The primary source of mental health financing is social insurance.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Severe mental illness leading to global disturbance of functioning is considered for disability benefits.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Severe mental disorders are treated at secondary and tertiary psychiatric care levels. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 287 personnel were provided training. General physicians have been trained. There are community care facilities for patients with mental disorders. Social service and various NGOs provide care for the mentally ill. Most people with chronic mental illnesses are resident in centralised psychiatric institutions. The process of deinstitutionalisation has started for persons affected by mental retardation. This process was initiated by Viltis, a voluntary organisation of parents with mentally retarded family members, and was supported by both national and local authorities. There are many new schools and day care centres which are attended by both moderately and severely mentally retarded children and young adults who would have been institutionalised by the former system. Starting in 1998-1999, there is an increasing number of projects (supported by the Soros Foundation, state budget programmes, and other sources) which are directed towards community-based services for mentally ill people. However, one of the obstacles to a more rapid process of deinstitutionalisation is the high level of stigmatisation of mentally ill people among the general public.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	11.8
Psychiatric beds in mental hospitals per 10 000 population	10.8
Psychiatric beds in general hospitals per 10 000 population	0.7
Psychiatric beds in other settings per 10 000 population	0.3
Number of psychiatrists per 100 000 population	13
Number of neurosurgeons per 100 000 population	2
Number of psychiatric nurses per 100 000 population	36
Number of neurologists per 100 000 population	14
Number of psychologists per 100 000 population	5
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Data are collected from mental health care institutions and state mental health centres and included in the annual report. The country has data collection system or epidemiological study on mental health. Only data from the state mental health centre on morbidity and sickness with mental disorders and suicides are available.

PROGRAMMES FOR SPECIAL POPULATION

The whole population of Lithuania is provided with mental health care. Emergency mental health care is provided for every person including tourists.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes		24.66
Ethosuximide	yes		11.98
Phenobarbital	yes		2.9
Phenytoin sodium	yes		4.65
Sodium Valproate	yes		4.95
Amitriptyline	yes		7.4
Chlorpromazine	yes		4.93
Diazepam	yes		3.1
Fluphenazine	yes		12.31
Haloperidol	yes		4.44
Lithium	yes		3.44
Biperiden	yes		6.43
Carbidopa	no		
Levodopa	yes		52.25

A special list of medicines is compensated by the Sickness Funds.

OTHER INFORMATION

During recent years, much has been achieved in the Republic of Lithuania in the development of mental health services. The joint efforts of professionals, non-governmental organisations, politicians, mass media, and the general public has led to a new level of awareness about the burden of mental disorders on society and effective ways of their prevention. Though there have been several attempts to raise the issue of intersectoral cooperation in mental health as being important, this is a most difficult task. One of the new bodies for such cooperation in the field of general health is a National Health Board, which was established by the Lithuanian Parliament in 1997. The other way to attempt to strengthen intersectoral cooperation was to establish a Joint Mental Health Commission within the Government. At the end of 1999, Parliament agreed that the Mental Health Commission should be established. However, at present, there is an ongoing debate about which governmental and non-governmental bodies should send representatives to this committee. Three greatest matters of progress are: there is a growing number of non-governmental organizations in the field of mental health, there is a growing awareness among politicians and the general public that public mental health is an extremely important issue and that it is a much broader concept than clinical psychiatry, there are new initiatives (eg. "consensus" projects) which facilitate the process of cooperation between different participants in the mental health scene (governmental structures, NGOs, Universities, mass media, different professional groups, biologically vs. psychologically orientated psychiatrists, etc).

ADDITIONAL SOURCES OF INFORMATION

1. Lithuanian Ministry for Health and Lithuanian Health Information Centre (1998). Health Statistics of Lithuania.
2. Polubinskaya, S.V. (2000). Reform in Psychiatry in Post-Soviet Countries. Acta Psychiatrica Scandinavica. 101 (Supplementum 399), 106-108.

Luxembourg

General Information

Luxembourg is a country with an approximate area of 3 thousand sq.km. Its population is 0.426 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.6 % (WHO, 2000). The literacy rate is 99 % for males and 99 % for females. The life expectancy at birth is 74.5 years for males and 81.4 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1991. The components of the policy are prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1995. It consists of a drug substitution programme, syringe distribution, books and special locations for junkies.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1991.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1992.

Mental Health Legislation

The law on compulsory admission of persons with mental disorders is the latest legislation on mental health. The latest legislation was enacted in 2000.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 13.4 % of the total health budget on mental health.

The primary sources of mental health financing in descending order are social insurance, tax based, private insurances and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Similar benefits as per physical illnesses are provided. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level.

Regular training of primary care professionals is carried out in the field of mental health.

There are community care facilities for patients with mental disorders. During the 1990s, there was a constant evolution of services was constant. Different day-centres and sheltered living places offer all aspects of community mental health care. Gradually de-institutionalisation has become more advanced.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	10.5
Psychiatric beds in mental hospitals per 10 000 population	7.5
Psychiatric beds in general hospitals per 10 000 population	3
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	12
Number of neurosurgeons per 100 000 population	0.9
Number of psychiatric nurses per 100 000 population	35
Number of neurologists per 100 000 population	4
Number of psychologists per 100 000 population	28
Number of social workers per 100 000 population	35

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and treatment.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. There is an annual report of the Ministry of Health.

The country has data collection system or epidemiological study on mental health. Data collection is done by the Ministry of Health and the "Union Des Caisses De Maladie".

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population, indigenous population, elderly and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	400	35.65
Ethosuximide	yes	250	6.55
Phenobarbital	yes	100	4.7
Phenytoin sodium	yes	100	3.08
Sodium Valproate	yes	500	45.4
Amitriptyline	yes	25	5.88
Chlorpromazine	no		
Diazepam	yes	10	13.5
Fluphenazine	yes	1	11.15
Haloperidol	yes	5	37.57
Lithium	yes	250	3.72
Biperiden	yes	2	9.75
Carbidopa	yes	25+250	23.12
Levodopa	yes	25+250	23.12

All drugs are reimbursed either partly or wholly. Chlorpromazine is not available in the market since last year.

OTHER INFORMATION

At the end of the 1980s, the authorities became conscious that there was an urgent need to modernize mental health care. The Ministry of Health appointed the Central Institute for Mental Health of Mannheim (Germany) to examine the situation in Luxembourg, and make recommendations for organisational models of psychiatric care. The research work was done all over the country, and was published in 1993 as Mental Health Care in Luxembourg, Current State and Recommendations for Future Development. The recommendations referred to results of international research and evaluation studies on psychiatric care, as well as to reliably reported experience in different European countries. Having full regard to the needs of psychiatric patients, this part of the study was submitted to a group of WHO experts, who gave an international dimension to the work. This helped the local decision-makers to propose optimal solutions, regardless of the pressure from local interest groups. These proposals were designed in collaboration with the national health authorities to serve as guidelines for the future development of psychiatric care in Luxembourg. This described the principles, guidelines, and priorities, as well as a timetable to implement the recommendations, depending on the available financial resources.

ADDITIONAL SOURCES OF INFORMATION

1. Memorial – Official Journal of Luxembourg. (2000). Amendment to Legislation Concerning the Placement of the Mentally Ill and the Application of Criminal Law to the Mentally Ill, Memorial A, nr. 95, September 7, 2000.
2. Ministry of Health (2000). Annual Report. March 2001.
3. Origer, A. (2000). Annual National Report on the Drug Situation. European Monitoring Centre for Drugs and Drug Addiction.
4. Rössler, W., Salize, H.J. and Häfner, H. (1993). Gemeindepsychiatrie Grundlagen und Leitlinien – Planungsstudie Luxemborg. Verlag Integrative Psychiatrie.

Malta

General Information

Malta is a country with an approximate area of 0.32 thousand sq.km. Its population is 0.386 million. (WHO, 2000).

The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.3% (WHO, 2000). The literacy rate is 90.9% for males and 92.0% for females.

The life expectancy at birth is 75.7 years for males and 80.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1994.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The policy strives to create healthy environments in family, school, workplace and community and also aims to offer a range of appropriate services to empower people to cope better with mental health issues, thus maximising their productive and social life.

Substance Abuse Policy

A substance abuse policy is absent. The substance abuse policy is under review.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1983.

Mental Health Legislation

The Mental Health Act was enacted in 1981 and amended in 1983. Currently it is under review. A draft of the new Mental Health Act was prepared by the Mental Health Commission in 1999.

The latest legislation was enacted in 1981.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 9% of the total health budget on mental health.

The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family and social insurance.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Persons suffering from severe mental subnormality, or those with certain neurological disorders like epilepsy are entitled to means-related disability benefit and those suffering from chronic schizophrenia, drug abuse or resident in a therapeutic community are entitled to a means-related social assistance benefit.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. The approach is to move out of an institutional system to a community setup. Many patients are either followed up on an out-patient basis in the state system or by a psychiatrist or general physician in private.

Regular training of primary care professionals is not carried out in the field of mental health.

There are community care facilities for patients with mental disorders. Community services are in the form of daycentres, sheltered homes, long stay hostels, respite centres and independent living.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	18.9
Psychiatric beds in mental hospitals per 10 000 population	18.86
Psychiatric beds in general hospitals per 10 000 population	0.04
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	5
Number of neurosurgeons per 100 000 population	0.8

Number of psychiatric nurses per 100 000 population	13
Number of neurologists per 100 000 population	1
Number of psychologists per 100 000 population	2.6
Number of social workers per 100 000 population	2

There are 12 occupational therapists. There is no specialist registration system. The main psychiatric hospital still adheres to old custodial care approach with old management facilities and ineffective human resources management. There are hardly any specialized care units. The main psychiatric hospital focuses on personalized, holistic healing both of which are implemented in a multi-disciplinary "team" approach. New infrastructures have been introduced into hospitals in order to enhance accountability for resource utilization and performance. Specialists are not registered, though they will be under draft mental health legislation which is awaiting parliamentary approval. There is a lack of trained personnel and a multidisciplinary approach is lacking. Over the past three years a large portion of resources have been utilized to train staff and management in modernized psychiatric care.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and rehabilitation.

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

There are no programmes for special population.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	7.16
Ethosuximide	yes	250	11.53
Phenobarbital	yes	30	0.49
Phenytoin sodium	yes	100	2.9
Sodium Valproate	yes	200	6.3
Amitriptyline	yes	25	0.42
Chlorpromazine	yes	100	7.56
Diazepam	yes	5	0.22
Fluphenazine	no		
Haloperidol	yes	1.5	0.58
Lithium	yes	400	2.36
Biperiden	no		
Carbidopa	yes	25+250	7.67
Levodopa	yes	25+250	7.67

All drugs are dispensed free. The Division of Health uses a locally-produced National Formulary which includes all drugs available under the Maltese NHS and this was derived from the WHO list. Prior approval of the Minister or Director General is required before introducing a new drug.

On an outpatient basis, drugs are dispensed free of charge or on a means test or if a client is suffering from an illness scheduled under the Social Security Act.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Ministry for Home Affairs and Social Development, Department of Health Policy and Planning. (1994). National Policy on Mental Health Service.

Monaco

General Information

Monaco is a country with an approximate area of 0.002 thousand sq.km. Its population is 0.033 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.3% (WHO, 2000). The life expectancy at birth is 74.7 years for males and 83.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1995.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation

The Law No 1039 of 1981 concerning the placement and protection of the mentally ill. The latest legislation was enacted in 1981.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is social insurance.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level.

Details about training facilities are not available.

There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	17.27
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	17.27
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	18.2
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	3
Number of psychologists per 100 000 population	27.3
Number of social workers per 100 000 population	45

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	12.87
Ethosuximide	yes	250	3.09
Phenobarbital	yes		5.79
Phenytoin sodium	no		
Sodium Valproate	yes	200	8.49
Amitriptyline	yes	25	7.98
Chlorpromazine	yes	25	5.79
Diazepam	yes	5	4.5
Fluphenazine	yes	25	8.62*
Haloperidol	no		
Lithium	yes	250	8.1
Biperiden	yes	4	15.44
Carbidopa	yes	100	16.72
Levodopa	yes	125	14.15

*cost of single injectible unit

Phenytoin and Haloperidol are only for hospitals.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Usuelles, L. (1993). Law Number 1039 Concerning the Placement and Protection of Mentally Ill.

Netherlands

General Information

Netherlands is a country with an approximate area of 41 thousand sq.km. Its population is 15.735 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8.8% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 75 years for males and 81.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1999. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The government has developed a policy (National Mental Health Plan) to create a mental health care sector that has the following characteristics: the care provided is demand-driven, ie. tailored to the care needs of the individual client and his or her specific social or cultural characteristics. It comes about through consultation with the client, is easily accessible, and consists of both medical and psychiatric treatment and social assistance; the provision of care is organised effectively in accordance with a clear profile from "light and general to heavy and specialised"; disorders that can be treated in the short term and by general means are dealt with in the locally organised first echelon of mental health care by the general practitioner, the health care psychologist, and the social worker; disorders that are beyond the capacities of the first echelon are referred to the regionally organised specialist mental health care centres, which are preferably located in or near the general hospital. These regional centres offer a complete range of facilities (prevention, diagnosis, crisis care, outpatient and short-term inpatient treatment, resocialisation, and sheltered accommodation); super-specialist help is provided at the supraregional or national level in the university hospitals and in a number of designated mental health care institutions. The government had set up a broadly-based committee to advise on an active public mental health policy. This committee was to report at the end of the year 2001. Details can be obtained from the document "Mental Health Care Policy Document".

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1995. In order to manage the drug problem in an effective way there is a Netherlands National Drug Monitor which assesses the different situation both nationally and internationally and advises on policies. The drugs policy distinguishes between drugs which present an unacceptable risk and those like cannabis which are less harmful. The policy is to limit the risks to individuals and socially integrate the patients. The policy is focussed more towards harm-reduction than towards total abstinence.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1999. The Dutch government issued an integral policy document on mental health care. It describes the ideal mental health care sector and how to reach (or to come close to) that ideal. Its principles include: demand-driven care, effectively and transparent organised care, deinstitutionalisation, further development of the locally organised first echelon of mental health care, a logically configured professional structure, using methods that have been scientifically validated, and coherent and integrated services for patients in which mental health care providers work closely with other care sectors, social sectors and local authorities.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

The specialist mental health care sector, like the care for the handicapped and (in part) the nursing care sector, is managed on the basis of three related pieces of legislation: The Exceptional Medical Expenses Act (entitlements / accreditation); The Hospital Provision Act (planning and building); The Health Care Charges Act (charges). During the past few years, several acts have come into being to strengthen the position of clients in health care, such as: The Medical Treatment Contract Act, which stipulates that a care plan must be drawn up with the consent of the patient; The Client's Right of Complaint Act; The individual Health Care Professional Act, which regulates the duties and responsibilities of care providers; The Psychiatric Hospitals Act, which protects patients' rights in cases of committal and compulsory treatment. The Psychiatric Hospitals Act (1994) has recently been evaluated. Input from patients and family organisations has helped to identify a number of problem

areas relating to the limited options for the compulsory treatment of patients who have no insight into their illness, as well as patients' need for more opportunities for autonomy by means of self-binding undertakings. Also, it has become evident that there is need for compulsory outpatient treatment. Therefore, it is planned that The Psychiatric Hospitals Act will be changed in the coming years.

The latest legislation was enacted in 1994.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 7% of the total health budget on mental health.

The primary sources of mental health financing in descending order are social insurance, out of pocket expenditure by the patient or family and private insurances.

Since 1989, mental health care has been financed through the Exceptional Medical Expenses Act except for outpatient substance use care which is mainly paid for via the Welfare Act. About 75% is spent on mental health care of the adult and elderly, 15% on children and adolescents, 7% on substance use care and 5% on forensic care. After 1 year the patients in in-patient treatment, psychotherapy or sheltered care have to pay a part of their expenses besides the funding from the Exceptional Medical Expenses Act.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. About 300 000 people are receiving benefits for mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. It is the Dutch policy to strengthen the primary care in the treatment of mental disorders. Majority of the patients with mental disorders initially contact their primary carers which include the general practitioner, social worker or psychologist. Regular training of primary care professionals is carried out in the field of mental health.

There are community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	18.7
Psychiatric beds in mental hospitals per 10 000 population	15.4
Psychiatric beds in general hospitals per 10 000 population	1
Psychiatric beds in other settings per 10 000 population	2.3
Number of psychiatrists per 100 000 population	9
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	99
Number of neurologists per 100 000 population	3.7
Number of psychologists per 100 000 population	28
Number of social workers per 100 000 population	176

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population, elderly and children. The facilities for child and adolescent care are divided into the clinics for child and adolescent psychiatry, the child protection agencies and the child care system.

There are care circuits and programmes for children, elderly and adults with specific disorders. In these there are tailor made programmes for treatment of specific disorders including those related to forensic psychiatry. There are facilities for both sheltered care and short term care.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	unknown		
Ethosuximide	unknown		
Phenobarbital	unknown		
Phenytoin sodium	unknown		
Sodium Valproate	unknown		
Amitriptyline	unknown		
Chlorpromazine	unknown		
Diazepam	unknown		
Fluphenazine	unknown		
Haloperidol	unknown		
Lithium	unknown		
Biperiden	unknown		
Carbidopa	unknown		
Levodopa	unknown		

OTHER INFORMATION

Mental health care in its present form dates back to the 70s and 80s when the regional Institutes for out-patient mental health care and facilities for sheltered care and part-time treatment were added. Other facilities like semi-residential care, inpatient care and care circuits are present. Dutch mental health care is facing three major challenges. In the first place, epidemiological research and the statistics on trends in the use of care services point towards a steep rise in demand, particularly for outpatient care. The mental health care sector must respond to this appropriately. In the second place, the nature of the demand for care is changing: many people with chronic psychiatric problems want to be given the opportunity to remain part of the community. This means the further transformation of residential care into outpatient care. A third matter of concern is that the mental health care sector has to establish a much more explicit presence in regard to a number of social problems. Examples include incapacity for work as a result of mental problems, the problems surrounding the "neglected" and "degenerate", as well as the mental health problems of prisons, abuse, loneliness, and poor living conditions. Details can be obtained about the mental health care facilities from the "Fact Sheet Mental Health care" published in August 2000.

ADDITIONAL SOURCES OF INFORMATION

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2. The Ministry of Health Welfare and Sport in conjunction with the Timbros Institute (Netherlands Institute of Mental Health and Addiction). (2000). Fact Sheet – Major Challenges to Dutch Mental Health Care.
3. The Ministry of Health Welfare and Sport. (1999). Mental Health Care Policy Document.
4. The Ministry of Health Welfare and Sport. (1999). Drug Policy in the Netherlands.
5. The Ministry of Health Welfare and Sport. (1997). Drug Policy in the Netherlands.
6. Ministry of Foreign Affairs, The Ministry of Health Welfare and Sport, Ministry of Justice and Ministry of the Interior. (1995). Drug Policy in the Netherlands: Continuity and Change.

Norway

General Information

Norway is a country with an approximate area of 324 thousand sq.km. Its population is 4.442 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.5 % (WHO, 2000). The literacy rate is 99 % for males and 99 % for females. The life expectancy at birth is 75.1 years for males and 82.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1997. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Research is also a component of the policy. Details can be obtained from the website. www.dep.no.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1991.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1999. A White Paper dealing with mental health issues was developed in 1996/97, ("Stortingsmelding nr 25 (1996-97) ; Åpenhet og helhet – om psykiske lidelser og tjenestetilbudene"). In 1998 the Norwegian Parliament decided to launch a national mental health program/reform ("St prp nr 63 (1997-98) – Om opptrappingsplan for psykisk helse 1999 – 2006"). This program or reform applies to the period 1999 to 2006 and represents a nationwide strategy for development and improvement of the health/social services and treatment rendered to patients who suffer from mental disorders/illness. The Norwegian mental health program covers all the different settings and links in the service. The the program refers to the primary health care, the specialized health services, the educational system, social services, employment etc. The programme has required extensive economical grants and subsidies to the public health sector from the Government. The principle is a community-based psychiatry with local outpatient psychiatric clinics in close contact with primary health care and with psychiatric hospitals. The mental health program aims at improving the availability, quality and organization of mental health services and treatment on all levels of the service. Certain issues are focussed, such as: promoting central de-institutionalization, developing a smoother collaboration and cooperation between primary health care and specialized health services, stimulating educational programs directed to general physicians and family doctors regarding mental illness in primary care, improving collaboration between different specialized health services/medical disciplines, producing and disseminating relevant and up-dated (evidence based) literature and publications concerning diagnosis and treatment regarding major psychiatric disorders. During the year 2000 the Norwegian National Board of Health published four guidelines dealing with anxiety disorders, mood disorders, eating disorders and schizophrenia: producing strategies that aim at improving the organizing and effectiveness of services rendered to patients, improving training and increasing the number of mental health professionals, developing specific mental health programs/projects that will be evaluated and eventually implemented to address major disorders, such as suicide, eating disorders, schizophrenia, etc and specially vulnerable groups including mentally handicapped with severe psychiatric symptoms, issues concerning children and adolescents, refugees and traumatized groups etc, promoting multi-disciplinary teamwork, stimulating counties and municipalities in developing mental health plans made according to the needs of community and population.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

The most recent legislation is: Ot prp nr 11. Details can be obtained from the website: www.dep.no. In July 1999 the Norwegian Parliament passed four new acts concerning different aspects of health: The Specialized Health Services Act, The Mental Health Act, The Patients' Rights Act, The Health Personnel Act. These new health acts with their additional regulations were put into practice from the January 2001. These four new acts interact with each other and complete each other, hence they may be regarded as an overall health act "package". Psychiatry as a general specialized health service is regulated together with other specialized medical disciplines in the Specialized Health Services Act. However, the part of psychiatry that deals with compulsory treatment is regulated in the Mental Health Act.

The latest legislation was enacted in 1998.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 0.1 % of the total health budget on mental health. The primary sources of mental health financing in descending order are social insurance, tax based, out of pocket expenditure by the patient or family and private insurances.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 1600 personnel were provided training. There are community care facilities for patients with mental disorders. The mental health reform and the new legislation will provide for community care.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	13
Psychiatric beds in mental hospitals per 10 000 population	
Psychiatric beds in general hospitals per 10 000 population	
Psychiatric beds in other settings per 10 000 population	6.5
Number of psychiatrists per 100 000 population	20
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	42
Number of neurologists per 100 000 population	5
Number of psychologists per 100 000 population	68
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Reporting facilities are available both at the national and regional levels. The country has data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, elderly and children. There are services for prisoners.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	12.68
Ethosuximide	yes	200	8.68
Phenobarbital	yes	50	9.8
Phenytoin sodium	yes	100	5.37
Sodium Valproate	yes	300	24.46
Amitriptyline	yes	25	9.94
Chlorpromazine	yes	25	5.37
Diazepam	yes	5	9.94
Fluphenazine	yes	1	8.55
Haloperidol	yes	4	30.28
Lithium	yes		11.2
Biperiden	yes	2	10.17
Carbidopa	yes	25+250	36.53
Levodopa	yes	25+250	36.53

OTHER INFORMATION

During the last decade there has been an increasing focus in Norway on issues concerning mental illness and care. There has been a growing political awareness, an increasing political will and commitment in regard to the need for improving mental health services. This has led to the development of national health policies and action plans.

ADDITIONAL SOURCES OF INFORMATION

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2. Sosial Og Helsedepartementet. (1998-1999). Om Lov Om Etablering Og Gjennomføring av Pshy Helsevern (Psykiatriloven).
3. Sosial Og Helsedepartementet. (1997-1998). Om Opptrappingsplan for Psykisk Helse 1999 – 2000 – Endringer i Statsbudsjettet for 1998.
4. Sosial Og Helsedepartementet. (1996-1997). Apenhet og Hellet – Om Psykiske Lidelser Og Tjenestetilbudene.

Poland

General Information

Poland is a country with an approximate area of 323 thousand sq.km. Its population is 38.74 million. (WHO, 2000). The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.2% (WHO, 2000). The literacy rate is 99.7% for males and 99.7% for females. The life expectancy at birth is 67.9 years for males and 76.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1995. The components of the policy are promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1999. The main forms of psychiatric care and delivery of alcohol or drug abuse treatment are outpatient clinics and various forms of intermediate care – day hospitals, mobile community teams, crisis intervention centres, and rehabilitative facilities.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1995. The three greatest priorities of the national mental health programme are: deinstitutionalisation and improvement of the quality of care; development of community-based psychiatry; mental health promotion. Large psychiatric hospitals are to be dismantled or transformed for some other purpose; communal coordinating teams would be created at the level of county areas, consisting of representatives of services providing health care to the mentally disordered. The team would serve also as an advisory body in matters of social policy concerning mental health issues and the needs of psychiatric care (including allotment of financial resources). A programme of postgraduate training for general practitioners is now under development. The monitoring of quality of care in psychiatric facilities is being promoted alongwith the co-operation of non-governmental organisations. The following activities for mental health promotion are being planned: develop in the community the knowledge and skills needed for an individual's growth and self-actualisation, successful coping with stress and environmental demands, and gaining better mental health; shape mental health-promoting behaviour and lifestyles; school education; implement programmes aimed at prevention of mental disorders in high-risk groups; organise various forms of service delivery in crisis situations; implement programmes of co-operation within the local communities on mental disorders, mental health promotion, and prevention of substance abuse.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 2000. The list of drugs are prepared on the basis of the Minister of Health Ordinance on the list of drugs which are supplied free of charge or at special low prices for persons suffering from specified diseases. The ordinance is published every year.

Mental Health Legislation

The Mental Health Act is the latest legislation. The Act has regulations on three major issues – first, relating to the promotion of mental health and the prevention of mental disorders, as well as shaping of appropriate social attitudes towards people with mental disorders, counteracting discrimination. Second, the provision of comprehensive and accessible mental health care and assistance for people with mental disorders under the models of community care and social welfare. Third, the protection of the civil rights of people with mental disorders, in particular definition of the guarantee of the rights of people admitted to and treated in hospitals without consent. (Balicki et al, 2000). The Involuntary Commitment Law, Section 7 of 1986 and the Act on Legal Proceedings (1999) are also related to mental health. The other acts are: The Act on Upbringing in Sobriety and Counteracting Alcoholism of 1982; The Act on Counteracting Drug Abuse of 1997; The Act on Social Assistance of 1990, with subsequent changes; The Act on Vocational and Social Rehabilitation and Employment of the Disabled of 1997. The latest legislation was enacted in 1994.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health. Details about expenditure on mental health are not available. The primary sources of mental health financing in descending order are social insurance and tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 3500 personnel were provided training. There are training facilities for primary care doctors.

There are community care facilities for patients with mental disorders. The process of transformation of psychiatric care started in the middle 1970s, but was slow. The counselling system, which is the strong point of Polish psychiatric care, emerged some years before the dismantling of large psychiatric hospitals began. There are out patient clinics, day hospitals and mobile teams hospitals. Co-ordinating teams have been created at the level of the county area, consisting of representatives of those services providing health care to the mentally disordered. The team also acts as an advisory body in matters of social policy concerning mental health issues and the needs of psychiatric care (including the allocation of financial resources). Mobile community teams are now functioning in 19 centres. Article 9 of the mental health act provides for two forms of community-based programmes – a specialist social help services and community self-help houses for persons who are unable to integrate themselves properly into the society due to their illnesses. In 1991, the State Fund for Rehabilitation of Disabled Persons was established resulting in the organisation of occupational therapy workshops.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	7.5
Psychiatric beds in mental hospitals per 10 000 population	5.9
Psychiatric beds in general hospitals per 10 000 population	1
Psychiatric beds in other settings per 10 000 population	0.6
Number of psychiatrists per 100 000 population	6
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	21
Number of neurologists per 100 000 population	7
Number of psychologists per 100 000 population	5
Number of social workers per 100 000 population	1

There are 400 other mental health personnel. Sectorisation of mental hospitals and sub-sectorisation of their wards was introduced in 1968. This resulted in a "rotating door policy" and a reduction in the number of inpatient beds by about 20% between 1970 and 1990. Community psychiatry models also developed during the same time. The Health Insurance Act abolished the sectorisation of the mental hospitals and psychiatric wards in general hospitals, though the sub-sectorisation of the wards of the mental hospitals still continue. (Balicki et al, 2000).

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, prevention and rehabilitation. A voluntary coalition for Mental Health was set up in 1993 as a national organisation including many self-help and related associations and groups. Substantial part of the social support services is provided by NGOs.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. There is a Statistical Yearbook on Mental Health Care and Neurological Care 1999.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children. There are separate facilities for children and elderly with mental disorders.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	0
Ethosuximide	yes	250	0
Phenobarbital	yes	100	0
Phenytoin sodium	yes	100	0
Sodium Valproate	yes	300	0
Amitriptyline	yes	25	0
Chlorpromazine	yes	25	0
Diazepam	yes	2	1.3
Fluphenazine	yes	1	0
Haloperidol	yes	1	0
Lithium	yes	250	0
Biperiden	yes	2	16.33
Carbidopa	yes	25+250	0.55
Levodopa	yes	25+250	0.55

Medicines are supplied free of charge to patients suffering from epilepsy and mental disorders. Patients with parkinsonism pay one third the quoted price of anti parkinsonian drugs.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

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- Ministerstwo Zdrowia i Opieki Społecznej. (1999). Karjowy Program: Przeciwdziałania Narkomanii na lata 1999 – 2001. (The National Program on Preventing Drug Abuse).
- Panstwowa Agencja Rozwiązywania Problemów Alkoholowych. (1998). Ustawa o Wychowaniu w Trzeźwości i Przeciwdziałaniu Alkoholizmowi i Inne Dokumenty. (The Act on Upbringing in Sobriety and Counteracting Alcoholism).
- Puzynski St. Program Ochrony Zdrowia Psychicznego.(2001). (The Mental Health Program), unpublished manuscript.
- USTAWA. (1997). O Przeciwdziałaniu Narkomanii. (The Act on Preventing Drug Abuse).

Portugal

General Information

Portugal is a country with an approximate area of 92 thousand sq.km. Its population is 9.873 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8.2% (WHO, 2000). The literacy rate is 94.2% for males and 89.0% for females. The life expectancy at birth is 72 years for males and 79.5 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1995. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1999. Details can be obtained from the document "Portuguese Drug Strategy".

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1996.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 2000.

Mental Health Legislation

The Mental Health Law 36/98 of 24 July, Law 35/99 of 5 February, Joint Ruling 407/98 and Order 348A / 98. The latest legislation was enacted in 1998.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. Details about expenditure on mental health are not available. The primary sources of mental health financing in descending order are tax based, social insurance, private insurances and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. There are various social benefits, which include people with mental illness, eg, Law 28/84, Law 160/80, Law 19 A/96 and Law 196797. There are financial incentives to employers which was introduced in 1982.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. However major psychiatric illnesses are generally treated in specialized psychiatric setups.

Regular training of primary care professionals is carried out in the field of mental health. During their training GP's are given theoretical and practical exercises in a mental health setting. In 1999-2000 there were many training courses directed to informal care givers in mental health.

There are community care facilities for patients with mental disorders. Although there is no structured community care system across the country, community care has been progressively developing since 1989 and is quite widely spread.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	7.7
Psychiatric beds in mental hospitals per 10 000 population	2.1
Psychiatric beds in general hospitals per 10 000 population	1.2
Psychiatric beds in other settings per 10 000 population	4.4
Number of psychiatrists per 100 000 population	5
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	4.6

Number of neurologists per 100 000 population	2.3
Number of psychologists per 100 000 population	2.8
Number of social workers per 100 000 population	7.2

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. There is a lack of data in different domains of mental health. The country has data collection system or epidemiological study on mental health. There is a lack of accurate epidemiological data at the national level.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population, elderly and children. There are services for PTSD. There are separate clinics for child and adolescent psychiatry. For the elderly, there are outpatient clinics, inpatient services, home visit facilities and old people's home.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	
Ethosuximide	no		
Phenobarbital	yes	100	
Phenytoin sodium	yes	100	
Sodium Valproate	yes	300	
Amitriptyline	yes	25	
Chlorpromazine	yes	25	
Diazepam	yes	5	
Fluphenazine	yes	25	
Haloperidol	yes	5	
Lithium	yes	400	
Biperiden	yes	2	
Carbidopa	yes	100+ 25	
Levodopa	yes	100+25	

OTHER INFORMATION

Since 1998 there has been an integration of social support and continuous health care for people in situations of dependency (physical, mental, social), with mental and psychiatric disorders for residential and occupational programmes. It is financed by social security. In 1998, Ministry of Work and Solidarity defined the framework for recognition and granting of technical and financial support to integration within the context of social employment market as an active employment sponsored by the Institute for Employment and Vocational Training. In 2000, there was a "Resolution of Assembly of Republic" No 76/2000 and a "Resolution of Council of Ministries" No 166/2000 directed to fighting alcoholism. There was also a law-No 318/2000.

ADDITIONAL SOURCES OF INFORMATION

1. Ministerio da Saude. (2000). Prontuario Terapeutico. Instituto Nacional de Farmacia e do Medicamento.
2. Ministerio da Saude. (1998). E Do Trabalho e da Solidariedade.
3. Ministerio da Saude. Saude Mental em Reestruturacao.

Republic of Moldova

General Information

Republic of Moldova is a country with an approximate area of 34 thousand sq.km. Its population is 4.38 million. (WHO, 2000).

The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8.3% (WHO, 2000). The literacy rate is 99.5% for males and 97.9% for females.

The life expectancy at birth is 64.8 years for males and 71.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 2000.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 2000.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1997.

Mental Health Legislation

In 1998, a programme to improve the psychiatric service was adopted, with emphasis on the rights and interests of persons suffering from mental disorders. This experience showed that it was necessary to pay more attention to the judicial rights of individuals receiving psychiatric help and to formulate appropriate criteria for compulsory admission. In 1998, the Law Concerning Psychiatric Assistance and Guarantees of the Citizen's Rights was adopted. Since January 1999, the project of developing humane mental health care in Moldova through professional training for psychiatric nurses and doctors in multi-disciplinary teamwork have been in the process of implementation.

The latest legislation was enacted in 1998.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 6.5% of the total health budget on mental health.

The primary source of mental health financing is tax based.

Both outpatient and inpatient treatment of mentally ill patients is free. Mental health services are financed from both government and local authority budgets.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level.

Regular training of primary care professionals is carried out in the field of mental health.

There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	6.7
Psychiatric beds in mental hospitals per 10 000 population	3.4
Psychiatric beds in general hospitals per 10 000 population	3.3
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	9
Number of neurosurgeons per 100 000 population	1

Number of psychiatric nurses per 100 000 population	30.5
Number of neurologists per 100 000 population	9
Number of psychologists per 100 000 population	0.7
Number of social workers per 100 000 population	0.5

There are 5 psychiatric hospitals. Outpatient psychiatric care is provided by two psycho-neurological clinics and three departments within general clinics. The first stage of help is given in villages and districts in rural medical ambulatory sectors, or in psychiatric clinics at district polyclinics. At the second stage, outpatient consultation is provided in towns by psychiatrists or psycho-neurologists; these provide high-quality help in a psycho-neurological dispensary polyclinic or psychiatric hospital.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and prevention.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

There are no special services.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	100	8.7
Ethosuximide	yes	250	14.7
Phenobarbital	yes	100	4.9
Phenytoin sodium	yes	100	2.86
Sodium Valproate	yes	150	12.25
Amitriptyline	yes	25	3.26
Chlorpromazine	yes	25	0.82
Diazepam	yes	5	2.45
Fluphenazine	yes	1	4.9
Haloperidol	yes	5	2.29
Lithium	yes	300	1.22
Biperiden	yes	2	4.08
Carbidopa	yes	25	12.25
Levodopa	yes	250	14.7

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Romania

General Information

Romania is a country with an approximate area of 238 thousand sq.km. Its population is 22.402 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.8% (WHO, 2000). The literacy rate is 98.9% for males and 96.9% for females. The life expectancy at birth is 65.1 years for males and 73.5 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1998.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1998. The national plan of mental health will be based on the analysis of the mental health assessment (morbidity and mortality figures) in Romania. It will incorporate ideas on prevention and rehabilitation, health care system, community psychiatry, administration and legislation and coordination with other health care needs. Within the national mental health programmes established and financed by the Ministry of Health and Family (according to Law no. 100/1998 concerning public health assistance) there is a "National Programme of Mental Health and Prophylaxis and Psycho-Social Pathology." Its objectives are: mental health promotion and preservation, development of alternative forms of therapy and the increase of treatment efficiency.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1994. The new draft national drug policy was launched in 2000.

Mental Health Legislation

There is no existing mental health law but there is a Mental Health Law Project – "Law regarding mental health promotion and the protection of the persons who have mental disorders" which is to be adopted in 2001. It stipulates the elaboration of the National Plan of Mental Health to include the necessary elements of the planning and implementation of the mental health reform in Romania. Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 3% of the total health budget on mental health. The primary sources of mental health financing in descending order are social insurance and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Persons with mental illness can take early retirement just like any other illness. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Regular training of primary care professionals is not carried out in the field of mental health. There are no community care facilities for patients with mental disorders. Community based care is provided by the NGOs and foundations working with mental health.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population 7.8
Psychiatric beds in mental hospitals per 10 000 population 6

Psychiatric beds in general hospitals per 10 000 population 1.6
Psychiatric beds in other settings per 10 000 population 2.2
Number of psychiatrists per 100 000 population 5
Number of neurosurgeons per 100 000 population 1
Number of psychiatric nurses per 100 000 population
Number of neurologists per 100 000 population 3
Number of psychologists per 100 000 population
Number of social workers per 100 000 population

In Romania, mental health services are hospital centred. There is unsatisfactory communication between inpatient and out-patient services. There is no coordination between primary care and mental health services. There is no regular program to train primary care professionals in mental health activities for mental health promotion are few and without continuity.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. The majority of the progress in mental health promotion has been accomplished as a result of the commitment of the NGOs. Romanian League for Mental Health was the first organization involved in mental health promotion. It has developed a long term program for changing perceptions about mental health and developed models of practice.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The health reporting system is based on ICD10. The country has no data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population, elderly and children. Mental health services are provided for the populations mentioned above but it is insufficient.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	11.19
Ethosuximide	yes	250	20.43
Phenobarbital	yes	15	0.46
Phenytoin sodium	yes	100	1.23
Sodium Valproate	no		
Amitriptyline	yes	25	1.05
Chlorpromazine	yes	25	0.58
Diazepam	yes	2	0.55
Fluphenazine	yes	1	14.5
Haloperidol	yes	2	14.78
Lithium	yes	450	
Biperiden	no		
Carbidopa	yes	25	39.78
Levodopa	yes	250	39.78

OTHER INFORMATION

The mental health audit that took place in Romania during the period 28 August-1 September was organized by the WHO Regional Office for Europe together with the Romanian Ministry of Health, WHO Liaison Office for Romania and Romanian League for Mental Health. Analyzing this state of facts a group of mental health professionals proposed the following program: elaboration of a National Plan for Mental Health, with short, medium and long term objectives; promoting a law concerning the promotion of mental health and the protection of the persons with mental disorders, aligned with European legislation in conformity with the Resolution 46/119 from December 1991 of the General Assembly of the UNO

emphasizing the need for a nationally coordinated epidemiological research plan for gathering reliable data on psychiatric morbidity; identifying new ways for collaboration between Ministry of Health and NGOs in mental health promotion; promoting and supporting local initiatives in prevention and therapy, adapted to specific needs of the population; community support for the persons with mental disorder and for their families. A number of recommendations were made at the end of the National Mental Health Audit related to legal dispositions, role of the Health Ministry for development of psychiatry, improvement of psychiatric care, provision of examples of good practice for dissemination and generalization for national psychiatric care development, training, data collection and analysis and provision of opportunities for Romania to participate in programs that focus on the destigmatization and opposition to discrimination against people with mental health problems.

ADDITIONAL SOURCES OF INFORMATION

1. Ministerul Sanatatii. Program de Sanatate.

Russian Federation

General Information

Russian Federation is a country with an approximate area of 17075 thousand sq.km. Its population is 147.196 million. (WHO, 2000).

The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.4 % (WHO, 2000). The literacy rate is 99.7 % for males and 99.3 % for females.

The life expectancy at birth is 62.7 years for males and 74 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1992.

The components of the policy are promotion, prevention, treatment and rehabilitation. Mental health policy is developed by the Ministry of Health in the form of statements/orders to be carried out by the governmental and non-governmental bodies.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1995. Substance abuse policy is developed by the Ministry of Health in the form of statements/orders to be carried out by the governmental and non-governmental bodies.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1995.

A national mental health program for 1995-1997 was adopted by the government and methodical recommendations on structural reorganization in psychiatric care were developed. At present a mid-term program for 2003 – 2008 on introduction of the above recommendations into practice is under preparation.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1993.

The order of the Ministry of Health is considerably renewed.

Mental Health Legislation

The Law of Russian Federation on Psychiatric Assistance and Rights of Patients. It provides details about the rights of psychiatrists and patients regarding examination, ethics, types of services, patients rights and the rights of medical and paramedical staff, social protection of the mentally ill, admission and discharge procedures and monitoring facilities. Most of the details of the Law on Psychiatric Care, adopted in 1992, work successfully both at federal and regional levels. This law regulates the interaction of the public health and internal affairs structures and their control over the working of the law; however, social provision and a guaranteed volume of care have not been implemented sufficiently. In 1999, many new additions and changes were made to the existing law and presented to the Government for further consideration and adoption in the Parliament.

The latest legislation was enacted in 1992.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

Every region has its own budget.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Monetary assistance is allocated from the Ministry of Social Assistance's budget.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. There are specialised psychiatric services in medical units of enterprises, bodies, villages. Actual treatment is carried out at secondary level.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 720 personnel were provided training.

There are community care facilities for patients with mental disorders. Community care is present in some regions.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	11.8
Psychiatric beds in mental hospitals per 10 000 population	10.3
Psychiatric beds in general hospitals per 10 000 population	0.5
Psychiatric beds in other settings per 10 000 population	1
Number of psychiatrists per 100 000 population	11
Number of neurosurgeons per 100 000 population	1.6
Number of psychiatric nurses per 100 000 population	54
Number of neurologists per 100 000 population	1.3
Number of psychologists per 100 000 population	1
Number of social workers per 100 000 population	0.6

System of Russian Ministry of Health embraces 278 mental hospitals, 164 psycho-neurological out-patient clinics (dispensaries), including day-hospitals as separate wards in their structure with beds in them; 2010 psycho-neurological consulting rooms in rural areas). There are also beds in 442 hostels under the authority of Ministry of Social Protection.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. About 10 NGOs are dealing with mental health in the country. Protection, assistance and education are also one of the activities of the NGOs.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Reports are presented in the National Academy of Russian Federation.

The country has data collection system or epidemiological study on mental health. The Ministry of Health has a unit of prognosis, information, data collection in the Department of Development, Economy and Health. The function of that particular department is to collect information.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population and elderly. Programmes on refugees and disaster victims are carried out by the Ministry of Emergency and Health. Elderly population are looked after by Ministry of Social Assistance.

To solve problems connected with questions of the public health of the population and the provision of specialised care, the interaction of different state and public structures is a critical factor. At the governmental level this cooperation is implemented in several directions: various programmes for the examination, support, and treatment of trauma affected persons and for assessment of the consequences of trauma have been implemented. Along with this, the number of non-governmental and non-commercial organisations rendering charitable medical and social-psychological care to sufferers has been growing. Unfortunately, at the local level, the network of these services is insufficiently developed, which frequently leads to the decompensation of those affected after their discharge from care. In connection with the sharp growth in the level of socially dangerous actions of the mentally ill, the recorded number of which doubled during the period 1991-1996, the necessity of close contact between public health services and the Ministry of Internal Affairs became clear. The volume of special social support rendered by public health bodies and religious organisations has grown considerably. The corresponding programmes were worked out and approved by the Ministry of Public Health and Moscow Patriarchy of the Russian Orthodox Church, as well as by local public health bodies. In this respect, hospices and new hospital churches have been working successfully. The volume of care rendered by the organisations of care consumers themselves, acting mainly at regional levels, has increased (in approximately 20 regions). However, joint activity of public health, social security, and public education bodies presupposes a substantially larger volume of support than is rendered now, either at state or local level.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	6.34
Ethosuximide	no		
Phenobarbital	yes	100	0.1
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	yes	25	2.49
Chlorpromazine	yes	30	3.02
Diazepam	no		
Fluphenazine	no		
Haloperidol	yes	1.5	1.5
Lithium	yes	300	2.8
Biperiden	no		
Carbidopa	no		
Levodopa	no		

The Ministry of Health and Social Assistance approved the list of mentally ill who would receive free medication in 1993 the funds to which were to be allocated by local institutions.

OTHER INFORMATION

There was an analysis of the legislation and standardized documents of the last 5 years to assess the financial and technical support rendered to different psychiatric institutions providing education facilities for mental health to different professionals. Mechanisms of financial support for measures directed at differentiation of psychiatric care were proposed (Kazakovtsev, 1998). The three most significant achievements in Russian Psychiatry are: an opening for the discussion of psychiatric problems both inside and outside the country. A new situation has contributed to the active development of public movements and public forms of care in psychiatry, the introduction of legal and ethical standards in psychiatry (The Law on Psychiatric Care and Ethical Code of Psychiatrists). The achievements of clinical and social psychiatry in Russia, which have contributed to the identification of substantial new contingents of patients, making effective care available to them.

ADDITIONAL SOURCES OF INFORMATION

1. Blum, R.W., Blum, L., Phillips, S., Smith, P. and Slap, G. (1996). Adolescent Health in Russia: A View from Moscow and St. Petersburg. *Journal of Adolescent Health*. 19(4), 308-314.
2. Kazakovtsev, B.A. (1998). Network Planning of Psychiatric Services and Professional Education in Contemporary Psychiatry. *Zhurnal Nevrologii I Psikhatrii Imeni S.S. Korsakova*. 98(2), 41-44.
3. Kinsey, D. (1994). The New Russian Law on Psychiatric Care. *Perspectives in Psychiatric Care*. 30(2), 15-19.
4. Polubinskaya, S.V. (2000). Reform in Psychiatry in Post-Soviet Countries. *Acta Psychiatrica Scandinavia, Supplementum*. 101 (Supplementum 399), 106-108.

San Marino

General Information

San Marino is a country with an approximate area of 0.06 thousand sq.km. Its population is 0.026 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 7.5% (WHO, 2000). The literacy rate is 97(1976)% for males and 95(1976)% for females. The life expectancy at birth is 75.3 years for males and 82 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent. The Republic of San Marino refers to the E.U. guidelines.

Substance Abuse Policy

A substance abuse policy is absent. The Republic of San Marino refers to the E.U. guidelines.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is absent. The Republic of San Marino refers to the E.U. guidelines.

Mental Health Legislation

The current mental health legislation is being updated. A mixed commission, made up of judges and psychiatrists, is working to adapt the present legislation on mental health to new needs of both the citizens and the services. In particular, the aim is to reconcile the demands of individual freedom and liberty of choice with the need for intervention in the care of mental disorder. A further matter of great relevance here is to respect patients' privacy. Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health. Details about expenditure on mental health are not available. The primary source of mental health financing is tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. There is a possibility to obtain both economic benefits and a job with the public administration. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Regular training of primary care professionals is not carried out in the field of mental health. There are community care facilities for patients with mental disorders. The mental health service is the only agency dealing with mental health. It is a multidisciplinary service, and is based on the teamwork of psychiatrists, psychologists, social workers, and nurses. Health and social care services are offered both at centres and in the patients' homes, schools, and places of work.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	3.8
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	3.8
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	15
Number of neurosurgeons per 100 000 population	0

Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	19
Number of psychologists per 100 000 population	96
Number of social workers per 100 000 population	54

In 1969, the Neuro-Psychiatric Service (SNP) was created and in 1977 became part of the social services. The SNP or mental health service is made up of psychiatrists, psychologists, neurologists, social workers, nurses, technicians of electrophysiology and a secretary. In 1980, a section dealing with alcohol-related problems and drug abuse was created within the SNP. As in Italy, the process of deinstitutionalisation started in San Marino at the beginning of the 1980s, and is not presently producing any particular problems.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has data collection system or epidemiological study on mental health. The system is conducted by the neuropsychiatric services.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes		0
Ethosuximide	yes		0
Phenobarbital	yes		0
Phenytoin sodium	yes		0
Sodium Valproate	yes		0
Amitriptyline	yes		0
Chlorpromazine	yes		0
Diazepam	yes		0
Fluphenazine	yes		0
Haloperidol	yes		0
Lithium	yes		0
Biperiden	yes		0
Carbidopa	yes		0
Levodopa	yes		0

All the drugs are provided free of cost by the government at the primary care level.

OTHER INFORMATION

The three matters of both concern and progress in San Marino are considered to be: destigmatisation and social prejudice towards mental illness, improving the relationship between the mental health service and other structures, better collaboration between the mental health service, schools, and the political and judicial spheres.

ADDITIONAL SOURCES OF INFORMATION

Slovakia

General Information

Slovakia is a country with an approximate area of 49 thousand sq.km. Its population is 5.382 million. (WHO, 2000). The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8.6% (WHO, 2000). The literacy rate is 99.0% for males and 99.0% for females. The life expectancy at birth is 68.9 years for males and 76.7 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent. There is no official mental health policy but a Programme for Psychiatric Care exists which was formulated in 1997. It is based on the work of a large group of psychiatrists in the beginning of the 1990's: The Reform of Psychiatric Care. There are recommended numbers for all kinds of services. It was accepted by the government but it lacked a time frame. The reform was based on the regional (or catchment area) principle, with units of 100 000 to 150 000 inhabitants, in which all the required services should function. The emphasis was placed on the balance of inpatient and outpatient care, including restructuring the profile of beds (closing beds in mental hospitals and opening new wards in general hospitals). The development of new outpatient services and forms of care such as day-centres, rehabilitation facilities, sheltered workshops, and sheltered housing were also included. Non-regional facilities were to be used for special forms of treatment (addiction, children, forensic units, etc.).

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1995.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available. The essential drug's list is still to be approved.

Mental Health Legislation

The most recent legislations are the Act 277/1994 of the health care, Articles 14,38, and Act 460/1992 of the Constitution, Article 17. There is no single law dealing with mental health. It is included in laws concerning not only health care but also social care and others. The general health care laws have a special section which deals with psychiatry, mainly with involuntary admissions. The courts have to decide on individual cases. The latest legislation was enacted in 1994.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 2% of the total health budget on mental health. The primary sources of mental health financing in descending order are social insurance and out of pocket expenditure by the patient or family.

Efforts to transform the health care system began with the change in the political system. The governmental budget system was replaced by an insurance system requiring compulsory payments by both employees and employers. The government paid insurance only for those without jobs. Primary care was virtually completely privatised, as general practitioners entered into contracts with insurance companies. Direct cash payments by patients remained rare, as salaries for most of the population were very low. Employers and government failed to pay insurance companies, who in turn failed to pay providers (eg. private doctors, hospitals, and pharmacies). As a result, hospitals were unable to pay for drugs, power, or food; a hospital's debts sometimes reached as high as its annual budget.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Regular training of primary care professionals is not carried out in the field of mental health.

There are community care facilities for patients with mental disorders. Most patients admitted to the ward are referred by outpatient psychiatrists. If the patient does not need inpatient treatment, he/she can be admitted to the day centre, but most patients in the day centre come through the inpatient department.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	9
Psychiatric beds in mental hospitals per 10 000 population	6
Psychiatric beds in general hospitals per 10 000 population	3
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	10
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	32
Number of neurologists per 100 000 population	9
Number of psychologists per 100 000 population	3
Number of social workers per 100 000 population	

There are 60 other mental health personnel. No true transformation of the entire system was achieved. The restructuring of hospitals, including the closure of unnecessary ones, failed to occur. It had been accepted that standard psychiatric care according to region should be made generally accessible, and diversified so it can care for the whole spectrum of patients with mental disorders within all age-categories.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy and treatment.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The annual health report is not published but a statistical report of general health with psychiatry in it is published. The country has data collection system or epidemiological study on mental health. A statistical list compiling number and types of services, treatment, demographical data on suicide and drug users are prepared.

PROGRAMMES FOR SPECIAL POPULATION

No special care programmes exist but children have outpatient child psychiatry clinics and services for the elderly are available in outpatient and inpatient care facilities in a limited way.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	4.8
Ethosuximide	yes	250	7.75
Phenobarbital	yes	100	2.42
Phenytoin sodium	yes	100	1.8
Sodium Valproate	yes	300	5.81
Amitriptyline	yes	25	1.2
Chlorpromazine	yes	25	1.45
Diazepam	yes	10	1.55
Fluphenazine	no		
Haloperidol	yes	5	2.05
Lithium	yes	300	1.82
Biperiden	yes	2	11.34
Carbidopa	no		
Levodopa	yes	275	15.67

The drugs are divided into 3 categories and the first category is fully reimbursed by the insurance.

OTHER INFORMATION

Earlier psychiatric institutions were placed in unsuitable buildings, such as old castles, located far from larger towns or regional centres. The proposed amount for a bed and a day in the hospital is the lowest of all clinical branches. Before the 1989 changes, psychiatry was mostly biologically orientated. Two-thirds of psychiatric beds were in mental hospitals (mostly unsuitable for this purpose) and the rest in psychiatric wards in general hospitals. Outpatient care was inadequate, with large regional differences. The shortage of money for health care together with unsuccessful efforts to transform the entire health care system have led to the isolation of sectors which need to cooperate with mental health care. Local authorities have few resources and until now have been involved only marginally in any kind of health care. Outpatient psychiatrists have responsibilities for certain areas, but patients still have the freedom to choose a psychiatrist from a different region. As the result of the health insurance policy for health care, no social workers are presently operating in outpatient facilities. Also, since psychiatric nurses work only within doctors' examination offices, no community work exists. Most psychiatrists work on a private basis, and are not paid by patients but by insurance. There are no mental health centres and no liaison committees in regions, as was planned in the initial reform. However, some day-centres function as mental health centres, with a limited number of functions. Mental health care has become one of three priorities of national health care policy and so there is hope that the situation will change for the better.

ADDITIONAL SOURCES OF INFORMATION

Slovenia

General Information

Slovenia is a country with an approximate area of 20 thousand sq.km. Its population is 1.989 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 9.4% (WHO, 2000). The literacy rate is 99.7% for males and 99.6% for females. The life expectancy at birth is 71.6 years for males and 79.5 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is absent. The Drug Office at the Slovenian Government is presently working on the National Programme for Prevention of Drug Misuse and a new strategy plan is under development.

National Mental Health Programme

A national mental health programme is absent.

Though a national programme of mental health has not yet been adopted, it is the responsibility of the Council for Health – a government advisory body which includes experts from the fields of both health and social security. However, national programmes have been suggested for preventing suicide and dependence on alcohol and drugs.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1999.

A Medicinal Product and Medical Device Act was adopted in 1999.

Mental Health Legislation

The Mental Health Act is in under government evaluation. The Involuntary Commitment Law, Section 7 of 1986 and the Act on Legal Proceedings of 1999 deals with mental health. The Involuntary Commitment Act provides for the admission of a patient without his/her consent, which is the most frequently discussed question in relation to mental health policies in this country. Two laws to regulate specific deficiencies in this field, until now determined by laws which have already become invalid, are under parliamentary discussion. The new legislation will also introduce the right to advocacy, though other important mental health issues remain unregulated. The different legislations on substance abuse are: Prevention of the Use of Illicit Drugs and Dealing with Consumers of Illicit Drugs Act(1999), Production and Trade in Illicit Drugs Act (1999), The Law on Precursors for Illicit Drugs Act (1999).

The latest legislation was enacted in 1999.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are tax based, social insurance, private insurances and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Retirement benefits are present for chronically mentally ill patients.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Psychiatrists are employed at a primary health care level.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 50 personnel were provided training. Courses on depression for general practitioners and on eating disorders are also provided.

There are community care facilities for patients with mental disorders. There are some attempts by psychiatric institutions and NGOs, but no system for community mental health approach has been developed as yet. In Ljubljana (the capital), a rehabilitation service has been created within the framework of the psychiatric service, which is intended to provide better coordination with outside collaborators and introduce rehabilitation principles in treatment. The psychiatric rehabilitation

service should enable suitable referral of patients and coordination among the so far poorly linked non-governmental and social services as well as GP services. The University Psychiatric Hospital in Ljubljana also gives professional and material support to non-governmental organisations that provide outpatient community care for its patients. It serves as a national tertiary referral centre. User organisations and associations of interested experts have been founded. The largest are _ENT, ALTRA; OZARA; PARADOKS which, together with the psychiatric profession, are involved in preventive, mainly anti-stigma programmes.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	11.9
Psychiatric beds in mental hospitals per 10 000 population	6.8
Psychiatric beds in general hospitals per 10 000 population	1.1
Psychiatric beds in other settings per 10 000 population	4
Number of psychiatrists per 100 000 population	8
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	5
Number of social workers per 100 000 population	

There are six regional psychiatric hospitals including the university psychiatric hospital. All have wards for general psychiatry, psycho-geriatrics, and the treatment of alcohol dependency. The University Hospital also has wards for adolescent psychiatry, drug dependency, and psychotherapy. There is a child psychiatry ward in the University Children's Hospital. Deinstitutionalisation has not taken place significantly in Slovenia (Brecelj et al 2000).

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. The network of organisations and services outside psychiatry which could support preventive activities – mainly early recognition and treatment of mental disorders – is weak.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Details can be obtained from the Health Statistics Yearbook of Slovenia 1999, Institute of Public Health.

The country has data collection system or epidemiological study on mental health. The Health Statistics Yearbook provides data information.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, elderly and children.

Preventive education programmes for recognising suicidal tendencies take place constantly. Therapeutic work is done with the suicide survivors, individually and in groups, and there is a systematic preventive work done with GPs and teachers to recognise and react with depressed and suicidal individuals. The Institute for Health Protection organises numerous preventive programmes against smoking, other addictions, and infection with AIDS. Health programmes are also organised at schools and kindergarten.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	11.65
Ethosuximide	yes	250	
Phenobarbital	yes	100	14.94
Phenytoin sodium	yes	100	3.27
Sodium Valproate	yes	300	12.49
Amitriptyline	yes	25	4.11
Chlorpromazine	no		
Diazepam	yes	5	4.75
Fluphenazine	yes	2.5	10.98
Haloperidol	yes	2	7.4
Lithium	yes	300	6.71
Biperiden	yes	2	5.6
Carbidopa	yes	250+100	22.63
Levodopa	yes	100	19.3

Newer anti psychotics are also used.

OTHER INFORMATION

The need for special care for the mentally ill was first mentioned in 1786 and the first special department for the mentally ill was set up in 1827. The first psychiatric hospital was opened in 1881(Brecelj et al 2000).The priority task of creating and extending the network of services for mental health which, with multidisciplinary teamwork, should enable support and more immediate help to be given for people with mental difficulties. Suitable treatment is well accessible within the framework of the psychiatric services, though not always received. It is necessary to extend, link, and supplement training/education programmes so that there can be a wide anti-stigma movement which embraces, in addition to experts, families and the general public. The need is acknowledged to establish standards for work in non-governmental and other services which deal with mental health in order to ensure high quality, comprehensiveness, and accessibility of care for people with mental disorders.

ADDITIONAL SOURCES OF INFORMATION

1. Brecelj, M. and Marusic, A. (2000). Psychiatry in Slovenia: A High Suicide Rate and Cirrhosis Rates Country. Psychiatric Bulletin. 24, 385-387.
2. Zakon O Zdravilih. Medicinal Products Act.(Government document)

General Information

Spain is a country with an approximate area of 506 thousand sq.km. Its population is 39.634 million. (WHO, 2000).

The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8% (WHO, 2000). The literacy rate is 98.4% for males and 96.5% for females.

The life expectancy at birth is 75.3 years for males and 82.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1987.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Although in a strict sense there exists no official policy on mental health issues at a national level, a mental health plan does exist in each

Autonomous Community, framed in the health plan of each Community. However, it can be considered that the last reference at a national level to mental health are the recommendations of the Commission for the Psychiatric Reform (1987).

Each Autonomous Community has published a plan on mental health, the first ones dates from the late 1980's and the last ones from the 90's. They include all the components listed above. Social insertion is also a part of the mental health policy.

Details about the components of the policy can be obtained from the document- "Plan de Salud Mental de la Region de Murcia, 1999-2001".

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1985. Details can be obtained from the document- 'Estrategia Nacional Sobre Drogas, 2000-2008.

National Mental Health Programme

A national mental health programme is absent.

There is no national mental health programme but there are mental health plans formulated by each Autonomous Community. Although being very similar in its theoretical formulation they are not as similar in its practical application, there are marked differences with regards to funding of resources for psychiatric care among them. There are also no psychiatric care programs at a national level making that the responses of each one of the Autonomous Community with regards to concrete problems on mental health differs.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1994.

Mental Health Legislation

The General Health Law has a chapter on mental health. The Commission for the Psychiatric Reform includes in its conclusion the need to substitute the old model of care giving, centred on psychiatric hospitals by an integral care of mental pathologies, outpatient and community based, recommending the replacement of psychiatric hospitals by hospitalization units for severe cases in general hospitals, the creation of outpatient mental health units, of intermediate and rehabilitation mechanisms.

The latest legislation was enacted in 1986.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family and private insurances.

In the financing model currently in force until 2001, the Autonomous Communities receive from the State a final budget for health care calculated according to capitative criteria, with small correction criteria. Hospitals are financed through a global budget, calculated according to the volume and complexity of the foreseen activities, although some experiences of financing per capita have started to be introduced, a model reserved until now only for primary health. The overall health budget is provided through the central administration, the local bodies and private spending. In all it amounts to 7.8% of

the GNP. In the frame of the private health care sector, the care of severe psychiatric pathologies is covered by all insurance companies, although they do establish maximum limits to the length of psychiatric hospitalisation.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Psychiatric illnesses are considered as a transitory working disability and also a definitive one. In both cases its recognition gives right to an economic compensation, for the first case only if previously working and in the second case with different amounts, depending on whether the patient did contribute before or not to the social security system.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level.

Regular training of primary care professionals is not carried out in the field of mental health. Though there is no regular programmes, there are several NGO's, international organisations and WHO Collaborating Centres which promote the training of primary care physicians in mental health. The WPA is also implementing a training programme in collaboration with PTD-Spain on depressive disorders.

There are community care facilities for patients with mental disorders. The community care is provided by mental health centres, which were initially developed as support units for the primary care and have gradually become more specialised.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	4.4
Psychiatric beds in mental hospitals per 10 000 population	3.7
Psychiatric beds in general hospitals per 10 000 population	0.6
Psychiatric beds in other settings per 10 000 population	0.1
Number of psychiatrists per 100 000 population	3.6
Number of neurosurgeons per 100 000 population	0.9
Number of psychiatric nurses per 100 000 population	4.2
Number of neurologists per 100 000 population	2.5
Number of psychologists per 100 000 population	1.9
Number of social workers per 100 000 population	

There are 3913 other mental health professionals belonging to different categories. Until the adoption of the Commission for Psychiatric Reform the psychiatric care was mainly in the hands of local authorities (Diputaciones Provinciales or Local Councils) and religious orders, owners of the old psychiatric hospitals and university hospitals with psychiatric departments. In the last years of the 70's the first psychiatric units in general hospitals were opened although sometimes with minimal facilities sometimes limited to liaison consultation with other specialities. Since the 1980s there has been an increase in development of new organizational structure for mental health, integration of psychiatry in general health care system, creation of an extensive community network and better public awareness about mental health alongwith adoption of legislation to improvement of patients rights. However there needs a lot to be done in the sphere of intermediate community care (Garcia et al, 1999). Details can be obtained from the document- Sistema de Informacion en Salud Mental Indicadores, 1996.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. It is present only at hospital levels. Details can be obtained from the CMBD Report 1998.

The country has no data collection system or epidemiological study on mental health. Some records are available from certain Autonomous Communities and other regions.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children. Besides facilities for children there are facilities for drug addiction and for eating disorders.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	7.26
Ethosuximide	no		
Phenobarbital	yes		1.85
Phenytoin sodium	yes	100	2.92
Sodium Valproate	yes	200	5.82
Amitriptyline	yes	75	8.62
Chlorpromazine	yes	25	2.56
Diazepam	yes	5	2
Fluphenazine	yes		
Haloperidol	yes	10	8.6
Lithium	yes	400	2.85
Biperiden	yes	5	5.66
Carbidopa	yes	100+25	22.8
Levodopa	yes	100+25	22.8

Psychopharmacological drugs, including the new anti-psychotics, neuroleptics and anti-depressives, are financed by the social security system, and are given for free to pensioners and many of them at subsidized rates for active population, who in the worst of cases have to contribute 40% of the cost.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Garcia, J. and Vazquez-Barquero, J. (1999). Deinstitutionalization and Psychiatric Reform in Spain. *Actas Espanolas de Psiquiatria en Espana*. 27(5), 281-291.
2. Ministerio del Interior. (2000). *Estrategia Nacional Sobre Drogas 2000 – 2008*. (Spain National Substance Abuse Policy).
3. Ministerio de Sanidad y Consumo. (1998). *Sistema de Informacion en Salud Mental Indicadores Ano 1996 – Tablas 1991 – 1996*.
4. Ministerio de Sanidad y Consumo. (1998). *Sistema Nacional de Salud Ano 1998 – Explotacion de Bases del CMBD, Estadisticos de Referencia Estatal de los Sistemas de Agrupacion de Registros de Pacientes*.
5. Munoz, C.G., Mateu, F.N., Departamento de Salud Mental del S.M.S. (1999). *Plan de Salud Mental de la Region de Murcia*. (National Mental Health Program).

Sweden

General Information

Sweden is a country with an approximate area of 450 thousand sq.km. Its population is 8.892 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 9.2% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 77.1 years for males and 81.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is absent.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation

The fundamental legislation for psychiatric health and sickness are the Health and Illness Act (HSL), the Compulsory Psychiatric Care Act (LPT), and the Forensic Psychiatric Care Act (LRV). Guidance is also provided by the 1991 UN Resolution, supported by Sweden, concerning the principles for the protection of the mentally ill. The latest legislations are Law on Compulsory Care and Law on Forensic Psychiatry Care. The latest legislation was enacted in 2000.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 11% of the total health budget on mental health.

The primary sources of mental health financing in descending order are tax based, social insurance, out of pocket expenditure by the patient or family and private insurances.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level.

Regular training of primary care professionals is not carried out in the field of mental health. There are some local and regional training programmes.

There are community care facilities for patients with mental disorders. Community care is primarily carried out by social services.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	6.7
Psychiatric beds in mental hospitals per 10 000 population	
Psychiatric beds in general hospitals per 10 000 population	
Psychiatric beds in other settings per 10 000 population	3.2
Number of psychiatrists per 100 000 population	20
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	32
Number of neurologists per 100 000 population	4
Number of psychologists per 100 000 population	76
Number of social workers per 100 000 population	

In Sweden, there has been sectorization, where the psychiatric service unit of a particular catchment area was responsible for comprehensive psychiatric care of the whole population belonging to that area. There has been a reduction of inpatient admissions and an increase in community based treatment.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. NGOs play an important part in suicide prevention programmes.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Reports of county council for inpatient care is available. The country has data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children. There is a Swedish National Programme to develop suicide prevention with the objectives: to decrease the number of successful and unsuccessful suicide attempts; early detection and management of high risk cases; public education on management of suicide both by laymen and professional staff. There is also a National Council for Suicide Prevention.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	8.5
Ethosuximide	yes	250	11.9
Phenobarbital	yes	50	4.8
Phenytoin sodium	yes	100	3.6
Sodium Valproate	yes	300	14.7
Amitriptyline	yes	25	6.7
Chlorpromazine	yes	25	4.7
Diazepam	yes	5	4.8
Fluphenazine	yes	1	7.5
Haloperidol	yes	0.5	5.8
Lithium	yes	42	9.9
Biperiden	yes	2	7.3
Carbidopa	yes		
Levodopa	yes	100	17.7

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Centre for Epidemiology.(1996). The Swedish Hospital Discharge Register 1987-1996 – Quality and Contents.
2. The National Council for Suicide Prevention.(1996). Support in Suicidal Crises – The Swedish National Programme to Develop Suicide Prevention.
3. Westrin, C.G. (1991). Strategies Implemented But Goals Not Attained: Some Comments on an Evaluation of the Swedish Mental Health Services. *Scandinavian Journal of Social Medicine*. 19, 53-56.

Switzerland

General Information

Switzerland is a country with an approximate area of 41 thousand sq.km. Its population is 7.344 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 10.1% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 75.6 years for males and 83 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1990.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation

The law regarding "deprivation of liberty for assistance purpose" (Art: 397 ZGB) is a legislation on mental health. There are also other Cantonal laws. The latest legislation was enacted in 1981.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are social insurance, tax based, out of pocket expenditure by the patient or family and private insurance.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level.

Regular training of primary care professionals is not carried out in the field of mental health.

There are community care facilities for patients with mental disorders. Communities are free to organize care for the mentally ill. In 1977, Bern took the decision to decentralise the existing system and community oriented institutions and psychiatric departments in general hospitals were started. Since then it has been observed that an increasing number of patients are managed on an outpatient care basis and there has been a free flow of patients between private and public sectors for further management as and when required (Saameli et al, 1990).

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	13.2
Psychiatric beds in mental hospitals per 10 000 population	13.2
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	22
Number of neurosurgeons per 100 000 population	0.8
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	3.4
Number of psychologists per 100 000 population	40.8
Number of social workers per 100 000 population	

One of the premier psychiatric centres at Burgholzli, Zurich was opened in 1870. Since then it has seen a lot of important works, primarily works done by Eugene and Manfred Bleuler. Currently, instead of housing longterm patients the centre caters to patients requiring short-term admissions for different mental disorders. Two-thirds of Swiss psychiatrists are involved in private practice. Those in private practice are more psychoanalytically oriented where as those in universities are more biologically oriented (Guimon et al, 2000). There has been a lack of junior research scientists in psychiatry (Buddeberg et al, 1994).

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health. There are data at the cantonal level in the insurance systems or in the health survey, but they are not annual reports.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, elderly and children.

There is a lack of facilities for admission of adolescents and towards this end the first adolescent psychiatry department was opened in Basel in 1993 as an open ward where milieu therapy, psychotherapy and pharmacotherapy work hand in hand.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	unknown		
Ethosuximide	unknown		
Phenobarbital	unknown		
Phenytoin sodium	unknown		
Sodium Valproate	unknown		
Amitriptyline	unknown		
Chlorpromazine	unknown		
Diazepam	unknown		
Fluphenazine	unknown		
Haloperidol	unknown		
Lithium	unknown		
Biperiden	unknown		
Carbidopa	unknown		
Levodopa	unknown		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

- Ernst, C. and Angst, J. (1996). The Burgholzli Clinic. *American Journal of Psychiatry*. 153(6), 816.
- Guimon, J. (2000). New Forms of Psychiatric Education: The Geneva Experience. *European Journal of Psychiatry*. 14(1), 52-60.
- Guimon, J, Goerg, D., Fischer, W. and Zbinden, E. (2000). Private Psychiatry in Switzerland. *International Journal of Psychiatry in Clinical Practice*. 4(3), 227-232.
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- Meng, H. and Burgin, D. (1998). Department of Adolescent Psychiatry: Building Up and First Experiences. *Psychiatrische Praxis*. 25(2), 61-66.
- Saameli, W. and Kopp, W. (1990). Decentralized Psychiatry – An Evaluation of the First 5 Years of a General Hospital-Based Psychiatric Service. *Psychiatrische Praxis*. 17(6), 191-199.

Tajikistan

General Information

Tajikistan is a country with an approximate area of 143 thousand sq.km. Its population is 6.104 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 7.6 % (WHO, 2000). The literacy rate is 99.5 % for males and 98.6 % for females. The life expectancy at birth is 65.1 years for males and 70.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

Details about the mental health policy are not available.

Substance Abuse Policy

Details about the substance abuse policy are not available.

National Mental Health Programme

Details about the national mental health programme are not available.

National Therapeutic Drug Policy/Essential List of Drugs

Details about the national therapeutic drug policy/essential list of drugs are not available.

Therapy is based on outdated Russian books. Old and outdated modes of treatment like electrosleep are still used. Often there are no drugs to treat the patients (Veeken, 1997).

Mental Health Legislation

Prior to 1988 none of the former USSR republics had any form of mental health legislation. But after gaining independence in 1992, Tajikistan has adopted some laws on psychiatric care, however, the details are not available.

Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

Details about disability benefits for mental health are not available.

Details about expenditure on mental health are not available.

Details about sources of financing are not available.

MENTAL HEALTH FACILITIES

Details about disability benefits for mental health are not available.

Details about mental health facilities at the primary care level are not available.

Details about training facilities are not available.

Details about community care facilities in mental health are not available.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population

Psychiatric beds in mental hospitals per 10 000 population

Psychiatric beds in general hospitals per 10 000 population

Psychiatric beds in other settings per 10 000 population

Number of psychiatrists per 100 000 population

Number of neurosurgeons per 100 000 population

Number of psychiatric nurses per 100 000 population

Number of neurologists per 100 000 population

Number of psychologists per 100 000 population

Number of social workers per 100 000 population

There are a few psychiatric institutes, but they are clean but ill-equipped. There is a lack of specialist staff.

NON-GOVERNMENTAL ORGANIZATIONS

Details about NGO facilities in mental health are not available.

INFORMATION GATHERING SYSTEM

Details about mental health reporting systems are not available.

Details about data collection system or epidemiological study on mental health are not available.

PROGRAMMES FOR SPECIAL POPULATION

There are children's homes but the conditions are unsatisfactory.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	unknown		
Ethosuximide	unknown		
Phenobarbital	unknown		
Phenytoin sodium	unknown		
Sodium Valproate	unknown		
Amitriptyline	unknown		
Chlorpromazine	unknown		
Diazepam	unknown		
Fluphenazine	unknown		
Haloperidol	unknown		
Lithium	unknown		
Biperiden	unknown		
Carbidopa	unknown		
Levodopa	unknown		

OTHER INFORMATION

There is almost no contact with international psychiatry. However in August 1997, after an initial assessment of the mental health infrastructure by the Medecins Sans Frontieres of Holland a three year project called "Support for inpatients of Mental Health Institutions and Dispensaries in the Republic of Tajikistan" has been undertaken with the aim of reducing the mortality rate in the two large psychiatric hospitals (Leninsky and Lakkon) and at the Child and Adolescent Centre. Since then the programme has been extended to 14 psychoneurological dispensaries (Baibabayev et al, 2000).

ADDITIONAL SOURCES OF INFORMATION

1. Baibabayev, A., Cunningham, D. and De Jong, K. (2000). Update on the State of Mental Health in Tajikistan. *Mental Health Reforms*. 5(3), 14-16.
2. Veeken, H. (1997). Tajikistan: No Pay, No Care. *British Medical Journal*. 315(7120), 1460-1461.

The former Yugoslav Republic of Macedonia

General Information

The former Yugoslav Republic of Macedonia is a country with an approximate area of 26 thousand sq.km. Its population is 2.011 million. (WHO, 2000).

The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.1% (WHO, 2000). The literacy rate is 97% for males and 91% for females.

The life expectancy at birth is 69.8 years for males and 74.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

A mental health policy has been reviewed and it is in the process of being adopted by the government. The document is constituted of three parts, namely Master Plan, legislation on mental health and mental health patient rights.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1999. A substance abuse action plan is available, launched for the period 1999-2002, by the Inter-ministerial National Commission for Prevention of Illegal Drug Trafficking and Abuse.

National Mental Health Programme

A national mental health programme is absent.

A National Master Mental Health Plan is already prepared by the National Task Force Team (assigned by the Minister of Health) in collaboration with WHO. It is expected to be adopted within a year by the government.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available. There is a list of essential drugs covered by the Health Insurance Fund as part of the health insurance scheme. Currently, this list is under revision to reflect prevailing needs.

Mental Health Legislation

Currently, the mental health legislation is in a draft form. Some of the legislative regulations are incorporated in the Law for Health Protection, and some are connected to criminal law. Compulsory hospitalization is under review with the aim to reflect international trends.

Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is social insurance.

There are budget allocations for mental health services as part of the Law for Health Protection and Law for Health Insurance (government budget and Health Insurance Fund funds).

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health patients according to the newly developed law are treated in same way regarding employment as persons with somatic disabilities. There are examples from practice in cities of Gevgelia and Skopje where they are companies that facilitates the employment possibilities of mentally ill persons, an issue that previously was available only for persons with somatic disabilities.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Severe disorders are treated at secondary and tertiary level.

Regular training of primary care professionals is not carried out in the field of mental health. A training programme for primary health care persons has been organised by the World Bank in 2000.

There are community care facilities for patients with mental disorders. Community mental health care facilities for the patients with mental disorders are branches of the secondary and tertiary mental health care institutions, however, there is

room for improvement. The lack of outpatient services, prevention, rehabilitation, family involvement and social support, alternatives to mental hospitals, and different possibilities for people with mental illness to live and cope in the community, stress the importance of implementing community mental health care services in the country. The first community mental health care facilities in the country were initiated in early 70's. However, their further development was not substantial due to the financial constrains during the following years. Current development of the community based mental health programme and services as well as mental health policy development are the joint endeavour of Ministry of Health, WHO and ECHO. There exists a National Board for promotion and implementation of community based services on mental health, established by the government and in cooperation with WHO. The country has traditional hospital-based mental health services, and new policy developments in that service are recognising the need for reform initiatives in this sector especially towards decentralisation and community-based services.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	10.2
Psychiatric beds in mental hospitals per 10 000 population	8.2
Psychiatric beds in general hospitals per 10 000 population	2
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	7.5
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	24
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	2
Number of social workers per 100 000 population	1.5

There are 375 administrators. The country has traditional hospital-based mental health services, which are not efficient and largely depend on a centralised organisation, they have not been able to meet these extensive needs. The services are unsatisfactory from the medical, psychological, human, outcome, efficiency, or economic points of view.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and rehabilitation. The NGOs are also working in the field of legislation formulation and fight against stigma.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Information is collected as part of Annual National Statistics by the Republican Institute for Health Protection.

The country has no data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children.

The host families, local health and social services, the local communities and society in general are all involved in tackling the refugee problem. With the beginning of the war in Kosovo, mental health activities in Macedonia have been carried out by the Ministry of Health and the Ministry of Labour and Social Policy, supported by many international organisations and in cooperation with local authorities and NGOs.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	11.67
Ethosuximide	yes	250	19.83
Phenobarbital	yes	15	2
Phenytoin sodium	yes	100	4.32
Sodium Valproate	yes	150	10.36
Amitriptyline	yes	25	3.2
Chlorpromazine	yes	25	3
Diazepam	yes	2	1.34
Fluphenazine	yes	25	0.1*
Haloperidol	yes	2	8.58
Lithium	yes	300	2.85
Biperiden	yes	2	6
Carbidopa	yes	25+250	26.19
Levodopa	yes	25+250	26.19

*cost of single injectible unit

There is a task force working on drafting a national therapeutic drug policy. However a list of drugs are covered by the health insurance.

OTHER INFORMATION

Some effort has been put into prevention of substance abuse, child abuse, and domestic violence, mostly by NGOs, as well as in schools with the cooperation of NGOs and the Ministry of Education. There is a need for more organised public campaigns for promoting specific aspects of mental health. The four challenges facing the country are: elaboration of a national programme for mental health; adoption of mental health legislation; preparation of a national register of mental disorders, a database, and epidemiological research. The three greatest matters of progress are: educated professionals; the awareness of the need for reforms in psychiatry; enthusiasm of mental health professionals; willingness on the part of the government and international organizations to help in the rebuilding of infrastructure.

ADDITIONAL SOURCES OF INFORMATION

Turkey

General Information

Turkey is a country with an approximate area of 775 thousand sq.km. Its population is 65.546 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.9% (WHO, 2000). The literacy rate is 92.9% for males and 75.0% for females. The life expectancy at birth is 69.7 years for males and 69.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1983. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1983.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1987.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

There is no existing legislation on mental health but a law on prevention of tobacco harm from 1996 does exist. Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health. Details about expenditure on mental health are not available. The primary sources of mental health financing in descending order are social insurance, private insurances, tax based and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. After being approved by a mental health board as a chronic mental health patient, the patient can benefit from the social security services. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Mental health in primary care is available in only some provinces. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 3000 personnel were provided training. There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.3
Psychiatric beds in mental hospitals per 10 000 population	0.8
Psychiatric beds in general hospitals per 10 000 population	0.5
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	1
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	1
Number of psychologists per 100 000 population	1
Number of social workers per 100 000 population	1

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population and children. Services are limited.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	
Ethosuximide	yes	250	
Phenobarbital	yes	15	
Phenytoin sodium	yes	100	
Sodium Valproate	yes	200	
Amitriptyline	yes	25	
Chlorpromazine	yes	100	
Diazepam	yes	5	
Fluphenazine	yes	25	
Haloperidol	yes	5	
Lithium	yes	300	
Biperiden	yes	2	
Carbidopa	yes	25	
Levodopa	yes	100	

OTHER INFORMATION

The mental health department was established within the General Directorate of Primary Health Care of the Ministry in 1983 with the primary tasks of improving the mental health services, development and dissemination of preventive mental health services, integration of mental health with primary care, community education and protection of the community from harmful behaviours. The means of achieving these aims were through determination of standards, training programmes, data collection, research, creation of counselling and guiding units, creation of psychiatric clinics in state hospitals, assigning proper tasks to personnel, developing rehabilitation facilities, carrying out public education through the help of media, educating the public on harmful behaviour and taking care of those who succumb to those behaviours.

ADDITIONAL SOURCES OF INFORMATION

1. Mental Health Department. Goals and Long Range Planning Document.
2. Ozkan, S., Yucel, B., Turgay, M. and Gurel, Y. (1995). The Development of Psychiatric Medicine at Istanbul Faculty of Medicine and Evaluation of 889 Psychiatric Referrals. *General Hospital Psychiatry*. 17(3), 216-223.

Turkmenistan

General Information

Turkmenistan is a country with an approximate area of 488 thousand sq.km. Its population is 4.384 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.3% (WHO, 2000). The literacy rate is 99(1989)% for males and 97(1989)% for females. The life expectancy at birth is 61 years for males and 65.3 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1995. The components of the policy are prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1996.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1997. Currently Order 277 of 1997- Law on sale of psychiatric drugs- has been adopted by the country.

Mental Health Legislation

There is a Law of Turkmenistan on Psychiatric Assistance. The latest legislation was enacted in 1993.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health. Details about expenditure on mental health are not available. Details about sources of financing are not available.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Regular training of primary care professionals is carried out in the field of mental health. There are family practitioners courses on psychiatry and narcology. Details about community care facilities in mental health are not available.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	4
Psychiatric beds in mental hospitals per 10 000 population	3.85
Psychiatric beds in general hospitals per 10 000 population	0.15
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	2.9
Number of neurosurgeons per 100 000 population	0.5
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	4.5
Number of psychologists per 100 000 population	0.04
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy and prevention.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has data collection system or epidemiological study on mental health. Annual reports are discussed in Ministerial Board meetings. There are operational reports on psychiatry and narcology.

PROGRAMMES FOR SPECIAL POPULATION

There are no specific programmes.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	100	5.52
Ethosuximide	no		
Phenobarbital	yes	10	4.48
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	yes	25	2.54
Chlorpromazine	no		
Diazepam	yes	5	1.35
Fluphenazine	no		
Haloperidol	yes	1.5	2
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Polubinskaya, S.V. (2000). Development of Legislation and Psychiatric Care in the New Independent States. Mental Health Reforms. 5(3), 12-13.

Ukraine

General Information

Ukraine is a country with an approximate area of 604 thousand sq.km. Its population is 50.658 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.6% (WHO, 2000). The literacy rate is 99.7% for males and 99.4% for females. The life expectancy at birth is 64.4 years for males and 74.4 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1988. The components of the policy are prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1997.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1998.

Mental Health Legislation

There is a Law on Psychiatric Care. This was the first time in the history of the independent Ukrainian State that consideration was given by the supreme legislative body to a draft of a law by a non-governmental professional organization. The latest legislation was enacted in 2000.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are tax based and private insurances.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. There are some local experimental programmes at Kiev.

Regular training of primary care professionals is not carried out in the field of mental health.

There are no community care facilities for patients with mental disorders. There are experimental programmes only in some cities. There are some polyclinics which take care of ambulant psychiatric patients, but no other psychiatric institution exists (Rupprecht et al, 2000).

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	9.6
Psychiatric beds in mental hospitals per 10 000 population	9.3
Psychiatric beds in general hospitals per 10 000 population	
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	8.4
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	34
Number of neurologists per 100 000 population	13
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

Training of psychiatric nurses has been developed at Kiev. Training of social workers has been begun at the Kiev-Mogila Academy. There are 87 psychiatric hospitals in Ukraine. There is a trend to decrease the number of inpatient beds in hospitals.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. The positive experience of interactions between state psychiatric services, non-governmental professional organizations, and organizations of relatives and users has been an important factor. As a result of these projects, the approach of multidisciplinary teamwork and case management have been introduced into practice of some facilities at Kiev, Zhitomir, and Donetsk.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	250	
Ethosuximide	yes	250	
Phenobarbital	yes	50	
Phenytoin sodium	yes	100	
Sodium Valproate	yes	150	
Amitriptyline	yes	25	
Chlorpromazine	yes	25	
Diazepam	yes	5	
Fluphenazine	yes	5	
Haloperidol	yes	5	
Lithium	yes	300	
Biperiden	no		
Carbidopa	no		
Levodopa	yes	25	

In place of Biperiden other anti-parkinsonian drugs are used.

OTHER INFORMATION

The provision of psychiatric care, with its planning and financing on the national level, are implemented by the Department on Disease Treatment and Prevention of the Ministry of Public Health of Ukraine. In the structure of the department, there is a working group, consisting of specialists: chief psychiatrist, chief child psychiatrist, chief psychotherapist, and chief forensic psychiatrist. Currently, the most important problem for this working group is to develop a "Conception of Mental Health Care in Ukraine". Throughout the country, there are similar working groups, consisting of the leading specialists in the field of mental health within each region. In addition, there is a problem-solving commission within the structure of the Ministry of Public Health. Its main goal is to plan the directions of further scientific studies in the field of psychiatry. At present, priority is given to the following objectives of studies and research: adaptation of ICD-10 to Ukrainian settings; studies of risk factors leading to mental health disorders in children and teenagers; development of methods for overcoming these disorders; improvement of theory and practice in psychohygiene and psychotherapy; studies of psychosomatic disorders; and improvement of methods of treatment for addictive disorders.

ADDITIONAL SOURCES OF INFORMATION

- Polubinskaya, S.V. (2000). Reform in Psychiatry in Post-Soviet Countries. Acta Psychiatrica Scandinavia, Supplementum. 101 (Supplementum 399), 106-108.
- Rupprecht, R. and Hegerl, U. (2000). The State of Psychiatry in the Ukraine – Psychiatric Hospitals in Kiev and Shitomir. Nervenartz. 71(5), 420-422.

United Kingdom

General Information

United Kingdom is a country with an approximate area of 245 thousand sq.km. Its population is 58.744 million. (WHO, 2000).

The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.8% (WHO, 2000). The literacy rate is 99% for males and 99% for females.

The life expectancy at birth is 74.7 years for males and 79.7 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1998.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Details can be obtained from the document- "Modernising Mental Health Services". Among other components of the policy are primary care.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 2000.

National Mental Health Programme

A national mental health programme is present. Details about the year of formulation of the programme are not available. Details can be obtained from the documents- "National Service Framework for Mental Health, 1999" and "NHS Plan, 2000".

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1979.

Mental Health Legislation

There is a Mental Health Act. There are proposals to reform it. Details can be obtained from the website: www.doh.gov.uk. The Government published its own proposals in a Green Paper Reform of the Mental Health Act 1983. The focus is on managing risk and providing better health outcomes for patients, in a way that strikes the right balance between public safety and the rights of individuals. The key changes proposed include: (1) Extension of compulsory powers to the community – the 1983 Mental Health Act was exclusively concerned with detention in hospital, but services for people with mental disorder are increasingly being provided in the community. The new proposals would for the first time enable compulsory treatment to take place in the community. (2) Independent decision-making – currently, patients are detained under the 1983 Act for significant periods of time, on the basis of an application by an approved social worker and a medical recommendation. There is a right of appeal to an independent review panel. It is now proposed that a new tribunal should be responsible for imposing compulsory care and treatment lasting beyond 28 days. (3) Single point of entry – there were several ways into the compulsory provisions of the 1983 Act. This was bureaucratic and confusing. Subject to the flexibility needed in emergency situations, there would be a single point of entry for all patients other than offenders, and all patients would be formally assessed before compulsory treatment is imposed.

The latest legislation was enacted in 1983.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 10% of the total health budget on mental health.

The primary sources of mental health financing in descending order are tax based, private insurances, social insurance and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. The Disability Discrimination Act 1995 introduced laws aimed at ending the discrimination that many disabled people face. It gave disabled people new rights in access to goods, facilities and services as well as in employment and buying or renting property. The Disability Living Allowance is an extra costs benefit for the physically and mentally disabled, which is tax free, non-contributory and not income related. DLA is based primarily on the disabled person's self-reporting of their condition. The person has to demonstrate that their disability is of a long standing nature.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. The Government has set out clear national standards in the National Service Framework for Mental Health (1999), in which it sets out ways to get easy access to more effective primary care with support from specialised care wherever necessary. There are seven national standards covering mental health promotion, primary care access and services, effective services for people with mental illness, caring about carers and the action necessary to achieve the suicide target in "Our Healthier Nation". The standards 2 and 3 allows any person with mental disorder to be effectively treated at the primary care level and get access to complete services round the clock. There are different organizations like the Primary Care Group, Primary Care Trust which along with the help of the local Health Improvement Programme and national support are supposed to look into the primary care services.

Regular training of primary care professionals is carried out in the field of mental health. Training facilities for mental health workers, general practitioners, social workers, community workers are to be strengthened in future through the NHS Plan. "The HSC 1999/154 Continuing Professional development: Quality in the New NHS" stresses the importance of continuous training. Different bodies like the Primary Care Groups, Workforce Action Team are supposed to address the issue of training. The training for general practitioners is regulated through the NHS regulations of 1997. New guidance on the GP Registrar Scheme came into effect in April 2000 and set out enhanced arrangements for the management and delivery of general practice vocational training. Training for psychosocial intervention is also available, as are training facilities for community health nurses.

There are community care facilities for patients with mental disorders. Details are available in the National Service Framework for mental health. The Care Programme Approach (CPA) was introduced in 1991 as one of the cornerstones of the Government's mental health policy; it provides a framework for the care of mentally ill people. In collaboration with local social services departments, Mental Health Service units are required to initiate explicit, individually tailored care programmes. These are for all inpatients about to be discharged from mental illness hospitals and for all new patients accepted by the specialist psychiatric services. The essential elements of the CPA are: systematic assessment of health and social care needs; a care plan agreed between the relevant professional staff and the patient; the allocation of a key professional worker, and regular review of the patient's progress. The key worker has the responsibility for coordinating care, keeping in touch with the patient, ensuring that the care plan is delivered, and calling for reviews of the plan when required. A number of key changes are designed to ensure that care coordination is strengthened, that greater consistency is achieved nationally, that bureaucracy is reduced; and that there is a proper focus on the needs of service users. These changes include: (1) Integration of CPA with Care Management – at present there are two systems of care coordination for adults of working age, one used by Health Authorities and one by Social Services. In the future, there will be only one system, and this will be the CPA. The new policy will enable mental health service users to gain access to resources from both agencies. (2) Introduction of two levels – standard and enhanced. Currently, these are determined locally, and there is inconsistency nationally. (3) Inclusion of robust crisis planning as part of the care plan, since some people who use mental health services have crises in life that can affect them and those around them. (4) Information systems and local audit – essential information has to be collected, within the framework of the CPA, about all those who use mental health services. When auditing implementation of the CPA locally, it is essential not just to count numbers, but also to establish the quality of the care provided. (5) The abolition of Supervision Registers – supervision registers for disturbed patients – overlapped with the CPA, those on the register effectively being a subsection of users receiving most care under the CPA.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	5.8
Psychiatric beds in mental hospitals per 10 000 population	
Psychiatric beds in general hospitals per 10 000 population	
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	11
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	104
Number of neurologists per 100 000 population	1
Number of psychologists per 100 000 population	9
Number of social workers per 100 000 population	58

There are 15040 occupational therapists, 594 psychotherapists, 856 psychiatric clinical assistants, 4 neurosurgeon clinical assistants, 39 neurologist clinical assistants. Not all of the above workers are attached to the mental health full time. An

Independent Reference Group (IRG), was established in 1997 to help restore public credibility in mental health services through a new inclusive approach to policy development. The task set for the IRG was an investigation into the re-provision of mental health services from 34 long-stay hospitals, which were due to close before 2001. Whilst the shift away from institutionalised care for mentally ill people is not a new policy, it has caused concern amongst the public. It was recognised that there was a need to ensure that when considering future closing plans, a full range of alternative services would be available.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, treatment and rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. ONS Annual Report provides mental health information. The country has data collection system or epidemiological study on mental health. Data is available from Common Information Core, Hospital Episode Statistical Data, High level Performance Indicators and Korner Statistics.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population and elderly. Though there are no programmes for children and adolescents but there are special child and adolescent teams to take care of their problems.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	100	4.2
Ethosuximide	yes	250	11.6
Phenobarbital	yes	30	0.79
Phenytoin sodium	yes	100	4.05
Sodium Valproate	yes	200	10.43
Amitriptyline	yes	50	9.05
Chlorpromazine	yes	50	5.43
Diazepam	yes	5	4.05
Fluphenazine	yes	1	7.68
Haloperidol	yes	5	18.55
Lithium	yes	200	3.6
Biperiden	yes	2	6.66
Carbidopa	yes	25+100	45.86
Levodopa	yes	500	43.47

All the drugs listed are available through the NHS and patients may receive it free in case they are poor or pension holder or it is for a child. Others require to pay a standard prescription charge for each item.

OTHER INFORMATION

It is necessary to supplement training and education programmes so that there is a wide anti-stigma movement which embraces families and the general public, in addition to experts. Standards for work in non-governmental and other services which deal with mental health need to be established. Psychiatry should show high respect for human rights and the dignity of users. Linking with community and social services, in addition to the high level of professionalism which is achieved with good training, should provide openness and greater adaptability to the patient's needs.

ADDITIONAL SOURCES OF INFORMATION

1. British Medical Association. (2000). British National Formulary. Royal Pharmaceutical Society of Great Britain.
2. Department of Health. (1999). National Service Framework for Mental Health – Modern Standards and Service Models.
3. Department of Health. (1999). Reform of the Mental Health Act 1983 – Proposals for Consultation.
4. Department of Health. (1998). Modernising Mental Health Services.
5. National Health Service. (2000). The NHS Plan – A Plan for Investment, A Plan for Reform.
6. Pierre, S.A. (2000). Psychiatry and Citizenship – The Liverpool Black Mental Health Service User's Perspective.
7. Tyrer, P. (1999). The National Service Framework: A Scaffold for Mental Health: Implementation is Key to Determining Whether It's a Support or a Gallows. British Medical Journal. 319(7216), 1017-1018.

Uzbekistan

General Information

Uzbekistan is a country with an approximate area of 447 thousand sq.km. Its population is 23.942 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.2% (WHO, 2000). The literacy rate is 92.7% for males and 83.4% for females. The life expectancy at birth is 65.8 years for males and 71.2 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

Details about the mental health policy are not available.

Substance Abuse Policy

Details about the substance abuse policy are not available.

National Mental Health Programme

Details about the national mental health programme are not available.

National Therapeutic Drug Policy/Essential List of Drugs

Details about the national therapeutic drug policy/essential list of drugs are not available.

Mental Health Legislation

Prior to 1988 none of the former USSR republics had any form of mental health legislation. But after gaining independence in 1992, Uzbekistan has adopted laws on psychiatric care. It gives patients the option to request review by a court after a medical board or commission has heard the case. However, details about the legislation are not available.

Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

Details about disability benefits for mental health are not available.

Details about expenditure on mental health are not available.

Details about sources of financing are not available.

MENTAL HEALTH FACILITIES

Details about disability benefits for mental health are not available.

Details about mental health facilities at the primary care level are not available.

Details about training facilities are not available.

Details about community care facilities in mental health are not available.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population

Psychiatric beds in mental hospitals per 10 000 population

Psychiatric beds in general hospitals per 10 000 population

Psychiatric beds in other settings per 10 000 population

Number of psychiatrists per 100 000 population

Number of neurosurgeons per 100 000 population

Number of psychiatric nurses per 100 000 population

Number of neurologists per 100 000 population

Number of psychologists per 100 000 population

Number of social workers per 100 000 population

NON-GOVERNMENTAL ORGANIZATIONS

Details about NGO facilities in mental health are not available.

INFORMATION GATHERING SYSTEM

Details about mental health reporting systems are not available.

Details about data collection system or epidemiological study on mental health are not available.

PROGRAMMES FOR SPECIAL POPULATION

Details about any special mental health programme are not available.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	unknown		
Ethosuximide	unknown		
Phenobarbital	unknown		
Phenytoin sodium	unknown		
Sodium Valproate	unknown		
Amitriptyline	unknown		
Chlorpromazine	unknown		
Diazepam	unknown		
Fluphenazine	unknown		
Haloperidol	unknown		
Lithium	unknown		
Biperiden	unknown		
Carbidopa	unknown		
Levodopa	unknown		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Yugoslavia

General Information

Yugoslavia is a country with an approximate area of 102 thousand sq.km. Its population is 10.637 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.5% (WHO, 2000). The life expectancy at birth is 71.8 years for males and 76.4 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1991. Montenegro has a plan and programme for prevention of substance abuse (multidisciplinary) to be implemented from 2001.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

There is an old law on treatment and guarding of the lost-minded. Montenegro has a working plan in mental health services from February 1999.

The latest legislation was enacted in 1931.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are social insurance, tax based, out of pocket expenditure by the patient or family and private insurances.

MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level.

Regular training of primary care professionals is not carried out in the field of mental health.

There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	5.2
Psychiatric beds in mental hospitals per 10 000 population	4.1
Psychiatric beds in general hospitals per 10 000 population	0.3
Psychiatric beds in other settings per 10 000 population	0.8
Number of psychiatrists per 100 000 population	5.4
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	19
Number of neurologists per 100 000 population	6
Number of psychologists per 100 000 population	1.2
Number of social workers per 100 000 population	0.5

Until 1993, doctors were educated about neuropsychiatry, but since then the specialities of psychiatry and neurology have divided and there are further courses for child psychiatry and neurology.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in rehabilitation.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Only non-affective and affective psychosis as well as epilepsy are reported.

The country has data collection system or epidemiological study on mental health. Data on first hospitalisations are available.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, elderly and children.

THERAPEUTIC DRUGS

The following therapeutic drugs are generally available at the primary health care level of the country.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	
Ethosuximide	no		
Phenobarbital	yes	100	
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	yes	25	
Chlorpromazine	yes	25	
Diazepam	yes	2	
Fluphenazine	yes	1	
Haloperidol	yes	2	
Lithium	yes	300	
Biperiden	yes	2	
Carbidopa	yes	200	
Levodopa	yes	100	

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Black, M. (1993). Letter from Serbia and Montenegro: Collapsing Health Care in Serbia and Montenegro. British Medical Journal. 307(6912), 1135-1137.